

Measure Specifications for the AMGA Osteoporosis Best Practices Learning Collaborative

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1. Purpose

This document provides guidance to participating health care organizations (HCOs) on data to be submitted for AMGA Foundation's Osteoporosis Best Practices Learning Collaborative.

Throughout the collaborative, participants will work to develop and implement clinical practice guideline-informed strategies and interventions to improve assessment, timely diagnosis, evaluation and clinical practice treatments for osteoporosis at their organizations.

Measurement is essential to any improvement process. That is why measurement is a cornerstone of AMGA learning collaboratives and campaigns. Measurement is necessary not only to gauge impact, but also to serve as a vital tool for AMGA members to create change. We recommend using measure data as part of a feedback loop to determine whether interventions are working. Data should be shared with all participating clinic sites and providers. Comparing data at this level presents a learning opportunity to understand how differing processes and workflows may be contributing to improvement. Collaborative participants are required to submit measure data quarterly, but AMGA strongly recommends that participating HCOs review data on their own at least monthly.

2. Overview of Measures

These measures were developed and approved by the Osteoporosis Best Practices Learning Collaborative Advisory Committee (see [Appendix A](#) for a list of advisors). Our collaborative measures were informed by existing measures, including:

- HEDIS 2020®: Osteoporosis Management in Women Who Had a Fracture (OMW)
- NQF 0046: Screening for Osteoporosis for Women Aged 65–85 Years of Age
- NQF 0053: Osteoporosis Management in Women Who Had a Fracture

Measures were also informed by the following clinical guidelines:

- American Association Clinical Endocrinologists (AACE): Clinical Practice Guidelines for the Diagnosis and treatment of Postmenopausal Osteoporosis – 2020 Update
- National Osteoporosis Foundation (NOF): Clinician's Guide to Prevention and Treatment of Osteoporosis (2014)
- American College of Obstetricians and Gynecologists (ACOG): Osteoporosis. ACOG practice bulletin (2012)
- U.S. Preventative Services Task Force (USPSTF): Screening for osteoporosis (2011)
- World Health Organization (WHO): WHO scientific group on the assessment of osteoporosis at the primary health care level (2007)

2.1. List of Measures

The collaborative will collect data for four measures focused on testing, diagnosis, and treatment associated with osteoporosis. Each of the four measures will be reported separately for men and women.

These measures are not intended to replace or imitate clinical guidelines. Clinicians should follow evidence-based practices, guidelines, and clinical judgement in caring for patients with osteoporosis. Collaborative measures were chosen to best reflect current practices surrounding prevention, treatment, and management of patients with osteoporosis. Participating organizations submit measures for the purposes of monitoring progress within and across organizations in caring for patients with osteoporosis.

Testing

[Measure 1A](#): Rates of DXA testing among women (age 65–90)

[Measure 1B](#): Rates of DXA testing among men (age 70–90)

Diagnosis (patients age 50–90)

[Measure 2A](#): Rates of diagnosis in women who meet diagnosis criteria for osteoporosis

[Measure 2B](#): Rates of diagnosis in men who meet diagnosis criteria for osteoporosis

Treatment (patients age 50–90)

[Measure 3A](#): Rates of treatment in women who have a diagnosis of osteoporosis

[Measure 3B](#): Rates of treatment in men who have a diagnosis of osteoporosis

[Measure 4A](#): Rates of treatment in women who had a fracture

[Measure 4B](#): Rates of treatment in men who had a fracture

2.2. Measurement Reporting

Population-level numerators and denominators for each measure will be reported for active patients, those that have been seen at the organization in the last 18-months. See [Section 3.1](#) for specifics on defining the active patient population. We will refer to the last quarter of this 18-month period as the reporting quarter.

Due to COVID-19-related disruptions in care experienced throughout 2020, measure data will be submitted for each quarter of two baseline years (2019 as pre-COVID and 2020). Subsequent data will be reported on a quarterly basis throughout the intervention period. This will allow improvements to be tracked over the course of the collaborative and compared to an unbiased baseline.

[Table 1](#) shows the active patient 18-month lookback period associated with each reporting quarter (baseline and intervention) as well as the reporting period due dates. Data for all baseline reporting periods and the first intervention period (Q1 2021) will be due by the end of April 2021. Data for the remaining intervention periods will be due approximately two weeks after the end of each reporting quarter. An exception has been made for the last quarter of data (Q1 2022). Data for this final reporting quarter will be due one week following the end of the quarter so that comparative data are available for presentation at the in-person wrap-up meeting (April 2022, tentative).

Reporting Process: An excel reporting template along with detailed instructions regarding data submission will be provided to participating organizations prior to the baseline reporting deadline. HCOs must submit data by attaching the reporting template (populated with aggregate numerators and denominators for each measure) to an e-mail and sending to a secure data repository using a special e-mail address that enables automatic parsing and consistency checking for submitted files. No patient-level data will be reported or submitted.

The excel reporting template will provide a cumulative record of the organizations’ reported measures data so they can evaluate the consistency of their data from quarter to quarter. This can also be used to track progress, although we recommend that participants track their data more frequently, e.g., monthly. Following each submission deadline, AMGA will provide transparent comparative benchmarking reports across all organizations participating in the collaborative. Identified data will only be shared internally, among collaborative participants, national advisors, and sponsor representatives.

