



# 2022 Quality **METRIC** Guide

## 2022 Quality Metric Guide Contents

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Revised 05/10/2022

## 2022 Quality Measure Changes

### 2022 Medicare Advantage and Commercial Measure Changes for THN:

<b>Measure</b>	<b>Added/ Removed</b>
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	Added
Antidepressant Medication Management	Removed
Appropriate Testing for Pharyngitis	Removed
Appropriate Treatment for Upper Respiratory Infection	Removed
Asthma Medication Ratio	Removed
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Removed
Care for Older Adults – Functional Status Assessment	Added
Childhood Immunization Status – Combo 10	Added
Childhood Immunization Status – Combo 2	Removed
Childhood Immunization Status – Combo 7	Removed

Chlamydia Screening in Women	Removed
Follow-up After Emergency Department Visit for People with Multiple High Risk Chronic Conditions	Added
Persistence of Beta Blocker Treatment After a Heart Attack	Removed
Use of Imaging Studies for Low Back Pain	Removed
Use of Opioids at High Dose	Removed
Well Child Visits in the First 15 Months of Life	Removed
Well Child Visits in the First 30 Months of Life	Removed
Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Removed
Risk Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions	Removed
Days at Home for Patients with Complex, Chronic Conditions	Removed
Timely Follow-up After Acute Exacerbations of Chronic Conditions	Added
Transitions of Care – Medication Reconciliation, Patient Engagement	Added

### 2022 Global Professional Direct Contracting (GPDC) Quality Measure Changes:

Next Generation ACO is now CMS Global Professional Direct Contracting Model (GPDC). GPDC Model participants are referred to as Direct Contracting Entities (DCEs). There are three types of DCEs: Standard (THN), New Entrant, and High Needs. Standard DCEs will be assessed on four Quality Measures: Risk-Standardized All-Condition Readmission (ACR), All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (UAMCC), Timely Follow-up After Acute Exacerbations of Chronic Conditions (Timely Follow-Up), and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.

## 2022 THN Quality Measure Descriptions

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### References

- PQA: Pharmacy Quality Alliance (2022). Health Plan Measures-Adherence. Retrieved from [Measures Overview \(pqaalliance.org\)](https://pqaalliance.org)
- CMS Global and Professional Direct Contracting (GPDC) Model: Quality Measurement and Reporting Kickoff for Performance Year (PY) 2022.
- Healthcare Effectiveness Data Information Set (HEDIS) Measurement Year 2022 Volume 2 Technical Specifications for Health Plans
- United HealthCare 2022 Patient Experience Guidebook.
- Humana 2022 Quality Indicator Physician Guide for Medicare HEDIS, HOS, CAHPS, and Patient Safety measures

## 2022 Triad HealthCare Network Medicare & Commercial Contracts

**Risk Plans:** THN takes on some or all of the risk for these patients. This means the network keeps and shares any savings that occur as detailed in its contract with the payer. THN is also at risk for any deficits.

**Shared-Savings Plans:** THN may share in savings if the cost of caring for patients is below a certain threshold **AND** the required core quality measures are met.

**Pay for Performance:** THN receives incentives from the payer for meeting required quality measure thresholds for these patients as detailed in the contract with the payer.

Category	Plan	Risk	Shared Savings	Pay for Performance
Medicare Advantage Plans	Aetna Medicare Advantage	100%		
	Blue Cross Blue Shield Medicare Advantage	100%		
	Cigna Medicare Advantage		•	
	Health Team Advantage HMO	100%		
	Health Team Advantage PPO	100%	•	
	Humana Medicare Advantage HMO	100% (Except Part D – upside only)		
	Humana Medicare Advantage PPO	100% (Except Part D – upside only)	•	
	United Healthcare Medicare Advantage ACO	100%		
	United Healthcare Medicare Advantage GR			•
Commercial Plans	Aetna	Shared Risk		
	Blue Cross Blue Shield – Blue Premier	Shared Risk		
	Bright HealthCare		•	
	Friday Health		•	
Traditional Medicare	CMS Global Professional Direct Contracting Model, 2022 (PY1)	100%		

## All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (UMACC)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
DCE-aligned beneficiaries aged 66 years and older at the start of the measurement period that fall into two or more of nine chronic disease groups: (1) acute myocardial infarction, (2) Alzheimer’s disease and related disorders of senile dementia, (3) atrial fibrillation, (4) chronic kidney disease, (5) chronic obstructive pulmonary disease and asthma, (6) depression, (7) heart failure, (8) stroke and ischemic attack, and (9) diabetes.	Number of acute <i>unplanned</i> admissions per 100 person-years risk for admission. Persons are considered at risk for admission if they are included in the denominator, alive, enrolled in FFS Medicare, and not currently admitted to an acute care hospital. The outcome includes inpatient admissions to an acute care hospital for any cause during the measurement year unless an admission is identified as “planned.”	<ul style="list-style-type: none"> <li>Beneficiaries who do not have 12 months of continuous enrollment in Medicare Part A and Part B during the year prior to the measurement year.</li> <li>Beneficiaries who do not have 12 months of continuous enrollment in Medicare Part A during the measurement year. Beneficiaries who die during the measurement period are excluded if they do not have continuous enrollment in Medicare Part A until death. Beneficiaries with continuous enrollment until death are excluded after the time of death.</li> <li>In hospice during the year prior to the measurement year or at the start of the measurement year</li> <li>Patients without any visits with any of the Tax Identification Numbers and NPI combinations associated with the attributed DCE during the measurement year and the year prior</li> <li>Patients not at risk for hospitalization at an time during the measurement year.</li> </ul>	No	No
			Method of Data Submission	Displayed on KPN Dashboard
			Claims	No

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
-	-	-	-

### Additional Information

UMACC performance is calculated based on concurrent benchmarks by CMS.

