

17 QUALITY ASSURANCE

17.1 QUALITY ASSURANCE REPORTING REQUIREMENTS

QARR (Quality Assurance Reporting Requirements) and **HEDIS** (Healthcare Effectiveness Data and Information Set) are a set of standardized health care performance measures used by over 90% of America's health plans to measure performance. It was developed by NCQA (National Committee for Quality Assurance) and it allows you to compare your health care performance to other health plans as well as state and national benchmarks

Data is collected and reported annually. Scores are reflective of the care and services provided to our members by our physicians.

Plan rates are published yearly and used for member assignment and quality incentives.

By comparing rates from year to year, Suffolk Health Plan (SHP) can identify its performance compared to other health plans and identify opportunities to improve the quality of care our members receive.

Most of QARR and HEDIS data is collected through claims and encounters that are submitted for medical office visits, hospitalizations, and procedures. Plans are allowed to supplement some clinical measures by medical record review but it is of paramount importance that claims and encounters are submitted to SHP with the correct codes.

QARR/ HEDIS reportable measures:

- **Adult BMI ***
- Childhood Immunizations
- Lead Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Chlamydia Screening In Women
- Care for Older Adults
- Glaucoma Screening
- Appropriate Testing For Children With Pharyngitis
- Appropriate Treatment For Children With Upper Respiratory Conditions
- Avoidance Of Antibiotic Treatment In Adults With Acute Bronchitis
- Use Of Spirometry Testing In The Assessment And Diagnosis Of COPD
- Pharmacotherapy Management Of COPD Exacerbation
- Use Of Appropriate Medications For People With Asthma

- Cholesterol Management For Patients With Cardiovascular Conditions
- Controlling High Blood Pressure
- Persistence Of Beta-Blocker Treatment After A Heart Attack
- Diabetes Management
- Disease Modifying Anti – Rheumatic Drug Therapy For Rheumatoid Arthritis
- Osteoporosis Management In Women Who Had A Fracture
- Use Of Imaging Studies For Low Back Pain
- Antidepressant Medication Management
- Follow Up Care For Children Prescribed ADHD Medication
- Follow-Up Of Hospitalization For Mental Illness
- Annual Monitoring For Patients On Persistent Medications
- Potentially Harmful Drug Disease Interactions In The Elderly
- Use Of High Risk Medications In The Elderly
- Annual Dental Visit
- Timeliness Of Prenatal/Postpartum Care
- Well Child Care Visits
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- HIV/AIDS Comprehensive Care
- Appropriate Asthma Medication Three or More Controller Dispensing Events

MEASURE: ADULT BMI ASSESSMENT (ABA)

Measure Description:

This measure reports on the percentage of members 18-74 who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.

Ages:

Adults 18 – 74 as of December 31, 2008

Documentation in the medical record must include:

- **Date of the BMI and the BMI Value**

17.1.1 IMMUNIZATIONS

This measure evaluates the number of children who received all required immunizations by their 2nd birthday.

Immunization regimens are consistent with those guidelines set by the *American Academy of Pediatrics (AAP)*, *Center for Disease Control and Prevention (CDC)*, and

the *Advisory Committee on Immunization Practices (ACDP)*. These recommendations are as follows:

Vaccination	Required # of Vaccinations
DtaP/DT	Four DtaP vaccinations with different dates of service on or before the child's second birthday. DtaP administered prior to 42 days after birth can not be counted.
IPV	At least three polio vaccinations (IPV) with different dates of service on or before the child's second birthday. IPV administered prior to 42 days after birth can not be counted.
MMR	At least one measles, mumps and rubella vaccination with a date of service on or before the second birthday.
HIB	Two* H influenza type B (HiB) vaccinations, with different dates of service on or before the child's second birthday. HIB administered prior to 42 days after birth can not be counted. * the CDC recommends two HIB due to the current shortage.
Hepatitis B	Three Hepatitis B vaccinations, with different dates of service on or before the child's second birthday.
VZV	At least (1) Varicella Zoster vaccine with a date of service falling on or before the child's second birthday.
Pneumococcal Conjugate	At least four pneumococcal conjugate vaccinations with different dates of service on or before the child's second birthday. Pnuemococcal Conjugate administered prior to 42 days after birth can not be counted.
Rotovirus	The child must receive the required number of rotovirus vaccinations (two doses or three doses, depending on which vaccine is administered), on different dates of service on or before the child's second birthday. Do not count any vaccination administered prior to 42 days after birth. The number of Rotovirus doses varies based on which vaccine is given. There is a two-dose and a three-dose schedule.