Table 1: Defining Reporting Quarters and Reporting Due Dates

		Active Patient 18-month Lookback¹	Reporting Quarter²	Report Due Date³
Baseline	Pre-COVID	Oct 1, 2017–Mar 31, 2019 (Q4 2017 – Q1 2019)	Q1 2019	04/30/2021
		Jan 1, 2018–Jun 30, 2019 (Q1 2018 – Q2 2019)	Q2 2019	
		Apr 1, 2018–Sep 30, 2019 (Q2 2018 – Q3 2019)	Q3 2019	
		Jul 1, 2018–Dec 31, 2019 (Q3 2018 – Q4 2019)	Q4 2019	
	COVID	Oct 1, 2018–Mar 31, 2020 (Q4 2018 – Q1 2020)	Q1 2020	
		Jan 1, 2019–Jun 30, 2020 (Q1 2019 – Q2 2020)	Q2 2020	
		Apr 1, 2019–Sep 30, 2020 (Q2 2019 – Q3 2020)	Q3 2020	
		Jul 1, 2019–Dec 31, 2020 (Q3 2019 – Q4 2020)	Q4 2020	
Intervention	Oct 1, 2019–Mar 31, 2021 (Q4 2019 – Q1 2021)	Q1 2021	04/30/2021	
	Jan 1, 2020–Jun 30, 2021 (Q1 2020 – Q2 2021)	Q2 2021	07/15/2021	
	Apr 1, 2020–Sep 30, 2021 (Q2 2020 – Q3 2021)	Q3 2021	10/15/2021	
	Jul 1, 2020–Dec 31, 2021 (Q3 2020 – Q4 2021)	Q4 2021	01/17/2022	
	Oct 1, 2020–Mar 31, 2022 (Q4 2020 – Q1 2022)	Q1 2022	04/08/2022	

¹ To be eligible for each measure denominator, patients must meet active patient criteria (see Section 3.1).

² Measures will be reported quarterly. The *reporting quarter* refers to the last quarter of the *active patient 18-month lookback period*.

³ In most cases, data will be due 2 weeks after the end of the reporting quarter. Data for Q1 2022 will be due one week from the end of the quarter so that comparative data can be presented at the final in-person meeting (tentatively April 2022).

3. Measure Specifications

Sections 3.1 – 3.7 describe the numerators and denominators to be submitted each reporting quarter for the 8 measures (4 for women, 4 for men). When the numerator and denominator are entered into the reporting template, the measure rate will automatically be calculated.

[Appendix B Table B1](#) shows the timing of the Active Patient Population and lookback periods for each reporting quarter and [Figure B1](#) illustrates an example Reporting Quarter, for each measure.

3.1. Active Patient Population

To be included in any of the measure denominators, patients must meet a minimum activity requirement, be within a specified age range, have no evidence of hospice or palliative care in the specified activity period, and must not have died prior to the end of the reporting quarter.

Patients are included in the Active Patient Population if they:

1. are age 50–90 on the first day of the reporting quarter, and
2. have ≥ 2 completed ambulatory outpatient visits ([Table 2](#)) in the past 18 months (including the reporting quarter), with a primary care, endocrinology, or rheumatology provider ([Table 3](#)). The two visits need not be with the same provider or the same specialty.

Patients are excluded from the Active Patient Population if:

1. there is evidence of hospice or palliative care ([Table 4](#)) in the past 18 months (including the reporting quarter), or
2. patient died prior to the end of the reporting quarter.

[Appendix C Figure C1](#) shows the process for defining the Active Patient Population. The Active Patient Population is the first step for determining each measure's denominator.

Table 2. Suggested Codes to Identify Visits

CPT/HCPCS Codes	Description
<i>Organizations should use their own definition for classifying ambulatory outpatient activity (face-to-face or telehealth¹), using this list as a guide.</i>	
99201–99205, 99211–99215	Evaluation & Management Office Visit
99241–99245	Evaluation & Management Office Consultation
99385–99387, 99395–99397	Evaluation & Management Preventive Visit
99401–99404	Preventive Medicine: Individual Counseling Visit
99411–99412	Preventive Medicine: Group Counseling Visit
99420, 99429	Other Preventive Medicine Services
G0402	Initial Preventive Physical Examination (“Welcome to Medicare” Visit)
G0438, G0439	Medicare Annual Wellness Visit
G0463	Hospital outpatient clinic visit for assessment and management of a patient
T1015	Clinic visit/encounter, all inclusive
99421 – 99423, G2061 – G2063	E-visit (effective 1/1/2020)
99441 – 99444, 98966 – 98969	Phone E&M
G2010, G2012	Virtual Communication (CMS)

¹Telehealth visits can be identified using the codes specified above as e-visit, phone, or virtual communication; or by the presence of a telehealth modifier or a telehealth POS code associated with any of the codes listed in this table.