## Breast Cancer Screening (BCS)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Women 52-74 years as of December 31, 2022	One or more mammograms any time on or between October 1, 2020 and December 31, 2022.  <b>Screenings include:</b> screening, diagnostic, film, digital or digital breast tomosynthesis	<ul style="list-style-type: none"> <li>• Bilateral mastectomy</li> <li>• Unilateral mastectomy with a bilateral modifier</li> <li>• Unilateral mastectomy found in clinical data with a bilateral modifier</li> <li>• History of bilateral mastectomy</li> <li>• Mastectomy on both left and right side on the same or different dates of service</li> <li>• In hospice or using hospice services anytime during the measurement year</li> <li>• Receiving palliative care anytime during measurement year</li> </ul>	Yes	No
			<b>Method of Data Submission</b>  Claims and Supplemental Data	<b>Displayed on KPN Dashboard</b>  Yes
<b>Performance Goal</b>				
<b>2022 CMS 4 Star Target</b>	<b>2022 CMS 5 Star Target</b>	<b>2022 CMS Star Weight</b>	<b>2021 Commercial NCQA 90<sup>th</sup> Percentile</b>	
69%	76%	1	77.42%	
<b>Additional Information</b>				
Do not count MRI, ultrasound or biopsies towards the numerator.				

## Care for Older Adults – Medication Review (COA)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Medicare Advantage Special Needs Plan enrollees 66 years as of December 31, 2022	Either of the following meet criteria: <ul style="list-style-type: none"> <li>• Both of the following during the same visit during the measurement year where the provider type is a prescribing practitioner or a clinical pharmacist:                             <ul style="list-style-type: none"> <li>○ At least one review of all medications, including prescription medications, OTC medications, and herbal or supplemental therapies</li> <li>○ The presence of a medication list in the medical record</li> </ul> </li> <li>• Transitional care management services during 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Services provided in an acute inpatient setting</li> <li>• Hospice</li> </ul>	Yes	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
84%	95%	1	-

### Additional Information

A medication review performed without the member present meets criteria.



## Care for Older Adults – Functional Status Assessment (COA)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Medicare Advantage Special Needs Plan enrollees 66 years as of December 31, 2022	At least one functional status assessment during the measurement year, as documented through either administrative data or medical record review. <ul style="list-style-type: none"> <li>• <b>Documentation:</b> must include evidence of a complete functional status assessment and the date when it was performed.</li> <li>• A functional status assessment limited to an acute or single condition, event or body system does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year.</li> </ul>	Members in hospice or using hospice services anytime during the measurement year.	Yes	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
85%	93%	Display	-

### Additional Information

Do not include comprehensive functional status assessments performed in an acute inpatient setting.

Results of assessment using a standardized functional assessment tool, not limited to: SF-36, Assessment of Living Skills and Resources, Barthel ADL Index Physical Self-Maintenance Scale, Bayer ADL Scale, Barthel Index, Edmonton Frail Scale, Extended ADL Scale, Groningen Frailty Index, Independent Living Scale, Katz Index of Independence in ADL, Kenny Self-Care Evaluation, Klein-Bell ADL Scale, Kohlman Evaluation of Living Skills, Lawton & Brody's IADL Scale, Patient Reported Outcome Measurement Information System Global or Physical Function Scale

## Care for Older Adults – Pain Assessment (COA)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Medicare Advantage Special Needs Plan enrollees 66 years as of December 31, 2022	At least one pain assessment during the measurement year, as documented through either administrative data or medical record review. <ul style="list-style-type: none"> <li>• <b>Documentation:</b> Must include evidence of a pain assessment and the date when it was performed. Notation must include one of the following:                             <ul style="list-style-type: none"> <li>○ Documentation the patient was assessed for pain (which may include positive or negative findings for pain)</li> <li>○ Results of assessment using a standardized pain assessment tool (*see list in additional information)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Services provided in an acute inpatient setting</li> <li>• Hospice</li> </ul>	Yes	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
87%	96%	1	-

### Additional Information

Notation alone of a pain management plan does not meet criteria.

Notation alone of a pain treatment plan does not meet criteria.

Notation alone of screening for chest pain or documentation alone of chest pain does not meet criteria.

