

# FY 2009 GPRA QUARTERLY REPORTING INSTRUCTIONS

## **RPMS and Non-RPMS Users (Urban Programs)**

## TABLE OF CONTENTS

Statement of Purpose .....	3
Introduction.....	4
Measures Reported in FY 2009 .....	4
RPMS vs. Non-RPMS Facilities.....	5
GPRR Reporting Instructions for RPMS users .....	6
GPRR Reporting for Non-RPMS Users .....	11
Electronic Queries.....	12
Data Collection .....	12
Data Entry .....	12
Data Submission .....	12
Manual Chart Reviews.....	13
100% Chart Review for GPRR reporting.....	13
Data Collection .....	13
Data Entry .....	13
Data Submission .....	13
Population Sampling for GPRR Reporting.....	14
Data Collection .....	14
Data Entry .....	14
Data Submission .....	14
How to determine sample size:.....	15
Table 1: Sample Size Calculations .....	15
Quality Control Checks: .....	16
Table 2: GPRR Query Cheat Sheet .....	17
GPRR Performance Measures and Logic .....	18
FY09 Performance Measure Logic (CRS 8.0 Patch 3).....	19
Diabetes Prevalence .....	19
Diabetes: Glycemic Control.....	20
Diabetes: Blood Pressure Control.....	21
Diabetes: LDL Assessment.....	22
Diabetes: Nephropathy Assessment.....	23
Adult Immunizations: Influenza .....	24
Adult Immunizations: Pneumovax .....	25
Childhood Immunizations.....	26
Cancer Screening: Pap Smear Rates .....	32
Cancer Screening: Mammogram Rates .....	33
Colorectal Cancer Screening.....	34
Tobacco Cessation .....	36
Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention) .....	38
Intimate Partner (Domestic) Violence Screening .....	39
Depression Screening.....	40
Childhood Weight Control.....	41
HIV Screening ( <i>renamed from Prenatal HIV Testing</i> ).....	43
APPENDIX A.....	44
Manual Chart Review Sheet .....	A-1
2009 GPRR Report Template.....	A-2
List of Area GPRR Coordinators.....	A-3

## Statement of Purpose

Dear Program Administrator:

The purpose of this letter is to request your continued assistance in collecting Government Performance and Results Act (GPRA) data for Fiscal Year (FY) 2009. We thank you and your staff for your participation in the performance improvement process.

GPRA continues to be an important tool for monitoring and improving quality patient care in your facility. GPRA data can answer essential questions, such as, “How well are we doing on clinical care for our patients?” and “Are there ways that we could improve the overall health status of our patient population?”

As of FY 2009, urban programs are required to report GPRA data for the second, third, and fourth quarters. The process of quarterly reporting is very similar to annual reporting. Detailed instructions are included in this guide to assist you in the transition to more frequent reporting. The second quarter ends December 31<sup>st</sup>, 2008; the third quarter ends March 31<sup>st</sup>, 2009; and the fourth quarter ends June 30, 2009. Reports are due shortly after; exact reporting deadlines are included below.

Quarterly reporting will allow your program to track progress toward your annual goals. It will assist you by providing a way to review results, and if necessary, make changes within your program, before annual results are due. Through the reporting process, providers can identify those areas that need improvement, and monitor the results of performance improvement initiatives.

Once the reporting process is completed, your data should be forwarded to your Area GPRA Coordinator (Appendix A-3) who will then forward reports on to the National GPRA data repository at the California Area Office. We recommend that you print a summary report and all supporting documentation (queries including logic for each measure) for your records. This report will be useful in the event of an audit and will also assist your staff with future reporting requirements.

Your Area GPRA Coordinator can also assist you in obtaining summary reports and comparison data, and in identifying program strengths and deficiencies. Facilities are encouraged to review the summary report and recommendations in a team setting, establish priorities together, and develop an action plan with a timetable for re-evaluation.

## Introduction

Welcome to GPRA 2009! The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have a 5-year Strategic Plan in place and to submit Annual Performance Plans with specific GPRA performance measure targets that reflect Agency budget priorities. Every year, the Indian Health Service reports to Congress on how it measured up against the GPRA performance targets set in the Annual Performance Plan.

The Indian Health Service tracks and reports on GPRA clinical measures relating to diabetes care, cancer screening, immunizations, behavioral health screening, and other preventative health measures. Other GPRA measures include non-clinical measures relating to technology and data improvement, quality of care, and infrastructure. Please take the time to read carefully through the following information for a brief summary of this year's changes followed by general directions. More specific instructions for many of the steps appear in subsequent sections.

## ***Measures Reported in FY 2009***

In FY 2009 Urban programs will report on 20 measures, up from 17 reported in FY 2008. One of these new measures is Suicide Surveillance. This measure calculates the number of Suicide Reporting Forms (SRF) collected. The SRF is an application within RPMS. *Non-RPMS sites will be unable to report on this measure.* Also, please note that while all sites will still report the Childhood Weight Control measure, this measure is now a long-term measure for the Agency, and annual results will no longer be reported to Congress.

### Measures to be reported in FY 2009:

Diabetes Diagnosis Ever	Documented A1c
Poor Glycemic Control	Ideal Glycemic Control
Blood Pressure Control	LDL Assessed
Nephropathy Assessed	Adult Influenza Immunization
Adult Pneumococcal Immunization	Childhood Immunization
Cancer Screening: Pap Screening	Cancer Screening: Mammography
*Cancer Screening: Colorectal	Alcohol Screening: FAS Prevention
Domestic/Intimate Partner Violence Screening	Depression Screening
Tobacco Cessation	Childhood Weight Control
*Prenatal HIV Screening	*Suicide Surveillance

\* New Measures for FY 2009

## ***RPMS vs. Non-RPMS Facilities***

Facilities that are currently running RPMS can use the Clinical Reporting System (CRS) to report on any or all of over 200 clinical performance measures (including GPRA measures). An updated version of CRS software is usually released approximately once or twice a year to reflect changes and additions to clinical performance measure definitions. However, the next update for CRS software (version 9.0) has been delayed until June of 2009. As a result, sites running RPMS will need to use the current version of CRS, which has been “patched” to allow sites to run FY 2009 reports. RPMS sites should use **CRS Version 8.0, Patch 3** to run reports. If your facility is currently running RPMS please go to the section *GPRA reporting instructions for RPMS users* in this document for the appropriate reporting instructions. For additional information on CRS software installation and logic go to: <http://www.ihs.gov/cio/crs/index.asp>.

Facilities that do not run RPMS clinical software will have to submit GPRA data using the Excel template: *2009 GPRA reporting template* (Appendix A-2). For facilities that wish to run their audits through electronic queries, you must run simultaneous manual and e-audits and compare results before submitting data. The results from the manual and e-audit should be quite similar. If the results of one or more of the elements are significantly different, your facility will need to investigate the reason for the difference and resolve the problem (contact your Area GPRA Coordinator, the Urban Program staff, or the National GPRA Team if you need assistance). Once the differences are resolved, the two auditing methods should yield analogous results and the electronic query audits can provide validated results. If your facility is currently running a non-RPMS software package, please see the section *GPRA reporting instructions for Non-RPMS users* in this document for the appropriate reporting instructions.

Facilities that are not using an electronic record system and need to review charts manually should also refer to the section *GPRA reporting instructions for Non-RPMS users* in this document for the appropriate reporting instructions. Sites should try to audit 100% of patient records. If this is not possible, please refer to the section on population sampling starting on page 14, for instructions on how to perform a manual audit.

