

## **Michigan Quality Improvement Consortium Detailed Measurement Specifications HEDIS® 2010 – Reporting year 2009**

### **Introduction**

#### ***Who is MQIC?***

The Michigan Quality Improvement Consortium (MQIC) is a group of physicians from 13 Michigan health plans, the Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health, University of Michigan, and Michigan Peer Review Organization. The group formed in the fall of 1999 to achieve significant, measurable improvement in health care outcomes through...

- Development and implementation of common evidence-based clinical practice guidelines
- Standard approaches to performance measurement
- Coordinated approach to implementation

The health plans currently participating in MQIC include: Blue Care Network; Blue Cross Blue Shield of Michigan; Great Lakes Health Plan; Health Alliance Plan; Health Plan of Michigan; HealthPlus of Michigan; Health Plan of Michigan; Midwest Health Plan; Molina Healthcare of Michigan; OmniCare; Physicians Health Plan of Mid-Michigan; Priority Health; Pro Care Health Plan, Inc.; and Total Health Care, Inc.

MQIC has three working groups:

#### Medical Directors' Committee

- Medical directors from participating organizations

#### Performance Measurement Workgroup

- Data reporting experts from participating organizations

#### Implementation Workgroup

- Quality improvement and disease management experts from participating organizations

#### ***Why Measurement Specifications?***

Detailed specifications are required to assure comparability of reported performance. By establishing standard ways to collect and report performance information, MQIC will be able to report aggregate results and to evaluate the success of this collaborative effort. Participating organizations will have benchmarks to compare performance on a

number of dimensions. Purchasers requesting the standard MQIC measures will have some assurance that the results provided by each organization are comparable.

***How were the measurement specifications developed?***

The MQIC Measurement Workgroup, a team of quality improvement and data reporting experts from the participating MQIC organizations developed the specifications in collaboration with the MQIC Medical Directors. Whenever possible, HEDIS<sup>®</sup> specifications were used to build upon NCQA's work, maximize the ability to compare performance with non-participating organizations and minimize the additional programming and reporting burden on health plans and insurance companies. In order to comply with the MQIC measurement specifications, participating organizations will need a copy of the current version of HEDIS<sup>®</sup> Technical Specifications.

***Who should I contact with questions about MQIC and the specifications?***

For general questions about the MQIC process, please contact Mary McFarlane at (248) 455-3552 or via email at [mmcfarlane@bcbsm.com](mailto:mmcfarlane@bcbsm.com). For questions on the MQIC Measurement Subcommittee, please contact Ed Tuller, Chairperson, at (313) 664-8678 or via email at [etuller@hap.org](mailto:etuller@hap.org). MQIC specifications are available on the MQIC website ([www.mqic.org](http://www.mqic.org)).

## **VOLUME I: DIABETES**

### **HEDIS® MEASURES:**

#### **1. Comprehensive Diabetes Care (CDC):**

Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- A. HbA1c Testing
- B. HbA1c Poor Control (>9.0%)
- C. HbA1c Control (<8.0%)
- D. HbA1c Good Control (<7.0%) (**Additional exclusion criteria are required for this indicator**)
- E. Eye Exam (retinal) performed
- F. LDL-C Screening
- G. LDL-C Control (<100 mg/dL)
- H. Medical Attention for Nephropathy (nephropathy screening or evidence of nephropathy)
- I. Blood Pressure Control (<130/80 mm Hg)
- J. Blood Pressure Control (<140/90 mm Hg)

### **NON-HEDIS MEASURES:**

#### **1. Statin Therapy for Persons with Diabetes**

Members with at least one statin prescription filled during the measurement year.