Influenza	Two Influenza Vaccinations with different dates of service on or before the child's second birthday. Do not count any vaccinations administered prior to six months after birth.
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As with all vaccines, if a child has a severe allergy to one or some of the vaccine's components, it must be documented in the chart. If a child has been exposed to the natural infection (e.g. varicella, measles, rubella) it should be clearly documented in the chart.

Patients often receive vaccines at more than one provider's office.

Codes to Identify Childhood Immunizations

Immunization	CPT	HCPCS	ICD-9-CM Diagnosis*	ICD-9-CM Procedure
DTaP	90698, 90700, 90721, 90723			99.39
Diphtheria and tetanus	90702			
Diphtheria	90719			99.36
Tetanus	90703			99.38
Acellular pertussis				99.37
IPV	90698, 90713, 90723			99.41
MMR	90707, 90710			99.48
Measles and rubella	90708			
Measles	90705		055	99.45
Mumps	90704		072	99.46
Rubella	90706		056	99.47
HiB	90645-90648, 90698, 90721, 90748			
Hepatitis B**	90723, 90740, 90744, 90747, 90748	G0010	070.2, 070.3, V02.61	
VZV	90710, 90716		052, 053	
Pneumococcal conjugate	90669	G0009		

* ICD-9-CM Diagnosis codes indicate evidence of disease.

** The two-dose hepatitis B antigen Recombivax is recommended for children between 11 and 14 years of age only and is not included in this table.

17.1.2 LEAD TESTING

This measure evaluates the number of children who received at least one capillary or venous lead test by their 2nd birthday.

Any medical record documentation, including laboratory slips, is considered sufficient provided that it includes all of the following:

- ✧ Child's Name and ID Number
- ✧ Child's date of birth (a notation of the child's age is not sufficient evidence of DOB)
- ✧ Date test was performed
- ✧ Result of the test

Primary care providers (PCPs) are expected to retain a copy of their patients' laboratory test results and provide relevant follow-up even if the PCP has not ordered the test (e.g. lead test, cervical cancer screening and immunizations).

Federal Medicaid regulations require that all children receive a blood lead screening test at ages 12 and 24 months.

Codes to Identify Lead Tests

CPT	LOINC
83655	17052-2, 5671-3, 10368-9, 27129-6, 5674-7, 10912-4, 14807-2, 32325-3, 25459-9

17.1.3 BREAST CANCER SCREENING

This measure evaluates the percentage of women, age 40 – 69 who had a mammography to screen for breast cancer.

The mammogram had to be performed during the measurement year or the year prior to the measurement year.

If there is a strong family history of breast cancer occurring at an early age, a mammogram is recommended prior to the age of 35. In addition, patients should be advised to perform a monthly self-breast exam.

Codes to Identify Breast Cancer Screening

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue
76083, 76090-76092, 77055-77057	G0202	V76.11, V76.12	87.36, 87.37	0403

Exclusions of bilateral mastectomy must be documented in the medical record

17.1.4 CERVICAL CANCER SCREENING

This measure evaluates the percentage of women between the ages of 21-64 years old with one (or more) Pap tests during the measurement year or the two years prior to the measurement year.

The following must clearly be documented in the patient’s medical record/chart:

- ✧ Date the PAP test was performed
- ✧ Result or finding(s)

If a woman is referred elsewhere to have a pap test performed, it is expected that a copy of the result or finding(s) be in the patient’s chart.