**PLEASE NOTE:** Some sites have submitted reports with a 100% audit on some measures and a sample audit on others. **For the purposes of GPRA reporting, please choose one auditing method and report all measures the same way- 100% or sample.** Unfortunately, it is difficult for the National GPRA team to perform quality checks on validate data submissions that have a mixed sampling method. Please also remember to indicate whether your data submission represents a 100% or sample audit on the Excel GPRA reporting template.

## GPRA Reporting Instructions for RPMS users

***Mark your calendar: 2009 GPRA reports are due on the following dates:***

- ***2<sup>nd</sup> Quarter Report: January 31, 2009***
- ***3<sup>rd</sup> Quarter Report: April 30, 2009***
- ***4<sup>th</sup> Quarter Report: August 15, 2009***

**These instructions provide specific information about the menu options you must choose in order to generate the correct reports.** *(Please note that you will not be able to generate the most current reportable data unless you have installed CRS Version 8.0, Patch 3. Previous CRS versions will run a GPRA report, but will provide outdated information for purposes of GPRA reporting).*

### **To run the National GPRA Report:**

NOTE: Effective with CRS 2008 Version 8.0, sites have been asked to export their data for both the National GPRA and the new Other National Measures (ONM) Report. This is because many measures that previously were included in the National GPRA Report are now included in the ONM Report. These measures are non-GPRA measures for which national data is desired for evaluation of program specific performance (e.g. Federally Administered Activities, Healthcare Facilities Construction, etc) as well as review for potential measure development and implementation. **However, the ONM report is only required at the end of the fourth quarter. Specific instructions for running the ONM report will be included in the end-of-year reporting instructions.**

These instructions provide specific information about the menu options you must choose in order to generate the correct report. As mentioned above, CRS has not yet released a new version for FY 2009, but rather has been “patched” to allow for FY 2009 reporting. Therefore, you will still select “CRS 2008” in the appropriate menus, and “GP9” to run GPRA 2009 reports (see instructions below). **However, please note that you will not be able to generate the correct 2009 reports unless you have installed CRS Version 8.0, Patch 3.**

FY 2009 GPRA Reporting Instructions  
 To run your National GPRA “quarterly” report:

1. At the IHS/RPMS Clinical Reporting System menu, select **CI08 (CRS 2008)**.

```

*****
**      IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)      **
*****
                          Version 8.0, Patch 3

                          DEMO INDIAN HOSPITAL

CI08  CRS 2008 ...
CI07  CRS 2007 ...
CI06  CRS 2006 ...
CI05  CRS 2005 ...
GP04  GPRA+ FY04 ...
GP03  GPRA+ FY03 ...
GP02  GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option:  CI08  CRS 2008
  
```

2. At the CRS 2008 menu, select **RPT** (Reports).

```

*****
**      IHS/RPMS CRS 2008      **
**      Clinical Reporting System      **
*****
                          Version 8.0, Patch 3

                          DEMO INDIAN HOSPITAL

RPT   Reports ...
SET   System Setup ...
AO    Area Options ...

Select CRS 2008 Option:  RPT  Reports
  
```

3. At the Reports menu, select **NTL** (National GPRA Reports).

```

*****
**      IHS/RPMS CRS 2008      **
**      Reports Menu      **
*****
                          Version 8.0, Patch 3

                          DEMO INDIAN HOSPITAL

NTL   National GPRA Reports ...
LOC   Reports for Local Use: IHS Clinical Measures ...
OTH   Other National Reports ...
TAX   Taxonomy Reports ...

Select Reports Option:  NTL  National GPRA Reports
  
```

## FY 2009 GPRA Reporting Instructions

- At the National GPRA Reports menu, select **GP9** (2009 National GPRA Report).

```
*****
**      IHS/RPMS CRS 2008      **
**      National GPRA Reports  **
*****
                          Version 8.0, Patch 3

                          DEMO INDIAN HOSPITAL

GP9   2009 National GPRA Report
GP    National GPRA Report
LST   National GPRA Report Patient List
NST   Create Search Template for National Patient List
FOR9  2009 GPRA Measure Forecast Patient List
FOR   GPRA Measure Forecast Patient List
FORD  GPRA Measure Forecast Denominator Definitions
CMP   Comprehensive National GPRA Patient List

Select National GPRA Reports Option:  GP9  2009 National GPRA Report
```

- At the next screen, information about the report is displayed. Press **ENTER** to continue and taxonomies are checked. If the message "The following taxonomies are missing or have no entries" is displayed, you can exit by typing a (^) at any prompt until you return to the main menu and then follow the directions for taxonomy setup in the CRS User Manual. If the message "All taxonomies are present" appears, press **ENTER**.

```
                          IHS 2009 National GPRA Report

This will produce a National GPRA report for the 2009 GPRA year.
You will be asked to provide the community taxonomy to determine which patients
will be included.  This report will be run for the Report Period July 1, 2008
through June 30, 2009 with a Baseline Year of July 1, 1999 through
June 30, 2000.  This report will include beneficiary population of
American Indian/Alaska Native only.

You can choose to export this data to the Area office.  If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Press enter to continue:  ENTER
Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:  ENTER
```

- Type the name of your community taxonomy or press Enter to accept the default taxonomy if it is the taxonomy used for GPRA reporting purposes. (If you don't know the community taxonomy, type two question marks (??) to see the entire list; for GPRA reporting purposes, the community should be the same as the site CHSDA, except in Oklahoma.)
- Type **Y** at the "Do you wish to export this data to Area?" prompt.

## FY 2009 GPRA Reporting Instructions

8. Type **N** at the "Do you wish to create a HEIGHT/WEIGHT Output file?" prompt unless you want to create the local file for your facility's use. (NOTE: If you choose to create the file, you will then choose whether to store the data in one or multiple files. If you want to review the data in Microsoft Excel, choose the multiple files option. This option will ensure no records are truncated in the event there are more than 65,536 records, and it will create additional file(s) for the remaining data.)

Specify the community taxonomy to determine which patients will be included in the report. You should have created this taxonomy using QMAN.

Enter the Name of the Community Taxonomy: **GPRA Community**  
Do you wish to export this data to Area? **YES**

Height and Weight data is contained in this report. Do you wish to create a file of all the heights and weights in this file? You can use this file to upload to another system like SAS or Microsoft ACCESS.

WARNING: This file can be very large as it contains 1 record for each height and weight taken on the patients in the active clinical population. This file may be too large for EXCEL. If you don't plan on using this data for a study some kind, please answer NO to the next question.

Do you wish to create a HEIGHT/WEIGHT Output file? N// **NO**

9. 12 At the next prompt, you can select either **D** or **B**, depending on your Area preference. For an explanation of the output options, see page 84 of the CRS Version 8.0 User Manual.

### SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:

Report Period:	Jul 01, 2008 to Jun 30, 2009
Previous Year Period:	Jul 01, 2007 to Jun 30, 2008
Baseline Period:	Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Please choose an output type. For an explanation of the delimited file please see the user manual.

Select one of the following:

P	Print Report on Printer or Screen
D	Create Delimited output file (for use in Excel)
B	Both a Printed Report and Delimited File

## FY 2009 GPRA Reporting Instructions

10. Select output type: S// **FILE** - delimited output will be written to a file in pub. Take the steps you normally use to finish running the report.

You have selected to create a delimited output file. You can have this output file created as a text file in the pub directory, OR you can have the delimited output display on your screen so that you can do a file capture. Keep in mind that if you choose to do a screen capture you CANNOT Queue your report to run in the background!!

