



By Trillium ADVANTAGE



By Health Net



Breast Cancer Screening

Members 50-74 years of age who had a mammogram to screen for breast cancer.

This checklist specifies all required elements that need to be present for measure compliance when uploaded to the Provider Portal.

Please use name convention for uploads:

Patient Last Name, Patient First Name_Measure ID_Clinic Name

#	Required Element	Example(s)	Notes
1	Patient name DOB	"Jane Jones" "1/1/1959"	Two patient identifiers needed for all chart notes.
2	Date of service within acceptable timeframe	<ul style="list-style-type: none"> "10/1/2022" "05/2023" "2023" 	Month must be indicated for DOS in 2022. YYYY can be used for DOS in 2022 or 2024.
3	One of the following:		
Numerator Compliance:	October 1 (2 years prior to the MY) through December 31		
	Bilateral Mammogram	"Mammogram in 2023"	The following mammograms meet criteria: Screening, diagnostic, film, digital or digital breast tomosynthesis. Mammogram must be complete, not just ordered. Does NOT include biopsies, ultrasounds, or MRIs.
	Unilateral Mammogram with Hx of Unilateral Mastectomy/Absence of Breast	"Left Mastectomy in 2010" and/or "Right Mammogram in 2023"	Must specify left/right for both events. Documentation in Medical History is acceptable.
Exclusions:	Any time during the member's history through December 31		
	Bilateral Mastectomy	"History of bilateral mastectomy in 2010"	<ul style="list-style-type: none"> Breast cancer is not an exclusion. Mastectomy is an optional exclusion; if mammogram performed within measurement period, it can be submitted for compliance. Death is a newly required exclusion as of 2023. Gender affirming surgery with a diagnosis of gender dysphoria is a newly required exclusion as of 2024
	Two Unilateral Mastectomies	"Right mastectomy in 2010, left Mastectomy in 2012"	
	Absence of Both Breasts	"Absence of both breasts"	
	Death during MY	"Member Expired on 6/12/2023"	
"Members who had gender-affirming chest surgery and dx of gender dysphoria."	"Gender affirming chest surgery with gender dyspepsia diagnosed on 06/12/2024"		



Hemoglobin A1c Control FOR PATIENTS WITH DIABETES (HBD)

Members 18–75 years of age with diabetes (type 1 and type 2)

This checklist specifies all required elements that need to be present for measure compliance when uploaded to the Provider Portal.

Please use name convention for uploads:

Patient Last Name, Patient First Name_Measure ID_Clinic Name

#	Required Element	Example(s)	Notes
1	Patient name DOB	“Jane Jones” “1/1/1959”	Two patient identifiers needed for all chart notes.
2	HbA1c Lab Test	“Hemoglobin A1c test”	Accepted test names: A1c, HbA1c, HgbA1c, Hemoglobin A1c, Glycohemoglobin A1c, Glycohemoglobin, Glycated hemoglobin, Glycosylated hemoglobin.
3	Date	“11/19/2024”	Test must be the most recent during the measurement year.
4	Result	“6.4%”	<ul style="list-style-type: none"> Result value must be $\leq 9\%$. A distinct numeric result is required, not ranges or thresholds. Result with a black box around a “!” or “^” that indicates a high value is accepted as long as there is a clearly visible, unobstructed value.



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Eye Exam FOR PATIENTS WITH DIABETES (EED)

