Michigan Quality Improvement Consortium
Measurement Specifications

Introduction

Who is MQIC?
The Michigan Quality Improvement Consortium (MQIC) is a group of physicians from Michigan health plans, the Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health 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 guidelines
- Standard approaches to performance measurement
- Coordinated approach to implementation

The health plans that are currently participating in MQIC include: Blue Care Network, Blue Cross Blue Shield of Michigan, Care Choices, Great Lakes Health Plan, Health Alliance Plan, HealthPlus of Michigan, Health Plan of Michigan, M-CARE, Midwest Health Plan, Molina Healthcare of Michigan, Physicians Health Plan of Mid-Michigan, Physicians Health Plan of South Michigan, Physicians Health Plan of Southwest Michigan, Priority Health and Total Health Care, Inc.

MQIC has three working groups:

Medical Directors' Committee
- Medical directors from participating organizations

Performance Measurement Subcommittee
- Data reporting experts from participating organizations

Implementation Subcommittee
- 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 aggregate results at baseline and in the future 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.

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How were the measurement specifications developed?
The MQIC Performance Measurement Subcommittee, 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® 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® Technical Specifications.

Who should I contact with questions about MQIC and the specifications?
For general questions about the MQIC process, please contact Sheryl Lowe at (248) 448-7501 or via email at slowe@bcbsm.com. For questions on the MQIC Performance Measurement Subcommittee, please contact L Jill Halman, Chairperson, at (734) 332-2472 or via email at jhalman@umich.edu. Finalized specifications are available on the MQIC website (www.mqic.org).

What is included?
Currently, MQIC has established common guidelines addressing Diabetes Mellitus, Persistent Asthma, Tobacco Control, Major Depression, Substance Use Disorders, Hyperlipidemia, Essential Hypertension, Acute Pharyngitis in Children, Osteoarthritis, Uncomplicated Deep Venous Thrombosis (DVT), Left Ventricular Systolic Dysfunction (including heart failure), Overweight and Obesity in the Adult, Osteoporosis and Adult Preventive Services. The MQIC medical directors will develop additional guidelines over time. This edition of the MQIC Measurement Specifications contains specifications for Diabetes, Asthma, Tobacco Control, Major Depression, Substance Use Disorders, Hyperlipidemia, Essential Hypertension, Acute Pharyngitis in Children, and Adult Preventive Services (Ages 18-49; Ages 50 -65+).

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**Diabetes:**

**Eligible Population (Denominator)**
The eligible population for the Diabetes measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population with Diabetes including age and continuous enrollment criteria. For those measures calculated using administrative data only, the denominator will be the full eligible population. For measures where the Plan chooses to utilize medical record data to supplement administrative systems, the denominator will be a systematic sample from the eligible population. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicare Risk populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

**HEDIS® Measures**
1. Retinal Exam
2. HbA1c Testing
3. HbA1c Poor Control
4. LDL-C Screening
5. LDL-C Level < 130 mg/dL
6. LDL-C Level < 100 mg/dL
7. Monitoring for Nephropathy

**Non-HEDIS Measures**
1. Lipid Lowering Drugs
2. Blood Pressure Control
3. Disease Burden

**DIABETES HEDIS® MEASURE SPECIFICATIONS**

1. **Retinal Exam**
The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* specifications should be used.

2. **HbA1c Testing**
The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* specifications should be used.

3. **HbA1c Poor Control**
The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* specifications should be used.

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4. **LDL-C Screening**
The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* specifications should be used.

5. **LDL-C Level < 130 mg/dL**
The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* specifications should be used.

6. **LDL-C Level < 100 mg/dL**
The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* specifications should be used.

7. **Monitoring for Nephropathy**
The methodology delineated in the most recent HEDIS® *Comprehensive Diabetes Care* specifications should be used.

**DIABETES NON-HEDIS MEASURE SPECIFICATIONS**

1. **Use of Lipid Lowering Drugs**
   - **Denominator** – HEDIS® specifications for *Comprehensive Diabetes Care* are to be followed to establish the eligible population including continuous enrollment criteria. Age is defined as those members who were 50 years of age or older 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.