#### **2. Disease-Burden Measures (reported every 5 years; due with HEDIS® 2013 data)**

- A. Acute Myocardial Infarction (AMI)
- B. Cerebrovascular Accident (CVA)
- C. Amputations
- D. Dialysis

### **HEDIS® MEASURES SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* measure should be used.

### **NON-HEDIS MEASURES SPECIFICATIONS**

#### **1. Statin Therapy for Persons with Diabetes**

**Denominator** – HEDIS® specifications for *Comprehensive Diabetes Care* are to be followed to establish the eligible population including continuous enrollment criteria. **However, age is modified to include only those members who were 40 - 75 years of age during the measurement year. Members without a pharmacy benefit are excluded.** Administrative data will be used and the denominator is the eligible population. Reporting is for Commercial, Medicaid and Medicare product lines individually.

**Numerator** – The number of members in the denominator with at least one statin prescription that was filled during the measurement year. Codes have been provided.

**Rate** – The number of members in the denominator who are treated with at least one statin prescription during the measurement year.

**2. Disease Burden**

*(NOTE: Disease burden measures will be submitted for reporting every five years. Next due date HEDIS®2013)*

The measures in this section are intended to show the annual prevalence of complications commonly associated with diabetes.

A. AMI Admissions/1000 Members with Diabetes

**Numerator:** Among the eligible population, the count of unique members with at least one claim for an inpatient admission with a discharge date **within the reporting period** and a principal or any secondary diagnosis for an acute myocardial infarction. Managed Care Organizations (MCOs) may use any of the codes listed in *Table 1* to identify AMIs. An inpatient event is defined using the HEDIS® *Inpatient Utilization – General Hospital/Acute Care, Total Inpatient (IPU)* specifications. *Note: The codes in Table 1 are consistent with those used to identify initial episodes of care for an AMI in the HEDIS Persistence of Beta Blocker Treatment after AMI (PBH) measure (PBH-A).*

**Table 1: AMI Codes**

SOURCE	CODE	DESCRIPTOR
ICD-9 diagnosis codes (principal or any secondary) 410.x1	410.01	AMI of anterolateral wall, initial episode of care
	410.11	AMI of other anterior wall, initial episode of care
	410.21	AMI of inferolateral wall, initial episode of care
	410.31	AMI of inferoposterior wall, initial episode of care
	410.41	AMI of other inferior wall, initial episode of care
	410.51	AMI of other lateral wall, initial episode of care
	410.61	AMI, true posterior wall infarction, initial episode of care
	410.71	AMI, subendocardial infarction, initial episode of care
	410.81	AMI, other specified sites, initial episode of care
	410.91	AMI, unspecified site, initial episode of care
DRG	121	Circulatory Disorders with AMI w/o Complications
	122	Circulatory Disorders with AMI w/o Complications
	516	Percutaneous Cardiovascular Procedures with AMI
	526	Percutaneous Cardiovascular Procedures with drug eluting stent with AMI
MS-DRG	280	Acute myocardial infarction, discharged alive w MCC
	281	Acute myocardial infarction, discharged alive w CC
	282	Acute myocardial infarction, discharged alive w/o CC/MCC

**B. CVA Admissions/1000 Members with Diabetes**

**Numerator:** Among the eligible population, the count of unique members with at least one claim for an inpatient admission with a discharge date **within the reporting period** and a principal or secondary diagnosis for a cerebral vascular accident (CVA). MCOs may use any of the codes listed in *Table 2* to identify CVAs. An inpatient event is defined using the HEDIS® *Inpatient Utilization – General Hospital/Acute Care, Total Inpatient (IPU)* codes.

**Table 2: CVA Codes**

SOURCE	CODE	DESCRIPTOR
ICD-9 diagnosis codes (principal or any secondary)	430	Subarachnoid hemorrhage
	431	Intracerebral hemorrhage
	432.0	Nontraumatic extradural hemorrhage
	432.1	Subdural hemorrhage
	432.9	Unspecified intracranial hemorrhage
	433.01	Occlusion and stenosis of basilar artery with cerebral infarction
	433.11	Occlusion and stenosis of carotid artery with cerebral infarction
	433.21	Occlusion and stenosis of vertebral artery with cerebral infarction
	433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction
	433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction
	433.91	Occlusion and stenosis of basilar artery with cerebral infarction
	434.01	Cerebral thrombosis with cerebral infarction
	434.11	Cerebral embolism with cerebral infarction
	434.91	Unspecified cerebral artery occlusion with cerebral infarction
436	Acute, but ill-defined, cerebral vascular disease (definition includes CVA and stroke)	

**C. Amputations /1000 Members with Diabetes**

**Numerator:** Among the eligible population, the count of unique members with at least one claim for an amputation **during the reporting year** as defined in *Table 3* on the next page.