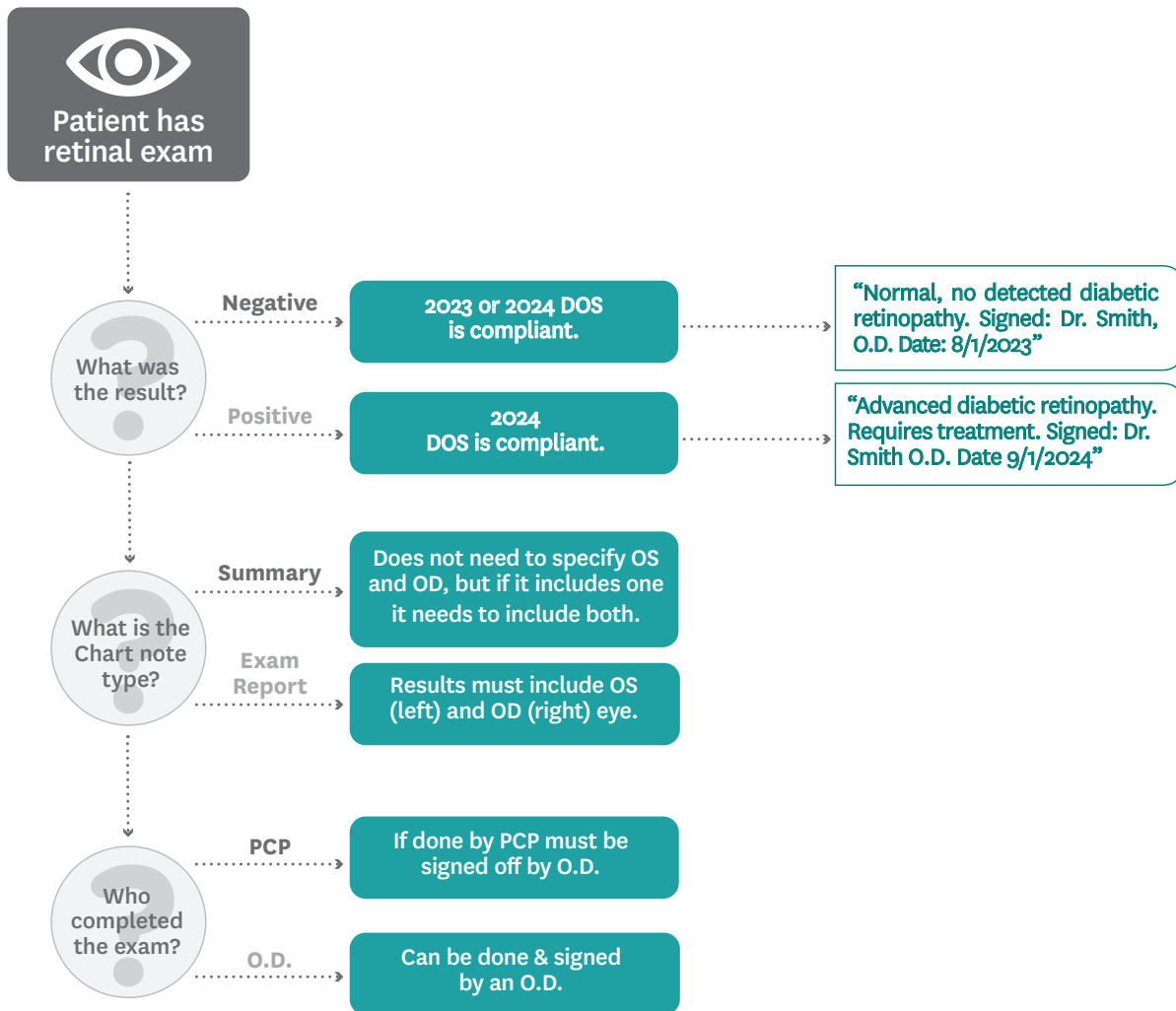
Members 18–75 years of age with diabetes (type 1 and type 2).

This checklist specifies all required elements that need to be present for measure compliance when uploaded to the Provider Portal.

Please use name convention for uploads:
Patient Last Name, Patient First Name_Measure ID_Clinic Name

#	Required Element	Example(s)	Notes
1	Patient name DOB	“Jane Jones” “1/1/1959”	Two patient identifiers needed for all chart notes.
2	Signed by an optometrist or ophthalmologist	“Signed: Dr. Smith, O.D.” “Date: 9/1/2024”	<ul style="list-style-type: none"> Eye exam can be done by an optometrist ophthalmologist and signed or; Can be done by PCP but needs to be signed off by an O.D.
3	One of the following:		
	Negative Result	“Normal, no detected diabetic retinopathy. Signed: Dr. Smith, O.D. Date: 8/1/2023”	<ul style="list-style-type: none"> Prior (2023) or current measurement year (2024). “No diabetic retinopathy or no changes in retinopathy” cannot be included in one sentence to indicate a negative result since it is not specific enough.
	Positive Result	“Advanced diabetic retinopathy. Requires treatment. Signed: Dr. Smith, O.D. Date: 9/1/2024”	Compliant for current measurement year only (2024).
	Bilateral Eye Enucleation	“History of Bilateral Eye Enucleation”	<ul style="list-style-type: none"> Any time in patient history through December 31. Indicates both eyes have been removed. This is not exclusion criteria, and is numerator-compliant.
4	One of the following:		
	Exam Report		Results must include OS (left) and OD (right) eye.
	Summary		Does not need to specify OS and OD, but if it includes one it needs to include both.

