



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **IHS Clinical Reporting System**

**(BGP)**

## **Other National Measures (ONM) Report Performance Measure List and Definitions**

Version 12.0  
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## Revision History

Date	Revision	Description	Author
9/23/11	N/A	Distribution to field leads for review.	M. Powers

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## 1.0 Introduction

The Other National Measures (ONM) Report contains clinical quality measures for which national data is desired. The majority of these measures were historically reported in the National Government Performance and Results Act (GPRA) Report as non-GPRA measures. The ONM Report provides valuable information on the quality of care that is being provided to patients and can be used to address other national reporting requirements. Data for these measures will be collected and reported at least once annually.

### 1.1 CRS Denominator Definitions

#### 1.1.1 For All Denominators

- All patients with name “DEMO, PATIENT” or who are included in the Resource and Patient Management System (RPMS) Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be excluded automatically for all denominators.
- For all measures except as noted, patient age is calculated as of the beginning of the Report Period.

#### 1.1.2 Active Clinical Population

##### 1.1.2.1 National GPRA & PART Reporting

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2012 Clinical Measures User Manual* for listing of these clinics
- Must be alive on the last day of the Report Period
- Must be American Indian/Alaska Native (AI/AN)—defined as Beneficiary 01
- Must reside in a community specified in the site’s GPRA community taxonomy, defined as all communities of residence in the defined Contract Health Service (CHS) catchment area

### 1.1.2.2 Local Reports

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2012 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

### 1.1.3 User Population

#### 1.1.3.1 National GPRA & PART Reporting

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded
- Must be alive on the last day of the Report Period
- Must be AI/AN–defined as Beneficiary 01
- Must reside in a community specified in the site’s GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area

#### 1.1.3.2 Local Reports

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded
- Must be alive on the last day of the Report Period
- User defines population type: AI/AN patients only, non AI/AN, or both
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence

## 1.1.4 Active Clinical CHS Population

### CHS-Only Sites

#### 1.1.4.1 National GPRA & PART Reporting

- Must have two CHS visits in the three years prior to the end of the Report Period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded
- Must be alive on the last day of the Report period
- Must be AI/AN–defined as Beneficiary 01. This data item is entered and updated during the Patient Registration process
- Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user

#### 1.1.4.2 Local Reports

- Must have two CHS visits in the three years prior to the end of the Report Period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded
- Must be alive on the last day of the Report period
- User defines population type: AI/AN patients only, non AI/AN, or both
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence

## 1.1.5 Active Clinical Behavioral Health Population

#### 1.1.5.1 National GPRA and PART Reporting

### Urban Outreach and Referral-Only Sites

- Must have two Behavioral Health visits in the three years prior to the end of the report period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.

- Must be AI/AN—defined as Beneficiary 01. This data item is entered and updated during the Patient Registration process.
- Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

#### **1.1.5.2 Local Reports**

- Must have two Behavioral Health visits in the three years prior to the end of the report period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded
- Must be alive on the last day of the report period
- User defines population type: AI/AN patients only, non-AI/AN, or both
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence



## 2.0 Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the CRS 2012 Version 12.0 ONM Report.

**Note:** *Bold italic* font indicates new or edited definitions.

~~*Bold italic strikethrough*~~ indicates deleted material.

### 2.1 Diabetes Group

#### 2.1.1 Diabetes Comprehensive Care

*Changes from Version 11.1, as noted.*

##### 2.1.1.1 Owner/Contact

Diabetes Program/*Dr. Ann Bullock*

##### 2.1.1.2 Denominators

1. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00–250.93) prior to the Report Period, *and* at least two visits in the past year, and two DM-related visits ever.
2. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least two visits during the Report Period, AND two DM-related visits ever, without a documented history of bilateral foot amputation or two separate unilateral foot amputations.

##### 2.1.1.3 Numerators

1. Patients with hemoglobin A1c documented during the Report Period, regardless of result.
2. Patients with blood pressure documented during the Report Period
3. Patients with controlled blood pressure during the Report Period, defined as <130/80.

**Note:** This measure is *not* included in the comprehensive measure (last numerator below).

4. Patients with LDL completed during the Report Period, regardless of result
5. Patients with nephropathy assessment, defined as an estimated glomerular filtration rate (GFR) and a quantitative urinary protein assessment during the Report Period *or* with evidence of diagnosis and/or treatment of end-stage renal disease (ESRD) at any time before the end of the Report Period.
6. Patients receiving a qualified retinal evaluation during the Report Period.

**Note:** This numerator does *not* include refusals.

7. Patients with diabetic foot exam during the Report Period.

**Note:** This numerator does *not* include refusals.

8. Patients with A1c and Blood Pressure and LDL and Nephropathy Assessment and Retinal exam and Diabetic Foot Exam.

**Note:** This numerator does not include controlled Blood Pressure, only Blood Pressure assessment.

#### 2.1.1.4 Definitions

##### Diabetes

First Purpose of Visit (POV) 250.00–250.93 recorded in the V POV file prior to the report period.

##### A1c

Searches for most recent A1c test with a result during the report period. If none found, CRS searches for the most recent A1c test without a result.

A1c defined as:

- CPT 83036, 83037, 3044F-3046F, 3047F (old code)
- LOINC taxonomy
- Site-populated taxonomy DM AUDIT HGB A1C TAX

### BP Documented

BP documented is defined as having a minimum of two BPs documented on non-Emergency Room (ER) visits during the report period.

CRS uses mean of last three BPs documented on non-ER visits during the report period. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two).

If CRS is not able to calculate a mean BP, it will search for Current Procedural Terminology (CPT) 0001F, 2000F, 3074F–3080F *or* **POV V81.1** documented on a non-ER visit during the report period.

### Controlled BP

CRS uses a mean, as described above. If the mean systolic and diastolic values do not *both* meet the criteria for controlled, then the value is considered not controlled.

### BP Documented and Controlled BP

If CRS is not able to calculate a mean BP from blood pressure measurements, it will search for the most recent of any of the following codes documented on non-ER visits during the report period:

- BP Documented: CPT 0001F or 2000F *or* **POV V81.1**; OR
- **Systolic:** CPT 3074F, 3075F, or 3077F *with* **Diastolic:** CPT 3078F, 3079F, or 3080F. The systolic and diastolic values do *not* have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used.
- The following combination represents BP <130/80 and will be included in the Controlled BP numerator: CPT 3074F *and* 3078F. All other combinations will *not* be included in the Controlled BP numerator.

### LDL

Finds last test done during the report period; defined as one of the following:

- CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F
- Logical Observations Identifiers, Names, Codes (LOINC) taxonomy

- Site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX

### Nephropathy Assessment

Defined as any of the following:

- Estimated GFR with result during the report period, defined as any of the following:
  - Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX
  - LOINC taxonomy
- Quantitative Urinary Protein Assessment during the report period, defined as any of the following:
  - CPT 82042, 82043, 84156
  - LOINC taxonomy
  - Site-populated taxonomy BGP QUANT URINE PROTEIN

**Note:** Be sure to check with your laboratory supervisor that the names added to your taxonomy reflect quantitative test values.

- End Stage Renal Disease diagnosis/treatment defined as any of the following ever:
  - CPT 36145, 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327 (old codes), G0392 (old code), G0393 (old code), S9339
  - POV 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, V56.\*
  - Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.6\*

### Qualified Retinal Evaluation

- Diabetic retinal exam or
- Other eye exam

The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.

- Any photographic method formally validated to seven standard fields (ETDRS).

### **Diabetic Retinal Exam**

Any of the following during the report period:

- Exam code 03 Diabetic Eye Exam (dilated retinal examination or validated photographic equivalent).
- CPT 2022F Dilated retinal eye exam, 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist, 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos, S0620 Routine ophthalmological examination including refraction; new patient, S0621 Routine ophthalmological examination including refraction; established patient, S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.

### **Other Eye Exam**

- Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics or
- Non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order:
  - Clinic codes A2, 17, 18, 64
  - Provider code 24, 79, 08
  - CPT 67028, 67038 (old code), 67039, 67040, 92002, 92004, 92012, 92014
  - POV V72.0
  - Procedure 95.02.

### **Diabetic Foot Exam**

- Exam code 28 Diabetic Foot Exam, Complete
- Non-DNKA visit with a podiatrist (Provider codes 33, 84, 25)
- Non-DNKA visit to Podiatry Clinic (Clinic code 65), or
- CPT 2028F

### **Bilateral foot amputation**

- CPT: 27290.50-27295.50, 27590.50-27592.50, 27598.50, 27880.50-27882.50 (.50 modifier indicates bilateral)

### **Unilateral foot amputation**

- Must have two separate occurrences for either CPT or Procedure codes on two different dates of service:
  - CPT: 27290-27295, 27590-27592, 27598, 27880-27882
  - ICD Procedure codes: 84.10, 84.13-84.19

#### **2.1.1.5 Patient Lists**

- List of diabetic patients who did have their A1c assessed.
- List of diabetic patients who did not have their A1c assessed.
- List of diabetic patients who did have their BP assessed.
- List of diabetic patients who did not have their BP assessed.
- List of diabetic patients with controlled BP, defined as <130/80.
- List of diabetic patients with uncontrolled BP, defined as >130/80.
- List of diabetic patients with LDL completed.
- List of diabetic patients without LDL completed.
- List of diabetic patients with nephropathy assessment.
- List of diabetic patients without nephropathy assessment.
- List of diabetic patients with retinal evaluation.
- List of diabetic patients without retinal evaluation.
- List of diabetic patients with a diabetic foot exam.
- List of diabetic patients without a diabetic foot exam.
- List of diabetic patients with comprehensive diabetes care.
- List of diabetic patients without comprehensive diabetes care.

#### **2.1.2 ACEI/ARB Use in Diabetic Patients**

**No changes from Version 11.1**

##### **2.1.2.1 Owner/Contact**

Chris Lamer, PharmD

### 2.1.2.2 Denominators

1. Active Diabetic patients with HTN, defined as all Active Clinical patients diagnosed with diabetes and hypertension prior to the Report Period, AND at least two visits during the Report Period, AND two DM-related visits ever.

### 2.1.2.3 Numerators

1. Patients not receiving an ACEI or ARB medication during the Report Period.
  - A. Patients with contraindication/previous adverse reaction to ACEI/ARB therapy.

### 2.1.2.4 Definitions

#### Diabetes

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

#### Hypertension

Diagnosis (POV or problem list) 401.\* prior to the Report period, and at least one hypertension POV during the Report period

#### ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) and Angiotensin Receptor Blocker (ARB) medication codes defined with medication taxonomy BGP PQA ACEI ARB MEDS.

ACEI medications are:

- Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).
- Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Enalapril-Felodipine, Fosinopril-hydrochlorothiazide, Lisinopril-hydrochlorothiazide, Moexipril-hydrochlorothiazide, Quinapril-hydrochlorothiazide, Trandolapril-verapamil).

ARB medications are:

- Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan).

- Antihypertensive Combinations (Aliskiren-valsartan, Amlodipine-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Irbesartan-hydrochlorothiazide, Losartan-hydrochlorothiazide, Olmesartan-amlodipine-hydrochlorothiazide, Olmesartan-hydrochlorothiazide, Telmisartan-amlodipine, Telmisartan-hydrochlorothiazide, Valsartan-hydrochlorothiazide).

### **Contraindications to ACEI/ARB**

- Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.\*-649.\*, 651.\*-676.\*). Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
  - Miscarriage definition
    - POV 630, 631, 632, 633\*, 634\*
    - CPT 59812, 59820, 59821, 59830
  - Abortion definition
    - POV 635\*, 636\* 637\*
    - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
    - Procedure 69.01, 69.51, 74.91, 96.49
- Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
- Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22)
- NMI (not medically indicated) refusal for any ACEI or ARB at least once during the Report Period

### **Adverse drug reaction/documented ACEI/ARB allergy**

- POV 995.0-995.3 AND E942.6
- "ace inhibitor", "ACEI", "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File)



- "ace i\*", "ACEI", "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3, V14.8

### **2.1.2.5 Patient Lists**

- List of diabetic patients with hypertension, with no ACEI/ARB medication, or with ACEI/ARB contraindication or ADR.

## **2.2 Dental Group**

### **2.2.1 Topical Fluoride**

**No changes from Version 11.1**

#### **2.2.1.1 Owner/Contact**

Dental Program/Dr. Patrick Blahut

#### **2.2.1.2 Denominators**

No denominator. This measure is a total count only, not a percentage.

#### **2.2.1.3 Numerators**

1. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of appropriate topical fluoride applications based on a maximum of four per patient per year.
2. For patients meeting the User Population definition, the total number of patients with a documented topical fluoride application refusal in the past year.

#### **2.2.1.4 Definitions**

##### **Topical Fluoride Application**

Defined as any of the following:

- Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), 1206, 5986

- CPT codes D1203, D1204, D1206, D5986
- POV V07.31

A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.

### **Refusal of Topical Fluoride Application**

Refusal of any of the following:

- Dental ADA code 1201 (old code), 1203, 1204, 1205 (old code), 1206, 5986
- CPT code D1203, D1204, D1206, D5986

Refusals are only counted if a patient did not have a topical fluoride application during the report period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.

#### **2.2.1.5 Patient Lists**

List of patients who received at least one topical fluoride application during Report period.

## **2.3 Immunization Group**

### **2.3.1 Influenza**

*Changes from Version 11.1, as noted.*

#### **2.3.1.1 Owner/Contact**

Epidemiology Program/Amy Groom, MPH

#### **2.3.1.2 Denominators**

1. Active Clinical patients broken down by age groups (<18, 18-49, 50-64, 65+).
2. Active Clinical patients ages 18-49 and considered high risk for influenza.

3. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00–250.93) prior to the Report Period, and at least two visits in the past year, AND two DM-related visits ever.

### 2.3.1.3 Numerators

1. Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.

**Note:** The only refusals included in this numerator are not medically indicated (NMI) refusals.

- B. Patients with a contraindication or a documented NMI refusal.
2. Patients with documented influenza refusal during the report period.

