



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

National GPRA Developmental Report Performance Measure List and Definitions

Version 12.1
May 2012

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

Revision History

Date	Revision	Description	Author
February 2, 2012	N/A	Distribution to field leads for review.	M. Powers

Table of Contents

1.0	CRS 2012 National GPRA Developmental Report.....	5
1.1	CRS Denominator Definitions.....	8
1.1.1	For All Denominators.....	8
1.1.2	For All Numerators.....	8
1.1.3	Active Clinical Population.....	8
1.1.4	User Population.....	9
1.1.5	Active Clinical Plus BH Population.....	9
1.1.6	Active Clinical CHS Population.....	10
1.1.7	Active Clinical Behavioral Health Population.....	11
2.0	Performance Measure Topics and Definitions.....	12
2.1	Diabetes Group.....	12
2.1.1	Diabetes: Blood Pressure Control.....	12
2.1.2	Diabetic Retinopathy.....	14
2.2	Dental Group.....	16
2.2.1	Access to Dental Service.....	16
2.2.2	Dental Sealants.....	17
2.2.3	Topical Fluoride.....	18
2.3	Immunization Group.....	18
2.3.1	Adult Immunizations.....	19
2.3.2	Childhood Immunizations.....	20
2.4	Cancer Screening Group.....	32
2.4.1	Cancer Screening: Pap Smear Rates.....	32
2.4.2	Cancer Screening: Mammogram Rates.....	33
2.4.3	HEDIS Colorectal Cancer Screening.....	35
2.4.4	USPSTF Colorectal Cancer Screening.....	37
2.4.5	Comprehensive Cancer Screening.....	38
2.4.6	Tobacco Cessation.....	42
2.5	Behavioral Health Group.....	45
2.5.1	Alcohol Screening.....	45
2.5.2	Intimate Partner (Domestic) Violence Screening.....	48
2.5.3	Depression Screening.....	49
2.6	Cardiovascular Disease Related Group.....	50
2.6.1	Comprehensive CVD-Related Assessment.....	50
2.7	STD-Related Group.....	55
2.7.1	HIV Screening.....	55
2.7.2	Sexually Transmitted Infection (STI) Screening.....	57
2.8	High-Risk Medications Group.....	61
2.8.1	Use of High-Risk Medications in the Elderly.....	61
2.9	Other Clinical Measures Group.....	64

2.9.1 Visit Statistics 64

List of Acronyms 66

Contact Information 68

1.0 CRS 2012 National GPRA Developmental Report

The following performance measures will be reported in the Clinical Reporting System (CRS) 2012 National Government Performance and Results Act of 1993 (GPRA) & Program Assessment Rating Tool (PART) Report.

Note: Beginning FY 2010, GPRA Developmental Measures are reported in its own separate section within the National GPRA and PART report but are not submitted to the Office of Management and Budget (OMB) and Congress. This document contains only the GPRA Developmental performance measure lists and definitions.

Notations used in this document are described in Table 1-1.

Table 1-1: Document Notations

Notation	Location	Meaning
Section Symbol (§)	Preceding a measure	A GPRA Developmental measure. GPRA Developmental measures have the potential to become GPRA measures in the future.
Plus Symbol (+)	Preceding a measure	The measure is a new GPRA Developmental Measure for 2012.
Asterisk (*)	Anywhere in a code (CPT, POV, Edu.,etc.)	A 'wildcard' character indicating that the code given has one or more additional characters at this location.

DIABETES GROUP

- BLOOD PRESSURE CONTROL
 - Blood Pressure (BP) Assessed
 - §Controlled BP
 - §BP below 140/90
- RETINOPATHY ASSESSMENT
 - §Retinopathy Evaluation

DENTAL GROUP

- ACCESS TO DENTAL SERVICE
 - §All Treatment Completed
- DENTAL SEALANTS (6 THROUGH 15 YEARS OF AGE)
 - §Intact Dental Sealants
- TOPICAL FLUORIDE
 - §Topical Fluoride Application

IMMUNIZATIONS

- ADULT IMMUNIZATIONS (IMM)
 - §Pneumococcal vaccine
- CHILDHOOD IMMUNIZATIONS (19 THROUGH 35 MONTHS)
 - §Active IMM Patients with 4:3:1:3/4:3:1:4
 - Three to four HiB
 - Two Hepatitis A
 - Two to three Rotavirus
 - Two Influenza
 - Three Pneumococcal

CANCER SCREENING

- PAP SMEAR RATES (25 THROUGH 64 YEARS OF AGE)
 - §Pap Smear in the past 4 years (no refusals)
- MAMMOGRAM RATES (42+ YEARS OF AGE)
 - §Mammogram (no refusals)
- HEDIS COLORECTAL CANCER SCREENING (50 THROUGH 75 YEARS OF AGE)
 - §Fecal Occult Blood Test or Fecal Immunochemical Test during Report Period, Flexible Sigmoidoscopy in past 5 years, or Colonoscopy in past 10 years
- USPSTF COLORECTAL CANCER SCREENING (50 THROUGH 75 YEARS OF AGE)
 - §Fecal Occult Blood Test or Fecal Immunochemical Test during Report Period, Flexible Sigmoidoscopy in past 5 years and FOB or Fecal Immunochemical Test (FIT) in the past 3 years, or Colonoscopy in past 10 years
- COMPREHENSIVE CANCER SCREENING
 - §Cervical cancer, breast cancer, or colorectal cancer screening
- TOBACCO CESSATION
 - §Tobacco Cessation Counseling or Smoking Cessation Aid (no refusals)
 - Quit Tobacco Use
 - §Tobacco Cessation Counseling or Refusal, Smoking Cessation Aid, or Quit Tobacco Use

BEHAVIORAL HEALTH

- ALCOHOL SCREENING
 - §Alcohol Screening, alcohol-related diagnosis or procedure (no refusals)
 - Alcohol-related patient education
 - §Positive alcohol screen
- INTIMATE PARTNER VIOLENCE/DOMESTIC VIOLENCE (IPV/DV) SCREENING

- §IPV/DV Screening (no refusals or patient education)
- IPV/DV-related patient education
- DEPRESSION SCREENING
 - §Depression Screening, Mood Disorder Diagnosis or Suicide Ideation (no refusals)

CARDIOVASCULAR DISEASE- (CVD-) RELATED

- COMPREHENSIVE CVD-RELATED ASSESSMENT
 - § BP, Low-Density Lipoprotein (LDL), and Tobacco Assessed, Body Mass Index (BMI) (no BMI refusals), and Lifestyle Counseling (no refusals or depression screening)
 - Depression screening, mood disorder diagnosis or suicide ideation (no refusals)
 - BP documented
 - LDL completed
 - Tobacco Screen
 - BMI calculated (no refusals)
 - Received lifestyle education

STD GROUP

- HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING
 - §HIV Screening (no refusals)
 - Refusal of HIV Screening
 - HIV Screening in past 5 years (no refusals)
 - HIV Screening ever (no refusals)
 - §HIV Screens for User Population with no prior HIV diagnosis
 - +HIV+ with CD4 count
- SEXUALLY TRANSMITTED INFECTION (STI) SCREENING
 - §Needed HIV Screen

HIGH-RISK MEDICATIONS

- USE OF HIGH-RISK MEDICATIONS IN THE ELDERLY
 - §Exposure to at least one high-risk medication
 - §Exposure to multiple high-risk medications

OTHER CLINICAL MEASURES

- VISIT STATISTICS
 - Active Clinical patients with no qualifying visit during the Report Period
 - Active Clinical patients with Urgent Care as their only core clinic

Note: Definitions for all GPRA Developmental performance measure topics included in CRS begin in Section 1.1.6.

1.1 CRS Denominator Definitions

1.1.1 For All Denominators

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

1.1.2 For All Numerators

- For all measures, except as noted, GPRA Developmental Numerators do *not* include refusals or contraindications.

1.1.3 Active Clinical Population

1.1.3.1 National GPRA & PART Reporting

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

1.1.3.2 Local Reports

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

- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

1.1.4 User Population

1.1.4.1 National GPRA & PART Reporting

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

1.1.4.2 Local Reports

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

1.1.5 Active Clinical Plus BH Population

1.1.5.1 National GPRA & PART Reporting

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the Clinical Reporting System (CRS) for FY2012 Clinical Measures User Manual for listing of these clinics.
- Must be alive on the last day of the Report Period.