**Table 3: Amputation Codes**

SOURCE	CODE	DESCRIPTOR
CPT-4 Procedure Codes (primary or any secondary)	27590, 27591, 27592, 27596, 27598	Thigh, through femur at any level
	27880, 27881, 27882, 27886, 27888, 27889	Leg, through tibia and fibula
	28800, 28805	Foot, midtarsal
	28810	Metatarsal with toe, single
	28820	Toe, metatarsophalangeal joint
	28825	Interphalangeal joint
	ICD-9 Procedure Codes (primary or any secondary)	84.10
84.11		Amputation of toe
84.12		Amputation through foot
84.13		Disarticulation of ankle
84.14		Amputation of ankle through malleoli of tibia and fibula
84.15		Other amputation below knee
84.16		Disarticulation of knee
84.17		Amputation above knee
84.18		Disarticulation of hip

**D. Dialysis/1000 members with diabetes**

**Numerator:** Among the eligible population, the count of unique members with at least one claim for dialysis or dialysis-related treatment **during the reporting year** as defined in Table 4 below.

**Table 4: Dialysis Codes**

SOURCE	CODE	DESCRIPTOR
DRG	317	Admission for renal dialysis
ICD-9 Diagnosis Codes (principal or any secondary)	V45.1	Pt. Requiring intermittent renal dialysis – presence of A-V shunt; renal dialysis status
	V56.xx	Encounter for dialysis and dialysis catheter care
	V56.0	Encounter for extracorporeal dialysis
	V56.1	Encounter for fitting and adjustment of dialysis catheter (extracorporeal)
	V56.2	Fitting and adjustment of peritoneal dialysis catheter
	V56.3x	Encounter or adequacy testing for dialysis
	V56.8	Encounter other dialysis (peritoneal)
	39.95	Hemodialysis

SOURCE	CODE	DESCRIPTOR
	54.98	Peritoneal dialysis
Revenue Codes	304	Non-routine dialysis
	800	Renal dialysis
	801	Dialysis/inpt
	802	Dialysis/inpt/per
	803	Dialysis/inpt/capd
	804	Dialysis/inpt/ccpd
	809	Dialysis/inpt/other (not used in MI per UB92 manual)
	820	Hemodialysis outpatient general
	821	Hemo/composite
	822	Hemo/home/suppl (not used in MI per UB92 manual)
	823	Hemo/home/eqip (not used in MI per UB92 manual)
	824	Hemo/home/100% (not used in MI per UB92 manual)
	825	Hemo/home/superv
	829	Hemo/homr/other (not used in MI per UB92 manual)
	830	Peritoneal/op or home
	831	Pertnl/composite
	832	pertnl/home/suppl (not used in MI per UB92 manual)
	833	pertnl/home/equip
	834	pertnl/home/100%
	835	pertnl/home/supervis
	839	pertnl/home/other
	840	capd/op or home
	841	capd/composite
	842	capd/home/suppl (not used in MI per UB92 manual)
	843	capd/home/equip (not used in MI per UB92 manual)
	844	capd/home/100% (not used in MI per UB92 manual)
	845	capd/home/supserv
	849	capd/home/other (not used in MI per UB92 manual)
	850	ccpd/op or home
	851	ccpd/composite
852	ccpd/home/suppl (not used in MI per UB92 manual)	