   - **Numerator** – The number of members in the denominator with at least one lipid lowering prescription that was filled during the measurement year. AHFS codes 240604- 240606, 240608 and 240692 are to be used to identify lipid lowering medications.

   - **Rate** – The number of members in the denominator who are treated with at least one lipid lowering prescription during the measurement year. While the preferred drug of use is a statin drug, in order to recognize that some members have side effects/contraindications to statin drugs, this measure is defined as lipid lowering agents.

2. **Blood Pressure Control**
   - **Denominator** – The diabetic population as defined by the HEDIS® *Comprehensive Diabetes Care* specifications and who require a medical record audit for HEDIS® data collection. Reporting is for Commercial, Medicaid and Medicare product lines.

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**Numerator** – The number of members in the denominator whose most recent blood pressure is ≤ 140/90 during the measurement year.

**Rate** – Number of members in the denominator whose most recent blood pressure was adequately controlled (≤ 140/90) during the measurement year.

### 3. Disease Burden

**(NOTE: Disease burden measures will be submitted for reporting every five years)**

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 specifications. **Note:** The codes in Table 1 are consistent with those used to identify initial episodes of care for an AMI in the HEDIS Beta Blocker Treatment after AMI measure.

**Table 1: AMI Codes**

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>CODE</th>
<th>DESCRIPTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9 diagnosis codes (principal or any secondary)</td>
<td>410.01</td>
<td>AMI of anterolateral wall, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.11</td>
<td>AMI of other anterior wall, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.21</td>
<td>AMI of inferolateral wall, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.31</td>
<td>AMI of inferoposterior wall, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.41</td>
<td>AMI of other inferior wall, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.51</td>
<td>AMI of other lateral wall, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.61</td>
<td>AMI, true posterior wall infarction, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.71</td>
<td>AMI, subendocardial infarction, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.81</td>
<td>AMI, other specified sites, initial episode of care</td>
</tr>
<tr>
<td></td>
<td>410.91</td>
<td>AMI, unspecified site, initial episode of care</td>
</tr>
<tr>
<td>DRG</td>
<td>121</td>
<td>Circulatory Disorders with AMI w/o Complications</td>
</tr>
<tr>
<td></td>
<td>122</td>
<td>Circulatory Disorders with AMI w/o Complications</td>
</tr>
<tr>
<td></td>
<td>516</td>
<td>Percutaneous Cardiovascular Procedures with AMI</td>
</tr>
</tbody>
</table>

#### b. CVA Admissions/1000 Members with Diabetes

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**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 codes*.

### Table 2: CVA Codes

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

### Table 3: Amputation Codes

<table>
<thead>
<tr>
<th>SOURCE</th>
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</table>

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**Table 4: Dialysis Codes**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>DRG</td>
<td>317</td>
<td>Admission for renal dialysis</td>
</tr>
<tr>
<td>ICD-9 Diagnosis Codes (principal or any secondary)</td>
<td>V45.1</td>
<td>Pt. Requiring intermittent renal dialysis – presence of A-V shunt; renal dialysis status</td>
</tr>
<tr>
<td></td>
<td>V56</td>
<td>Encounter for dialysis and dialysis catheter care</td>
</tr>
<tr>
<td></td>
<td>V56.0</td>
<td>Encounter for extracorporeal dialysis</td>
</tr>
<tr>
<td></td>
<td>V56.1</td>
<td>Encounter for fitting and adjustment of dialysis catheter (extracorporeal)</td>
</tr>
<tr>
<td></td>
<td>V56.2</td>
<td>Fitting and adjustment of peritoneal dialysis catheter</td>
</tr>
<tr>
<td></td>
<td>V56.8</td>
<td>Encounter other dialysis (peritoneal)</td>
</tr>
<tr>
<td></td>
<td>39.95</td>
<td>Hemodialysis</td>
</tr>
<tr>
<td></td>
<td>54.98</td>
<td>Peritoneal dialysis</td>
</tr>
</tbody>
</table>