Exclusionary evidence indicating a hysterectomy with no residual cervix must be documented in the medical record.

Codes to Identify Cervical Cancer Screening

CPT	HCPCS	ICD-9- CM Diagnosi s	ICD-9-CM Procedure	UB Revenue	LOINC
88141-88143, 88147, 88148, 88150, 88152- 88155, 88164- 88167, 88174- 88175	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	V72.32, V76.2	91.46	0923	10524-7, 18500- 9, 19762-4, 19764-0, 19765- 7, 19766-5, 19774-9, 33717- 0

17.1.5 COLORECTAL CANCER SCREENING

This measure evaluates the number of adults 50-75 years old who had appropriate screening for colorectal cancer.

Appropriate screening is;

- ✧ Fecal Occult blood test (FOBT) during the measurement year
- ✧ Flexible Sigmoidoscopy during the measurement year or 4 years prior.

- ✧ Colonoscopy during the measurement year or 9 years prior.

Codes to Identify Colorectal Cancer Screening

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	LOINC
FOBT	82270, 82274	G0328 G0394	V76.51		2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3
Flexible sigmoidoscopy	45330-45335, 45337-45342, 45345	G0104		45.24	
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105, G0121		45.22, 45.23, 45.25, 45.42, 45.43	

Exclusions of colorectal cancer or colectomy must be documented in the medical record.

17.1.6 CHLAMYDIA SCREENING IN WOMEN

Women aged 16-24 as of Dec 31, identified as sexually active, with at least one Chlamydia test in the measurement year.

Codes to Identify Chlamydia Screening

CPT	LOINC
87110, 87270, 87320, 87490, 87491, 87492, 87810	557-9, 560-3, 4993-2, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 16602-5, 20993-2, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5,

23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43406-8, 53925-4, 53926-2.

Measure: Care for Older Adults (COA)

Measure Description:

The percentage of adults 65 years and older who had each of the following during the measurement year.

- Advance care planning
- Medication review
- Functional status assessment
- Pain screening

17.1.7 GLAUCOMA SCREENING

This measure evaluates the number of Medicare members, 65 years and older, without a prior diagnosis of glaucoma, who received a glaucoma eye exam by an eye care professional.

Codes to Identify Glaucoma Screening Eye Exams

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure
92002, 92004, 92012, 92014, 92081-92083, 92135, 92140, 99202-99205, 99213-99215, 99242-99245	G0117, G0118, S0620, S0621	V80.1	95.02, 95.03, 95.26

17.1.8 APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

The number of children 2 – 18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic **and** received a strep test for the episode.

Table CWP-D: Codes to Identify Group A Streptococcus Tests

CPT	LOINC
87070, 87071, 87081, 87430, 87650-87652, 87880	626-2, 5036-9, 6556-5, 6557-3, 6558-1, 6559-9, 11268-0, 11475-1, 17656-0, 18481-2, 31971-5

Diagnosis of streptococcal pharyngitis with the appropriate laboratory test, i.e., throat culture, “rapid strep” test, should be completed **prior to** prescribing antibiotics.

17.1.9 APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY CONDITIONS

The percentage of children 3 months -18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic.

17.1.10 AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

The number of healthy adults 18 – 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic.

There are several published evidence-based clinical practice guidelines on the appropriate use of antibiotics.

Please note that the key component related to this guideline is:

There is no evidence to support the use of antibiotics in the treatment of children with simple upper respiratory infections or acute bronchitis in healthy adults. Symptomatic treatment with fluids and antipyretics is the recommended course.

17.1.11 USE OF SPIROMETRY TESTING IN ASSESSMENT AND DIAGNOSIS OF COPD

This measure evaluates members 40 years of age and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.

Codes to Identify Spirometry Testing

Description	CPT
Spirometry	94010, 94014-94016, 94060, 94070, 94620

17.1.12 PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED encounter between January 1 – December 1 of the measurement year and who were dispensed appropriate medications.