SOURCE	CODE	DESCRIPTOR
	853	ccpd/home/equip (not used in MI per UB92 manual)
	854	Ccpd/home/100%
	855	ccpd/home/supserv
	859	ccpd/home/other
	870	Home Dialysis Program/CAPD – Gen Classif
	875	Home Dialysis Program/CAPD – Delivery Chgs
	876	Home Dialysis Program/CAPD - Supplies
	877	Home Dialysis Program/CAPD – Support Serv
	878	Home Dialysis Program/CAPD – Target Rate Program
	880	dialy/misc
	881	dialy/ultrafilt
	882	homedialysis aid visit
	889	dialy/misc/other
CPT-4 Procedure Codes (primary or any secondary)	90918 – 90925; 90935 - 90937; 90945 - 90947; 90989; 90993; 90997; 90999 99559 99512	End stage renal disease services, hemodialysis, misc dialysis (90966, 90985 are deleted codes)  Home infusion of peritoneal dialysis Home visit for hemodialysis

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## **VOLUME II: ASTHMA**

### **HEDIS® MEASURES:**

#### **1. Use of Appropriate Medications for People With Asthma (ASM):**

Percent members 5-50 years of age who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

- A. 5-11 Years Old
- B. 12-50 Years Old
- C. Total (sum of the two numerators divided by sum of the two denominators)

### **NON-HEDIS MEASURES:**

#### **1. Periodic Assessment (5-50 Years Old)**

Members who have had at least one preventive visit during the measurement year.

#### **2. Emergency Department Visits for Members with Asthma and Being Treated for a Primary Diagnosis of Asthma**

### **HEDIS® MEASURES SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS® *Use of Appropriate Medications for People with Asthma* measure should be used.

### **NON-HEDIS MEASURES SPECIFICATIONS:**

#### **1. Periodic Assessment**

The MQIC Asthma guideline recommends provision of specific services at least annually including: written action plan for self-management and education regarding use of peak flow meter, inhaler, spacer and medication, recognition/treatment of symptoms and when to seek medical attention, identification and avoidance of triggers and smoking cessation counseling. As a proxy for the opportunity to provide education and monitoring, health plans should determine the percent of members with persistent asthma who have at least one preventive/ambulatory visit with a PCP, pulmonologist or allergist.

**Denominator** – HEDIS® specifications for *Use of Appropriate Medications for People with Asthma* are to be followed to establish the eligible population including age and continuous enrollment criteria. Members without a pharmacy benefit are excluded. Administrative data will be used and the denominator is the eligible population. Reporting is for Commercial and Medicaid product lines.

**Numerator** - The count of unique members from the eligible population with at least one (1) preventive or ambulatory health services visit with a PCP (internal medicine, family practice, general practice or pediatrics), pulmonologist or allergist **within the reporting year**. Refer to the HEDIS<sup>®</sup> specifications for *Children and Adolescent's Access to Primary Care Practitioners (CAP)* and *Adult's Access to Preventive/Ambulatory Health Services (AAP)* for the codes to identify Preventive/Ambulatory Health Services.

**Rate** – The number of members in the denominator who had at least one (1) preventive/ambulatory health services visit with a PCP, pulmonologist or allergist **within the measurement year**.

## 2. Emergency Department Visits/1000 Members with Asthma

Count the number of Emergency Department (ED) visits with different dates of service within the reporting year. Calculate the number of ED visits per 1000 members with asthma. The methodology for the identification and inclusion of ED visits should be consistent with the most recent HEDIS<sup>®</sup> *Use of Services – Ambulatory Care (AMB)*, *Emergency Department* specifications.

**Denominator** - HEDIS<sup>®</sup> specifications for *Use of Appropriate Medications for People with Asthma* are to be followed to establish the eligible population including age and continuous enrollment criteria. Members without a pharmacy benefit are excluded. Administrative data will be used and the denominator is the eligible population. Reporting is for Commercial and Medicaid product lines.

**Numerator** - Number of ED visits with a principal diagnosis of asthma (use asthma diagnoses specified in current HEDIS<sup>®</sup> *Use of Appropriate Medications for People with Asthma (ASM-A)*).

