RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

CRS Clinical Performance Measure Logic Manual for FY 2013 Clinical Measures

Version 13.0 Patch 1
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Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

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Preface

The Government Performance and Results Act (GPRA) requires federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. The Indian Health Service (IHS) GPRA report includes measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions.

The IHS Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) software application designed for national reporting as well as Area Office and local monitoring of clinical GPRA and developmental measures. CRS was first released for Fiscal Year (FY) 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area (GPRA2000).

This manual contains the FY 2013 clinical performance measure definitions and logic for the CRS 2013 Version 13.0 software. CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want to and can also use CRS to transmit data to their Area. The Area Office can use CRS to produce an aggregated Area report for either annual GPRA or Area Director Performance reports.

CRS produces reports on demand from local RPMS databases for both GPRA and developmental clinical measures that are based on RPMS data, thus eliminating the need for manual chart audits for evaluating and reporting clinical measures.

To produce reports with comparable data across every facility, the GPRA measures definitions was “translated” into programming code with the assistance of clinical subject matter experts. CRS uses predefined taxonomies to find data items in the RPMS Patient Care Component (PCC) to determine if a patient meets the performance measure criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure has one or more defined denominators and numerators.

Administrative and clinical users can produce reports for selected measures at any time to:

- Identify potential data issues in their RPMS, i.e., missing or incorrect data.

- Monitor their site's performance against past national performance and upcoming agency goals.
- Identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes.
- Quickly measure impact of process changes on performance measures.
- Identify areas meeting or exceeding measures to provide lessons learned.

Users of the RPMS CRS include:

- Area Office and site quality improvement staff
- Compliance Officers
- GPRA coordinators
- Clinical staff, such as physicians, nurses, nurse practitioners, and other providers
- Area Office directors
- Any staff involved with quality assurance initiatives
- Staff who run various CRS reports

1.0 Introduction

This manual provides information on the performance measure logic used by the Clinical Reporting System (CRS) Version 13.0 Selected Measures (Local) Report (Fiscal Year [FY] 2013 Clinical Performance Measures). For information on system setup, available reports and steps for running the reports, and performing Area Office functions, refer to the CRS Version 13.0 User Manual.

2.0 Performance Measure Logic

This section provides the following information for each performance measure topic:

- For Government Performance and Results Act (GPRA) measures, the measure description is provided as stated in the Indian Health Service (IHS) Annual Performance Report to Congress
- Definitions of all denominators and numerators for each performance measure topic
- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies, and/or values searched
- Key changes to logic from the previous year, if any
- Description of which patients and information are contained on the patient list
- Performance measure source and past IHS performance, if any, and IHS or Healthy People (HP) 2020 targets for the performance measure
- Report examples
- Patient list examples

> **Note:** All report examples and patient list examples used in this section were produced from "scrubbed" demonstration databases and do not represent individual patient data.

2.1 Performance Measure Logic Basics

2.1.1 CRS Denominator Definitions

Each performance measure topic has one or more define denominators and numerators. The denominator is the total population that is being reviewed for a specific measure. For the National GPRA & Program Assessment Rating Tool (PART) Report, only one denominator for each topic is reported. These denominators are pre-defined, based on the Active Clinical Population definition. For the Selected Measures reports for local use (CRS Version 13.0 User Manual, Section 5.11), multiple denominators may be reported to provide a complete picture of clinical performance. There are also additional options available to further refine denominator definitions.

2.1.1.1 Denominator Definitions for National GPRA Reporting

The Active Clinical population is the denominator definition used as the basis for *most* GPRA measures. This denominator was developed in FY 2003 specifically for clinical performance measures because it is more representative of the active clinical population.

> **Note**: There are facilities that do not offer direct care. Patients in these facilities receive only Contract Health Services (CHS) and therefore do not meet the requirements of the Active Clinical population. A new site parameter, Contract Health Site Only, was added for these facilities in FY2006.

Prior to FY 2003, the GPRA User Population denominator definition was used for national reporting, similar to the agency's IHS User Population definition.

The *Active Clinical* population for the National GPRA & PART Report is defined by the following criteria:

- Patients with the name of "DEMO, PATIENT" or who are included in the Resource and Patient Management System (RPMS) Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient 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:

Clinic Code	Clinic Description
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 either to one of the core medical clinics in the previous list or to one of the following additional medical clinics:

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology - Hepatology
B9	Oncology - Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.
- Patient must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient 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.

The *Active Clinical Plus Behavioral Health Population* for National GPRA & PART Reports is defined as follows:

- Patients with the name of "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 automatically excluded from the denominator.
- Patient 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:

Clinic Code	Clinic Description
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 *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk

Clinic Code	Clinic Description
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy
C4	Behavioral Health
C9	Telebehavioral Health

- Patient must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient 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 that is specified by the user.

The *Active Clinical CHS Population* for National GPRA & PART Reports is defined as follows:

- Patients with the name of "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 automatically excluded from the denominator.
- Patient must have two CHS visits in the three years prior to the end of the report period.
- Patient must be alive on the last day of the report period.

- Patient must be AI/AN (defined as Beneficiary 01). This item is entered and updated during the patient registration process.
- User 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 that is specified by the user.

The *Active Clinical Behavioral Health Population* for National GPRA & PART Reports is defined as follows:

- Patients with the name of "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 automatically excluded from the denominator.
- Patient must have two behavioral health visits in the three years prior to the end of the report period.
- Patient must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This item is entered and updated during the patient registration process.
- User must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the Urban Outreach & Referral catchment area specified in the community taxonomy that is specified by the user.

The *GPRA User Population* for the National GPRA & PART Report is defined by the following criteria:

- Patients with the name of "DEMO, PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Patient must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient 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.

> **Note:** The GPRA User Population definition is similar, but not identical, to the definition used by IHS headquarters (HQ) for annual user population statistics. GPRA "visits" are not required to be workload reportable as defined by IHS HQ.

2.1.1.2 Denominator Definitions for Selected Measures Reports

In addition to the National GPRA & PART Report, CRS provides Selected Measures reports intended for local facility use for specific public health and/or performance improvement initiatives (CRS Version 13.0 User Manual, Section 5.12). Multiple denominators and numerators will be reported for each measure (e.g., *both* Active Clinical and GPRA User Population). Users have additional options to define the denominators as explained below.

The Active Clinical Population for Selected Measures (Local) Reports is defined as follows:

- Patients with name "DEMO, PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient 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:

Clinic Code	Clinic Description
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 either to one of the core medical clinics in the previous list or to one of the following additional medical clinics:

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology - Hepatology
B9	Oncology - Hematology
C3	Colposcopy

- Patient must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN, or both. This data item is entered and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

The *Active Clinical Plus Behavioral Health Population* for Selected Measures (Local) Reports is defined as follows:

- Patients with the name of "DEMO, PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient 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:

Clinic Code	Clinic Description
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 *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk

Clinic Code	Clinic Description
27	General Preventive
31	Hypertension
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both. This data item is typed and updated during the patient registration process.
- 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.

The *Active Clinical CHS Population* for Selected Measures (Local) Reports is defined as follows:

- Patients with the name of "DEMO, PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have two CHS visits in the three years prior to the end of the Report Period.
- Patient 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 patient (patient panel); or all patients regardless of community of residence.

The *Active Clinical Behavioral Health Population* for Selected Measures (Local) Reports is defined as follows:

- Patients with the name of "DEMO, PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have two behavioral health visits in the three years prior to the end of the Report Period.
- Patient 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 patient (patient panel); or all patients regardless of community of residence.

The *User Population* for Selected Measures (Local) reports is defined as follows:

- Patients with the name of "DEMO, PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be excluded from the denominator automatically.
- Patient must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Patient 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 patient (patient panel); or all patients regardless of community of residence.

2.1.2 Performance Measure Logic Example

Cancer Screening: Pap Smear Rates: During FY 2013, establish a baseline for the proportion of female patients ages 25 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous four years.

For CRS, the GPRA measure definition is defined as:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 25 through 64, excluding those with documented history of hysterectomy. (The clinical owner of the measure has determined based on current medical guidelines that "eligible" women are defined as ages 25 through 64.)

- Numerator (those from the denominator who meet the criteria for the measure): patients with documented Pap smear in past four years.

For the programmer, the Pap Smear measure is described in terms of the following logic:

1. Begin with the Active Clinical population definition.
    - Exclude any patients with the name of "DEMO, PATIENT."
    - Exclude any patient records that are included in the RPMS Demo/Test Patient Search Template.
    - Exclude any patients with a date of death in the Patient Registration file.
    - Exclude any patients who do *not* have value 01 (AI/AN) in the Beneficiary field in Patient Registration file.
    - Exclude any patients whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.
    - For the remaining patients, search visit files for the three years prior to the selected report end date; exclude any patients whose visits do not meet the "two medical clinics" definition; *or*, for facilities with the CHS-Only site parameter set to Yes, exclude any patients who do not have two CHS visits in the past three years.
2. From these patients, identify the subset that are female and that are at least age 25 on the first day of the current report period and less than age 65 on the last day of the report period.
3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes 68.4 through 68.9 or V CPT for CPT codes 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 or V POV 618.5, 752.43, V67.01, V76.47, V88.01, V88.03 or Women's Health procedure called Hysterectomy any time before the end of the report period.
4. For these patients (the denominator), check for a Pap smear in the past four years in the following order:
    a. Check V Lab for a lab test called Pap Smear and for any site-populated pap smear lab test documented in the BGP PAP SMEAR TAX taxonomy; *or*
    b. Check V Lab for any LOINC code listed in the predefined BGP PAP LOINC CODES taxonomy (see the *CRS Technical Manual* for specific codes); *or*

c. Check the Purpose of Visit file (V POV) for: a diagnosis of: V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, 795.0*; *or*

d. Check V Procedures for a procedure of 91.46; *or*

e. Check V CPT for the following CPT codes: 88141 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, Q0091; *or*

f. Check the Women's Health Tracking package for documentation of a procedure called Pap Smear and where the result does *not* have "ERROR/DISREGARD".

If a visit with any of the specified codes is found, the patient is considered to have met the measure, and the program checks the next patient.

2.1.3 Age Ranges

Unless otherwise noted, for the purposes of CRS reports, the age of a patient is calculated at the beginning of the report period. For example, for a report period of July 1, 2012 through June 30, 2013, Jane Doe is defined as age 74 if her birth date is June 10, 1938, even though she becomes age 75 during the report period.

2.1.4 Standard Health Care Codes

2.1.4.1 Current Procedural Terminology Codes

One of several code sets used by the healthcare industry to standardize data, and allow for comparison and analysis. Current Procedural Terminology (CPT) was developed and is updated annually by the American Medical Association, and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

2.1.4.2 International Classification of Disease Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease (ICD) is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure, and reasons for contact with healthcare providers. IHS currently uses ICD, Ninth Revision (ICD-9) for coding. CRS searches for ICD and other codes as specified in the logic definition, to determine if a patient meets a denominator or numerator definition.

2.1.4.3 Logical Observation Identifiers Names and Codes

Logical Observation Identifiers Names and Codes (LOINC®). A standard coding system originally initiated for laboratory values, the system is being extended to include non-laboratory observations (electrocardiograms, vital signs, etc.). Standard code sets are used to define individual tests and mitigate variations in local terminologies for laboratory and other healthcare procedures, for example, Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

Refer to the CRS Version 13.0 Technical Guide for a list of specific LOINC codes included in each LOINC taxonomy.

2.2 Diabetes Related Measure Topics

2.2.1 Diabetes Prevalence

Denominators

All *User Population patients*. Broken down by gender and age groups (less than (<)15, 15 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 64, greater than (>) 64 years).

Numerators

Anyone diagnosed with Diabetes *at any time* before the end of the Report Period.

Anyone diagnosed with Diabetes *during* the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Diabetes definition: At least one diagnosis of 250.00 through 250.93 recorded in V POV file.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of diabetic patients with most recent diagnosis.

Measure Source

HP 2010 5–2, 5–3

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance	13.4%
IHS FY 2011 Performance	12.8%
IHS FY 2010 Performance	12.0%
IHS FY 2009 Performance	12.0%
IHS FY 2008 Performance	12.0%
IHS FY 2007 Performance	11.0%
IHS FY 2006 Performance	11.0%
IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	10.0%

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      *** IHS 2013 Selected Measures with Community Specified Report ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2013 to Dec 31, 2013
               Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Diabetes Prevalence

Denominator(s):
 - All User Population patients. Broken down by gender and by age groups: < 15,
15-19, 20-24, 25-34, 35-44, 45-54, 55-64, > 64.

Numerator(s):
 - Anyone diagnosed with Diabetes at any time before the end of the Report
Period.
 - Anyone diagnosed with Diabetes during the Report Period.

Logic:
Age is calculated at the beginning of the Report Period. Diabetes
diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in
the V POV file.
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Performance Measure Description:
Continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

Past Performance and/or Target:
IHS Performance: FY 2012 - 13.4%, FY 2011 - 12.8%, FY 2010 - 12%, FY 2009 - 12%, FY 2008 - 12%, FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%

Source:
HP 2010 5-2, 5-3

Diabetes Prevalence

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	2,896		2,456			2,346		
# w/ any DM DX	265	9.2	243	9.9	-0.7	197	8.4	+0.8
# w/ DM DX w/in past year	173	6.0	146	5.9	+0.0	100	4.3	+1.7
# Male User Pop	1,368		1,152			1,109		
# w/ any DM DX	114	8.3	104	9.0	-0.7	72	6.5	+1.8
# w/DM DX w/in past year	82	6.0	78	6.8	-0.8	48	4.3	+1.7
# Female User Pop	1,528		1,304			1,237		
# w/ any DM DX	151	9.9	139	10.7	-0.8	125	10.1	-0.2
# w/ DM DX w/in past year	91	6.0	68	5.2	+0.7	52	4.2	+1.8

Figure 2-1: Sample Summary Report, Diabetes Prevalence Topic

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*** IHS 2013 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2013 to Dec 31, 2013
Previous Year Period: Jan 01, 2012 to Dec 31, 2012
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes Prevalence (con't)

	TOTAL USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	730	239	261	403	389	390	262	222
# w/ DM DX ever	1	3	7	37	57	67	50	43
% w/ DM DX ever	0.1	1.3	2.7	9.2	14.7	17.2	19.1	19.4
# w/DM DX in past yr	0	2	3	14	42	49	34	29

% w/DM DX in past yr	0.0	0.8	1.1	3.5	10.8	12.6	13.0	13.1
PREVIOUS YEAR PERIOD								
Total # User Pop	711	227	243	352	316	277	181	149
# w/ DM DX ever	3	4	9	31	54	57	45	40
% w/ DM DX ever	0.4	1.8	3.7	8.8	17.1	20.6	24.9	26.8
# w/DM DX in past yr	1	3	3	9	33	37	31	29
% w/DM DX in past yr	0.1	1.3	1.2	2.6	10.4	13.4	17.1	19.5
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.5	-1.0	+0.4	-2.4	-3.4	-5.8	-7.5
w/DM DX in past yr	-0.1	-0.5	-0.1	+0.9	+0.4	-0.8	-4.1	-6.4
BASELINE REPORT PERIOD								
Total # User Pop	787	208	217	329	293	228	141	143
# w/ DM DX ever	2	4	12	20	38	46	31	44
% w/ DM DX ever	0.3	1.9	5.5	6.1	13.0	20.2	22.0	30.8
# w/DM DX in past yr	2	1	3	7	18	21	20	28
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.1	9.2	14.2	19.6
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.1	-0.7	-2.8	+3.1	+1.7	-3.0	-2.9	-11.4
w/DM DX in past yr	-0.3	+0.4	-0.2	+1.3	+4.7	+3.4	-1.2	-6.5

Figure 2-2: Sample Age Breakdown Page, Diabetes Prevalence Topic

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          ***  IHS 2013 Clinical Performance Measure Patient List  ***
                              DEMO INDIAN HOSPITAL
                     Report Period: Jan 01, 2013 to Dec 31, 2013
                              Entire Patient List
--------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Diabetes Prevalence: List of diabetic patients with most recent diagnosis

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------

PATIENT1,DEBORAH        000001 COMMUNITY #1   F  20
UP                            02/01/13 POV 250.00
PATIENT2,TARA           000002 COMMUNITY #1   F  21
UP                            05/24/13 POV 250.00
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  28
UP                            03/30/13 POV 250.00
PATIENT4,WINONA         000004 COMMUNITY #1   F  37
UP                            04/30/13 POV 250.00
PATIENT5,NADINE         000005 COMMUNITY #1   F  44
UP                            03/19/13 POV 250.00
PATIENT6,RUTH           000006 COMMUNITY #1   F  44
UP                            03/19/13 POV 250.00
```

Figure 2-3: Sample Patient List, Diabetes Prevalence, Patients with Diabetes Diagnosis

2.2.2 Diabetes Comprehensive Care

Denominators

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two diabetes mellitus- (DM-) related visits ever.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two diabetes mellitus- (DM-) related visits ever, without a documented history of bilateral blindness.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two diabetes mellitus- (DM-) related visits ever, without a documented history of bilateral foot amputation or two separate unilateral foot amputations.

Numerators

Patients with hemoglobin A1c documented during the Report Period, regardless of result

Patients with blood pressure (BP) documented during the Report Period

Patients with controlled BP, defined as less than (<) 140/90, i.e., the mean systolic value is less than 140 and the mean diastolic value is less than 90

Patients with low-density lipoprotein (LDL) completed during the Report Period, regardless of result

Patients with nephropathy assessment, defined as an estimated GFR with result and a quantitative urinary protein assessment during the Report Period *or* with the evidence of diagnosis and/or treatment of end-stage renal disease (ESRD) at any time before the end of the Report Period

Patients receiving a qualified retinal evaluation during the Report Period

Note: This numerator does *not* include refusals.

Patients with diabetic foot exam during the Report Period

Note: This numerator does *not* include refusals.

Patients with comprehensive diabetes care (Documented A1c *and* Blood Pressure *and* LDL *and* Nephropathy Assessment *and* Retinal Exam *and* Diabetic Foot Exam).

Logic Description

Diabetes definition: First Purpose of Visit (POV) 250.00 through 250.93 recorded in the POV file prior to the Report Period.

A1c definition: Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as: CPT 83036, 83037, 3044F through 3046F, 3047F (old code); LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX.

BP documented definition: Having a minimum of two BPs documented during the Report Period.

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

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 during the Report Period.

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

BP documented and Controlled BP: If CRS is not able to calculate a mean BP from BP measurements, it will search for the most recent of any of the following CPT codes documented during the Report Period: BP Documented: 0001F or 2000F; *or* Systolic 3074F, 3075F, or 3077F *with* Diastolic: 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 combinations represent BP less than (<) 140/90 and will be included in the Controlled BP numerator: CPT 3074F or 3075F *and* 3078F or 3079F. All other combinations *will not* be included in the Controlled BP numerator.

LDL definition: Finds last test done during the Report Period; defined as CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Nephropathy assessment definition: (1) Estimated GFR with result during the report period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, *and* (2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, 84156, 3060F, 3061F, or 3062F; (B) LOINC taxonomy; or (C) 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) ESRD diagnosis/treatment defined as any of the following ever: (A) V CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), or S9339; (B) V POV 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.*; (C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, or 55.6*.

Qualified retinal evaluation definition: (1) diabetic retinal exam or (2) other eye exam. The following methods are qualifying for this measure: (1) dilated retinal evaluation by an optometrist or ophthalmologist, or (2) seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist, or (3) any photographic method formally validated to seven standard fields (ETDRS).

- *Diabetic Retinal Exam*: Any of the following during the Report Period: (1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination or formally validated* ETDRS photographic equivalent), (2) 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*: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or formally validated* teleophthalmology retinal evaluation clinics or (2) 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.

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

**Validated photographic (teleophthalmology) retinal surveillance.

Bilateral blindness defined as: 1) Diagnosis (POV or problem list): 369.01, 369.03, 369.04.

Diabetic foot exam definition: (1) Exam Code 28 Diabetic Foot Exam, Complete; (2) non-DNKA visit with a podiatrist (Provider Codes 33, 84 or 25), (3) non-DNKA visit to Podiatry Clinic (Clinic Code 65), or (4) CPT 2028F.

Bilateral foot amputation definition: CPT 27290.50 through 27295.50, 27590.50 through 27592.50, 27598.50, 27880.50 through 27882.50 (50 modifier indicates bilateral)

Unilateral foot amputation definition: Must have 2 separate occurrences for either CPT or Procedure codes on 2 different dates of service: (1) CPT 27290 through 27295, 27590 through 27592, 27598, 27880 through 27882, or (2) ICD Procedure codes 84.10, 84.13 through 84.19.

Key Logic Changes from CRS Version 12.1

1. Removed POV code 585.5 from ESRD definition.
2. Excluded patients with bilateral blindness from retinopathy denominator.
3. Added visit exclusions (ER/surgery/etc.) to BP logic.
4. Changed definition of controlled BP from less than 130/80 to less than 140/90.
5. Added CPT codes 3075F and 3079F to controlled BP definition.
6. Removed codes 43396-1, 11054-4, 13459-3, 14155-6, 16615-7, 16616-5, 43394-6, 44711-0, 44915-7, 50193-2, 53133-5, 56036-7 from LDL LOINC taxonomy.
7. Removed codes 1753-3, 20621-9, 2887-8, 13991-5, 40857-5, 53229-1, 53525-2, 32209-9, 50949-7 from Quantitative Urine Protein LOINC taxonomy.
8. Added CPT codes 3060F, 3061F, and 3062F to Quantitative Urinary Protein Assessment definition.
9. Added CPT code 3066F to ESRD definition.
10. Removed Procedure code 95.02 from Other Eye Exam definition.
11. Added code 71875-9 to HGBA1C LOINC taxonomy.
12. Added code 69419-0 to LDL LOINC taxonomy.

Patient List Description

List of diabetic patients with documented tests, if any.

Measure Source

Foot Exam: HP 2020 D-9

Measure Past Performance and Long-Term Targets

Target	Percent
HP 2020 goal for foot exam	*74.8%*

```
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      *** IHS 2013 Selected Measures with Community Specified Report ***
                            DEMO INDIAN HOSPITAL
                    Report Period: Jan 01, 2013 to Dec 31, 2013
                Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000

-------------------------------------------------------------------------------
Diabetes Comprehensive Care

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts     144             97                     87

# w/Comp Diabetes
 Care                    10   6.9        1   1.0     +5.9       0   0.0     +6.9
# w/A1c done
 w/ or w/o result        92  63.9       70  72.2     -8.3      52  59.8     +4.1
# w/ BPs documented     120  83.3       78  80.4     +2.9      74  85.1     -1.7
# w/Controlled BP
 <140/90                 28  19.4       20  20.6     -1.2      13  14.9     +4.5
# w/ LDL done            78  54.2       46  47.4     +6.7      23  26.4    +27.7
# w/ est GFR & quant
 UP assmt or
 w/ESRD                  53  36.8       11  11.3    +25.5       6   6.9    +29.9