- Must be AI/AN; defined as Beneficiary 01.
- Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined Contract Health Service (CHS) catchment area.

1.1.5.2 Local Reports

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

1.1.6 Active Clinical CHS Population

CHS-Only Sites

1.1.6.1 National GPRA & PART Reporting

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

1.1.6.2 Local Reports

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

- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

1.1.7 Active Clinical Behavioral Health Population

1.1.7.1 National GPRA and PART Reporting

Urban Outreach and Referral-Only Sites

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

1.1.7.2 Local Reports

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

2.0 Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the CRS 2012 version 12.1 National GPRA Developmental Report.

2.1 Diabetes Group

2.1.1 Diabetes: Blood Pressure Control

2.1.1.1 Owner: Contact

Diabetes Program: Dr. Ann Bullock

2.1.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.1.1.3 Denominators

1. GPRA: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (Purpose of Visit [POV] 250.00 through 250.93) prior to the report period, *and* at least two visits during the report period, *and* two Diabetes Mellitus (DM)-related visits ever.

2.1.1.4 Numerators

1. Patients with BP documented during the report period.
2. GPRA Developmental: Patients with controlled BP, defined as below 130/80, i.e., the mean systolic value is less than 130 and the mean diastolic value is less than 80.

2.1.1.5 Definitions

Diabetes

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

Exclusions

When calculating all BPs (using vital measurements or CPT [Current Procedural Terminology] codes), the following visits will be excluded:

- Service Category:
 - H (Hospitalization)
 - I (In Hospital)
 - S (Day Surgery)
 - O (Observation)
- Clinic codes:
 - 23 (Surgical)
 - 30 (Emergency Room [ER])
 - 44 (Day Surgery)
 - C1 (Neurosurgery)
 - D4 (Anesthesiology)

BP Documented

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

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

Controlled BP

CRS uses a mean, as described above where BP is below 130/80. If the mean systolic and diastolic values do not *both* meet the criteria for controlled, then the value is considered not controlled.

BP Documented and Controlled BP

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

- BP Documented: CPT 0001F or 2000F or POV V81.1; OR

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

2.1.1.6 Patient Lists

- 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 below 130/80.
- List of diabetic patients with uncontrolled BP, defined as above 130/80.

2.1.2 Diabetic Retinopathy

2.1.2.1 Owner: Contact

Diabetes Program: Dr. Mark Horton

2.1.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.1.2.3 Denominators

1. GPRA Developmental: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00 through 250.93) prior to the report period, *and* at least two visits in the past year, *and* two DM-related visits ever, without a documented history of bilateral blindness.

2.1.2.4 Numerators

1. GPRA Developmental: Patients receiving a qualified retinal evaluation* during the report period.

Note: This numerator does *not* include refusals.

2.1.2.5 Definitions

Diabetes

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

Bilateral Blindness

POV 369.01, 369.03, 369.04

Qualified Retinal Evaluation

- Diabetic retinal exam
- Other eye exam.

The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Seven standard fields stereoscopic photos (Early Treatment Diabetic Retinopathy Study [ETDRS]) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated to seven standard fields (ETDRS).

Diabetic Retinal Exam

Any of the following during the report period:

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

Other Eye Exam

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

– Procedure 95.02

*Validation study properly powered and controlled against the ETDRS gold standard.

**Validated photographic (teleophthalmology) retinal surveillance.

Refusal of Diabetic Retinal Exam

Refusal of Exam 03. Refusals are only counted if the patient did not have a diabetic retinal exam or other eye exam. If a patient had a diabetic retinal exam or other eye exam and a refusal, only the diabetic retinal exam or other eye exam will be counted.

2.1.2.6 Patient Lists

- List of diabetic patients who received any retinal screening.
- List of diabetic patients who did not receive any retinal screening.

2.2 Dental Group

2.2.1 Access to Dental Service

2.2.1.1 Owner: Contact

Dental Program: Dr. Patrick Blahut

2.2.1.2 National Reporting

NATIONAL (included in IHS Performance Report; not reported to OMB and Congress)

2.2.1.3 Denominators

1. GPRA Developmental: User Population patients with dental exam during the Report Period.

2.2.1.4 Numerators

1. GPRA Developmental: Patients with all treatment completed.

2.2.1.5 Definitions

Dental Exam

- Dental ADA codes 0120, 0150, 0145, 9990

- CPT codes D0120, D0150, D0145

All Treatment Completed

- Dental ADA code 9990

2.2.1.6 Patient Lists

- List of User Pop patients with dental exam and all treatment completed.
- List of User Pop patients with dental exam and not all treatment completed.

2.2.2 Dental Sealants

2.2.2.1 Owner: Contact

Dental Program: Dr. Patrick Blahut

2.2.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.2.2.3 Denominators

1. GPRA Developmental: Patients meeting the User Population definition; Ages 6 through 15.

2.2.2.4 Numerators

1. GPRA Developmental: Patients with at least one or more intact dental sealants.

2.2.2.5 Definitions

Intact Dental Sealant

- Any of the following documented during the Report Period:
 - Dental ADA codes 1351, 1352
 - CPT codes D1351, D1352
- OR any of the following documented during the past three years:
 - Dental ADA code 0007
- If both ADA and CPT codes are found on the same visit, only the ADA will be counted.

2.2.2.6 Patient Lists

- List of patients 6 through 15 with intact dental sealant.
- List of patients 6 through 15 without intact dental sealant.

2.2.3 Topical Fluoride

2.2.3.1 Owner: Contact

Dental Program: Dr. Patrick Blahut

2.2.3.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.2.3.3 Denominators

1. GPRA Developmental: Patients meeting the User Population definition; Ages 2 through 15.

2.2.3.4 Numerators

1. GPRA Developmental: Patients who received one or more topical fluoride applications during the report period.

2.2.3.5 Definitions

Topical Fluoride Application

- Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), 1206, 5986
- CPT D1203, D1204, D1206, D5986
- POV V07.31

2.2.3.6 Patient Lists

- List of patients age 2 through 15 who received at least one topical fluoride application during report period.
- List of patients age 2 through 15 who did *not* received at least one topical fluoride application during report period.

2.3 Immunization Group

2.3.1 Adult Immunizations

2.3.1.1 Owner: Contact

Epidemiology Program: Amy Groom, MPH

2.3.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.3.1.3 Denominators

1. GPRA: Active Clinical patients ages 65 or older.

2.3.1.4 Numerators

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

<p>Note: The only refusals included in this numerator are documented not medically indicated (NMI) refusals.</p>

2.3.1.5 Definitions

Pneumococcal Vaccine

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

- Immunization (CVX) codes 33, 100, 109, 133
- POV V06.6, V03.82
- International Classification of Diseases (ICD) Procedure 99.55
- CPT 90732, 90669, 90670, G0009, G8115 (old code)

Contraindication to Pneumovax Vaccine

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

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

2.3.1.6 Patient Lists

- List of patients 65 years and older with pneumovax immunization or contraindication.

- List of patients 65 years and older without pneumovax immunization or contraindication.

2.3.2 Childhood Immunizations

2.3.2.1 Owner: Contact

Epidemiology Program: Amy Groom, MPH

2.3.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.3.2.3 Denominators

1. Active Clinical patients ages 19 through 35 months at end of report period.
2. GPRA: User Population patients active in the Immunization Package who are age 19 through 35 months at end of report period.

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.

2.3.2.4 Numerators

1. GPRA Developmental Numerator: Patients who have received the 4:3:1:3/4:3:1:4 combination (i.e. four DTaP, three Polio, one MMR, three or four HiB, three Hepatitis B, one Varicella, and four Pneumococcal), including contraindications and evidence of disease.

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

2. Patients who have received three or four doses of HiB ever, including contraindications.

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

3. Patients who have received two doses of Hepatitis A vaccine ever, including contraindications and evidence of disease.

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

4. Patients who have received two or three doses of Rotavirus vaccine ever, including contraindications and evidence of disease.

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

5. Patients who have received two doses of Influenza ever, including contraindications.

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

6. Patients who have received three doses of Pneumococcal conjugate vaccine ever, including contraindications and evidence of disease.

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

2.3.2.5 Definitions

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 through 23 months at the beginning of the report period, which makes the patient between the ages of 19 through 35 months at the end of the report period.