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## **VOLUME III: TOBACCO CONTROL *not reportable for 2010***

### **HEDIS® MEASURES:**

#### **1. Medical Assistance With Smoking Cessation (MSC):**

The following components assess different facets of providing medical assistance with smoking cessation:

- A. Advising Smokers to Quit
- B. Discussing Smoking Cessation Medications
- C. Discussing Smoking Cessation Strategies

### **NON-HEDIS MEASURE:**

#### **1. Percent Current Smokers**

### **HEDIS® MEASURES SPECIFICATIONS:**

This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.

### **NON-HEDIS MEASURE SPECIFICATIONS:**

#### **1. Percent Current Smokers**

**Rate** – Provide the percent of current smokers is calculated by NCQA and is shown in Quality Compass: *Medical Assistance with Smoking Cessation – Supplemental Data - % Current Smokers*. It is based on responses to the CAHPS survey (adult) for the current year. **[Note:** NCQA’s definition of this measure: “This percentage is the number of members who answered “Every day” or “Some days” to the question “Do you now smoke cigarettes every day, some days or not at all,” and is calculated from the current year’s data only.” Source: *Quality Compass 2008*].

**Denominator** – The denominator for this measure is adults age 18+ for the measurement year. Using the DST table/tab Enrollment by Product Line (ENPA), determine the number of adults 18+ using the “Total” column for the following rows:

- Age 18 – 19                      Row 9
- Age 20 – 44 (Subtotal)      Row 17
- Age 45 – 64 (Subtotal)      Row 23
- Age >= 65 (Subtotal)        Row 31
- Age unknown                    Row 33

Only the total number of adults 18+ needs to be reported.

**Numerator** – For this measure, the numerator (estimated number of current smokers) is calculated **as shown below**. It is the product of the **Rate** times the **Denominator** (number of adults 18+ for the measurement year).

**Calculation**

Total number of adults 18+

Times

Rate (Percent current smokers)

Equals

**Estimated number of current smokers**

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***VOLUME IV: DEPRESSION***

**HEDIS<sup>®</sup> MEASURES:**

**1. Antidepressant Medication Management (AMM):**

Percent members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

A. Effective Acute Phase Treatment

B. Effective Continuation Phase Treatment

**HEDIS<sup>®</sup> MEASURES SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS<sup>®</sup> *Antidepressant Medication Management* measure should be used.

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## **VOLUME V: SUBSTANCE USE DISORDERS**

### **HEDIS® MEASURES:**

#### **1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET):**

Percent of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:

- A. Initiation of AOD Treatment
- B. Engagement of AOD Treatment

### **HEDIS® MEASURES SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS® *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* measure should be used.

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## **VOLUME VI: HYPERCHOLESTEROLEMIA**

### **HEDIS® MEASURES:**

#### **1. Cholesterol Management for Patients with Cardiovascular Conditions (CMC):**

Percent members 18-75 years of age who were discharged alive for AMI, CABG or PTCA from January 1 to November 1 of the year prior to the measurement year, or who had a diagnosis of IVD during the measurement year and the year prior to measurement year, who had each of the following during the measurement year:

- A. LDL-C Screening
- B. LDL-C Control (<100 mg/dL)

### **NON-HEDIS MEASURE:**

#### **1. Statin Therapy for Persons with Cardiovascular Conditions**

Members with at least one statin prescription filled during the measurement year.

## **HEDIS® MEASURES SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS® *Cholesterol Management for Patients with Cardiovascular Conditions* measure should be used.

## **NON-HEDIS MEASURE SPECIFICATIONS:**

### **1. Statin Therapy for Persons with Cardiovascular Conditions**

**Denominator** – HEDIS® specifications for *Cholesterol Management for Patients With Cardiovascular Conditions (CMC)* are to be followed to establish the eligible population including continuous enrollment criteria. Age is defined as those members who were 18 – 75 years of age during the measurement year. However, **members without a pharmacy benefit are excluded**. Administrative data will be used and the denominator is the eligible population. Reporting is for Commercial, Medicaid and Medicare product lines individually.