\*Results of assessment using a standardized pain assessment tool, not limited to: Numeric rating scales (verbal or written), Face, Legs, Activity, Cry Consolability (FLACC) scale, Verbal descriptor scales (5-7 Word Scales, Present Pain Inventory), Pain Thermometer, Pictorial Pain Scales, Visual analogue scale, Brief Pain Inventory, Chronic Pain Grade, PROMIS Pain Intensity Scale, Pain Assessment in Advanced Dementia (PAINAD) Scale

## Cervical Cancer Screening (CCS)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Women 24-64 years as of December 31, 2022	<ul style="list-style-type: none"> <li>• Women 24-64 years of age as of December 31, 2022 who had cervical cytology anytime on or between January 1, 2020 and December 31, 2022</li> <li>• Women 30-64 years of age as of December 31, 2022, who had cervical high-risk human papillomavirus (hrHPV) testing anytime on or between January 1, 2018 and December 31, 2022 <b>and</b> were 30 years or older on the date of test.</li> <li>• <b>Documentation:</b> Must include date when cervical cytology/hrHPV test was performed, type of testing performed, and the results or finding.</li> </ul>	<ul style="list-style-type: none"> <li>• Hysterectomy with no residual cervix, including documentation of vaginal hysterectomy</li> <li>• Cervical agenesis</li> <li>• Acquired absence of cervix</li> <li>• Hospice</li> <li>• Palliative Care</li> </ul>	Yes – if all documentation requirements are met	Yes – if testing is performed No – if patient reported
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
-	-	-	-

### Additional Information

Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing; therefore, additional methods to identify cotesting are not necessary.

Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

Do not count results that explicitly state the sample was inadequate or that “no cervical cells were present”; this is not considered appropriate screening.

Documentation of hysterectomy alone does not meet criteria for exclusion, because it is not sufficient evidence that the cervix was removed.

## Child and Adolescent Well-Care Visits (WCV)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 3-21 years as of December 31, 2022	Members who have had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during 2022	Members in hospice or using hospice services anytime during the measurement year.	No	Yes
			Method of Data Submission	Displayed on KPN Dashboard
			Claims	Yes
Performance Goal				
2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile	
-	-	-	70.28%	
Additional Information				
The well-care visit must occur with a PCP or OB/GYN practitioner.				

## Childhood Immunization Status – Combination 10 (CIS – 10)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Children who turn 2 years of age during 2022	Children who had the following vaccines on or before their second birthday: At least 4 DTaP, PCV vaccinations At least 3 IPV, HiB, HepB vaccinations At least 1 MMR, VZV, HepA vaccinations At least 2 -3 Rotavirus vaccinations At least 2 Influenza vaccinations  For MMR, HepB, and VZV, any of the following: <ul style="list-style-type: none"> <li>• Evidence of the antigen or combination vaccine</li> <li>• Documented history of illness</li> <li>• A seropositive test result for each antigen</li> </ul> For DTaP, HiB and IPV: Evidence of the antigen or combination vaccine	<ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year</li> <li>• Members who had any of the following on or before their second birthday:                             <ul style="list-style-type: none"> <li>○ Severe combined immunodeficiency</li> <li>○ Immunodeficiency</li> <li>○ HIV</li> <li>○ Lymphoreticular cancer, multiple myeloma, or leukemia</li> <li>○ Intussusception</li> </ul> </li> </ul>	Yes	Yes
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes
<b>Performance Goal</b>				
<b>2022 CMS 4 Star Target</b>	<b>2022 CMS 5 Star Target</b>	<b>2022 CMS Star Weight</b>	<b>2021 Commercial NCQA 90<sup>th</sup> Percentile</b>	
-	-	-	72.24%	

## Colorectal Cancer Screening (COL)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 51-75 years as of December 31, 2022	Patients with one or more screenings for colorectal cancer: <ul style="list-style-type: none"> <li>• Fecal occult blood test (gFOBT or FIT) in 2022</li> <li>• Flexible sigmoidoscopy any time on or between January 1, 2018 and December 31, 2022</li> <li>• Colonoscopy any time on or between January 1, 2013 and December 31, 2022</li> <li>• Computed tomography (CT) colonography on or between January 1, 2018 and December 31, 2022</li> <li>• Fecal immunochemical DNA test (FIT-DNA or Cologuard) on or between January 1, 2020 and December 31, 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Colorectal cancer</li> <li>• Total colectomy</li> <li>• In hospice or using hospice services anytime during the measurement year</li> <li>• Receiving palliative care anytime during the measurement year</li> </ul>	Yes	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
71%	80%	1	72.59%

### Additional Information

Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the member’s “medical history”; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered)

Do not count DRE, FOBT tests performed in an office setting or performed on a sample collected via DRE

## Controlling High Blood Pressure (CBP)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18-85 years as of December 31, 2022 who had at least two visits on different dates of service with a diagnosis of hypertension between January 1, 2021 and June 30, 2022.	Patients whose most recent blood pressure (BP) is adequately controlled (<140/90) in 2022  Patient reported electronic readings taken from any digital device submitted to the provider are accepted	<ul style="list-style-type: none"> <li>Patients with evidence of End-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant</li> <li>Female patients with a diagnosis of pregnancy or nonacute inpatient stay in 2022</li> <li>In hospice or using hospice services anytime during the measurement year</li> <li>Receiving Palliative Care during the measurement year</li> </ul>	Yes	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2019 CMS 4 Star Target	2019 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
75%	82%	3	68.37%

### Additional Information

Visit type need not be the same for the two visits.