Active Diabetic Pts w/o
Hx of Bilateral
Blindness               141             97                     87

# w/Retinal Evaluation
-No Refusals             53  37.6       38  39.2     -1.6      44  50.6    -13.0

Active Diabetic Pts w/o
Hx of Bilateral
Amputation              137             97                     87

# w/Diabetic Foot Exam
 -No Refusals            20  14.6       18  18.6     -4.0      16  18.4     -3.8
```

Figure 2-4: Sample Summary Report, Diabetes Comprehensive Care Topic

```
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          ***  IHS 2013 Clinical Performance Measure Patient List  ***
                               DEMO INDIAN HOSPITAL
                      Report Period: Jan 01, 2013 to Dec 31, 2013
                                   Entire Patient List
```

```
--------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Diabetes Comprehensive Care: List of diabetic patients with documented tests,
if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45
AD                           A1c: 02/28/13 6.6; BPs: 143/92 UNC; LDL: 10/28/13 119;
EYE: 01/07/13 Cl 18
PATIENT2,TARA           000002 COMMUNITY #1   F  51
AD                           BP: <140/90: BPs: 118/61; ESRD: 03/03/13 90951; FOOT
AMPUTATION
PATIENT3,BARBIE         000003 COMMUNITY #1   F  52
AD                           A1c: 04/09/13 6.5; BPs: 148/86 UNC; GFR: 04/09/13 &
QUANT UP: 03/31/13 QUANT URINE PROTEIN; EYE: 03/30/13 Cl 18; FOOT EXAM: 01/07/13
Cl 65
PATIENT4,DONALD         000004 COMMUNITY #1   M  25
AD                           BILATERAL BLINDNESS
```

Figure 2-5: Sample Patient List, Diabetes Comprehensive Care

2.2.3 Diabetes: Glycemic Control

GPRAMA Measure Description, Good Glycemic Control

During FY 2013, establish a baseline for the proportion of patients with diagnosed diabetes who have good glycemic control (defined as A1c less than (<) 8).

Denominators

All *User Population patients* diagnosed with diabetes prior to the report period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever. (GPRAMA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are age 19 or older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM related visits ever; (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than five.

Numerators

Number of patients with a Hemoglobin A1c documented during the Report Period, regardless of result.

Poor Control: Total of Poor and Very Poor Control: Patients with A1c greater than (>) 9.5.

Very Poor Control: Patients with A1c equal to or greater than (=>) 12.

Poor Control: Patients with A1c greater than (>) 9.5 and less than (<) 12.

Fair Control: Patients with A1c equal to or greater than (=>) 8 and less than or equal to (<=) 9.5.

Patients with A1c equal to or greater than (=>) 7 and less than (<) 8.

Good Control: Patients with A1c less than (<) 8. (GPRAMA Numerator)

Ideal Control: Patients with A1c less than (<) 7.

Without Result: Patients with A1c documented but no value.

Logic Description

Diabetes definition: First Purpose of Visit 250.00 through 250.93 recorded in the V POV file prior to the Report Period.

Hemoglobin A1c definition: Searches for most recent A1c test with a result during the Report Period. If more than one A1c test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If both tests have a result, the last test done on the visit will be used. If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result. Without result is defined as A1c documented but with no value.

CRS uses the following definitions:

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Hemoglobin A1c	83036, 83037, 3044F-3046F, 3047F (old code) **Note**: CPT 3044F represents A1c less than(<)7 and will be included in the Ideal Control numerator.	Yes	DM AUDIT HGB A1C TAX

In the CPT Codes column, specific LOINC codes used CRS are located in the *CRS Technical Manual*.

Key Logic Changes from CRS Version 12.1

1. Updated logic to look for the last A1c done on a visit if there is more than one with results for a visit.
2. Added new "Good Control" numerator of A1c less than (<) 8 and added GPRAMA label.
3. Removed "Good Control" label from equal to or greater than (=>) 7 and less than (<) 8 measure.
4. Removed GPRA labels from Ideal Control and Poor Control measures.
5. Added code 71875-9 to HGBA1C LOINC taxonomy.

Patient List Description

List of diabetic patients with most recent A1c value, if any.

Measure Source

HEDIS; HP 2020 D-11, D-5

Measure Past Performance and Long-Term Targets

Hemoglobin A1c Documented

Performance	Percent
IHS FY 2012 Performance	84.9%
IHS FY 2011 Performance	83.0%
IHS FY 2010 Performance	82.0%
IHS FY 2009 Performance	80.0%
IHS FY 2008 Performance	79.0%
IHS FY 2007 Performance	79.0%

Performance	Percent
IHS FY 2006 Performance	79.0%
IHS FY 2005 Performance	78.0%
IHS FY 2004 Performance	77.0%
IHS FY 2003 Performance	75.0%
IHS FY 2002 Performance	73.0%
HP 2020 Goal	71.1%

Poor Glycemic Control

Performance	Percent
IHS FY 2012 Performance	19.8%
IHS FY 2011 Performance	19.1%
IHS FY 2010 Performance	18.0%
IHS FY 2009 Performance	18.0%
IHS FY 2008 Performance	17.0%
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	16.0%
IHS FY 2005 Performance	15.0%
IHS FY 2004 Performance	17.0%
IHS FY 2003 Performance	17.0%
IHS FY 2002 Performance	18.0%

Ideal Glycemic Control

Performance	Percent
IHS FY 2012 Performance	33.2%
IHS FY 2011 Performance	31.9%
IHS FY 2010 Performance	32.0%
IHS FY 2009 Performance	31.0%
IHS FY 2008 Performance	32.0%
IHS FY 2007 Performance	31.0%
IHS FY 2006 Performance	31.0%
IHS FY 2005 Performance	30.0%
IHS FY 2004 Performance	27.0%
IHS FY 2003 Performance	28.0%
IHS FY 2002 Performance	25.0%
HP 2020 Goal	*58.9%*

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*** IHS 2013 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2013 to Dec 31, 2013
Previous Year Period: Jan 01, 2012 to Dec 31, 2012
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes: Glycemic Control

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to report end date	233		203			180		
# w/A1c done w/ or w/o result	97	41.6	72	35.5	+6.2	53	29.4	+12.2
# w/A1c =>12	4	1.7	2	1.0	+0.7	3	1.7	+0.1
# w/A1c >9.5 and <12	15	6.4	4	2.0	+4.5	8	4.4	+2.0
# w/A1c =>8 and =<9.5	11	4.7	18	8.9	-4.1	10	5.6	-0.8
# w/A1c=>7 and <8	15	6.4	15	7.4	-1.0	7	3.9	+2.5
# w/A1c <8	53	22.7	48	23.6	-0.9	30	16.7	+6.1
# w/A1c <7	38	16.3	33	16.3	+0.1	23	12.8	+3.5
# w/A1c w/o Result	14	6.0	0	0.0	+6.0	2	1.1	+4.9
Active Diabetic Pts (GPRAMA)	147		99			87		
# w/A1c done w/ or w/o result	94	63.9	70	70.7	-6.8	52	59.8	+4.2
# w/A1c > 9.5	19	12.9	6	6.1	+6.9	11	12.6	+0.3
# w/A1c =>12	4	2.7	2	2.0	+0.7	3	3.4	-0.7
# w/A1c >9.5 and < 12	15	10.2	4	4.0	+6.2	8	9.2	+1.0
# w/A1c =>8 and =<9.5	11	7.5	18	18.2	-10.7	10	11.5	-4.0
# w/A1c=>7 and <8	15	10.2	15	15.2	-4.9	7	8.0	+2.2
# w/A1c <8 (GPRAMA)	50	34.0	46	46.5	-12.5	29	33.3	+0.7
# w/A1c <7	35	23.8	31	31.3	-7.5	22	25.3	-1.5
# w/A1c w/o Result	14	9.5	0	0.0	+9.5	2	2.3	+7.2
Active Adult Diabetic Patients	104		76			63		
# w/A1c done w/ or w/o result	73	70.2	61	80.3	-10.1	46	73.0	-2.8
# w/A1c =>12	3	2.9	1	1.3	+1.6	3	4.8	-1.9
# w/A1c >9.5 and <12	13	12.5	3	3.9	+8.6	7	11.1	+1.4
# w/A1c =>8 and =<9.5	10	9.6	17	22.4	-12.8	8	12.7	-3.1

```
# w/A1c =>7
 and <8                  12  11.5       12  15.8     -4.3       6   9.5     +2.0
# w/A1c <8                41  39.4       40  52.6    -13.2      28  44.4     -5.0
# w/A1c <7                29  27.9       28  36.8     -9.0      22  34.9     -7.0
# w/A1c
 w/o Result               6   5.8        0   0.0     +5.8       0   0.0     +5.8
```

Figure 2-6: Sample Report, Diabetes: Glycemic Control Topic

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          ***  IHS 2013 Clinical Performance Measure Patient List  ***
                             DEMO INDIAN HOSPITAL
                     Report Period: Jan 01, 2013 to Dec 31, 2013
                             Entire Patient List

--------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Diabetes: Glycemic Control: List of diabetic patients with most recent A1c
value, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DEBORA         000001 COMMUNITY #1   F  45
UP,AD,AAD                      03/28/13 A1c: 6.6
PATIENT2,TARA           000002 COMMUNITY #1   F  51
UP,AD,AAD                      02/20/13 A1c: 12.4
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52
UP,AD,AAD                      04/09/13 A1c: 6.5
PATIENT4,WINONA         000004 COMMUNITY #1   F  53
UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61
UP,AD,AAD                      02/01/13 A1c: 6.5
PATIENT6,RUTH           000006 COMMUNITY #1   F  64
UP
```

Figure 2-7: Sample Patient List, Diabetes: Glycemic Control

2.2.4 Diabetes: Blood Pressure Control

GPRA Measure Description

During FY 2013, establish a baseline for the proportion of patients with diagnosed diabetes who have achieved blood pressure control (defined as less than (<)140/90).

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever. (GPRA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are age 19 or older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM-related visits ever, (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than five.

Numerators

Patients with BP documented during the report period.

Patients with controlled BP, defined as less than (<) 140/90, i.e., the mean systolic value is less than 140 and the mean diastolic value is less than 90 (GPRA Numerator).

Patients with BP that is not controlled.

Logic Description

Diabetes definition: First DM POV 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 codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

BP documented definition: CRS uses mean of last three BPs documented during the Report Period. If three BPs are not available, uses mean of the 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) blood pressures and dividing by three (or two). 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 0001F, 2000F, 3074F-3080F or POV V81.1 documented during the Report Period.

Controlled BP definition: CRS uses a mean, as described above where BP is less than (<)140/90. 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 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 combinations represent BP less than (<)140/90 and will be included in the Controlled BP numerator: CPT 3074F or 3075F *and* 3078F or 3079F. All other combinations will *not* be included in the Controlled BP numerator.

CRS uses the following definition:

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX

In the LOINC Codes column, specific LOINC codes by CRS are location in the *CRS Technical Manual*.

Key Logic Changes from CRS Version 12.1

1. Added visit exclusions (ER/surgery/etc.) to logic.
2. Changed numerator to Patients with BP less than (<) 140/90, i.e., the mean systolic value is less than 140 AND the mean diastolic value is less than 90.
3. Added CPT codes 3075F and 3079F to controlled BP definition.

Patient List Description

List of diabetic patients with BP value, if any.

Measure Source

HP 2020 D-7

Measure Past Performance and Long-Term Targets

Controlled BP

Performance	Percent
Former definition of BP less than (<) 130/80:	
IHS FY 2012 Performance	38.9%

Performance	Percent
IHS FY 2011 Performance	37.8%
IHS FY 2010 Performance	38.0%
IHS FY 2009 Performance	37.0%
IHS FY 2008 Performance	38.0%
IHS FY 2007 Performance	39.0%
IHS FY 2006 Performance	37.0%
IHS FY 2005 Performance	37.0%
IHS FY 2004 Performance	35.0%
IHS FY 2003 Performance	37.0%
IHS FY 2002 Performance	36.1%
HP 2020 Goal	*57.0%*

BP Assessed

Performance	Percent
IHS FY 2012 Performance	88.5%
IHS FY 2011 Performance	87.9%
IHS FY 2010 Performance	89.0%
IHS FY 2009 Performance	88.0%
IHS FY 2008 Performance	89.0%
IHS FY 2005 Performance	89.0%

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                    Report Period: Jan 01, 2013 to Dec 31, 2013
                 Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Diabetes: Blood Pressure Control

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to report period        229            202                    180

# w/ BPs
 Documented             132  57.6       88  43.6    +14.1      84  46.7    +11.0
# w/controlled BP
 < 140/90                32  14.0       24  11.9     +2.1      18  10.0     +4.0
# w/Not controlled
 BP                      100  43.7       64  31.7    +12.0      66  36.7     +7.0

Active Diabetic Pts
```

(GPRA)	144		97			87		
# w/ BPs Documented	120	83.3	78	80.4	+2.9	74	85.1	-1.7
# w/Controlled BP < 140/90 (GPRA)	28	19.4	20	20.6	-1.2	13	14.9	+4.5
# w/Not controlled BP	92	63.9	58	59.8	+4.1	61	70.1	-6.2
Active Adult Diabetic Patients	102		75			63		
# w/ BPs Documented	82	80.4	61	81.3	-0.9	56	88.9	-8.5
# w/Controlled BP < 140/90	20	19.6	14	18.7	+0.9	8	12.7	+6.9
# w/Not controlled BP	62	60.8	47	62.7	-1.9	48	76.2	-15.4

Figure 2-8: Sample Report, Diabetes: Blood Pressure Control Topic

```
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          ***  IHS 2013 Clinical Performance Measure Patient List  ***
                            DEMO INDIAN HOSPITAL
                     Report Period: Jan 01, 2013 to Dec 31, 2013
                            Entire Patient List

--------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Diabetes: Blood Pressure Control: List of diabetic patients with BP value, if
any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45
UP,AD,AAD                      133/82 CON
PATIENT2,TARA           000002 COMMUNITY #1   F  51
UP,AD,AAD                      3074F/3080F UNC
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52
UP,AD,AAD                      138/66 CON
PATIENT4,WINONA         000004 COMMUNITY #1   F  53
UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61
UP,AD,AAD                      159/86 UNC
PATIENT6,RUTH           000006 COMMUNITY #1   F  64
UP                             139/74 CON
```

Figure 2-9: Sample Patient List, Diabetes: Blood Pressure Control

2.2.5 Diabetes: LDL Assessment

GPRA Measure Description

During FY 2013, achieve the target rate of 68.0% for the proportion of patients with diagnosed diabetes who are assessed for dyslipidemia (LDL cholesterol).

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever. (GPRA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are age 19 or older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM related visits ever, (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than five.

Numerators

Patients with LDL completed during the Report Period, regardless of result. (GPRA Numerator)

Patients with *LDL results* less than (<) 130.

a. Patients with LDL results less than or equal to (<=) 100
b. Patients with LDL results 101–129

Logic Description

Diabetes definition: First DM POV 250.00 through 250.93 recorded in the V POV file prior to the Report Period.

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

CRS uses the following to define the tests:

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
LDL Done	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F	Yes	DM AUDIT LDL CHOLESTEROL TAX
LDL less than (<)130	3048F, 3049F		Tests in above taxonomy with LDL less than (<)130
LDL equal to or less than (=<)100	3048F		Tests in above taxonomy with LDL equal to or less than (=<)100

In the LOINC Codes column, specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Key Logic Changes from CRS Version 12.1

1. Removed codes 43396-1, 11054-4, 13459-3, 14155-6, 16615-7, 16616-5, 43394-6, 44711-0, 44915-7, 50193-2, 53133-5, 56036-7 from LDL LOINC taxonomy.

2. Added code 69419-0 to LDL LOINC taxonomy.

Patient List Description

List of diabetic patients with documented LDL cholesterol test, if any.

Measure Source

HP 2010 12–15

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2012 Performance	71.0%
IHS FY 2011 Performance	68.7%
IHS FY 2010 Performance	67.0%
IHS FY 2009 Performance	65.0%

Performance	Percent
IHS FY 2008 Performance	63.0%
IHS FY 2007 Performance	61.0%
IHS FY 2006 Performance	60.0%
IHS FY 2005 Performance	53.0%
IHS FY 2004 Performance	53.0%
IHS FY 2003 Performance	47.5%
IHS FY 2002 Performance	43.7%

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
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                     Report Period: Jan 01, 2013 to Dec 31, 2013
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                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Diabetes: LDL Assessment

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# w/ LDL done            84  36.7       48  23.8    +12.9      23  12.8    +23.9
# w/LDL <130             58  25.3       40  19.8     +5.5      15   8.3    +17.0
A. # w/LDL =<100         37  16.2       31  15.3     +0.8       8   4.4    +11.7
B. # w/LDL 101-129       17   7.4        9   4.5     +3.0       7   3.9     +3.5

Active Diabetic Pts
(GPRA)                  144             97                     87

# w/ LDL done
 (GPRA)                  78  54.2       46  47.4     +6.7      23  26.4    +27.7
# w/LDL <130             54  37.5       38  39.2     -1.7      15  17.2    +20.3
A. # w/LDL =<100         35  24.3       30  30.9     -6.6       8   9.2    +15.1
B. # w/LDL 101-129       15  10.4        8   8.2     +2.2       7   8.0     +2.4

Active Adult Diabetic
Patients                102             75                     63

# w/ LDL done            60  58.8       43  57.3     +1.5      21  33.3    +25.5
# w/LDL <130             41  40.2       35  46.7     -6.5      13  20.6    +19.6
A. # w/LDL =<100         26  25.5       26  34.7     -9.2       8  12.7    +12.8
B. # w/LDL 101-129       12  11.8        9  12.0     -0.2       5   7.9     +3.8
```

Figure 2-10: Sample Report, Diabetes: LDL Assessment

```
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          ***  IHS 2013 Clinical Performance Measure Patient List  ***
                               DEMO INDIAN HOSPITAL
                      Report Period: Jan 01, 2013 to Dec 31, 2013
```

```
                              Entire Patient List

--------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Diabetes: LDL Assessment: List of diabetic patients with documented LDL
cholesterol test, if any

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45
UP,AD,AAD                      LDL: 03/28/13 119
PATIENT2,TARA           000002 COMMUNITY #1   F  51
UP,AD,AAD                      LDL: 02/20/13 86
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52
UP,AD,AAD
PATIENT4,WINONA         000004 COMMUNITY #1   F  53
UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61
UP,AD,AAD                      LDL: 02/06/13 CPT 3048F LDL<100
PATIENT6,RUTH           000006 COMMUNITY #1   F  64
UP                             LDL: 05/21/13 107
```

Figure 2-11: Sample Patient List, Diabetes: LDL Assessment

2.2.6 Diabetes: Nephropathy Assessment

GPRA Measure Description

During FY 2013, achieve the target rate of 64.2% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever. (GPRA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are aged 19 or older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM related visits ever, (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than five.

Numerator

Patients with nephropathy assessment, defined as an estimated GFR with result 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. (GPRA Numerator)

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00 through 250.93 recorded in the V POV file prior to the Report period.

Nephropathy assessment definition:

- Estimated GFR with result during the Report Period and Quantitative Urinary Protein Assessment during the Report Period, *or*
- ESRD diagnosis/treatment defined as any diagnosis ever.

CRS uses the following to define the tests/diagnoses:

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	**CPT**: 82042, 82043, 84156, 3060F, 3061F, 3062F	Yes	BGP QUANT URINE PROTEIN TAX **Note**: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
End Stage Renal Disease	**V CPT**: 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), or S9339 **V POV**: 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56* **V Procedure**: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*		

In the LOINC Codes column, specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Key Logic Changes from CRS Version 12.1

1. Removed POV code 585.5 from ESRD definition.
2. Removed codes 1753-3, 20621-9, 2887-8, 13991-5, 40857-5, 53229-1, 53525-2, 32209-9, 50949-7 from Quantitative Urine Protein LOINC taxonomy.
3. Added CPT codes 3060F, 3061F, and 3062F to Quantitative Urinary Protein Assessment definition.
4. Added CPT code 3066F to ESRD definition.

Patient List Description

List of diabetic patients with nephropathy assessment, if any.

