

Upper Peninsula Health Plan - Provider Education

Descriptions of Select Quality Measures

Final 10-19-07

(Shaded area indicates new HEDIS® 2008 measurements)

TO MEET THIS MEASURE:	WE LOOK FOR THIS DESIRED CARE <i>(the "measurement year" refers to prior year care):</i>
Care of Children	
Well-Child Exams in the First 15 Months of Life (6 exams) <i>Medical records may be reviewed if provider claims not sufficient</i>	6 well child exams (at least 2 weeks apart) having occurred <i>by the 15-month birthday</i> ; each of which must have evidence of <i>all</i> of the following components of care: <ul style="list-style-type: none"> • A health and developmental history (physical and mental) • A physical exam • Health education/anticipatory guidance (problem focused guidance alone does not meet standard of care)
Well-Child Exams (ages 3, 4, 5, and 6 years) <i>Medical records may be reviewed if provider claims not sufficient</i>	An annual well child exam <i>during the measurement year</i> ; that must have evidence of <i>all</i> of the following components of care: <ul style="list-style-type: none"> • A health and developmental history (physical and mental) • A physical exam • Health education/anticipatory guidance (problem focused guidance alone does not meet standard of care) <i>Note: UPHP benefit allows exam anytime during each calendar year</i>
Adolescent Well-Care Exam (ages 12 through 21 years) <i>Medical records may be reviewed if provider claims not sufficient</i>	An annual well child exam <i>during the measurement year</i> ; that must have evidence of <i>all</i> of the following components of care: <ul style="list-style-type: none"> • A health and developmental history (physical and mental) • A physical exam • Health education/anticipatory guidance (problem focused guidance alone does not meet standard of care) <i>Note: UPHP benefit allows exam anytime during each calendar year</i>
Lead Screening in Children (laboratory test) (by the 2nd birthday) <i>This is an administrative measure based on provider claim coding and data provided by the Michigan Dept of Community Health</i>	Children with evidence of a blood lead test having been performed by their 2 nd birthday: <i>Note: Michigan Department of Community Health (MDCH) continues to require testing at 12 and 24 months of age and also evaluates testing rates for children having one test by 3 years of age.</i>
Childhood Immunization Status (all chart documentation must be dated by the 2nd birthday) <i>Medical records may be reviewed if claims or MCIR data not evident</i> <i>Note: The Adolescent Immunization Measure for HEDIS® 2008 is under revision and will not be measured this year.</i>	Children with a completed series of the following vaccinations: <ul style="list-style-type: none"> • 4 - DTaP (none prior to 42 days of age) • 3 - IPV (none prior to 42 days of age) • 1 - MMR • 3 - HiB (none prior to 42 days of age) (4 are recommended) • 3 - Hepatitis B • 1 - Varicella immunization or documented history of chickenpox disease having occurred prior to 2nd birthday • 4 - Pneumococcal conjugate
Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder Medication (ages 6 through 12 years) <i>This is an administrative measure based on provider claim coding only</i>	Children who received an initial prescription dispensed for ADD/ADHD medication, and <ul style="list-style-type: none"> • For <i>Initiation Phase</i>: who had one follow-up visit with practitioner with prescriptive authority within the 30-days after meds initiated and • For <i>Continuous & Maintenance Phase</i>: who remained on the medication for at least 210 days(7 mos.) and had at least two additional follow-up visits with a practitioner within 270 days (9 mos.) after the Initiation Phase ends.