**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.

**d. Dialysis/1000 members with diabetes**
<table>
<thead>
<tr>
<th>SOURCE</th>
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<tbody>
<tr>
<td>Revenue Codes</td>
<td>304</td>
<td>Non-routine dialysis</td>
</tr>
<tr>
<td></td>
<td>800</td>
<td>Renal dialysis</td>
</tr>
<tr>
<td></td>
<td>801</td>
<td>Dialysis/inpt</td>
</tr>
<tr>
<td></td>
<td>802</td>
<td>Dialysis/inpt/per</td>
</tr>
<tr>
<td></td>
<td>803</td>
<td>Dialysis/inpt/capd</td>
</tr>
<tr>
<td></td>
<td>804</td>
<td>Dialysis/inpt/ccpd</td>
</tr>
<tr>
<td></td>
<td>809</td>
<td>Dialysis/inpt/other (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>820</td>
<td>Hemodialysis outpatient general</td>
</tr>
<tr>
<td></td>
<td>821</td>
<td>Hemo/composite</td>
</tr>
<tr>
<td></td>
<td>822</td>
<td>Hemo/home/suppl (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>823</td>
<td>Hemo/home/equip (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>824</td>
<td>Hemo/home/100% (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>825</td>
<td>Hemo/home/superv</td>
</tr>
<tr>
<td></td>
<td>829</td>
<td>Hemo/homr/other (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>830</td>
<td>Peritoneal/op or home</td>
</tr>
<tr>
<td></td>
<td>831</td>
<td>Pertnl/composite</td>
</tr>
<tr>
<td></td>
<td>832</td>
<td>pertnl/home/suppl (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>833</td>
<td>pertnl/home/equip</td>
</tr>
<tr>
<td></td>
<td>834</td>
<td>pertnl/home/100%</td>
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<td>pertnl/home/supervis</td>
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<td></td>
<td>839</td>
<td>pertnl/home/other</td>
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<tr>
<td></td>
<td>840</td>
<td>capd/op or home</td>
</tr>
<tr>
<td></td>
<td>841</td>
<td>capd/composite</td>
</tr>
<tr>
<td></td>
<td>842</td>
<td>capd/home/suppl (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>843</td>
<td>capd/home/equip (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>844</td>
<td>capd/home/100% (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>845</td>
<td>capd/home/supserv</td>
</tr>
<tr>
<td></td>
<td>849</td>
<td>capd/home/other (not used in MI per UB92 manual)</td>
</tr>
<tr>
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<td>850</td>
<td>ccpd/op or home</td>
</tr>
<tr>
<td></td>
<td>851</td>
<td>ccpd/composite</td>
</tr>
<tr>
<td></td>
<td>852</td>
<td>ccpd/home/suppl (not used in MI per UB92 manual)</td>
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</table>

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<table>
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<th>DESCRIPTOR</th>
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<tr>
<td></td>
<td>853</td>
<td>ccpd/home/equip (not used in MI per UB92 manual)</td>
</tr>
<tr>
<td></td>
<td>854</td>
<td>ccpd/home/100%</td>
</tr>
<tr>
<td></td>
<td>855</td>
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</tr>
<tr>
<td></td>
<td>859</td>
<td>ccpd/home/other</td>
</tr>
<tr>
<td></td>
<td>870</td>
<td>Home Dialysis Program/CAPD – Gen Classif</td>
</tr>
<tr>
<td></td>
<td>875</td>
<td>Home Dialysis Program/CAPD – Delivery Chgs</td>
</tr>
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<td></td>
<td>876</td>
<td>Home Dialysis Program/CAPD - Supplies</td>
</tr>
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<td>877</td>
<td>Home Dialysis Program/CAPD – Support Serv</td>
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<td></td>
<td>878</td>
<td>Home Dialysis Program/CAPD – Target Rate Program</td>
</tr>
<tr>
<td></td>
<td>880</td>
<td>dialy/misc</td>
</tr>
<tr>
<td></td>
<td>881</td>
<td>dialy/ultrafilt</td>
</tr>
<tr>
<td></td>
<td>882</td>
<td>homediaalysis aid visit</td>
</tr>
<tr>
<td></td>
<td>889</td>
<td>dialy/misc/other</td>
</tr>
</tbody>
</table>