Do not include BP readings:

- taken during an acute inpatient stay or ED visit
- taken on the same day as a diagnostic test or procedure (diagnostic or therapeutic) that requires change in meds or diet, other than fasting
- taken by the member using a non-digital device (i.e., manual blood pressure cuff and a stethoscope)

If no blood pressure is recorded in 2022, the member's blood pressure is assumed "not controlled"

If multiple blood pressures are taken on the same day, use the lowest systolic and lowest diastolic readings as the most recent blood pressure reading

## Eye Exam for Patients with Diabetes (EED)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18-75 years as of December 31, 2022 with: <ul style="list-style-type: none"> <li>• a diagnosis of diabetes during 2021 or 2022</li> <li>• dispensed diabetes medications during 2021 or 2022</li> </ul>	Patients with any of the following: <ul style="list-style-type: none"> <li>• A retinal or dilated eye exam completed by an eye care professional (ophthalmologist or optometrist) in 2022</li> <li>• A negative retinal or dilated eye exam (no evidence of retinopathy) in 2021</li> <li>• Bilateral eye enucleation anytime during the patient's history through December 31, 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Patients who do not have a diagnosis of diabetes during 2021 or 2022 <b>and</b> have a diagnosis of polycystic ovarian syndrome, gestational or steroid-induced diabetes during 2021 or 2022</li> <li>• In hospice or using hospice services anytime during the measurement year</li> <li>• Receiving Palliative Care during the measurement year</li> </ul>	Yes	No – if patient reported
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
71%	79%	1	-

### Additional Information

Documentation in the medical record must include at a minimum a note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results.

This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care measure



## Follow-up after Emergency Department Visit for People with Multiple High Risk Chronic Conditions (FMC)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients who had an ED visit on or between January 1 and December 24, 2022 where the member was 18 years or older on the date of the visit.  Based on ED visits, not on members. If a member has more than one ED visit, identify all ED visits between January 1 and December 24, 2022	A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.	<ul style="list-style-type: none"> <li>ED visits that result in an inpatient stay and ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission.</li> <li>In hospice or using hospice services anytime during the measurement year</li> </ul>	Yes	No
			Method of Data Submission	Displayed on KPN Dashboard
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
-	-	-	-

### Additional Information

Eligible Chronic Condition Diagnoses: COPD and Asthma, Alzheimer’s disease and related disorders, Chronic kidney disease, Depression, Heart failure, Acute myocardial infarction, Atrial fibrillation, Stroke and transient ischemic attack. Using the eligible chronic conditions listed, identify members who had any of the following during the measurement year or the year prior to the measurement year, but **prior to the ED visit** (count services that occur over both years):

- At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits, or virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service, with an eligible chronic condition. Visit type need not be the same for both visits, but the visits must be for the same eligible chronic condition.
- For each ED visit, identify the total number of chronic conditions the member had prior to the ED visit.

Identify ED visits where the member had **two or more** different chronic conditions listed above prior to the ED visits. These are eligible ED visits.

If a member has more than one ED visit in an 8-day period, include only the first eligible ED visit. For example, if a member has an eligible ED visit on January 1, include the January 1 visit and do not include ED visits that occur on or between January 2 and January 8. Then, if applicable, include the next eligible ED visit that occurs on or after January 9. Identify visits chronologically, including only one visit per 8-day period.

## Hemoglobin A1c Control for Patients with Diabetes (HBD)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18-75 years as of December 31, 2022 with: <ul style="list-style-type: none"> <li>a diagnosis of diabetes during 2021 or 2022</li> <li>dispensed diabetes medications during 2021 or 2022</li> </ul>	<ul style="list-style-type: none"> <li>Commercial Patients are numerator compliant when <b>most recent</b> HbA1c value is &lt;8%</li> <li>Medicare patients are numerator compliant when <b>most recent</b> HbA1c value is ≤9%</li> </ul>	<ul style="list-style-type: none"> <li>Patients who do not have a diagnosis of diabetes during 2021 or 2022 <b>and</b> have a diagnosis of polycystic ovarian syndrome, gestational or steroid-induced diabetes during 2021 or 2022</li> <li>In hospice or using hospice services anytime during the measurement year</li> <li>Receiving Palliative Care during the measurement year</li> </ul>	Yes	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
*72%	*81%	*3	**64.23%

### Additional Information

Documentation in the medical record must include date when the HbA1c test was performed and the result.

Result must be from the most recent HbA1c test of the measurement year.

Ranges and thresholds do not meet criteria for the measure. A distinct numeric result is required for numerator compliance.