Measure Source

HP 2010 5–11

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2012 Performance	66.7%
IHS FY 2011 Performance	56.5%
IHS FY 2010 Performance	55.0%
IHS FY 2009 Performance	50.0%
IHS FY 2008 Performance	50.0%
IHS FY 2007 Performance (new baseline established; revised standards of care resulted in revised measure definition)	40.0%
IHS FY 2006 Performance (measure definition was different from current definition)	55.0%
IHS FY 2005 Performance (measure definition was different from current definition)	47.0%
IHS FY 2004 Performance (measure definition was different from current definition)	42.0%
IHS FY 2003 Performance (measure definition was different from current definition)	37.5%
IHS FY 2002 Performance (measure definition was different from current definition)	35.0%

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
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                     Report Period: Jan 01, 2013 to Dec 31, 2013
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                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Diabetes: Nephropathy Assessment

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to Report Period        229            202                    180

# w/ est GFR &
 quant UP assmt or
 w/ESRD                  55  24.0       16   7.9    +16.1       8   4.4    +19.6

Active Diabetic Pts
(GPRA)                  144            97                     87

# w/ est GFR &
 quant UP assmt or
 w/ESRD (GPRA)           53  36.8       11  11.3    +25.5       6   6.9    +29.9

Active Adult Diabetic
Patients                102            75                     63
```

```
# w/ est GFR &
 quant UP assmt or
 w/ESRD                  41  40.2        6   8.0    +32.2       4   6.3    +33.8
```

Figure 2-12: Sample Report, Diabetes: Nephropathy Assessment

```
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          ***  IHS 2013 Clinical Performance Measure Patient List  ***
                             DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2013 to Dec 31, 2013
                             Entire Patient List

--------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Diabetes: Nephropathy Assessment: List of diabetic patients with nephropathy
assessment, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45
UP,AD,AAD
PATIENT2,TARA           000002 COMMUNITY #1   F  51
UP,AD,AAD
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52
UP,AD,AAD                      GFR: 09/09/13 & QUANT UP: 03/31/12 QUANT URINE
PROTEIN
PATIENT4,WINONA         000004 COMMUNITY #1   F  53
UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61
UP,AD,AAD                      ESRD: 03/03/13 CPT 90967
PATIENT6,RUTH           000006 COMMUNITY #1   F  64
UP
PATIENT7,DANIELLE       000007 COMMUNITY #1   F  79
UP                             ESRD: 11/01/13 POV V56.8
```

Figure 2-13: Sample Patient List, Diabetes: Nephropathy Assessment

2.2.7 Diabetic Retinopathy

GPRA Measure Description

During FY 2013, achieve the target rate of 56.8% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period, without a documented history of bilateral blindness.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever, without a documented history of bilateral blindness. (GPRA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are 19 or older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM related visits ever, (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than five, without a documented history of bilateral blindness.

Numerators

Patients receiving a qualified retinal evaluation during the Report Period.

Note:	This numerator does not include refusals. (GPRA Numerator)

a. Patients receiving diabetic retinal exam during the Report Period
b. Patients receiving other eye exams during the Report Period
c. Patients with a JVN visit during the Report Period.
d. Patients with an Ophthalmology visit during the Report Period.
e. Patients with an Optometry visit during the Report Period.

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00 through 250.93 recorded in the V POV file prior to the Report Period.

Serum creatinine definition (used with Active Adult Diabetic denominator): Site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.).

Qualified retinal evaluation definition: (1) Diabetic retinal exam or (2) other eye exam, as shown below. The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist
- Any photographic method validated to seven standard fields (ETDRS).

CRS searches in the following order for:

Diabetic Retinal Exam (any of the following during the report period)

Exam	CPT Codes	Other Codes
Diabetic Retinal Exam	2022F, 2024F, 2026F, S0620, S0621, S3000	**VExam:** 03 (dilated retinal examination or formally validated* photographic equivalent)

Other Eye Exam (any of the following during the report period)

Exam	CPT Codes	Other Codes
Non-Did Not Keep Appointment (DNKA) visit to ophthalmology or optometry or formally validated* tele-ophthalmology retinal evaluation clinics		**Clinic codes:** A2 (Diabetic Retinopathy)**, 17, 18
Non-DNKA visit to an optometrist or ophthalmologist	67028, 67038 (old code), 67039, 67040, 92002, 92004, 92012, 92014	**Provider Codes:** 24, 79, 08

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

**Validated photographic (teleophthalmology) retinal surveillance.

JVN visit (any of the following during the report period)

Subject Defined	Other Codes
JVN	**Clinic code:** A2

Ophthalmology visit (any of the following during the report period)

Subject Defined	Other Codes
Ophthalmology	**Clinic code:** A2 **Provider Code:** 79

Optometry visit (any of the following during the report period)

Subject Defined	Other Codes
Optometry	**Clinic code:** 18 **Provider Code:** 08, 24

Bilateral Blindness Exclusion

Subject Defined	Other Codes
Bilateral blindness	**POV or Problem list:** 369.01, 369.03, 369.04

Key Logic Changes from CRS Version 12.1

1. Excluded patients with bilateral blindness from denominators.
2. Removed refusal numerators and refusal logic.
3. Added measures for the following specific clinics: JVN, Ophthalmology, Optometry, with corresponding logic.
4. Removed refusals from patient list.
5. Removed Procedure code 95.02 from Other Eye Exam definition.

Patient List Description

List of diabetic patients with qualified retinal evaluation, if any.

Measure Source

HP 2020 D-10

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2012 Performance	55.7% (National rate)
IHS FY 2011 Performance	54.8% (National rate)
IHS FY 2010 Performance	53.0% (National rate)
IHS FY 2009 Performance	51.0% (National rate)
IHS FY 2008 Performance	50.0% (National rate)
IHS FY 2007 Performance	49.0% (National rate)
IHS FY 2006 Performance	49.0% (National Rate) 52.0% (Designated Sites Rate)
IHS FY 2005 Performance	50.0% (National Rate) 50.0% (Designated Sites Rate)
IHS FY 2004 Performance	47.0% (National Rate) 55.0% (Designated Sites Rate)
IHS FY 2003 Performance	49.0%
IHS FY 2002 Performance	49.0%
HP 2020 Goal	*58.7%*

```
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                            DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2013 to Dec 31, 2013
               Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Diabetic Retinopathy

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to report perod w/o Hx of
Bilateral Blindness     227            200                    180

# w/Retinal Evaluation
 -No Refusals            64  28.2       46  23.0     +5.2      54  30.0     -1.8
A. # w/ DM Retinal
 exam                     7   3.1        6   3.0     +0.1       6   3.3     -0.2
B. # w/Other
 Eye Exams               57  25.1       40  20.0     +5.1      48  26.7     -1.6

Active Diabetic Pts w/o Hx
of Bilateral Blindness
(GPRA)                  141            97                     87

# w/Retinal Evaluation
 -No Refusals (GPRA)     53  37.6       38  39.2     -1.6      44  50.6    -13.0
A. # w/ DM Retinal
 exam                     7   5.0        6   6.2     -1.2       6   6.9     -1.9
B. # w/Other
 Eye Exams               46  32.6       32  33.0     -0.4      38  43.7    -11.1
C. # w/JVN visit          1   0.7        0   0.0     +0.7       0   0.0     +0.7
D. # w/Ophthalmology
 visit                   22  15.6        6   6.2     +9.4      22  25.3     -9.7
E. # w/ Optometry
 visit                   33  23.4       36  37.1    -13.7      31  35.6    -12.2

Active Adult Diabetic Patients
w/o Hx of Bilateral
Blindness                99            75                     63

# w/Retinal Evaluation
 -No Refusals            38  38.4       31  41.3     -2.9      39  61.9    -23.5
A. # w/ DM Retinal
 exam                     6   6.1        4   5.3     +0.7       6   9.5     -3.5
B. # w/Other
 Eye Exams               32  32.3       27  36.0     -3.7      33  52.4    -20.1
```

Figure 2-14: Sample Report, Diabetic Retinopathy

```
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         ***  IHS 2013 Clinical Performance Measure Patient List  ***
                            DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2013 to Dec 31, 2013
```

```
                              Entire Patient List

--------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Diabetic Retinopathy: List of diabetic patients with qualified retinal
evaluation, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45
UP,AD,AAD                      Eval: 01/07/13 Cl 18; Optom: 01/07/13 Cl 18
PATIENT2,TARA           000002 COMMUNITY #1   F  51
UP,AD,AAD
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52
UP,AD,AAD                      Eval: 05/29/13 Cl 17; Ophth: 05/29/13 Cl 17
PATIENT4,WINONA         000004 COMMUNITY #1   F  53
UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61
UP,AD,AAD                      Eval: 02/06/13 Cl A2; JVN: 02/06/13 Cl A2
PATIENT6,RUTH           000006 COMMUNITY #1   F  64
UP
PATIENT7,JONELLE        000007 COMMUNITY #1   F  69
UP,AD,AAD                      03/29/13 Diab Eye Ex
```

Figure 2-15: Sample Patient List, Diabetic Retinopathy

2.2.8 RAS Antagonist Use in Diabetic Patients

Denominator

Active Diabetic patients with HTN, defined as all Active Clinical patients diagnosed with diabetes and hypertension prior to the Report Period, AND at least two visits during the Report Period, AND 2 DM-related visits ever.

Numerators

Patients receiving a RAS Antagonist medication during the Report Period.

Patients with contraindication/previous adverse reaction to RAS Antagonist therapy.

Logic Description

Diabetes definition: First Purpose of Visit 250.00 through 250.93 recorded in the V POV file prior to the Report Period.

Hypertension definition: Diagnosis (POV or problem list) 401.* prior to the Report Period, and at least one hypertension POV during the Report Period.

RAS Antagonist Numerator Logic

Renin Angiotensin System (RAS) Antagonist medication codes defined with medication taxonomy BGP PQA RASA MEDS.

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

Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Enalapril-Felodipine, Fosinopril-hydrochlorothiazide, Lisinopril-hydrochlorothiazide, Moexipril-hydrochlorothiazide, Quinapril-hydrochlorothiazide, Trandolapril-verapamil).

ARB medications are: Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan).

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

Direct Renin Inhibitor medications are: Direct Renin Inhibitors (Aliskiren).

Direct Renin Inhibitor Combination Products (Aliskiren-amlodipine, Aliskiren-amlodipine-hydrochlorothiazide, Aliskiren-hydrochlorothiazide, Aliskiren-valsartan).

CRS uses the following codes to define contraindications to ACE inhibitors/ARBs.

Contraindication to RAS Antagonist (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		**POV or Problem List:** At least two visits during the Report Period with 640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13,

Contraindication to RAS Antagonist (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 – V23.9, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09), where the primary provider is not a CHR (Provider code 53). Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion (defined below) occurring after the second pregnancy POV.
Pregnancy	**Abortion:** Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
Pregnancy	**Miscarriage:** Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any RAS Antagonist at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to RAS Antagonists.

Adverse Drug Reaction/Allergy to RAS Antagonists

ICD and Other Codes
POV: 995.0-995.3 AND E942.6
Entry in ART (Patient Allergies File): "ace inhibitor", "ACEI", "Angiotensin Receptor Blocker" or "ARB"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ace i*", "ACEI", "Angiotensin Receptor Blocker" or "ARB"

Key Logic Changes from CRS Version 12.1

1. Changed numerator to be patients with RAS Antagonist medication.
2. Changed sub-numerator to second numerator.

Patient List Description

List of diabetic patients with hypertension, with RAS Antagonist medication, contraindication, or ADR, if any.

Measure Source

PQA (Pharmacy Quality Alliance)

Measure Past Performance and Long-Term Targets

None

```
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-------------------------------------------------------------------------------
RAS Antagonist Use in Diabetic Patients

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts
w/ HTN                    79             57                      54

# w/RAS Antagonist
 Rx                       55  69.6       48  84.2    -14.6       48  88.9    -19.3
```

```
# w/contra/ADR           14  17.7        2   3.5    +14.2       2   3.7    +14.0
```

Figure 2-16: Sample Report, ACEI/ARB Use in Diabetic Patients

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

ACEI/ARB Use in Diabetic Patients: List of diabetic patients with
hypertension, with RAS Antagonist medication, contraindication, or ADR, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  20
AD                           ACEI/ARB Contra pregnant
PATIENT2,TARA           000002 COMMUNITY #1   F  44
AD                           06/05/13
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  45
AD                           01/29/13
PATIENT4,WINONA         000004 COMMUNITY #1   F  57
AD                           ACEI/ARB Allergy: 05/05/12 ADR POV 995.2 + E942.6
PATIENT5,NADINE         000005 COMMUNITY #1   F  57
AD
PATIENT6,RUTH           000006 COMMUNITY #1   F  61
AD                           09/22/13
PATIENT7,JONELLE        000007 COMMUNITY #1   M  25
AD                           06/01/13 ACEI/ARB Contra POV 425.1
```

Figure 2-17: Sample Patient List: ACEI/ARB Use in Diabetic Patients

2.2.9 Diabetes: Access to Dental Services

Denominator

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

Numerators

Patients with documented dental visit during the Report Period.

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

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00 through 250.93 recorded in the V POV file prior to the Report period.

Dental visit definition: For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190; VExam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerator and refusal logic.

2. Removed refusals from patient list.

Patient List Description

List of diabetic patients with documented dental visit, if any.

Measure Source

HP 2020 D-8

Measure Past Performance and Long-Term Targets:

Past Performance	Percent
IHS FY 2005 Performance	39.0%
IHS FY 2004 Performance	37.0%
IHS FY 2003 Performance	36.0%
IHS FY 2002 Performance	36.0%
HP 2020 Goal	*61.2%*

Performance Improvement Tip

If your facility's dental services are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Diabetes: Access to Dental Services

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts     144             97                     87

# w/dental visit in
 past yr-No Refusals     17  11.8       20  20.6     -8.8      18  20.7     -8.9
```

Figure 2-18: Sample Report, Diabetes and Dental Access

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Diabetes: Access to Dental Services: List of diabetic patients and documented
dental visit, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45
AD                           03/03/13 ADA 0000
PATIENT2,TARA           000002 COMMUNITY #1   F  51
AD
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52
AD                           01/06/13 ADA 0190
PATIENT4,NADINE         000004 COMMUNITY #1   F  61
AD
PATIENT5,SHERRY         000005 COMMUNITY #1   F  68
AD
PATIENT6,JONELLE        000006 COMMUNITY #1   F  69
AD                           03/29/13 ADA 0000
```

Figure 2-19: Sample Patient List, Diabetes and Dental Access

2.3 Dental Measure Topics

2.3.1 Access to Dental Services

GPRA Measure Description

During FY 2013, achieve the target rate of 26.9% for the proportion of patients who receive dental services.

Denominators

All patients in the *User Population.* Broken down by age groups (0 through 5, 6 through 21, 22 through 34, 35 through 44, 45 through 54, 55 through 74, greater than (>)74). (GPRA Denominator)

Numerators

Patients with documented dental visit during the Report Period.

> **Note**: This numerator does *not* include refusals. (GPRA Numerator)

Logic Description

Dental visit definition: For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190; VExam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerators and refusal logic.
2. Removed refusals from patient list.

Patient List Description

List of patients with documented dental visit and date.

Measure Source

HP 2020 OH-7

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2012 Performance	28.8%
IHS FY 2011 Performance	26.9%
IHS FY 2010 Performance	25.0%

Performance	Percent
IHS FY 2009 Performance	25.0%
IHS FY 2008 Performance	25.0%
IHS FY 2007 Performance	25.0%
IHS FY 2006 Performance	23.0%
IHS FY 2005 Performance	24.0%
IHS FY 2004 Performance	24.0%
IHS FY 2003 Performance	25.0%
IHS FY 2002 Performance	24.9%
HP 2020 Goal	*49.0%*

Performance Improvement Tip

If your facility's dental services are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

```
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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Access to Dental Services

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# User Pop
(GPRA)                 2,896          2,456                  2,346

# w/dental visit in
 past yr-No Refusals
 (GPRA)                  252   8.7      201   8.2     +0.5     207   8.8     -0.1
```

Figure 2-20: Sample Report, Access to Dental Services

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                    Report Period: Jan 01, 2013 to Dec 31, 2013
                Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Access to Dental Services (con't)

                             TOTAL USER POPULATION
                                       Age Distribution
                        0-5  6-21   22-34  35-44  45-54  55-74  >74 yrs
```

```
CURRENT REPORT PERIOD
Total # User Pop         355    759    577    407    397    411     81
# w/dental visit in past yr-No
  Refusals (GPRA)         25     71     63     35     32     25      1
% w/dental visit in past yr-No
  Refusals (GPRA)        7.0    9.4   10.9    8.6    8.1    6.1    1.2

PREVIOUS YEAR PERIOD
Total # User Pop         361    704    517    332    284    292     56
# w/dental visit in past yr-No
  Refusals (GPRA)         19     59     46     24     24     25      4
% w/dental visit in past yr-No
  Refusals (GPRA)        5.3    8.4    8.9    7.2    8.5    8.6    7.1

CHANGE FROM PREV YR %
w/dental visit in past yr-No
  Refusals (GPRA)       +1.8   +1.0   +2.0   +1.4   -0.4   -2.5   -5.9

BASELINE REPORT PERIOD
Total # User Pop         363    728    455    293    228    236     52
# w/dental visit in past yr-No
  Refusals (GPRA)         17     70     39     31     27     20      3
% w/dental visit in past yr-No
  Refusals (GPRA)        4.7    9.6    8.6   10.6   11.8    8.5    5.8

CHANGE FROM BASE YR %
w/dental visit in past yr-No
  Refusals (GPRA)       +2.4   -0.3   +2.3   -2.0   -3.8   -2.4   -4.5
```

Figure 2-21: Sample Age Breakdown Report, Access to Dental Services

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Access to Dental Service: List of patients with documented dental visit and date.
(con't)

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT10,JOHN          000010 COMMUNITY #1   M  17
UP                           01/03/13 ADA 0190
PATIENT11,HOWARD        000011 COMMUNITY #1   M  25
UP                           01/24/13 ADA 0000
PATIENT12,JAMES         000012 COMMUNITY #1   M  31
UP                           02/19/13 ADA 0000
PATIENT13,STEVEN        000013 COMMUNITY #1   M  32
UP                           01/24/13 ADA 0000
PATIENT14,EDWARD        000014 COMMUNITY #1   M  32
UP                           06/10/13 ADA 0000
PATIENT15,DAVID         000015 COMMUNITY #1   M  33
UP                           04/10/13 ADA 0190
```

Figure 2-22: Sample Patient List, Access to Dental Services

2.3.2 Dental Sealants

GPRA Measure Description

During FY 2013, establish a baseline for the proportion of patients with at least one or more intact dental sealants.

Denominator

User Population patients ages 2 through 15. Broken down by age groups: 3 through 5, 6 through 9, 10 through 12, and 13 through 15 (GPRA Denominator)

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

Numerators

Patients with at least one or more intact dental sealants (GPRA Numerator)

For patients meeting the *User Population* definition, the total number of dental sealants during the report period.

Note: This numerator does not include refusals.

a. Dental sealants in patients 2 through 15 years.

b. Dental sealants in patients greater than (>) 15 yrs.

Age breakouts are based on Healthy People 2020 age groups for dental sealants.

Logic Description

Age of the patient is calculated at the beginning of the report period.

Sealants definition: V Dental ADA Code 1351 or 1352 or V CPT Code D1351 or D1352 documented during the Report Period or V Dental ADA code 0007 documented during the past three years from the end of the Report Period, as long as the 007 code is not documented on the same visits as 1351, 1352, D1351, or D1352. If both ADA and CPT codes are found on the same visit, only the ADA will be counted.

For the count measure, only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS.

Key Logic Changes from CRS Version 12.1

1. Added GPRA denominator.
2. Changed GPRA measure from number of sealants documented to number with intact dental sealants.
3. Updated age breakdowns.

4. Removed refusal numerator and refusal logic
5. Added logic to not count any 0007 codes that are documented on the same visit as 1351, 1352, D1351, or D1352 codes.
6. Updated patient list.

Patient List Description

List of patients with intact dental sealants.

Measure Source

HP 2020 OH-2

Measure Past Performance and Long-Term Targets:

Performance	# of Sealants
IHS FY 2012 Performance	295,734
IHS FY 2011 Performance	276,893
IHS FY 2010 Performance	275,459
IHS FY 2009 Performance	257,067
IHS FY 2008 Performance	241,207
IHS FY 2007 Performance	245,449
IHS FY 2006 Performance	246,645
IHS FY 2005 Performance	249,882
IHS FY 2004 Performance	230,295 287,158
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

For the IHS FY 2004 Performance, # of Sealants, please note this was reported by the National Patient Information Reporting System (NPIRS).

Performance Improvement Tip

If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
```

```
--------------------------------------------------------------------------------
Dental Sealants

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop Pts 2-15
(GPRA)                  621           629                   670

# w/intact dental
 sealants
 (GPRA)                  19   3.1       11   1.7     +1.3      14   2.1     +1.0

Total User Population,
Ages 3-5yrs             152           143                   141

# w/intact dental
 sealants (GPRA)          2   1.3        1   0.7     +0.6       0   0.0     +1.3

Total User Population,
Ages 6-9yrs             181           173                   194

# w/intact dental
 sealants (GPRA)          8   4.4        5   2.9     +1.5       7   3.6     +0.8

Total User Population,
Ages 10-12yrs           120           121                   125

# w/intact dental
 sealants (GPRA)          2   1.7        2   1.7     +0.0       3   2.4     -0.7

Total User Population,
Ages 13-15yrs           126           131                   149

# w/intact dental
 sealants (GPRA)          5   4.0        3   2.3     +1.7       4   2.7     +1.3

Total # of Sealants
 Documented              56            61         -5          81         -25

A. # Dental Sealants
 documented pts
 2-15 yrs                52            40         +12         80         -28

B. # Dental Sealants
 documented pts
 >15 yrs                  4            21         -17          1         +3
```

Figure 2-23: Sample Report, Dental Sealants

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Dental Sealants: List of patients with intact dental sealants.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
```

```
--------------------------------------------------------------------------------
PATIENT20,GEORGE        000020 COMMUNITY #1   M  5
UP                             4 sealants: 03/28/13 ADA 1351 (1); 03/28/13 ADA 1351
(1); 03/28/13 ADA 1351 (1); 03/28/13 ADA 1351 (1)
PATIENT21,CODY          000021 COMMUNITY #1   M  7
UP                             1 sealants: 03/03/13 ADA 1351
PATIENT50,DAWN          000050 COMMUNITY #2   F  4
UP                             3 sealants: 04/15/13 ADA 1351 (1); 05/19/13 ADA 1351
(1); 05/19/13 ADA 1351 (1)
PATIENT51,JOY           000051 COMMUNITY #2   F  6
UP                             2 sealants: 03/17/13 ADA 1351 (2)
PATIENT52,DONALD        000052 COMMUNITY #2   M  8
UP                             1 sealants: 02/02/13 CPT D1351 (1)
```

Figure 2-24: Sample Patient List, Dental Sealants

2.3.3 Topical Fluoride

GPRA Measure Description

During FY 2013, establish a baseline for the proportion of patients who received one or more topical fluoride applications.

Denominator

User Population patients ages 1-15 (GPRA Denominator).

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

Numerators

Patients who received one or more topical fluoride applications during the report period (GPRA Numerator).

For patients meeting the *User Population* definition, the total number of patients with at least one topical fluoride treatment during the Report Period.

Note:	This numerator does *not* include refusals. (GPRA Numerator)

a. Topical fluoride treatment in patients 1 through 15 yrs.

For patients meeting the *User Population* definition, the total number of appropriate topical fluoride applications based on a maximum of four per patient per year.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Topical fluoride application definition: (1) V Dental ADA Codes 1201 (old code), 1203 (old code), 1204 (old code), 1205 (old code), 1206, 1208 or 5986; (2) V CPT Codes D1201 (old code), D1203 (old code), D1204 (old code), D1205 (old code), D1206, D1208 or D5986; 3) V POV V07.31.

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

Key Logic Changes from CRS Version 12.1

1. Added GPRA Denominator.
2. Changed GPRA measure from count measure to rate measure.
3. Removed refusal numerator and refusal logic.
4. Removed refusals from patient list.
5. Added ADA code 1208 and CPT code D1208 to Topical Fluoride definition.

Patient List Description

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

Measure Source

Not Available

Measure Past Performance and Long-Term Targets:

Performance	Number of Patients
IHS FY 2012 Performance	169,083
IHS FY 2011 Performance	161,461
IHS FY 2010 Performance	145,181
IHS FY 2009 Performance	136,794
IHS FY 2008 Performance	120,754
IHS FY 2007 Performance	107,934
IHS FY 2006 Performance	95,439
IHS FY 2005 Performance	85,318
IHS FY 2005 Performance	113,324

For the IHS FY 2005 Performance, Number of Patients (113,324) is the number of applications.

Performance Improvement Tip

If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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--------------------------------------------------------------------------------
Topical Fluoride

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop Pts 1-15
(GPRA)                   684            679                    734

# w/topical fluoride
 application
 (GPRA)                   24   3.5        5   0.7     +2.8       2   0.3     +3.2

Total # of patients w/At
 Least 1 Topical Fluoride App
 -No Refusals             47             26         +21         15         +32

A: # Topical Fluoride App,
 pts 1-15 yrs             25              5         +20          2         +23

Total # of Topical Fluoride
 Applications             52             26         +26         15         +37
```

Figure 2-25: Sample Report, Topical Fluoride

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Topical Fluoride: List of patients who received or refused at least one topical
fluoride application during Report period.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT20,GEORGE        000020 COMMUNITY #1   M  5
UP                            1 topical fluoride: 06/18/13 CPT D5986
PATIENT21,RYAN          000021 COMMUNITY #1   M  8
UP                            1 topical fluoride: 03/03/13 ADA 1201
PATIENT22,MICHAEL       000022 COMMUNITY #1   M  9
UP                            1 topical fluoride: 03/03/13 CPT D1203
PATIENT23,MARTY         000023 COMMUNITY #1   M  15
```

```
UP                              2 topical fluoride: 01/07/13 ADA 1204; 08/27/13 ADA
1204
```

Figure 2-26: Sample Patient List, Topical Fluoride

2.4 Immunization Measure Topics

2.4.1 Influenza

GPRA Measure Description

During FY 2013, achieve the tentative target rate of 62.3% for the proportion of non-institutionalized adults aged 65 years and older who receive an influenza immunization.