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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**Asthma:**

**Eligible Population (Denominator)**
The eligible population for the Asthma measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population with persistent Asthma including age and continuous enrollment criteria. The current measurement set includes only measures calculated using administrative data. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

**HEDIS® Measures**
1. Use of Appropriate Medications for People with Asthma (5-9 years old, 10-17 years old, 18-56 years old and combined ages)

**Non-HEDIS Measures**
1. Periodic Assessment (5-56 years old)
2. Emergency Department Visits for members with Asthma and Being Treated for Primary Diagnosis of Asthma (based on HEDIS® with additional specifications)

**ASTHMA HEDIS® MEASURE SPECIFICATIONS**

1. **Use of Appropriate Medications for People with Asthma**
The methodology delineated in the most recent HEDIS® *Use of Appropriate Medications for People with Asthma* specifications should be used. Administrative data will be used and the denominator is the eligible population. Reporting is for the Commercial and Medicaid product lines.

**ASTHMA NON-HEDIS MEASURE 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.

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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/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® specifications for *Children's and Adult's Access to Preventive/Ambulatory Health Services* 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® *Use of Services – Ambulatory Care, Emergency Department* specifications.

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 - Number of ED visits with a principal diagnosis of asthma (use asthma diagnoses specified in current HEDIS® *Use of Appropriate Medications for People with Asthma*)

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Tobacco Control:

Eligible Population (Denominator)
The eligible population for the tobacco control measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population that are either current smokers or recent quitters including age and continuous enrollment criteria. The current measurement set includes only measures calculated using survey methodology. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

HEDIS® Measures
1. Advising Smokers to Quit
2. Discussing Smoking Cessation Medications
3. Discussing Smoking Cessation Strategies

Non-HEDIS Measures
1. Smoking Prevalence
2. Annual Quit rate

TOBACCO CONTROL HEDIS® MEASURE SPECIFICATIONS

CAHPS measure rates are calculated using data collected during the measurement year.

1. Advising Smokers to Quit
   The MQIC Tobacco Control guideline recommends offering advice to quit at each periodic health exam; more frequently at the discretion of the physician. This measure is calculated from the CAHPS® Adult Survey and indicates the percentage of members 18 years and older who were continuously enrolled during the measurement year, who were either current smokers or recent quitters, who were seen by a MCO practitioner during the measurement year and who received advice to quit smoking.

2. Discussing Smoking Cessation Medications
   The MQIC Tobacco Control guideline recommends assisting members who are ready to quit by offering nicotine replacement therapy and/or withdrawal medications. This measure is calculated from the CAHPS® Adult Survey and indicates the percentage of members 18 and older who were continuously
enrolled during the measurement year, who were either current smokers or recent quitters, who were seen by a MCO practitioner during the measurement year and whose practitioner recommended or discussed smoking cessation medications.

3. Discussing Smoking Cessation Strategies

The MQIC Tobacco Control guideline recommends assisting members who are ready to quit by establishing a quit date, providing self-help materials, and offering smoking cessation program referral. This measure is calculated from the CAHPS® Adult Survey and indicates the percentage of members 18 and older who were continuously enrolled during the measurement year, who were either current smokers or recent quitters, who were seen by a MCO practitioner during the measurement year and whose practitioner recommended or discussed smoking cessation methods or strategies (other than medication).

TOBACCO CONTROL NON-HEDIS MEASURE SPECIFICATIONS

1. Smoking Prevalence

Denominator – The number of members who responded to the survey.

Numerator – The number of members in the denominator who responded to the survey and indicated that they were either current smokers or recent quitters.

Member response choices must follow one of the two paths below to be included in the numerator:

Path 1:
Answered “Yes” to the question, “Have you ever smoked at least 100 cigarettes in your entire life?”
And
Answered “Every day” or “Some days” to the question, “Do you now smoke every day, some days or not at all?”