\*CMS Star Target and Star Weight represent Medicare compliance of HbA1c ≤ 9%

\*\*2021 Commercial NCQA 90<sup>th</sup> Percentile represents Commercial compliance of HbA1c <8%

## Immunization for Adolescents – Combination 2 (IMA-2)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Adolescents who turn 13 years of age during 2022	Adolescents who had the following vaccines: <ul style="list-style-type: none"> <li>• At least 1 meningococcal vaccine on or between their 11<sup>th</sup> and 13<sup>th</sup> birthday</li> <li>• At least 1 Tdap vaccine on or between their 10<sup>th</sup> and 13<sup>th</sup> birthday</li> <li>• At least 2 HPV vaccines (at least 146 days apart) <b>or</b> at least 3 HPV vaccines with different days of service on or between their 9<sup>th</sup> and 13<sup>th</sup> birthday</li> </ul> For meningococcal, Tdap and HPV: Evidence of the antigen or combination vaccine	<ul style="list-style-type: none"> <li>• Adolescents who had a contraindication for a specific vaccine and only if administrative data do not indicate that the contraindicated immunization was rendered</li> <li>• In hospice or using hospice services anytime during the measurement year</li> </ul>	Yes	Yes
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes
<b>Performance Goal</b>				
<b>2022 CMS 4 Star Target</b>	<b>2022 CMS 5 Star Target</b>	<b>2022 CMS Star Weight</b>	<b>2021 Commercial NCQA 90<sup>th</sup> Percentile</b>	
-	-	-	41.52%	
<b>Additional Information</b>				
Documented history of anaphylaxis must include the date of event, which must have occurred on or before the member’s 13 <sup>th</sup> birthday. Meningococcal recombinant vaccines do not count towards compliance.				

## Kidney Health Evaluation for Patients with Diabetes (KED)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18-85 years as of December 31, 2022 with: <ul style="list-style-type: none"> <li>• a diagnosis of diabetes during 2021 or 2022</li> <li>• dispensed diabetes medications during 2021 or 2022</li> </ul>	Members who receive <b>both</b> an eGFR and a uACR during the measurement year on the same or different dates of service: <ul style="list-style-type: none"> <li>• At least one eGFR</li> <li>• At least one uACR identified by either of the following:                             <ul style="list-style-type: none"> <li>- <b>Both</b> a quantitative urine albumin test <b>and</b> a urine creatinine test with service dates four days or less apart.</li> <li>- A uACR</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Patients who do not have a diagnosis of diabetes during 2021 or 2022 <b>and</b> have a diagnosis of polycystic ovarian syndrome, gestational or steroid-induced diabetes during 2021 or 2022</li> <li>• Patients with a history of (ESRD) or dialysis</li> <li>• In hospice or using hospice services anytime during the measurement year</li> <li>• Receiving palliative care during the measurement year</li> </ul>	Yes	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes
<b>Performance Goal</b>				
<b>2022 CMS 4 Star Target</b>	<b>2022 CMS 5 Star Target</b>	<b>2022 CMS Star Weight</b>	<b>2021 Commercial NCQA 90<sup>th</sup> Percentile</b>	
-	-	-	-	
<b>Additional Information</b>				

## Medication Adherence for Cholesterol (MAC)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18 years and older with 2 or more prescription claims for any cholesterol (Statin) medications on different dates of service in 2022	Patients with a portion of days covered (PDC) at 80% or higher for statin cholesterol medications in 2022	<ul style="list-style-type: none"> <li>Patients with a history of ESRD</li> <li>In hospice or using hospice services during the measurement year</li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims	Yes
<b>Performance Goal</b>				
<b>2022 CMS 4 Star Target</b>	<b>2022 CMS 5 Star Target</b>	<b>2022 CMS Star Weight</b>	<b>2021 Commercial NCQA 90<sup>th</sup> Percentile</b>	
87%	91%	3	-	
<b>Additional Information</b>				

## Medication Adherence for Diabetes Medications (MAD)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18 years and older with 2 or more prescription claims for any diabetes medications on different dates of service in 2022	Patients with a PDC at 80% or higher across all classes of diabetes medications in 2022	<ul style="list-style-type: none"> <li>Patients with one or more prescriptions for insulin in 2022</li> <li>Patients with a history of ESRD</li> <li>In hospice or using hospice services during the measurement year</li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims	Yes
Performance Goal				
2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile	
87%	91%	3	-	
Additional Information				
Diabetes medications include: biguanides, sulfonylureas, thiazolidinediones drug, DPP-IV inhibitors, incretin mimetics, meglitinides or SGLT2 inhibitors				

## Medication Adherence for Hypertension (MAH)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18 years and older with 2 or more prescription claims for any blood pressure medications on different dates of service in 2022	Patients who were at least 80% adherent with their blood pressure medication in 2022	<ul style="list-style-type: none"> <li>Patients with one or more prescriptions for sacubitril/valsartan</li> <li>Patients with a history of ESRD</li> <li>In hospice or using hospice services anytime during the measurement year</li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims	Yes
Performance Goal				
2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile	
87%	90%	3	-	
Additional Information				
Blood pressure medications include: an ACE inhibitor, an ARB, or a direct renin inhibitor drug				

