CovenantHealth Health Partners

Focus Quality Measures

CovenantHealth Accountable Care

Quality Metric	Definition	Numerator	Denominator	Exclusions	Exceptions
Annual Wellness Visit	Patients 65 and older having a wellness visit in the past 12 months.	Patients who have had a wellness visit in the last 12 months using one of the following codes: G0402, G0438, G0439, 99387, 99397.	Patients 65 and older who had an encounter in the last 12 months.	Patients in nursing homes.	
Breast Cancer Screening	The percentage of women 50-74 years old who had a mammogram to screen for breast cancer.	One or more mammograms any time on or between 15 months prior to the measurement year and the last day of the measurement year.	Women 52-74 years as of last day of the measurement year.	Bilateral mastectomy any time during the member's history through the last day of the measurement year.	
Childhood Immunization Status - MMR	The percentage of children 2 years of age who had one Measles, Mumps and Rubella (MMR) by their second birthday.	Children 2 years of age who had one Measles, Mumps and Rubella (MMR) by their second birthday.	Children who turn 2 years of age during the reporting period.	Children who had a contraindication for MMR.	
Colorectal Cancer Screening	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.	One or more screenings for colorectal cancer. Any of the following meet criteria: * Fecal occult blood test during the measurement year. * Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. * Colonoscopy during the measurement year or the nine years prior to the measurement year.	Patients ages 51-75 years as of the last day of the measurement year.	Either of the following any time during the member's history through the last day of the measurement year: Colorectal cancer, total colectomy.	
Comprehensive Diabetes Care-HbA1c Poor Control *Lower Score indicates better quality	The percentage of members 18-75 years of age with diabetes (type 1 and type 2 indicated in the measurement years or the year prior) whose most recent HbA1c reading was greater than 9%.	Patients whose most recent HbA1c reading was greater than 9%.	Patients 18–75 years as of the last day of the measurement year who meet the following criteria: At least two outpatient visits, observation visits, or non-acute inpatient encounters on different dates of service, with a diagnosis of diabetes.	A diagnosis of polycystic ovaries, a diagnosis of gestational diabetes or steroid-induced diabetes.	
Diabetes Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period.	Patients 18 - 75 years of age with diabetes with a visit during the measurement period.	Patients that expired or entered hospice during the reporting period, diagnosis of polycystic ovaries, a diagnosis of gestational diabetes or steroid-induced diabetes.	
Clinical Depression Screening	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardization depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.	Patients that expired or entered hospice during the reporting period. Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder.	
Controlling High Blood Pressure	The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and who's BP was adequately controlled (less than 140/90) during the measurement year.	The number of members in the denominator who's most recent BP is adequately controlled during the measurement year. For a member's BP to be controlled, both the systolic and diastolic BP must be less than 140/90 (adequate control). The reading must occur after the diagnosis of hypertension has been confirmed.	18–85 years as of the last day of the measurement year. Members are identified as hypertensive if there is at least one outpatient visit with a diagnosis of hypertension during the first six months of the measurement year.	None	
Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization.	All patients aged 6 months and older seen for at least two visits or at least one preventive visit during the measurement period.	Patients that expired or entered hospice during the reporting period.	Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons). Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons). Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)
Pneumococcal Vaccination	Percentage of patients 65 years of age and older who have ever received a pneummococcal vaccine.	Patients who have ever received a pneumococcal vaccination.	Patients 65 years of age and older with a visit during the measurement period.	Patients that expired or entered hospice during the reporting period.	None
Well-Child Visits	The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	Children 15 months of age who received 6 or more well-child visits with a PCP during their first 15 months of life using one of the following codes: 99381, 99382, 99391, 99392, Z00.129, Z00.8, Z02.0	Children who turn 15 months during the reporting period and have had continuous enrollment in the contract plan.	Children who have not had continuous enrollment in the contract plan.	

Higher score indicates better quality unless denoted above

CovenantHealth Health Partners

Focus SCP Quality Metrics

CovenantHealth Accountable Care

Quality Metric	Definition	Numerator	Denominator	Exclusions	Exceptions
30 Day Hospital All Cause Unplanned Readmission	Risk-adjusted readmissions at a non-Federal, short-stay, acute care or critical access hospital, within 30 days of discharge from the index admission included in the denominator and excluding planned readmissions	The outcome for this measure is 30-day readmission. Readmission is defined as an inpatient admission for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge from an eligible index admission.	The measure includes admissions for Medicare beneficiariies who are 65 years and older and are discharged from a non-federal, acute care inpatient hospital.	Patient discharged or transferred to another facility, cancer center, children's hospital, federal hospital. Patients who left AMA or expired.	
Catheter-Associated UTI	The NHSN measure accounts for the risk of infection for patients with an indwelling catheter. A CAUTI rate is calculated using the NHSN definition by dividing the total number of CAUTI episodes within a specific time period by the total number of catheter days within the same time period, then multiplying by 1,000.	Total number of observed healthcare-associated CAUTI among patients in bedded inpatient care locations (excluding patients in Level II or III neonatal ICUs).	Total number of catheter days	The following are not considered indwelling catheters by NHSN definitions: suprapubic catheters, condom catheters, “in and out” catheterizations, nephrostomy tubes. Note, that if a patient has either a nephrostomy tube or a suprapubic catheter and also has an indwelling urinary catheter, the indwelling urinary catheter will be included in the CAUTI surveillance.	
Surgical Site Infection	Patients with a diagnosis code indicating a postoperative infection with a POA indicator reflecting its onset occurred after admission.	Patients with a diagnosis code indicating a postoperative infection with a POA indicator reflecting its onset occurred after admission.	Patients with a surgical DRG included in the following procedures: COLO, HYST, VHYS, HPRO, KPRO.		

Focus Cost Metrics

Cost Metric	Definitions	Numerator	Denominator	Exclusions
ED Visits per 1,000	Number of emergency department (ED) visits per 1,000 member years for all members active in the past 12 months.	Total number of all ED visits	Total number of annualized member months for members active at any point during the contract period divided by 1,000	Events identified as an ED visit that resulted in an admission (ED service start date the same as the inpatient admission date. ED visits that occurred outside the member's coverage date.
Avoidable ED Visits per 1,000	The number of avoidable emergency department (ED) visits per 1,000 member years for all members active in the past 12 months.	ED visits that occurred during the time frame with a primary diagnosis in the NYU categories of ED Care Needed Preventable/Avoidable, Emergent PC Treatable, Non-Emergent.	Total number of annualized member months for members active at any point during the contract period divided by 1,000	Events identified as an ED visit that resulted in an admission (ED service start date the same as the inpatient admission date. ED visits that occurred outside the member's coverage date.
Imaging Per 1,000	The numer of non-acute imaging studies per 1,000 member years for all members active in the past 12 months.	Total number of CT, MRI, PET billing units that occurred during the time frame	Total number of annualized member months for members active at any point during the contract period divided by 1,000	Imaging studies that occurred during an inpatient stay or that occurred outside the member's coverage dates.
Network Utilization Management	The rate of total paid amount where the service provider on the claim is an in-network facility or an in-network provider over the last 12 months.	Paid amount for all claims where the service provider is an in-network facilaity or an in-network provider.	Total paid amount for all claims over the last 12 months.	Claims occurring outside the member's coverage dates.