Select one of the following:

- S SCREEN - delimited output will display on screen for capture
- F FILE - delimited output will be written to a file in pub

Select output type: S// F FILE - delimited output will be written to a file in pub. Enter a filename for the delimited output (no more than 40 characters):  
[DemoHospGPRA013109](#)

When the report is finished your delimited output will be found in the D:\PUB directory. The file name will be DemoHospGPRA013109.txt

**NOTE:** When you select Y at Export, the CRS software will automatically create a file that begins with "BG08" and has a filename extension with a number but no letter in the PUB directory (example: BG08505901.12). This file is different from any local files you may create, such as a delimited file. You will need to transmit this file to your Area Office for inclusion in the Area Aggregate report. (Make sure you double check the date of the file and select the most current file before sending)

If you chose to create the height/weight file, it will automatically create a file that begins with "HW" in the PUB directory. Do not export this file to the Area Office.

## GPRA Reporting for Non-RPMS Users

Sites that do not run RPMS must submit their results using the Excel Template **2009 GPRA reporting template** (Appendix A-2). Sites may perform an electronic audit or manual audit. Sites should use the *GPRA Query Cheat Sheet* for guidance on the logic to be used for each GPRA measure, and can also refer to the CRS logic for each measure, which appears in this document starting on page 19. ***Please note that the GPRA Query Cheat Sheet contains the correct denominators for each GPRA measure.*** The CRS logic has more detailed information regarding measure numerators and denominators. This logic is from the CRS version 8.0, Patch 2 manual, which is also posted online. However, CRS also calculates other measure information beyond what is required for GPRA, and as a result, some denominators are worded differently. When referencing the CRS manual logic, be sure to select the denominator that is specifically identified as GPRA.

Non-RPMS programs should note the following:

1. The Diabetes Diagnosed measure numerator includes patients with Diabetes Diagnosed Ever, *not just within the past year*.
2. The Adult Immunizations: Influenza measure denominator is all active clinical patients age 65+, not just patients "ages 65 and older".
3. The Colorectal Cancer Screening measure denominator does not need to be broken out by gender.
4. The BMI/Childhood Weight Control measure denominator is all active clinical patients age 2-5; no further age breakouts are necessary.
5. The Tobacco Cessation measure denominator is all active clinical patients identified as tobacco users; it does not need to be broken out by gender and/or age.
6. The Childhood Immunization denominator for non-RPMS sites is active clinical patients ages 19-35 months. The GPRA denominator for RPMS sites is different because RPMS sites run an immunization package.
7. The Depression Screening measure denominator is all active clinical patients ages 18+ and does not need to be broken out by gender.

## **Electronic Review**

**Mark your calendar: the 2009 GPRA reports are due on the following dates:**

- **2<sup>nd</sup> Quarter Report: January 31, 2009**
- **3<sup>rd</sup> Quarter Report: April 30, 2009**
- **4<sup>th</sup> Quarter Report: August 15, 2009**

## **Data Collection**

1. Run a list of patients in your **GPRA user population** (see definition provided on page 188 of this document) to determine which patients should be included in the review process.
2. Once you have identified your GPRA user population files, categorize those patients by GPRA denominator group for each specific measure or group of measures (see *GPRA Query Cheat Sheet* Table 1, column B, on page 17 of this document).
3. Once you have identified all of the active patients in each measure denominator, query to find the records of those patients that fit the criteria described by the numerator logic of that measure.
4. Continue this process until you have queried all appropriate patients for each measure.

*All electronic queries and subsequent data should be saved so that the information submitted can be validated in the event of an audit review.*

## **Data Entry**

1. For manual tabulation of data please use the *GPRA Query Cheat Sheet* (Table 1- on page 17 of this document). This method requires that data be transferred to the 2009 GPRA reporting template (Appendix A-2) before it can be submitted to your Area GPRA coordinator (Appendix A-3) for review and forwarding to the National GPRA Support Team.

## **Data Submission**

1. Once you have entered your data into the 2009 GPRA reporting template, save the file as: FacilityName2009.xls
2. Open e-mail and send file as an attachment to your Area GPRA coordinator with subject title (FacilityName 2009 GPRA Report).

## **Manual Chart Reviews**

In an effort to maintain consistent standards for all Urban programs, facilities that perform manual chart reviews are strongly encouraged to audit 100% of their patient population. However, in the event that your facility is unable to audit all charts, follow the guidance in the next section relating to population samples. All facilities performing a manual chart review (whether 100% or sample) should use the **Manual Chart Review Sheet** (Appendix A-1)

**Mark your calendar: 2009 GPRA reports are due on the following dates:**

- **2<sup>nd</sup> Quarter Report: January 31, 2009**
- **3<sup>rd</sup> Quarter Report: April 30, 2009**
- **4<sup>th</sup> Quarter Report: August 15, 2009**

## **100% Chart Review for GPRA reporting**

### **Data Collection**

1. Compile a list of patients in your **GPRA user population** (see definition provided on page 18 of this document) to determine which patients should be included in the review process.
2. Once you have tracked down the records of all user population patients, sort the records by GPRA denominator group (e.g. all active diabetic patients).
3. Once the records are separated, review each chart for the appropriate numerator logic using the **Manual Chart Review Sheet** (Appendix A-1).
4. After completion of the first group, continue the process for subsequent groups (active clinical patients 65+, female active clinical patients 15-44, active clinical patients 18+, etc.) until you have reviewed all charts for each measure.

### **Data Entry**

1. From each **Manual Chart Review Sheet**, tabulate the total number of patients in the numerator and denominator of each group and enter the totals onto the **GPRA Query Cheat Sheet** (Table 1).
2. Once the data collection process is complete transfer the data to the Excel Template **2009 GPRA reporting template** (Appendix A-2).

### **Data Submission**

3. Once you have entered your data into the 2009 GPRA reporting template, save the file as: FacilityName2009.xls and send file as an attachment to your Area GPRA coordinator (Appendix A-3) with subject title (FacilityName 2009 GPRA Report).

## **Population Sampling for GPRA Reporting**

### **Data Collection**

1. **Determine your sample size.** See: *How to Determine Sample Size* (page 15).
2. **Randomly select charts for review**

A systematic random sampling technique will provide the best representative sample for audit. A random sample is done in the following way: if you have a measure with 1000 patients in the denominator, you'll need to sample at least 278 records (see "How to Determine Sample Size" on page 15). Divide 1000 by 278, which yields the number 3.59 (rounded up to 4). This means that you must select one chart out of every four to review.

However, don't automatically start with the first person. Use any method of random chance to determine which one of the first 4 people on the list should be selected. Use your imagination! Number 4 pieces of paper with 1 through 4 and have someone draw one, or simply ask someone to pick a number between 1 and 4. Then use that number to select your first name for chart audit.

Proceed through the entire list, selecting every 4th person on the list until you have sampled 278 records. Please note that it is important to track down the charts which are missing from Medical Records as these are likely to belong to patients who have been seen recently.

3. Once you have tracked down all of the records for that GPRA measure or group of measures, **review each chart** for the appropriate numerator logic (e.g. documented A1c, etc). Use the *Manual Chart Review Sheet* (Appendix A-1)
4. After completion of the first group, **continue the random sampling process** for subsequent groups (active clinical patients 65+, female active clinical patients 15-44, active clinical patients 18+, etc.) until you have reviewed all charts for each measure.

### **Data Entry**

4. From each *Manual Chart Review Sheet*, **tabulate the total** number of patients in the numerator and denominator of each group and transfer the data onto the *GPRA Query Cheat Sheet* (Table 1).
5. Once the data collection process is complete, transfer the data to the Excel Template *2009 GPRA reporting template* (Appendix A-2) provided.