## Medication Reconciliation Post-Discharge (MRP)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18 years and older as of December 31, 2022, who had an acute or nonacute inpatient discharge on or between January 1 and December 1, 2022	Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse, as documented through either administrative data or medical record review on the date of discharge through 30 days after discharge (31 total days). Any of the evidence below meets the measure: <ol style="list-style-type: none"> <li>1) Documentation of the current medications with notation that the provider reconciled the current and discharge medications.</li> <li>2) Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all medications at discharge).</li> <li>3) Documentation of the patient’s current medications with a notation that the discharge medications were reviewed.</li> <li>4) Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.</li> <li>5) Documentation of the current medications with evidence that the patient was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. Evidence that the patient was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the patient’s hospitalization or discharge.</li> <li>6) Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).</li> <li>7) Notation that no medications were prescribed or ordered upon discharge.</li> </ol>	None	Yes	No
			Method of Data Submission	Displayed on KPN Dashboard
			Claims and Supplemental Data	No

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
69%	82%	1	-

### Additional Information

The denominator is based on discharges, not on patients. If patients have more than one discharge, include all discharges on or between January 1 and December 1, 2022. If the discharge is followed by a readmission within 30 days, use the last discharge date. A medication review performed without the member present meets criteria.

Please note, this standard alone MRP measure has been retired by NCQA. This is now a part of Transitions of Care (TRC) measure.



## Osteoporosis Management in Women who had a Fracture (OMW)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Women 67-85 years of age as of December 31, 2022 who suffered a fracture between July 1, 2021 and June 30, 2022	A BMD test, in any setting, on the Index Episode Start Date (IESD) or in the 6-month period after the IESD <ul style="list-style-type: none"> <li>If the IESD was an inpatient stay, a BMD test during the inpatient stay</li> <li>Osteoporosis therapy on the IESD or in the 6-month period after the IESD</li> <li>If the IESD was an inpatient stay, long-acting osteoporosis therapy during the inpatient stay</li> <li>A dispensed prescription to treat osteoporosis on the IESD or in the 6-month period after the IESD</li> </ul>	<ul style="list-style-type: none"> <li>Women who had a Bone Mineral Density (BMD) test during the 24 months prior to the episode date</li> <li>Women who had a claim/encounter for osteoporosis therapy during the 12 months prior to the episode date</li> <li>Women who received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior to the episode date</li> <li>In hospice or using hospice services anytime during the measurement year</li> <li>Receiving palliative care services anytime during the measurement year</li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes
<b>Performance Goal</b>				
<b>2022 CMS 4 Star Target</b>	<b>2022 CMS 5 Star Target</b>	<b>2022 CMS Star Weight</b>	<b>2021 Commercial NCQA 90<sup>th</sup> Percentile</b>	
50%	68%	1	-	
<b>Additional Information</b>				
Fractures of finger, toe, face and skull are not included in this measure.				

## Plan All-Cause Readmissions (PCR)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients 18 and older as of the Index Discharge Date (acute inpatient or observation stay discharge date) on or between January 1 and December 1, 2022	At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.	Hospital stays when: <ul style="list-style-type: none"> <li>• the admission date is the same as the discharge date</li> <li>• the patient died during the stay</li> <li>• the principal diagnosis is pregnancy</li> <li>• the principal diagnosis of a condition originating in the perinatal period</li> <li>• In hospice or using hospice services anytime during the measurement year</li> <li>• planned admissions using any of the following:                             <ul style="list-style-type: none"> <li>○ a principal diagnosis of maintenance chemotherapy</li> <li>○ a principal diagnosis of rehabilitation</li> <li>○ an organ transplant</li> <li>○ a potentially planned procedure</li> </ul> </li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims	Yes

### Performance Goal

2020 CMS 4 Star Target	2020 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
≤7%	≤3%	1	2.13

### Additional Information

The denominator for this measure is based on discharges, not patients.

## Statin Therapy for Patients with Cardiovascular Disease (SPC)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Males 21-75 years of age as of December 31, 2022  Females 40-75 years of age as of December 31, 2022  With: MI, CABG, PCI or other revascularization in 2021 OR A visit with an IVD diagnosis in 2021 and 2022	Patients who had at least one dispensing event for a high-intensity or moderate intensity statin medication in 2022	<ul style="list-style-type: none"> <li>• Female patients with a diagnosis of pregnancy in 2021 or 2022</li> <li>• In vitro fertilization in 2021 or 2022</li> <li>• Dispensed at least one prescription for clomiphene in 2021 or 2022</li> <li>• ESRD or dialysis in 2021 or 2022</li> <li>• Cirrhosis in 2021 or 2022</li> <li>• Myalgia, myositis, myopathy or rhabdomyolysis in 2022</li> <li>• In hospice or using hospice services during the measurement year</li> <li>• Receiving palliative care during the measurement year</li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes
<b>Performance Goal</b>				
2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile	
84%	89%	1	-	

## Risk-Standardization, All Condition Readmission (ACR)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
All hospitalizations for DCE-aligned beneficiaries age 65 or older at nonfederal, short-stay acute care, or critical access hospitals	Risk-adjusted readmissions at nonfederal, short-stay, acute care, or critical access hospitals that occur within 30 days of discharge from an index hospital admission	<ul style="list-style-type: none"> <li>• Admissions for:                             <ul style="list-style-type: none"> <li>-Patients without 30 days of post-discharge data</li> <li>-Patients to a Prospective Payment System-except cancer hospital</li> <li>-Patients with medical treatment of cancer</li> <li>-Primary psychiatric disease</li> <li>-Rehabilitation care</li> <li>-Patients discharged against medical advice</li> </ul> </li> <li>• Planned readmissions identified using procedure and diagnosis codes</li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims	No
<b>Performance Goal</b>				
<b>2022 CMS 4 Star Target</b>	<b>2022 CMS 5 Star Target</b>	<b>2022 CMS Star Weight</b>	<b>2021 Commercial NCQA 90<sup>th</sup> Percentile</b>	
-	-	-	-	
<b>Additional Information</b>				
ACR performance is calculated based on concurrent benchmarks by CMS.				