Table 3. Suggestions for Defining Primary Care (PC) and Eligible Providers

<p>Primary care should, <u>at minimum</u>, include:</p> <ol style="list-style-type: none"> 1. Family practice 2. General practice 3. Geriatrics 4. Internal medicine 5. Obstetrics/gynecology <p>(Organizations may include <u>additional</u> specialties that they consider to be part of primary care.)</p>
<p>Eligible providers <u>may</u> include:</p> <ol style="list-style-type: none"> 1. Doctor of Medicine (MD) 2. Doctor of Osteopathy (DO) 3. Nurse Practitioner (NP) 4. Physician Assistant (PA) 5. Advanced Practice Registered Nurse (APRN) 6. Other advanced practice professionals (APPs)

Table 4. Codes to Identify Patients with Palliative/Hospice Care

Codes for Palliative/Hospice Care	
<i>Organizations should use their own definition for classifying Palliative/Hospice Care, using this list as a guide.</i>	
ICD-9	V66.7
ICD-10	Z51.5
CPT	99377–99378
HCPCS	G0182, G9473 - G9479
HCPCS	Q5001–Q5010
HCPCS	S0255, S0271, S9126
HCPCS	T2042–T2046

3.2. Measures 1A & 1B: Rates of DXA testing

There are distinct denominator exclusion and inclusion criteria for each measure, but all measure denominators are drawn from the Active Patient Population. Please pay careful attention to the denominator descriptions for each measure. Appendix B Table B1 specifies the specific lookback windows for determining active patient activity, denominator inclusion or exclusions, and numerator compliance for each reporting quarter.

3.2.1. Measure 1A: Rates of DXA testing among women age 65 – 90

Denominator: Number of women from the Active Patient Population, age **65 – 90** on the first day of the reporting quarter, that have no evidence of osteoporosis prior to the reporting quarter. Evidence includes an osteoporosis diagnosis on a claim¹ ([Table 5](#)) or a prescription, order, fill claim, or procedure code for an osteoporosis medication ([Table 6](#)).¹

Numerator: Number of women in denominator that had a qualifying dual-energy X-ray absorptiometry (DXA) scan ([Table 7](#)) ever.

3.2.2. Measure 1B: Rates of DXA testing among men age 70 – 90

Denominator: Number of men from the Active Patient Population, age **70 – 90** on the first day of the reporting quarter, that have no evidence of osteoporosis prior to the reporting quarter. Evidence includes an osteoporosis diagnosis on a claim¹ ([Table 5](#)) or a prescription, order, fill claim, or procedure code for an osteoporosis medication ([Table 6](#)).¹

¹ In addition, problem lists and medication lists can be used to identify evidence of prior osteoporosis as long as the evidence can be accurately dated (must have been documented prior to the first day of the reporting quarter to meet the denominator exclusion criteria).

Numerator: Number of men in denominator that had a qualifying DXA scan ([Table 7](#)) ever.

[Appendix C Figure C2](#) shows how numerators and denominators for Measures 1A and 1B are derived from the Active Patient Population.

Table 5. Osteoporosis Diagnosis Codes for Measures 1, 2, and 3

ICD-10 Code ¹	Description
M80.0*	Age-related osteoporosis with current pathological fracture
M80.8*	Other osteoporosis with current pathological fracture
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture

¹ Corresponding ICD-9 codes are included in the *AMGA Osteoporosis Code List* (separate Excel file).
 (*) indicates that any character string after the number is valid.

Table 6. Osteoporosis Pharmacologic Treatments for Measures 1, 3 and 4

Drug ¹	HCPCS Code ²
Abaloparatide (Tymlos)	--
Alendronate (Fosamax)	--
Calcitonin (Miacalcin, Fortical)	--
Denosumab (Prolia)	J0897
Ibandronate (Boniva, generic form)	J1740
Raloxifene (Evista)	--
Risedronate (Actonel, Atelvia, generic form)	--
Romosozumab (Evenity)	--
Teriparatide (Forteo)	J3110
Zoledronate (Reclast, generic infusion form)	J3489

¹ Source: AACE Clinical Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis—2020, Table 17.

² Codes for the administration of the corresponding drug.

Table 7. Suggested DXA Codes

Only central or peripheral dual-energy X-ray absorptiometry (DXA) meet the numerator criteria for measures 1a and 1b. Organizations should use any means of identifying qualifying DXAs in their system using this list as a guide.

Current ¹ CPT Codes	Description
77080	Dual-energy X-ray absorptiometry (DXA) bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77081	Dual-energy X-ray absorptiometry (DXA) bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
77085	Dual-energy X-ray absorptiometry (DXA) bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine), including vertebral fracture assessment
77086	Vertebral fracture assessment via dual-energy x-ray absorptiometry (DXA)
CPT II/HCPCS Codes	
3095F	Central DXA Results Documented
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed

¹These are the most common, current CPT codes. Note that retired codes may still linger in your EHR historical data.

3.3. Measures 2A & 2B: Rates of diagnosis

3.3.1. Measure 2A: Rates of diagnosis in women age 50 – 90 who meet diagnostic criteria for osteoporosis

Denominator: Number of women from the Active Patient Population that have met the diagnostic criteria for osteoporosis prior to the start of the reporting quarter. Diagnostic criteria are met if a patient has at least one of the following:

- Any fracture of the spine, hip, femur, humerus, pelvis, or wrist² that occurred on or after the age of 50;
- T-score: ≤ -2.5; or
- FRAX score: ≥3% risk of hip fracture or ≥20% risk of major fracture.

Numerator: Number of women in denominator that have ever had a diagnosis for osteoporosis ([Table 5](#)) on a claim or problem list.

² Fractures should be identified by a diagnosis code on a claim for a visit occurring at or after age 50. See accompanying *AMGA Osteoporosis Code List* (Excel file) for recommended fracture codes by anatomical site. Note that the fracture anatomical site category for wrist includes distal radius/ulna.