### **Data Submission**

6. Once you have entered your data into the *2009 GPRA reporting template*, save the file as: FacilityName2009.xls and send file as an attachment to your Area GPRA coordinator (Appendix A-3) with subject title (FacilityName 2009 GPRA Report)

*\*Note: All manual review sheets and subsequent data should be saved so that the information submitted can be validated in the event of an audit review.*

**How to determine sample size:**

The number of charts you will need to select depends on the number of active patients for **each** specific GPRA measure. Some measures can be grouped together, such as: Diabetes Group [Documented A1c, Poor Glycemic Control, Ideal Glycemic Control, Controlled BP, LDL Assessed, and Nephropathy Assessed] and Elder care Group (65+) [Influenza and Pneumovax]. All other measures require that you determine sample sizes separately based on the denominator definition.

Table 2 outlines the minimum number of charts you will need to audit to be reasonably sure (95% Confident) that a 5% difference noted from previous or subsequent audits is a real change and not just due to chance. Please review the following example; [*DV/IPV screening measure*] – If your facility has 200 Active female patients between the ages of 15-40, than you will need to randomly select 132 of those charts and review/document if they have received the appropriate screening within the report period (see GPRA Performance Measure Logic, below, for exact measure definition).

**Table 1: Sample Size Calculations**

Population (specific to measure)	95% Confidence Level (5% CI) Sample size	Population (specific to measure)	95% Confidence Level (5% CI) Sample size
<30	All	320	175
30	28	340	180
40	36	360	186
50	44	380	191
60	52	400	196
70	59	420	201
80	66	440	205
90	73	460	209
100	79	480	213
110	86	500	217
120	91	525	222
130	97	550	226
140	103	575	230
150	108	600	234
160	113	650	241
170	118	700	248
180	123	750	254
190	127	800	260
200	132	900	269
220	140	1000	278
240	148	2000	322
260	155	3000	341
280	162	4000	350
300	168	5000	357

## **Quality Control Checks:**

The National GPRA support team is working to improve the quality of data submitted by urban programs. Your facility can assist this process by performing the following quality checks on your data prior to submission.

### *Check:*

1. Is your Diabetes Diagnosed Ever numerator equal to the Diabetes Measure Denominators? The answer should be no.

If these two numbers are the same, there has probably been an error. Not all patients with diabetes diagnosed ever will be eligible for your diabetes measure denominators (for Glycemic Control, Nephropathy, etc.) Only patients who meet the criteria of an active diabetic patient should be in these measures. This is a common error. Generally, there should be fewer patients in the diabetes measure denominators than in the diabetes diagnosed ever numerator.

2. Is your denominator for Depression Screening larger than your denominator for Pap Screening? The answer should be yes.

Pap screening includes women ages 18-65; the depression screening measure includes all patients over the age of 18. If the pap screening denominator is higher, there has been an error.

3. Are there more patients in the Alcohol Screening/FAS measure than the Domestic Violence measure? The answer should be yes.

Domestic Violence Screening should include all female patients age 15-40, and the Alcohol/FAS measure should include all female patients age 15-44. However, the difference should not be large, as the age range only differs by four years.

4. Are there more patients in the Childhood immunization measure than the Childhood Weight Control measure? The answer should be no (with extremely rare exceptions).

Childhood weight control includes all children ages 2-5 years; while Childhood immunization includes only patients ages 19-35 months. The only exception would be if your program had recently performed an outreach program targeting infants and toddlers for immunizations, drastically increasing the number of eligible patients in this age range.

5. Are there any measures with no patients in the denominator? The answer should be no.

Almost all sites will have patients eligible for every measure. Some sites have reported 0 patients for the prenatal HIV measure because they do not provide prenatal care. However, all patients who meet the criteria for this measure (pregnant within the last 20 months) should be in the denominator regardless of whether they received an HIV test at your facility.

**Table 2: GPRA Query Cheat Sheet**

FACILITY NAME/ASUFAC: \_\_\_\_\_ SAMPLING METHOD (circle the appropriate method): 100% RANDOM SAMPLING

	<b>A. GPRA Measure</b>	<b>B. Denominator (logic cross reference)</b>	<b>C. # Patients in Numerator</b>	<b>D. # Patients in Denominator</b>
1	Diabetes Dx Ever	GPRA User Population		
2	Documented HbA1c	Active Diabetic Patients		
3	Poor Glycemic Control	Active Diabetic Patients		
4	Ideal Glycemic Control	Active Diabetic Patients		
5	Controlled BP <130/80	Active Diabetic Patients		
6	LDL Assessed	Active Diabetic Patients		
7	Nephropathy Assessed	Active Diabetic Patients		
8	Influenza 65+	Active Clinical Patients ages 65 or older		
9	Pneumovax 65+	Active Clinical Patients ages 65 or older		
10	Pap Smear Rates	Female Active Clinical Patients ages 21-64 w/out documented history of Hysterectomy		
11	Mammogram Rates	Female Active Clinical Patients ages 52-64 w/out doc hx of bilateral mastectomy or 2 separate unilateral mastectomies		
12	FAS Prevention	Female Active Clinical Patients ages 15-44		
13	Colorectal Cancer Screening	Active Clinical Patients ages 51-80 without doc hx of colorectal cancer or colectomy		
14	DV/IPV Screening	Female Active Clinical Patients ages 15-40		
15	BMI (Childhood Weight Control)	Active Clinical Patients ages 2-5 for whom BMI could be calculated		
16	Tobacco Cessation	Active Clinical Patients identified as current tobacco users		
17	Childhood Immunization	Active Clinical Patients ages 19-35 months		
18	Depression Screening	Active Clinical Patients 18+		
19	Prenatal HIV Screening	All Pregnant Active Clinical Patients w/no doc miscarriage or abortion in past 20 months and no recorded HIV diagnosis ever		

## GPRA Performance Measures and Logic

### GPRA DENOMINATOR DEFINITIONS

**Report Period: July 1, 2008 – June 30, 2009**

Unless noted otherwise in the measure definition, patient age is calculated as of the beginning of the Report Period.

- **Active Clinical Population for National GPRA Reporting (for Urban Programs Providing Direct Services)**
  - Must have two visits to medical clinics in the past three years.  
At least one visit must be to one of the following core medical clinics:

01	General	06	Diabetic
10	GYN	12	Immunization
13	Internal Medicine	20	Pediatrics
24	Well Child	28	Family Practice
57	EPSDT	70	Women's Health
80	Urgent Care	89	Evening

The second visit can be to either a core clinic or one of the following:

02	Cardiac	32	Postpartum
03	Chest and TB	37	Neurology
05	Dermatology	38	Rheumatology
07	ENT	49	Nephrology
08	Family Planning	50	Chronic Disease
16	Obstetrics	69	Endocrinology
19	Orthopedic	75	Urology
23	Surgical	81	Men's Health Screening
25	Other	85	Teen Clinic
26	High Risk	88	Sports Medicine
27	General Preventive	B8	Gastroenterology - Hepatology
31	Hypertension	B9	Oncology - Hematology

- Must be alive on the last day of the Report Period.
  - Must be American Indian/Alaska Native (AI/AN).
  - Must reside in a community assigned to the program.
- **Active Clinical Population for National GPRA Reporting (for referral programs only)**
    - Must have two referral visits in the 3 years prior to the end of the Report Period
    - Must be alive on the last day of the Report period.
    - Must be American Indian/Alaska Native (AI/AN).
    - Must reside in a community assigned to the program.
- **GPRA User Population (This definition is only used for the Diabetes Ever measure)**
    - Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
    - Must be alive on the last day of the Report Period.
    - Must be American Indian/Alaska Native (AI/AN)
    - Must reside in a community assigned to the program.