**Numerator** – The number of members in the denominator with at least one statin prescription that was filled during the measurement year. Codes have been provided.

**Rate** – The number of members in the denominator who are treated with at least one statin prescription during the measurement year.

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## ***VOLUME VII: HYPERTENSION***

### **HEDIS® MEASURE:**

#### **1. Controlling High Blood Pressure (CBP):**

Percent members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

### **NON-HEDIS MEASURE:**

#### **1. Percent Members with any Diagnosis of Hypertension**

### **HEDIS® MEASURE SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS® *Controlling High Blood Pressure (< 140/90 mm Hg)* measure should be used.

## **NON-HEDIS MEASURE SPECIFICATIONS:**

### **1. Percent of Members With Any Diagnosis of Hypertension (401)**

**Denominator** – The denominator for this measure is adults age 18+ for the measurement year. Using the DST table/tab Enrollment by Product Line (ENPA), determine the number of adults 18+ using the “Total” column for the following rows:

- Age 18 – 19
- Age 20 – 44 (Subtotal)
- Age 45 – 64 (Subtotal)
- Age >= 65 (Subtotal)

**Numerator** – Count of members with at least 1 outpatient encounter during the first six months of the measurement year with any ICD-9 diagnosis code of 401 (CBP-A). Outpatient encounters are defined (CBP-B) as CPT codes = 99201 – 99205, 99211 – 99215, 99241 – 99245, 99384 – 99387 and 99394 – 99397.

**Rate** – Estimated prevalence of members with a **current** diagnosis of hypertension

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## ***VOLUME VIII: ACUTE PHARYNGITIS***

### **HEDIS<sup>®</sup> MEASURE:**

#### **1. Appropriate Testing for Children With Pharyngitis (CWP):**

Children 2-18 years diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus test.

### **HEDIS<sup>®</sup> MEASURE SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS<sup>®</sup> *Appropriate Testing for Children With Pharyngitis* measure should be used.

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## **VOLUME IX: ADULT PREVENTIVE SERVICES (AGES 18 – 65+)**

### **HEDIS® MEASURES:**

1. **Colorectal Cancer Screening (COL)**  
Percent members 50-75 years of age who had appropriate screening for colorectal cancer.
2. **Breast Cancer Screening (BCS)**  
Percent women 40-69 years of age who had a mammogram to screen for breast CA.
3. **Cervical Cancer Screening (CCS)**  
Percent women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.
4. **Chlamydia Screening in Women (21-24 years) (CHL)**  
Percent women 21-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.
5. **Flu Shots for Adults Ages 50-64 (CAHPS®) (FSA) [Commercial only]**  
A rolling average represents the percentage of commercial members 50-64 years of age who received an influenza vaccination between September 1 of the measurement year and the date on which the CAHPS® survey was completed.
6. **Flu Shots for Older Adults (CAHPS®) (FSO) [Medicare only]**  
Percent Medicare members 65 years of age and older as of January 1 of the measurement year who received an influenza vaccination between September 1 of the measurement year and the date on which the CAHPS® survey was completed.
7. **Pneumonia Vaccination Status for Older Adults (PNU) [Medicare only]**  
Percentage of Medicare members 65 years of age and older as of January 1 of the measurement year who have ever received a pneumococcal vaccine.

### **HEDIS® MEASURES SPECIFICATIONS:**

1. **COL** = The methodology delineated in the most recent HEDIS® *Colorectal Cancer Screening* measure should be used.
2. **BCS** = The methodology delineated in the most recent HEDIS® *Breast Cancer Screening* measure should be used.
3. **CCS** = The methodology delineated in the most recent HEDIS® *Cervical Cancer Screening* measure should be used.
4. **CHL** = The methodology delineated in the most recent HEDIS® *Chlamydia Screening in Women* measure should be used.
5. **FSA** = This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.