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Care of Women	
Breast Cancer Screening (ages 40 to 69 years) <i>This is an administrative measure based on provider claim coding</i>	Looks for evidence of a mammogram in the measurement year or a year prior to the measurement year. EXCLUDES: women who have had bilateral (occurring on same or separate dates) mastectomy
Cervical Cancer Screening (ages 21 to 64 years) <i>Medical records may be reviewed</i>	Looks for evidence of a Pap test during the measurement year, 2 years prior to the measurement year. EXCLUDES: women who have had a complete hysterectomy with no residual cervix
Chlamydia Screening in Women (ages 16 to 25 years) <i>This is an administrative measure based on provider claim coding</i>	Women who are identified as presumed sexually active (by pharmacy, i.e. contraceptive Rx data, or claims data indicating potential sexual activity). Looks for evidence of annual chlamydia testing (swab or urine), identified by claims data only. EXCLUDES: women who had a pregnancy test and within 7 days had a Rx for Acutane or an X-ray.
Frequency of Ongoing Prenatal Care (by event) <i>Medical records may be reviewed</i>	Women who delivered a live birth between November 6 of the previous year and November 5 of the measurement year. The percentages of the expected number of prenatal care visits (based on ACOG guidelines) are compared to the number of received visits adjusted for the month of pregnancy at time of enrollment and gestational age.
Prenatal and Postpartum Care (by event) <i>Medical records may be reviewed</i>	Women who delivered a live birth between November 6 of the previous year and November 5 of the measurement year. Looks for evidence of: <ol style="list-style-type: none"> 1. <i>Timeliness of Prenatal Care</i> - Prenatal care in the first trimester or within 42 days of enrollment in the Health Plan 2. <i>Postpartum Care</i> - Postpartum visit occurring on or between 21 and 56 days after delivery
Antidepressant Medication Management	
Antidepressant Medication Management (ages 18 years and older) <i>This is an administrative measure based on provider claim coding</i>	A new diagnosis of major depression (no claims with depression diagnosis for past 120 days). Seeking to identify the following care for these identified members: <ol style="list-style-type: none"> 1. <i>Acute Treatment Phase I</i> Optimal practitioner contacts - member had at least 3 follow-up visits (one with prescribing practitioner) <i>within 84 days (12 weeks)</i> 2. <i>Effective Acute Phase Treatment</i> - whether member filled a sufficient number of Rx(s) for antidepressant medication to allow for 84 days of continuous therapy (up to 30 days of allowable gaps permitted) 3. <i>Effective Continuation Phase Treatment</i> – evidence of remaining on antidepressant medication for at least 180 days
Living With Acute Illness	
Appropriate Treatment for Children With Upper Respiratory Infection (URI) (ages 3 months to 18 years) <i>This is an administrative measure based on provider claim coding only</i>	Children diagnosed with an upper respiratory infection (URI) that <i>were not</i> dispensed an antibiotic prescription on or three days after the Episode Date. EXCLUDES: members with history of antibiotic within last 30 days; all encounters with more than one claim diagnosis, and when evidence of competing diagnosis within 3 days of event is present
Appropriate Treatment for Children With Pharyngitis (ages 2 to 18 years) <i>This is an administrative measure based on provider claim coding only</i>	Children diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode. EXCLUDES: members with a history of antibiotic Rx within last 30 days, and all encounters with more than one claim diagnosis

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Living with Acute Illness (continued)	
<p>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (ages 18 to 64 years)</p> <p><i>This is an administrative measure based on provider claim coding only</i></p>	<p>Adults diagnosed with acute bronchitis who were not dispensed an antibiotic within 3 days after the Episode Date.</p> <p>EXCLUDES: members with a history of significant comorbid conditions, members with a history of antibiotic prescriptions within the last 30 days, and members with a competing diagnosis 30 days prior to 7 days after the Episode Date</p> <p><i>Note: A higher rate now shows appropriate treatment. Measure previously named Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis.</i></p>
<p>Use of Imaging Studies for Low Back Pain (ages 18 to 50 years)</p> <p><i>This is an administrative measure based on provider claim coding only</i></p>	<p>Measures whether overuse of imaging studies occur within 28 days in patients for a new primary diagnosis of acute LBP. (rate is inverted so higher rate = better performance)</p> <p>EXCLUDES: all members with LBP diagnosis within 6 months of episode date, and members with any history of cancer, recent trauma, IV drug abuse, neurological impairment.</p>
Living with Chronic Illness	
<p>Use of Appropriate Medications for People With Asthma (ages 5 to 56 years)</p> <p><i>This is an administrative measure based on provider claim coding only</i></p>	<p>Children and adults who are identified as having <i>persistent</i> asthma, who were appropriately prescribed preferred asthma therapy medications, leukotriene modifiers, methylxanthines, antiasthmatic combinations, inhaled steroid combinations, inhaled corticosteroids, leukotriene modifiers, mast cell stabilizers, methylxanthines</p> <p>EXCLUDES: individuals with diagnosis of emphysema or chronic obstructive pulmonary disease (COPD)</p>
<p>Cholesterol Management for Patients With Cardiovascular Conditions (ages 18 to 75 years)</p> <p><i>Medical records may be reviewed if provider claims not sufficient</i></p>	<p>Adults who:</p> <ol style="list-style-type: none"> 1) were discharged alive from January 1 – November 1 of the year prior to the measurement year: <ul style="list-style-type: none"> • acute myocardial infarction, (AMI) • coronary artery bypass graft, CABG) or • percutaneous transluminal coronary angioplasty, (PTCA), or 2) who had a diagnosis of ischemic vascular disease; (IVD), anytime during the measurement year or the year prior and for either, who during the measurement year had each of the following: <ul style="list-style-type: none"> • LDL-C screening performed • LDL-C controlled level was at <100 mg/dL
<p>Comprehensive Diabetes Care (ages 18 to 75 years)</p> <p><i>Medical records may be reviewed if provider claims and internal disease management data not sufficient</i></p>	<p>Adults with diagnosis of diabetes (Type I or II), and who demonstrate annual care during the measurement year for:</p> <ol style="list-style-type: none"> 1. A1c testing 2. Last A1c of the measurement year, rates identified for both <ul style="list-style-type: none"> o A1c >9.0 (seeking evidence of poor control) and o A1c <7.0 (seeking good control) 3. LDL screening lab - with last LDL of the measurement year <100. 4. Documented results of a diabetic retinal eye exam by an eye care specialist 5. Documented evidence of monitoring for nephropathy (or treatment of nephropathy) by either of the following methods: <ol style="list-style-type: none"> a) Testing for urine microalbuminuria (Any of the following: 24 hr urine; timed urine; spot urine; microalbumin/creatinine ratio; random urine for protein/creatinine ratio) b) Documented evidence for nephropathy; end stage renal disease, 'chronic renal insufficiency'; acute renal failure dialysis; visit with nephrologist, or use of ACE/ARB's medications c) A positive urine macroalbumin test in the measurement year (macro must be beyond trace) 6. Last blood pressure reading of measurement year - rates for <130/80mm and rate for <140/90mm