Denominators

All *Active Clinical patients*. Broken down by age groups.

a. Active Clinical patients *younger than age 18*.
b. Active Clinical patients *ages 18 through 49.*
c. Active Clinical patients *ages 18 through 49 and considered high risk for influenza.*
d. Active Clinical patients *ages 50* through *64*.
e. Active Clinical patients ages *65 and older*. (GPRA Denominator)

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

All *User Population patients*. Broken down by age groups.

a. User Population patients *younger than age 18*.
b. User Population patients *ages 18 through 49.*
c. User Population patients *ages 18 through 49 and considered high risk for influenza.*
d. User Population patients *ages 50 through 64*.
e. User Population patients ages *65 and older*.

Numerators

Patients with influenza vaccine documented during the report period or with a contraindication documented at any time before the end of the report period.

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

a. Patients with a contraindication or a documented NMI refusal.

Logic Description

Age of the patient is calculated at the beginning of the report period.

Diabetes: First DM POV 250.00 through 250.93 recorded in the V POV file prior to the Report period.

Influenza definition: Any of the following documented during the Report Period unless otherwise noted.

1. **Influenza immunization:** Any of the codes in the table below.

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

2. **Contraindication:** Any of the following documented at any time before the end of the Report Period, defined as: (A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or (B) PCC NMI Refusal.

3. **High Risk for Influenza:** Persons considered high risk for influenza are defined as those who have 2 or more visits in the past 3 years with a POV or Problem diagnosis of any of the following: HIV Infection (042, 042.0 through 044.9 (old codes), 079.53, V08); Diabetes (250.00 through 250.93); Rheumatic Heart Disease (393.-398.99); Hypertensive Heart Disease (402.00 through 402.91); Hypertensive Heart/Renal Disease (404.00 through 404.93); Ischemic Heart Disease (410.00-414.9); Pulmonary Heart Disease (415.0 through 416.9); Other Endocardial Heart Disease (424.0 through 424.9); Cardiomyopathy (425.0 through 425.9); Congestive Heart Failure (428.0 through 428.9, 429.2); Chronic Bronchitis (491.0 through 491.9); Emphysema (492.0 through 492.8); Asthma (493.00 through 493.91); Bronchiectasis, CLD, COPD (494.0 through 496.); Pneumoconioses (500 through 505); Chronic Liver Disease (571.0 through 571.9); Nephrotic Syndrome (581.0 through 581.9); Renal Failure (585.6, 585.9); Transplant (996.80-996.89); Kidney Transplant (V42.0-V42.89); Chemotherapy (V58.1); Chemotherapy follow-up (V67.2).

Key Logic Changes from CRS Version 12.1

1. Added codes 079.53 and V08 to HIV definition for high-risk patients.
2. Removed refusal numerators and logic.
3. Removed refusals from patient list.

Patient List Description

List of patients with Influenza code, if any.

Measure Source

HP 2020 IID-12.7

Measure Past Performance and Long-Term Targets for Patients => 65 Vaccine Rate:

Performance	Percent
IHS FY 2012 Performance	65.0%
IHS FY 2011 Performance	62.0%
IHS FY 2010 Performance	62.0%
IHS FY 2009 Performance	59.0%
IHS FY 2008 Performance	62.0%
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	58.0%
IHS FY 2005 Performance	59.0%
IHS FY 2004 Performance	54.0%
IHS FY 2003 Performance	51.0%

Performance	Percent
IHS FY 2002 Performance	51.4%
HP 2020 Goal	*90.0%*

Performance Improvement Tips

- Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
- Providers should document refusals; write "Refused" in Influenza Order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

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--------------------------------------------------------------------------------
Influenza

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts   1,554          1,209                  1,101

Total # w/Flu vaccine/
 contra/NMI Refusal     194  12.5      115   9.5     +3.0      49   4.5     +8.0
A. # w/ Contraind/ NMI Ref
 w/ % of Total IZ        12   6.2        2   1.7     +4.4       0   0.0     +6.2

Active Clinical Pts
<18                     442            416                    435

Total # w/Flu vaccine/
 contra/NMI Refusal      54  12.2       21   5.0     +7.2       6   1.4    +10.8
A. # w/ Contraind/ NMI Ref
 w/ % of Total IZ         3   5.6        0   0.0     +5.6       0   0.0     +5.6

Active Clinical Pts
18-49                   752            572                    486

Total # w/Flu vaccine/
 contra/NMI Refusal      48   6.4       33   5.8     +0.6      14   2.9     +3.5
A. # w/ Contraind/ NMI Ref
 w/ % of Total IZ         3   6.3        2   6.1     +0.2       0   0.0     +6.3

Active Clinical Pts
18-49 high risk         166            109                     69

Total # w/Flu vaccine/
 contra/NMI Refusal      25  15.1       25  22.9     -7.9       7  10.1     +4.9
A. # w/ Contraind/ NMI Ref
 w/ % of Total IZ         3  12.0        1   4.0     +8.0       0   0.0    +12.0

Active Clinical Patients
ages 50-64              244            157                    115
```

```
Total # w/Flu
 vaccine/contra/
 NMI Refusal             59  24.2       37  23.6     +0.6      14  12.2    +12.0
A. # w/ Contraind/ NMI
 Ref w/ % of
 Total IZ                 5   8.5        0   0.0     +8.5       0   0.0     +8.5
```

Figure 2-27: Sample Report, Adult Immunizations: Influenza

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Influenza: List of patients with Influenza code, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  15
AD                           01/28/13 Imm 88
PATIENT2,CRYSTAL        000002 COMMUNITY #1   F  24
UP,AC
PATIENT3,DEMETRIA       000003 COMMUNITY #1   F  35
UP,AC, HR                    02/25/13 Imm 140
PATIENT4,JADE           000004 COMMUNITY #1   F  50
UP
PATIENT5,MARIE          000005 COMMUNITY #1   F  65
UP,AC,AD,HR                  01/21/13 NMI Refusal
```

Figure 2-28: Sample Patient List, Adult Immunization: Influenza

2.4.2 Adult Immunizations

GPRA Measure Description

During FY 2013, achieve the tentative target rate of 84.7% for the proportion of adult patients age 65 years and older who receive a pneumococcal immunization.

Denominators

Active Clinical patients ages 65 or older. (GPRA Denominator)

Active Clinical patients ages 18 through 64 and considered high risk for pneumococcal.

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

Active Clinical patients ages 18 and older.

All *User Population patients* ages 65 and older at beginning of Report Period.

User Population patients ages 18 through 64 and considered high risk for pneumococcal.

User Population patients ages 18 and older.

Numerators

Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period.

> **Note**: The only refusals included in this numerator are NMI refusals. (GPRA Numerator)

a. Patients with a contraindication or a documented NMI refusal.

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 5 years.

> **Note**: The only refusals included in this numerator are NMI refusals. (GPRA Numerator)

Patients who have received 1 dose of Tdap ever, including contraindications and evidence of disease.

> **Note**: The only refusals included in this numerator are NMI refusals. (GPRA Numerator)

Patients who have received 1 dose of Tdap/Td in the past 10 years, including contraindications and evidence of disease.

> **Note**: The only refusals included in this numerator are NMI refusals. (GPRA Numerator)

Logic Description

Age of the patient is calculated at the beginning of the Report period.

Diabetes definition: First DM POV 250.00250.93 recorded in the V POV file prior to the Report period.

Pneumococcal Immunization definition: Any of the following documented any time before the end of the Report Period unless otherwise noted.

1. **Pneumoccocal immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Pneumoccocal Vaccine	90669, 90670, 90732, G0009, G8115 (old code)	**Immunization (CVX) Codes:** 33 – Pneumococcal Polysaccaride Vaccine; 100 – Pneumococcal Conjugate Vaccine; 109 – Pneumo NOS; 133 – Pneumo Conjugate **POV:** V06.6; V03.82 **V Procedure:** 99.55

2. **Pneumoccocal Contraindication:** (A) Contraindication in the Immunization Package of "Anaphylaxis" or (B) PCC NMI Refusal.

3. **High Risk for Pneumococcal:** Persons considered high risk for pneumococcal are defined as those who have 2 or more visits in the past 3 years with a POV or Problem diagnosis of any of the following: HIV Infection (042, 042.0 through 043.9 (old codes), 044.9 (old code), 079.53, V08); Diabetes (250.00 through 250.93); Chronic alcoholism (303.90, 303.91); Congestive Heart Failure (428.0-428.9, 429.2); Emphysema (492.0 through 492.8); Asthma (493.00 through 493.91); Bronchiectasis, CLD, COPD (494. Through 496.); Pneumoconioses (501.through 505.); Chronic Liver Disease (571.0 through 571.9); Nephrotic Syndrome (581.0-581.9); Renal Failure (585.6, 585.9); Injury to spleen (865.00 through 865.19); Transplant (996.80-996.89); Kidney Transplant (V42.0 through V42.89); Chemotherapy (V58.1); Chemotherapy follow-up (V67.2).

Tdap/Td Immunization definition: Any of the following documented during the applicable time frame.

1. **Tdap/Td immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Tdap Vaccine	90715	**Immunization (CVX) Codes:** 115 – Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed
Td Vaccine	90714, 90718	**Immunization (CVX) Codes:** 9 – Tetanus and diphtheria toxoids, adsorbed, for adult use 113 – Tetanus and diphtheria toxoids, adsorbed, preservative free, for adult use **POV:** V06.5

2. **Tdap/Td Contraindication:** (A) Contraindication in the Immunization Package of "Anaphylaxis" or (B) PCC NMI Refusal.

Key Logic Changes from CRS Version 12.1

1. Added codes 079.53 and V08 to HIV definition for high-risk patients.
2. Removed refusal numerators and logic.
3. Removed refusal from patient list.
4. Added new age ranges for Tdap and Tdap/Td measures.

Patient List Description

List of patients equal to or greater than (=>)18 yrs or DM DX with IZ, evidence of disease, contraindication, if any.

Measure Source

HP 2020 IID-13.1

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance	88.5%
IHS FY 2011 Performance	85.5%
IHS FY 2010 Performance	84.0%
IHS FY 2009 Performance	82.0%
IHS FY 2008 Performance	82.0%
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	74.0%
IHS FY 2005 Performance	69.0%
IHS FY 2004 Performance	69.0%
IHS FY 2003 Performance	65.0%
IHS FY 2002 Performance	64.0%
HP 2020 Goal for % of patients => 65	*90.0%*

Performance Improvement Tips

- Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
- Providers should document refusals; write "Refused" in Pneumo Vax Order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

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--------------------------------------------------------------------------------
Adult Immunizations
```

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 65 & older (GPRA)	116		64			65		
Total # w/Pneumovax/ contra/NMI Refusal (GPRA)	50	43.1	44	68.8	-25.6	37	56.9	-13.8
A. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	8.0	2	4.5	+3.5	0	0.0	+8.0
Active Clinical Pts 18-64 high risk	222		164			105		
Total # w/Pneumovax/ contra/ NMI Refusal	55	24.8	47	28.7	-3.9	39	37.1	-12.4
A. # w/ Contra/ NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Active Diabetic Pts	144		97			87		
Total # w/up to date Pneumovax/contra/NMI Refusal	56	38.9	49	50.5	-11.6	46	52.9	-14.0
A. # w/ Contraind/ NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-29: Sample Report, Adult Immunization: Pneumovax

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Adult Immunizations: List of patients =>18 yrs or DM DX with IZ, evidence
of disease or contraindication, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  18
UP,AC,HR                     TDAP/TD: 12/22/11 Imm 9 (past 10 yrs)
PATIENT2,TARA           000002 COMMUNITY #1   F  27
UP,AC                        TDAP: 03/03/12 Imm 115 (ever); TDAP/TD: 03/03/13
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  41
UP,AC
PATIENT4,NADINE         000004 COMMUNITY #1   F  55
UP,AC,HR,AD                  Pneumo: 03/27/10 Imm 33 (ever) (up-to-date);
TDAP/TD: 03/27/10 Imm 9 (past 10 yrs)
PATIENT5,SHERRY         000005 COMMUNITY #1   F  68
UP,AC,HR                     Pneumo: 02/03/13 CPT 90669
```

Figure 2-30: Sample Patient List, Adult Immunization: Pneumovax

2.4.3 Childhood Immunizations

GPRA Measure Description

During FY 2013, establish a baseline for the proportion of American Indian/Alaska Native children ages 19 through 35 months who have received the recommended immunizations.

Denominators

Active Clinical patients ages 19 through 35 months at end of Report Period.

User Population patients ages 19 through 35 months at end of Report Period.

User Population patients active in the Immunization Package who are 19 through 35 months at end of Report Period. (GPRAMA Denominator)

> **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.

Numerators

Patients who have received the 4:3:1:3*:3:1:4 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including contraindications and evidence of disease.

> **Note**: The only refusals included in this numerator are NMI refusals. (GPRAMA Numerator)

Patients who have received four doses of DTaP ever, including contraindications.

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

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

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

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

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

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

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

Patients who have received three doses of Hepatitis B vaccine ever, including contraindications and evidence of disease.

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

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

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

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

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

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.

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.

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

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

For each of the above numerators, the following sub-numerators are included:

a. Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal

Logic Description

Age definition: Age of the patient is calculated at the beginning of the Report Period. Therefore the age range will be adjusted to 7 through 23 months, which makes the patient between the ages of 19 through 35 months at the end of the Report Period. 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 definition: Same as User Pop 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 immunization definitions:

- Four doses of DTaP: (1) four DTaP/DTP/Tdap; (2) one DTaP/DTP/Tdap and three DT/td; (3) one DTaP/DTP/Tdap and three each of Diphtheria and Tetanus; (4) four DT and four Acellular Pertussis; (5) four Td and four Acellular Pertussis; or (6) four each of Diphtheria, Tetanus, and Acellular Pertussis.
- Three doses of Polio: (1) v OPV; (2) three IPV; or (3) combination of OPV and IPV totaling 3 doses.
- One dose of MMR: (1) MMR; (2) one M/R and one Mumps; (3) one R/M and one Measles; or (4) 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 Hepatitis A
- Two or three doses of Rotavirus, depending on the vaccine administered

- Two doses of Influenza

NMI refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

> **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. 2 or 3 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 2 doses, all two doses must be included in the 2-dose series codes listed in the Rotavirus definition. A patient with a mix of 2-dose and 3-dose series codes will need 3 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 3 doses (even if the third dose is included in the 4-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 greater than (>) 1, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where required number of doses is greater than (>)1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report Period.)
- To be counted in sub-numerator A, a patient must meet the numerator definition *and* 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.

NMI refusals are defined as PCC Refusal type NMI for any of the following IZ codes:

Immunization	Immunization Codes for Refusals	CPT Codes for Refusals
DTaP	20, 50, 106, 107, 110, 120, 130, 132, 146	90696, 90698, 90700, 90721, 90723

Immunization	Immunization Codes for Refusals	CPT Codes for Refusals
DTP	1, 22, 102	90701, 90711 (old code), 90720
Tdap	115	90715
DT (Diphtheria & Tetanus)	28	90702
Td (Tetanus & Diphtheria)	9, 113	90714, 90718
Tetanus	35, 112	90703
Acellular Pertussis	11	
OPV	2, 89	90712
IPV	10, 89, 110, 120, 130, 132, 146	90696, 90698, 90711 (old code), 90713, 90723
MMR	3, 94	90707, 90710; M/R: 90708
M/R (Measles/ Rubella)	4	
R/M (Rubella/ Mumps)	38	90709 (old code)
Measles	5	90705
Mumps	7	90704
Rubella	6	90706
HiB	17, 22, 46-49, 50, 51, 102, 120, 132, 146	90645-90648, 90698, 90720-90721, 90737 (old code), 90748
Hepatitis B	8, 42-45, 51, 102, 104, 110, 132, 146	90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code)
Varicella	21, 94	90710, 90716
Pneumococcal	33, 100, 109, 133	90669, 90670, 90732, G0009, G8115 (old code)
Hepatitis A	1, 52, 83, 84, 85, 104	90632-90634, 90636, 90730 (old code)
Rotavirus	74, 116, 119, 122	90680
Influenza	15, 16, 88, 111, 135, 140, 141	90654-90658, 90659 (old code), 90660-90662, 90724 (old code), G0008, G8108 (old code)

Childhood immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
DTaP	90696, 90698, 90700, 90721, 90723	**Immunization (CVX) Codes:** 20, 50, 106, 107, 110, 120, 130, 132, 146 **POV:** V06.1 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
DTP	90701, 90711 (old code), 90720	**Immunization (CVX) Codes:** 1, 22, 102 **POV:** V06.1, V06.2, V06.3 **V Procedure:** 99.39 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Tdap	90715	**Immunization (CVX) Codes:** 115 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
DT (Diphtheria & Tetanus)	90702	**Immunization (CVX) Codes:** 28 **POV:** V06.5 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Td (Tetanus & Diphtheria)	90714, 90718	**Immunization (CVX) Codes:** 9, 113 **POV:** V06.5 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Diphtheria	90719	**POV:** V03.5 **V Procedure:** 99.36 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Tetanus	90703	**Immunization (CVX) Codes:** 35, 112 **POV:** V03.7 **V Procedure:** 99.38 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Acellular Pertussis		**Immunization (CVX) Codes:** 11 **POV:** V03.6 **V Procedure:** 99.37 (old code) **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
OPV	90712	**Immunization (CVX) Codes:** 2, 89 **Contraindications**: Immunization Package contraindication of "Immune Deficiency."
IPV	90696, 90698, 90711 (old code), 90713, 90723	**Immunization (CVX) Codes:** 10, 89, 110, 120, 130, 132, 146 **POV:** V04.0, V06.3 **V Procedure:** 99.41 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 730.70-730.79 **Contraindications**: Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
MMR	90707, 90710	**Immunization (CVX) Codes:** 3, 94 **POV:** V06.4 **V Procedure:** 99.48 **Contraindications:** Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," or "Neomycin Allergy."
M/R (Measles/ Rubella)	90708	**Immunization (CVX) Codes:** 4 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
R/M (Rubella/ Mumps)	90709 (old code)	**Immunization (CVX) Codes:** 38 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Measles	90705	**Immunization (CVX) Codes:** 5 **POV:** V04.2 **V Procedure:** 99.45 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 055* **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Mumps	90704	**Immunization (CVX) Codes:** 7 **POV:** V04.6 **V Procedure:** 99.46 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 072* **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Rubella	90706	**Immunization (CVX) Codes:** 6 **POV:** V04.3 **V Procedure:** 99.47 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 056*, 771.0 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
HiB – 3-dose series	90647, 90748	**Immunization (CVX) Codes:** 49, 51 **POV:** V03.81 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
HiB – 4-dose series	90645, 90646, 90648, 90698, 90720-90721, 90737 (old code)	**Immunization (CVX) Codes:** 17, 22, 46-48, 50, 102, 120, 132, 146 **POV:** V03.81 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Hepatitis B	90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, (old code) Q3023 (old code)	**Immunization (CVX) Codes:** 8, 42-45, 51, 102, 104, 110, 132, 146 **Evidence of Disease:** POV or PCC Problem List (active or inactive) V02.61, 070.2*, 070.3* **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Varicella	90710, 90716	**Immunization (CVX) Codes:** 21, 94 **POV:** V05.4 **Evidence of Disease:** 1) POV or PCC Problem List (active or inactive) 052*, 053* or 2) 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." **Contraindications:** Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," or "Neomycin Allergy."
Pneumococcal	90669, 90670, 90732, G0009, G8115 (old code)	**Immunization (CVX) Codes:** 33, 100, 109, 133 **POV:** V06.6; V03.82 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Hepatitis A	90632-90634, 90636, 90730 (old code)	**Immunization (CVX) Codes:** 31, 52, 83, 84, 85, 104 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 070.0, 070.1 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Rotavirus – 2-dose series	90681	**Immunization (CVX) Codes:** 119 **Contraindications**: Immunization Package contraindication of "Anaphylaxis" or “Immune Deficiency”
Rotavirus – 3-dose series	90680	**Immunization (CVX) Codes:** 74, 116, 122 **POV**: V05.8 **Contraindications**: Immunization Package contraindication of "Anaphylaxis" or “Immune Deficiency”
Influenza	90654-90658, 90659 (old code), 90660-90662, 90724 (old code), G0008, G8108 (old code)	**Immunization (CVX) Codes:** 15, 16, 88, 111, 135, 140, 141, 144 **POV**: V04.8 (old code), V04.81, V06.6 **V Procedure:** 99.52 **Contraindications**: Immunization Package contraindication of “Egg Allergy” or "Anaphylaxis"

Key Logic Changes from CRS Version 12.1

1. Updated GPRA denominator and numerator to GPRAMA.
2. Replaced 4313314 measure with 4313*314 measure and 3 Hib measure with 3 or 4 Hib measure and added corresponding logic.
3. Removed refusal numerators and any non-NMI refusal logic.

4. Removed 43133 and 431331 measures from Childhood IZ.
5. Removed all of the immunization program numerators and any logic associated with these numerators only.
6. Removed previous contraindications to OPV.
7. Removed "Immune Deficient" from MMR and Varicella contraindications, as it is not an option in the Immunization package.
8. Removed POV codes from contraindications for MMR and Varicella.
9. Added "Immune Deficiency" as a contraindication for OPV.

Patient List Description

List of patients 19 through 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 two DTaP, no IZ will be listed for DTaP.

Notes: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 through 23 months.

The order of the display for the immunizations is: 4 Dtap/Dtp;3 IPV/OPV;MMR;3 or 4 HIB;3 HEP;Vari;4 PNEUMO. A blank value in the Numerator column means the patient didn't meet the requirements for any of the immunizations. Another example is "MMR; vari;4 PNEUMO," which means the patient did not have 4 Dtap/Dtp, 3 IPV/OPV, 3 or 4 HIB and 3 Hep B immunizations.