Eye Exam Tip Sheet





Kidney Health Evaluation FOR PATIENTS WITH DIABETES (KED)

Members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

This checklist specifies all required elements that need to be present for measure compliance when uploaded to the Provider Portal.

Please use name convention for uploads:
Patient Last Name, Patient First Name_Measure ID_Clinic Name

#	Required Element	Example(s)	Notes
1	Patient name DOB	“Jane Jones” “1/1/1959”	Two patient identifiers needed for all chart notes.
Both an eGFR and an uACR are required:			
2	Estimated Glomerular Filtration Rate Lab Test	“eGFR Test Results- 116 mL/min/1.73m2 Date- 3/12/2024”	All tests can be done on the same or different dates of service.
3	Urine & Albumin Creatinine Ratio Lab Test	<p>Both “Urine microalbumin test Result: 30 mg Date: 1/1/2024”</p> <p>AND And “Urine Creatine Test Result- 1252mg Date- 1/3/2024”</p> <p>OR “uACR Test Result- 8 g/mmol Date- 4/14/2024”</p>	<p>Both A quantitative urine albumin test</p> <p>AND a urine creatinine test with service dates four days or less apart.</p> <p>OR A uACR (Urine Albumin Creatinine Ratio Lab Test)</p>



By Trillium ADVANTAGE



By Health Net



Colorectal Cancer Screening (COL)

Members 45–75 years of age who had appropriate screening for colorectal cancer.

This checklist specifies all required elements that need to be present for measure compliance when uploaded to the Provider Portal.

Please use name convention for uploads:

Patient Last Name, Patient First Name_Measure ID_Clinic Name

#	Required Element	Example(s)	Notes
1	Patient name DOB	“Jane Jones” “1/1/1959”	Two patient identifiers needed for all chart notes.
2	One of the following:		
Rendered Service:	Guaiac Fecal Occult/ Immunochemical Blood Test (gFOBT or FIT)	“Results negative from 3 gFOBT samples on 3/17/2024”	<ul style="list-style-type: none"> • Must be done during current MY. • Results must be included unless in the patient’s medical history (results ensure screening was performed and not just ordered). • gFOBT- minimum of 3 samples required if multiple sample test. • FIT- no minimum number of samples. • In-office gFOBT/FIT or digital rectal exam not measure-compliant.
	Fecal Immunochemical Test (FIT-DNA)	“Normal or negative FIT-DNA result on 11/6/2022”	<ul style="list-style-type: none"> • Must be done within the prior two years or current year. • Results must be included unless in the patient’s medical history. • The number of samples are not needed to be compliant. • In-office FIT-DNA or digital rectal exam not measure-compliant.
	CT Colonography	“CT Colonography negative Feb. 2020”	<ul style="list-style-type: none"> • Must be done within the prior four years or current year. • Results must be included unless in the patient’s medical history.
	Flexible Sigmoidoscopy	“Biopsy negative from flexible sigmoidoscopy procedure on 12/10/2020”	<ul style="list-style-type: none"> • Must be done within the prior four years or current year. • Results must be included unless in the patient’s medical history. • For pathology reports only, evidence it was successfully completed and not aborted.
	Colonoscopy	“Colonoscopy findings Normal or Negative Dec. 2015”	<ul style="list-style-type: none"> • Must be done within the prior nine years or current year. • Results must be included unless in the patient’s medical history. • For surgical reports only, evidence it was successfully completed and not aborted.
3	One of the following:		
Exclusions:	Colorectal cancer	“History of colorectal cancer in 2010”	
	Total colectomy	“Total colectomy in 2012”	



Transitions of Care (TRC)

Discharges for members 18 years of age and older who had each of the following. Four rates are reported.

This checklist specifies all required elements that need to be present for measure compliance for MRP and EAD when uploaded to the Provider Portal.