### 2.3.1.4 Definitions

#### Diabetes

First DM Purpose of Visit 250.00–250.93 recorded in the V POV file prior to the Report period.

#### Influenza Vaccine

Any of the following during the report period:

- Immunization (CVX) codes 88-Influenza Virus Vaccine, NOS, 15 Inf Virus Vac SV, 16 Inf Virus Vac WV, 111 Inf Virus Vac Intranasal, 135 Inf High Dose Seasonal, 140 Inf Virus Vac SV Preservative Free, 141 Inf Virus Vac SV, **144 Inf Virus Vac SV Intradermal**
- POV V04.8 (old code), V04.81 *not* documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142, or V06.6 *not* documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142
- CPT 90654-90662, 90724 (old code), G0008, G8108 (old code)
- ICD Procedure code: 99.52

#### Contraindication to Influenza Vaccine

Any of the following documented at any time before the end of the Report Period:

- Contraindication in the Immunization Package of “Egg Allergy” or “Anaphylaxis,”

- PCC NMI Refusal

### **Refusal of Influenza Vaccine**

Any of the following documented during the report period:

- Immunization/CVX codes 15, 16, 88, 111, 135, 140, 141, **144** as documented in PCC Refusal File (i.e., REF)
- ***CPT codes 90654-90662, 90724 (old code), G0008, G8108 (old code) as documented in PCC Refusal File (i.e. REF)***
- In the Immunization Package as contraindication of Patient Refusal

### **Persons Considered High Risk for Influenza:**

Those who have two or more visits in the past three years with a POV or Problem diagnosis of any of the following:

- HIV Infection: 042, 042.0-044.9 (old codes)
- Diabetes: 250.00-250.93
- Rheumatic Heart Disease: 393.-398.99
- Hypertensive Heart Disease: 402.00-402.91
- Hypertensive Heart/Renal Disease: 404.00-404.93
- Ischemic Heart Disease: 410.00-414.9
- Pulmonary Heart Disease: 415.0-416.9
- Other Endocardial Heart Disease: 424.0-424.9
- Cardiomyopathy: 425.0-425.9
- Congestive Heart Failure: 428.0-428.9, 429.2
- Chronic Bronchitis: 491.0-491.9
- Emphysema: 492.0-492.8
- Asthma: 493.00-493.91
- Bronchiectasis, CLD, COPD: 494.0-496.
- Pneumoconioses: 500-505
- Chronic Liver Disease: 571.0-571.9
- Nephrotic Syndrome: 581.0-581.9
- Renal Failure: 585.6, 585.9
- Transplant: 996.80-996.89

- Kidney Transplant: V42.0-V42.89
- Chemotherapy: V58.1
- Chemotherapy follow-up: V67.2

### 2.3.1.5 Patient Lists

- List of patients with influenza vaccination, contraindication, or NMI refusal.
- List of patients without influenza vaccination, contraindication, or NMI refusal.
- List of diabetic patients with influenza vaccination, contraindication, or NMI refusal.
- List of diabetic patients without influenza vaccination, contraindication, or NMI refusal.

## 2.3.2 Adult Immunizations

*Changes from Version 11.1, as noted.*

### 2.3.2.1 Owner/Contact

Epidemiology Program/Amy Groom, MPH

### 2.3.2.2 Denominators

1. Active Clinical patients ages 18-64 and considered high risk for pneumococcal.
2. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00–250.93) prior to the report period, and at least two visits in the past year, and two DM-related visits ever.
3. Active Clinical patients ages 18-64.

### 2.3.2.3 Numerators

1. Patients with Pneumococcal vaccine or contraindication documented ever and, if patient is older than 65 years, either a dose of pneumovax after the age of 65 or a dose of pneumovax in the past five years.

<p><b>Note:</b> The only refusals included in this numerator are NMI refusals.</p>
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- A. Patients with contraindication or a documented NMI refusal.
2. Patients with documented Pneumococcal refusal during the report period.
3. Patients who have received one dose of Tdap ever, including contraindications and evidence of disease.

**Note:** The only refusals included in this numerator are NMI refusals.

4. Patients who have received one dose of Tdap/Td in the past ten years, including contraindications and evidence of disease.

**Note:** The only refusals included in this numerator are NMI refusals.

#### 2.3.2.4 Definitions

##### Diabetes

First DM Purpose of Visit 250.00–250.93 recorded in the V POV file prior to the report period.

##### Pneumococcal Immunization

Any of the following documented any time before the end of report period:

- Immunization (CVX) codes 33 Pneumo Polysaccharide, 100 Pneumo Conjugate, 109 Pneumo NOS, 133 Pneumo Conjugate
- POV V06.6, V03.82
- Procedure 99.55
- CPT 90669, 90670, 90732, G0009, G8115 (old code).

##### Pneumococcal Contraindication

Any of the following documented any time before the end of the report period:

- Contraindication in the Immunization Package of Anaphylaxis
- PCC NMI Refusal

##### Pneumococcal Refusal

Any of the following documented during the report period:

- Immunization codes 33, 100, 109, 133 as documented in PCC Refusal File (i.e., REF)

- *CPT codes 90669, 90670, 90732, G0009, G8115 (old code) as documented in PCC Refusal File (i.e. REF)*
- Immunization Package contraindication of Patient Refusal

### **Persons Considered High Risk for Pneumococcal**

Those who have two or more visits in the past three years with a POV or Problem diagnosis of any of the following:

- HIV Infection: 042, 042.0-043.9 (old codes), 044.9 (old code)
- Diabetes: 250.00-250.93
- Chronic alcoholism: 303.90, 303.91
- Congestive Heart Failure: 428.0-428.9, 429.2
- Emphysema: 492.0-492.8
- Asthma: 493.00-493.91
- Bronchiectasis, CLD, COPD: 494.-496.
- Pneumoconioses: 501.-505.
- Chronic Liver Disease: 571.0-571.9
- Nephrotic Syndrome: 581.0-581.9
- Renal Failure: 585.6, 585.9
- Injury to spleen: 865.00-865.19
- Transplant: 996.80-996.89
- Kidney Transplant: V42.0-V42.89
- Chemotherapy: V58.1
- Chemotherapy follow-up: V67.2

### **Tdap Immunization:**

Any of the following documented during the applicable time frame:

- Immunization (CVX) code: 115
- CPT 90715

### **Tdap Contraindication**

Any of the following documented any time before the end of the Report Period:

- Immunization Package contraindication of "Anaphylaxis"

- PCC NMI Refusal

**Td Immunization**

Any of the following documented in the past ten years:

- Immunization (CVX) code 9, 113
- POV V06.5
- CPT 90714, 90718

**Td Contraindication**

Any of the following documented any time before the end of the Report Period:

- Immunization Package contraindication of "Anaphylaxis"
- PCC NMI Refusal

**2.3.2.5 Patient Lists**

- List of patients 18-64 considered high risk for pneumococcal with pneumovax vaccination, contraindication, or NMI refusal.
- List of patients 18-64 considered high risk for pneumococcal without pneumovax vaccination, contraindication, or NMI refusal.
- List of diabetic patients with pneumovax vaccination, contraindication, or NMI refusal.
- List of diabetic patients without pneumovax vaccination, contraindication, or NMI refusal.
- List of patients 18-64 with Tdap vaccination, contraindication, evidence of disease or NMI refusal.
- List of patients 18-64 without Tdap vaccination, contraindication, evidence of disease or NMI refusal.
- List of patients 18-64 with Tdap or Td vaccination or NMI refusal in the past ten years, or contraindication or evidence of disease ever.
- List of patients 18-64 without Tdap or Td vaccination or NMI refusal in the past ten years, or contraindication or evidence of disease ever.



### 2.3.3 Adolescent immunizations

*Changes from Version 11.1, as noted.*

#### 2.3.3.1 Owner/Contact

Epidemiology Program/Dr. Scott Hamstra, Amy Groom, MPH

#### 2.3.3.2 Denominators

1. Active Clinical patients ages 13–17.
2. Female Active Clinical patients ages 13–17.

#### 2.3.3.3 Numerators

1. Patient who have received the 1:3:2:1 combination (i.e., 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella), including contraindications and evidence of disease.

**Note:** The only refusals included in this numerator are NMI refusals.

2. Patients who have received one dose of Tdap ever, including contraindications and evidence of disease.

**Note:** The only refusals included in this numerator are NMI refusals.

3. Patients who have received one dose of meningococcal ever, including contraindications and evidence of disease.

**Note:** The only refusals included in this numerator are NMI refusals.

4. Patients who have received three doses of HPV ever, including contraindications and evidence of disease.

**Note:** Included for Female Active Clinical ages 13–17 only.

**Note:** The only refusals included in this numerator are NMI refusals.

### 2.3.3.4 Definitions

#### Timing of Doses

Because IZ data comes from multiple sources, any IZ codes documented on dates within ten days of each other will be considered as the same immunization.

#### Dosage and Types of Immunizations

- One dose of Td or Tdap
- Two doses of MMR:
  - Two MMRs
  - Two M/R and two Mumps
  - Two R/M and two Measles or
  - Two each of Measles, Mumps, and Rubella
- Three doses of Hep B OR two doses *if* documented with CPT 90743
- One dose of Varicella
- One dose of Meningococcal
- Three doses of HPV

#### Not Medically Indicated Refusal, Contraindication, and Evidence of Disease Information

Not Medically Indicated refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. Refusals will count toward meeting the definition for refusal numerators only. NOTE: NMI refusals are not counted as refusals; rather, they are counted as contraindications.

- Each immunization must be refused and documented separately. For example, if a patient has an NMI refusal for Rubella only, then there must be an immunization, contraindication, or separate NMI refusal for the Measles and Mumps immunizations.
- For immunizations where required number of doses is >1, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for Hepatitis B, the patient will be included in the numerator.

- For immunizations where required number of doses is >1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)
- To be counted as evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.

### Refusal Definitions

Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for *any of the following* codes:

- **MMR**
  - *Immunization (CVX) codes 3, 94*
  - *CPT 90707, 90710*
- **M/R**
  - *Immunization (CVX) code 4*
  - *CPT 90708*
- **R/M**
  - *Immunization (CVX) code 38*
  - *CPT 90709 (old code)*
- **Measles**
  - *Immunization (CVX) code 5*
  - *CPT 90705*
- **Mumps**
  - *Immunization (CVX) code 7*
  - *CPT 90704*
- **Rubella**
  - *Immunization (CVX) code 6*
  - *CPT 90706*
- **Hepatitis B**
  - *Immunization (CVX) codes 8, 42-45, 51, 102, 104, 110, 132, 146*

- *CPT 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code)*
- **Varicella**
  - *Immunization (CVX) codes 21, 94*
  - *CPT 90710, 90716*
- **Tdap**
  - *Immunization (CVX) codes 115, Td: 9, 113*
  - *CPT 90715*
- **Td**
  - *CPT 90714, 90718*
- **Meningococcal**
  - *Immunization (CVX) codes 32, 108, 114, 136*
  - *CPT 90733, 90734*
- **HPV**
  - *CPT 90649, 90650*

**Immunization Definitions:**

- **MMR**
  - Immunization (CVX) codes 3, 94
  - POV V06.4
  - CPT 90707, 90710
  - Procedure 99.48
- **MMR Contraindication**
  - POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208
  - Immunization Package contraindication of “Anaphylaxis”, “Immune Deficiency”, “Immune Deficient”, or “Neomycin Allergy”
- **M/R**
  - Immunization (CVX) code 4
  - CPT 90708
- **M/R Contraindication**
  - Immunization Package contraindication of “Anaphylaxis”
- **R/M:**
  - Immunization (CVX) code 38

- CPT 90709 (old code)
- **R/M Contraindication**
  - Immunization Package contraindication of “Anaphylaxis”
- **Measles**
  - Immunization (CVX) code 5
  - POV V04.2
  - CPT 90705
  - Procedure 99.45
- **Measles Evidence of Disease**
  - POV or PCC Problem List (active or inactive) 055\*
- **Measles Contraindication**
  - Immunization Package Contraindication of “Anaphylaxis”
- **Mumps**
  - Immunization (CVX) code 7
  - POV V04.6
  - CPT 90704
  - Procedure 99.46
- **Mumps Evidence of Disease**
  - POV or PCC Problem List (active or inactive) 072\*
- **Mumps Contraindication**
  - Immunization Package contraindication of “Anaphylaxis”
- **Rubella**
  - Immunization (CVX) code 6
  - POV V04.3
  - CPT 90706
  - Procedure 99.47
- **Rubella Evidence of Disease**
  - POV or PCC Problem List (active or inactive) 056\*, 771.0
- **Rubella Contraindication**
  - Immunization Package contraindication of “Anaphylaxis”
- **Hepatitis B**
  - Immunization (CVX) codes 8, 42-45, 51, 102, 104, 110, 132, **146**

- CPT 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023
- **Hepatitis B Evidence of Disease**
  - POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3
- **Hepatitis B Contraindication**
  - Immunization Package contraindication of “Anaphylaxis”
- **Varicella**
  - Immunization (CVX) codes 21, 94
  - POV V05.4
  - CPT 90710, 90716
- **Varicella Evidence of Disease**
  - POV or PCC Problem List (active or inactive) 052\*, 053\*
  - Immunization Package contraindication of “Hx of Chicken Pox” or “Immune”
- **Varicella Contraindication**
  - POV 279, V08, 042, 200–202, 203.0, 203.1, 203.8, 204–208
  - Immunization Package contraindication of “Anaphylaxis”, “Immune Deficiency”, “Immune Deficient”, or “Neomycin Allergy”
- **Tdap**
  - Immunization (CVX) code 115
  - CPT 90715
- **Tdap Contraindication**
  - Immunization Package contraindication of “Anaphylaxis”
- **Td**
  - Immunization (CVX) code 9, 113
  - POV V06.5
  - CPT 90714, 90718
- **Td Contraindication**
  - Immunization Package contraindication of “Anaphylaxis”
- **Meningococcal**
  - Immunization (CVX) codes 32, 108, 114, 136
  - CPT 90733, 90734
- **Meningococcal Contraindication**

- Immunization Package contraindication of “Anaphylaxis”
- **HPV**
  - Immunization (CVX) codes 62, 118, 137
  - CPT 90649, 90650
- **HPV Contraindication**
  - Immunization Package contraindication of “Anaphylaxis”

### 2.3.3.5 Patient Lists

- List of Active Clinical patients 13–17 with 1:3:2:1 combination (i.e., 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella).
- List of Active Clinical patients 13–17 without 1:3:2:1 combination (i.e., 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had two Hep B, no IZ will be listed for Hep B.
- List of Active Clinical patients 13–17 with one Tdap ever.
- List of Active Clinical patients 13–17 without one Tdap ever.
- List of Active Clinical patients 13–17 with one Meningococcal ever.
- List of Active Clinical patients 13–17 without one Meningococcal ever.
- List of female Active Clinical patients 13–17 with three doses of HPV ever.
- List of female Active Clinical patients 13–17 without three doses of HPV ever. If a patient did not have all doses, the IZ will not be listed.