## **FY09 Performance Measure Logic (CRS 8.0 Patch 3)**

### **Diabetes Prevalence**

**No changes from Version 8.0 Patch 1**

#### **Owner/Contact**

Diabetes Program/Dr. Marie Russell

#### **National Reporting**

NATIONAL (included in National GPRA Report; **NOT** reported to OMB and Congress)

#### **Denominator**

User Population patients

#### **Numerator**

- 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever.
- 2) Anyone diagnosed with diabetes during the Report Period.

#### **Definition**

- 1) **Diabetes:** At least one diagnosis 250.00-250.93 recorded in the V POV file.

#### **Patient List**

Diabetic patients with most recent diagnosis.

## Diabetes: Glycemic Control

*Changes from Version 8.0 Patch 1, as noted*

### Owner/Contact

Diabetes Program/Dr. Marie Russell

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.

### Numerators

- 1) Hemoglobin A1c documented during the Report Period.
- 2) **GPRA:** Poor control: A1c greater than (>) 9.5.
- 3) **GPRA:** Ideal control: A1c less than (<) 7.

### Definition

- 1) **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 any of the following: CPT 83036, 83037, 3044F-3047F (*added 3044F-3045F*); LOINC taxonomy or site-populated taxonomy DM AUDIT HGB A1C TAX.  
*CPT 3044F represents A1c < 7 and will be included in the Ideal Control numerator.*

### GPRA 2009 Description:

**Poor Glycemic Control: TBD**

**Ideal Glycemic Control: TBD**

### Patient List Options

List of diabetic patients with a documented Alc.

List of diabetic patients without a documented Alc.

List of diabetic patients with poor glycemic control (Alc greater than (>) 9.5).

List of diabetic patients with ideal glycemic control (Alc less than (<) 7).

## Diabetes: Blood Pressure Control

*Changes from Version 8.0 Patch 1, as noted*

### Owner/Contact

Diabetes Program/Dr. Marie Russell

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. Key denominator for this and all diabetes-related topics below.

### Numerators

**GPRA:** Controlled BP, < 130/80.

### Definitions

- 1) **BP Documented:** CRS uses mean of last three Blood Pressures 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. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

If CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F (*added codes 3074F-3076F, 3078F-3079F*) *documented on a non-ER visit* during the Report Period.

- 2) **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.

*If CRS is not able to calculate a mean BP, it will search for the most recent of any of the following CPT codes documented on non-ER visits during the Report Period: 3074F, 3075F, 3077F, 3078F, 3079F, and 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 numerator: CPT 3074F AND 3078F. All other combinations will NOT be included in the Controlled BP numerator. (Previously, CPT codes 3077F and 3080F were included in BP Documented and Not Controlled BP numerators only. Added logic for new CPT codes 3074F-3079F and the numerators in which they are included.)*

**Note:** CPT codes are not included since they do not store the result, which is used in this topic.

GPRA 2009 Description: **TBD**

### Patient List Options

List of diabetic patients who had 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.

## Diabetes: LDL Assessment

No changes from Version 8.0 Patch 1

### Owner/Contact

Diabetes Program/Dr. Marie Russell

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. Key denominator for this and all diabetes-related topics below.

### Numerators

- 1) **GPRA:** Patients with LDL completed during the Report Period, regardless of result.
- 2) LDL <= 100

### Definitions

- 1) **LDL:** 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 <130, CPT 3048F and 3049F will count as meeting the measure. For numerator LDL =<100, CPT 3048F will count as meeting the measure.

**Note:** CPT codes are not included since they do not store the result, which is used in this topic.

GPRA 2009 Description: **TBD**

### Patient List Options

List of diabetic patients with LDL completed, regardless of result.

List of diabetic patients without LDL completed.

## Diabetes: Nephropathy Assessment

No changes from Version 8.0 Patch 1

### Owner/Contact

Diabetes Program/Dr. Marie Russell

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. Key denominator for this and all diabetes-related topics below.

### Numerator

**GPRA:** Patients with nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

### Definitions

- 1) **Estimated GFR:** Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy.
- 2) **Quantitative Urine Protein Assessment:** CPT 82042, 82043, or 84156; LOINC taxonomy; or site-populated taxonomy BGP QUANT URINE PROTEIN.  
**Note:** Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values.
- 3) **End Stage Renal Disease:**
  - A) ANY diagnosis ever of 585.5, 585.6, V42.0, V45.1, or V56\*,
  - B) ANY CPT in the range of 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339, or
  - C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6\*.
- 4) **Creatinine (for Active Adult Diabetic denominator):** LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX  
**Note:** CPT codes are not included since they do not store the result, which is used in this topic.

GPRA 2009 Description: **TBD**

### Patient List Options

List of diabetic patients with nephropathy assessment.

List of diabetic patients without nephropathy assessment.

## Adult Immunizations: Influenza

*Changes from Version 8.0 Patch 1, as noted*

### Owner/Contact

Epidemiology Program/Amy Groom, MPH

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

- 1) **GPRA:** Ages 65 and older.

### Numerators

- 1) **GPRA:** Patients with influenza vaccine or refusal documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.
  - A) Patients with documented refusal.
  - B) Patients with a contraindication or a documented NMI (not medically indicated) refusal.

### Definitions

- 1) **Influenza Vaccine:** Any of the following during the Report Period:
  - A) Immunization/CVX codes 15, 16, 88, or 111;
  - B) POV V04.8 (old code), V04.81, V06.6;
  - C) CPT 90655-90662 (**added 90661-90662**), 90724 (old code), G0008, G8108;
  - D) ICD Procedure 99.52.
- 2) **Contraindication to Influenza Vaccine:** Any of the following documented at any time before the end of the Report Period:
  - A) Contraindication in the Immunization Package of “Egg Allergy” or “Anaphylaxis,” or
  - B) PCC NMI Refusal.
- 3) **Refusal of Influenza Vaccine:**
  - A) Refusal of immunization/CVX codes 15, 16, 88, or 111 as documented in PCC Refusal File (i.e. REF), or
  - B) in the Immunization Package as contraindication of “Patient Refusal.”

GPRA 2009 Description: **TBD**

### Patient List Options

List of patients  $\geq$  65 years who received or refused an Influenza immunization.

List of patients  $\geq$  65 years who did not receive or refuse an Influenza immunization.

## **Adult Immunizations: Pneumovax**

**No changes from Version 8.0 Patch 1**

### **Owner/Contact**

Epidemiology Program/Amy Groom, MPH

### **National Reporting**

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### **Denominator**

- 1) **GPRA:** Active Clinical patients ages 65 or older.

### **Numerators**

- 1) **GPRA:** Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period or with a refusal in the past year.
  - A) Documented patient refusals (REF) or not medically indicated (NMI).
  - B) Contraindication or a documented NMI (not medically indicated) refusal.

### **Definitions**

- 1) **Pneumovax Vaccine:**
  - A) Immunization/CVX codes 33, 100, 109;
  - B) POV V06.6, V03.82;
  - C) ICD Procedure 99.55;
  - D) CPT 90732, 90669, G0009, G8115.
- 2) **Contraindication to Pneumovax Vaccine:**
  - A) Contraindication in the Immunization Package of “Anaphylaxis,” or
  - B) PCC NMI Refusal.
- 3) **Refusal of Pneumovax Vaccine:**
  - A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e., REF) or
  - B) Immunization Package contraindication of “Patient Refusal.”