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.

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.

Dosage and Types of Immunizations

- Four Doses of DTaP
 - Four DTaP or DTP or Tdap
 - One DTaP or DTP or Tdap and three DT or Td
 - One DTaP or DTP or Tdap and three each of Diphtheria and Tetanus
 - Four DT and four Acellular Pertussis
 - Four Td and four Acellular Pertussis
 - Four each of Diphtheria, Tetanus, and Acellular Pertussis
- Three Doses of Polio
 - Three OPV
 - Three IPV
 - Combination of OPV and IPV totaling three doses
- One Dose of MMR
 - MMR
 - One M/R and one Mumps
 - One R/M and one Measles
 - One each of Measles, Mumps, and Rubella
- Three doses of Hep B
- Three or four doses of HIB, depending on the vaccine administered
- One dose of Varicella
- Four doses of Pneumococcal
- Two doses of Hep A
- Two or three doses of Rotavirus, depending on the vaccine administered
- Two doses of Influenza

Refusal, Contraindication, and Evidence of Disease Information

Except for the Immunization Program Numerators, NMI refusals, evidence of disease and contraindications for individual immunizations will also count toward meeting the definition, as defined below. Refusals will count toward meeting the definition for refusal numerators only.

Note: NMI refusals are not counted as refusals; rather, they are counted as contraindications.

- For immunizations that allow a different number of doses (e.g. two or three Rotavirus): To count toward the numerator with the smaller number of doses, all of the patient's vaccinations must be part of the smaller dose series. For example, for a patient to count toward the Rotavirus numerator with only two doses, all two doses must be included in the two-dose series codes listed in the Rotavirus definition. A patient with a mix of two-dose and three-dose series codes will need three doses to count toward the numerator. An exception to this is for the HIB vaccine: if the first two doses are CVX code 49, then the patient only needs three doses (even if the third dose is included in the four-dose series).
- Each immunization must be refused and documented separately. For example, if a patient has an NMI refusal for Rubella only, then there must be an immunization, contraindication, or separate NMI refusal for the Measles and Mumps immunizations.
- For immunizations where required number of doses is more than one, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where required number of doses is more than one, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the report period).
- To be counted as evidence of disease or contraindication or NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.

Refusal Definitions

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

- DTaP
 - Immunization (CVX) codes 20, 50, 106, 107, 110, 120, 130, 132, 146
 - CPT 90696, 90698, 90700, 90721, 90723
- DTP
 - Immunization (CVX) codes 1, 22, 102
 - CPT 90701, 90711 (old code), 90720

- Tdap
 - Immunization (CVX) code 115
 - CPT 90715
- DT
 - Immunization (CVX) code 28
 - CPT 90702
- Td
 - Immunization (CVX) codes 9, 113
 - CPT 90714, 90718
- Diphtheria
 - CPT 90719
- Tetanus
 - Immunization (CVX) codes 35, 112
 - CPT 90703
- Acellular Pertussis
 - Immunization (CVX) code 11
- OPV
 - Immunization (CVX) codes 2, 89
 - CPT 90712
- IPV
 - Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
 - CPT 90696, 90698, 90711 (old code), 90713, 90723
- MMR
 - Immunization (CVX) codes 3, 94
 - CPT 90707, 90710
- M/R
 - Immunization (CVX) code 4
 - CPT 90708
- R/M
 - Immunization (CVX) code 38
 - CPT 90709 (old code)
- Measles
 - Immunization (CVX) code 5

- CPT 90705
- Mumps
 - Immunization (CVX) code 7
 - CPT 90704
- Rubella
 - Immunization (CVX) code 6
 - CPT 90706
- HiB
 - Immunization (CVX) codes 17, 22, 46 through 49, 50, 51, 102, 120, 132, 146
 - CPT 90645 through 90648, 90698, 90720 through 90721, 90737 (old code), 90748
- Hepatitis B
 - Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146
 - CPT 90636, 90723, 90731 (old code), 90740, 90743 through 90748, G0010, Q3021 (old code), Q3023 (old code)
- Varicella
 - Immunization (CVX) codes 21, 94
 - CPT 90710, 90716
- Pneumococcal
 - Immunization (CVX) codes 33, 100, 109
 - CPT 90669, 90670, 90732, G0009, G8115 (old code)
- Hepatitis A
 - Immunization (CVX) codes 31, 52, 83, 84, 85, 104
 - CPT 90632 through 90634, 90636, 90730 (old code)
- Rotavirus
 - Immunization (CVX) codes 74, 116, 119, 122
 - CPT 90680
- Influenza
 - Immunization (CVX) codes 15, 16, 88, 111, 135, 140, 141, 144
 - CPT 90654 through 90658, 90659 (old code), 90660 through 90662, 90724 (old code), G0008, G8108 (old code)

Immunization Definitions

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

- DTaP IZ Definitions
 - Immunization (CVX) codes 20, 50, 106, 107, 110, 120, 130, 132, 146
 - POV V06.1
 - CPT 90696, 90698, 90700, 90721, 90723
- DTaP Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- DTP IZ Definitions
 - Immunization (CVX) codes 1, 22, 102
 - POV V06.1, V06.2, V06.3
 - CPT 90701, 90711 (old code), 90720
 - Procedure 99.39
- DTP Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Tdap IZ Definitions
 - Immunization (CVX) code 115
 - CPT 90715
- Tdap contraindication definition
 - Immunization Package contraindication of “Anaphylaxis”
- DT IZ Definitions
 - Immunization (CVX) code 28
 - POV V06.5
 - CPT 90702
- DT Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Td IZ Definitions
 - Immunization (CVX) codes 9, 113
 - POV V06.5
 - CPT 90714, 90718
- Td Contraindication Definition

- Immunization Package contraindication of “Anaphylaxis”
- Diphtheria IZ Definitions
 - POV V03.5
 - CPT 90719
 - Procedure 99.36
- Diphtheria Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Tetanus Definitions
 - Immunization (CVX) codes 35, 112
 - POV V03.7
 - CPT 90703
 - Procedure 99.38
- Tetanus Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Acellular Pertussis Definitions
 - Immunization (CVX) code 11
 - POV V03.6
 - Procedure 99.37 (old code)
- Acellular Pertussis Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- OPV Definitions
 - Immunization (CVX) codes 2, 89
 - CPT 90712
- OPV Contraindication Definitions
 - POV 279, V08, 042, 200 through 202, 203.0, 203.1, 203.8, 204 through 208
 - Immunization Package contraindication of “Anaphylaxis”
- IPV Definitions
 - Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
 - POV V04.0, V06.3
 - CPT 90696, 90698, 90711 (old code), 90713, 90723
 - Procedure 99.41
- IPV Evidence of Disease Definitions
 - POV or PCC Problem List (active or inactive) 730.70 through 730.79

- IPV contraindication definition:
 - Immunization Package contraindication of “Anaphylaxis” or “Neomycin Allergy”
- MMR Definitions
 - Immunization (CVX) codes 3, 94
 - POV V06.4
 - CPT 90707, 90710
 - Procedure 99.48
- MMR Contraindication Definitions
 - POV 279, V08, 042, 200 through 202, 203.0, 203.1, 203.8, 204 through 208
 - Immunization Package contraindication of “Anaphylaxis”, “Immune Deficiency”, “Immune Deficient”, or “Neomycin Allergy”
- M/R Definitions
 - Immunization (CVX) code 4
 - CPT 90708
- M/R Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- R/M Definitions
 - Immunization (CVX) code 38
 - CPT 90709 (old code)
- R/M Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Measles Definitions
 - Immunization (CVX) code 5
 - POV V04.2
 - CPT 90705
 - Procedure 99.45
- Measles Evidence of Disease Definition
 - POV or PCC Problem List (active or inactive) 055*
- Measles Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Mumps Definitions
 - Immunization (CVX) code 7