## 2.4 Behavioral Health Group

### 2.4.1 Alcohol Screening and Brief Intervention (ASBI) in the ER

**No changes from Version 11.1**

**2.4.1.1 Owner/Contact**

Drs. David Boyd and Peter Stuart

**2.4.1.2 Denominators**

1. Number of visits for Active Clinical patients age 15–34 seen in the ER for injury during the Report Period.
2. Number of visits for Active Clinical patients age 15–34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period.
3. Number of visits for User Population patients age 15–34 seen in the ER for injury during the Report Period.
4. Number of visits for User Population patients age 15–34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period.

**2.4.1.3 Numerators**

1. Number of visits where patients were screened in the ER for hazardous alcohol use.
  - A. Number of visits where patients were screened positive.
2. Number of visits where patients were provided a brief negotiated interview (BNI) at or within seven days of the ER visit (used with denominators #2 and #4).
  - A. Number of visits where patients were provided a BNI at the ER visit.
  - B. Number of visits where patients were provided a BNI not at the ER visit but within seven days of the ER visit.



#### 2.4.1.4 Definitions

##### ER Visit:

Clinic code 30

##### Injury

Primary or secondary POV 800.0–999.9 or E800.0–E989

##### Denominator and Numerator Logic

If a patient has multiple ER visits for injury during the Report Period, each visit will be counted in the denominator. For the screening numerator, each ER visit with injury at which the patient was screened for hazardous alcohol use will be counted. For the positive alcohol use screen numerator, each ER visit with injury at which the patient screened positive for hazardous alcohol use will be counted. For the BNI numerators, each visit where the patient was either provided a BNI at the ER or within seven days of the ER visit will be counted.

An example of this logic is shown in Table 2-1.

Table 2-1: Denominator and Numerator Logic

ER Visit with Injury	Denom Count	Scm Num	Post Scm Num Count	BNI Num Count
John Doe, 07/17/08, Screened Positive at ER, BNI at ER	1	1	1	1
John Doe, 09/01/08, Screened Positive at ER, No BNI	1	1	1	0
John Doe, 11/15/08, No Screen	1	0	0	0
Counts:	3	2	2	1

##### ER Screening for Hazardous Alcohol Use

Any of the following conducted during the ER visit:

- PCC Exam code 35
- Any Alcohol Health Factor (i.e., CAGE)
- POV V79.1 Screening for Alcoholism
- CPT G0396, G0397, H0050, 99408, 99409, 3016F
- Measurement in PCC AUDT, AUDC, or CRFT

**Positive Screen for Hazardous Alcohol Use**

Any of the following for the screening performed at the ER visit:

- Exam code 35 Alcohol Screening result of Positive
- Health factor of CAGE result of 1/4, 2/4, 3/4 or 4/4
- CPT G0396, G0397, 99408, 99409
- AUDT result of  $\geq 8$ , AUDC result of  $\geq 4$  for men and  $\geq 3$  for women, CRFT results of 2–6

**Brief Negotiated Interview (BNI)**

Any of the following documented at the ER visit or within seven days of the ER visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:

- CPT G0396, G0397, H0050, 99408, 99409
- Patient education code containing AOD-BNI , G0396, G0397, H0050, 99408, 99409

**2.4.1.5 Patient Lists**

- Patients 15–34 seen in the ER for injury who were screened for hazardous alcohol use.
- Patients 15–34 seen in the ER for injury who were not screened for hazardous alcohol use.
- Patients 15–34 seen in the ER for injury with positive alcohol screen who received a BNI.
- Patients 15–34 seen in the ER for injury with positive alcohol screen who did not receive a BNI.

**2.4.2 Intimate Partner (Domestic) Violence Screening**

**No changes from Version 11.1**

**2.4.2.1 Owner/Contact**

Denise Grenier, LCSW and Dr. Peter Stuart

### 2.4.2.2 Denominators

1. **GPRA Denominator:** Female Active Clinical patients ages 15–40.

### 2.4.2.3 Numerators

1. **GPRA Numerator:** Patients screened for intimate partner violence/domestic violence (IPV/DV) at any time during the Report Period.

**Note:** This numerator does not include refusals.

- A. Patients with documented IPV/DV exam.
  - B. Patients with IPV/DV related diagnosis.
  - C. Patients provided with education or counseling about IPV/DV.
2. Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

### 2.4.2.4 Definitions

#### IPV/DV Screening

Defined as at least one of the following:

- **IPV/DV Screening**
  - PCC Exam code 34
  - BHS IPV/DV exam
- **IPV/DV Related Diagnosis**
  - POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49
  - BHS POV 43.\*, 44.\*
- **IPV/DV Patient Education**
  - Patient Education codes containing “DV-” or “-DV”, 995.80-83, 995.85, V15.41, V15.42, V15.49
- **IPV/DV Counseling**
  - POV V61.11

#### Refusal

- Any PCC refusal in past year with Exam code 34, BHS refusal in past year of IPV/DV exam

- Any refusal in past year with Patient Education codes containing "DV-" or "-DV"

#### 2.4.2.5 Patient Lists

- List of female patients 15–40 with documented IPV/DV screening.
- List of female patients 15–40 without documented IPV/DV screening.

#### 2.4.3 Depression Screening

**No changes from Version 11.1**

##### 2.4.3.1 Owner/Contact

*Cheryl Peterson, RN, MSN-Denise Grenier, LCSW and Drs. David Sprenger and Peter Stuart*

##### 2.4.3.2 Denominators

1. Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. Broken out by gender.

##### 2.4.3.3 Numerators

1. Patients screened for depression or diagnosed with mood disorder at any time during the Report Period.

<b>Note:</b> This numerator does <i>not</i> include refusals.
---

- A. Patients screened for depression during the Report Period.
  - B. Patients with a diagnosis of a mood disorder during the Report Period.
2. Patients with documented depression screening refusal in past year.
  3. Patients with depression-related education or refusal of education in past year.

#### 2.4.3.4 Definitions

##### Diabetes

First DM Purpose of Visit 250.00–250.93 recorded in the V POV file prior to the Report period

##### Depression Screening

Any of the following:

- Exam code 36
- POV V79.0
- CPT 1220F
- BHS Problem code 14.1 (screening for depression)
- V Measurement in PCC or BH of PHQ2 or PHQ9

##### Mood Disorders

At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS.

- These POV codes are: 296.\*, 291.89, 292.84, 293.83, 300.4, 301.13, 311 or BHS POV 14, 15.

##### Screening Refusal

Any PCC refusal in past year with Exam code 36.

##### Depression-related patient education or refusal

Any of the following during the report period:

- Patient education codes containing “DEP-” (depression), 296.2\*, 296.3\*, “BH-” (behavioral and social health), 290-319, 995.5\*, 995.80-995.85, “SB-” (suicidal behavior), 300.9, “PDEP-” (postpartum depression), 648.44
- Refusal of patient education codes containing “DEP-”, “BH-”, “SB-”, “PDEP-”

#### **2.4.3.5 Patient Lists**

- List of Active Diabetic patients screened for depression/diagnosed with mood disorder.
- List of Active Diabetic patients not screened for depression/diagnosed with mood disorder.

#### **2.4.4 Antidepressant Medication Management**

**No changes from Version 11.1**

##### **2.4.4.1 Owner/Contact**

Denise Grenier, LCSW and Dr. David Sprenger

##### **2.4.4.2 Denominators**

1. As of the 120th day of the report period, Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

##### **2.4.4.3 Numerators**

1. Optimal Practitioner Contacts: Patients with at least three mental health visits with a non-mental-health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider.
2. Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).
3. Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (six months).

#### 2.4.4.4 Definitions

##### Major Depression

POV 296.2\*, 296.3\*, 298.0, 300.4, 309.1, 311.

The Index Episode Start Date is date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.

##### Index Episode Start Date

The date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.

##### Antidepressant Medications

Medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS.

- Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants. Medications must not have a comment of RETURNED TO STOCK.

##### To be included in the denominator, patient must meet both of the following conditions:

- One of the following from the 121st day of the year prior to the report period to the 120th day of the report period:
  - One visit in any setting with major depression DX (see list of codes) as primary POV
  - Two outpatient visits occurring on different dates of service with secondary POV of major depression
  - An inpatient visit with secondary POV of major depression

For example, if report period is July 1, 2010–June 30, 2011, patient must have one of the three scenarios above during November 01, 2009–October 29, 2010.

- Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription, (i.e., visit date). The Index Prescription Date is the date of earliest prescription for antidepressant medication filled during that time period.

### Denominator Exclusions

- Patients who have had any diagnosis of depression within the previous 120 days (4 months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes are more comprehensive and include the following:
  - POV 296.2\*-296.9\*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, or
- Patients who had a new or refill prescription for antidepressant medication (see list of medications below) within 90 days (3 months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or
- Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290\*, 293\*-302\*, 306\*-316\*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291\*-292\*, 303\*-305\* or primary POV 960\*-979\* *and* secondary POV of 291\*-292\*, 303\*-305\*.

### Optimal Practitioner Contacts Numerator

Patient must have one of the following:

- Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, or
- Two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T) with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date. For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16–18, 21, 24–25, 30, 33, 41, 44–45, 47, 49, 64, 67–68, 70–83, 85–86, A1, A9, B1–B6.

**Note:** If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator.

### Outpatient Mental Health Provider Visits

- BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92–96, *and*
- Service Category A, S, or O, *and*



- CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, 99384-99387, 99394-99397, 99401-99404, G0155, G0176, G0177, H0002, H0004, H0331, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485  
or
- POV 290\*, 293\*-302\*, 306\*-316\*, *or*
- Service category of A, S, or O, *and*
  - Location of Encounter = Home (as designated in Site Parameters) or
  - Clinic code = 11, *or*
- Service category of T

### Outpatient Non-Mental-Health Provider Visits

Defined as BHS or PCC visits with:

- Service Category A, S, or O, *and*
  - CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, G0155, G0176, G0177, H0002, H0004, H0331, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485, *or*
- Service Category A, S, O, or T, *or*
  - Location of Encounter = Home (as designated in Site Parameters) or
  - Clinic code 11 *and* POV 290\*, 293\*-302\*, 306\*-316\*, *or*
- Service Category A, S, or O, *and*
  - CPT 99384–99387, 99394–99397, 99401–99404 *and*
  - POV 290\*, 293\*-302\*, 306\*-316\*

### Effective Acute Phase Treatment Numerator

For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e., treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114 day time frame, the patient is not included in the numerator.

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date, (i.e., visit date) from the V Medication Discontinued Date. For example: Rx Date=11/15/2011, Discontinued Date=11/19/2011, Recalculated # Days Prescribed=4.

#### Example of Patient Included in Numerator:

- 1st RX is Index Rx Date: 11/1/2010, # Days Prescribed=30
  - Rx covers patient through 12/1/2010
- 2nd RX: 12/15/2010, # Days Prescribed=30
  - Gap #1 = (12/15/2010-12/1/2010) = 14 days
  - Rx covers patient through 1/14/2011
- 3rd RX: 1/10/2011, # Days Prescribed=30
  - No gap days.
  - Rx covers patient through 2/13/2011
  - Index Rx Date 11/1/2010 + 114 days = 2/23/2011
- Patient's 84th treatment day occurs on 2/7/2011, which is  $\leq$  2/23/2011 *and* # gap days of 14 is less than 30.

#### Example of Patient Not Included in Numerator:

- 1st Rx is Index Rx Date: 11/1/2010, # Days Prescribed=30
  - Rx covers patient through 12/1/2010
- 2nd Rx: 12/15/2010, # Days Prescribed=30
  - Gap #1 = (12/15/2010-12/1/2010) = 14 days
  - Rx covers patient through 1/14/2011
- 3rd Rx: 2/01/2011, # Days Prescribed=30

- Gap #2 = (2/01/2011-1/14/2011) = 18, total # gap days = 32, so patient is not included in the numerator.

### Effective Continuation Phase Treatment Numerator

For all antidepressant medication prescriptions (see list of medications above) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e., treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator.

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example: Rx Date=11/15/2011, Discontinued Date=11/19/2011, Recalculated # Days Prescribed=4.

#### 2.4.4.5 Patient Lists

- List of Active Clinical patients with new depression DX and *no* optimal practitioner contact (OPC).
- List of Active Clinical patients with new depression DX and *no* acute phase treatment (APT).
- List of Active Clinical patients with new depression DX and *no* continuation phase treatment (CONPT).

## 2.5 Cardiovascular Disease Related Group

### 2.5.1 Physical Activity Assessment

**No changes from Version 11.1**

#### 2.5.1.1 Owner/Contact

Patient Education Program/Mary Wachacha and Chris Lamer, PharmD  
Nutrition Program/Jean Charles-Azure

**2.5.1.2 Denominators**

1. Active Clinical patients ages five and older.
2. Numerator 1 (Active Clinical Patients assessed for physical activity during the Report Period).
3. User Population patients ages five and older.
4. Numerator 1 (User Population Patients assessed for physical activity during the Report Period).