GPRA 2009 Description: **TBD**

### **Patient List Options**

List of patients =>65 years with pneumovax immunization, contraindication, or refusal.

List of patients =>65 years without pneumovax immunization, contraindication, or refusal.

## Childhood Immunizations

*Changes from Version 8.0 Patch 1, as noted below and added text to clarify logic for contraindications*

### Owner/Contact

Epidemiology Program/Amy Groom, MPH

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominators

- 1) Active Clinical patients ages 19-35 months at end of Report Period.
- 2) **GPRA:** User Population patients active in the Immunization Package who are 19-35 months at end of Report period.  
**Note:** Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.

### Numerators

- 1) **GPRA:** Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.
- 2) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal.
- 3) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal.
- 4) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal.
- 5) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal.
- 6) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal.

### Definitions

- 1) **Patient Age:** Since the age of the patient is calculated at the beginning of the Report Period, the age range will be adjusted to 7-23 months at the beginning of the Report Period, which makes the patient between the ages of 19-35 months at the end of the Report Period.
- 2) **Timing of Doses:** Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.
- 3) **Active Immunization Package Patients Denominator:** Same as User Population definition EXCEPT includes only patients flagged as active in the Immunization Package.  
**Note:** Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

- 4) **Dosage and Types of Immunizations:**
  - A) **4 Doses of DTaP:**
    - 1) 4 DTaP/DTP/Tdap;
    - 2) 1 DTaP/DTP/Tdap and 3 DT/Td;
    - 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus;
    - 4) 4 DT and 4 Pertussis;
    - 5) 4 Td and 4 Pertussis; or
    - 6) 4 each of Diphtheria, Tetanus, and Pertussis.
  - B) **3 Doses of Polio:**
    - 1) 3 OPV;
    - 2) 3 IPV; or
    - 3) combination of OPV & IPV totaling 3 doses.
  - C) **1 Dose of MMR:**
    - 1) MMR;
    - 2) 1 M/R and 1 Mumps;
    - 3) 1 R/M and 1 Measles; or
    - 4) 1 each of Measles, Mumps, and Rubella.
  - D) 3 doses of Hep B OR 2 doses IF documented with CPT 90743.
  - E) 3 doses of HIB
- 5) **Refusal, Contraindication, and Evidence of Disease Information:** Except for the Immunization Program Numerators, refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.
  - A) Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.
  - B) For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.
  - C) 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.
  - D) Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.).
  - E) To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.
  - F) To be counted in sub-numerator B, 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 included in sub-numerator B.
- 6) **Refusal Definitions:** Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: **DTaP:** 20, 50, 106, 107, 110, 120; **DTP:** 1, 22, 102; **Tdap:** 115; **DT:** 28; **Td:** 9, 113; **Tetanus:** 35, 112; **Pertussis:** 11; **OPV:** 2, 89; **IPV:** 10, 89, 110, 120; **MMR:** 3, 94; **M/R:** 4; **R/M:** 38; **Measles:** 5; **Mumps:** 7; **Rubella:** 6; **HiB:** 17, 22, 46-49; 50, 51, 102, 120; **Hepatitis B:** 8, 42-45, 51, 102, 104, 110; **Varicella:** 21, 94; **Pneumococcal:** 33, 100, 109.

7) **Immunization Definitions:**

**Note:** In the definitions for all immunizations shown below, the Immunization Program Numerators will include only CVX and CPT codes.

A) **DTaP:**

- 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120;
- 2) POV V06.1;
- 3) CPT: **90696**, 90698, 90700, 90721, 90723.

DTaP contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

B) **DTP:**

- 1) Immunization (CVX) codes: 1, 22, 102;
- 2) POV: V06.1, V06.2, V06.3;
- 3) CPT: 90701, 90711 (old code), 90720;
- 4) Procedure 99.39.

DTP contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

C) **Tdap:**

- 1) Immunization (CVX) code: 115;
- 2) CPT 90715.

Tdap contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

D) **DT:**

- 1) Immunization (CVX) code 28;
- 2) POV V06.5; 3) CPT 90702.

DT contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

E) **Td:**

- 1) Immunization (CVX) code 9, 113;
- 2) POV V06.5; 3) CPT 90714, 90718.

Td contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

F) **Diphtheria:**

- 1) POV V03.5;
- 2) CPT 90719;
- 3) Procedure 99.36.

Diphtheria evidence of disease definitions: POV or PCC Problem List (active or inactive) V02.4, 032\*.

Diphtheria contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

**G) Tetanus:**

- 1) Immunization (CVX) codes: 35, 112;
- 2) POV V03.7,
- 3) CPT 90703;
- 4) Procedure 99.38.

Tetanus evidence of disease definition: POV or PCC Problem List (active or inactive) 037\*.

Tetanus contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

**H) Pertussis:**

- 1) Immunization (CVX) code 11;
- 2) POV V03.6;
- 3) Procedure 99.37.

Pertussis evidence of disease definition: POV or PCC Problem List (active or inactive) 033\*.

Pertussis contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

**I) OPV:**

- 1) Immunization (CVX) codes:  
2, 89; 2) CPT 90712.

OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of “Anaphylaxis.”

**J) IPV:**

- 1) Immunization (CVX) codes: 10, 89, 110, 120;
- 2) POV V04.0, V06.3;
- 3) CPT: 90696, 90698, 90711 (old code), 90713, 90723;
- 4) Procedure 99.41.

IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): V12.02, 045\*, 138, 730.70-730.79.

IPV contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis” or “Neomycin Allergy.”

**K) MMR:**

- 1) Immunization (CVX) codes: 3, 94;
- 2) POV V06.4;
- 3) CPT: 90707, 90710;
- 4) Procedure 99.48.

MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of “Anaphylaxis,” “Immune Deficiency,” “Immune Deficient,” or “Neomycin Allergy.”

**L) M/R:**

- 1) Immunization (CVX) code 4;
- 2) CPT 90708.

M/R contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

## FY 2009 GPRA Reporting Instructions

### M) **R/M:**

- 1) Immunization (CVX) code 38;
- 2) CPT 90709 (old code).

R/M contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

### N) **Measles:**

- 1) Immunization (CVX) code 5;
- 2) POV V04.2;
- 3) CPT 90705;
- 4) Procedure 99.45.

Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055\*.

Measles contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

### O) **Mumps:**

- 1) Immunization (CVX) code 7;
- 2) POV V04.6;
- 3) CPT 90704;
- 4) Procedure 99.46.

Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072\*.

Mumps contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

### P) **Rubella:**

- 1) Immunization (CVX) code 6;
- 2) POV V04.3;
- 3) CPT 90706;
- 4) Procedure 99.47.

Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056\*, 771.0.

Rubella contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

### Q) **HiB:**

- 1) Immunization (CVX) codes: 17, 22, 46-49, 50, 51, 102, 120;
- 2) POV V03.81;
- 3) CPT: 90645-90648, 90698, 90720-90721, 90748.

HiB evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2.

HiB contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

## FY 2009 GPRA Reporting Instructions

### R) Hepatitis B:

- 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110;
- 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023.

Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3.

Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

GPRA 2009 Description: **TBD**

### Patient List Options

Patients 19-35 months with IZ, if any. 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 2 DTaP, no IZ will be listed for DTaP.

List of Active Clinical patients 19-35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). 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 2 DTaP, no IZ will be listed for DTaP.

List of patients Active Immunization Package patients 19-35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B).