- ❖ Dispensed a systemic corticosteroid within 14 days of the event
- ❖ Dispensed a bronchodilator within 30 days of the event

Note: NCQA will provide a comprehensive list of medications and NDC codes on its Web site (www.ncqa.org)

17.1.13 USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA

This measure evaluates the number of members 5 – 56 years of age identified as having persistent asthma and who were appropriately prescribed medication for long-term control and management of asthma during the measurement year.

Appropriate medications for asthma management can be found at (www.ncqa.org).

Preferred Therapy

Antiasthmatic combinations
Inhaled steroid combinations
Inhaled corticosteroids
Leukotriene modifiers
Mast cell stabilizers
Methylxanthines

17.1.14 CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS

This measure evaluates the number of members age 18-75 who were discharged alive after an acute myocardial infarction (AMI) or coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) in the previous year or had a diagnosis of ischemic vascular disease (IVD) during the previous year or in the measurement year and had the components of cholesterol management during the measurement year.

There are two components to this measure:

- ✧ LDL-C screening
- ✧ LDL-C result, < 100 mg/dl

Codes to Identify LDL-C Screening

CPT	CPT Category II	LOINC
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80061, 83700, 83701, 83704, 83715, 83716, 83721	3048F, 3049F, 3050F	2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 24331-1, 39469-2
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17.1.15 CONTROLLING HIGH BLOOD PRESSURE

This measure evaluates how well members 18-85 years old, who have a diagnosis of hypertension, are adequately controlled during the measurement year.

Adequate control is representative of both a systolic BP <140 mm Hg and a diastolic BP <90 mm Hg. All readings should be dated, noted and inclusive of the clinicians' corresponding comments in the patient's medical record.

17.1.16 PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

This measure assesses the percentage of members 18 years of age or older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta – blocker treatment for six months after discharge.

Note: NCQA will provide a comprehensive list of medications and NDC codes on its Web site (www.ncqa.org).

17.1.17 COMPREHENSIVE DIABETES CARE

This measure evaluates how well members 18- 75 yrs of age are monitored for control of their Type I or Type II Diabetes.

The medical record is reviewed for:

- ✧ HbA1c annual screening and results (lower rate, better performance)
- ✧ LDL-C annual screening and results (LDLC <100 better performance)
- ✧ Annual Retinal or Dilated Eye Exam by an eye care professional
- ✧ Annual monitoring or treatment for kidney disease
- ✧ Nephrologists visit
- ✧ Nephropathy Screening or monitoring
- ✧ Evidence or ACE inhibitors / ARB therapy
- ✧ Blood Pressure control <140/90, <130/80

*Documentation in the medical record must include date of tests and results.

Codes to Identify HbA1c Tests

CPT	CPT Category II	LOINC
83036, 83037	3044F, 3045F, 3046F	4548-4, 4549-2, 17856-6

Codes to Identify LDL-C Screening

CPT	CPT Category II	LOINC
80061, 83700, 83701, 83704, 83715, 83716, 83721	3048F, 3049F, 3050F	2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2

Codes to Identify Eye Exams

CPT	CPT Category II**	HCPCS	ICD-9-CM Diagnoses	ICD-9-CM Procedure
67028, 67030, 67031, 67036, 67038-67040, 67101, 67105, 67107, 67108, 67110, 67112, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	2022F, 2024F, 2026F, 3072F	S0620, S0621, S0625, S3000	V72.0	14.1-14.5, 14.9, 95.02-95.04, 95.11, 95.12, 95.16

Codes to Identify Nephropathy Screening Tests

Description	CPT	CPT Category II	LOINC
Nephropathy screening test	82042, 82043, 82044, 84156	3060F, 3061F	11218-5, 14956-7, 14957-5, 14958-3, 14959-1, 30000-4, 30001-2, 30003-8, 1753-3, 1754-1, 1755-8, 9318-7, 13705-9, 14585-4, 20621-9, 21059-1, 32294-1, 2887-8, 2888-6, 2889-4, 2890-2, 12842-1, 13801-6, 18373-1, 21482-5, 26801-1, 27298-9,