6. **FSO** = This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.
7. **PNU** = This measure is collected using survey methodology. Detailed specifications are contained in the most recent HEDIS® *Specifications for Survey Measures*.

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## **VOLUME X: PREVENTIVE SERVICES FOR INFANTS AND CHILDREN (BIRTH – 24 MONTHS)**

### **HEDIS® MEASURES:**

#### **1. Childhood Immunization Status (CIS):**

Percent of children two years of age who had four DTaP, three IPV, one MMR, two Hib, three Hepatitis B, one VZV, four Pneumococcal conjugate, two Hepatitis A, two or three Rotavirus (number varies based on which vaccine is given), and two Influenza vaccines by their second birthday. The measure also calculates nine separate combination rates, see Table 1 below.

*Table 1 – Combination Vaccinations*

Combination	DTap	IPV	MMR	HiB	Hep B	VSV	PCV	Hep A	RV	Influenza
Combination 2*	x	x	x	x	x	x				
Combination 3*	x	x	x	x	x	x	x			
Combination 4	x	x	x	x	x	x	x	x		
Combination 5	x	x	x	x	x	x	x		x	
Combination 6	x	x	x	x	x	x	x			x
Combination 7	x	x	x	x	x	x	x	x	x	
Combination 8	x	x	x	x	x	x	x	x		x
Combination 9	x	x	x	x	x	x	x		x	x
Combination 10	x	x	x	x	x	x	x	x	x	x

\*MQIC health plans report all CIS measures, including Combos 2-10, but only Combos 2 and 3 results are reported on the MQIC Annual Performance Measurement report.

#### **2. Well-Child Visits in the First 15 Months of Life (W15):**

Percent members who turned 15 months old during the measurement year and who had **six** well-child visits with a PCP during their first 15 months of life.

#### **3. Lead Screening in Children (LSC) [Medicaid only]**

Percent of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

### **HEDIS® MEASURES SPECIFICATIONS:**

1. **CIS** = The methodology delineated in the most recent HEDIS® *Childhood Immunization Status* measure should be used.
2. **W15** = The methodology delineated in the most recent HEDIS® *Well-Child Visits in the First 15 Months of Life* measure should be used.
3. **LSC** = The methodology delineated in the most recent HEDIS® *Lead Screening in Children* measure should be used.

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## ***VOLUME XI: PREVENTIVE SERVICES FOR CHILDREN AND ADOLESCENTS (AGES 2 - 21)***

### **HEDIS® MEASURES:**

1. **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34):**  
Percent members 3-6 years of age who received one or more well-child visits with a PCP during the measurement year.
2. **Adolescent Well-Care Visits (AWC):**  
Percent members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
3. **Chlamydia Screening in Women (15 – 20 years) (CHL):**  
Percent of women 15-20 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.
4. **Immunizations for Adolescents (IMA):**  
Percent of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13<sup>th</sup> birthday. This measure calculates a rate for each vaccine and one combination rate.

### **HEDIS® MEASURES SPECIFICATIONS:**

1. **W34** = The methodology delineated in the most recent HEDIS® *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure should be used.
2. **AWC** = The methodology delineated in the most recent HEDIS® *Adolescent Well-Care Visits* measure should be used.
3. **CHL** = The methodology delineated in the most recent HEDIS® *Chlamydia Screening in Women (16 – 20 years)* measure should be used.
4. **IMA** = The methodology delineated in the most recent HEDIS® *Immunizations for Adolescents* measure should be used.

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## ***VOLUME XII: ROUTINE PRENATAL AND POSTNATAL CARE***

### **HEDIS® MEASURES:**

#### **1. Prenatal and Postpartum Care (PPC):**

- A. Prenatal Care: percent deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment.
- B. Postpartum Care: percent deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

### **HEDIS® MEASURES SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS® *Prenatal and Postpartum Care* measure should be used.