List of Active Immunization Package patients 19-35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). 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 2 DTaP, no IZ will be listed for DTaP.

**Note:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months

**\*NOTE: RPMS Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.**

***Non-RPMS sites must use the denominator definition of: GPRA Active Clinical patients (see page 18 ) aged 19 – 35 months at the end of the Report Period.***

## Cancer Screening: Pap Smear Rates

No changes from Version 8.0 Patch 1

### Owner/Contact

Carolyn Aoyama

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy. Patients must be at least 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period.

### Numerators

**GPRA:** Patients with documented pap smear in past three years or refusal in past year.

A) Patients with documented refusal in past year.

### Definitions

- 1) **Hysterectomy:** Any of the following ever: A) V Procedure: 68.4-68.8; B) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58951, 58953-58954, 58956, 59135; or C) V POV 618.5.
- 2) **Pap Smear:**
  - A) V Lab: PAP SMEAR;
  - B) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination (corrected description), V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination , Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or 795.0\*;
  - C) V Procedure: 91.46;
  - D) V CPT: 88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear;
  - E) Women's Health: Procedure called Pap Smear;
  - F) LOINC taxonomy;
  - G) Site-populated taxonomy BGP GPRA PAP SMEAR;
  - H) Refusal Lab Test Pap Smear.

GPRA 2009 Description: **TBD**

### Patient List Options

List of female patients with a Pap Smear documented in the past 3 years or refusal in past year.

List of female patients without a Pap Smear documented in the past 3 years or refusal in past year.

## Cancer Screening: Mammogram Rates

No changes from Version 8.0 Patch 1

### Owner/Contact

Carolyn Aoyama

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

- 1) **GPRA:** Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies.

**Note:** The patients must be less than 65 years of age as of the end of the Report Period.

### Numerators

**GPRA:** Patients with documented mammogram in past two years or refusal in past year.

- A) Patients with documented refusal in past year.

### Definitions

- 1) **Bilateral Mastectomy:**
  - A) V CPT: 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950; or
  - B) ICD Operation codes: 85.42; 85.44; 85.46; 85.48.
- 2) **Unilateral Mastectomy:** Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service.
  - A) V CPT: 19300-19307, or old codes 19180, 19200, 19220, 19240 or
  - B) V Procedures: 85.41, 85.43, 85.45, 85.47.
- 3) **Mammogram:**
  - A) V Radiology or V CPT: 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202;
  - B) POV: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast;
  - C) V Procedures: 87.36, 87.37;
  - D) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat.
- 4) **Refusal Mammogram:** V Radiology MAMMOGRAM for CPT 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202.

GPRA 2009 Description: **TBD**

### Patient List

List of female patients with a Mammogram documented in the past 2 years or refusal in past year.

List of female patients without a Mammogram documented in the past 2 years or refusal in past year.

## Colorectal Cancer Screening

**Clarified FOBT includes Fecal Immunochemical Test (FIT), as noted.**

**No actual logic changes, since there are no separate codes for this test. The text was revised to inform sites they can include this test in their site-populated taxonomy for fecal occult blood.**

### Owner/Contact

Epidemiology Program/ Dr. Nathaniel Cobb

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Active Clinical patients ages 51-80 without a documented history of colorectal cancer or total colectomy, broken out by gender.

### Numerators

- 1) **GPRA:** Patients who have had ANY CRC colorectal screening, defined as any of the following:
  - A) Fecal Occult Blood Test (FOBT) *or Fecal Immunochemical Test (FIT)* during the Report Period;
  - B) flexible sigmoidoscopy or double contrast barium enema in the past five years;
  - C) colonoscopy in the past 10 years, or
  - D) a documented refusal in the past year.
- A) Patients with documented refusal in the past year.
- 2) Patients with Fecal Occult Blood Test (FOBT) *or Fecal Immunochemical Test (FIT)* during the Report Period.

### Definitions

- 1) **Colorectal Cancer:** POV: 153.\*, 154.0, 154.1, 197.5, V10.05; CPT G0213-G0215, G0231.
- 2) **Total Colectomy:** CPT 44150-44151, 44152 (old code), 44153 (old code), 44155-44158, 44210-44212; V Procedure 45.8.
- 3) **Colorectal Cancer Screening:** The most recent of any of the following during applicable timeframes (changed to look at most recent screening):
  - A) **Fecal Occult Blood Test (FOBT) *or Fecal Immunochemical Test (FIT)*:** CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394; LOINC taxonomy, or site-populated taxonomy BGP GPRA FOB TESTS
  - B) **Flexible Sigmoidoscopy:** V Procedure 45.24, 45.42; CPT 45330-45345, G0104
  - C) **Double Contrast Barium Enema:** CPT or VRad: 74280, G0106, G0120
  - D) **Colonoscopy:** V POV V76.51 Colon screening; V Procedure 45.22, 45.23, 45.25, 45.43; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, G0121
  - E) **Screening Refusals:**

## FY 2009 GPRA Reporting Instructions

- A. **FOBT or FIT:** Refusal of V Lab Fecal Occult Blood test or CPT code 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394;
- B. **Flexible Sigmoidoscopy:** Refusal of V Procedure 45.24, 45.42 or CPT 45330-45345, G0104;
- C. **Double Contrast Barium Enema:** Refusal of V Radiology CPT: 74280, G0106, G0120;
- D. **Colonoscopy:** Refusal of V Procedure 45.22, 45.23, 45.25, 45.43 or V CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, or G0121.

GPRA 2009 Description: **TBD**

### **Patient List Options**

List of patients 51-80 with CRC screening or refusal in past year.

List of patients 51-80 without CRC screening or refusal in past year

## Tobacco Cessation

*Changes from Version 8.0 Patch 1, as noted below and added text clarifying tobacco user logic*

**Note:** In CRS Version 8.0 Patch 2, the Other National Measures (ONM) Report will contain a new set of denominators, numerators, and logic. This logic is developmental GPRA logic and *may* be used as the GPRA 2009 logic after analysis of the results is performed. This logic will be included *only* in the ONM Report.

### Owner/Contact

Mary Wachacha & Chris Lamer, PharmD/Epidemiology Program, Dr. Nat Cobb

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Active Clinical patients identified as current tobacco users prior to the Report Period, broken down by gender and age groups: <12, 12-17, 18 and older.

### Numerators

- 1) **GPRA:** Patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period.
  - A) Patients who refused tobacco cessation counseling.
- 2) Patients identified during the Report Period as having quit their tobacco use.
- 3) ***Patients who have received or refused tobacco cessation counseling, received a prescription for a smoking cessation aid, or who quit their tobacco use during the Report Period.***

### Definitions

- 1) **Current Tobacco Users:** Any of the following documented prior to the Report Period:
  - A) Health Factors (looks at the last documented): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless
  - B) Last documented Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10-305.12 (old codes), or 649.00-649.04  
***(Removed ADA code 1320)***
  - C) Last documented CPT ***99406, 99407, G0375 (old code), G0376 (old code)***, 1034F or 1035F.If any of the above are found, the patient is considered a tobacco user.
- 2) **Tobacco Cessation Counseling:** Any of the following during the Report Period:
  - A) Patient Education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1\* (old codes), or 649.00-649.04
  - B) Clinic Code 94
  - C) Dental Code 1320
  - D) CPT code ***99406, 99407, G0375 (old code), G0376 (old code)***, or 4000F
  - E) Documented refusal of patient education codes containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.