			32209-9, 32551-4, 34366-5, 35663-4
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Codes to Identify Evidence of Nephropathy

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	DRG	LOINC
Urine macro-albumin test*	81000-81003, 81005,					5804-0, 20454-5, 53525-2
Evidence of treatment for nephropathy	36145, 36800, 36810, 36815, 36818, 36819- 36821, 36831- 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947, 90957, 90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	G0257, G0314- G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339	250.4, 403, 404, 405.01, 405.11, 405.91, 580- 588, 753.0, 753.1, 791.0, V42.0, V45.1, V56	38.95, 39.27, 39.42, 39.43, 39.53, 39.93- 39.95, 54.98, 55.4- 55.6	316, 317	
ACE inhibitor/ARB therapy						

17.1.18 DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS

This measure evaluates whether members 18 years and older diagnosed with Rheumatoid Arthritis had at least one ambulatory prescription dispensed for a disease-modifying anti-Rheumatic Drug in the measurement year.

17.1.19 OSTEOPOROSIS MANAGEMENT in WOMEN WHO HAD A FRACTURE

This measure evaluates the number of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or a prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

17.1.20 USE OF IMAGING STUDIES FOR LOW BACK PAIN

The percentage of members 18 – 50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

17.1.21 ANTIDEPRESSANT MEDICATION MANAGEMENT

This measure evaluates the successful pharmacological managements for members 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant medication treatment.

There are 2 components to this measure

- ✧ The percentage of newly diagnoses and treated members who remained on an antidepressant medication for at least 84 day (12 week) Acute Treatment Phase **and**
- ✧ The percentage of newly diagnoses and treated members who remained on an antidepressant drug for at least 180 days (6 months) (Continuation Phase)

17.1.22 FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) MEDICATION

This measure evaluates the number of children 6-12 years old who were newly prescribed ADHD medications and who had a follow-up visit within 30 days after initial prescription.

This measure also evaluates children who remained on the medication for 10 months' and had two follow up visits during that time frame.

This measure has 2 components

- ✧ One outpatient visit with a practitioner with prescribing authority within 30 days of the initiation phase. This encounter must be face to face.
- ✧ For members who remained on medication for at least 210 days, they had at least 2 follow up visits from day 31-300. One of the two visits may be by telephone. ER visits do not count.

17.1.23 FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

This measure evaluates members 6 years of age and older who were hospitalized for treatment of mental health disorders and were seen on an outpatient basis, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

There are two components to this review:

- ✧ Members who had an outpatient or intermediate mental health visit on date of discharge, up to 30 days after discharge.
- ✧ Members who had an outpatient or intermediate mental health visit on date of discharge up to 7 days after discharge.

17.1.24 ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

This measure evaluates the number of members 18 years of age and older on persistent medication* who had at least one therapeutic monitoring event in the same measurement year.

*Persistent medication is defined as members who received at least a 180 days supply of an ambulatory medication listed in the table below.

Members may switch particular medications within the same category as long as the total days supply is 180 days.

Class of medications	Required Monitoring
ACE or ARB	Serum Potassium, and either serum creatinine or BUN
Digoxin	Serum Potassium, and either serum creatinine or BUN
Diuretics	Serum Potassium, and either serum creatinine or BUN
Anticonvulsants	Drug serum concentration level* *If member received one type of anticonvulsant, the drug serum concentration level test must be for that drug. If member is on more than one medication, each medication must have its own drug serum concentration level.

Measure: Medication Reconciliation* Post- Discharge (MRP)

Measure Description:

The percentage of discharge from January 1 to December 1 of the measurement year for members 65 years of age and older for whom medications were reconciled on or within 30 days of discharge.