**2.5.1.3 Numerators**

1. Patients assessed for physical activity during the Report Period.
  - A. Patients from Numerator 1 who have received exercise education following their physical activity assessment.

**2.5.1.4 Definitions****Physical Activity Assessment**

Any health factor for category Activity Level documented during the Report Period.

**Exercise Education**

- POV V65.41 exercise counseling
- Patient education codes ending “-EX” (Exercise) or containing V65.41

**2.5.1.5 Patient Lists**

- List of Active Clinical patients five and older who had a physical activity assessment.
- List of Active Clinical patients five and older who did not have a physical activity assessment.
- List of Active Clinical patients five and older who had a physical activity assessment and received exercise education.
- List of Active Clinical patients five and older who had a physical activity assessment and did not receive exercise education.

## 2.5.2 Cardiovascular Disease and Cholesterol Screening

**No changes from Version 11.1**

### 2.5.2.1 Owner/Contact

Dr. Dena Wilson and Chris Lamer, PharmD

### 2.5.2.2 Denominators

1. Active Clinical patients ages 23 and older.

### 2.5.2.3 Numerators

1. Patients with documented blood total cholesterol screening any time during past five years.

### 2.5.2.4 Definitions

#### **Total Cholesterol Panel**

Searches for most recent cholesterol test with a result during the Report Period. If more than one cholesterol test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If a cholesterol test with a result is not found, CRS searches for the most recent cholesterol test without a result.

Total Cholesterol:

- CPT 82465
- LOINC taxonomy
- Site-populated taxonomy DM AUDIT CHOLESTEROL TAX

### 2.5.2.5 Patient Lists

- List of Active Clinical patients 23+ screened for total cholesterol in past five years.
- List of Active Clinical patients 23+ not screened for total cholesterol in past five years.

## 2.5.3 Cardiovascular Disease and Blood Pressure Control

*Changes from Version 11.1, as noted.*

### 2.5.3.1 Owner/Contact

Dr. Dena Wilson and Chris Lamer, PharmD

### 2.5.3.2 Denominators

1. All Active Clinical patients ages 20 and over.
2. Active ischemic heart disease (IHD) patients, defined as all Active Clinical patients diagnosed with IHD prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever.

### 2.5.3.3 Numerators

1. Patients with BP values documented.
  - A. Patients with normal BP, <120/80.
  - B. Prehypertension I, => 120/80 and < 130/80.
  - C. Prehypertension II, =>130/80 and < 140/90.
  - D. Stage 1 hypertension, => 140/90 and <160/100.
  - E. Stage 2 hypertension, => 160/100.

### 2.5.3.4 Definitions

#### IHD

POV 410.0-412.\*, 414.0-414.9, 429.2

#### BP Values (all numerators)

CRS uses mean of last three BPs documented on non-ER visits in the past two years. If three BPs are not available, uses the mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F-3080F *or POV V81.1* documented on a non-ER visit during the Report Period.

### 2.5.3.5 Patient Lists

- List of Active Clinical patients =>20 or who have IHD who had their BP assessed twice in past two years.
- List of Active Clinical patients =>20 or who have IHD who have not had their BP assessed twice in past two years.
- List of Active Clinical patients =>20 or who have IHD who have normal BP (<120/80).
- List of Active Clinical patients =>20 or who have IHD who have uncontrolled BP (=>120/80).

## 2.5.4 Appropriate Medication Therapy after a Heart Attack

**No changes from Version 11.1**

### 2.5.4.1 Owner/Contact

Dr. Dena Wilson & Chris Lamer, PharmD

### 2.5.4.2 Denominators

1. Active Clinical patients 35 and older discharged for an Acute Myocardial Infarction (AMI) during the first 51 weeks of the report period and were not readmitted for any diagnosis within seven days of discharge.

### 2.5.4.3 Numerators

**Note:** These numerators do *not* include refusals.

1. Patients with active prescription for or who have a contraindication/previous adverse reaction to beta-blockers.
2. Patients with active prescription for or who have a contraindication/ previous adverse reaction to ASA (aspirin) or other anti-platelet agent.
3. Patients with active prescription for or who have a contraindication/ previous adverse reaction to ACEIs/ARBs.
4. Patients with active prescription for or who have a contraindication/ previous adverse reaction to statins.
5. Patients with active prescriptions for all post-AMI medications (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin) and/or who have a contraindication/previous adverse reaction.

### 2.5.4.4 Definitions

#### AMI:

POV 410.\*1 (i.e., first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge.

#### Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator:

- Patients with Discharge Type of Irregular (AMA), Transferred, or contains “Death”
- Patients readmitted for any diagnosis within seven days of discharge
- Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), T (Status Post)
- Patients with a Provider Narrative beginning with “Consider”, “Doubtful”, “Maybe”, “Possible”, “Perhaps”, “Rule Out”, “R/O”, “Probable”, “Resolved”, “Suspect”, “Suspicious”, “Status Post”



### To Be Included in the Numerators

A patient must meet one of the two conditions below:

- An active prescription (not discontinued as of [discharge date + 7 days] and does not have a comment of RETURNED TO STOCK) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. “Active” prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date)
- Have a contraindication/previous adverse reaction to the indicated medication.

Contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a contraindication/ADR/allergy will be counted toward meeting the numerator.

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example: Rx Date=11/15/2011, Discontinued Date=11/19/2011, Recalculated # Days Prescribed=4.

### Numerator Logic

In the logic below, “ever” is defined as anytime through the end of the report period.

### Beta-Blocker Numerator Logic

- **Beta-blocker medication codes**
  - Defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS
  - Medications are:
    - Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol
    - Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol

- Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, and Hydrochlorothiazide-propranolol.
- **Contraindications to beta-blockers**  
Defined as any of the following occurring ever unless otherwise noted:
  - Asthma–2 diagnoses (POV) of 493\* on different visit dates
  - Hypotension–1 diagnosis of 458\*
  - Heart block >1 degree–1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, 426.7
  - Sinus bradycardia–1 diagnosis of 427.81
  - COPD - two diagnoses on different visit dates of 491.2\*, 496, 506.4, or a combination of any of these codes, such as one visit with 491.20 and one with 496
  - NMI refusal for any beta-blocker at least once during hospital stay through seven days after discharge date
  - CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) (old code) at least once during hospital stay through seven days after discharge date
- **Adverse drug reaction/documented beta blocker allergy**  
Defined as any of the following occurring ever:
  - POV 995.0–995.3 *and* E942.0
  - “beta block\*” entry in ART (Patient Allergies File)
  - “beta block\*”, “bblock\*” or “b block\*” contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8

### **ASA (aspirin)/Other Anti-Platelet Numerator Logic**

- **ASA medication codes**
  - Defined with medication taxonomy DM AUDIT ASPIRIN DRUGS
- **Other anti-platelet medication codes**
  - Defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy
- **Contraindications to ASA/other antiplatelet**  
Defined as any of the following occurring ever unless otherwise noted:

- Patients with active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge, using site-populated BGP CMS WARFARIN MEDS taxonomy
- Hemorrhage diagnosis (POV 459.0)
- NMI refusal for any aspirin at least once during hospital stay through seven days after discharge date
- CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) (old code) at least once during hospital stay through seven days after discharge date
- **Adverse drug reaction/documented ASA/other antiplatelet allergy**  
Defined as any of the following occurring ever:
  - POV 995.0-995.3 and E935.3
  - Aspirin entry in ART (Patient Allergies File)
  - ASA or aspirin contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8

### ACEI/ARB Numerator Logic

- **Ace Inhibitor (ACEI) medication codes**  
Defined with medication taxonomy BGP HEDIS ACEI MEDS.
  - **ACEI medications are:** Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).
- **Antihypertensive Combinations:** (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil).
- **Contraindications to ACEI** defined as any of the following:
  - **Pregnancy:** defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0–V23.9, V72.42, 640.\*-649.\*, 651.\* – 676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
    - **Miscarriage definition:**
      - POV 630, 631, 632, 633\*, 634\*

- CPT 59812, 59820, 59821, 59830
- **Abortion definition:**
  - POV 635\*, 636\* 637\*
  - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
  - Procedure 69.01, 69.51, 74.91, 96.49
- **Breastfeeding:** defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
- **Diagnosis ever for moderate or severe aortic stenosis**
  - POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22
- **NMI refusal** for any ACEI at least once during hospital stay through seven days after discharge date.
- **Adverse drug reaction/documentated ACEI allergy**  
Defined as any of the following occurring ever:
  - POV 995.0–995.3 AND E942.6
  - Ace inhibitor or ACEI entry in ART (Patient Allergies File)
  - Ace i\* or ACEI contained within Problem List or in Provider Narrative field for any POV 995.0-995.3, V14.8.
- **ARB (Angiotensin Receptor Blocker) medication codes**  
Defined with medication taxonomy BGP HEDIS ARB MEDS
  - **ARB medications are:** Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.)
- **Antihypertensive Combinations**
  - Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan
- **Contraindications to ARB** defined as any of the following:

- **Pregnancy:** defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.\*-649.\*, 651.\*-676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
  - **Miscarriage definition:**
    - POV 630, 631, 632, 633\*, 634\*
    - CPT 59812, 59820, 59821, 59830
  - **Abortion definition:**
    - POV 635\*, 636\* 637\*
    - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
    - Procedure 69.01, 69.51, 74.91, 96.49
- **Breastfeeding:** defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
- **Diagnosis ever for moderate or severe aortic stenosis**
  - POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22
- **NMI refusal** for any ARB at least once during hospital stay through seven days after discharge date.
- **Adverse drug reaction/documentated ARB allergy**  
Defined as any of the following occurring ever:
  - POV 995.0–995.3 *and* E942.6
  - Angiotensin Receptor Blocker or ARB entry in ART (Patient Allergies File)
  - Angiotensin Receptor Blocker or ARB contained within Problem List or in Provider Narrative field for any POV 995.0-995.3, V14.8.

### Statins Numerator Logic:

- **Statin medication codes**
  - Defined with medication taxonomy BGP HEDIS STATIN MEDS.
  - **Statin medications are:** Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

- **Statin Combination Products**
  - Advicor, Caduet, PraviGard Pac, Vytorin.
- **Contraindications to Statins:** defined as any of the following:
  - **Pregnancy:** defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0–V23.9, V72.42, 640.\* –649.\*, 651.\* –676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
    - **Miscarriage definition:**
      - POV 630, 631, 632, 633\*, 634\*
      - CPT 59812, 59820, 59821, 59830
    - **Abortion definition:**
      - POV 635\*, 636\* 637\*
      - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
      - Procedure 69.01, 69.51, 74.91, 96.49
  - **Breastfeeding:** defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
  - **Acute Alcoholic Hepatitis:** defined as POV 571.1 during the Report Period
  - **NMI refusal** for any statin at least once during hospital stay through seven days after discharge date.
- **Adverse drug reaction/documentated statin allergy**

Defined as any of the following:

  - ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on two or more consecutive visits during the Report Period
  - Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period
  - Myopathy/Myalgia, defined as any of the following during the Report Period:
    - POV 359.0–359.9, 729.1, 710.5, 074.1
  - Any of the following occurring ever:

- POV 995.0–995.3 and E942.9
- “Statin” or “Statins” entry in ART (Patient Allergies File)
- “Statin” or “Statins” contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8

### All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, and statin).

### Test Definitions

- **ALT**
  - Site-populated taxonomy DM AUDIT ALT TAX
  - LOINC taxonomy
- **AST**
  - Site-populated taxonomy DM AUDIT AST TAX
  - LOINC taxonomy
- **Creatine Kinase**
  - Site-populated taxonomy BGP CREATINE KINASE TAX
  - LOINC taxonomy

### 2.5.4.5 Patient Lists

- List of Active Clinical patients =>35 discharged for AMI with beta-blocker therapy.
- List of Active Clinical patients =>35 discharged for AMI without beta-blocker therapy.
- List of Active Clinical patients =>35 discharged for AMI with ASA therapy.
- List of Active Clinical patients =>35 discharged for AMI without ASA therapy.
- List of Active Clinical patients =>35 discharged for AMI with ACEI/ARB therapy.
- List of Active Clinical patients =>35 discharged for AMI without ACEI/ARB therapy.
- List of Active Clinical patients =>35 discharged for AMI with statin therapy.
- List of Active Clinical patients =>35 discharged for AMI without statin therapy.

- List of Active Clinical patients =>35 discharged for AMI with all appropriate medications.
- List of Active Clinical patients =>35 discharged for AMI without all appropriate medications.

## 2.5.5 Persistence of Appropriate Medication Therapy after a Heart Attack

**No changes from Version 11.1**

### 2.5.5.1 Owner/Contact

Dr. Dena Wilson & Chris Lamer, PharmD

### 2.5.5.2 Denominators

1. Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period.

### 2.5.5.3 Numerators

**Note:** These numerators do *not* include refusals.

1. Patients with a 135-day course of treatment with beta-blockers or who have a contraindication/previous adverse reaction to beta-blocker therapy.
2. Patients with a 135-day course of treatment with ASA (aspirin) or other antiplatelet agent or who have a contraindication/previous adverse reaction to ASA/antiplatelet therapy.
3. Patients with a 135-day course of treatment with ACEIs/ARBs or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.
4. Patients with a 135-day course of treatment with statins or who have a contraindication/previous adverse reaction to statin therapy.
5. Patients with a 135-day course of treatment for all post-AMI medications, (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin) following first discharge date or visit date, including previous active prescriptions; and/or who have a contraindication/ previous adverse reaction.



## 2.5.5.4 Definitions

### AMI

POV or Problem List 410.0\*–410.9\* or 412. AMI diagnosis may be made at an inpatient or outpatient visit but must occur between six months prior to beginning of Report period through first six months of the Report period. Inpatient visit defined as Service Category of H (Hospitalization). If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.

### Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

- If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains “Death”
- Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post)
- Patients with a Provider Narrative beginning with “Consider”, “Doubtful”, “Maybe”, “Possible”, “Perhaps”, “Rule Out”, “R/O”, “Probable”, “Resolved”, “Suspect”, “Suspicious”, or “Status Post”

### To Be Included in the Numerators

A patient must meet one of the two conditions below:

- A total days’ supply  $\geq$  135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Medications must not have a comment of RETURNED TO STOCK. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; *or*
- Have a contraindication/previous adverse reaction to the indicated medication. Contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a contraindication/ADR/allergy will be counted toward meeting the numerator.

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example: Rx Date=11/15/2011, Discontinued Date=11/19/2011, Recalculated # Days Prescribed=4.

### Example of patient included in the beta-blocker numerator who has prior active prescription

- Admission Date: 2/1/2011, Discharge Date: 2/15/2011
- Must have 135 days prescribed by 8/13/2011 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2011
- # Days Prescribed: 60 (treats patient through 3/15/2011)
- Discharge Date minus Rx Date: 2/15/2011–1/15/2011 = 31, 60 is  $\geq$  31, prescription is considered Prior Active Rx
- 3/15/2011 is between 2/15 and 8/13/2011, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:  
(60-(Discharge Date-Prior Rx Date) = 60-(2/15/2011–1/15/2011) = 60–31 = 29
- Rx #2: 4/1/2011, # Days Prescribed: 90
- Rx #3: 7/10/2011, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2011:  
29+90+90=209

### Numerator Logic

In the logic below, “ever” is defined as anytime through the end of the report period.

### Beta-Blocker Numerator Logic

- **Beta-blocker medication codes:**
  - Defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS
  - Medications are:

- Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol
- Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol, and
- Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, and Hydrochlorothiazide-propranolol.

- **Contraindications to beta-blockers**

Defined as any of the following occurring ever unless otherwise noted:

- Asthma—2 diagnoses (POV) of 493\* on different visit dates
- Hypotension—1 diagnosis of 458\*
- Heart block >1 degree—1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, 426.7
- Sinus bradycardia—1 diagnosis of 427.81
- COPD - two diagnoses on different visit dates of 491.2\*, 496, 506.4, or a combination of any of these codes, such as one visit with 491.20 and one with 496
- NMI refusal for any beta-blocker at least once during the period admission/visit date through the 180 days after discharge/visit date
- CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) (old code) at least once during the period admission/visit date through the 180 days after discharge/visit date

- **Adverse drug reaction/documentated beta blocker allergy**

Defined as any of the following occurring anytime up to the 180 days after discharge/visit date:

- POV 995.0–995.3 AND E942.0
- “beta block\*” entry in ART (Patient Allergies File)
- “beta block\*”, “bblock\*” or “b block\*” contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8

### **ASA (aspirin) Numerator Logic**

- **ASA medication codes**

- Defined with medication taxonomy DM AUDIT ASPIRIN DRUGS

- **Other antiplatelet medication codes**

- Defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy

- **Contraindications to ASA/other antiplatelet**

Defined as any of the following occurring ever unless otherwise noted:

- Patients with prescription for Warfarin/Coumadin using site-populated BGP CMS WARFARIN MEDS taxonomy during the period admission/visit date through the 180 days after discharge/visit date
- Hemorrhage diagnosis (POV 459.0)
- NMI refusal for any aspirin at least once during the period admission/visit date through the 180 days after discharge/visit date
- CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) (old code) at least once during the period admission/visit date through the 180 days after discharge/visit date

- **Adverse drug reaction/documentated ASA/other antiplatelet allergy**

Defined as any of the following occurring anytime up to the 180 days after discharge/visit date:

- POV 995.0–995.3 AND E935.3
- Aspirin entry in ART (Patient Allergies File)
- ASA or aspirin contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8

### **ACEI/ARB Numerator Logic**

- **Ace Inhibitor (ACEI) medication codes**

Defined with medication taxonomy BGP HEDIS ACEI MEDS.

- **ACEI medications are:** Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).
- **Antihypertensive Combinations:** (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil).

- **Contraindications to ACEI** defined as any of the following:
  - **Pregnancy:** defined as at least two visits during the period admission/visit date through the 180 days after discharge/visit date with POV or Problem diagnosis (V22.0–V23.9, V72.42, 640.\*-649.\*, 651.\*-676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the period, CRS will use the first two visits in the period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
    - **Miscarriage definition:**
      - POV 630, 631, 632, 633\*, 634\*
      - CPT 59812, 59820, 59821, 59830
    - **Abortion definition:**
      - POV 635\*, 636\* 637\*
      - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267,
      - Procedure 69.01, 69.51, 74.91, 96.49
  - **Breastfeeding:** defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date
  - **Diagnosis ever for moderate or severe aortic stenosis**
    - POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22
  - **NMI refusal** for any ACEI at least once during the period admission/visit date through the 180 days after discharge/visit date.
- **Adverse drug reaction/documentated ACEI allergy**  
Defined as any of the following occurring ever:
  - POV 995.0995.3 AND E942.6
  - Ace inhibitor or ACEI entry in ART (Patient Allergies File)
  - Ace i\* or “ACEI” contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8.
- **ARB (Angiotensin Receptor Blocker) medication codes**  
Defined with medication taxonomy BGP HEDIS ARB MEDS
  - **ARB medications are:** Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan)

- **Antihypertensive Combinations**
  - Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan
- **Contraindications to ARB** defined as any of the following:
  - **Pregnancy:** defined as at least two visits during the period admission/visit date through the 180 days after discharge/visit date with POV or Problem diagnosis (V22.0–V23.9, V72.42, 640.\*-649.\*, 651.\*-676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the period, CRS will use the first two visits in the period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
    - **Miscarriage definition:**
      - POV 630, 631, 632, 633\*, 634\*
      - CPT 59812, 59820, 59821, 59830
    - **Abortion definition:**
      - POV 635\*, 636\* 637\*
      - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260–S2267
      - Procedure 69.01, 69.51, 74.91, 96.49
  - **Breastfeeding:** Defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date
  - **Diagnosis ever for moderate or severe aortic stenosis**
    - POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22
  - **NMI refusal** for any ARB at least once during the period admission/visit date through the 180 days after discharge/visit date.
- **Adverse drug reaction/documentated ARB allergy**

Defined as any of the following occurring anytime up to the 180 days after discharge/visit date:

  - POV 995.0–995.3 AND E942.6

- Angiotensin Receptor Blocker or ARB entry in ART (Patient Allergies File)
- Angiotensin Receptor Blocker or ARB contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8

### Statins Numerator Logic

- **Statin medication codes**
  - Defined with medication taxonomy BGP HEDIS STATIN MEDS
  - **Statin medications are:** Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor)
- **Statin Combination Products**
  - Advicor, Caduet, PraviGard Pac, Vytorin
- **Contraindications to Statins:** Defined as any of the following:
  - **Pregnancy:** Defined as at least two visits during the period admission/visit date through the 180 days after discharge/visit date with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.\*-649.\*, 651.\*-676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the period, CRS will use the first two visits in the period. The patient must not have and with no a documented miscarriage or abortion occurring after the second pregnancy-related visit.
    - **Miscarriage definition:**
      - POV 630, 631, 632, 633\*, 634\*
      - CPT 59812, 59820, 59821, 59830
    - **Abortion definition:**
      - POV 635\*, 636\* 637\*
      - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
      - Procedure 69.01, 69.51, 74.91, 96.49
  - **Breastfeeding:** Defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the period admission/visit date through the 180 days after discharge/visit date
  - **Acute Alcoholic Hepatitis:** Defined as POV 571.1 during the period admission/visit date through the 180 days after discharge/visit date

- **NMI refusal** for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date.
- **Adverse drug reaction/documentated statin allergy**  
Defined as any of the following:
  - ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on two or more consecutive visits during the period admission/visit date through the 180 days after discharge/visit date
  - Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date
  - Myopathy/Myalgia, defined as any of the following during the period admission/visit date through the 180 days after discharge/visit date:
    - POV 359.0–359.9, 729.1, 710.5, 074.1
  - Any of the following occurring anytime up to the 180 days after discharge/visit date:
    - POV 995.0–995.3 and E942.9
    - "Statin" or "Statins" entry in ART (Patient Allergies File)
    - "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8

### All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

### Test Definitions

- **ALT**
  - Site-populated taxonomy DM AUDIT ALT TAX
  - LOINC taxonomy
- **AST**
  - Site-populated taxonomy DM AUDIT AST TAX
  - LOINC taxonomy
- **Creatine Kinase**
  - Site-populated taxonomy BGP CREATINE KINASE TAX
  - LOINC taxonomy



### 2.5.5.5 Patient Lists

- List of Active Clinical patients =>35 with AMI Dx with 135-day beta-blocker therapy.
- List of Active Clinical patients =>35 with AMI Dx without 135-day beta-blocker therapy.
- List of Active Clinical patients =>35 with AMI Dx with 135-day ASA therapy.
- List of Active Clinical patients =>35 with AMI Dx without ASA therapy.
- List of Active Clinical patients =>35 with AMI Dx with 135-day ACEI/ARB therapy.
- List of Active Clinical patients =>35 with AMI Dx without 135-day ACEI/ARB therapy.
- List of Active Clinical patients =>35 with AMI Dx with 135-day statin therapy.
- List of Active Clinical patients =>35 with AMI Dx without 135-day statin therapy.
- List of Active Clinical patients =>35 with AMI Dx with 135-day therapy for all appropriate meds.
- List of Active Clinical patients =>35 with AMI Dx without 135-day therapy for all appropriate meds.

### 2.5.6 Appropriate Medication Therapy in High Risk Patients

**No changes from Version 11.1**

#### 2.5.6.1 Owner/Contact

Dr. Dena Wilson and Chris Lamer, PharmD

#### 2.5.6.2 Denominators

1. Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with IHD prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever.

#### 2.5.6.3 Numerators

**Note:** These numerators do *not* include refusals.

1. Patients with a 180-day course of treatment with beta-blockers during the report period, or who have a contraindication/previous adverse reaction to beta-blocker therapy.
2. Patients with a 180-day course of treatment with ASA (aspirin) or other antiplatelet agent during the report period, or who have a contraindication/previous adverse reaction to ASA/antiplatelet therapy.
3. Patients with a 180-day course of treatment with ACEIs/ARBs during the report period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.
4. Patients with a 180-day course of treatment with statins during the report period, or who have a contraindication/previous adverse reaction to statin therapy.
5. Patients with a 180-day course of treatment for all medications (i.e. beta-blocker, aspirin/antiplatelet, ACEI/ARB, *and* statin) during the report period and/or who have a contraindication/previous adverse reaction.

#### **2.5.6.4 Definitions**

##### **IHD**

POV 410.0–412.\*, 414.0-414.9, 429.2

##### **To Be Included in the Numerators**

A patient must meet one of the two conditions below:

- Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period. Medications must not have a comment of RETURNED TO STOCK.
- Have a contraindication/previous adverse reaction to the indicated medication.

Contraindications/prior ADR/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a contraindication/ADR/allergy will be counted toward meeting the numerator. For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e., prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

**Note:** If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example: Rx Date=11/15/2011, Discontinued Date=11/19/2011, Recalculated # Days Prescribed=4.

#### **Example of patient included in the beta-blocker numerator with prior active prescription**

- Report Period: 07/01/2010–06/30/2011
- Must have 180 days supply of indicated medication 6/30/2011 (end of Report Period)
- Prior Beta-Blocker Rx Date: 06/01/2010
- # Days Prescribed: 60 (treats patient through 07/31/2010)
- Report Period Start Date minus Rx Date:  $07/01/2010 - 06/01/2010 = 30$ ; 60 (#Days Prescribed) is  $\geq 30$ , prescription is considered Prior Active Rx
- 07/31/2010 is between the Report Period of 07/01/2010 and 06/30/2011, thus remainder of Prior Active Rx can be counted toward 180-days supply
- # Remaining Days Prescribed from Prior Active Rx:  
(# Days Prescribed-(Report Period Start Date-Prior Rx Date) =  $60 - (07/01/2010 - 06/01/2010) = 60 - 30 = 30$
- Rx #2: 08/05/2010, # Days Prescribed: 90
- Rx #3: 11/10/2010, #Days Prescribed: 90

- Total Days Supply Prescribed between 07/01/2010 and 06/30/2011, including prior active prescription: 30+90+90=210

### Numerator Logic

In the logic below, "ever" is defined as anytime through the end of the Report Period.

### Beta-Blocker Numerator Logic:

- **Beta-blocker medication codes**
  - Defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS
  - Medications are:
    - Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol
    - Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol, and
    - Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, and Hydrochlorothiazide-propranolol
- **Contraindications to beta-blockers**

Defined as any of the following occurring ever unless otherwise noted:

  - Asthma–2 diagnoses (POV) of 493\* on different visit dates
  - Hypotension–1 diagnosis of 458\*
  - Heart block >1 degree–1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, 426.7
  - Sinus bradycardia–1 diagnosis of 427.81
  - COPD–2 diagnoses on different visit dates of 491.2\*, 496, 506.4, or a combination of any of these codes, such as one visit with 491.20 and one with 496
  - NMI refusal for any beta-blocker at least once during the Report Period
  - CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) (old code) at least once during the Report Period.
- **Adverse drug reaction/documentated beta blocker allergy**

Defined as any of the following occurring ever:

- POV 995.0–995.3 *and* E942.0
- Beta block\* entry in ART (Patient Allergies File)
- Beta block\*, bblock\* or b block\* contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8.

### **ASA (aspirin)/Other Anti-Platelet Numerator Logic**

- **ASA medication codes**
  - Defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.
- **Other anti-platelet medication codes**
  - Defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.
- **Contraindications to ASA/other antiplatelet**

Defined as any of the following occurring ever unless otherwise noted:

- Patients with a 180-day course of treatment for Warfarin/Coumadin during the Report Period, using site-populated BGP CMS WARFARIN MEDS taxonomy
- Hemorrhage diagnosis (POV 459.0)
- NMI refusal for any aspirin at least once during the Report Period
- CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) (old code) at least once during the report period
- **Adverse drug reaction/documented ASA/other antiplatelet allergy**

Defined as any of the following occurring ever:

- POV 995.0–995.3 *and* E935.3
- Aspirin entry in ART (Patient Allergies File)
- ASA or aspirin contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8

### **ACEI/ARB Numerator Logic**

- **ACEI medication codes**

Defined with medication taxonomy BGP HEDIS ACEI MEDS

- **ACEI medications are:** Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).