Measure Source

CDC; HP 2020 IID-7, IID-8; HEDIS

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2012 GPRA Performance Active Immunization Package 4:3:1:3:3:1:4 (rate for children age 19 through 35 months)	76.8%
IHS FY 2011 GPRA Performance Active Immunization Package 4:3:1:3:3:1:4 (rate for children age 19 through 35 months)	75.9%

Performance	Percent
IHS FY 2010 GPRA Performance Active Immunization Package 4:3:1:3:3:1 (rate for children age 19 through 35 months)	79.0%
IHS FY 2009 GPRA Performance Active Immunization Package 4:3:1:3:3 (rate for children age 19 through 35 months)	79.0%
IHS FY 2008 GPRA Performance Active Immunization Package 4:3:1:3:3 (rate for children age 19 through 35 months)	78.0%
IHS FY 2008 Non-GPRA Performance Active Clinical 4:3:1:3:3 (rate for children age 19 through 35 months)	*68.0%*
IHS FY 2007 GPRA Performance Active Immunization Package 4:3:1:3:3(rate for children age 19 through 35 months)	78.0%
IHS FY 2006 Performance (rate for children age 19 through 35 months)	80.0%
IHS FY 2005 Performance (rate for children age 19 through 35 months)	75.0%
IHS FY 2004 Performance(baseline rate for children age 19 through 35 months)	72.0%
IHS FY 2004 Performance(rate for children age 3 through 27 months)	81.0%
IHS FY 2003 Performance(rate for children age 3 through 27 months)	80.0%
IHS FY 2002 Performance(rate for children age 3 through 27 months)	80.0%
HP 2020 goal for % of children age 19 through *35 months with 4:3:1:3:3:4 vaccines*	*80.0%*
HP 2020 goal for % of children age 19 through *35 months with each individual vaccine*	*90.0%*

For the IHS FY 2006 Performance (rate for children 19 through 35 months), the Percent (80.0) please consider: All 2002 through 2006 rates reported on this table were reported by the Immunization Program from the quarterly immunization reports. Effective in 2007, CRS reports the rate and not the Immunization Program. The CRS rate is reported using the CRS Active Immunization Package denominator.

Performance Improvement Tips

- Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
- Providers should document refusals; write "Refused" in appropriate vaccine order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

```
DU                            November 25, 2012                       Page 51
       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                     Report Period: Jan 01, 2013 to Dec 31, 2013
                   Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
```

Baseline Period: Jan 01, 2000 to Dec 31, 20000

Childhood Immunizations

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months	63		41			55		
# w/ 4313*314 combo or w/Dx/Contraind/ NMI Refusal	5	7.9	0	0.0	+7.9	0	0.0	+7.9
A. # w/ Dx/Contraind/NMI Ref w/ % of Total 4313*314	1	20.0	0	0.0	+20.0	0	0.0	+20.0
# w/ 4 doses DTaP or w/ Contraind/ NMI Refusal	25	39.7	3	7.3	+32.4	9	16.4	+23.3
A. # w/ Contraind/NMI Ref w/ % of Total DTaP	7	28.0	0	0.0	+28.0	0	0.0	+28.0
# w/ 3 doses Polio or w/ Dx/ Contraind/ NMI Refusal	32	50.8	12	29.3	+21.5	12	21.8	+29.0
A. # w/ Dx/Contraind/NMI Ref w/ % of Total Polio	7	21.9	0	0.0	+21.9	0	0.0	+21.9
# w/ 1 dose MMR or w/ Dx/Contraind/ NMI Refusal	29	46.0	12	29.3	+16.8	19	34.5	+11.5
A. # w/Dx/Contraind/NMI Ref w/ % of Total MMR	6	20.7	0	0.0	+20.7	1	5.3	+15.4
# w/ 3-4 doses HIB or w/Contraind NMI Refusal	26	41.3	10	24.4	+16.9	17	30.9	+10.4
A. # w/ Contraind/NMI Ref w/ % of Total HIB	4	15.4	0	0.0	+15.4	0	0.0	+15.4
# w/ 3 doses Hep B or w/ Dx/Contraind/ NMI Refusal	31	49.2	11	26.8	+22.4	14	25.5	+23.8
A. # w/ Dx/Contraind/NMI Ref w/ % of Total HEP B	5	16.1	0	0.0	+16.1	0	0.0	+16.1

Figure 2-31: Sample Report, Childhood Immunizations

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;

```
HR=High Risk Patient

Childhood Immunizations: List of 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.  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.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,ANDREA         000001 COMMUNITY #1   F  0
UP,AC,IMM                    4 DTaP/DTP; 3 Polio; MMR; 3 3-Dose Hib; 3 Hep B;
Vari; 2 Influenza
PATIENT2,HEATHER        000002 COMMUNITY #1   F  1
UP,AC,IMM                     NMI DTaP/DTP; NMI Polio; 2 Hep A; 2 Influenza
PATIENT3,TONYA          000003 COMMUNITY #1   F  1
UP
PATIENT4,JAMES          000004 COMMUNITY #1   M  0
UP,AC,IMM                    3 Polio; MMR; 3 Hep B; Vari; NMI Rota
PATIENT5,SCOTT          000005 COMMUNITY #1   M  0
UP,AC,IMM                     4 4-Dose Hib; 2 Hep A; 3 Rota; 2 Influenza
```

Figure 2-32: Sample Patient List, Childhood Immunizations

2.4.4 Adolescent Immunizations

Denominators

Active Clinical patients age 13. Broken down by gender where noted.

Active Clinical patients ages 13 through 17. Broken down by gender where noted.

Numerators

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

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

Patients who have received the 1:1:3 combination (i.e., one Td/Tdap, one meningococcal, three HPV), including contraindications and evidence of disease.

> **Notes**: The only refusals included in this numerator are NMI refusals.
>
> This numerator is broken down by gender.

Patient who have received the 1:1 combination (i.e., one Td/Tdap, one meningococcal), including contraindications and evidence of disease.

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

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

a. Patients with (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal.

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

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

Patients who have received two doses of MMR ever, including contraindications and evidence of disease.

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

Patients who have received three doses of Hepatitis B ever, including contraindications and evidence of disease.

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

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

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

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

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

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

> **Notes**: The only refusals included in this numerator are NMI refusals.
>
> This numerator is broken down by gender.

For each of the above numerators, the following sub-numerators are included:

a. Patients with (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal.

Logic Description

Age definition: Age of the patient is calculated at the beginning of the Report Period. Because IZ data comes from multiple sources, any IZ codes documented on dates within ten days of each other will be considered as the same immunization.

Dosage and types of immunization definitions:

- One dose of Td or Tdap
- Two doses of MMR: (1) two MMRs; (2) two M/R and two Mumps; (3) two R/M and two Measles; or (4) two each of Measles, Mumps, and Rubella
- Three doses of Hep B *or* two doses *if* documented with CPT 90743
- One dose of Varicella
- One dose of Meningococcal
- Three doses of HPV

Not Medically Indicated (NMI) refusals, evidence of disease and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

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

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

Adolescent immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes
MMR	90707, 90710	**Immunization codes:** 3, 94 **POV:** V06.4 **V Procedure:** 99.48 **Contraindications:** Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," or "Neomycin Allergy." **NMI Refusals:** Immunization codes 3, 94
M/R (Measles/ Rubella)	90708	**Immunization code:** 4 **NMI Refusals:** Immunization code 4 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
R/M (Rubella/ Mumps)	90709 (old code)	**Immunization code:** 38 **NMI Refusals:** Immunization code 38; **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Measles	90705	**Immunization code:** 5 **POV:** V04.2 **V Procedure:** 99.45 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 055* **NMI Refusals:** Immunization code 5 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Mumps	90704	**Immunization code:** 7 **POV:** V04.6 **V Procedure:** 99.46 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 072* **NMI Refusals:** Immunization code 7 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes
Rubella	90706	**Immunization code:** 6 **POV:** V04.3 **V Procedure:** 99.47 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 056*, 771.0 **NMI Refusals:** Immunization code 6**Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Hepatitis B	90736, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023	**Immunization codes:** 8, 42-45, 51, 102, 104, 110, 132, 146 **Evidence of Disease:** POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 **NMI Refusals:** Immunization codes 8, 42-45, 51, 102, 104, 110, 132, 146 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Varicella	90710, 90716	**Immunization codes:** 21, 94 **POV:** V05.4 **Evidence of Disease:** 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." **NMI Refusals:** Immunization codes 21, 94 **Contraindications:** Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," or "Neomycin Allergy.
Tdap	90715	**Immunization code:** 115 **NMI Refusals:** Immunization code 115 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Td	90714, 90718	**Immunization codes:** 9, 113 **POV:** V06.5 **NMI Refusals:** Immunization codes 9, 113**Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Meningococcal	90733, 90734	**Immunization codes:** 32, 108, 114, 136, 147 **NMI Refusals:** Immunization codes 32, 108, 114, 136, 147**Contraindications**: Immunization Package contraindication of "Anaphylaxis."
HPV	90649, 90650	**Immunization codes:** 62, 118, 137 **NMI Refusals:** Immunization codes 62, 118, 137**Contraindications**: Immunization Package contraindication of "Anaphylaxis."

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerators and any non-NMI refusal logic.
2. Removed 231 combo measures.

3. Removed "Immune Deficient" from MMR and Varicella contraindications, as it is not an option in the Immunization package.

4. Removed POV codes from contraindications for MMR and Varicella.

Patient List Description

List of patients 13 through 17 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 two Hep B, no IZ will be listed for Hep B.

> **Note:** An absent value in the Numerator column means the patient did not meet the requirements for any of the immunizations. An example for a female patient age 13 with a value of ";2 MMR" which means the patient did not have one Td/Tdap, three Hepatitis B, one Varicella, one Meningococcal, and three HPV immunizations.

Measure Source

HEDIS, HP 2020 IID-11

Measure Past Performance and Long-Term Targets:

Target	Percent
HP 2020 goal for each individual IZ: Tdap, Meningococcal, HPV	*80.0%*
HP 2020 goal for each individual IZ: varicella	*90.0%*

Performance Improvement Tips

- Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
- Providers should document refusals; write "Refused" in appropriate vaccine Order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

```
DU                            November 25, 2012                       Page 66
      *** IHS 2013 Selected Measures with Community Specified Report ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2013 to Dec 31, 2013
               Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Adolescent Immunizations

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %
```

```
Active Clinical patients
age 13                  20            17                    28

# w/1:3:2:1 Combo or
 w/ Dx/Contraind/
 NMI Refusal             1   5.0       0   0.0     +5.0      0   0.0     +5.0
A. # w/ Dx/ Contraind/
 NMI Ref w/ % of
 Total 1:3:2:1           0   0.0       0   0.0     +0.0      0   0.0     +0.0

# w/1:1:3 Combo or w/
 Dx/Contraind/
 NMI Refusal             2  10.0       0   0.0    +10.0      0   0.0    +10.0
A. # w/ Dx/ Contraind/
 NMI Ref w/ % of Total
 1:1:3                   1  50.0       0   0.0    +50.0      0   0.0    +50.0

Male Active Clinical
Pts age 13               8            12                    15

# w/1:1:3 Combo or w/
 Dx/Contraind/
 NMI Refusal             1  12.5       0   0.0    +12.5      0   0.0    +12.5
A. # w/ Dx/ Contraind/
 NMI Ref w/ % of Total
 1:1:3                   1 100.0       0   0.0   +100.0      0   0.0   +100.0

Female Active Clinical
Pts age 13              12             6                    13

# w/1:1:3 Combo or w/
 Dx/Contraind/
 NMI Refusal             1   8.3       0   0.0     +8.3      0   0.0     +8.3
A. # w/ Dx/ Contraind/
 NMI Ref w/ % of Total
 1:1:3                   0   0.0       0   0.0     +0.0      0   0.0     +0.0
```

Figure 2-33: Sample Report, Adolescent Immunizations

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Adolescent Immunizations: List of patients 13-17 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 Hep B, no IZ will be listed for Hep B.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,LINDA          000001 COMMUNITY #3   F  13
AC                           2 MMR; 2 Hep B + 90743
PATIENT2,SHERRY         000002 COMMUNITY #3   F  13
AC                           NMI Tdap; NMI MMR; NMI Hep B; NMI Vari
PATIENT22,JESSICA       000022 COMMUNITY #4   F  13
AC                           MMR; 3 Hep B; Evid Vari
PATIENT23,SAMANTHA      000023 COMMUNITY #4   F  13
```

```
AC                              Td; 3 Hep B; NMI Meningococcal
PATIENT24,NINA          000024 COMMUNITY #4   F  13
AC                              Contra MMR; Contra Vari
PATIENT25,RHONDA        000025 COMMUNITY #4   F  13
AC                              Td; 3 HPV
```

Figure 2-34: Sample Patient List, Adolescent Immunizations

2.5 Childhood Diseases Group

2.5.1 Appropriate Treatment for Children with Upper Respiratory Infection

Denominators

Active Clinical patients who were ages three months through 18 years of age who were diagnosed with an *upper respiratory infection* during the period 6 months (182 days) prior to the report period through the first six months of the report period.

User Population patients who were ages three months through 18 years of age who were diagnosed with an *upper respiratory infection* during the period 6 months (182 days) prior to the report period through the first six months of the report period.

Numerator

Patients who were *not* prescribed an antibiotic on or within three days after diagnosis. In this measure, appropriate treatment is *not* to receive an antibiotic.

Logic Description

Age is calculated as follows: Children three months as of six months (182 days) of the year prior to the Report Period to 18 years as of the first six months of the Report Period.

In order to be included in the denominator, *all* of the following conditions must be met:

1. Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. Upper Respiratory Infection defined as POV 460 or 465.*. Outpatient visit defined as Service Category A, S, or O.

2. If outpatient visit was to Clinic Code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as Service Category H, either on the same day or the next day with URI diagnosis.

3. Patient's visit must only have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded.

4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date.

5. The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as:

   Rx Days Supply greater than or equal to (>=) (URI Visit Date–Prescription Date)

If multiple visits exist that meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Cephradine, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, Lomefloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.) Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients three months to 18 years of age with upper respiratory infection, with antibiotic prescription, if any.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

```
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Appropriate Treatment for Children with Upper Respiratory Infection (con't)

                       REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
```

```
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical 3 months-18 yrs
w/Upper Respiratory
Infection               38             36                    30

# w/o Antibiotic
 Rx                     37  97.4       35  97.2     +0.1      27  90.0     +7.4

User Pop 3 months-18 yrs
w/Upper Respiratory
Infection               43             38                    35

# w/o Antibiotic
 Rx                     42  97.7       37  97.4     +0.3      32  91.4     +6.2
```

Figure 2-35: Sample Report, Appropriate Treatment for Children with Upper Respiratory Infection

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Appropriate Treatment for Children with Upper Respiratory Infection: List of
patients 3 months to 18 years with upper respiratory infection, with antibiotic
prescription, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,PAMELA         000001 COMMUNITY #3   F  3
UP,AC                        MEETS MEASURE
PATIENT2,ALICIA         000002 COMMUNITY #3   F  7
UP,AC                        MEETS MEASURE
PATIENT3,JAMES          000003 COMMUNITY #3   M  0
UP,AC                        MEETS MEASURE
PATIENT4,HENRY          000004 COMMUNITY #3   M  12
UP,AC                        MEETS MEASURE
PATIENT25,HEATHER       000025 COMMUNITY #4   F  7
UP,AC                        MEETS MEASURE
PATIENT26,DYLAN         000026 COMMUNITY #4   M  3
UP,AC                        MEETS MEASURE
PATIENT27,CODY          000027 COMMUNITY #4   M  4
UP,AC                        MEETS MEASURE
PATIENT28,KAREN         000028 COMMUNITY #5   F  0
UP,AC                        antibiotic injection: 01/06/12 DOES NOT MEET MEASURE
```

Figure 2-36: Sample Patient List, Appropriate Treatment for Children with Upper Respiratory Infection

2.5.2 Appropriate Testing for Children with Pharyngitis

Denominators

Active Clinical patients who were ages 2 through 18 years who were diagnosed with *pharyngitis* and prescribed an antibiotic during the period six months (182 days) prior to the Report Period through the first six months of the Report Period.

User Population patients who were ages 2 through 18 years who were diagnosed with *pharyngitis* and prescribed an antibiotic during the period six months (182 days) prior to the Report Period through the first six months of the Report Period.

Numerator

Patients who received a Group A strep test.

Logic Description

Age is calculated as follows: Children two years as of six months (182 days) of the year prior to the Report Period to 18 years as of the first six months of the Report Period.

In order to be included in the denominator, *all* of the following conditions must be met:

1. Patient's diagnosis of pharyngitis must have occurred at an outpatient visit. Pharyngitis defined as POV 462, 463, or 034.0. Outpatient visit defined as Service Category A, S, or O.

2. If outpatient visit was to Clinic Code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as Service Category H, either on the same day or the next day with pharyngitis diagnosis.

3. Patient's visit must only have a diagnosis of pharyngitis. If any other diagnosis exists, the visit will be excluded.

4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the pharyngitis visit date.

5. The patient did not have an active prescription for antibiotics as of the pharyngitis visit date. "Active" prescription defined as:

6. Rx Days Supply greater than or equal to (>=)(URI Visit Date - Prescription Date)

7. The patient filled a prescription for antibiotics on or within three days after the pharyngitis visit.

If multiple visits exist that meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Cephradine, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, Lomefloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.) Medications must not have a comment of RETURNED TO STOCK.

To be included in the numerator, a patient must have received a Group A Streptococcus test within the seven-day period beginning three days prior through three days after the Pharyngitis visit date.

Group A Streptococcus test defined as: CPT 87430 (by enzyme immunoassay), 87650-87652 (by nucleic acid), 87880 (by direct optical observation), 87081 (by throat culture), 3210F (Group A Strep Test); site-populated taxonomy BGP GROUP A STREP TESTS; and LOINC taxonomy.

Key Logic Changes from CRS Version 12.1

None Patient List Description

List of patients 2 through 18 years of age with pharyngitis and a Group A Strep test, if any.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

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Appropriate Testing for Children with Pharyngitis (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical 2-18 yrs w/
Pharyngitis and
```

```
Antibiotic Rx            10             5                     8

# w/Group A
 Strep Test               9  90.0        3  60.0    +30.0       2  25.0    +65.0

User Pop 2-18 yrs w/
Pharyngitis and
Antibiotic Rx            11             7                    10

# w/Group A
 Strep Test               9  81.8        4  57.1    +24.7       2  20.0    +61.8
```

Figure 2-37: Sample Report, Appropriate Testing for Children with Pharyngitis

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Appropriate Testing for Children with Pharyngitis: List of patients 2-18 years
with pharyngitis and a Group A Strep test, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MICHAEL        000001 COMMUNITY #1   M  9
UP,AC                        03/19/12 RAPID ANTIGEN (STREP A)
PATIENT2,JOSEPH         000002 COMMUNITY #1   M  12
UP,AC                        05/01/12 RAPID ANTIGEN (STREP A)
PATIENT3,LESTER         000003 COMMUNITY #1   M  13
UP
PATIENT24,MONICA        000024 COMMUNITY #2   F  5
UP,AC                        01/23/12 RAPID ANTIGEN (STREP A)
PATIENT25,MICHAEL JAMES 000025 COMMUNITY #2   M  7
UP,AC                        03/12/12 RAPID ANTIGEN (STREP A)
```

Figure 2-38: Sample Patient List, Appropriate Testing for Children with Pharyngitis

2.6 Cancer Related Measure Topics

2.6.1 Cancer Screening: Pap Smear Rates

GPRA Measure Description

During FY 2013, establish a baseline for the proportion of female patients ages 25 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous four years.

Denominators

Female Active Clinical patients ages 25 through 64 without documented history of Hysterectomy. (GPRA Denominator)

Female User Population patients ages 25 through 64 without documented history of Hysterectomy.

Numerators

Patients with a Pap smear documented in the past four years. (GPRA Numerator)

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

Logic Description

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.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135	**V Procedure:** 68.4-68.9 **DX (V POV or Problem List):** 618.5, 752.43, V67.01, V76.47, V88.01, V88.03 **Women's Health**: Procedure called Hysterectomy.		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pap Smear	88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	**V Lab:** PAP SMEAR **POV:** V76.2 Screen Mal Neop-Cervix V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear 795.0* **V Procedure**: 91.46 **Women's Health:** Procedure called Pap Smear and where the result does NOT have "ERROR/DISREGARD"	Yes	BGP PAP SMEAR TAX

Key Logic Changes from CRS Version 12.1

1. Added logic to look at the problem list for hysterectomy codes.
2. Changed age range to 25 through 64.
3. Changed numerator to look back four years for a documented Pap Smear.
4. Removed POV codes V72.3, V76.47, 795.10-795.16, and 795.19 from Pap Smear definition.
5. Added POV codes 752.43, V67.01 and V76.47 to Hysterectomy definition.
6. Updated patient list.
7. Added procedure code 68.9 to Hysterectomy definition.

Patient List Description

List of women 25 through 64 with documented Pap Smear, if any.

Measure Source

HP 2020 C-15

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2012 Performance	57.1%
IHS FY 2011 Performance	58.1%
IHS FY 2010 Performance	59.0%
IHS FY 2009 Performance	59.0%
IHS FY 2008 Performance	59.0%
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	59.0%
IHS FY 2005 Performance	60.0%
IHS FY 2004 Performance	58.0%
IHS FY 2003 Performance	61.0%
IHS FY 2002 Performance	62.0%
HP 2020 Goal	*93.0%*

Performance Improvement Tips

- Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: HPAP
- Providers should document refusals; write “Refused” in Pap Order box on PCC form. Data entry mnemonic: REF (Lab Test Value, Date Refused).

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Cancer Screening: Pap Smear Rates (con't)
                       REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                       PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
25-64 yrs (GPRA)        449            313                    266

# w/Pap Smear recorded
 w/in 4 years
 - No Refusals (GPRA)    181  40.3      146  46.6     -6.3     126  47.4     -7.1

Female User Pop
25-64 yrs               737            620                    531

# w/Pap Smear recorded w/in
 w/in 4 years
```

```
 - No Refusals          202  27.4      169  27.3     +0.2     148  27.9     -0.5
```

Figure 2-39: Sample Report, Cancer Screening: Pap Smear Rates

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Cancer Screening: Pap Smear Rates: List of women 25-64 with documented
Pap smear, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,EVELYN         000001 COMMUNITY #1   F  21
UP                           05/05/11 POV 795.06
PATIENT2,MICHELLE       000002 COMMUNITY #1   F  22
UP,AC                        05/31/13 Lab
PATIENT3,KAITLYN        000003 COMMUNITY #1   F  22
UP,AC                        04/03/12 POV V76.2
PATIENT4,BRITNEY        000004 COMMUNITY #1   F  22
UP,AC                        01/10/13 POV V72.32
PATIENT5,KATY           000005 COMMUNITY #1   F  22
UP,AC                        05/08/11 CPT 88150
```

Figure 2-40: Sample Patient List, Cancer Screening: Pap Smear rates

2.6.2 Cancer Screening: Mammogram Rates

GPRA Measure Description

During FY 2013, achieve the tentative target rate of 49.7% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last two years.

Denominators

Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies. (GPRA Denominator)

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

Female User Population patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Female User Population patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies. (GPRA Developmental Denominator)

Numerators

All patients who had a Mammogram documented in the past two years.

> **Note**: This numerator does *not* include refusals. (GPRA Numerator)

Patients with documented mammogram refusal in the past year

Logic Description

Age of the patient is calculated at the beginning of the Report Period. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52 through 64 denominators, the patients must be less than 65 years of age as of the end of the Report Period.