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## ***VOLUME XIII: CHRONIC KIDNEY DISEASE***

### **NON-HEDIS MEASURE:**

- 1. Percent members in HEDIS® Diabetes or Hypertension populations who had a serum creatinine test (necessary for GFR)

### **NON-HEDIS MEASURE SPECIFICATIONS:**

- 1. Percent members in HEDIS® Diabetes or Hypertension populations who had a serum creatinine test (necessary for GFR)

**Denominator** – The denominator for this measure is any unique member who is included in the eligible population for **either one of the following HEDIS** measures: *Comprehensive Diabetes Care (CDC)* **or** *Controlling High Blood Pressure (CBP)* during the measurement year, including continuous enrollment criteria.

**Numerator** – The number of members in the denominator who had a GFR test **during the measurement year or year prior to the measurement year**. Since GFR is a calculation, not a specific procedure, it is necessary to use a surrogate. Since the GFR calculation is based on serum creatinine (SCr), among other factors, we are using this test as a surrogate. The HEDIS 2010 specifications for SCr, are found in Table 5 shown on the following page, which includes lab panels as well as individual tests.

**Table 5: Serum Creatinine Codes**

Description	CPT	LOINC
Lab panel	80047, 80048, 80050, 80053, 80069	
Serum creatinine (SCr)	82565, 82575	2160-0, 2163-4, 2164-2, 11041-1, 11042-9, 12195-4, 13441-1, 13442-9, 13443-7, 13446-0, 13447-8, 13449-4, 13450-2, 14682-9, 16188-5, 16189-3, 21232-4, 26752-6, 31045-8, 33558-8, 35203-9, 35591-7, 35592-5, 35593-3, 35594-1, 38483-4, 39955-0, 39956-8, 39957-6, 39958-4, 39959-2, 39960-0, 39961-8, 39962-6, 39963-4, 39964-2, 39965-9, 39966-7, 39967-5, 39968-3, 39969-1, 39970-9, 39971-7, 39972-5, 39973-3, 39974-1, 39975-8, 39976-6, 40112-5, 40113-3, 40114-1, 40115-8, 40116-6, 40117-4, 40118-2, 40119-0, 40120-8, 40121-6, 40122-4, 40123-2, 40124-0, 40125-7, 40126-5, 40127-3, 40128-1, 40248-7, 40249-5, 40250-3, 40251-1, 40252-9, 40253-7, 40254-5, 40255-2, 40256-0, 40257-8, 40258-6, 40264-4, 40265-1, 40266-9, 40267-7, 40268-5, 40269-3, 40270-1, 40271-9, 40272-7, 40273-5, 44784-7, 50380-5, 50381-3, 51619-5, 51620-3

**Rate** – The number of members in the denominator who have at least one serum creatinine test during the measurement year or the year prior to the measurement year.

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## **VOLUME XIV: ACUTE LOW BACK PAIN**

### **HEDIS® MEASURE:**

#### **1. Use of Imaging Studies for Low Back Pain (LBP):**

Percent members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.

### **HEDIS® MEASURE SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS® *Use of Imaging Studies for Low Back Pain* measure should be used.

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## ***VOLUME XV: UNCOMPLICATED ACUTE BRONCHITIS IN ADULTS***

### **HEDIS<sup>®</sup> MEASURE:**

#### **1. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB):**

Percent of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

### **HEDIS<sup>®</sup> MEASURE SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS<sup>®</sup> *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis* measure should be used.

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## ***VOLUME XVI: ADULT OBESITY***

### **HEDIS<sup>®</sup> MEASURE:**

#### **1. Adult BMI Assessment (ABA):**

Percent members 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior the measurement year.

### **HEDIS<sup>®</sup> MEASURE SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS<sup>®</sup> *Adult BMI Assessment* measure should be used.

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## *VOLUME XVII: CHILDHOOD OBESITY*

### **HEDIS® MEASURE:**

#### **1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):**

Percent members 2-17 years of age who had an outpatient visits with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. This measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

### **HEDIS® MEASURE SPECIFICATIONS:**

The methodology delineated in the most recent HEDIS® *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* should be used.