- **Antihypertensive Combinations:** Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil.
- **Contraindications to ACEI** defined as any of the following:
  - **Pregnancy:** defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0–V23.9, V72.42, 640.\*-649.\*, 651.\* – 676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
    - **Miscarriage definition:**
      - POV 630, 631, 632, 633\*, 634\*
      - CPT 59812, 59820, 59821, 59830
    - **Abortion definition:**
      - POV 635\*, 636\* 637\*
      - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
      - Procedure 69.01, 69.51, 74.91, 96.49
  - **Breastfeeding:** defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
  - **Diagnosis ever for moderate or severe aortic stenosis**
    - POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22
  - **NMI refusal** for any ACEI at least once during the Report Period.
  - **Adverse drug reaction/documentated ACEI allergy**  
Defined as any of the following occurring anytime through the end of the report period:
    - POV 995.0–995.3 *and* E942.6
    - Ace inhibitor or ACEI entry in ART (Patient Allergies File)
    - Ace i\* or ACEI contained within Problem List or in Provider Narrative field for any POV 995.0-995.3, V14.8.
  - **ARB (Angiotensin Receptor Blocker) medication codes**

Defined with medication taxonomy BGP HEDIS ARB MEDS

- **ARB medications are:** Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan)
- **Antihypertensive Combinations**
  - Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan
- **Contraindications to ARB** defined as any of the following:
  - **Pregnancy:** defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0–V23.9, V72.42, 640.\*-649.\*, 651.\*-676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
    - **Miscarriage definition:**
      - POV 630, 631, 632, 633\*, 634\*
      - CPT 59812, 59820, 59821, 59830
    - **Abortion definition:**
      - POV 635\*, 636\* 637\*
      - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
      - Procedure 69.01, 69.51, 74.91, 96.49
  - **Breastfeeding:** defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
  - **Diagnosis ever for moderate or severe aortic stenosis**
    - POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22
  - **NMI refusal** for any ARB at least once during the Report Period.
  - **Adverse drug reaction/documentated ARB allergy**  
Defined as any of the following occurring anytime through the end of the Report Period:
    - POV 995.0–995.3 and E942.6

- Angiotensin Receptor Blocker or ARB entry in ART (Patient Allergies File)
- Angiotensin Receptor Blocker or ARB contained within Problem List or in Provider Narrative field for any POV 995.0-995.3, V14.8

### Statins Numerator Logic

- **Statin medication codes**
  - Defined with medication taxonomy BGP HEDIS STATIN MEDS
  - **Statin medications are:** Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).
- **Statin Combination Products**
  - Advicor, Caduet, PraviGard Pac, Vytorin
- **Contraindications to Statins:** defined as any of the following:
  - **Pregnancy:** defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0–V23.9, V72.42, 640.\* –649.\*, 651.\* –676.\*). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.
    - **Miscarriage definition:**
      - POV 630, 631, 632, 633\*, 634\*,
      - CPT 59812, 59820, 59821, 59830
    - **Abortion definition:**
      - POV 635\*, 636\* 637\*
      - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
      - Procedure 69.01, 69.51, 74.91, 96.49
  - **Breastfeeding:** Defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
  - **Acute Alcoholic Hepatitis:** Defined as POV 571.1 during the Report Period, or
  - **NMI refusal** for any statin at least once during the report period.
- **Adverse drug reaction/documentated statin allergy**



Defined as any of the following:

- ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on two or more consecutive visits during the Report Period
- Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period
- Myopathy/Myalgia, defined as any of the following during the Report Period:
  - POV 359.0–359.9, 729.1, 710.5, 074.1
- Any of the following occurring anytime through the end of the Report Period:
  - POV 995.0–995.3 *and* E942.9
  - Statin or Statins entry in ART (Patient Allergies File)
  - Statin or Statins contained within Problem List or in Provider Narrative field for any POV 995.0–995.3, V14.8.

### All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other antiplatelet, ACEI/ARB, *and* statin).

### Test Definitions

- **ALT**
  - Site-populated taxonomy DM AUDIT ALT TAX
  - LOINC taxonomy
- **AST**
  - Site-populated taxonomy DM AUDIT AST TAX
  - LOINC taxonomy
- **Creatine Kinase**
  - Site-populated taxonomy BGP CREATINE KINASE TAX
  - LOINC taxonomy

### 2.5.6.5 Patient Lists

- List of Active IHD patients 22+ with 180-day beta-blocker therapy.
- List of Active IHD patients 22+ without 180-day beta-blocker therapy.
- List of Active IHD patients 22+ with 180-day ASA therapy.

- List of Active IHD patients 22+ without 180-day ASA therapy.
- List of Active IHD patients 22+ with 180-day ACEI/ARB therapy.
- List of Active IHD patients 22+ without 180-day ACEI/ARB therapy.
- List of Active IHD patients 22+ with 180-day statin therapy.
- List of Active IHD patients 22+ without 180-day statin therapy.
- List of Active IHD patients 22+ with 180-day therapy for all appropriate meds.
- List of Active IHD patients 22+ without 180-day therapy for all appropriate meds.

## 2.5.7 Cholesterol Management for Patients with Cardiovascular Conditions

*Changes from Version 11.1, as noted.*

### 2.5.7.1 Owner/Contact

Dr. Dena Wilson & Chris Lamer, PharmD

### 2.5.7.2 Denominators

1. Active Clinical patients ages 18 to 75 who, during the first ten months of the year prior to the beginning of the Report period, were diagnosed with AMI, coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI), or who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period.

### 2.5.7.3 Numerators

1. Patients with LDL completed during the report period, regardless of result.
  - A. Patients with LDL  $\leq 100$ , completed during the report period.
  - B. Patients with LDL 101-130, completed during the report period.
  - C. Patients with LDL  $> 130$ , completed during the report period.

#### 2.5.7.4 Definitions

##### AMI

POV 410.\*0, 410.\*1

##### PCI

- Procedure 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06–36.07, ~~or 36.09~~
- *POV V45.82*
- CPT ~~33140~~, 92980, 92982, 92995, G0290

##### CABG

- Procedure 36.1\*, 36.2
- *POV V45.81*
- CPT 33510–33514, 33516–33519, 33521–33523, 33533–33536, S2205–S2209

##### IVD

- POV 411.\*, 413.\*, 414.0\*, 414.2, 414.8, 414.9, 429.2, 433.\*-434.\*, 440.1, 440.2\*, 440.4, 444.\*, 445.\*

##### LDL

Searches for most recent LDL test with a result during the report period. If more than one LDL test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an LDL test with a result is not found, CRS searches for the most recent LDL test without a result. LDL defined as:

- CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F
- LOINC taxonomy
- Site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX
- For numerator LDL =<100, CPT 3048F will count as meeting the measure

#### 2.5.7.5 Patient Lists

- List of Active Clinical patients 18–75 with DX of AMI, CABG, PCI, or IVD with LDL completed, regardless of result.

- List of Active Clinical patients 18–75 with DX of AMI, CABG, PCI, or IVD without LDL completed.
- List of Active Clinical patients 18–75 with DX of AMI, CABG, PCI, or IVD with LDL  $\leq 100$ .
- List of Active Clinical patients 18–75 with DX of AMI, CABG, PCI, or IVD with LDL 101-130.
- List of Active Clinical patients 18–75 with DX of AMI, CABG, PCI, or IVD with LDL  $> 130$ .

## 2.5.8 Heart Failure and Evaluation of LVS Function

No changes from Version 11.1

### 2.5.8.1 Owner/Contact

Dr. Dena Wilson & Chris Lamer, PharmD

### 2.5.8.2 Denominators

1. Active Clinical ages 18 or older discharged with heart failure during the Report Period.

### 2.5.8.3 Numerators

1. Patients whose LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge.

### 2.5.8.4 Definitions

#### Heart Failure

- Primary diagnosis code of 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9, 429.1, 997.1 and with Service Category H (hospitalization).

**Note:** If a patient has multiple admissions matching this criteria during the Report Period, the earliest admission will be used.

**Denominator Exclusions**

Defined as any of the following:

- Patients receiving comfort measures only (i.e., patients who received palliative care and usual interventions were not received because a medical decision was made to limit care).
- Patients with a Discharge Type of Transferred or Irregular or containing “Death.”
- Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospitalization.

**Comfort Measures**

- V66.7 (Encounter for palliative care) documented during hospital stay.

**LVAD/Heart Transplant**

Any of the following during hospital stay:

- Procedure 33.6, 37.41, 37.51-37.54, 37.61-37.66, 37.68

**Evaluation of LVS (Left Ventricular Systolic) Function**

Any of the following:

- An ejection fraction ordered or documented anytime one year prior to discharge date, defined as any of the following:
  - V Measurement “CEF”
  - Procedure 88.53, 88.54
  - CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314-93318, 93350, 93543, 93555
- RCIS order for Cardiovascular Disorders referral that is ordered during the hospital stay but no later than the hospital discharge date. (RCIS referral defined as:
  - ICD Diagnostic Category "Cardiovascular Disorders" combined with any of the following CPT Categories: “Evaluation and/or Management, “Non-surgical Procedures” or “Diagnostic Imaging.”)
- Any of the following documented anytime one year prior to discharge date:
  - Echocardiogram: Procedure 88.72, 37.28, 00.24
  - Nuclear Medicine Test: Procedure 92.2\*

- Cardiac Catheterization with a Left Ventriculogram: Procedure 37.22, 37.23, 88.53, 88.54

### **2.5.8.5 Patient Lists**

- List of Active Clinical heart failure patients 18+ who received evaluation of LVS function.
- List of Active Clinical heart failure patients 18+ who did not receive evaluation of LVS function.

## **2.6 STD-Related Group**

### **2.6.1 HIV Quality of Care**

**No changes from Version 11.1**

#### **2.6.1.1 Owner/Contact**

Drs. Scott Giberson, Marie Russell, and Jonathan Iralu

#### **2.6.1.2 Denominators**

1. User Population patients 13 and older with at least two direct care visits, (i.e., not contract/CHS) during the report period with HIV diagnosis *and* one HIV visit in last six months.

#### **2.6.1.3 Numerators**

1. Patients who received CD4 test only (without HIV viral load) during the report period.
2. Patients who received HIV Viral load only (without CD4), during the report period.
3. Patients who received both CD4 and HIV viral load tests during the report period.
4. Total Numerators 1, 2 and 3.

#### 2.6.1.4 Definitions

##### HIV

POV or Problem List 042, 042.0–044.9 (old codes), 079.53, V08, 795.71

##### Lab Test CD4

- CPT 86359, 86360, 86361
- LOINC taxonomy
- Site-populated taxonomy BGP CD4 TAX

##### HIV Viral Load

- CPT 87536, 87539
- LOINC taxonomy
- Site-populated taxonomy BGP HIV VIRAL TAX

#### 2.6.1.5 Patient Lists

- List of patients 13+ with HIV diagnosis during the Report Period who received CD4 test only.
- List of patients 13+ with HIV diagnosis during the Report Period who did not receive CD4 test only.
- List of patients 13+ with HIV diagnosis during the Report Period who received HIV viral load only.
- List of patients 13+ with HIV diagnosis during the Report Period who did not receive HIV viral load only.
- List of patients 13+ with HIV diagnosis during the Report Period who received CD4 and HIV viral load.
- List of patients 13+ with HIV diagnosis during the Report Period who did not receive CD4 and HIV viral load.
- List of patients 13+ with HIV diagnosis during the Report Period who received CD4 and/or HIV viral load.
- List of patients 13+ with HIV diagnosis during the Report Period who did not receive CD4 or HIV viral load.

## 2.6.2 Chlamydia Testing

**No changes from Version 11.1**

### 2.6.2.1 Owner/Contact

Epidemiology Program/Dr. Jim Cheek, Lori DeRavello, MPH

### 2.6.2.2 Denominators

1. Female Active Clinical patients ages 16 through 25, broken down into age groups 16–20 and 21–25.
2. Female User Population patients ages 16 through 25, broken down into age groups 16–20 and 21–25.

### 2.6.2.3 Numerators

1. Patients tested for Chlamydia trachomatis during the report period.

### 2.6.2.4 Definitions

#### **Chlamydia**

- V73.88, V73.98
- CPT: 86631, 86632, 87110, 87270, 87320, 87490-87492, 87810, 3511F
- Site-populated taxonomy BGP GPRA CHLAMYDIA TESTS
- LOINC taxonomy

### 2.6.2.5 Patient Lists

- List of Active Clinical patients with documented Chlamydia screening.
- List of Active Clinical patients without documented Chlamydia screening.

## 2.6.3 Sexually Transmitted Infection (STI) Screening



**Changes from Version 11.1, as noted.****2.6.3.1 Owner/Contact**

Dr. Scott Giberson

**2.6.3.2 Denominators**

1. Screenings ~~needed for incidents of key STIs~~ **Number of key sexually transmitted infections (STI) incidents** for Active Clinical patients that occurred during the period 60 days prior to the beginning of the report period through the first 300 days of the report period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. **Two or more key STIs on the same visit will be counted once.** Broken down by gender.
2. **HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.**
3. **Number of key sexually transmitted infections (STI) incidents for User Population patients that occurred during the period 60 days prior to the beginning of the report period through the first 300 days of the report period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Two or more key STIs on the same visit will be counted once. Broken down by gender.**
4. **HIV/AIDS screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.**

**2.6.3.3 Numerators**

1. No denominator; count only. The total count of Active Clinical patients who were diagnosed with one or more key sexually transmitted infections (STIs) during the period 60 days prior to the Report Period through the first 300 days of the Report Period.
2. No denominator; count only. The total count of separate key STI incidents for Active Clinical patients during the defined period.
3. For use with denominator #1 and 3: ~~Total number of needed screenings performed or refused~~ **Number of complete screenings, defined as all screenings necessary for a specific STI incident(s), performed** from one month prior to the date of relevant STI incident through two months after.