Subject Defined	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19300.50-19307.50 or old code 19180, 19200, 19220 **OR** 19300-19307 w/modifier 09950 (50 and 09950 modifiers indicate bilateral) **OR** 19240, with modifier of 50 or 09950	**V Procedure:** 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on either 2 different dates of service or on the same date of service if the codes include both a right side modifier (RT) and left side modifier (LT). 19300-19307, or old codes 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	**V Rad or VCPT:** 77052-77059, 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 **V Procedure:** 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"
Refusal (in past year)	**V Rad Mammogram for CPT:** 77052-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	

Key Logic Changes from CRS Version 12.1

Included logic to allow for two unilateral mastectomies on the same date if the codes include both a right side modifier (RT) and left side modifier (LT).

Patient List Description

List of women 42 plus (+) with mammogram/refusal, if any.

Measure Source

HP 2020 C-17

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2012 Performance	51.9%
IHS FY 2011 Performance	49.8%
IHS FY 2010 Performance	48.0%
IHS FY 2009 Performance	45.0%
IHS FY 2008 Performance	45.0%
IHS FY 2007 Performance	43.0%
IHS FY 2006 Performance	41.0%
IHS FY 2005 Performance	41.0%
IHS FY 2004 Performance	40.0%
IHS FY 2003 Performance	40.0%
IHS FY 2002 Performance	42.0%
HP 2020 Goal	*81.1%*

Performance Improvement Tips

- Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: HRAD.
- Providers should document refusals; write “Refused” in Mammogram Order box on PCC form. Data entry mnemonic: REF (Mammogram, Procedure (CPT) Code, Date Refused).

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Cancer Screening: Mammogram Rates (con't)

                        REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                        PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
52-64 (GPRA)              97             60                     47

# w/Mammogram recorded w/in
 2 years-No Refusals
```

```
 (GPRA)                  31  32.0       22  36.7     -4.7      22  46.8    -14.8
# w/ Mammogram
 Refusal                  7   7.2        0   0.0     +7.2       0   0.0     +7.2

# Female Active Clinical
42+ (GPRA Dev.)         293            188                    163

# w/Mammogram recorded
 w/in 2 years-No Refusals
 (GPRA Dev.)             63  21.5       62  33.0    -11.5      54  33.1    -11.6
# w/ Mammogram
 Refusal                  9   3.1        0   0.0     +3.1       0   0.0     +3.1

# Female User Pop
52-64                   175            122                    102

# w/Mammogram recorded
 w/in 2 years-No
 Refusals                34  19.4       26  21.3     -1.9      23  22.5     -3.1
# w/ Mammogram
 Refusal                  7   4.0        0   0.0     +4.0       0   0.0     +4.0

# Female User Pop
42+                     513            380                    333

# w/Mammogram recorded
 w/in 2 years-No
 Refusals                67  13.1       69  18.2     -5.1      58  17.4     -4.4
# w/ Mammogram
 Refusal                  9   1.8        0   0.0     +1.8       0   0.0     +1.8
```

Figure 2-41: Sample Report, Cancer Screening: Mammogram rates

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Cancer Screening: Mammogram Rates: List of women 42+ with mammogram/refusal, if
any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CARLA          000001 COMMUNITY #1   F  43
UP,AC                        10/01/12 CPT 77052
PATIENT2,CRYSTAL        000002 COMMUNITY #1   F  42
UP
PATIENT3,ALEXA          000003 COMMUNITY #1   F  45
UP,AC                        04/24/12 CPT 76090
PATIENT4,HANNAH         000004 COMMUNITY #1   F  42
UP
PATIENT5,MARTHA         000005 COMMUNITY #1   F  43
UP
PATIENT6,TARA           000006 COMMUNITY #1   F  44
UP,AC                        01/15/13 Refused CPT G0206
PATIENT7,CAROL LYNN     000007 COMMUNITY #1   F  44
UP,AC                        03/05/13 RAD 76092
PATIENT8,MARY ANN       000008 COMMUNITY #1   F  52
```

```
UP,AC
PATIENT9,BARBARA        000009 COMMUNITY #1   F  52
UP,AC                         04/22/13 CPT 77057
```

Figure 2-42: Sample Patient List, Cancer Screening: Mammogram rates

2.6.3 Colorectal Cancer Screening

GPRA Measure Description

During FY 2013, establish a baseline for the proportion of clinically appropriate patients ages 50-75 who have received colorectal screening.

Denominators

All *Active Clinical patients* ages 50 through 75 without a documented diagnosis of colorectal cancer or total colectomy. Broken down by gender. (GPRA Denominator)

All *User Population patients* ages 50 through 75 without any documented diagnosis of colorectal cancer or total colectomy.

Numerators

Patients who have had any CRC screening, defined as any of the following: (1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report period; (2) flexible sigmoidoscopy in the past five years; or (3) colonoscopy in the past 10 years.

Note:	This numerator does *not* include refusals. (GPRA Numerator)

Patients with documented CRC screening refusal in the past year.

Patients with FOBT or FIT during the Report Period.

Patients with a flexible sigmoidoscopy in the past five years or a colonoscopy in the past 10 years.

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Exclusions

Any diagnosis ever of one of the following:

1. **Colorectal Cancer:** POV: 153.*, 154.0, 154.1, 197.5, V10.05; CPT G0213–G0215 (old codes), G0231 (old code).

2. **Total Colectomy:** CPT 44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210 through 44212; V Procedure 45.8*.

Colorectal cancer screening definition: The most recent of any of the following tests and procedures during applicable timeframes. CRS identifies the tests and procedures described in the numerators above with the following codes:

Colorectal Cancer Screening (CRS looks for the most recent of any of the following during timeframes specified in numerator section above)

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Fecal Occult Blood lab test (FOBT) or Fecal Immuno-chemical Test (FIT)	82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)		Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330-45345, G0104	**V Procedure:** 45.24		
Colonoscopy	44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121	**V Procedure:** 45.22, 45.23, 45.25, 45.42, 45.43		

Refusal definition: Any of the following in the past year:

Subject Defined	CPT Codes	ICD and Other Codes	Taxonomy
Refusals	**FOBT or FIT:** 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394 (old code) **Flexible Sigmoidoscopy:** 45330-45345, G0104 **Colonoscopy:** 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121	**Flexible Sigmoidoscopy** **V Procedure:** 45.24, 45.42 **Colonoscopy** **V Procedure:** 45.22, 45.23, 45.25, 45.42, 45.43	V Lab Fecal Occult Blood Test

Key Logic Changes from CRS Version 12.1

1. Changed age range to 50 through 75.

2. Removed double contrast barium enema (DCBE) from measures and logic.

3. Removed measures that included DCBE.
4. Updated 45.8 to 45.8* in total colectomy definition.
5. Removed POV V76.51 from colonoscopy definition.
6. Updated patient list.

Patient List Description

List of patients 50 through 75 with CRC screening or refusal, if any.

Measure Source

HEDIS, HP 2020 C-16

Measure Past Performance and Long-Term Targets:

Performance	Percent
Former definition of CRC:	
IHS FY 2012 Performance	46.1%
IHS FY 2011 Performance	41.7%
IHS FY 2010 Performance	37.0%
IHS FY 2009 Performance	33.0%
IHS FY 2008 Performance	29.0%
IHS FY 2007 Performance	26.0%
IHS FY 2006 Performance	22.0%
HP 2020 Goal	*70.5%*

Performance Improvement Tip

Providers should ask about and record off-site historical tests (test type, date received and location) on PCC forms. Data entry mnemonics: HBE (barium enema); HCOL (colonoscopy); HFOB (Fecal Occult Blood); HSIG (sigmoidoscopy). Providers should also enter as a refusal if the patient refuses the colorectal cancer screening. Refusals may be entered with the data entry mnemonic of REF (refusal).

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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
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Colorectal Cancer Screening (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %
```

```
AC Pts 50-75 w/o colorectal
cancer or total colectomy
(GPRA)                  317            201                    157

# w/CRC Screening
 -No Refusals (GPRA)     49  15.5       40  19.9     -4.4      19  12.1     +3.4
# w/ CRC Screening
 Refusal                  8   2.5        0   0.0     +2.5       0   0.0     +2.5
# w/FOBT/FIT during
 Report period           12   3.8       11   5.5     -1.7       0   0.0     +3.8
# w/Flex Sig or
 Colonoscopy             40  12.6       31  15.4     -2.8      19  12.1     +0.5

Male Active Clinical
50-75                   157            97                     72

# w/CRC Screening
 -No Refusals            23  14.6       18  18.6     -3.9       9  12.5     +2.1
# w/ CRC Screening
 Refusal                  4   2.5        0   0.0     +2.5       0   0.0     +2.5
# w/FOBT/FIT during
 Report period            7   4.5        3   3.1     +1.4       0   0.0     +4.5
# w/Flex Sig or
 Colonoscopy             18  11.5       15  15.5     -4.0       9  12.5     -1.0
```

Figure 2-43: Sample Report, Colorectal Cancer Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Colorectal Cancer Screening: List of patients 51-80 with CRC screening or
refusal, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DANIELLE       000001 COMMUNITY #1   F  51
UP                           FOB: 08/19/12 CPT G0107
PATIENT2,MARIE          000002 COMMUNITY #1   F  51
UP,AC                        COLO: 02/12/12 Refused CPT
PATIENT3,MARY ANN       000003 COMMUNITY #1   F  52
UP,AC
PATIENT4,BOBBIE         000004 COMMUNITY #1   F  52
UP,AC
PATIENT5,WINONA         000005 COMMUNITY #1   F  53
UP,AC
PATIENT6,DARLENE        000006 COMMUNITY #1   F  54
UP,AC                        SIG: 04/07/09
45.24
PATIENT7,JOYCE          000007 COMMUNITY #1   F  57
UP,AC                        COLO: 07/07/12 POV V76.51
```

Figure 2-44: Sample Patient List, Colorectal Cancer Screening

2.6.4 Comprehensive Cancer Screening

GPRA Measure Description

Increase the proportion of patients ages 25 through 75 who received a comprehensive cancer screening.

Denominators

Active Clinical patients ages 25 through 75 who are eligible for cervical cancer, breast cancer, and/or colorectal cancer screening. (GPRA Developmental Denominator)

a. *Active Clinical female patients* ages 25 through 75.

b. *Active Clinical male patients* ages 50 through 75.

Numerators

Patients who have had all screenings for which they are eligible.

Note:	This numerator does *not* include refusals. (GPRA Developmental Numerator)

a. Female patients with cervical cancer, breast cancer, and/or colorectal cancer screening.

b. Male patients with colorectal cancer screening.

Logic Description

Age is calculated at the beginning of the Report Period.

Cervical Cancer Screening definition: To be eligible for this screening, patients must be female Active Clinical ages 25 through 64 and not have a documented history of hysterectomy. 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. To be counted as having the screening, the patient must have had a Pap Smear documented in the past four years.

CRS identifies the tests and procedures described in the numerators above with the following codes:

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135	**V Procedure:** 68.4-68.9 **DX (V POV or Problem List):** 618.5, 752.43, V67.01, V76.47, V88.01, V88.03 **Women's Health**: Procedure called Hysterectomy.		
Pap Smear	88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	**V Lab:** PAP SMEAR **POV:** V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, 795.0* **V Procedure**: 91.46 **Women's Health:** Procedure called Pap Smear	Yes	BGP PAP SMEAR TAX

Breast Cancer Screening definition: 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.

CRS identifies the tests and procedures described in the numerators above with the following codes:

Subject Defined	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19300.50-19307.50 or old code 19180, 19200, 19220 **OR** 19300-19307 w/modifier 09950 (50 and 09950 modifiers indicate bilateral) **OR** 19240, with modifier of 50 or 09950	**V Procedure:** 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on either 2 different dates of service or on the same date of service if the codes include both a right side modifier (RT) and left side modifier (LT). 19300-19307, or old codes 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47

Subject Defined	CPT Codes	ICD and Other Codes
Mammogram	**V Rad or VCPT:** 77052-77059, 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 **V Procedure:** 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".

Colorectal cancer screening definition: 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: (1) FOBT or FIT during the Report Period; (2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or (3) colonoscopy in the past 10 years.

The most recent of any of the following tests and procedures during applicable timeframes. CRS identifies the tests and procedures described in the numerators above with the following codes:

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Colorectal Cancer	G0213 through G0215, G0231	**V POV:** 153.*, 154.0, 154.1, 197.5, V10.05		
Total Colectomy	44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210-44212	**V Procedure:** 45.8*		
Fecal Occult Blood lab test (FOBT) or Fecal Immuno-chemical Test (FIT)	82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)		Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330 through 45345, G0104	**V Procedure:** 45.24		
Colonoscopy	44388 through 44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121	**V Procedure:** 45.22, 45.23, 45.25, 45.42, 45.43		

Key Logic Changes from CRS Version 12.1

1. Changed age range to 25 to 75 for women, 50 to 75 for men.
2. Changed age range to 25 through 64 for Pap Smear.
3. Changed numerator to look back four years for a documented Pap Smear.
4. Added logic to look at the problem list for hysterectomy codes.
5. Removed POV codes V72.3, V76.47, 795.10-795.16, and 795.19 from Pap Smear definition.
6. Added POV codes 752.43, V67.01 and V76.47 to Hysterectomy definition.
7. Removed double contrast barium enema (DCBE) from measures and logic.
8. Updated 45.8 to 45.8* in total colectomy definition.
9. Removed POV V76.51 from colonoscopy definition.
10. Added procedure code 68.9 to hysterectomy definition.
11. Included logic to allow for two unilateral mastectomies on the same date if the codes include both a right side modifier (RT) and left side modifier (LT).

Patient List Description

List of patients 25 through 75 with comprehensive cancer screening, if any.

Measure Source

Not Available

Measure Past Performance and Long-Term Targets

None

Performance Improvement Tip

- Providers should ask about and record off-site Pap tests (date received and location) on PCC forms. Data entry mnemonic: HPAP
- Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: HRAD.
- Providers should ask about and record off-site historical colorectal cancer tests (test type, date received and location) on PCC forms. Data entry mnemonics: HBE (barium enema); HCOL (colonoscopy); HFOB (Fecal Occult Blood); HSIG (sigmoidoscopy).

```
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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Comprehensive Cancer Screening

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical 25-75
(GPRA Dev.)             721            509                    424

# w/ Comprehensive Cancer
 Screening-No Refusals
 (GPRA Dev.)            226  31.3      195  38.3     -7.0     153  36.1     -4.7

A. Female 25-75         570            416                    359

A. # Female w/all
 Screens                199  34.9      177  42.5     -7.6     144  40.1     -5.2

B. Male 50-75           151             93                     65

B. # Male w/CRC
 Screen                  27  17.9       18  19.4     -1.5       9  13.8     +4.0
```

Figure 2-45: Sample Report, Comprehensive Cancer Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Comprehensive Cancer Screening: List of patients 21-80 with comprehensive
cancer screening, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DANIELLE       000001 COMMUNITY #1   F  21
AC,PAP                       PAP: 05/05/12 POV 795.0
PATIENT2,MARIE          000002 COMMUNITY #1   F  51
AC,PAP
PATIENT3,MARY ANN       000003 COMMUNITY #1   F  52
AC,MAM                       MAM: 07/06/12 CPT 77055
PATIENT4,BOBBIE         000004 COMMUNITY #1   F  53
AC,PAP,MAM,CRCS              CRCS: 07/20/13 POV V76.51
PATIENT5,WINONA         000005 COMMUNITY #1   F  57
AC,PAP,MAM,CRCS              MAM: 10/01/12 CPT 77052
PATIENT6,HARRY          000006 COMMUNITY #1   M  56
AC,CRCS                      CRCS: 04/07/09 Proc 45.24
PATIENT7,LARRY          000007 COMMUNITY #1   M  57
AC,CRCS
PATIENT8,BARRY          000008 COMMUNITY #1   M  63
```

```
AC,CRCS                          CRCS: 02/18/13 CPT 45330
```

Figure 2-46: Sample Patient List, Comprehensive Cancer Screening

2.6.5 Tobacco Use and Exposure Assessment

Denominators

Active Clinical patients ages five and older. Broken down by gender and age groups (5 through 13, 14 through 17, 18 through 24, 25 through 44, 45 through 64, and 65 and older), based on HP 2010 age groups.

All *pregnant female User Population patients* with no documented miscarriage or abortion.

All *User Population patients* ages five and older. Broken down by gender.

Numerators

Patients who have been screened for tobacco use during the Report Period.

Patients identified as current tobacco users during the Report Period, both smokers and smokeless users.

a. Patients identified as current smokers during the Report Period.

b. Patients identified as current smokeless tobacco users during the Report Period.

Patients identified as exposed to environmental tobacco smoke (ETS) (second-hand smoke) during the Report Period.

Logic Description

Ages are calculated at beginning of Report Period.

For screening, an additional eight months is included for patients who were pregnant during the Report Period but who had their tobacco assessment prior to that.

CRS uses the following codes to define the denominators and numerators:

Subject Defined	CPT Codes	ICD and Other Codes
Pregnancy (At least two visits during the past 20 months, where the primary provider is not a CHR (Provider code 53). Pharmacy-only visits (Clinic Code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period.) An additional 8 months is included for patients who were pregnant during the Report period but who had their tobacco assessment prior to that.		**V POV:** 640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 – V23.9, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09
Miscarriage (after second pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	**V POV:** 630, 631, 632, 633*, 634*

Subject Defined	CPT Codes	ICD and Other Codes
Abortion (after second pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**V POV:** 635*, 636* 637* **Procedure**: 69.01, 69.51, 74.91, 96.49
Screened for Tobacco Use (time frame for pregnant patients is past 20 months)	D1320, 99406, 99407, G0375 (old code), G0376 (old code), G8453 (old code), G8455-G8457 (old codes), G8402 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed)	**V POV or current Active Problem List:** 305.1, 305.1* (old codes), 649.00-649.04, V15.82 **Patient Education codes:** "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code), or G8453 (old code) **Dental code:** 1320
Tobacco Users (time frame for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code)	**V POV or current Active Problem List:** 305.1, 305.10-305.12 (old codes), or 649.00-649.04 **Dental code:** 1320
Current Smokers (time frame for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), G8455 (old code), G8402 (old code), G8453 (old code)	**V POV or current Active Problem List:** 305.1, 305.10-305.12 (old codes), or 649.00-649.04 **Dental code:** 1320
Current Smokeless (time frame for pregnant patients is past 20 months)	1035F (Current Smokeless Tobacco User), G8456 (old code)	

For numerator definitions, all existing national Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS–CHEWING/DIP), and TOBACCO (EXPOSURE) Health Factors are listed below with the numerator to which they apply.

Health Factor	Numerator
Ceremonial	Screened (does NOT count as Smoker)
Cessation-Smokeless	Screened; Tobacco Users; Smokeless User
Cessation-Smoker	Screened; Tobacco Users; Smoker
Current Smokeless	Screened; Tobacco Users; Smokeless User
Current Smoker	Screened; Tobacco Users; Smoker
Current Smoker, status unknown	Screened; Tobacco Users; Smoker
Current smoker, every day	Screened; Tobacco Users; Smoker
Current smoker, some day	Screened; Tobacco Users; Smoker

Health Factor	Numerator
Non-Tobacco User	Screened
Previous Smokeless	Screened
Previous (Former) Smokeless	Screened
Previous Smoker	Screened
Previous (Former) Smoker	Screened
Smoke Free Home	Screened
Smoker In Home	Screened; ETS
Current Smoker & Smokeless	Screened; Tobacco Users; Smoker; Smokeless User
Exposure To Environmental Tobacco Smoke	Screened; ETS

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients five and older with documented tobacco screening, if any.

Measure Source

HP 2020 TU-1.1 Cigarette smoking 18 and older; TU-1.2 Smokeless tobacco use 18 and older; TU-11 Exposure to ETS-nonsmokers three and older

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance (Screening)	64.3%
IHS FY 2011 Performance (Screening)	62.0%
IHS FY 2010 Performance (Screening)	60.0%
IHS FY 2009 Performance (Screening)	57.0%
IHS FY 2008 Performance (Screening)	54.0%
IHS FY 2005 Performance (Screening)	34.0%
IHS FY 2004 Performance (Screening)	27.0%

Performance	Percent
IHS FY 2012 Performance (Tobacco Users)	30.7%
IHS FY 2011 Performance (Tobacco Users)	31.6%
IHS FY 2010 Performance (Tobacco Users)	27.0%
IHS FY 2009 Performance (Tobacco Users)	26.0%
IHS FY 2008 Performance (Tobacco Users)	29.0%

Performance	Percent
HP 2020 Goals: TU-1.1 (Cigarette smoking 18 and older): 12%; *TU-1.2 (Smokeless tobacco use 18 and older): 0.3%;* *TU-11 (Exposure to ETS-non smokers 18 and older): 68%*	

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Tobacco Use and Exposure Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
# Active Clinical Pts => 5	1,357		1,031			911		
# w/Tobacco Screening	624	46.0	426	41.3	+4.7	328	36.0	+10.0
# Tobacco Users w/ % of Total Screened	294	47.1	165	38.7	+8.4	130	39.6	+7.5
A. # Smokers w/ % of Total Tobacco Users	277	94.2	164	99.4	-5.2	130	100.0	-5.8
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	29	9.9	5	3.0	+6.8	3	2.3	+7.6
# exposed to ETS/ smoker in home w/ % of Total Screened	4	0.6	2	0.5	+0.2	1	0.3	+0.3
# Male Active Clinical ages => 5	570		430			374		
# w/Tobacco Screening	230	40.4	152	35.3	+5.0	128	34.2	+6.1
# Tobacco Users w/ % of Total Screened	136	59.1	69	45.4	+13.7	59	46.1	+13.0
A. # Smokers w/ % of Total Tobacco Users	124	91.2	69	100.0	-8.8	59	100.0	-8.8
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	22	16.2	2	2.9	+13.3	3	5.1	+11.1
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.4	0	0.0	+0.4	1	0.8	-0.3

```
# Female Active Clinical
ages => 5               787            601                    537