- POV V04.6
- CPT 90704
- Procedure 99.46
- Mumps Evidence of Disease Definition
 - POV or PCC Problem List (active or inactive) 072*
- Mumps Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Rubella Definitions
 - Immunization (CVX) code 6
 - POV V04.3
 - CPT 90706
 - Procedure 99.47
- Rubella Evidence of Disease Definitions
 - POV or PCC Problem List (active or inactive) 056*, 771.0
- Rubella Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- HiB Definitions
 - Three dose series:
 - Immunization (CVX) codes 49, 51
 - CPT 90647, 90748
 - Four dose series:
 - Immunization (CVX) codes 17, 22, 46 through 48, 50, 102, 120, 132, 146
 - POV V03.81
 - CPT 90645 through 90646, 90648, 90698, 90720 through 90721, 90737 (old code)
- HiB Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Hepatitis B Definitions
 - Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146
 - CPT 90636, 90723, 90731 (old code), 90740, 90743 through 90748, G0010, Q3021 (old code), Q3023 (old code)
- Hepatitis B Evidence of Disease Definitions
 - POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3

- Hepatitis B contraindication definition
 - Immunization Package contraindication of “Anaphylaxis”
- Varicella Definitions
 - Immunization (CVX) codes 21, 94
 - POV V05.4
 - CPT 90710, 90716
- Varicella Evidence of Disease Definitions
 - POV or PCC Problem List (active or inactive) 052*, 053*
 - Immunization Package contraindication of “Hx of Chicken Pox” or “Immune”
- Varicella Contraindication Definitions
 - POV 279, V08, 042, 200 through 202, 203.0, 203.1, 203.8, 204 through 208
 - Immunization Package contraindication of Anaphylaxis, Immune Deficiency, Immune Deficient, or Neomycin Allergy
- Pneumococcal Definitions
 - Immunization (CVX) codes 33 Pneumo Polysaccharide, 100 Pneumo Conjugate, 109 Pneumo NOS, 133 Pneumo Conjugate
 - POV V06.6, V03.82
 - CPT 90669, 90670, 90732, G0009, G8115 (old code)
- Pneumococcal Contraindication Definition
 - Immunization Package contraindication of Anaphylaxis
- Hepatitis A Definitions
 - Immunization (CVX) codes 31, 52, 83, 84, 85, 104
 - CPT 90632 through 90634, 90636, 90730 (old code)
- Hepatitis A Evidence of Disease Definitions
 - POV or PCC Problem List (active or inactive) 070.0, 070.1
- Hepatitis A Contraindication Definition
 - Immunization Package contraindication of "Anaphylaxis"
- Rotavirus Definitions
 - Two dose series
 - Immunization (CVX) codes 119
 - CPT 90681
 - Three dose series

- Immunization (CVX) codes 74, 116, 122
- POV V05.8
- CPT 90680
- Rotavirus Contraindication Definition
 - Immunization Package contraindication of "Anaphylaxis" or "Immune Deficiency"
- Influenza Definitions
 - Immunizations (CVX) codes 15, 16, 88, 111, 135, 140, 141, 144
 - POV V04.8 (old code), V04.81, V06.6
 - CPT 90654 through 90658, 90659 (old code), 90660 through 90662, 90724 (old code), G0008, G8108 (old code)
 - ICD Procedure code 99.52
- Influenza Contraindication Definition
 - Immunization Package contraindication of "Egg Allergy" or "Anaphylaxis"

2.3.2.6 Patient Lists

Note: Because age is calculated at the beginning of the report period, the patient's age on the list will be between 7 and 23 months

- List of Active Immunization Package patients 19 through 35 months who received the 4:3:1:3/4:3:1:4 combination (four DTaP, three OPV/IPV, one MMR, three or four HiB, three Hep B, one Varicella, and four Pneumococcal).
- List of patients Active Immunization Package patients 19 through 35 months who have not received the 4:3:1:3/4:3:1:4 combination (four DTaP, three OPV/IPV, one MMR, three or four HiB, three Hep B, one Varicella and four Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had two DTaP, no IZ will be listed for DTaP.
- List of Active Immunization Package patients 19 through 35 months who received two doses of the Hep A vaccine.
- List of Active Immunization Package patients 19 through 35 months who have not received two doses of the Hep A vaccine.
- List of Active Immunization Package patients 19 through 35 months who received two or three doses of the rotavirus vaccine.

- List of Active Immunization Package patients 19 through 35 months who have not received two or three doses of the rotavirus vaccine.
- List of Active Immunization Package patients 19 through 35 months who received two doses of the influenza vaccine.
- List of Active Immunization Package patients 19 through 35 months who have not received two doses of the influenza vaccine.

2.4 Cancer Screening Group

2.4.1 Cancer Screening: Pap Smear Rates

2.4.1.1 Owner: Contact

Carolyn Aoyama

2.4.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.4.1.3 Denominators

1. GPRA: Female Active Clinical patients ages 25 through 64 without a documented history of hysterectomy.

Note: Patients must be at least 25 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.

2.4.1.4 Numerators

1. GPRA: Patients with a Pap smear documented in the past four years.

Note: This numerator does *not* include refusals.

2.4.1.5 Definitions

Age

Age of the patient is calculated at the beginning of the report period. Patients must be at least 25 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.

Hysterectomy

Defined as any of the following ever:

- Procedure 68.4 through 68.8
- CPT 51925, 56308 (old code), 58150, 57540, 57545, 57550, 57555, 57556, 58152, 58200 through 58294, 58548, 58550 through 58554, 58570 through 58573, 58951, 58953 through 58954, 58956, 59135
- POV 618.5, V88.01, V88.03
- Women's Health procedure called Hysterectomy

Pap Smear

- V Lab PAP SMEAR
- POV V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, 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 October 1, 2004 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*, 795.10 through 16, 795.19
- Procedure 91.46
- CPT 88141 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear
- Women's Health Procedure called Pap Smear and where the result does not have "ERROR/DISREGARD"
- Logical Observations Identifiers, Names, Codes (LOINC) taxonomy
- Site-populated taxonomy BGP GPRA PAP SMEAR TAX

2.4.1.6 Patient Lists

- List of female patients with a Pap smear documented in the past four years.
- List of female patients without a Pap smear documented in the past four years.

2.4.2 Cancer Screening: Mammogram Rates

2.4.2.1 Owner: Contact

Carolyn Aoyama

2.4.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.4.2.3 Denominators

1. GPRD Developmental: Female Active Clinical patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Note: The patients must be at least 42 years of age as of the beginning of the Report Period.

2.4.2.4 Numerators

1. GPRD Developmental: All patients who had a Mammogram documented in the past two years.

2.4.2.5 Definitions

Age

Age of the patient is calculated at the beginning of the report period. Patients must be at least 42 years of age as of the beginning of the Report Period.

Bilateral Mastectomy

- CPT 19300.50 through 19307.50 OR 19300 through 19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, with modifier of 50 or 09950
- ICD Operation codes 85.42, 85.44, 85.46, 85.48

Unilateral Mastectomy

Requires two separate occurrences for either CPT or procedure codes on two different dates of service.

- CPT 19300 through 19307, or old codes 19180, 19200, 19220, 19240
- Procedures 85.41, 85.43, 85.45, 85.47

Mammogram

- V Radiology or CPT 77052 through 77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202
- POV V76.11, V76.12, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89. Other abnormal findings on radiological exam of breast

- Procedures 87.36, 87.37
- Women's Health Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD"

2.4.2.6 Patient Lists

- List of female patients 42 and older with a Mammogram documented in the past two years.
- List of female patients 42 and older without a Mammogram documented in the past two years.

2.4.3 HEDIS Colorectal Cancer Screening

Note: Based on the HEDIS definition which has lowered the upper age from 80 through 75.

Numerator does not include Double Contrast Barium Enema (DCBE).

2.4.3.1 Owner: Contact

Epidemiology Program: Don Haverkamp

2.4.3.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.4.3.3 Denominators

1. GPRA Developmental: Active Clinical patients ages 50 through 75 without a documented history of colorectal cancer or total colectomy, broken out by gender.

Note: Since HEDIS calculates age at the end of the report period, the patient's at the beginning of the report period must be at least 50 years of age and 51 years of age at the end of the report period.