Please use name convention for uploads:
Patient Last Name, Patient First Name_Measure ID_Clinic Name

#	Required Element	Example(s)	Notes
1	Patient name DOB	"Jane Jones" "1/1/1959"	Two patient identifiers needed for all chart notes.
Compliance of all four submeasures are required for measure compliance:			
2	<p>Notification of Inpatient Admission (need one of the three below):</p> <ol style="list-style-type: none"> Communication to PCP about the admission <ol style="list-style-type: none"> Fax, email, phone call, etc. <ol style="list-style-type: none"> from inpatient staff from the health plan or ED* HIE, ADT, Shared EMR Indication that the PCP <ol style="list-style-type: none"> Admitted their patient to the hospital Ordered tests/treatments during the IP stay Was notified that a specialist admitted their patient Notification/documentation that a preadmission exam was performed prior to the admit date** 	<p>"This is an auto fax to notify you that your patient Jon Smith DOB 3/3/1945 was admitted to MYCITY Hospital" Fax date 1/2/24 2:30PM</p>	<p><u>Timeframe:</u> day of admission or following two days (3 total days) <u>Submission Method:</u> Medical Record Review</p> <ul style="list-style-type: none"> *Notification PCP sent patient to the ED does not count; evidence PCP communicated with ED about admit does count. **Communication of a planned IP admit is not limited to the day of admission or following day. Requires evidence of the date that documentation was received as evidenced by a date stamp when the data was transmitted or loaded to EMR. Exception when using a shared EMR, in which case proof that the provider had access within the allowed timeframe meets criteria as evidenced by uniformity of documents and logos/names.
3	<p>Receipt of Discharge Information (need one of the three below):</p> <ol style="list-style-type: none"> Discharge summary/summary of care History & Physical Structured fields in an EMR <p>AND</p> <p><u>Must include all of following:</u></p> <ul style="list-style-type: none"> IP practitioner name Procedures/treatment provided Diagnoses at discharge Current medication List Test Results, pending test status, or no pending tests Patient Care Instructions to the PCP Date documentation was received 		<p><u>Timeframe:</u> day of discharge or following two days (3 total days) <u>Submission Method:</u> Medical Record Review</p> <ul style="list-style-type: none"> Requires evidence of the date that documentation was received as evidenced by a date stamp when the data was transmitted or loaded to EMR. Exception when using a shared EMR, in which case proof that the provider had access within the allowed timeframe meets criteria as evidenced by uniformity of documents and logos/names.

4	<p>Patient Engagement After Inpatient Discharge (need one of the four below):</p> <ol style="list-style-type: none"> 1. Outpatient visit (office or home) 2. Telephone visit 3. Synchronous telehealth visit† 4. Asynchronous telehealth visit†† 	<p>“Transitional Care Management Certification” certify that the following are true:</p> <ol style="list-style-type: none"> 1. Communication was made within 2 business days of dc 2. Complexity of Medical Decision Making is high 3. Face to face visit occurred within 4 days” 	<p><u>Timeframe:</u> ≤ 30 days of discharge, excluding day of discharge <u>Submission Method:</u> Medical Record Review; Claims</p> <ul style="list-style-type: none"> • Documentation from case managers or unlicensed care coordinators acceptable • If the patient is unable to communicate, an interaction with the caregiver acceptable • †telehealth visit counts when a real-time interaction occurred between the patient & the provider using audio & video communication • †† e-visit or virtual check-in that was not real-time and occurred between patient and provider
5	<p>Medication Reconciliation Post-Discharge (need all elements for submeasure compliance):</p>		<p><u>Timeframe:</u> ≤ 31 days of discharge, including discharge date <u>Submission Method:</u> Medical Record Review; Claims; EMR Extract Note: TCM codes 99495 and 99496 are compliant for both Patient Engagement and Medication Reconciliation submeasures</p>
	<p>1. State reason for visit</p>	<p>“Post-hospitalization follow up”</p>	<p>Applicable if patient was seen for a TCM visit. Visit not required. “Post-op” with no other reference of hospitalization does not meet criteria.</p>
	<p>2. In the HPI, indicate that records were reviewed.</p>	<p>“I reviewed recent hospitalization”</p>	
	<p>3. In HPI, reference the hospitalization</p>	<p>“Patient hospitalized 1/10/2024 – 1/20/2024” or “Patient was recently hospitalized” or “Patient was discharged this week”</p>	
	<p>4. Evidence that the discharge medications were reconciled with most current outpatient medication list</p>	<p>“Medication list reviewed and reconciled with the patient” or “Medication list reviewed and reconciled” “Medications at end of encounter.”</p>	<p>Med rec does not need to be done with the patient present for measure compliance Commonly see, “Stopped, continued, changed, or new” as documentation on a med list. A dc summary is adequate as long as it’s evident that it was in the outpatient record within the 30-day timeframe, or in shared EMR.</p>
	<p>5. Current outpatient medication list or a notation of no medications</p>	<p>“No medications were prescribed or ordered upon discharge”</p>	<p>Current OP Rx list is the result of doing the med rec</p>
<p>6. Signed by an RN, clinical pharmacist, or prescribing practitioner within 31 days of discharge</p>	<p>“Electronically signed by Jane Smith, MD on 1/29/2024”</p>	<p>Med rec can be done by an LPN or MA, but it needs to be signed by one of the listed provider types for measure compliance. Signature must include credentials. Must be signed ≤ 31 days of discharge.”</p>	





Controlling Blood Pressure (CBP)

Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

This checklist specifies all required elements that need to be present for measure compliance when uploaded to the Provider Portal.