# w/Tobacco
 Screening              394  50.1      274  45.6     +4.5     200  37.2    +12.8
# Tobacco Users w/ % of
 Total Screened         158  40.1       96  35.0     +5.1      71  35.5     +4.6
A. # Smokers w/ % of
 Total Tobacco Users    153  96.8       95  99.0     -2.1      71 100.0     -3.2
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users            7   4.4        3   3.1     +1.3       0   0.0     +4.4
# exposed to ETS/
 smoker in home w/ % of
 Total Screened           3   0.8        2   0.7     +0.0       0   0.0     +0.8
```

Figure 2-47: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

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               Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Tobacco Use and Exposure Assessment (con't)

                        TOTAL ACTIVE CLINICAL POPULATION
                                        Age Distribution
                         5-13 14-17  18-24  25-44  45-64  65 and older

CURRENT REPORT PERIOD
# Active Clinical        171     74    177    448    371    116
# w/Tobacco Screening     10     19    102    243    199     51
% w/Tobacco Screening    5.8   25.7   57.6   54.2   53.6   44.0

# Tobacco Users           3      8     46    118    104     15
% Tobacco Users w/ % of
 Total Screened         30.0   42.1   45.1   48.6   52.3   29.4

# Smokers                2      8     43    108    102     14
% Smokers w/ % of
 Total Tobacco Users    66.7  100.0   93.5   91.5   98.1   93.3

# Smokeless              1      0      3     15      8      2
% Smokeless w/ % of
 Total Tobacco Users    33.3    0.0    6.5   12.7    7.7   13.3

# ETS/Smk Home           0      0      0      3      1      0
% ETS/Smk Home w/ % of
 Total Screened          0.0    0.0    0.0    1.2    0.5    0.0

PREVIOUS YEAR PERIOD
# Active Clinical        176     62    168    323    238     64
# w/Tobacco Screening     11     14     87    147    128     39
% w/Tobacco Screening    6.3   22.6   51.8   45.5   53.8   60.9
```

```
# Tobacco Users            0      5     41     60     50      9
% Tobacco Users w/ % of
 Total Screened          0.0   35.7   47.1   40.8   39.1   23.1

# Smokers                  0      5     40     60     50      9
% Smokers w/ % of
 Total Tobacco Users     0.0  100.0   97.6  100.0  100.0  100.0

# Smokeless               0      0      1      3      1      0
% Smokeless w/ % of
 Total Tobacco Users     0.0    0.0    2.4    5.0    2.0    0.0

# ETS/Smk Home            0      0      0      2      0      0
% ETS/Smk Home w/ % of
 Total Screened          0.0    0.0    0.0    1.4    0.0    0.0

CHANGE FROM PREV YR %
# w/Tobacco Screening   -0.4   +3.1   +5.8   +8.7   -0.1  -17.0
Tobacco Users          +30.0   +6.4   -2.0   +7.7  +13.2   +6.3
Smokers                +66.7   +0.0   -4.1   -8.5   -1.9   -6.7
Smokeless              +33.3   +0.0   +4.1   +7.7   +5.7  +13.3
ETS                     +0.0   +0.0   +0.0   -0.1   +0.5   +0.0
```

Figure 2-48: Sample Age Breakdown Report, Tobacco Use Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Tobacco Use and Exposure Assessment: List of patients 5 and older with
documented tobacco screening, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,CHESTER        000001 COMMUNITY #1   M  7
UP,AC                        01/10/13 SCREEN
PATIENT2,JUAN           000002 COMMUNITY #1   M  19
UP
PATIENT3,BEN            000003 COMMUNITY #1   M  22
UP
PATIENT4,MARY           000004 COMMUNITY #1   F  35
UP,AC,PREG                   04/10/13 SCREEN, 04/10/13 USER, 04/10/13 SMOKELESS
PATIENT5,HARRY B        000005 COMMUNITY #1   M  13
UP                           03/15/13 SCREEN
PATIENT6,EMERSON        000006 COMMUNITY #1   M  15
UP,AC                        05/21/13 SCREEN, 05/21/13 USER, 05/21/13 SMOKER,
05/21/12 ETS
PATIENT7,EUGENE JAY     000007 COMMUNITY #1   M  29
UP
PATIENT8,ROGER          000008 COMMUNITY #1   M  31
UP,AC                        01/21/13 SCREEN, 01/21/13 USER, 01/21/13 SMOKER
PATIENT9,ANDREW         000009 COMMUNITY #1   M  42
UP
```

Figure 2-49: Sample Patient List, Tobacco Use Assessment

2.6.6 Tobacco Cessation

GPRA Measure Description

During FY 2013, establish a baseline for the proportion of tobacco-using patients who receive tobacco cessation intervention or quit tobacco use.

Denominators

Active Clinical patients identified as current tobacco users or tobacco users in cessation. Broken down by gender and age groups. (GPRA Denominator)

Numerators

Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid anytime during the Report Period.

Note: This numerator does *not* include refusals.

Patients identified as having quit their tobacco use anytime during the Report Period.

Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the Report Period. (GPRA Numerator)

Note: This numerator does *not* include refusals.

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Logic

Current Tobacco Users or Tobacco Users in Cessation:

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

- 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 TUHF 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, 305.10-305.12 (old codes), or 649.00-649.04.
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code) or G8453 (old code).

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

If no TUHF 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 TUHFs, all of the health factors will be considered as TUHFs.

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, 305.10-305.12 (old codes), or 649.00-649.04.
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code) or 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.

Numerator Logic

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), 649.00-649.04, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402 or G8453
- Clinic code 94 (tobacco cessation clinic)
- Dental code 1320
- CPT code D1320, 99406, 99407 , G0375 (old code), G0376 (old code), 4000F, G8402 or 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”, or “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 through the end of 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

Key Logic Changes from CRS Version 12.1

Previously GPRA Developmental and replaces the old Tobacco Cessation topic.

Patient List Description

List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use.

Measure Source

Smoking Cessation Attempts: HP 2020 TU-4

Smoking Cessation Counseling: HP 2020 TU-10

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance	36.4%
Former definition:	
IHS FY 2012 Performance	35.2%
IHS FY 2011 Performance	29.4%
IHS FY 2010 Performance	25.0%
IHS FY 2009 Performance	24.0%
IHS FY 2008 Performance	21.0%
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	12.0%
HP 2020 goal for increasing smoking cessation attempts for adult smokers	*80.0%*

```
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```
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--------------------------------------------------------------------------------

Tobacco Cessation (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Tobacco
Users/In Cessation
(GPRA)                  499           308                    230

# w/tobacco cessation counseling or
 RX for cessation aid
 -No Refusals           120  24.0      72  23.4     +0.7      69  30.0     -6.0
# who quit               12   2.4       2   0.6     +1.8       1   0.4     +2.0
# w/tobacco cessation counseling,
 Rx for cessation aid, or quit-No
 Refusals (GPRA)        131  26.3      73  23.7     +2.6      70  30.4     -4.2

Male Active Clinical Tobacco
Users/In Cessation      227           147                    115

# w/tobacco cessation counseling,
 or RX for cessation aid-
 No Refusals             64  28.2      35  23.8     +4.4      40  34.8     -6.6
# who quit                5   2.2       2   1.4     +0.8       1   0.9     +1.3
# w/tobacco cessation counseling,
 Rx or cessation aid, or quit-
 No Refusals             69  30.4      36  24.5     +5.9      41  35.7     -5.3

Female Active Clinical Tobacco
Users/In Cessation      272           161                    115

# w/tobacco cessation counseling,
 or RX for cessation aid-
 No Refusals             56  20.6      37  23.0     -2.4      29  25.2     -4.6
# who quit                7   2.6       0   0.0     +2.6       0   0.0     +2.6
# w/tobacco cessation counseling,
 Rx for cessation aid, or quit-
 No Refusals             62  22.8      37  23.0     -0.2      29  25.2     -2.4
```

Figure 2-50: Sample Report, Tobacco Cessation

```
Tobacco Cessation (con't)

                        ACTIVE CLINICAL TOBACCO USERS
                                    Age Distribution
                                <12        12-17       =>18

CURRENT REPORT PERIOD
AC Tob Users/in Cess              3          19         477

# w/tobacco cessation counseling
  or RX for cessation aid-
  No Refusals                     1           3         116
% w/ tobacco cessation counseling
```

```
  or Rx for cessation aid-
  No Refusals                    33.3        15.8        24.3

# who quit                        0           1          11
% who quit                      0.0         5.3         2.3

# w/tobacco cessation counseling,
  Rx for cessation aid or quit-
  No Refusals                     1           4         126
% w/ tobacco cessation counseling,
  Rx for cessation aid or quit-
  No Refusals                    33.3        21.1        26.4

PREVIOUS YEAR PERIOD
AC Tob Users/in Cess              1          10         297

# w/tobacco cessation counseling
  or RX for cessation aid-
  No Refusals                     0           2          70
% w/ tobacco cessation counseling
  or Rx for cessation aid-
  No Refusals                   0.0        20.0        23.6

# who quit                        0           0           2
% who quit                      0.0         0.0         0.7

# w/tobacco cessation counseling,
  Rx for cessation aid or quit-
  No Refusals                     0           2          71
% w/ tobacco cessation counseling,
  Rx for cessation aid or quit-
  No Refusals                   0.0        20.0        23.9

CHANGE FROM PREV YR %
w/tobacco cessation counseling
  or RX for cessation aid-
  No Refusals                  +33.3        -4.2        +0.7
# who quit                     +0.0        +5.3        +1.6
# w/tobacco cessation
  counseling, Rx for cessation aid or quit-
  No Refusals                  +33.3        +1.1        +2.5
```

Figure 2-51: Sample Age Breakdown Report, Tobacco Cessation

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Tobacco Cessation: List of tobacco users with tobacco cessation intervention,
if any, or who have quit tobacco use.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,BRITNEY        000001 COMMUNITY #1   F  22
UP,AC                        COUNSEL/RX: 06/10/13 CPT G0375
PATIENT2,LORETTA        000002 COMMUNITY #1   F  22
UP,AC                        COUNSEL/RX: 01/13/13 305.1-DP
```

```
PATIENT3,HALEY          000003 COMMUNITY #1   F  25
UP,AC                        COUNSEL/RX: 02/19/13 TO-LA
PATIENT4,ANGEL          000004 COMMUNITY #1   F  30
UP,AC                        COUNSEL/RX: 03/05/13 CPT 4000F
PATIENT5,JOYCE          000005 COMMUNITY #1   F  31
UP,AC                        QUIT: PREVIOUS (FORMER) SMOKER 05/31/13
PATIENT6,ESTHER         000006 COMMUNITY #1   F  32
UP,AC                        COUNSEL/RX: 03/05/13 CESSATION MED - NICOTINE 14MG
TRANSDERMAL PATCH
PATIENT7,SARAH          000007 COMMUNITY #1   F  33
UP,AC
PATIENT8,PAULA          000008 COMMUNITY #1   F  34
UP,AC                        COUNSEL/RX: 03/17/13 TO-QT
```

Figure 2-52: Sample Patient List Tobacco Cessation

2.7 Behavioral Health Related Performance Measure Topics

2.7.1 Alcohol Screening (FAS Prevention)

GPRA Measure Description

During FY 2013, achieve the tentative target rate of 58.7% for the proportion of female patients ages 15 to 44 who receive screening for alcohol use.

Denominators

Female Active Clinical patients ages 15 to 44. (GPRA Denominator)

Female User Population patients ages 15 to 44.

Numerators

Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, or received alcohol-related patient education during the report period.

Note: This numerator does *not* include refusals. (GPRA Numerator)

a. Patients with alcohol screening during the report period.

b. Patients with alcohol-related diagnosis or procedure during the report period

c. Patients with alcohol-related patient education during the report period.

Logic Description

Ages are calculated at beginning of Report Period.

Alcohol screening definition: Any of the following during the Report Period: (a) Alcohol Screening Exam, any CAGE Health Factor, or Screening Diagnosis; (b) Alcohol-related diagnosis in POV, Current PCC or BHS Problem List; (c) Alcohol-related procedure; or (d) Patient education.

Subject Defined	ICD and Other Codes
Alcohol Screening	**PCC Exam Code:** 35 **CPT code:** 99408, 99409, G0396, G0397, H0049, H0050, 3016F **Any CAGE Health Factor** **V POV:** V11.3 (history of alcoholism), V79.1 (screening for alcoholism) **BHS Problem Code:** 29.1 (Screening for Alcoholism) **V Measurement in PCC or BHS:** AUDT, AUDC, or CRFT
Alcohol-related Diagnosis	**V POV, Current PCC or BHS Problem List:** 303.*, 305.0*, 291.*, 357.5* **BHS POV**: 10, 27, 29
Alcohol-related Procedure	**V Procedure:** 94.46, 94.53, 94.61-94.63, 94.67-94.69
Alcohol-related Education	**Patient Education codes:** "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or containing V11.3, V79.1, 303.*, 305.0*, 291.* 357.5*, 99408, 99409, G0396, G0397, H0049, or H0050, or 3016F

Alcohol screening may be documented with either an exam code or the CAGE health factor in PCC or BHS. BHS problem codes can also currently be used.

Recommended Brief Screening Tool

Single Alcohol Screening Question (SASQ) (below).

For Women:

When was the last time you had more than four drinks in one day?

For Men:

When was the last time you had more than five drinks in one day?

Any time in the past three months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors

The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following four questions:

1. Have you ever felt the need to **C**ut down on your drinking?

2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?
5. Based on how many YES answers are received, document Health Factor:
    - HF–CAGE 0/4 (all "No" answers)
    - HF–CAGE 1/4
    - HF–CAGE 2/4
    - HF–CAGE 3/4
    - HF–CAGE 4/4

Optional values:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: # of drinks daily

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerator and refusal logic.
2. Updated patient list.

Patient List Description

List of female patients with documented alcohol screening, if any.

Measure Source

HP 2010 16–17a

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2012 Performance	63.8%
IHS FY 2011 Performance	57.8%
IHS FY 2010 Performance	55.0%
IHS FY 2009 Performance	52.0%
IHS FY 2008 Performance	47.0%
IHS FY 2007 Performance	41.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	7.0%

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--------------------------------------------------------------------------------

Alcohol Screening (FAS Prevention)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
ages 15-44 (GPRA)       434            348                    304

# w/ alcohol screening/
 Dx/Proc/Pt Ed
 -No Refusals (GPRA)     50  11.5        2   0.6    +10.9       1   0.3    +11.2
A. w/alcohol
 screening               43   9.9        1   0.3     +9.6       0   0.0     +9.9
B. # w/alcohol related
 Dx or procedure          3   0.7        1   0.3     +0.4       1   0.3     +0.4
C. # w/alcohol related
 patient education       10   2.3        0   0.0     +2.3       0   0.0     +2.3

Female User Population
ages 15-44              725            636                    588

# w/ alcohol screening/Dx/
 Proc/Pt Ed
 -No Refusals            54   7.4        2   0.3     +7.1       2   0.3     +7.1
A. # w/alcohol
 screening               46   6.3        1   0.2     +6.2       0   0.0     +6.3
B. # w/alcohol related
 Dx or procedure          4   0.6        1   0.2     +0.4       2   0.3     +0.2
C. # w/alcohol related
 patient education       11   1.5        0   0.0     +1.5       0   0.0     +1.5
```

Figure 2-53: Sample Report, Alcohol Screening (FAS Prevention)

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Alcohol Screening (FAS Prevention): List of female patients with
documented alcohol screening, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,CHRISTINE S    000001 COMMUNITY #1   F  15
UP
PATIENT2,RITA A         000002 COMMUNITY #1   F  15
UP,AC                          SCREEN: 03/06/13
POV V11.3
```

```
PATIENT3,DIANE L        000003 COMMUNITY #1   F  15
UP
PATIENT4,ALICIA         000004 COMMUNITY #1   F  15
UP,AC
PATIENT5,MELISSA        000005 COMMUNITY #1   F  16
UP,AC                        PT ED: 02/13/13 99408-P
PATIENT6,LISA MARIE     000006 COMMUNITY #1   F  16
UP,AC                        SCREEN: 10/13/13 HF CAGE 1/4
PATIENT7,RUTH NELLIE    000007 COMMUNITY #1   F  16
UP
PATIENT8,ALISHA DAWN    000008 COMMUNITY #1   F  16
UP,AC                        SCREEN: 03/03/13 CPT 3016F
```

Figure 2-54: Sample Patient List, Alcohol Screening (FAS Prevention)

2.7.2 Alcohol Screening and Brief Intervention (ASBI) in the ER

Denominators

Number of visits for *Active Clinical Plus BH patients* age 15 through 34 seen in the ER for injury during the report period. Broken down by gender and age groups (15 through 24 and 25 through 34).

Number of visits for *Active Clinical Plus BH patients* age 15 through 34 seen in the ER for injury and screened positive for hazardous alcohol use during the report period. Broken down by gender and age groups (15 through 24 and 25 through 34).

Number of visits for *User Population patients* age 15 through 34 seen in the ER for injury during the report period. Broken down by gender and age groups (15 through 24 and 25 through 34).

Number of visits for *User Population patients* age 15 through 34 seen in the ER for injury and screened positive for hazardous alcohol use during the report period. Broken down by gender and age groups (15 through 24 and 25 through 34).

Numerators

Number of visits where patients were screened in the ER for hazardous alcohol use.

a. Number of visits where patients were screened positive.

Number of visits where patients were provided a brief negotiated interview (BNI) at or within seven days of the ER visit.

a. Number of visits where patients were provided a BNI at the ER visit.

b. Number of visits where patients were provided a BNI not at the ER visit but within 7 days of the ER visit.

Logic Description

Age of the patient is calculated as of the beginning of the Report Period.

Emergency room visit definition: Clinic Code 30.

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

```
                      Denom        Scrn   Pos Scrn     BNI Num
ER Visit w/Injury     Count        Num    Num Count    Count
************************************************************
John Doe, 07/17/13, Screened Positive at ER, BNI at ER
John Doe, 09/01/13, Screened Positive at ER, No BNI
John Doe, 11/15/13, No Screen
************************************************************
COUNTS:               3            2        2           1
```

CRS uses the following codes:

Subject Defined	ICD and Other Codes
Injury	**V POV (primary or secondary):** 800.0–999.9 or E800.0–E989.
ER Screening for Hazardous Alcohol Use	*Any conducted during an ER visit*: **PCC Exam Code:** 35 **Any Alcohol Health Factor (i.e., CAGE)** **V POV:** V79.1 Screening for Alcoholism **CPT:** G0396, G0397, H0049, 99408, 99409, 3016F **V Measurement in PCC:** AUDT, AUDC, or CRFT
Positive Screen for Hazardous Alcohol Use	*Any of the following for the screening conducted during an ER visit:* **PCC Exam Code:** 35 Alcohol Screening result of "Positive" **Health Factor:** CAGE result of 1/4, 2/4, 3/4 or 4/4 **CPT:** G0396, G0397, 99408, 99409 **V Measurement Result in PCC:** AUDT result of equal to or greater than (=>) 8, AUDC result of equal to or greater than (=>) 4 for men and equal to or greater than (=>)3 for women, CRFT result of 2-6
BNI	*Any of the following documented at the ER visit or within seven days of the ER visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:* **CPT:** G0396, G0397, H0050, 99408, 99409 **Patient Education Code:** AOD-BNI or containing G0396, G0397, H0050, 99408, or 99409

Recommended Brief Screening Tool

SASQ (below).

For Women:

When was the last time you had more than four drinks in one day?

For Men:

When was the last time you had more than five drinks in one day?

Any time in the past three months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors

The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following four questions:

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?

Based on how many YES answers are received, document Health Factor:

- HF–CAGE 0/4 (all No answers)
- HF–CAGE 1/4
- HF–CAGE 2/4
- HF–CAGE 3/4
- HF–CAGE 4/4

Optional values:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: number of drinks daily

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of visits for patients seen in the ER for an injury, with screening for hazardous alcohol use, results of screen and BNI, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Alcohol Screening and Brief Intervention (ASBI) in the ER


                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# ER Injury Visits for
AC+BH Pts 15-34          34             34                     32

# Visits w/ ER Hazardous
 Alcohol Screening       20  58.8        0   0.0    +58.8       0   0.0    +58.8
A. # Visits w/Positive
 Screen                  15  44.1        0   0.0    +44.1       0   0.0    +44.1

# ER Injury Visits for
Male AC+BH Pts
15-34                    13             19                     20

# Visits w/ ER Hazardous
 Alcohol Screening        8  61.5        0   0.0    +61.5       0   0.0    +61.5
A. # Visits w/Positive
 Screen                   5  38.5        0   0.0    +38.5       0   0.0    +38.5

# ER Injury Visits for
Female AC+BH Pts
15-34                    21             15                     12

# Visits w/ ER Hazardous
 Alcohol Screening       12  57.1        0   0.0    +57.1       0   0.0    +57.1
A. # Visits w/Positive
 Screen                  10  47.6        0   0.0    +47.6       0   0.0    +47.6

# of ER Injury Visits
for AC+BH Pts
15-24                    18             16                     21

# Visits w/ ER Hazardous
 Alcohol Screening       11  61.1        0   0.0    +61.1       0   0.0    +61.1
A. # Visits w/Positive
 Screen                   9  50.0        0   0.0    +50.0       0   0.0    +50.0

# ER Injury Visit for
```

```
AC+BH Pts
25-34                    16             18                      11

# Visits w/ ER Hazardous
 Alcohol Screening        9  56.3        0   0.0    +56.3        0   0.0    +56.3
A. # Visits w/Positive
 Screen                   6  37.5        0   0.0    +37.5        0   0.0    +37.5
```

Figure 2-55: Sample Report, Alcohol Screening and Brief Intervention (ASBI) in the ER

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Alcohol Screening and Brief Intervention (ASBI) in the ER: List of visits
for patients seen in the ER for an injury, with screening for hazardous
alcohol use, results of screen and BNI, if any.

PATIENT NAME             HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DARLENE S       000001 COMMUNITY #1   F  33
UP,AC+BH                    ER 1) 02/02/13 POV 816.02, SCREEN: Neg/No Res CPT 3016F
PATIENT2,RITA A          000002 COMMUNITY #1   F  33
UP,AC+BH                    ER 1) 07/12/13 POV 875.0, SCREEN: Pos Ex 35, BNI: No
PATIENT3,DIANE L         000003 COMMUNITY #1   F  15
UP,AC+BH                    ER 1) 09/08/13 POV 815.00, SCREEN: None
PATIENT4,ALICIA          000004 COMMUNITY #1   F  18
UP                          ER 1) 04/20/13 POV 959.7, SCREEN: Neg/No Res CPT H0049
PATIENT5,MELISSA         000005 COMMUNITY #1   F  16
UP,AC+BH
PATIENT6,LISA MARIE      000006 COMMUNITY #1   F  20
UP                          ER 1) 12/16/13 POV 873.42, SCREEN: None; ER 2) 12/18/13
POV 800.10, SCREEN: Pos Ex 35, BNI: 12/18/13 Yes ER AOD-BNI
```

Figure 2-56: Sample Patient List, Alcohol Screening and Brief Intervention (ASBI) in the ER

2.7.3 Intimate Partner (Domestic) Violence Screening

GPRA Measure Description

During FY 2013, achieve the tentative target rate of 58.3% for the proportion of female patients ages 15 to 40 who receive screening for domestic violence.

Denominators

Female Active Clinical patients ages 13 and older.

Female Active Clinical patients ages 15 through 40. (GPRA Denominator)

Female User Population patients ages 13 and older.

Numerators

Patients screened for intimate partner (domestic) violence at any time during the Report Period.

> **Note**: This numerator does *not* include refusals. (GPRA Numerator)

a. Patients with documented IPV/DV exam

b. Patients with IPV/DV related diagnosis

c. Patients provided with education or counseling about IPV/DV

Logic Description

Age of the patient is calculated at the beginning of the report period. CRS uses the following codes to define numerators.

Subject Defined	CPT Codes	ICD and Other Codes
IPV/DV Screening		**V Exam:** Code 34 **BHS Exam:** IPV/DV
IPV/DV Diagnosis		**V POV or current PCC or BHS Problem List:** 995.80-995.83, 995.85, V15.41, V15.42, V15.49 **BHS POV**: 43.*, 44.*
IPV/DV Education		**Patient education codes:** "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49
IPV/DV Counseling		**V POV:** V61.11

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerator and refusal logic.