2.4.3.4 Numerators

1. GPRA Developmental: Patients who have had any Colorectal Cancer (CRC) screening, defined as any of the following:

- A. Fecal Occult Blood Test (FOBT) or FIT during the Report Period
- B. Flexible sigmoidoscopy in the past 5 years
- C. Colonoscopy in the past 10 years

2.4.3.5 Definitions

Denominator Exclusions

Any diagnosis ever of one of the following:

- Colorectal Cancer
 - POV 153.*, 154.0, 154.1, 197.5, V10.05
 - CPT G0213 through G0215 (old codes), G0231 (old code)
- Total Colectomy
 - CPT 44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210 through 44212
 - Procedure 45.8 (old code)

Colorectal Cancer Screening

The most recent of any of the following during applicable timeframes:

- FOBT or FIT
 - CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)
 - LOINC taxonomy
 - Site-populated taxonomy BGP GPRA FOB TESTS
- Flexible Sigmoidoscopy
 - Procedure 45.24
 - CPT 45330 through 45345, G0104
- Colonoscopy
 - Procedure 45.22, 45.23, 45.25, 45.42, 45.43
 - CPT 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121

2.4.3.6 Patient Lists

- List of patients 50 through 75 with CRC screening (Health Plan Employer Data and Information Set [HEDIS] definition).
- List of patients 50 through 75 without CRC screening (HEDIS definition)

2.4.4 USPSTF Colorectal Cancer Screening

Note: Based on the United States Preventive Services Task Force (USPSTF) 2008 recommendations and which uses the HEDIS codes for the different types of screening. This definition is different from the GPRA definition for both the denominator and numerator.
Denominator does *not* include exclusions for patients with a diagnosis of colorectal cancer or total colectomy and the numerator does not include DCBE.

2.4.4.1 Owner: Contact

Epidemiology Program: Don Haverkamp

2.4.4.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.4.4.3 Denominators

1. GPRA Developmental: Active Clinical patients ages 50 through 75, broken out by gender.

2.4.4.4 Numerators

1. GPRA Developmental: Patients who have had any CRC screening, defined as any of the following:
 - A. FOBT or FIT during the Report Period
 - B. Flexible sigmoidoscopy in the past five years and FOB or FIT in the past three years
 - C. Colonoscopy in the past 10 years

2.4.4.5 Definitions

Colorectal Cancer Screening

The most recent of any of the following during applicable timeframes:

- FOBT or FIT
 - POV V76.51 Colon screening
 - CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)

- LOINC taxonomy
- Site-populated taxonomy BGP GPRA FOB TESTS
- Flexible Sigmoidoscopy
 - Procedure 45.24
 - CPT 45330 through 45345, G0104
- Colonoscopy
 - Procedure 45.22, 45.23, 45.25, 45.42, 45.43
 - CPT 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121

2.4.4.6 Patient Lists

- List of patients 50 through 75 with CRC screening (USPSTF definition).
- List of patients 50 through 75 without CRC screening (USPSTF definition).

2.4.5 Comprehensive Cancer Screening

2.4.5.1 Owner: Contact

Epidemiology Program: Don Haverkamp, Carolyn Aoyama

2.4.5.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.4.5.3 Denominators

1. GPRA Developmental: Active Clinical patients ages 21 through 80 who are eligible for cervical cancer, breast cancer, or colorectal cancer screening.
 - A. Active Clinical female patients ages 21 through 80.
 - B. Active Clinical male patients ages 51 through 80.

2.4.5.4 Numerators

1. GPRA Developmental: Patients who have had all screenings for which they are eligible.
2. Female patients with cervical cancer, breast cancer, or colorectal cancer screening.

3. Male patients with colorectal cancer screening.

2.4.5.5 Definitions

Cervical Cancer Screening

To be eligible for this screening:

- Patients must be female Active Clinical ages 21 through 64 and not have 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.
- To be counted as having the screening, the patient must have had a Pap Smear documented in the past three years.

Hysterectomy

Any of the following ever:

- Procedure 68.4 through 68.8
- CPT 51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200 through 58294, 58548, 58550 through 58554, 58570 through 58573, 58951, 58953 through 58954, 58956, 59135
- POV 618.5, V88.01, V88.03
- Women's Health procedure called Hysterectomy

Pap Smear

- V Lab Pap Smear
- POV V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, 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 October 1, 2004 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*, 795.10 through 16, 795.19
- Procedure 91.46
- CPT 88141 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, Q0091
- Women's Health procedure called Pap Smear and where the result does not have "ERROR/DISREGARD"
- LOINC taxonomy
- Site-populated taxonomy BGP PAP SMEAR TAX

Breast Cancer Screening

To be eligible for this screening:

- Patients must be female Active Clinical ages 52 through 64 and not have a documented history ever of bilateral mastectomy or two separate unilateral mastectomies.
- Patients must be at least age 52 as of the beginning of the Report Period and must be less than 65 years of age as of the end of the Report Period.
- To be counted as having the screening, the patient must have had a Mammogram documented in the past two years

Bilateral mastectomy

Any of the following ever:

- CPT 19300.50 through 19307.50 or 19300 through 19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, with modifier of 50 or 09950
- ICD Operation codes 85.42, 85.44, 85.46, 85.48

Unilateral Mastectomy

Must have two separate occurrences for either CPT or procedure codes on two different dates of service:

- CPT 19300 through 19307, or old codes 19180, 19200, 19220, 19240
- ICD Operation codes 85.41, 85.43, 85.45, 85.47

Screening Mammogram

- V Radiology or CPT 77052 through 77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202
- POV V76.11 screening mammogram for high risk patient, V76.12 other screening mammogram, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89 Other abnormal findings on radiological exam of breast
- Procedure 87.36 Xerography of breast, 87.37 Other Mammography
- Women's Health Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does not have "ERROR/DISREGARD"

Colorectal Cancer Screening

To be eligible for this screening:

- Patients must be Active Clinical ages 51 through 80 and not have a documented history ever of colorectal cancer or total colectomy

To be counted as having the screening, patients must have had any of the following:

- FOBT or FIT during the Report Period
- Flexible sigmoidoscopy or double contrast barium enema in the past five years
- Colonoscopy in the past 10 years

Colorectal Cancer

- POV 153.*, 154.0, 154.1, 197.5, V10.05
- CPT G0213 through G0215 (old codes), G0231 (old code)

Total Colectomy

- Procedure 45.8 (old code)
- CPT 44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210 through 44212

FOBT or FIT

- CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)
- LOINC taxonomy
- Site-populated taxonomy BGP GPRA FOB TESTS

Flexible Sigmoidoscopy

- Procedure 45.24
- CPT 45330 through 45345, G0104

Double Contrast Barium Enema

- CPT or VRad 74280, G0106, G0120

Colonoscopy

- POV V76.51 Colon screening
- Procedure 45.22, 45.23, 45.25, 45.42, 45.43
- CPT 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121

2.4.5.6 Patient Lists

- List of patients 21 through 80 with comprehensive cancer screening.
- List of patients 21 through 80 without comprehensive cancer screening.

- List of Female patients 21 through 80 with cervical cancer, breast cancer, or colorectal cancer screening.
- List of Female patients 21 through 80 without cervical cancer, breast cancer, or colorectal cancer screening.
- List of Male patients 51 through 80 with colorectal cancer screening.
- List of Male patients 51 through 80 without colorectal cancer screening.

2.4.6 Tobacco Cessation

2.4.6.1 Owner: Contact

Mary Wachacha and Chris Lamer, PharmD: Epidemiology Program, Dayle Knutson

2.4.6.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.4.6.3 Denominators

1. GPRA Developmental: Active clinical patients identified as current tobacco users or tobacco users in cessation, broken down by gender and age groups: less than 12, 12 through 17, 18 and older.

2.4.6.4 Numerators

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

2.4.6.5 Definitions

Denominator

Current Tobacco Users or Tobacco Users in Cessation:

CRS will search first for all health factors documented in the Tobacco, TOBACCO (SMOKING) and TOBACCO (SMOKELESS – CHEWING/DIP) categories during the Report Period.

If health factor(s) are found and at least one of them is one of the health factors listed below, the patient is counted as a current tobacco user or tobacco user in cessation. The patient is not counted as receiving cessation counseling.

Tobacco User Health Factors (TUHF):

- Cessation-Smoker
- Cessation-Smokeless
- Current Smoker
- Current Smokeless
- Current Smoker and Smokeless
- Current Smoker, status unknown
- Current Smoker, every day
- Current Smoker, some day

If a health factor is found and it is *not* a TUHF, CRS will then search for CPT 1034F or 1035F documented after the health factor. If one of these codes is found, the patient will be considered a tobacco user.

If no health factor was found, CRS will then search for any of the following codes documented during the Report Period:

- Tobacco-related POV or active Problem List Diagnoses 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04.
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code).