AND

Path 2:
Answered “Yes” to the question, “Have you ever smoked at least 100 cigarettes in your entire life?”
And
Answered “Not at all” to the question, “Do you now smoke every day, some days or not at all?”
And

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Answered “12 months or less” to the question, “How long has it been since you quit smoking cigarettes?”

2. Annual Quit Rate

**Denominator** – The number of members who responded “Yes” to the question, “Have you ever smoked at least 100 cigarettes in your entire life?” MINUS the number of members who responded “More than 12 months ago” to the question, “How long has it been since you quit smoking cigarettes?”

**Numerator** – The number of members who responded “12 months or less” to the question, “How long has it been since you quit smoking cigarettes?”
Major Depression:

Eligible Population (Denominator)
The eligible population for the Major Depression measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population with major depression including age and continuous enrollment criteria. The current measurement set includes only measures calculated using administrative data. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

HEDIS® Measures
1. Antidepressant Medication Management
   A. Optimal Practitioner Contacts for Medication Management
   B. Effective Acute Phase Treatment
   C. Effective Continuation Phase Treatment

MAJOR DEPRESSION HEDIS® MEASURE SPECIFICATIONS

Antidepressant Medication Management
The MQIC Major Depression guideline recommends treatment with antidepressant medication. The methodology delineated in the most recent HEDIS® Antidepressant Medication Management specifications should be used.
**Substance Use Disorders:**

**Eligible Population (Denominator)**
The eligible population for the Substance Use Disorders measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population with substance use disorders including age and continuous enrollment criteria. The current measurement set includes only measures calculated using administrative data. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

**HEDIS® Measures**
1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
   A. Initiation of AOD Dependence Treatment
   B. Engagement of AOD

**SUBSTANCE USE DISORDERS HEDIS® MEASURE SPECIFICATIONS**

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

Eligible Population (Denominator)
The eligible population for the Hyperlipidemia measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population with hyperlipidemia including age and continuous enrollment criteria. The current measurement set includes only measures calculated using administrative data. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

HEDIS® Measures
1. LDL-C Screening (HEDIS® Comprehensive Diabetes Care)
2. LDL-C Level < 130 mg/dL (HEDIS® Comprehensive Diabetes Care)
3. LDL-C Level < 100 mg/dL (HEDIS® Comprehensive Diabetes Care)
4. LDL-C Screening (HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions)
5. LDL-C Level < 130 mg/dL (HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions)
6. LDL-C Level < 100 mg/dL (HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions)

HYPERLIPIDEMIA HEDIS® MEASURE SPECIFICATIONS

1. LDL-C Screening
The methodology delineated in the most recent HEDIS® Comprehensive Diabetes Care specifications should be used.

2. LDL-C Level < 130 mg/dL
The methodology delineated in the most recent HEDIS® Comprehensive Diabetes Care specifications should be used.

3. LDL-C Level < 100 mg/dL
The methodology delineated in the most recent HEDIS® Comprehensive Diabetes Care specifications should be used.

4. LDL-C Screening
The methodology delineated in the most recent HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions specifications should be used.

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5. LDL-C Level < 130 mg/dL
The methodology delineated in the most recent HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions specifications should be used.

6. LDL-C Level < 100 mg/dL
The methodology delineated in the most recent HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions specifications should be used.
Essential Hypertension:

Eligible Population (Denominator)
The eligible population for the Essential Hypertension measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population with essential hypertension including age and continuous enrollment criteria. The current measurement set includes only measures calculated using administrative data. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

HEDIS® Measures
1. Controlling High Blood Pressure

Non-HEDIS Measures
1. Percent of Members with any Diagnosis of Hypertension (401)

ESSENTIAL HYPERTENSION HEDIS® MEASURE SPECIFICATIONS

1. Controlling High Blood Pressure
The methodology delineated in the most recent HEDIS® Controlling High Blood Pressure specifications should be used.

ESSENTIAL HYPERTENSION NON-HEDIS® MEASURE SPECIFICATIONS

1. Percent of Members With Any Diagnosis of Hypertension

**Denominator** – Refer to HEDIS® Table D3-2 “Member Years of Enrollment by Age and Sex” under Health Plan Descriptive Information. The denominator is the sum total of the age bands 45 - 49 through 80 – 84.