Please use name convention for uploads:
Patient Last Name, Patient First Name_Measure ID_Clinic Name

#	Required Element	Example(s)	Notes
1	Patient name DOB	“Jane Jones” “1/1/1959”	Two patient identifiers needed for all chart notes.
2	Both of the following:		
The date the blood pressure was taken must match the most recent visit claim.			
Numerator Compliance	Systolic Blood Pressure	“Systolic 135”	Systolic BP has to be <140 for compliance.
	Diastolic Blood Pressure	“Diastolic 85”	Diastolic BP has to be <90 for compliance.
Element	Notes		
Denominator Criteria	At least two visits of any type on different DOS with a dx of HTN on or between 1/1/2023 and 6/30/2024		
Numerator Compliance	The most recent BP reading during 2024 on or after the second dx of HTN. The systolic/diastolic BP can be taken more than once during a single visit, and the lowest value of each can be used for measure compliance.		
Blood Pressure Best Practices	<ul style="list-style-type: none"> • Always: Retake BP if initial blood pressure is >140/90 mmHg; Take and record in the medical record, at least three (3) separate measurements during the visit if the BP is high. • Repeated measurements should be separated by at least 1 -2 minutes. • Never round up BP readings. • Use correct cuff size on bare arm. • Check BP on both arms and record the lowest systolic and diastolic readings. • Patients should rest quietly for at least 5 minutes before the first BP is taken. • Patients should sit with feet placed flat on the floor, legs uncrossed. 		



Plan All-Cause Readmissions (PCR)

Patients 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Gaps for this measure cannot be closed via chart note proof uploaded to the Provider Portal.

Element	Notes
Denominator Criteria	An acute inpatient or observation stay discharge between 1/1 – 12/1/2024 followed by an unplanned acute readmission within 30 days. <u>Note:</u> Denominator is based on count of discharges, not patients. A patient may be in the denominator more than once. For discharges with ≥ 1 direct transfers, use the last discharge.
Numerator Compliance	Count of readmissions within 30 days of discharge. <u>Note:</u> lower is better
Exclusions	Planned hospital stay Outliers: ≥ 4 index hospital stays between 1/1- 12/1/2024 Nonacute IP stays Exclude stays with the same admit/dc date Member deceased during stay; female patients with principal dx of pregnancy or originating in the perinatal period.



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FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT for people with multiple high-risk chronic conditions (FMC)

Emergency department (ED) visits for patients 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Gaps for this measure cannot be closed via chart note proof uploaded to the Provider Portal.

Element	Notes
Denominator Criteria	An ED visit between 1/1 – 12/24/2024 <u>AND</u> At least two different chronic conditions during the prior or current measurement year, but prior to the ED visit: COPD/asthma; Alzheimer’s and related disorders; CKD; depression; heart failure; AMI; A Fib; stroke/TIA. <u>Note:</u> Only include one ED visit per 8-day period. If more than one per 8-day period, include only the <u>first</u> eligible ED visit. Denominator is based on count of ED visits, not patients. A patient may be in the denominator more than once.
Numerator Compliance	A follow-up visit within 7 days after the ED visit, including the day of discharge (8 days total): OP, telephone, TCM, CM, Complex Care Mgmt; OP/telehealth behavioral health visit; partial hospitalization/intensive OP encounter; community mental health center visit; electroconvulsive therapy; telehealth; observation visit; IET visit; e-visit/virtual check-in. No restrictions on provider type who is billing for services.
Exclusions	An ED visit that is followed by an IP stay or admit to an acute or nonacute IP care setting within 7 days after the ED visit (excluded due to the barrier of follow up within 7 days of ED discharge).



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Osteoporosis Management IN WOMEN WHO HAD A FRACTURE (OMW)

Women 67-85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.

Gaps for this measure cannot be closed via chart note proof uploaded to the Provider Portal.