3.3.2. Measure 2B: Rates of diagnosis in men age 50 – 90 who meet diagnostic criteria for osteoporosis

Denominator: Number of men from the Active Patient Population that have met the diagnostic criteria for osteoporosis prior to the start of the reporting quarter. Diagnostic criteria are met if a patient has at least one of the following:

- Any fracture of the spine, hip, femur, humerus, pelvis, or wrist³ that occurred at or after the age of 50;
- T-score: ≤ -2.5 ; or
- FRAX score: $\geq 3\%$ risk of hip fracture or $\geq 20\%$ risk of major fracture.

Numerator: Number of men in denominator that have ever had a diagnosis for osteoporosis ([Table 5](#)) on a claim or problem list.

Note on Diagnosis Criteria: We understand that many health care organizations may not have access to T-scores and FRAX scores in discrete or extractable fields in the EHR. Reporting organizations will be required to specify which diagnostic criteria are being used to identify patients for Measures 2A and 2B denominators.

Appendix C Figure C3 shows how numerators and denominators for Measures 2A and 2B are derived from the Active Patient Population.

3.4. Measures 3A & 3B: Rates of treatment among patients with OP diagnosis

3.4.1. Measure 3A: Rates of treatment in women age 50 – 90 who have a diagnosis of osteoporosis

Denominator: Number of women from the Active Patient Population that have a diagnosis of osteoporosis ([Table 5](#)) on a claim prior to the start of the reporting quarter.⁴

Numerator: Number of women in denominator that have evidence of pharmacologic treatment for osteoporosis ([Table 6](#)) in the last 25 months (including the reporting quarter, see Appendix B [Table 1B](#) for specific dates).

Evidence may include:

- osteoporosis medications active on medication list at any time in the last 25 months (including the reporting quarter);
- a prescription, order, or fill claim for an osteoporosis medication at any time in the last 25 months (including the reporting quarter); or
- procedure codes for the administration of an osteoporosis medication at any time in the last 25 months (including the reporting quarter).

³ Fractures should be identified by a diagnosis code on a claim for a visit occurring at or after age 50. See accompanying *AMGA Osteoporosis Code List* for recommended fracture codes by anatomical site. Note that the fracture anatomical site category for wrist includes distal radius/ulna.

⁴ Organizations may also use problem lists to identify denominator patients with a diagnosis for osteoporosis as long as the evidence can be accurately dated (must have been documented prior to the first day of the reporting quarter).

3.4.2. Measure 3B: Rates of treatment in men age 50 – 90 who have a diagnosis of osteoporosis

Denominator: Number of men from the Active Patient Population that have a diagnosis of osteoporosis ([Table 5](#)) on a claim prior to the start of the reporting quarter.⁵

Numerator: Number of men in denominator that have evidence of pharmacologic treatment for osteoporosis ([Table 6](#)) in the last 25 months (including the reporting quarter, see [Appendix B Table 1B](#) for specific dates).

Evidence may include:

- an osteoporosis medication active on a med list at any time in the last 25 months (including the reporting quarter);
- a prescription, order, or fill claim for an osteoporosis medication at any time in the last 25 months (including the reporting quarter); or
- a procedure code for the administration of an osteoporosis medication at any time in the last 25 months (including the reporting quarter).

Note on treatment lookback: 25 months was chosen as the lookback period for treatment to account for injection or intravenous treatments given up to every 24 months, as well as patients who may be taking a “medication holiday.”

[Appendix C Figure C4](#) shows how denominators and numerators for Measures 3A and 3B are derived from the Active Patient Population.

3.5. Measures 4A & 4B: Rates of treatment among patients with fracture

3.5.1. Measure 4A: Rates of treatment in women age 50 – 90 who had a fracture

Denominator: Number of women from the Active Patient Population with evidence of any fracture of the spine, hip, femur, humerus, pelvis, or wrist occurring at or after the age of 50 and prior to the start of the reporting quarter.⁶

Numerator: Number of women in denominator that have evidence of pharmacologic treatment for osteoporosis ([Table 6](#)) in the last 25 months (including the reporting quarter, see [Appendix B Table 1B](#) for specific dates).

Evidence may include:

- an osteoporosis medication active on a medication list at any time in the last 25 months (including the reporting quarter);
- a prescription, order, or fill claim for an osteoporosis medication at any time in the last 25 months (including the reporting quarter); or
- a procedure code for the administration of an osteoporosis medication at any time in the last 25 months (including the reporting quarter).

⁵ Organizations may also use problem lists to identify denominator patients with a diagnosis for osteoporosis as long as the evidence can be accurately dated (must have been documented prior to the first day of the reporting quarter).

⁶ Fractures should be identified by a diagnosis code on a claim for a visit occurring at or after age 50. See accompanying *AMGA Osteoporosis Code List* for recommended fracture codes by anatomical site.