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Living with Chronic Illness (continued)	
<p>Controlling High Blood Pressure (ages 18 to 85 years)</p> <p><i>Medical records may be reviewed if provider claims and internal disease management data not sufficient</i></p>	<p>Adults with a diagnosis of hypertension (HTN) on or before June 30 of the measurement year. Medical records are reviewed for diagnosis of hypertension (HTN) and for the presence of control:</p> <ol style="list-style-type: none"> 1. Review the most recent office visit blood pressure (BP) at PCP office 2. Controlled if systolic BP is ≤ 140 and diastolic BP is ≤ 90 <p>(Cannot use readings done same day as major diagnostic or surgical procedure, or an emergency room visit, or readings self-reported by the patient to the provider.)</p> <p>EXCLUDES: adults with End Stage Renal Disease (ESRD), dialysis, renal transplant, or pregnancy, pregnant members, and members who had admission to a non-acute inpatient setting during the year</p>
<p>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ages 18 years and older)</p> <p><i>This is an administrative measure based on provider claim coding only</i></p>	<p>Adults with a diagnosis of rheumatoid arthritis and who had at least one ambulatory prescription dispensed for a disease modifying antirheumatic drug (DMARD) during the measurement year. See table:</p> <p>5-Aminosalicylates, Alkylating agents, Aminoquinolines, Anti-rheumatics, Immunomodulators, Immunosuppressive agents, Tetracyclines</p> <p>EXCLUDES: pregnancy and HIV.</p>
<p>Annual Monitoring for Patients on Persistent Medications (ages 18 years and older)</p> <p><i>This is an administrative measure based on provider claim coding only</i></p>	<p>Adults on any of the following medications for at least 180 days and for whom at least one therapeutic monitoring event for the specific medication(s) occurred in the measurement year. The intent is to prevent potential harm associated with persistent use of these drugs.</p> <ul style="list-style-type: none"> • angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) • digoxin • diuretics • anticonvulsants (phenytoin, phenobarbital, valproic acid, carbamazepine) <p>EXCLUDES: anyone with a hospitalization in the measurement year</p>
<p>Persistence of Beta-Blocker Treatment After a Heart Attack (ages 18 years and older)</p> <p><i>This is an administrative measure based on provider claim coding only</i></p>	<p>Adults discharged alive with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.</p> <p>EXCLUDES: individuals who are identified as having a contraindication to beta-blocker therapy or previous adverse reaction (i.e., intolerance) to beta-blocker therapy.</p>
<p>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (age 40 years and older)</p> <p><i>This is an administrative measure based on provider claim coding only</i></p>	<p>Adults with a new (within the measurement year) diagnosis or newly active chronic obstructive pulmonary disease (COPD) and who received appropriate spirometry testing to confirm the diagnosis;</p> <ul style="list-style-type: none"> • (at least one claim/encounter for spirometry in the 730 days before or 180 days after the diagnosis event.)
<p>Pharmacotherapy Management COPD Exacerbation (age 40 years and older)</p>	<p>Adults discharged from acute inpatient or from ED with a principal diagnosis of COPD and who were dispensed:</p> <ol style="list-style-type: none"> 1) a systemic corticosteroid within 14 days 2) a bronchodilator within 30 days
CAHPS® Effectiveness of Care Measure Question Description	
<p>Medical Assistance With Smoking Cessation (ages 18 years and older)</p> <p><i>External member survey methodology (CAHPS®)</i></p>	<p>Adults who are current smokers, who were seen by an MCO practitioner during the measurement year, and</p> <ul style="list-style-type: none"> • who received advice to quit smoking; • for whom smoking cessation medications were recommended or discussed; • for whom smoking cessation methods or strategies were recommended or discussed.