Element	Notes						
Denominator Criteria	A fracture between 7/1/2023 – 6/30/2024.						
Numerator Compliance	Bone Mineral Density Test or Osteoporosis Medication Therapy* within 180 days of fracture.						
Approved* Formulary Medication	<table border="1"> <thead> <tr> <th>Description:</th> <th>Prescription</th> </tr> </thead> <tbody> <tr> <td>Bisphosphonates</td> <td> <ul style="list-style-type: none"> Alendronate Ibandronate Zoledronic Acid </td> </tr> <tr> <td>Other agents</td> <td> <ul style="list-style-type: none"> Abaloparatide Denosumab Raloxifene </td> </tr> </tbody> </table>	Description:	Prescription	Bisphosphonates	<ul style="list-style-type: none"> Alendronate Ibandronate Zoledronic Acid 	Other agents	<ul style="list-style-type: none"> Abaloparatide Denosumab Raloxifene
	Description:	Prescription					
Bisphosphonates	<ul style="list-style-type: none"> Alendronate Ibandronate Zoledronic Acid 						
Other agents	<ul style="list-style-type: none"> Abaloparatide Denosumab Raloxifene 						
Required Exclusions:	<ul style="list-style-type: none"> Members with a bone mineral density test during the 2 years (24 months/730 days) prior to fracture. Members who had a claim/encounter for osteoporosis therapy during the 1 year (12/Months/365 Days) prior to fracture. Members who received a dispensed prescription or had an active prescription to treat osteoporosis (Approved Medication List*) during the 1 year (12 months/365 days) prior to the fracture. 						
To Note	<ul style="list-style-type: none"> Small Denominator. Bone mineral density test must be complete, not just ordered; medication must be dispensed. Every member has a different due-date or 'cliff-date'. Based on the 180 days after fracture or inpatient discharge. Once the 'cliff-date' is passed, unable to make the gap measure compliant-time sensitive measure. 'Off Cycle' measure –July-1 Prior Year to June 30 Measurement Year. Fractures of finger, toe, face and skull are not included in this measure. Often called a silent disease, osteoporosis reduces bone mass through structural deterioration, resulting in compromised bone strength. Osteoporosis is more common in women than in men. One in two women will have an osteoporosis-related fracture in their lifetime. 						



Medication Adherence

CHOLESTEROL (STATINS)

Medicare Part D members 18 years and older with a prescription for a diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Gaps for this measure cannot be closed via chart note proof uploaded to the Provider Portal.

Element	Notes				
Denominator Criteria	Members 18 years and older with at least two fills of cholesterol medication(s) (statins) on unique dates of service during the measurement period between 01/01 – 12/31/2024.				
Numerator Compliance	Members 18 years and older who adhere to their prescribed drug therapy 80% or more of the time during the MY across classes of cholesterol medications.				
Approved Formulary Medication	<table border="1"> <thead> <tr> <th>Description:</th> <th>Prescription</th> </tr> </thead> <tbody> <tr> <td>Statins</td> <td> <ul style="list-style-type: none"> • Atorvastatin (+/- amlodipine) • Fluvastatin • Lovastatin (+/- niacin) • Pitavastatin </td> </tr> </tbody> </table>	Description:	Prescription	Statins	<ul style="list-style-type: none"> • Atorvastatin (+/- amlodipine) • Fluvastatin • Lovastatin (+/- niacin) • Pitavastatin
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<ul style="list-style-type: none"> • Pravastatin • Rosuvastatin • Simvastatin (+/-ezetimibe, niacin) 					
Required Exclusions:	<ul style="list-style-type: none"> • Hospice • ESRD diagnosis or dialysis 				



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Medication Adherence

DIABETES

Medicare Part D members 18 years and older with a prescription for a diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Gaps for this measure cannot be closed via chart note proof uploaded to the Provider Portal.

Element	Notes																
Denominator Criteria	Members 18 years and older with at least two fills of diabetes medication(s) on unique dates of service during the measurement period between 01/01 – 12/31/2024.																
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Required Exclusions:	<ul style="list-style-type: none"> Hospice ESRD diagnosis or dialysis One or more prescriptions for insulin 																



Medication Adherence

HYPERTENSION

Medicare Part D members 18 years and older with a prescription for a medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Gaps for this measure cannot be closed via chart note proof uploaded to the Provider Portal.

“Blood pressure medication” means an ACE (angiotensin converting enzyme) inhibitor, and ARB (angiotensin receptor blocker), or a direct renin inhibitor drug.