3.5.2. Measure 4B: Rates of treatment in men age 50 – 90 who had a fracture

Denominator: Number of men from the Active Patient Population with evidence of any fracture of the hip, femur, wrist, spine, humerus, or pelvis occurring at or after the age of 50 and prior to the start of the reporting quarter.⁷

Numerator: Number of men in denominator that have evidence of pharmacologic treatment for osteoporosis ([Table 6](#)) in the last 25 months (including the reporting quarter, see [Appendix B Table 1B](#) for specific dates). Evidence may include:

- an osteoporosis medication active on a medication list at any time in the last 25 months (including the reporting quarter);
- a prescription, order, or fill claim for an osteoporosis medication at any time in the last 25 months (including the reporting quarter); or
- a procedure code for the administration of an osteoporosis medication at any time in the last 25 months (including the reporting quarter).

[Appendix C Figure C5](#) shows how denominators and numerators for Measures 4A and 4B are derived from the Active Patient Population.

⁷ Fractures should be identified by a diagnosis code on a claim for a visit occurring at or after age 50. See accompanying *AMGA Osteoporosis Code List* for recommended fracture codes by anatomical site.

Appendices

Appendix A

Members of Osteoporosis Best Practices Collaborative Advisory Committee	
<p>Michael Lewiecki, M.D. Director, New Mexico Clinical Research & Osteoporosis Center Director, Bone Health TeleECHO, University of New Mexico Health Sciences Center</p>	<p>Steven Petak, M.D. Charles and Anne Duncan Centennial Clinical Academic Scholar in Endocrinology, Department of Medicine Associate Professor of Clinical Medicine Houston Methodist Academic Medicine Associates</p>
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<p>Phil Oravetz, M.D. Chief Population Health Officer, Ochsner Health System</p>	

Appendix B

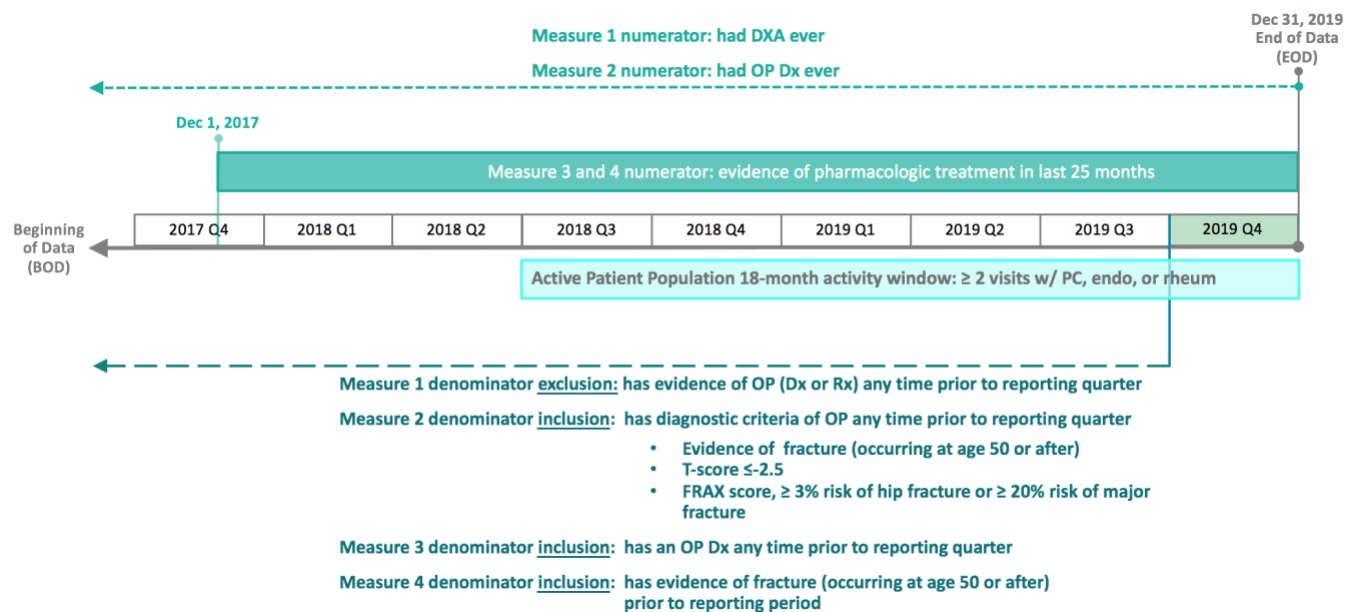
Table B1: Activity, Denominator, and Numerator Lookback Periods for each Reporting Quarter