* Medication reconciliation is a type of review in which discharge medications are reconciled with the current medication list in the outpatient record.

Documentation in the medical record must include evidence of medication reconciliation, and the date on which it was performed. The following evidence meets criteria.

- A list of medications that were prescribed or ordered upon discharge, or
- Notation that no medication were prescribed or ordered upon discharge.

17.1.25 POTENTIALLY HARMFUL DRUG – DISEASE INTERACTIONS IN THE ELDERLY

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis.

Diagnosis	Contraindicated Medications
Falls or Hip Fractures	Tricyclic Antidepressants, Antipsychotics and Sleep Agents.
Psychosis, Dementia	Tricyclic Antidepressants and Anticholinergic Agents.
Chronic Renal Failure	Nonaspirin NSAIDS or Cox-2 Selective NSAIDS, SSRI antidepressants and Upper Respiratory Combinations.

17.1.26 USE OF HIGH – RISK MEDICATIONS IN THE ELDERLY

The percentage of Medicare members 65 years of age and older who received at least one high risk medication.

The percentage of Medicare members 65 years of age and older who received at least two different high risk medications.

NCQA will provide a comprehensive list of medications and NDC codes on its website at www.ncqa.org

17.1.27 ANNUAL DENTAL VISIT

This measure evaluates the number of members' age 2 – 21 who had at least one dental visit during the measurement year.

Though Primary Care Providers (PCP) are not directly responsible for the administration of dental care to our members, we are certain that our providers recognize the importance and implications of good dental hygiene in the overall benefit and well being of the patient. Therefore, we have added the requirements for this HEDIS measure for your information and review. We encourage our PCPs to remind their patients to get an annual dental check-up.

17.1.28 TIMELINESS OF PRENATAL/POSTPARTUM CARE

Prenatal Care include:

The number of women who received a prenatal care visit in the first trimester or within 42 days of enrollment in SHP. This care should be administered by an OB practitioner, midwife or family practitioner or other primary care practitioner with documentation when prenatal care was initiated.

The following must be clearly documented in the patient's medical record/chart:

- ✧ Diagnosis of pregnancy
- ✧ Date of initial prenatal visit

and evidence of one of the following:

- ✧ A basic physical obstetrical examination that includes auscultation for fetal heart tone or pelvic exam with obstetric observations or measurement of fundus height (a standardized prenatal OB form may be used) or
- ✧ Evidence that a prenatal care procedure was performed, such as:
- ✧ a screening test in the form of an obstetric panel (e.g., hematocrit, differential WBC count, platelet count, Hep B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
- ✧ TORCH antibody panel alone or a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing.
- ✧ Ultrasound of a pregnant uterus.
- ✧ Documentation of LMP or EDD in conjunction with either:
- ✧ Prenatal risk assessment and counseling/education.
- ✧ A complete obstetrical history.

Postpartum Care include:

Postpartum care is the care provided to a woman on or between 21-56 days after delivery (live birth). Postpartum care must be evidenced by clear dated documentation of:

- ✧ A pelvic exam
- ✧ An evaluation of weight, blood pressure, breasts and abdomen
- ✧ A notation of “postpartum care”

17.1.29 WELL CHILD CARE

The American Academy of Pediatrics (AAP) recommends a total of 28 well care visits, beginning with birth and continuing to age 21:

AGE	Scheduled # of Well Child Visits
By 15 months	>6
3 – 6 years of age	1 or more/year
12-21 years of age	1 or more/year

Evidence and documentation in the medical record indicating a visit with a primary care practitioner.

The date the well-child visit occurred and evidence of all of the following:

Health and Development History (Physical and Mental)

HEDIS requires that all health and development history be **age appropriate**. Examples of health and development history include history of disease or illness (e.g. childhood or family history of illness) and developmental components such as nutrition, sleep patterns, adaptation to parents, siblings, school environment, and sexual identity.