Element	Notes								
Denominator Criteria	Members 18 years and older with at least two fills of diabetes medication(s) on unique dates of service during the measurement period between 01/01 – 12/31/2024.								
Numerator Compliance	Members 18 years and older who adhere to their prescribed drug therapy 80% or more of the time during the MY across classes of hypertension medications.								
Approved Formulary Medication	<table border="1"> <thead> <tr> <th>Description:</th> <th>Prescription</th> </tr> </thead> <tbody> <tr> <td>Direct Renin Inhibitor Medications and Combinations</td> <td> <ul style="list-style-type: none"> Aliskiren (+/-hydrochlorothiazide) </td> </tr> <tr> <td>ARB Medications and Combinations</td> <td> <ul style="list-style-type: none"> Azilsartan (+/- chlorthalidone) Eprosartan (+/-hydrochlorothiazide) Candesartan (+/- hydrochlorothiazide) Irbesartan (+/- hydrochlorothiazide) Losartan (+/- hydrochlorothiazide) Olmesartan (+/- amlodipine, hydrochlorothiazide) Telmisartan (+/- amlodipine, hydrochlorothiazide) Valsartan (+/- amlodipine hydrochlorothiazide nebivolol) </td> </tr> <tr> <td>ACE Inhibitor Medications and Combination Products</td> <td> <ul style="list-style-type: none"> Benazepril (+/- amlodipine, hydrochlorothiazide) Captopril (+/- hydrochlorothiazide) Enalapril (+/- hydrochlorothiazide) Fosinopril (+/- hydrochlorothiazide) Lisinopril (+/- hydrochlorothiazide) Moexipril (+/- hydrochlorothiazide) Perindopril (+/- amlodipine) Quinapril (+/- hydrochlorothiazide) Ramipril Trandolapril (+/- verapamil) </td> </tr> </tbody> </table>	Description:	Prescription	Direct Renin Inhibitor Medications and Combinations	<ul style="list-style-type: none"> Aliskiren (+/-hydrochlorothiazide) 	ARB Medications and Combinations	<ul style="list-style-type: none"> Azilsartan (+/- chlorthalidone) Eprosartan (+/-hydrochlorothiazide) Candesartan (+/- hydrochlorothiazide) Irbesartan (+/- hydrochlorothiazide) Losartan (+/- hydrochlorothiazide) Olmesartan (+/- amlodipine, hydrochlorothiazide) Telmisartan (+/- amlodipine, hydrochlorothiazide) Valsartan (+/- amlodipine hydrochlorothiazide nebivolol) 	ACE Inhibitor Medications and Combination Products	<ul style="list-style-type: none"> Benazepril (+/- amlodipine, hydrochlorothiazide) Captopril (+/- hydrochlorothiazide) Enalapril (+/- hydrochlorothiazide) Fosinopril (+/- hydrochlorothiazide) Lisinopril (+/- hydrochlorothiazide) Moexipril (+/- hydrochlorothiazide) Perindopril (+/- amlodipine) Quinapril (+/- hydrochlorothiazide) Ramipril Trandolapril (+/- verapamil)
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Required Exclusions:	<ul style="list-style-type: none"> Hospice ESRD diagnosis or dialysis One or more prescriptions for Sacubitril/Valsartan 								



By Trillium ADVANTAGE



By Health Net



Statin Use IN PERSONS WITH DIABETES (SUPD)

Percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills and received a statin medication fill (any dose) during the measurement period. Gaps for this measure cannot be closed via chart note proof uploaded to the Provider Portal.

Element	Notes	
Denominator Criteria	The number of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills during the MY	
Numerator Compliance	Members 40-75 years old who received a statin medication fill (any dose) during the MY	
Approved* Formulary Medication	Diabetes Medications	
	Description: Prescription	
	Alpha-glucosidase inhibitors	<ul style="list-style-type: none"> • Acarbose • Miglitol
	Amylin Analogs	<ul style="list-style-type: none"> • Pramlintide
	Antidiabetic combinations	<ul style="list-style-type: none"> • Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin • Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
	Biguanides	<ul style="list-style-type: none"> • Metformin
	Insulin	<ul style="list-style-type: none"> • Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin detemir • Insulin glargine • Insulin glulisine • Insulin human inhaled • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin glargine-Lixisenatide • Insulin degludec-Liraglutide
	Meglitinides	<ul style="list-style-type: none"> • Nateglinide • Repaglinide
	Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> • Albiglutide • Dulaglutide • Exenatide • Liraglutide (excluding Saxenda®) • Lixisenatide • Semaglutide • Tirzepatide
	Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> • Canagliflozin • Dapagliflozin • Ertugliflozin • Empagliflozin