	Reporting Quarter ¹	Active Patient 18-month Lookback ²	Denominator Inclusion or Exclusion Lookback	Numerator Lookback	
				Ever: DXA (M1); OP Dx (M2, M3)	Last 25 months: OP Med (M4)
Baseline (Pre-COVID)	Q1 2019	Oct 1, 2017–Mar 31, 2019 (Q4 2017 – Q1 2019)	Any time prior to Jan 1, 2019	Ever (through Mar 31, 2019)	Mar 1, 2017–Mar 31, 2019
	Q2 2019	Jan 1, 2018–Jun 30, 2019 (Q1 2018 – Q2 2019)	Any time prior to Apr 1, 2019	Ever (through June 30, 2019)	June 1, 2017–Jun 30, 2019
	Q3 2019	Apr 1, 2018–Sep 30, 2019 (Q2 2018 – Q3 2019)	Any time prior to Jul 1, 2019	Ever (through Sep 30, 2019)	Sep 1, 2017–Sep 30, 2019
	Q4 2019	Jul 1, 2018–Dec 31, 2019 (Q3 2018 – Q4 2019)	Any time prior to Oct 1, 2019	Ever (through Dec 31, 2019)	Dec 1, 2017–Dec 31, 2019
Baseline (COVID)	Q1 2020	Oct 1, 2018–Mar 31, 2020 (Q4 2018 – Q1 2020)	Any time prior to Jan 1, 2020	Ever (through Mar 31, 2020)	Mar 1, 2018–Mar 31, 2020
	Q2 2020	Jan 1, 2019–Jun 30, 2020 (Q1 2019 – Q2 2020)	Any time prior to Apr 1, 2020	Ever (through June 30, 2020)	June 1, 2018–Jun 30, 2020
	Q3 2020	Apr 1, 2019–Sep 30, 2020 (Q2 2019 – Q3 2020)	Any time prior to Jul 1, 2020	Ever (through Sep 30, 2020)	Sep 1, 2018–Sep 30, 2020
	Q4 2020	Jul 1, 2019–Dec 31, 2020 (Q3 2019 – Q4 2020)	Any time prior to Oct 1, 2020	Ever (through Dec 31, 2020)	Dec 1, 2018–Dec 31, 2020
Intervention	Q1 2021	Oct 1, 2019–Mar 31, 2021 (Q4 2019 – Q1 2021)	Any time prior to Jan 1, 2021	Ever (through Mar 31, 2021)	Mar 1, 2019–Mar 31, 2021
	Q2 2021	Jan 1, 2020–Jun 30, 2021 (Q1 2020 – Q2 2021)	Any time prior to Apr 1, 2021	Ever (through June 30, 2021)	June 1, 2019–Jun 30, 2021
	Q3 2021	Apr 1, 2020–Sep 30, 2021 (Q2 2020 – Q3 2021)	Any time prior to Jul 1, 2021	Ever (through Sep 30, 2021)	Sep 1, 2019–Sep 30, 2021
	Q4 2021	Jul 1, 2020–Dec 31, 2021 (Q3 2020 – Q4 2021)	Any time prior to Oct 1, 2021	Ever (through Dec 31, 2021)	Dec 1, 2019–Dec 31, 2021
	Q1 2022	Oct 1, 2020–Mar 31, 2022 (Q4 2020 – Q1 2022)	Any time prior to Jan 1, 2022	Ever (through Mar 31, 2022)	Mar 1, 2020–Mar 31, 2022

¹To be eligible for measure denominators, patients must have been seen at the HCO in the last 18 months (see 3.1 for specific active patient criteria).

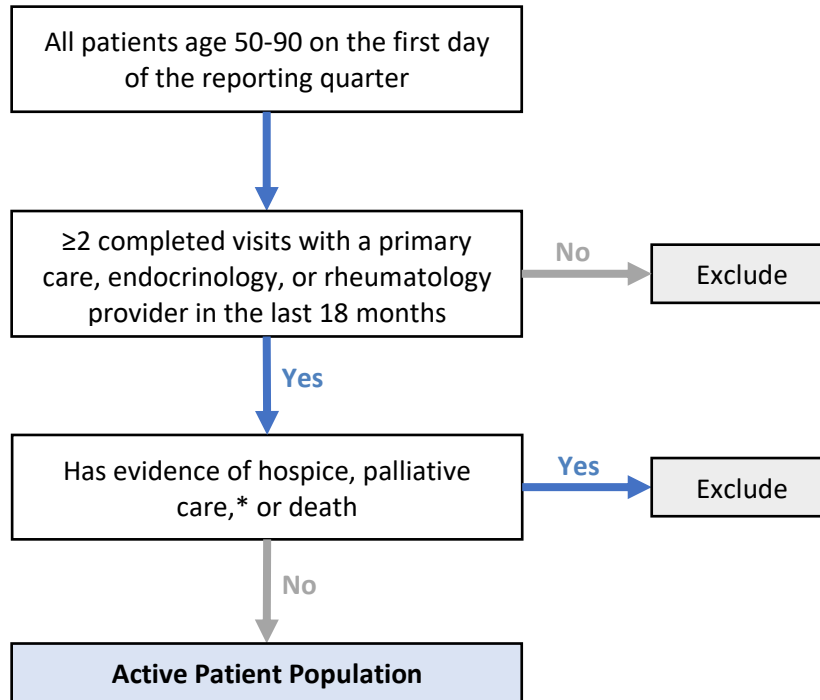
²Measures will be reported quarterly. The “reporting quarter” refers to the last quarter of the Active Patient 18-month lookback period.

Figure B1: Example Reporting Quarter 2019 Q4 – Timing of Each Measure Component



Appendix C

Figure C1: Defining the Active Patient Population



*Lookback for evidence of hospice or palliative care in the last 18 months (including the reporting quarter). This is the same window for the active patient requirement (see Appendix B, Table 1B for specific active patient lookback dates associated with each reporting quarter).