**Note: This numerator does not include refusals.**

4. *Number of documented screening refusals.*
5. *For use with denominator #2 and 4: Number of needed HIV/AIDS screenings performed from one month prior to the date of first STI diagnosis of each incident through two months after.*

**Note:** *This numerator does not include refusals.*

6. *Number of documented HIV/AIDS screening refusals.*

#### 2.6.3.4 Definitions

##### Key STIs

Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Key STIs defined with the following POVS:

- Chlamydia: ~~078.8\*~~, 079.88, 079.98, 099.41, 099.50-099.59
- Gonorrhea: 098.0-098.89
- HIV/AIDS: 042, 042.0-044.9, 079.53, 795.71, V08
- Syphilis: 090.0-093.9, 094.1-097.9

##### Logic for Identifying Patients Diagnosed with Key STI (numerator #1)

Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period.

##### Logic for Identifying Separate Incidents of Key STIs (numerator #2)

One patient may have one or multiple occurrences of one or multiple STIs during the year, *except for HIV. An occurrence of HIV is only counted if it is the initial HIV diagnosis for the patient ever.* Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the report period through the first 300 days of the report period. A second incident of the same STI (*other than HIV*) is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Example of Patient with Multiple Incidents of Single STI:

Date	Visit	Total Incidents
08/01/10	Patient screened for Chlamydia	0
08/08/10	Patient diagnosed with Chlamydia	1
10/15/10	Patient diagnosed with Chlamydia	2
10/25/10	Follow-up for Chlamydia	2
11/15/10	Patient diagnosed with Chlamydia	2
03/01/11	Patient diagnosed with Chlamydia	3

### Denominator Logic for Needed Screenings (Denominator #1)

One patient may need multiple screening tests based on one or more STI incidents occurring during the time period.

To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed in the following table.

STI	Screenings Needed
Chlamydia	Gonorrhea, HIV/AIDS, Syphilis
Gonorrhea	Chlamydia, HIV/AIDS, Syphilis
HIV/AIDS	Chlamydia, Gonorrhea, Syphilis
Syphilis	Chlamydia, Gonorrhea, HIV/AIDS

“Needed” screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e., contraindicated).

- The patient has a documented STI diagnosis corresponding to the screening type in the same time period. For example, a patient with both a Chlamydia and a gonorrhea diagnosis on the same visit does not need the recommended Chlamydia screening based on the gonorrhea diagnosis.
- Only one screening for each type of STI is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening each is needed for HIV/AIDS and Syphilis.
- A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever.

**Numerator Logic**

To be counted in the numerator, each needed screening in the denominator must have a corresponding lab test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through two months after the STI incident.

**Chlamydia Screening**

Any of the following during the specified time period:

- POV V73.88, V73.98
- CPT 86631–86632, 87110, 87270, 87320, 87490–87492, 87810, **3511F**
- Site-populated taxonomy BGP CHLAMYDIA TESTS TAX
- LOINC taxonomy

**Gonorrhea Screening**

Any of the following during the specified time period:

- CPT 87590–87592, 87850, **3511F**
- Site-populated taxonomy BKM GONORRHEA TEST TAX
- LOINC taxonomy

**HIV/AIDS Screening**

Any of the following during the specified time period:

- CPT 86689, 86701-86703, 87390–87391, 87534–87539
- Site-populated taxonomy BGP HIV TEST TAX
- LOINC taxonomy

**Syphilis Screening**

Any of the following during the specified time period:

- CPT 86592–86593, 86781, 87285, **3512F**
- site-populated taxonomy BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX
- LOINC taxonomy

**Refusal of Any Screening**

Any refusal type (REF, NMI, etc.) for any of the four screening tests as defined above during the specified time period.

## Logic Examples

- **Example of Patient with Single Diagnosis of Single STI**
  - 08/01/10: Patient screened for Chlamydia
  - 08/08/10: Patient diagnosed with Chlamydia—three screens needed: Gonorrhea, HIV/AIDS, Syphilis
  - 08/13/10: Patient screened for Gonorrhea, HIV/AIDS, Syphilis
  - Result: Denominator: 1 key STI incident, Numerator: 1 complete screening.
- **Example of Patient with Multiple Diagnoses of Single STI**
  - 08/01/10: Patient screened for Chlamydia
  - 08/08/10: Patient diagnosed with Chlamydia (Incident #1)—three screens needed: Gonorrhea, HIV/AIDS, Syphilis
  - 08/13/10: Patient screened for Gonorrhea, HIV/AIDS, Syphilis
  - 12/01/10: Patient screened for Chlamydia
  - 12/08/10: Patient diagnosed with Chlamydia (Incident #2)— three screens needed: Gonorrhea, HIV/AIDS, Syphilis
  - Result: Denominator: 2 key STI incidents, Numerator: 1 complete screening (1 each of 3 types)
- **Example of Patient with Single Diagnosis of Multiple STIs**
  - 10/15/10: Patient screened for Chlamydia, Gonorrhea, HIV/AIDS, Syphilis
  - 10/18/10: Patient diagnosed with Chlamydia—three screens needed: Gonorrhea, HIV/AIDS, Syphilis
  - 10/20/10: Patient diagnosed with Syphilis—removes needed screen for Syphilis (see above)
  - Result: Denominator: 2 key STI incidents, Numerator: 1 complete screening (prior to triggering diagnoses but within timeframe)
- **Example of Patient with Multiple Diagnoses of Multiple STIs**
  - 06/15/05: Patient diagnosed with HIV/AIDS
  - 08/01/10: Patient screened for Chlamydia and Gonorrhea
  - 08/08/10: Patient diagnosed with Chlamydia and Gonorrhea (Incident #1— one screen needed: Syphilis (HIV/AIDS not needed since prior diagnosis)
  - 08/08/10: Patient screened for HIV/AIDS and Syphilis - since only the Syphilis screen is needed, the HIV/AIDS screen is not counted at all
  - 12/01/10: Patient screened for Chlamydia
  - 12/08/10: Patient diagnosed with Chlamydia (Incident #2)— two screens needed: Gonorrhea and Syphilis

- 12/10/10: Patient screened for Syphilis
- Result: Denominator: 2 key STI incidents, Numerator: 1 complete screening

### **2.6.3.5 Patient Lists**

- List of Active Clinical patients diagnosed with an STI who were screened for other key STIs.
- List of Active Clinical patients diagnosed with an STI who were not screened for other key STIs.

## **2.7 Other Clinical Measures Group**

### **2.7.1 Asthma**

*New topic for ONM Report.*

#### **2.7.1.1 Owner/Contact**

*Drs. Charles (Ty) Reidhead*

#### **2.7.1.2 National Reporting**

*Not reported nationally*

#### **2.7.1.3 Denominators**

1. *Active Clinical patients, broken down by age groups: <15, 15-34, 35-64, 65 and older.*

#### **2.7.1.4 Numerators**

1. *Patients who have had two asthma-related visits during the report period or with persistent asthma.*

### 2.7.1.5 Definitions

#### **Asthma Visits**

*Asthma visits are defined as diagnosis (POV) 493.\*.*

#### **Persistent Asthma**

*Any of the following:*

- *Active entry in PCC Problem List for 493.\* with Severity of 2, 3 or 4 at any time before the end of the report period*
- *Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the report period.*

### 2.7.1.6 Patient Lists

*List of Active Clinical patients diagnosed with asthma.*

## 2.7.2 Medication Therapy for Persons with Asthma

*Changes from Version 11.1, as noted.*

### 2.7.2.1 Owner/Contact

Chris Lamer, PharmD

### 2.7.2.2 Denominators

1. Active Clinical patients ages 5-50 with persistent asthma *within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD) ~~or who have had two asthma-related visits during the Report Period.~~*

### 2.7.2.3 Numerators

1. Suboptimal Control: Patients who were dispensed more than three canisters of a short-acting beta2 agonist inhaler during the same 90-day period during the Report Period.

2. Absence of Controller Therapy: Patients who were dispensed more than three canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.

#### 2.7.2.4 Definitions

##### Denominator Exclusions

*Patients diagnosed with emphysema or COPD at any time on or before the end of the report period are excluded from the denominator.*

##### **Emphysema**

*Any visit at any time on or before the end of the report period with POV codes: 492.\*, 506.4, 518.1, 518.2.*

##### **COPD**

*Any visit at any time on or before the end of the report period with POV codes: 491.20, 491.21, 491.22, 493.2\*, 496, 506.4.*

##### **Denominator Exclusion**

*Patients with intermittent asthma defined as any of the following:*

- ~~An Active entry in PCC Problem List for 493.\* with a Severity of 1 at ANY time before the end of the report period, or~~
- ~~Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 1 documented ANY time before the end of the report period.~~

##### **Asthma**

- ~~CRS will first search to see if the patient has persistent asthma, which is defined as any of the following:
 
  - ~~An Active entry in PCC Problem List for 493.\* with a Severity of 2, 3, or 4 at ANY time before the end of the report period or~~
  - ~~Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented ANY time before the end of the report period.~~~~
- ~~If the patient does not meet any of the above criteria, then CRS will search for two asthma-related visits during the report period. Asthma-related visit defined as any primary or secondary POV of asthma 493.\*.~~



~~*Note: For facilities not using asthma staging (severity assessment) in the PCC Problem List, CRS will rely on visit criteria for this assessment. This will result in patients with intermittent asthma being included in the denominator. The Expert Guideline driven method for managing patients with asthma is by staging them in the PCC Problem List. Doing so will improve the accuracy of the information reported by CRS.*~~

### **Persistent Asthma**

*Meeting any of the following four criteria below within the year prior to the beginning of the report period and during the report period:*

- *At least one visit to Clinic code 30 (Emergency Medicine) with primary diagnosis 493.\* (asthma)*
- *At least one acute inpatient discharge with primary diagnosis 493.\* Acute inpatient discharge defined as Service Category of H*
- *At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.\* and at least two asthma medication dispensing events (see definition below)*
- *At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then must also have at least one visit with POV 493.\* in the same year as the leukotriene modifier (i.e. during the report period or within the year prior to the beginning of the report period.), or*

*Meeting any of the following criteria below:*

- *Active entry in PCC Problem List for 493.\* with Severity of 2, 3 or 4 at any time before the end of the report period*
- *Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the report period.*

### **Dispensing Event**

*One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events ( $100/30 = 3.33$ , rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.*

**Note:** *If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example: Rx Date=11/15/2011, Discontinued Date=11/19/2011, Recalculated # Days Prescribed=4.*

- *Asthma medication codes for denominator defined with medication taxonomies:*
  - *BGP HEDIS ASTHMA MEDS*
  - *BGP HEDIS ASTHMA LEUK MEDS*
  - *BGP HEDIS ASTHMA INHALED MEDS*
  - *Medications are: Antiasthmatic Combinations (Dyphylline-Guaifenesin, Guaifenesin-Theophylline, Potassium Iodide-Theophylline), Antibody Inhibitor (Omalizumab), Inhaled Steroid Combinations (Budesonide-Formoterol, Fluticasone-Salmeterol), Inhaled Corticosteroids (Belclomethasone, Budesonide, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone), Lekotriene Modifiers (Montelukast, Zafirlukast, Zileuton), Long-Acting, Inhaled Beta-2 Agonists (Aformoterol, Formoterol, Salmeterol), Mast Cell Stabilizers (Cromolyn, Nedocromil), Methylxanthines (Aminophylline, Dyphylline, Oxtriphylline, Theophylline), Short-Acting, Inhaled Beta-2 Agonists (Albuterol, Levalbuterol, Metaproterenol, Pirbuterol. Medications must not have a comment of RETURNED TO STOCK.*

**Numerator Inclusion**

To be included in the *Suboptimal Control and Absence of Controller Therapy* numerators, patient must have one or more non-discontinued prescriptions for short acting Beta2 Agonist inhalers totalling at least four canisters in one 90 day period. Short acting Beta2 Agonist inhaler medications defined with medication taxonomy BGP PQA SABA MEDS. (Medications are: Albuterol, Levalbuterol, Pirbuterol). Medications must not have a comment of RETURNED TO STOCK.

**Controller Therapy**

At least one non-discontinued prescription of controller therapy medications during the same 90 day period.

**Controller Therapy Medications**

Controller therapy medications defined with medication taxonomy BGP PQA CONTROLLER MEDS. (Medications are: Beclomethasone, Budesonide, Budesonide-Formoterol, Ciclesonide, Cromolyn, Flunisolide, Fluticasone, Fluticasone-Salmeterol, Formoterol, Mometasone, Mometasone-Formoterol, Montelukast, Nedocromil, Salmeterol, Theophylline, Triamcinolone, Zafirlukast, Zileuton). Medications must not have a comment of RETURNED TO STOCK.

**2.7.2.5 Patient Lists**

- List of Active Clinical patients ages 5-50 with asthma who were dispensed more than three canisters of a short-acting beta2 agonist inhaler during the same 90-day period.
- List of Active Clinical patients ages 5-50 with asthma who were not dispensed more than three canisters of a short-acting beta2 agonist inhaler during the same 90-day period.
- List of Active Clinical patients ages 5-50 with asthma who did not receive controller therapy.

**2.7.3 Prediabetes/Metabolic Syndrome**

*Changes from Version 11.1, as noted.*

**2.7.3.1 Owner/Contact**

Drs. Stephen J. Rith Najarian and Kelly Moore

**2.7.3.2 Denominators**

1. Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

**2.7.3.3 Numerators**

1. Patients with all screenings (BP, LDL, fasting glucose *or A1c*, ~~nephropathy assessment~~, tobacco screening, BMI, lifestyle counseling, and depression screening)
2. Patients with BP documented at least twice during the report period.
3. Patients with LDL completed, regardless of result, during the report period.
4. Patients with fasting glucose test *or A1c assessed*, regardless of result, during the report period.
5. ~~Patients with nephropathy assessment, defined as an estimated GFR and a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria) during the report period or with evidence of diagnosis and/or treatment of ESRD at any time before the end of the report period.~~
6. *Patients with A1c less than (<) 5.7.*
7. *Patients with A1c equal to or greater than (=>) 5.7 and less than (<) 6.5.*
8. *Patients with A1c equal to or greater than (=>) 6.5.*
9. *Patients with no A1c during the Report Period.*
10. Patients who have been screened for tobacco use during the report period.
11. Patients for whom a BMI could be calculated.