## Statin Use in Persons with Diabetes (SUPD)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Patients ages 40 to 75 years with 2 or more prescription claims on different dates of service for any diabetes medication during 2022	Patients with 1 or more prescription claims for a statin medication during 2022	<ul style="list-style-type: none"> <li>• ESRD</li> <li>• Rhabdomyolysis or myopathy</li> <li>• Pregnancy, lactation, or fertility</li> <li>• Liver disease</li> <li>• Pre-diabetes</li> <li>• Polycystic ovary syndrome</li> <li>• In hospice or using hospice services during the measurement year</li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims	Yes
Performance Goal				
2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile	
84%	88%	1	-	

## Timely Follow-up After Acute Exacerbations of Chronic Conditions (Timely Follow-up)

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Count of DCE-level acute exacerbations that require either ED visit, observation stay, or inpatient stay for any of the 6 chronic conditions listed below	The sum of the DCE-level denominator events where follow-up was received within the timeframe recommended by condition and acuity-specific clinical practice as outlined below: <b>Hypertension</b> -High Acuity: 14 days -Medium Acuity: 30 days -Low Acuity: 6 months <b>Asthma: 14 days</b> <b>Heart Failure: 14 days</b> <b>Coronary Artery Disease:</b> -High Acuity: 7 days -Low Acuity: 6 weeks <b>Chronic Obstructive Pulmonary Disease: 30 days</b> <b>Diabetes: 14 days</b>	<ul style="list-style-type: none"> <li>• Acute events that occur two days after a prior discharge but still during the follow-up interval of the prior event for the same reason are not counted in the denominator.</li> <li>• Acute events where the discharge status of the last claim is not “to community”</li> <li>• Acute event for which the calendar year ends before the follow-up window ends</li> <li>• Acute events where the patient enters a skilled nursing facility, non-acute care, or hospice care within the follow-up interval</li> </ul>	No	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims	No

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
-	-	-	-

### Additional Information

Percent of acute events where follow-up care was received within the time frame recommended by clinical practice guidelines in a non-emergency outpatient setting. Acute events are those requiring an emergency department visit or hospitalization and are restricted to exacerbations of six chronic conditions:

- 1) Hypertension, 2) asthma, 3) heart failure, 4) coronary artery disease, 5) chronic obstructive pulmonary disease, and 6) diabetes

This measure performance is calculated based on concurrent benchmarks by CMS.

## Transitions of Care (TRC) – Medication Reconciliation Post Discharge, Patient Engagement

Denominator	Numerator	Exclusions	Is Telehealth documentation accepted?	Is an office visit required?
Members 18 years and older as of December 31, 2022, who have had an acute or nonacute inpatient discharge between January 1 and December 1, 2022.	<b>Patient Engagement:</b> -Provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge.  <b>Medication Reconciliation:</b> -Conducted by a prescribing practitioner, clinical pharmacist, physicians’ assistant, or registered nurse on the date of discharge through 30 days after discharge.	<ul style="list-style-type: none"> <li>• Discharge occurs after December 1, 2022</li> <li>• In hospice or using hospice services anytime during the measurement year.</li> </ul>	Yes	No
			<b>Method of Data Submission</b>	<b>Displayed on KPN Dashboard</b>
			Claims and Supplemental Data	Yes

### Performance Goal

2022 CMS 4 Star Target	2022 CMS 5 Star Target	2022 CMS Star Weight	2021 Commercial NCQA 90 <sup>th</sup> Percentile
-	-	-	-

### Additional Information

The denominator is based on discharges, not on members.

If the discharge is followed by a readmission or direct transfer on the date of discharge through 30 days after discharge, use the admit date from the first admission and the discharge date from the last discharge.

Medication Reconciliation documentation must include evidence of medication reconciliation and the date when it was performed. Any of the following meet Criteria:

- 1) Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.
- 2) Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- 3) Documentation of the member’s current medications with a notation that the discharge medications were reviewed.
- 4) Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
- 5) Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member’s hospitalization or discharge.
- 6) Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
- 7) Notification that no medications were prescribed or ordered upon discharge.