Figure C2: Measures 1A & 1B

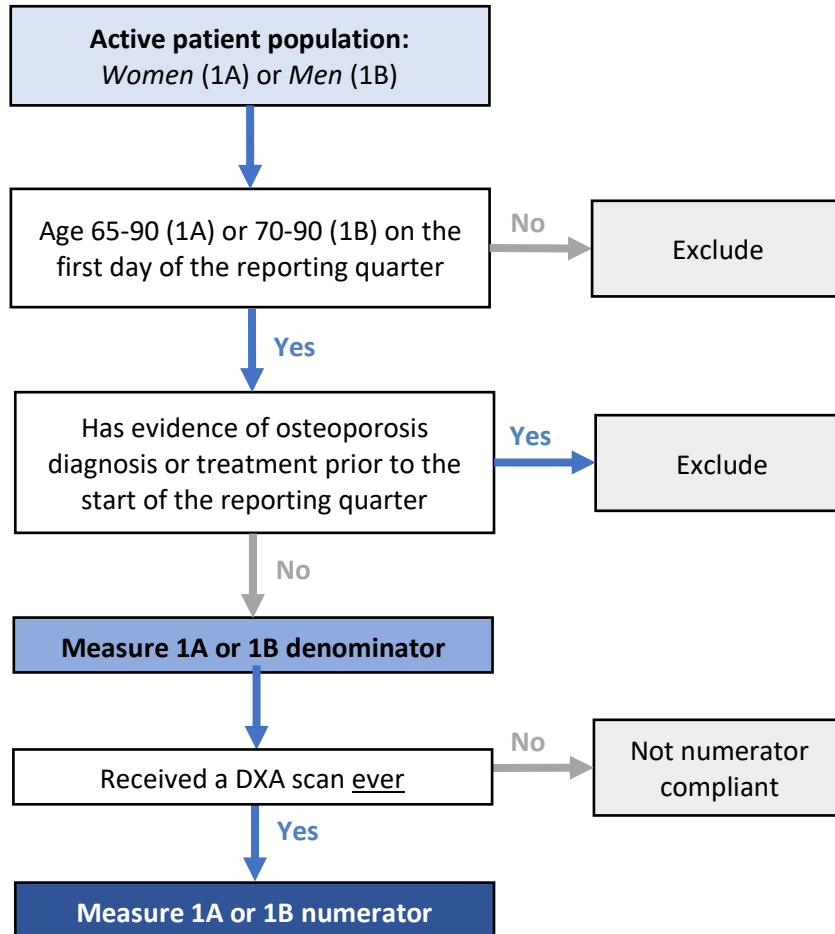
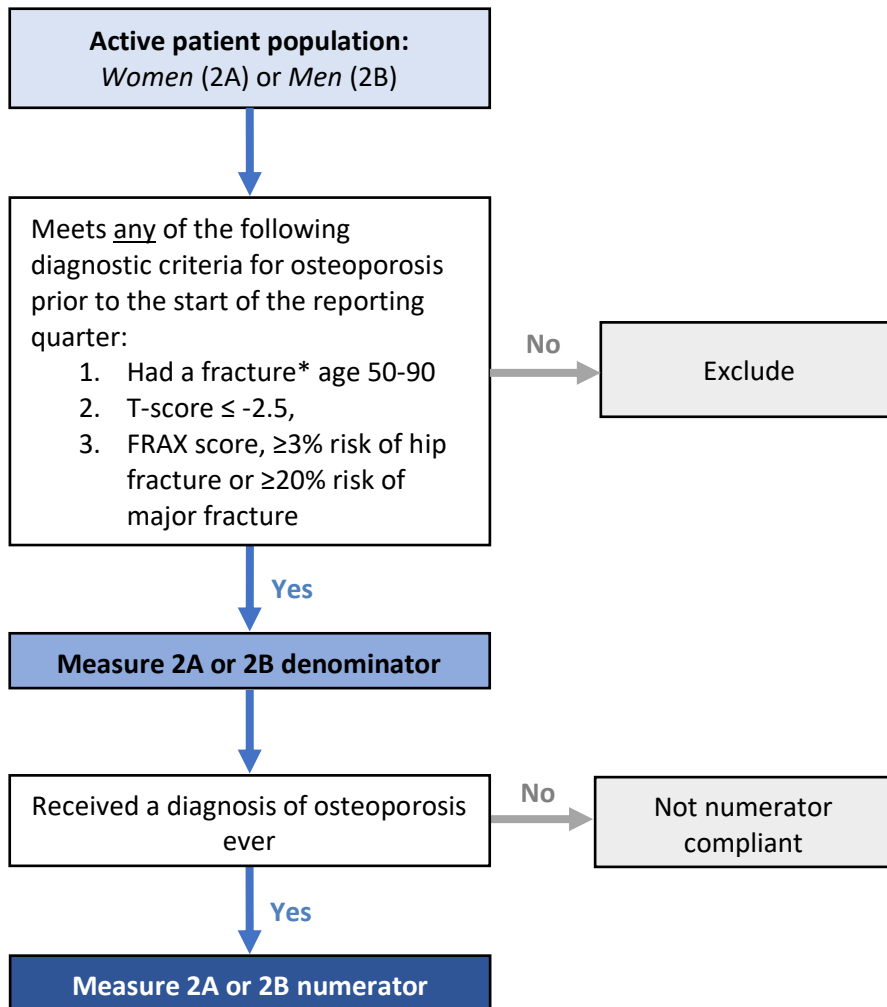
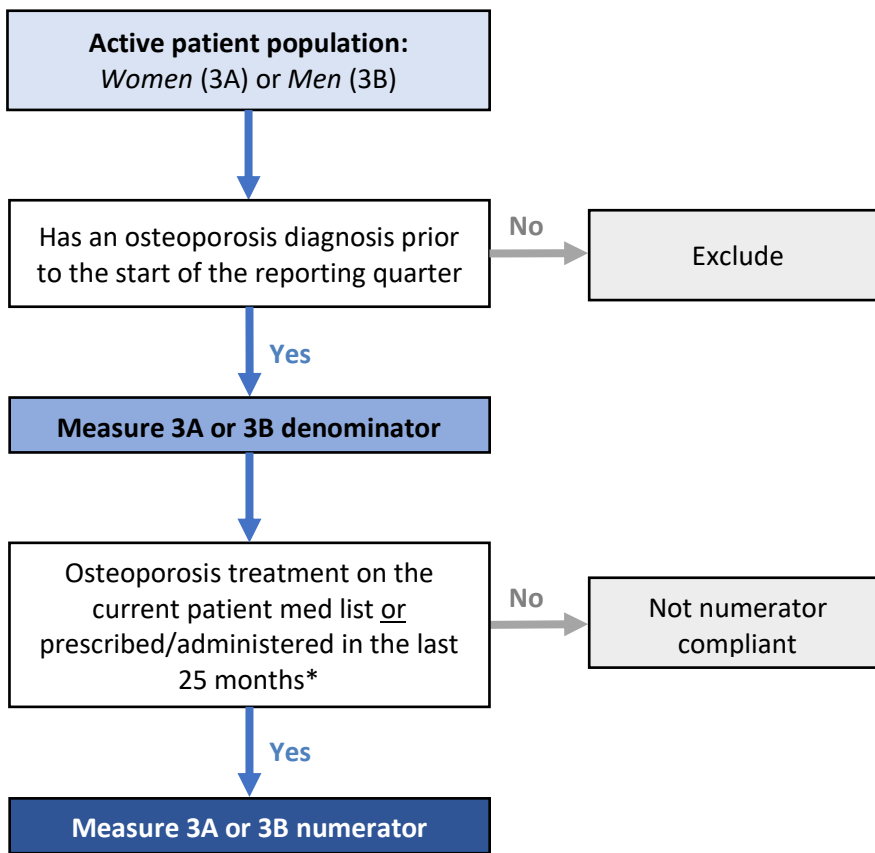