If any of these codes are found, the patient will be considered a tobacco user.

If no health factor or other tobacco user-defining code listed above was found during the specified timeframe, CRS will then search for the most recent health factor documented during an *expanded* timeframe of any time prior to the report period. For example, a patient with the most recent health factor being documented five years prior to the report period.

Note: If multiple health factors were documented on the same date and if any of them are TUHF(s), all of the health factors will be considered as TUHF(s).

If a health factor is found during the expanded timeframe, and is a TUHF, the patient will be considered a potential tobacco user.

If a health factor is found during the expanded timeframe and it is not one of the TUHFs, CRS will then search for CPT 1034F or 1035F documented after the health factor. If one of these codes is found, the patient will be considered a potential tobacco user.

If no health factor was found, CRS will then search for any of the following codes documented through the beginning of the Report Period:

- Tobacco-related POV or active Problem List Diagnoses 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04.
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code).

If any of these codes are found, the patient will be considered a potential tobacco user. If one of these codes is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

If the patient is considered a potential tobacco user, CRS will then search for POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82 with a date occurring after the health factor date and through the beginning of the report period. If one of these diagnoses is found, the patient will be considered as having quit their tobacco use and will not be included in the denominator. If a diagnosis is not found, the patient is included as a current tobacco user and will be included in the denominator.

Tobacco Cessation Counseling

Any of the following documented anytime during the Report Period:

- Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00 through 649.04, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402, G8453
- Clinic code 94 (tobacco cessation clinic)
- Dental code 1320
- CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402, G8453

Prescription for Tobacco Cessation Aid

Any of the following documented anytime during the Report Period:

- Prescription for medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy that does not have a comment of RETURNED TO STOCK
- Prescription for any medication with name containing “NICOTINE PATCH”, “NICOTINE POLACRILEX”, “NICOTINE INHALER”, “NICOTINE NASAL SPRAY” that does not have a comment of RETURNED TO STOCK
- CPT 4001F

Quit Tobacco Use

Any of the following documented anytime during the Report Period *and* after the date of the code found indicating the patient was a current tobacco user:

- POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82
- Health Factor (looks at the last documented health factor): Previous Smoker, Previous Smokeless, Previous (former) smoker, Previous (former) smokeless

2.4.6.6 Patient Lists

- List of tobacco users with documented tobacco cessation intervention.
- List of tobacco users without documented tobacco cessation intervention.
- List of tobacco users who quit tobacco use.
- List of tobacco users who did not quit tobacco use.
- List of tobacco users with documented tobacco cessation intervention or who quit their tobacco use.
- List of tobacco users without documented tobacco cessation intervention and did not quit their tobacco use.

2.5 Behavioral Health Group

2.5.1 Alcohol Screening

2.5.1.1 Owner: Contact

Dr. Peter Stuart

2.5.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.5.1.3 Denominators

1. GPRA: Female Active Clinical Plus Behavioral Health (BH) patients ages 15 through 44 years of age.
2. GPRA Developmental: Active Clinical Plus BH patients ages 12 through 75, broken down by age groups: 12 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, and 55 through 75

2.5.1.4 Numerators

1. GPRA Developmental: Patients screened for alcohol use or had an alcohol-related diagnosis or procedure during the Report Period.

Note: This numerator does *not* include alcohol-related patient education.

2. Patients with alcohol-related patient education during the Report Period.
3. GPRA Developmental: Patients who were screened positive for alcohol use.

2.5.1.5 Definitions

Alcohol Screening

Any of the following during the Report Period:

- PCC Exam code 35
- Any CAGE Health Factor
- Screening Diagnosis V11.3, V79.1, or Behavioral Health System (BHS) problem code 29.1
- CPT 99408, 99409, G0396, G0397, H0049, H0050, 3016F
- V Measurement in PCC or BH of AUDT, AUDC, or CRFT

Alcohol-Related Diagnosis or Procedure

Any of the following during the Report Period:

- Alcohol-related diagnosis:
 - POV, current PCC or BHS Problem List 303.*, 305.0*, 291.*, 357.5*
 - BHS POV 10, 27, 29

- BHS Problem codes 10, 12.1, 14.2, 17.1, 18.1, 20.1, 22.1
- Alcohol-related Procedure
 - Procedure 94.46, 94.53, 94.61 through 94.63, 94.67 through 94.69

Alcohol-Related Patient Education

Any of the following during the Report Period:

- Patient education codes containing "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or V11.3, V79.1, 303.*, 305.0*, 291.* 357.5*, 99408, 99409, G0396, G0397, H0049, H0050, 3016F

Positive Screen for Alcohol Use

Any of the following for patients with alcohol screening:

- Exam code 35 Alcohol Screening result of “Positive”
- Health factor of CAGE result of 1/4, 2/4, 3/4 or 4/4
- CPT G0396, G0397, 99408, 99409
- AUDT result of greater than or equal to 8, AUDC result of greater than or equal to 4 for men and greater than or equal to 3 for women, CRFT result of 2 to 6

2.5.1.6 Patient Lists

- List of female Active Clinical patients 15 through 44 with documented screening.
- List of female Active Clinical patients 15 through 44 without documented screening.
- List of female Active Clinical patients 15 through 44 with a positive alcohol screen.
- List of female Active Clinical patients 15 through 44 with a negative alcohol screen.
- List of Active Clinical patients 12 through 75 with documented alcohol screening.
- List of Active Clinical patients 12 through 75 without documented alcohol screening.
- List of Active Clinical patients 12 through 75 with a positive alcohol screen.
- List of Active Clinical patients 12 through 75 with a negative alcohol screen.

2.5.2 Intimate Partner (Domestic) Violence Screening

2.5.2.1 Owner: Contact

Denise Grenier, LCSW and Dr. Peter Stuart

2.5.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.5.2.3 Denominators

1. GPRA: Female Active Clinical Plus BH patients ages 15 through 40.

2.5.2.4 Numerators

1. GPRA Developmental: Patients with an IPV/DV exam or IPV/DV-related diagnosis, procedure, or counseling any time during the Report Period.

Note: This numerator does *not* include IPV/DV-related patient education.

2. Patients with IPV/DV-related education during the Report Period

2.5.2.5 Definitions

IPV/DV Exam

- PCC Exam code 34
- BHS IPV/DV exam

IPV/DV Related Diagnosis

- POV, Current PCC or BHS Problem List 995.80 through 83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse)
- BHS POV 43.*, 44.*

IPV/DV Patient Education

Patient Education codes containing "DV-" or "-DV", 995.80 through 83, 995.85, V15.41, V15.42, V15.49

IPV/DV Counseling

POV V61.11

2.5.2.6 Patient Lists

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

2.5.3 Depression Screening

2.5.3.1 Owner: Contact

Cheryl Peterson, RN, MSN

2.5.3.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.5.3.3 Denominators

1. GPRA Developmental: Active Clinical Plus BH patients ages 18 and older.
2. GPRA Developmental: Active Clinical Plus BH patients ages 12 through 18.

2.5.3.4 Numerators

1. GPRA Developmental: Patients screened for depression or diagnosed with a mood disorder or suicide ideation at any time during the Report Period.

2.5.3.5 Definitions

Depression Screening

Any of the following:

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

Mood Disorders

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

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

Suicide Ideation

- POV V62.84
- BHS Problem code 39 during the Report Period

2.5.3.6 Patient Lists

- List of Active Clinical patients 18 and older screened for depression or diagnosed with mood disorder or suicide ideation.
- List of Active Clinical patients 18 and older not screened for depression or diagnosed with mood disorder or suicide ideation.
- List of Active Clinical patients 12 through 18 screened for depression or diagnosed with mood disorder or suicide ideation.
- List of Active Clinical patients 12 through 18 not screened for depression or diagnosed with mood disorder or suicide ideation.

2.6 Cardiovascular Disease Related Group**2.6.1 Comprehensive CVD-Related Assessment****2.6.1.1 Owner: Contact**

Mark Veazie, Dr. Dena Wilson and Chris Lamer, PharmD

2.6.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.6.1.3 Denominators

1. GPRA Developmental: Active CHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with coronary heart disease (CHD) prior to the Report Period, and at least two visits during the Report Period, and two CHD-related visits ever.
 - A. Active CHD patients ages 22 and older who are not Active Diabetic.
 - B. Active CHD patients ages 22 and older who are Active Diabetic.