# CAHPS<sup>®</sup> Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

United HealthCare CAHPS		
Category	Question	Questions Responses
Getting Needed Care	Did you experience any difficulty scheduling an appointment?	1 = No difficulty, 2 = Some difficulty, 3 = It was difficult, 0 = Does not apply
Getting Needed Care	How long after your scheduled appointment did you wait to see your doctor?	1 = Less than 15 minutes, 2 = 15-30 minutes, 3 = 30-59 minutes, 4 = More than 1 hour, 0 = Does not apply
Getting Needed Care	Did you have any difficulty getting a referral to see a specialist from your doctor?	1 = No difficulty, 2 = Some difficulty, 3 = It was difficult, 0 = Does not apply
Care Coordination	Did your doctor seem informed and up to date about the care you received from a specialist?	1 = Did not see a specialist, 2 = Yes my doctor talked to me about care from my specialist, 3 = No my doctor did not speak to me about care from my specialist, 0 = Does not apply
Care Coordination	Did your doctor review all of your prescription medications with you?	1 = Yes, 2 = No, 0 = Does not apply
Care Coordination	Did you receive follow up from your doctor's office after any blood test, x-ray, or other test that you completed?	1 = Yes, received follow up, 2 = No, did not receive follow up, 3 = Does not apply
Getting Needed Rx*	Did you experience difficulty with your plan covering any medications your doctor prescribed?	1 = No difficulty, 2 = Some difficulty, 3 = It was difficult, 0 = Does not apply
Doctor Patient Conversations	Did your doctor talk to you about falling or difficulty with balance and walking?	1 = Yes, 2 = No, 0 = Does not apply
Doctor Patient Conversations	Did your doctor discuss bladder control or issues with urine leakage?	1 = Yes, 2 = No, 0 = Does not apply
Doctor Patient Conversations	Did your doctor advise you to start, increase, or maintain your exercise level?	1 = Yes, 2 = No, 0 = Does not apply

\*Getting Needed Rx is not included in the Patient Experience score calculation



## Humana CAHPS

Category	Survey Question tied to a patient's experience with a provider
Getting Care Quickly	Did you experience any difficulty scheduling your appointment?
Getting Care Quickly	How long after your scheduled appointment time did you wait to see the person you came to see?
Getting Needed Care	Did you have any trouble getting your referral to see a specialist from your personal doctor?
Other	Did you have trouble with your prescription drug plan covering any prescription your doctor prescribed?
Other	Did you have any problem getting approval for any test, care, or treatment your doctor said you needed?
Coordination of Care	Did your personal doctor talk about all the prescription drugs you were taking?
Coordination of Care	Did your personal doctor seem informed and up to date about the care you got from specialists?
Patient Discussion	Did your doctor or other healthcare provider talk to you about falling or problems with balance or walking?
Patient Discussion	Did your doctor or other healthcare provider suggest any healthcare treatment, such as using a cane or walker, having your blood pressure checked, or having regular vision or hearing tests?
Patient Discussion	Did your doctor, nurse or other healthcare provider talk to you about ways to control or manage leakage of urine?
Patient Discussion	Did your doctor or other health provider advise you to start, increase, or maintain your level of exercise or physical activity?
Patient Discussion	Has your doctor or other health provider talked to you about your mental or emotional health or things like feelings of stress, depression, or anxiety? This could include talking to you about stress, anxiety, or filling out a questionnaire while in the waiting or exam room.

## Health Outcome Survey Measures (HOS)

HOS Measure	Questions
<b>Improving or Maintaining Physical Health</b>	<ol style="list-style-type: none"> <li>1. Does your health now limit you in activities, such as:               <ol style="list-style-type: none"> <li>a. Moving a table, pushing a vacuum cleaner, bowling, or playing golf?</li> <li>b. Climbing several flights of stairs?</li> </ol> </li> <li>2. In the past 4 weeks, have you had any of the following problems with your work or other activities as a result of your physical health?               <ol style="list-style-type: none"> <li>a. Accomplished less than you would like?</li> <li>b. Were limited in the kind of work or other activities?</li> </ol> </li> <li>3. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</li> </ol>
<b>Improving or Maintaining Mental Health</b>	<ol style="list-style-type: none"> <li>1. In the past 4 weeks, have you had any of the following problems with your work or other activities as a result of any emotional problems (such as feeling depressed or anxious)?               <ol style="list-style-type: none"> <li>a. Accomplished less than you would like?</li> <li>b. Didn't do work or other activities as carefully as usual?</li> </ol> </li> <li>2. How much of the time during the past 4 weeks:               <ol style="list-style-type: none"> <li>a. Have you felt calm and peaceful?</li> <li>b. Did you have a lot of energy?</li> <li>c. Have you felt downhearted and blue?</li> </ol> </li> <li>3. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?</li> </ol>
<b>Monitoring Physical Activity</b>	<ol style="list-style-type: none"> <li>1. In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.</li> <li>2. In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.</li> </ol>
<b>Management of urinary incontinence</b>	<ol style="list-style-type: none"> <li>1. In the past six months, have you experienced leaking of urine?</li> <li>2. During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?</li> <li>3. Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?</li> <li>3. Have you ever talked with a doctor, nurse or other healthcare provider about any of these approaches?</li> </ol>
<b>Reducing the Risk of Falling</b>	<ol style="list-style-type: none"> <li>1. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?</li> <li>2. Did you fall in the past 12 months?</li> <li>3. In the past 12 months, have you had a problem with balance or walking?</li> <li>4. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?</li> </ol>