Figure C3. Measures 2A & 2B



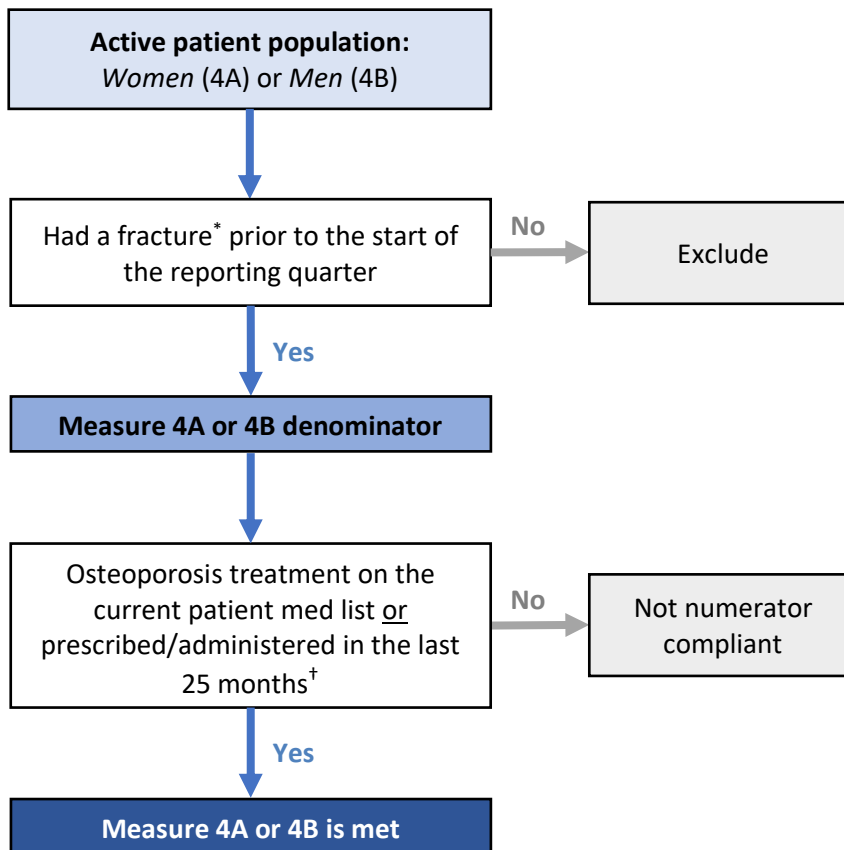
*Fracture of the spine hip, femur, humerus, pelvis, or wrist on a claim for an encounter that occurred at or after age 50. See *AMGA Osteoporosis Code List* for fracture codes by anatomical site (Excel file).

Figure C4. Measures 3A & 3B



*The last 25 months includes the reporting quarter. See Appendix B Table 1B for specific look back dates associated with each reporting quarter.

Figure C5. Measures 4A & 4B



*Fracture of the spine, hip, femur, humerus, pelvis, or wrist on a claim for an encounter that occurred at or after age 50.

†The last 25 months includes the reporting quarter. See Appendix B Table 1B for specific lookback dates associated with each reporting quarter.

Change Log

Date	Measure(s) Impacted	Change Summary