Physical Examination

HEDIS requires that physical exams be **age appropriate**. A thorough physical examination should be conducted, with height, weight (body mass index, BMI after age 12), cranial circumference, blood pressure readings, a review of the body systems and STD screening if sexually active.

Health Education, Anticipatory Guidance

HEDIS requires that all anticipatory guidance and health education be **age appropriate** and reflect a number of topics including: childproofing the home, nutrition and exercise, use of seat belts, alcohol and drug use and sexual education.

If a well child visit is conducted but one of these components is not documented, or is missing, **the visit can not** be counted as a well child visit for HEDIS purposes.

If these three components are documented **anytime** within the measurement year, the record will be considered valid as a well-child visit for HEDIS.

Codes to Identify Well-Child Visits

CPT	ICD-9-CM Diagnosis
99381, 99382, 99391, 99392, 99432	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Codes to Identify Well-Child Visits 3-6 years

CPT	ICD-9-CM Diagnosis
99382, 99383, 99392, 99393	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Table AWC-A: Codes to Identify Adolescent Well-Care Visits

CPT	ICD-9-CM Diagnosis
99383-99385, 99393-99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Measure: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Measure Description: The percentage of members **3-17** years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of

- BMI value and / or percentile documentation, (for members 3-15 years of age, BMI must be plotted on an age growth chart
- counseling for nutrition and
- counseling for physical activity

17.2 NEW YORK STATE QARR GUIDELINES

17.2.1 HIV/AIDS COMPREHENSIVE CARE

Measure Description: HIV/AIDS Comprehensive Care measures include five quality indicators of recommended treatment and preventative care for people living with HIV/AIDS who are enrolled in Medicaid managed care.

Exclusions

- Medicare and Medicaid dual eligible members as of December 31 of the measurement year.
- Any member found to be HIV negative during the measurement year. Evidence for determining HIV negative status include: negative HIV or PCR test result, documentation in the medical record of HIV negative status, or provider attestation of HIV negative status for the member. Evidence must be dated for the measurement year or the year prior.

Three indicators are collected administratively and two indicators are hybrid and include a chart review.

Engaged in Care (administrative)

The percentage of members from the eligible population (ages 2 and older as of December 31, 2008) who had 2 outpatient visits for primary care or specialty care services, at least six months apart.

Viral Load Monitoring (administrative)

The percentage of members from the eligible population (ages 2 and older as of December 31, 2008) who had two viral load tests performed at least six months apart during the measurement year.

Syphilis Screening Rate (administrative)

The percentage of members from the eligible population who are 18 years or older as of December 31, 2008 and who have had one syphilis screen performed within the measurement year.

Cervical Cancer Screening (hybrid)

The percentage of members from the eligible population who are female and 18 years or older as of December 31, 2008 and who have had a cervical cancer screen performed during the measurement year.

Medical Record review must include documentation of a note indicating:

- The date on which the test was performed; and
- The result or finding

Exclusions

- Members with male-to-female gender transforming surgery should be excluded.
- Women who had a hysterectomy with no residual cervix should be excluded. The hysterectomy must have occurred by December 31 of the measurement year.

ARV Therapy and Undetectable Viral Load Outcomes (hybrid)

The percentage of members, (ages 2 and older as of December 31, 2008) randomly sampled from the eligible population, who are on ARV therapy and whose most recent viral load test during the measurement year, indicate poor viral load outcomes with either:

- Detectable viral load (more than 400 copies)
- No result in the medical record for the most recent viral load; or
- No viral load test done in the measurement year.

17.2.2 APPROPRIATE ASTHMA MEDICATION THREE OR MORE CONTROLLER DISPENSING EVENTS

This measure reflects the percentage of individuals 5 - 56 years of age with persistent moderate to severe asthma who had 3 or more dispensing events of qualifying controller medications during the measurement year.

A **dispensing event** is one prescription of an amount lasting 30 days or less.

Inhalers count as one dispensing event; for example, an inhaler with a 90-day supply is considered one dispensing event.