	Sulfonylureas	<ul style="list-style-type: none"> • Glimepiride • Glipizide 	<ul style="list-style-type: none"> • Glyburide • Tolazamide
	Thiazolidinediones	<ul style="list-style-type: none"> • Pioglitazone 	<ul style="list-style-type: none"> • Rosiglitazone
	Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> • Alogliptin • Linagliptin 	<ul style="list-style-type: none"> • Saxagliptin • Sitagliptin
	Statin Medications	<ul style="list-style-type: none"> • Atorvastatin • Fluvastatin • Lovastatin 	<ul style="list-style-type: none"> • Rosuvastatin • Simvastatin
Required Exclusions:	<p>Contracts with 30 or fewer enrolled member-years (in the denominator). The following beneficiaries are also excluded from the denominator if at any time during the measurement period:</p> <ul style="list-style-type: none"> • Hospice enrollment • ESRD diagnosis or dialysis coverage dates • Myalgia, Myositis, Myopathy, or Rhabdomyolysis during MY • Pregnancy during MY or year prior • In vitro fertilization during MY or year prior 		
Potential Exclusions:	<ul style="list-style-type: none"> • Myalgia, Myositis, Myopathy, or Rhabdomyolysis during MY • Pregnancy during MY or year prior • In vitro fertilization during MY or year prior • At least 1 prescription for clomiphene during MY or year prior • Cirrhosis during MY or year prior • Members 66 years of age and older as of 12/31/MY meet any of the following criteria: <ul style="list-style-type: none"> o Enrolled in an I-SNP o Living long-term in an institution o Frailty (Frailty Value set) and advanced illness. Advanced illness (any below during MY or year prior): <ul style="list-style-type: none"> - At least two outpatient visits, observation visits, ED visits or nonacute inpatient encounters on different dates of service, with an advanced illness diagnosis. -At least one acute inpatient encounter with an advanced illness diagnosis. -A dispensed dementia medication (Galantamine, Rivastigmine, Donepezil, or Memantine) 		

* Medications in ***Bold italics*** are non-formulary



Statin Therapy

FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

Percent of males 21-75 years of age and females 40-75 years of age during the MY diagnosed with clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication during the measurement year.

Gaps for this measure cannot be closed via chart note proof uploaded to the Provider Portal.

Element	Notes				
Denominator Criteria	The number of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD).				
Numerator Compliance	The number of males 21–75 years of age and females 40–75 years of age during the MY that were dispensed at least one high or moderate-intensity statin medication during the MY.				
Approved Formulary Medication	<table border="1"> <thead> <tr> <th>Description:</th> <th>Prescription</th> </tr> </thead> <tbody> <tr> <td>Statin Medications</td> <td> <ul style="list-style-type: none"> • Atorvastatin (+/- amlodipine) • Fluvastatin • Lovastatin (+/- niacin) • Pravastatin • Rosuvastatin (+/- ezetimibe) • Simvastatin (+/- ezetimibe, niacin) </td> </tr> </tbody> </table>	Description:	Prescription	Statin Medications	<ul style="list-style-type: none"> • Atorvastatin (+/- amlodipine) • Fluvastatin • Lovastatin (+/- niacin) • Pravastatin • Rosuvastatin (+/- ezetimibe) • Simvastatin (+/- ezetimibe, niacin)
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Required Exclusions:	<p>Exclude contracts with less than 500 members as well as members who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Cirrhosis during MY or year prior • Pregnancy during MY or year prior • In vitro fertilization during MY or year prior • Muscular Pain and Disease during MY • ESRD diagnosis during MY or year prior • Dispensed at least one prescription for clomiphene during MY or year prior • Members 66 years of age and older as of 12/31/MY meet any of the following criteria: <ul style="list-style-type: none"> ◦ Enrolled in an I-SNP ◦ Living long-term in an institution ◦ Frailty (Frailty value set) and advanced illness ◦ At least two outpatient visits, observation visits, ED visits or nonacute inpatient encounters on different dates of service, with an advanced illness diagnosis. ◦ At least one acute inpatient encounter with and advanced illness diagnosis. ◦ A dispensed dementia medication: (Galantamine, Rivastigmine, Donepezil or Memantine) 				