**Numerator** – Count of members with at least 1 outpatient encounter with an ICD-9 diagnosis code of 401 during the first 6 months of the measurement year. Outpatient encounters are defined as CPT codes = 99201 – 99205, 99211 – 99215 and 99241 – 99245 (eligible population from DST for the Controlling High Blood Pressure measure).

**Rate** – Estimated prevalence of members with a diagnosis of hypertension
Acute Pharyngitis:

Eligible Population (Denominator)
The eligible population for the percent members 2 – 18 years tested for Group A Strep (HEDIS® Appropriate Testing for Children with Pharyngitis) measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population with pharyngitis including age and continuous enrollment criteria. The current measurement set includes only measures calculated using administrative data. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

HEDIS® Measures
1. Appropriate Testing for Children With Pharyngitis (HEDIS® Appropriate Testing for Children With Pharyngitis)

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS HEDIS® MEASURE SPECIFICATIONS

1. Appropriate Testing for Children With Pharyngitis
The methodology delineated in the most recent HEDIS® Appropriate Testing for Children With Pharyngitis specifications should be used.
Adult Preventive Services (Ages 18 – 49):

Eligible Population (Denominator)
The eligible population for the Adult Preventive Services (Ages 18 – 49) measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population for Chlamydia screening in women and cervical cancer screening including age and continuous enrollment criteria. The current measurement set includes only measures calculated using administrative data. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

HEDIS® Measures
1. Chlamydia Screening in Women (HEDIS® Chlamydia Screening in Women)
2. Cervical Cancer Screening (HEDIS® Cervical Cancer Screening)

ADULT PREVENTIVE SERVICES (AGES 18 – 49) HEDIS® MEASURE SPECIFICATIONS

1. Chlamydia Screening in Women
The methodology delineated in the most recent HEDIS® Chlamydia Screening in Women specifications should be used.

2. Cervical Cancer Screening
The methodology delineated in the most recent HEDIS® Cervical Cancer Screening specifications should be used.
Adult Preventive Services (Ages 50 – 65+):

Eligible Population (Denominator)
The eligible population for the Adult Preventive Services (Ages 50 – 65+) measurement set is the same for all measures except where otherwise noted in the specifications. Organizations should follow HEDIS® specifications to establish the eligible population for colorectal cancer screening, cervical cancer screening and breast cancer screening including age and continuous enrollment criteria. The current measurement set includes only measures calculated using administrative data. For these measures, the denominator will be the full eligible population reported in the age groups defined by HEDIS® and then aggregated. Reporting should be done by relevant product line and organization type (e.g. - the commercial and Medicaid populations should be reported separately). MCOs should provide detailed numerator, denominator and rate information in the data submission format provided immediately following the specifications.

HEDIS® Measures
1. Colorectal Cancer Screening (HEDIS® Colorectal Cancer Screening)
2. Cervical Cancer Screening (HEDIS® Cervical Cancer Screening)
3. Breast Cancer Screening (HEDIS® Breast Cancer Screening)

ADULT PREVENTIVE SERVICES (AGES 50 – 65+) HEDIS® MEASURE SPECIFICATIONS

1. Colorectal Cancer Screening
   This measure is calculated from the CAHPS® Adult Survey
2. Cervical Cancer Screening
   The methodology delineated in the most recent HEDIS® Cervical Cancer Screening specifications should be used.

3. Breast Cancer Screening
   The methodology delineated in the most recent HEDIS® Breast Cancer Screening specifications should be used.

ADULT PREVENTIVE SERVICES (AGES 50 - 65+) NON-HEDIS® MEASURE SPECIFICATIONS

1. Pneumonia Vaccination Status for Older Adults (CAHPS®)
   This measure is calculated from the Medicare CAHPS® Survey and is used to determine the percentage of Medicare members 65 years of age and older who have ever received a pneumococcal vaccination. The methodology delineated in the most recent HEDIS® Pneumonia Vaccination Status for Older Adults specifications should be used.

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