2.6.1.4 Numerators

1. Patients with Blood Pressure value documented at least twice in prior two years.
2. Patients with LDL completed during the Report Period, regardless of result.
3. Patients who have been screened for tobacco use during the Report Period.
4. Patients for whom a BMI could be calculated.
5. Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the Report Period.
6. GPRA Developmental: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling.

Note: This numerator does *not* include depression screening.

7. Patients screened for depression or diagnosed with a mood disorder or suicide ideation at any time during the Report Period.

2.6.1.5 Definitions

Diabetes

Diagnosed with diabetes (first POV in V POV with 250.00 through 250.93) prior to the Current Report period, *and* at least two visits during the Current Report period, *and* two DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

CHD

- POV 410.0 through 413.*, 414.0 through 414.9, 429.2
- One or more Coronary Artery Bypass Graft (CABG) or Percutaneous Coronary Interventions (PCI) procedures, defined as any of the following:

- CABG Procedure
 - POV V45.81
 - CPT 33510 through 33514, 33516 through 33519, 33521 through 33523, 33533 through 33536, S2205 through S2209
 - Procedure 36.1*, 36.2*
- PCI Procedure
 - POV V45.82
 - CPT 92980, 92982, 92995, G0290
 - Procedure 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06 through 36.07

Blood Pressure

Having a minimum of two BPs documented in past two years. If CRS does not find two BPs, it will search for CPT 0001F, 2000F, 3074F through 3080F or POV V81.1 documented during the past two years. The following visits will be excluded:

- Service Category:
 - H (Hospitalization)
 - I (In Hospital)
 - S (Day Surgery)
 - O (Observation)
- Clinic codes:
 - 23 (Surgical)
 - 30 (ER)
 - 44 (Day Surgery)
 - C1 (Neurosurgery)
 - D4 (Anesthesiology)

LDL

Finds the most recent test done during the Report Period, regardless of the results of the measurement.

LDL Definition

- 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

Tobacco Screening

At least one of the following:

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

BMI

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

Medical Nutrition Therapy

- CPT 97802 through 97804, G0270, G0271
- Primary or secondary provider codes 07, 29
- Clinic codes 67 (dietary) or 36 (WIC)

Nutrition Education

- POV V65.3 dietary surveillance and counseling
- Patient education codes ending “-N” (Nutrition) or “-MNT” or containing V65.3 (or old code “-DT” (Diet))

Exercise Education

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

Related Exercise and Nutrition Education

- Patient education codes ending “-LA” (lifestyle adaptation) or containing “OBS-” (obesity) or 278.00 or 278.01

Depression Screening or Mood Disorder or Suicide Ideation DX

Any of the following during the report period:

- Depression Screening
 - Exam code 36
 - POV V79.0
 - CPT 1220F
 - BHS Problem code 14.1 (screening for depression)
 - V Measurement in PCC or BH of PHQ2 or PHQ9
- Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for:
 - Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS.
 - These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, 311; or BHS POV 14, 15
- Suicide Ideation DX
 - POV V62.84
 - BHS Problem code 39 during the Report Period

2.6.1.6 Patient Lists

- List of Active CHD patients 22+ with a comprehensive CVD assessment.
- List of Active CHD patients 22+ without a comprehensive CVD assessment.

2.7 STD-Related Group

2.7.1 HIV Screening

2.7.1.1 Owner: Contact

Lisa Neel, MPH and Dr. Marie Russell

2.7.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.7.1.3 Denominators

1. GPRA Developmental: User Population patients ages 13 through 64 with no recorded HIV diagnosis prior to the Report Period, broken down by gender and age groups: less than 13, 13 through 14, 15 through 19, 20 through 24, 25 through 29, 30 through 34, 35 through 39, 40 through 44, 45 through 49, 50 through 54, 55 through 59, 60 through 64, 65 and older.
2. User Population patients ages 13 through 64 with first recorded HIV diagnosis during the Report Period.

2.7.1.4 Numerators

1. GPRA Developmental: Patients who were screened for HIV during the Report Period.

Note: This numerator does *not* include refusals.

- A. Patients with a positive result.
 - B. Patients with a negative result.
 - C. Patients with no result.
2. Patients with documented HIV screening refusal during the Report Period.
 3. Patients who were screened for HIV in the past five years.

Note: This numerator does *not* include refusals.

4. Patients who were screened for HIV at any time before the end of the Report Period.

Note: This numerator does *not* include refusals.

5. GPRA Developmental: Number of HIV screens provided to User Population patients during the Report Period, where the patient was not diagnosed with HIV any time prior to the screen.

Note: This numerator does *not* have a denominator. This measure is a total count only, not a percentage.

6. Patients with CD4 count within 60 days of initial HIV diagnosis.
- A. Patients with CD4 less than 200.
 - B. Patients with CD4 greater than or equal to 200 and less than or equal to 350.
 - C. Patients with CD4 greater than 350 and less than or equal to 500.
 - D. Patients with CD4 greater than 500.
 - E. Patients with no CD4 result.

2.7.1.5 Definitions

HIV

Any of the following documented any time prior to the beginning of the report period:

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

HIV Screening

- CPT 86689, 86701 through 86703, 87390, 87391, 87534 through 87539
- LOINC taxonomy
- Site-populated taxonomy BGP HIV TESTS
- Refusal of any laboratory test in site-populated taxonomy BGP HIV TEST TAX

Note: Refusal is only included in the second numerator.

Positive HIV Result

- Positive result for HIV Screening test, defined as “Positive,” “P,” “Pos,” “R,” “Reactive,” “Repeatedly Reactive,” “+,” or containing “>”

- HIV diagnosis defined as any of the following documented any time after the HIV screening:
 - POV or Problem List codes 042, 042.0-044.9 (old codes), 079.53, V08, 795.71

Negative HIV Result

Negative result for HIV Screening test, defined as “Negative,” “N,” “Neg,” “NR,” “Non-Reactive,” “Non-Reactive,” or “-”

No Result

Any screening that does not have a positive or negative result.

CD4 Count

Searches for most recent CD4 test with a result during the Report Period. If none found, CRS searches for the most recent CD4 test without a result.

CD4 Test defined as:

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

2.7.1.6 Patient Lists

- List of User Population patients 13 through 64 with documented HIV test.
- List of User Population patients 13 through 64 without documented HIV test.
- List of User Population patients 13 through 64 with documented HIV test and positive result.
- List of User Population patients 13 through 64 with documented HIV test and negative result.
- List of User Population patients 13 through 64 with documented HIV test and no result.
- List of User Population patients with documented HIV test.

2.7.2 STI Screening**2.7.2.1 Owner: Contact**

Scott Tulloch

2.7.2.2 Denominators

1. GPRA Developmental: HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period.

2.7.2.3 Numerators

1. GPRA Developmental: Number of needed HIV/AIDS screenings performed from one month prior to the date of first STI diagnosis of each incident through two months after.

Note: This numerator does not include refusals.

2.7.2.4 Definitions

Key STIs

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

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

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

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

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

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

Table 2-1 contains an example of a patient with multiple incidents of single STI.

Table 2-1: Example of patient with multiple incidents of single STI

Date	Visit	Total Incidents
August 1, 2010	Patient screened for Chlamydia	0
August 8, 2010	Patient diagnosed with Chlamydia	1
October 15, 2010	Patient diagnosed with Chlamydia	2
October 25, 2010	Follow-up for Chlamydia	2
November 15, 2010	Patient diagnosed with Chlamydia	2
March 1, 2011	Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings

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

To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed in Table 2-2.

Table 2-2: Recommended screenings for each key STI

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

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

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

Numerator Logic

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

Chlamydia Screening

Any of the following during the specified time period:

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

Gonorrhea Screening

Any of the following during the specified time period:

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

HIV/AIDS Screening

Any of the following during the specified time period:

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

Syphilis Screening

Any of the following during the specified time period:

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

2.7.2.5 Patient Lists

- List of Active Clinical patients diagnosed with an STI who were screened for HIV.