## FY 2009 GPRA Reporting Instructions

- 3) **Prescription for Tobacco Cessation Aid:** Any of the following:
  - A) Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy;
  - B) Any medication with name containing “NICOTINE PATCH”, “NICOTINE POLACRILEX”, “NICOTINE INHALER”, or “NICOTINE NASAL SPRAY”;
  - C) CPT 4001F.
- 4) **Quit Tobacco Use:** POV or Current Active Problem List 305.13 (old code) or V15.82; Health Factors Previous Smoker, Previous Smokeless (looks at the last documented health factor).

GPRA 2009 Description: **TBD**

### **Patient List Options**

List of tobacco users with documented tobacco cessation intervention or refusal.

List of tobacco users without documented tobacco cessation intervention or refusal.

List of tobacco users who quit tobacco use.

List of tobacco users with documented tobacco cessation intervention or refusal or who quit tobacco use.

List of tobacco users without documented tobacco cessation intervention or refusal and did not quit tobacco use.

## Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention)

*Changes from Version 8.0 Patch 1, as noted below and added text to GPRA numerator to clarify what is counted for GPRA*

### Owner/Contact

Wilbur Woodis, Dr. Peter Stuart

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Female Active Clinical patients ages 15 to 44 (child-bearing age).

### Numerators

- 1) **GPRA:** Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, received alcohol-related patient education, or refused alcohol screening during the Report Period.
  - A) Patients with documented refusal in past year.

### Definitions

- 1) **Alcohol Screening:**
  - A) PCC Exam code 35;
  - B) Any Alcohol Health Factor;
  - C) Screening Diagnosis: V11.3; V79.1, or BHS problem code 29.1;
  - D) *CPT 99408, 99409, G0396, G0397, H0049, or*
  - E) *V Measurement in PCC or BH of AUDT, AUDC, or CRFT.*
- 2) **Alcohol-related Diagnosis or Procedure:**
  - A) Alcohol-related Diagnosis (POV, Current PCC or BHS Problem List): 303.\*, 305.0\*; 291.\*; 357.5\*; BHS POV 10, 27, 29
  - B) Alcohol-related Procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69
- 3) **Alcohol-related Patient Education:** All Patient Education codes containing “AOD-” or “-AOD”, “CD-” or “-CD” (old codes), or V11.3, V79.1, 303.\*, 305.0\*, 291.\* or 357.5\*
- 4) **Refusal of Alcohol Screening:** Refusal of
  - A) PCC Exam code 35.

GPRA 2009 Description: **TBD**

### Patient List Options

List of female patients with documented screening.

List of female patients without documented screening.

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

**No changes from Version 8.0 Patch 1**

### **Owner/Contact**

Denise Grenier, LCSW and Dr. Peter Stuart

### **National Reporting**

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### **Denominator**

**GPRA:** Female Active Clinical patients ages 15-40.

### **Nominators**

- 1) **GPRA:** Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period, including documented refusals in past year.
  - A) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

### **Definitions**

- 1) **IPV/DV Screening:** PCC Exam Code 34 or BHS IPV/DV exam
- 2) **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.\*
- 3) **IPV/DV Patient Education:** Patient Education codes containing "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49
- 4) **IPV/DV Counseling:** POV V61.11
- 5) **Refusals:**
  - A) Any PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam;
  - B) Any refusal in past year with Patient Education codes containing "DV-" or "-DV."

GPRA 2009 Description: **TBD**

### **Patient List Options**

List of female patients 15-40 with documented IPV/DV screening or refusal.

List of female patients 15-40 without documented IPV/DV screening or refusal.

## Depression Screening

*Changes from Version 8.0 Patch 1, as noted below*

### Owner/Contact

Denise Grenier, LCSW and Drs. David Sprenger and Peter Stuart

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GPRA:** Active Clinical patients ages 18 and older, broken down by gender.

### Numerators

- 1) **GPRA:** Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year.
  - A) Patients screened for depression during the Report Period.
  - B) Patients with a diagnosis of a mood disorder during the Report Period.
  - C) Patients with documented refusal in past year.

### Definitions

- 1) **Depression Screening:** Any of the following:
  - A) Exam Code 36,
  - B) POV V79.0,
  - C) BHS problem code 14.1 (screening for depression), or
  - D) *V Measurement in PCC or BH of PHQ2 or PHQ9.*
- 2) **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, or 311 or BHS POV 14 or 15.
- 3) **Screening Refusal:** Any PCC refusal in past year with Exam Code 36.

GPRA 2009 Description: **TBD**

### Patient List Options

List of Active Clinical patients =>18 screened for depression/diagnosed with mood disorder.

List of Active Clinical patients =>18 not screened for depression/diagnosed with mood disorder.

## Childhood Weight Control

No changes from Version 8.0 Patch 1

### Owner/Contact

Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen

### National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### Denominator

**GRPA:** Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups.

### Numerators

- 1) Patients with BMI 85-94%.
- 2) **GPRA Numerator:** Patients with a BMI 95% and up.
- 3) Patients with a BMI =>85%.

### Definitions

- 1) **Age:** All patients who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group.
- 2) **BMI:** CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure are reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

Patients whose BMI either is greater or less than the Data Check Limit range, as shown in the following table, will not be included in the report counts for At-risk for Overweight or Overweight.

Low-High Ages	Sex	BMI (RiskOverwt)	BMI (Overwt)	Data Check Limits	
				BMI >	BMI <
2-2	Male	17.7	18.7	36.8	7.2
	Female	17.5	18.6	37.0	7.1
3-3	Male	17.1	18.0	35.6	7.1
	Female	17.0	18.1	35.4	6.8
4-4	Male	16.8	17.8	36.2	7.0
	Female	16.7	18.1	36.0	6.9
5-5	Male	16.9	18.1	36.0	6.9
	Female	16.9	18.5	39.2	6.8

FY 2009 GPRA Reporting Instructions

GPRA 2009 Description: **TBD**

**Patient List**

List of patients ages 2-5 with BMI =>95% (i.e. overweight)

## **HIV Screening (*renamed from Prenatal HIV Testing*)**

*Changes from Version 8.0 Patch 1, as noted below*

### **Owner/Contact**

Drs. Scott Giberson, Marie Russell, Jim Cheek, and John Redd

### **National Reporting**

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

### **Denominator**

**GPRA:** All pregnant Active Clinical patients with no documented miscarriage or abortion during the past 20 months and NO recorded HIV diagnosis ever.

### **Numerators**

- 1) **GPRA:** Patients who *were screened for HIV (revised wording)* during the past 20 months, including refusals.
  - A) Number of documented refusals.

### **Definitions**

- 1) **Pregnancy:** At least 2 visits with POV: V22.0-V23.9, V72.42, 640.\*-649.\*, 651.\*-676.\* during the past 20 months, with one diagnosis occurring during the reporting period.
- 2) **Miscarriage:** Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633\*, 634\*, CPT: 59812, 59820, 59821, 59830
- 3) **Abortion:** Occurring after the second pregnancy POV and during the past 20 months. 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.
- 4) **HIV:** Any of the following documented anytime prior to the end of the Report Period: V POV or Problem List: 042, 042.0-044.9 (old codes), **079.53**, V08, 795.71.
- 5) **HIV Screening:** CPT: 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy; site-populated taxonomy BGP GPRA HIV TESTS
- 6) Refusal of **HIV Screening:** Refusal of any lab test in site-populated taxonomy BGP HIV TEST TAX.

GPRA 2009 Description: **TBD**

### **Patient List Options**

List of pregnant patients with documented HIV test or refusal in past 20 months.

List of pregnant patients without documented HIV test or refusal in past 20 months.



# APPENDIX

## A