**Note:** This numerator does *not* include refusals.

12. Patients who have received any lifestyle adaptation therapy, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the report period.

13. Patients screened for depression or diagnosed with a mood disorder at any time during the report period, including documented refusals in past year.

#### 2.7.3.4 Definitions

##### Prediabetes/Metabolic Syndrome

- **Diagnosis of prediabetes/metabolic syndrome**, defined as: two visits during the Report Period with POV 277.7, or
- One each of at least three different conditions listed below, occurring during the Report Period except as otherwise noted:
  - BMI => 30 or Waist Circumference >40 inches for men or >35 inches for women,
  - Triglyceride value >=150,
  - HDL value <40 for men or <50 for women,
  - Patient diagnosed with hypertension *or* mean Blood Pressure value => 130/85 where systolic is =>130 *or* diastolic is =>85,
  - Fasting Glucose value =>100 *and* <126.

**Note:** Waist circumference and fasting glucose values will be checked last.

##### Patients without Diabetes

No diabetes diagnosis ever (POV 250.00–250.93).

#### 2.7.3.5 Tests/Other Definitions

##### BMI

CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years not required to be recorded on same day.

##### Triglyceride

- LOINC taxonomy
- Site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX with a non-null, numeric result

**HDL**

- CPT 83718
- LOINC taxonomy
- Site-populated taxonomy DM AUDIT HDL TAX with a non-null, numeric result

**Fasting Glucose**

- Denominator definition
  - LOINC taxonomy
  - Site-populated taxonomy DM AUDIT FASTING GLUCOSE TESTS with a non-null, numeric result
- Numerator definition
  - POV 790.21
  - LOINC taxonomy
  - Site-populated taxonomy DM AUDIT FASTING GLUCOSE TESTS

**A1c**

- *Searches for most recent A1c test with a result during the report period. If more than one A1c test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used.*
- *If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result.*
- *A1c defined as:*
  - *CPT 83036, 83037, 3044F-3046F, 3047F (old code)*
  - *LOINC taxonomy*
  - *Site-populated taxonomy DM AUDIT HGB A1C TAX*
  - *Without result is defined as A1c documented but with no value.*

**LDL**

Finds last test done during the report period; defined as:

- CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F
- LOINC taxonomy
- Site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX

**BP**

CRS uses mean of last three BPs documented on non-ER visits during the Report Period. If three BPs are not available, use mean of the last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two).

- For the BP documented numerator, if CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F–3080F **or** **POV V81.1** documented on a non-ER visit during the report period.

**Hypertension**

Diagnosis of (POV or problem list) 401.\* occurring prior to the report period, and at least one hypertension POV during the report period.

***Nephropathy Assessment***

- ~~*Estimated GFR*~~

~~*Any of the following:*~~

~~*—Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or*~~

~~*—LOINC taxonomy.*~~

***Quantitative Urine Protein Assessment***

~~*Any of the following:*~~

- ~~*CPT 82042, 82043, or 84156*~~

- ~~*LOINC taxonomy*~~

- ~~*Site-populated taxonomy BGP QUANT URINE PROTEIN*~~

~~*Note: Be sure to check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values).*~~

*End Stage Renal Disease Diagnosis/Treatment**Any of the following ever:*

- ~~CPT 36145, 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or (old codes) 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327 (old codes), G0392 (old code), G0393 (old code), or S9339~~
- ~~POV 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.\*~~
- ~~Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6\*~~

**Tobacco Screening**

At least one of the following during the report period:

- Any health factor for category Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP), TOBACCO (EXPOSURE) documented during current report period
- Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1\* (old codes), 649.00-649.04, V15.82
- Dental code 1320
- Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1\* (old codes), 649.00-649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code), G8453 (old code)
- CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455- G8457 (old codes), G8402 (old code), G8453 (old code)

**Lifestyle Counseling**

Any of the following during the report period:

- **Medical nutrition therapy** defined as:
  - CPT 97802-97804, G0270, G0271
  - Primary or secondary provider codes 07, 29
  - Clinic codes 67 (dietary) or 36 (WIC)
- **Nutrition education** defined as:
  - POV V65.3 dietary surveillance and counseling
  - Patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) or containing V65.3, 97802-97804, G0270, G0271
- **Exercise education** defined as:



- POV V65.41 exercise counseling
- Patient education codes ending "-EX" (Exercise) or containing V65.41
- **Related exercise and nutrition education** defined as:
  - Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00, 278.01

### **Depression Screening**

Any of the following during the report period:

- Depression Screening:
  - Exam code 36
  - POV V79.0
  - CPT 1220F
  - BHS Problem code 14.1 (screening for depression)
  - V Measurement in PCC or BH of PHQ2 or PHQ9
  - Refusal, defined as any PCC refusal in past year with Exam code 36

### **Mood Disorder DX**

- At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS.
  - These POV codes are: 296.\*, 291.89, 292.84, 293.83, 300.4, 301.13, 311 or BHS POV 14, 15.

#### **2.7.3.6 Patient Lists**

- List of Active Clinical patients =>18 w/Prediabetes/Metabolic Syndrome with all assessments.
- List of Active Clinical patients =>18 w/Prediabetes/Metabolic Syndrome without all assessments.

#### **2.7.4 Proportion of Days Covered by Medication Therapy**

**No changes from Version 11.1**

**2.7.4.1 Owner/Contact**

Chris Lamer, PharmD

**2.7.4.2 Denominators**

1. Active Clinical patients ages 18 and older who had two or more prescriptions for beta-blockers during the Report Period.
2. Active Clinical patients ages 18 and older who had two or more prescriptions for ACEI/ARBs during the Report Period.
3. Active Clinical patients ages 18 and older who had two or more prescriptions for calcium channel blockers (CCB) during the Report Period.
4. Active Clinical patients ages 18 and older who had two or more prescriptions for biguanides during the Report Period.
5. Active Clinical patients ages 18 and older who had two or more prescriptions for sulfonylureas during the Report Period.
6. Active Clinical patients ages 18 and older who had two or more prescriptions for thiazolidinediones during the Report Period.
7. Active Clinical patients ages 18 and older who had two or more prescriptions for statins during the Report Period.
8. Active Clinical patients ages 18 and older who had two or more prescriptions for antiretroviral agents during the Report Period.

**2.7.4.3 Numerators**

1. Patients with proportion of days covered (PDC)  $\geq 80\%$  during the Report Period.
2. Patients with a gap in medication therapy  $\geq 30$  days.
3. For use with denominator #8: Patients with proportion of days covered (PDC)  $\geq 90\%$  during the Report Period.

## 2.7.4.4 Definitions

### Denominator Inclusion

Patients must have at least two prescriptions for that particular type of medication on two unique dates of service at any time during the Report Period. Medications must not have a comment of RETURNED TO STOCK.

### Index Prescription Start Date

The date when the medication was first dispensed within the Report Period. This date must be greater than 90 days from the end of the Report Period to be counted in the denominator.

### Medications

Medications are defined with the following taxonomies: BGP PQA BETA BLOCKER MEDS, BGP PQA ACEI ARB MEDS, BGP PQA CCB MEDS, BGP PQA BIGUANIDE MEDS, BGP PQA SULFONYLUREA MEDS, BGP PQA THIAZOLIDINEDIONE MEDS, BGP PQA STATIN MEDS, BGP PQA ANTIRETROVIRAL MEDS.

### Each PDC Numerator

Proportion of days covered = # of days the patient was covered by at least one drug in the class / # of days in the patient's measurement period.

The patient's measurement period is defined as the number of days between the Index Prescription Start Date and the end of the Report Period. When calculating the number of days the patient was covered by at least one drug in the class, if prescriptions for the same drug overlap, the prescription start date for the second prescription will be adjusted to be the day after the previous fill has ended.

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2011, Discontinued Date=11/19/2011, Recalculated # Days Prescribed=4.

**Example of Proportion of Days Covered**

Report Period: Jan 1 - Dec 31, 2011

- 1st Rx is Index Rx Start Date: 3/1/11, Days Supply=90
  - Rx covers patient through 5/29/11
- 2nd Rx: 5/26/11, Days Supply=90
  - Rx covers patient through 8/27/11
- 3rd Rx: 9/11/11, Days Supply=180; Gap = (9/11/11 - 8/27/11) = 15 days
  - Rx covers patient through 3/8/12

Patient's measurement period: 3/1/11 through 12/31/11 = 306 Days

Days patient was covered: 3/1/11 through 8/27/11 + 9/11/11 through 12/31/11  
= 292 Days

$PDC = 292 / 306 = 95\%$

**Each Gap Numerator**

CRS will calculate whether a gap in medication therapy of 30 or more days has occurred between each consecutive medication dispensing event during the Report Period. A gap is calculated as the days not covered by the days supply between consecutive medication fills.

**Example of Medication Gap  $\geq 30$  Days:**

Report Period: Jan 1 - Dec 31, 2011

- 1st Rx: 4/1/11, Days Supply=30
  - Rx covers patient through 4/30/11
- 2nd Rx: 7/1/11, Days Supply=90
  - Gap #1 = (7/1/11 - 4/30/11) = 61 days
  - Rx covers patient through 9/28/11
- 3rd Rx: 10/1/11, Days Supply=90
  - Gap #2 = (10/1/11 - 9/28/11) = two days
  - Rx covers patient through 12/29/11

Gap #1  $\geq 30$  days, therefore patient will be included in the numerator for that medication.

#### 2.7.4.5 Patient List

- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for beta-blockers is  $\geq 80\%$ .
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for beta-blockers is  $< 80\%$ .
- List of Active Clinical patients  $\geq 18$  who had a gap  $\geq 30$  days in their beta-blocker medication therapy.
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for ACEI/ARBs is  $\geq 80\%$ .
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for ACEI/ARBs is  $< 80\%$ .
- List of Active Clinical patients  $\geq 18$  who had a gap  $\geq 30$  days in their ACEI/ARB medication therapy.
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for calcium channel blockers is  $\geq 80\%$ .
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for calcium channel blockers is  $< 80\%$ .
- List of Active Clinical patients  $\geq 18$  who had a gap  $\geq 30$  days in their calcium channel blocker medication therapy.
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for biguanides is  $\geq 80\%$ .
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for biguanides is  $< 80\%$ .
- List of Active Clinical patients  $\geq 18$  who had a gap  $\geq 30$  days in their biguanide medication therapy.
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for sulfonylureas is  $\geq 80\%$ .
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for sulfonylureas is  $< 80\%$ .
- List of Active Clinical patients  $\geq 18$  who had a gap  $\geq 30$  days in their sulfonylurea medication therapy.

- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for thiazolidinediones is  $\geq 80\%$ .
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for thiazolidinediones is  $< 80\%$ .
- List of Active Clinical patients  $\geq 18$  who had a gap  $\geq 30$  days in their thiazolidinedione medication therapy.
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for statins is  $\geq 80\%$ .
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for statins is  $< 80\%$ .
- List of Active Clinical patients  $\geq 18$  who had a gap  $\geq 30$  days in their statin medication therapy.
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for antiretroviral agents is  $\geq 90\%$ .
- List of Active Clinical patients  $\geq 18$  whose proportion of days covered for antiretroviral agents is  $< 90\%$ .

## 2.7.5 Medication Therapy Management Services

*New topic for Version 12.0.*

### 2.7.5.1 Owner/Contact

*Chris Lamer, PharmD*

### 2.7.5.2 National Reporting

*Not reported nationally*

### 2.7.5.3 Denominators

1. *Active Clinical patients  $\geq 18$  with Medications dispensed at their facility during the Report Period.*

**2.7.5.4 Numerators**

1. *Patients who received medication therapy management (MTM) during the Report Period.*

**2.7.5.5 Definitions****Patients receiving medications**

*Are identified any entry in the VMed file for your facility.*

**Medication Therapy Management**

*Medication Therapy Management (MTM) defined as:*

- *CPT: 99605-99607*
- *Clinic codes: D1, D2*

**2.7.5.6 Patient List**

*List of patients  $\geq 18$  receiving medications with medication therapy management, if any.*

**2.7.6 Public Health Nursing**

**No changes from Version 11.1**

**2.7.6.1 Owner/Contact**

Cheryl Peterson, RN

**2.7.6.2 Denominators**

1. No numerator; count of visits only. Number of visits to User Population patients by PHNs in any setting, including Home.
  - A. Number of visits to patients ages 0–28 days (Neonate) in any setting.
  - B. Number of visits to patients ages 29 days–12 months (infants) in any setting.
  - C. Number of visits to patients ages 1–64 years in any setting.
  - D. Number of visits to patients ages 65 and older (Elders) in any setting.
2. No numerator; count of visits only. Number of visits to User Population patients by PHNs in Home setting.

- A. Number of Home visits to patients ages 0–28 days (Neonate).
- B. Number of Home visits to patients ages 29 days–12 months (infants).
- C. Number of Home visits to patients ages 1–64 years.
- D. Number of visits to patients ages 65 and older (Elders) in any setting.
- E. Number of PHN driver/interpreter (Provider code 91) visits in a HOME setting.

### 2.7.6.3 Numerator

None

### 2.7.6.4 Definitions

#### PHN Visit-Any Setting

Any visit with primary or secondary Provider codes 13 or 91.

#### PHN Visit-Home

Any visit with one of the following:

- Clinic code 11 and a primary or secondary provider code of 13 or 91, or
- Location Home (as defined in Site Parameters) *and* a primary or secondary Provider code 13 or 91

### 2.7.6.5 Patient Lists

- List of patients with a PHN visit(s) in any setting, including Home.
- List of patients with a PHN visit(s) in Home setting



## Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

**Phone:** (505) 248-4371 or (888) 830-7280 (toll free)

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