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

2.8 High-Risk Medications Group

2.8.1 Use of High-Risk Medications in the Elderly

2.8.1.1 Owner: Contact

Dr. Bruce Finke

2.8.1.2 National Reporting

NATIONAL (*not* included in IHS Performance Report; *not* reported to OMB in the PART Report)

2.8.1.3 Denominators

1. GPRA Developmental: Active Clinical patients ages 65 and older, broken down by gender.

2.8.1.4 Numerators

1. GPRA Developmental: Patients who received at least one high-risk medication for the elderly during the Report Period.
2. GPRA Developmental: Patients who received at least two different high-risk medications for the elderly during the Report Period.

2.8.1.5 Definitions

High-risk medications for the elderly (i.e., potentially harmful drugs)

Defined with medication taxonomies:

Note: For each medication, the days' supply must be greater than zero. If the medication was started and then discontinued, CRS will recalculate the number of Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=November 15, 2010, Discontinued Date=November 19, 2010, Recalculated number of Days Prescribed=4. Medications must not have a comment of RETURNED TO STOCK.

- BGP HEDIS ANTIANXIETY MEDS
 - (Includes combination drugs) (Aspirin-Meprobamate, Meprobamate)
- BGP HEDIS ANTIEMETIC MEDS
 - (Scopolamine, Trimethobenzamide)
- BGP HEDIS ANALGESIC MEDS
 - (Includes combination drugs) (Ketorolac)
- BGP HEDIS ANTIHISTAMINE MEDS
 - (Includes combination drugs) (APAP and dextromethorphan and diphenhydramine, APAP and diphenhydramine and phenylephrine, APAP and diphenhydramine and pseudoephedrine, Acetaminophen-diphenhydramine, Carbetapentane and diphenhydramine and phenylephrine, Codeine and phenylephrine and promethazine, Codeine-promethazine, Cyproheptadine, Dexchlorpheniramine, Dexchlorpheniramine and dextromethorphan and PSE, Dexchlorpheniramine and guaifenesin and PSE, Dexchlorpheniramine and hydrocodone and phenylephrine, Dexchlorpheniramine and methscopolamine and PSE, Dexchlorpheniramine-pseudoephedrine, Dextromethorphan-promethazine, Diphenhydramine, Diphenhydramine and hydrocodone and phenylephrine, Diphenhydramine-magnesium salicylate, Diphenhydramine-phenylephrine, Diphenhydramine-pseudoephedrine, Hydroxyzine hydrochloride, Hydroxyzine pamoate, Phenylephrine-promethazine, Promethazine)
- BGP HEDIS ANTIPSYCHOTIC MEDS
 - (Thioridazine)
- BGP HEDIS AMPHETAMINE MEDS
 - (Amphetamine-destroamphetamine, Benzphetamine, Dexmethylphenidate, Dextroamphetamine, Diethylpropion], Methamphetamine, Methylphenidate, Phendimetrazine, Phenteramine)
- BGP HEDIS BARBITURATE MEDS
 - (Butabarbital, Mephobarbital, Pentobarbital, Phenobarbital, Secobarbital)
- BGP HEDIS BENZODIAZEPINE MEDS
 - (Includes combination drugs) (Amitriptyline-Chlordiazepoxide, Chlordiazepoxide, Chlordiazepoxide-clidinium, Diazepam, Flurazepam)
- BGP HEDIS CALCIUM CHANNEL MEDS
 - (Nifedipine–short acting only)
- BGP HEDIS GASTRO ANTISPASM MED
 - (Dicyclomine, Propantheline)

- BGP HEDIS BELLADONNA ALKA MEDS
 - (Includes combination drugs) (Atropine, Atropine and CPM and hyoscyamine and PE and scopolamine, Atropine and hyoscyamine and PB and scopolamine, Atropine-difenoxin, Atropine-diphenoxylate, Atropine-edrophonium, Belladonna, Belladonna and ergotamine and Phenobarbital, Butabarbital and hyoscyamine and phenazopyridine, Hyoscyamine, Hyoscyamine and methenam and m-blue and phenyl salicyl)
- BGP HEDIS SKL MUSCLE RELAX MED
 - (Includes combination drugs) (ASA and caffeine and orphenadrine, ASA and carisoprodol and codeine, Aspirin-carisoprodol, Aspirin-methocarbamol, Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine)
- BGP HEDIS ORAL ESTROGEN MEDS
 - (Includes combination drugs) (Conjugated estrogen, Conjugated estrogen-medroxyprogesterone, Esterified estrogen, Esterified estrogen-methyltestosterone, Estropipate)
- BGP HEDIS ORAL HYPOGLYCEMIC RX
 - (Chlorpropamide)
- BGP HEDIS NARCOTIC MEDS
 - (Includes combination drugs) (ASA and caffeine and propoxyphene, Acetaminophen-pentazocine, Acetaminophen-propoxyphene, Belladonna-opium, Meperidine, Meperidine-promethazine, Naloxone-pentazocine, Pentazocine, Propoxyphene hydrochloride, Propoxyphene napsylate)
- BGP HEDIS VASODILATOR MEDS
 - (Dipyridamole-short acting only, Ergot mesyloid, Isoxsuprine)
- BGP HEDIS OTHER MEDS AVOID ELD
 - (Includes androgens and anabolic steroids, thyroid drugs, and urinary anti-infectives) (Methyltestosterone, Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate, Thyroid desiccated)

2.8.1.6 Patient Lists

- List of Active Clinical patients 65 and older with at least one high-risk medication for the elderly.
- List of Active Clinical patients 65 and older without at least one high-risk medication for the elderly.

2.9 Other Clinical Measures Group

2.9.1 Visit Statistics

2.9.1.1 Owner: Contact

National GPRA Steering Committee

2.9.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.9.1.3 Denominators

1. All Active Clinical patients.
2. Active Clinical patients ages 2 through 18.
3. Active Clinical patients ages 5 and older.
4. Active Clinical patients ages 12 through 18.
5. Active Clinical patients ages 12 through 75.
6. Female Active Clinical patients ages 15 through 40.
7. Female Active Clinical patients ages 15 through 44.
8. Active Clinical patients ages 18 and older.
9. Active Clinical patients ages 65 and older.
10. Active Clinical patients identified as current tobacco users prior to the Report Period.

2.9.1.4 Numerators

1. Patients who do not have a qualifying visit during the Report Period.
2. Patients who qualify as Active Clinical patients with Urgent Care as their only core clinic.

2.9.1.5 Definitions

Qualifying Visits

- Service Category A, H, O, R, S; and
- Not Clinic code 42 (Mail), 51 (Telephone Call), 52 (Chart Review), 53 (Follow-up Letter).

Current Tobacco Users

Any of the following documented prior to the report period:

- Health Factors (looks at the last documented in the Tobacco, TOBACCO (SMOKING) and TOBACCO (SMOKELESS–CHEWING/DIP) categories): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless, Current Smoker, status unknown, Current smoker, every day, Current smoker, some day
- Last documented Tobacco-related Diagnoses (POV or active Problem List) 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04
- Last documented CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code)

If any of the above are found, the patient is considered a tobacco user.

Urgent Care Visits

Clinic code 80

2.9.1.6 Patient Lists

- List of Active Clinical patients with no qualifying visit during the Report Period.
- List of Active Clinical patients with Urgent Care as their only core clinic.

List of Acronyms

AI/AN	American Indian/Alaska Native
BH	Behavioral Health
BHS	Behavioral Health System
BMI	Body Mass Index
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
CVX	Vaccine Code
DCBE	Double Contrast Barium Enema
DM	Diabetes Mellitus
DNKA	Did Not Keep Appointment
DPST	Demo/Test Patient Search Template
ER	Emergency Room
ETDRS	Early Treatment Diabetic Retinopathy Study
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test

FY	Fiscal Year
GPRA	Government Performance and Results Act of 1993
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IHS	Indian Health Service
IMM	Immunization
IPV/DV	Intimate Partner Violence/Domestic Violence
LDL	Low-Density Lipoprotein
LOINC	Logical Observations Identifiers, Names, Codes
NMI	Not Medically Indicated
OMB	Office of Management and Budget
PART	Program Assessment Rating Tool
PCC	Patient Care Component
PCI	Percutaneous Coronary Interventions
POV	Purpose of Visit
RPMS	Resource and Patient Management System
STI	Sexually Transmitted Infection

Contact Information

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

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

Fax: (505) 248-4363

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

Email: support@ihs.gov