2. Updated patient list.

Patient List Description

List of female patients 13 and older with documented IPV/DV screening, if any.

Measure Source

HP 2010 15–34

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance	61.5%
IHS FY 2011 Performance	55.3%
IHS FY 2010 Performance	53.0%

Performance	Percent
IHS FY 2009 Performance	48.0%
IHS FY 2008 Performance	42.0%
IHS FY 2007 Performance	36.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	13.0%
IHS FY 2004 Performance	4.0%

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Intimate Partner (Domestic) Violence Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 13 and older	712		519			460		
# w/IPV/DV Screening -No Refusals	13	1.8	1	0.2	+1.6	0	0.0	+1.8
A. # w/documented IPV/DV exam	8	1.1	0	0.0	+1.1	0	0.0	+1.1
B. # w/ IPV/DV related diagnosis	4	0.6	0	0.0	+0.6	0	0.0	+0.6
C. # provided DV education	4	0.6	1	0.2	+0.4	0	0.0	+0.6
# Female Active Clinical ages 15-40 (GPRA)	380		311			267		
# w/IPV/DV screening -No Refusals (GPRA)	11	2.9	1	0.3	+2.6	0	0.0	+2.9
A. # w/ documented IPV/DV exam	6	1.6	0	0.0	+1.6	0	0.0	+1.6
B. # w/ IPV/DV related diagnosis	3	0.8	0	0.0	+0.8	0	0.0	+0.8
C. # provided DV education	4	1.1	1	0.3	+0.7	0	0.0	+1.1
# Female User Pop 13 and older	1,218		1,005			917		
# w/IPV/DV Screening -No Refusals	13	1.1	1	0.1	+1.0	1	0.1	+1.0
A. # w/ documented								

```
 IPV/DV exam              8   0.7       0   0.0     +0.7       0   0.0     +0.7
B. # w/ IPV/DV related
 diagnosis                4   0.3       0   0.0     +0.3       1   0.1     +0.2
C. # provided DV
 education                4   0.3       1   0.1     +0.2       0   0.0     +0.3
```

Figure 2-57: Sample Report, Intimate Partner (Domestic) Violence Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Intimate Partner (Domestic) Violence Screening: List of female patients
13 and older with documented IPV/DV screening, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,ELVIRA         000001 COMMUNITY #1   F  13
UP                           EXAM: 03/18/13 Ex 34
PATIENT2,SHARON KAY     000002 COMMUNITY #1   F  14
UP
PATIENT3,KRISTINA       000003 COMMUNITY #1   F  15
UP
PATIENT4,RITA           000004 COMMUNITY #1   F  15
UP,AC                        EXAM: 05/06/13 Ex 34
PATIENT5,DIANE LOUISE   000005 COMMUNITY #1   F  15
UP                           EXAM: 02/24/13 Ex 34
PATIENT6,ALICE LILA     000006 COMMUNITY #1   F  15
UP,AC
```

Figure 2-58: Sample Patient List, Intimate Partner (Domestic) Violence Screening

2.7.4 Depression Screening

GPRA Measure Description

During FY 2013, achieve the tentative target rate of 58.6% for the proportion of adults ages 18 and older who receive annual screening for depression.

Denominators

Active Clinical patients ages 18 and older. Broken down by gender. (GPRAMA Denominator)

a. Active Clinical patients ages *65 and older*. Broken down by gender.

User Population patients ages 18 and older. Broken down by gender.

b. User Population patients ages *65 and older*. Broken down by gender.

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

Active CHD patients, 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. Broken down by gender.

Numerators

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

> **Note**: This numerator does not include refusals. (GPRAMA Numerator)

a. Patients screened for depression during the Report Period.

b. Patients with a diagnosis of a mood disorder during the Report Period.

Patients with depression-related education in past year.

> **Note:** Depression-related patient education does not count toward the GPRAMA numerator and is included as a separate numerator only.

Logic Description

Age is calculated at beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	ICD and Other Codes
Diabetes	**V POV:** 250.00–250.93
Coronary Heart Disease	*Any of the following:* **1) V POV:** 410.0–413.*, 414.0–414.9, 429.2 **2)** One or more CABG or PCI procedures
CABG	**V POV:** V45.81 **V CPT:** 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209 **V Procedure:** 36.1* or 36.2*
PCI	**V POV:** V45.82 **V CPT:** 92980, 92982, 92995, G0290 **V Procedure:** 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07
Depression Screening	**V Exam:** Exam Code 36 **V POV:** V79.0 **CPT:** 1220F **BHS Problem Code:** 14.1 (Screening for Depression) **V Measurement in PCC or BHS**: PHQ2 or PHQ9

Subject Defined	ICD and Other Codes
Mood Disorders	**At least 2 visits in PCC or BHS 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. **V POV:** 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15
Depression-related Patient Education (does not count toward GPRA numerator)	*Documented education of any of the following during the Report Period:* **Patient education codes**: containing "DEP-" (depression), 296.2* or 296.3*, "BH-" (behavioral and social health), 290319, 995.5*, or 995.80–995.85, "SB-" (suicidal behavior) or 300.9, or "PDEP-" (postpartum depression) or 648.44.

Recommended Brief Screening Tool

A sample of a Patient Health Questionnaire (PHQ-2 Scaled Version) appears below.

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
    - Not at all Value: 0
    - Several days Value: 1
    - More than half the days Value: 2
    - Nearly every day Value: 3
2. Feeling down, depressed, or hopeless
    - Not at all Value: 0
    - Several days Value: 1
    - More than half the days Value: 2
    - Nearly every day Value: 3

Total Possible PHQ-2 Score: Range: 0–6

0–2: Negative

3–6: Positive; further evaluation indicated

Provider should note the screening tool used was the PHQ-2 Scaled in the COMMENT section of the Exam Code.

Key Logic Changes from CRS Version 12.1

1. Changed GPRA denominator and numerator to GPRAMA
2. Replaced IHD definition with CHD definition.
3. Removed refusal numerator and refusal logic.
4. Removed refusals from the patient education numerator.
5. Updated patient list.

Patient List Description

List of patients with documented depression screening/diagnosed with mood disorder, if any.

Measure Source

USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18 through 6.

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance	61.9%
IHS FY 2011 Performance	56.5%
IHS FY 2010 Performance	52.0%
IHS FY 2009 Performance	44.0%
IHS FY 2008 Performance	35.0%
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	15.0%

```
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--------------------------------------------------------------------------------
Depression Screening (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 18 (GPRAMA)        1,191            815                    668

# w/Depression screening
 or Mood Disorder DX-No
 Refusals (GPRAMA)       82   6.9       42   5.2     +1.7      17   2.5     +4.3
```

```
A. # screened for
 depression              40   3.4        0   0.0     +3.4       0   0.0     +3.4
B. # w/mood disorder
 DX                      43   3.6       42   5.2     -1.5      17   2.5     +1.1
# w/depression
 education               13   1.1        3   0.4     +0.7       0   0.0     +1.1

Male Active Clinical
Pts >=18                480            316                   250

# w/ Depression screening
 or Mood Disorder DX-No
 Refusals                26   5.4        7   2.2     +3.2       1   0.4     +5.0
A. # screened for
 depression              15   3.1        0   0.0     +3.1       0   0.0     +3.1
B. # w/Mood Disorder
 DX                      11   2.3        7   2.2     +0.1       1   0.4     +1.9
# w/depression
 education                3   0.6        1   0.3     +0.3       0   0.0     +0.6

Female Active Clinical
Pts >=18                711            499                   418

# w/ Depression screening
 or Mood Disorder DX-No
 Refusals                56   7.9       35   7.0     +0.9      16   3.8     +4.0
A. # screened for
 depression              25   3.5        0   0.0     +3.5       0   0.0     +3.5
B. # w/Mood Disorder
 DX                      32   4.5       35   7.0     -2.5      16   3.8     +0.7
# w/depression
 education               10   1.4        2   0.4     +1.0       0   0.0     +1.4

A. Active Clinical Pts
=> 65                   122            71                    65

# w/ Depression screening
 or Mood Disorder DX-No
 Refusals                 9   7.4        6   8.5     -1.1       2   3.1     +4.3
A. # screened for
 depression               3   2.5        0   0.0     +2.5       0   0.0     +2.5
B. # w/mood disorder
 DX                       6   4.9        6   8.5     -3.5       2   3.1     +1.8
# w/depression
 education                2   1.6        2   2.8     -1.2       0   0.0     +1.6
```

Figure 2-59: Sample Report, Depression Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Depression Screening: List of patients with documented depression
screening/diagnosed with mood disorder, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
```

```
------------------------------------------------------------------------------
PATIENT55,LORETTA LYNN  000055 COMMUNITY #1   F  78
UP
PATIENT56,TINA MARIE    000056 COMMUNITY #1   F  78
UP,AC,AD,CHD                  SCREEN: 05/22/13 Meas PHQ9
PATIENT57,DANIELLE      000057 COMMUNITY #1   F  79
UP,AC                         PT ED: 02/06/13 296.20-DP
PATIENT58,LESLIE ANN    000058 COMMUNITY #1   F  80
UP,AC                         SCREEN: 04/15/13 POV V79.0
PATIENT59,DONNA SUE     000059 COMMUNITY #1   F  86
UP,AC                         SCREEN: 01/15/13 POV V79.0
PATIENT60,TAYLOR OLIVIA 000060 COMMUNITY #1   F  87
UP,AC
PATIENT61,DENNIS GERALD 000061 COMMUNITY #1   M  18
UP                            PT ED: 02/01/13 296.20-DP
PATIENT62,JOSHUA DALE   000062 COMMUNITY #1   M  18
UP,AC
```

Figure 2-60: Sample Patient List, Depression Screening

2.7.5 Antidepressant Medication Management

Denominators

As of the 120th day of the Report Period, *Active Clinical Plus BH patients* 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

As of the 120th day of the Report Period, *User Population patients* 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

Numerators

Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).

Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months).

Logic Description

Age is calculated at the beginning of the report period. To be included in the denominator, patient must meet *both* of the following conditions:

1. One of the following from the 121st day of the year prior to the Report Period to the 120th day of the Report Period:

a. One visit in any setting with major depression DX (see list of codes below) as primary POV.

b. Two outpatient visits occurring on different dates of service with secondary POV of major depression.

c. An inpatient visit with secondary POV of major depression.

For example, if Report Period is July 1, 2012 through June 30, 2013, the patient must have one of the three scenarios above during 11/1/2011 through 10/29/2012.

Major depression is defined as POV 296.20-286.25, 296.30-296.35, 298.0, 311. The Index Episode Start Date is date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.

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

Denominator Exclusions

Patients who had a new or refill prescription for antidepressant medication (see the list of medications below) within 90 days (3 months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or

Effective Acute Phase Treatment Numerator

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

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

Example of Patient Included in Numerator:

- First RX is Index Rx Date: 11/1/2012, # Days Prescribed=30
- Rx covers patient through 12/1/2012

- Second RX: 12/15/2012, # Days Prescribed=30
- Gap #1 = (12/15/2012-12/1/2012) = 14 days
- Rx covers patient through 1/14/2013
- Third RX: 1/10/2013, # Days Prescribed=30
- No gap days
- Rx covers patient through 2/13/2013
- Index Rx Date 11/1/2012 + 114 days = 2/23/2013
- Patient's 84th treatment day occurs on 2/7/2013, which is less than or equal to (<=) 2/23/2013 and # gap days of 14 is less than 30

Example of Patient Not Included in Numerator:

- First Rx is Index Rx Date: 11/1/2012, # Days Prescribed=30
- Rx covers patient through 12/1/2012
- Second Rx: 12/15/2012, # Days Prescribed=30
- Gap #1 = (12/15/2012-12/1/2012) = 14 days
- Rx covers patient through 1/14/2013
- Third Rx: 2/01/2013, # Days Prescribed=30
- Gap #2 = (2/01/2013 through 1/14/2013) = 18, total # gap days = 32, so patient is not included in the numerator

Effective Continuation Phase Treatment Numerator

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

Note:	If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

Antidepressant medications defined with medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinepherine reuptake inhibitors (SNRI), and other antidepressants.) Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 12.1

1. Removed Optimal Practitioner Contacts numerator and corresponding logic.
2. Removed codes 296.26 and 296.36 (for patients in full remission) from major depression definition.
3. Updated patient list.
4. Deleted POV codes 300.4 and 309.1 from major depression definition.
5. Deleted denominator exclusion for patients that had any diagnosis of depression within the previous 120 days of the IESD.

Patient List Description

List of patients with new depression DX and acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

Measure Source

HEDIS, HP 2010 18–9b

Measure Past Performance and Long-Term Targets

None

```
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                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Antidepressant Medication Management (con't)

                       REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                       PERIOD        PERIOD        PREV YR % PERIOD       BASE %

AC+BH Pts =>18 w/new
depression DX and
antidepressant meds      17              6                      2

# w/12 week treatment
```

```
 meds                     9  52.9        4  66.7    -13.7       0   0.0    +52.9
# w/180 day treatment
 meds                     4  23.5        3  50.0    -26.5       0   0.0    +23.5

User Pop Pts =>18 w/new
depression DX and
antidepressant meds      18             7                      3

# w/12 week treatment
 meds                     9  50.0        4  57.1     -7.1       0   0.0    +50.0
# w/180 day treatment
 meds                     4  22.2        3  42.9    -20.6       0   0.0    +22.2
```

Figure 2-61: Sample Report, Antidepressant Medication Management

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Antidepressant Medication Management: List of patients with new depression DX
and acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MICHELLE D     000001 COMMUNITY #1  F  22
UP,AC+BH                       IESD: 06/06/12; NOT APT: DAYS=60, GAP=1; NOT CONPT:
DAYS=60, GAP=1
PATIENT2,PAULA KAY      000002 COMMUNITY #1  F  34
UP,AC+BH                       IESD: 10/29/12; NOT APT: DAYS=68, GAP=28; CONPT
PATIENT3,RHONDA SUE     000003 COMMUNITY #1  F  35
UP                             IESD: 04/21/13; NOT APT: DAYS=74, GAP=0; NOT CONPT:
DAYS=74, GAP=0
PATIENT4,KATHLEEN       000004 COMMUNITY #1  F  38
UP,AC+BH                       IESD: 11/15/12; APT; CONPT
```

Figure 2-62: Sample Patient List, Antidepressant Medication Management

2.8 Cardiovascular Disease Related Measure Topics

2.8.1 Obesity Assessment

Denominators

Active Clinical patients ages 2 through 74. Broken down by gender and age groups (2 through 5, 6 through 11, 12 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 74).

All *User Population patients* ages 2 through 74. Broken down by gender.

Numerators

Patients for whom a Body Mass Index (BMI) could be calculated.

Note: This numerator does *not* include refusals.

1. For those with a BMI calculated, those considered overweight but not obese using BMI and standard tables
2. For those with a BMI calculated, those considered obese using BMI and standard tables
3. Total of overweight and obese

Patients with documented refusal in past year.

Logic Description

Age is calculated at beginning of the Report Period.

BMI calculation definition: CRS calculates BMI at the time the report is run, using NHANES II. For age 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions are based on standard tables. Refusals include REF, NMI, and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

Patients whose BMI either is greater or less than the Data Check Limit range shown in the BMI Standard Reference Data Table in PCC will not be included in the report counts for Overweight or Obese.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients with current BMI, if any.

Measure Source

HP 2020: NWS-9 Obesity in Adults 20+, NWS-10.1 (Obesity in Children 2-5), NWS-10.2 Overweight or Obesity in Children 6-11, NWS-10.3 Overweight or Obesity in Adolescents 12-19, NWS-10.4 Overweight or Obesity in Children 2-19

Measure Past Performance and Long-Term Targets

Performance	Percent
Assessed as Obese–IHS FY 2012 Performance	47.1%
Assessed as Obese–IHS FY 2011 Performance	46.9%
Assessed as Obese–IHS FY 2010 Performance	47.0%
Assessed as Obese–IHS FY 2009 Performance	47.0%
Assessed as Obese–IHS FY 2008 Performance	46.0%
BMI Measured–IHS FY 2012 Performance	81.6%
BMI Measured–IHS FY 2011 Performance	78.0%
BMI Measured–IHS FY 2010 Performance	76.0%
BMI Measured–IHS FY 2009 Performance	75.0%
BMI Measured–IHS FY 2008 Performance	74.0%
BMI Measured– FY 2005 Performance	64.0%
BMI Measured–IHS FY 2004 Performance	60.0%
HP 2020 Goal: Obesity in Adults 20+ (NWS-9)	*30.6%*
HP 2020 Goal: Overweight or Obesity in Children 2–5 (NWS-10.1)	*9.6%*
HP 2020 Goal: Overweight or Obesity in Children 6–11 (NWS-10.2)	*15.7%*
HP 2020 Goal: Overweight or Obesity in Adolescents 12–19 (NWS-10.3)	*16.1%*
HP 2020 Goal: Overweight or Obesity in Children 2–19 (NWS-10.4)	*14.6%*

Performance Improvement Tips

1. A Body Mass Index report can be run from your PCC Management Reports menu. This report can be run for all patients or for a specific template of patients that has been pre-defined with a QMan search. The BMI report will provide you with patient height, weight, date weight taken, BMI and NHANES percentile.

2. Recent guidelines indicate that height for adults must be taken at least once every five years, rather than once after age 18. Your BMI rates may be lower than anticipated because of height data that is over five years old.

3. If height and weight measurements are being recorded as cm/kg vs. in/lbs ensure providers are *noting* they are cm/kg *and* that data entry is entering the measurements correctly in PCC, as shown below.

    - Use mnemonics of CHT and KWT (vs. HT and WT), or

- Add “c” after height value and “k” after weight value (e.g. 100c, 50k)

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Obesity Assessment (con’t)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 2-74	1,400		1,096			982		
# w/BMI calculated -No Refusals	880	62.9	824	75.2	-12.3	712	72.5	-9.6
A. # Overweight w/ % of Total BMI	242	27.5	237	28.8	-1.3	191	26.8	+0.7
B. # Obese w/ % of Total BMI	372	42.3	339	41.1	+1.1	267	37.5	+4.8
C. # Overweight/Obese w/ % of Total BMI	614	69.8	576	69.9	-0.1	458	64.3	+5.4
# w/BMI refusal (No BMI)	4	0.3	0	0.0	+0.3	0	0.0	+0.3
Male Active Clinical Pts 2-74	595		465			410		
# w/BMI calculated -No Refusals	341	57.3	331	71.2	-13.9	283	69.0	-11.7
A. # Overweight w/ % of Total BMI	103	30.2	98	29.6	+0.6	73	25.8	+4.4
B. # Obese w/ % of Total BMI	155	45.5	141	42.6	+2.9	117	41.3	+4.1
C. #Overweight/Obese w/ % of Total BMI	258	75.7	239	72.2	+3.5	190	67.1	+8.5
# w/BMI refusal (no BMI)	2	0.3	0	0.0	+0.3	0	0.0	+0.3
Female Active Clinical Pts 2-74	805		631			572		
# w/BMI calculated -No Refusals	539	67.0	493	78.1	-11.2	429	75.0	-8.0
A. # Overweight w/ % of Total BMI	139	25.8	139	28.2	-2.4	118	27.5	-1.7
B. # Obese w/ % of Total BMI	217	40.3	198	40.2	+0.1	150	35.0	+5.3
C. #Overweight/Obese w/ % of Total BMI	356	66.0	337	68.4	-2.3	268	62.5	+3.6
# w/BMI refusal (No BMI)	2	0.2	0	0.0	+0.2	0	0.0	+0.2

Figure 2-63: Sample Report, Obesity Assessment

Obesity Assessment (con't)

	TOTAL	ACTIVE CLINICAL POPULATION Age Distribution						
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	109	112	157	133	233	215	216	225
# w/BMI calculated -No Refusals	52	44	89	117	183	146	128	121
% w/BMI calculated -No Refusals	47.7	39.3	56.7	88.0	78.5	67.9	59.3	53.8
# A. Overweight	9	10	21	33	44	39	38	48
% A. Overweight w/ % Total BMI	17.3	22.7	23.6	28.2	24.0	26.7	29.7	39.7
# B. Obese	7	13	28	39	86	86	61	52
% B. Obese w/ % of Total BMI	13.5	29.5	31.5	33.3	47.0	58.9	47.7	43.0
# C. Overweight or Obese	16	23	49	72	130	125	99	100
% C. Overweight or Obese w/ % Total BMI	30.8	52.3	55.1	61.5	71.0	85.6	77.3	82.6
# w/BMI refusal (No BMI)	1	0	0	0	0	1	1	1
% w/BMI refusal (No BMI)	1.9	0.0	0.0	0.0	0.0	0.7	0.8	0.8
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	120	137	128	172	151	140	137
# w/BMI calculated -No Refusals	49	56	88	114	155	129	113	120
% w/BMI calculated -No Refusals	44.1	46.7	64.2	89.1	90.1	85.4	80.7	87.6
# A. Overweight	7	11	20	38	47	33	36	45
% A. Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.3	25.6	31.9	37.5
# B. Obese	14	14	26	35	65	77	56	52
% B. Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.9	59.7	49.6	43.3
# C. Overweight or Obese	21	25	46	73	112	110	92	97
% C. Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.3	85.3	81.4	80.8
# w/BMI refusal (No BMI)	0	0	0	0	0	0	0	0
% w/BMI refusal (No BMI)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR % w/BMI calculated -No Refusals	+3.6	-7.4	-7.5	-1.1	-11.6	-17.5	-21.5	-33.8

```
A. Overweight           +3.0   +3.1   +0.9   -5.1   -6.3   +1.1   -2.2   +2.2
B. Obese               -15.1   +4.5   +1.9   +2.6   +5.1   -0.8   -1.9   -0.4
C. Overweight
 or Obese              -12.1   +7.6   +2.8   -2.5   -1.2   +0.3   -4.1   +1.8
w/BMI refusal
 (No BMI)               +1.9   +0.0   +0.0   +0.0   +0.0   +0.7   +0.8   +0.8
```

Figure 2-64: Sample Report, Age Breakout, Obesity Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Obesity Assessment: List of patients with current BMI, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,PAMELA         000001 COMMUNITY #1   F  3
UP,AC                        16.03
PATIENT2,GLENDA         000002 COMMUNITY #1   F  3
UP,AC                        17.49
PATIENT3,SHIRLEY        000003 COMMUNITY #1   F  5
UP
PATIENT4,MARY ANNE      000004 COMMUNITY #1   F  5
UP,AC                        Refused
PATIENT5,JACKIE         000005 COMMUNITY #1   F  9
UP
PATIENT6,ZINNIA         000006 COMMUNITY #1   F  15
UP                           29.41 [OVERWEIGHT]
PATIENT7,MARY RYAN      000007 COMMUNITY #1   F  15
UP,AC                        33.69 [OBESE]
```

Figure 2-65: Sample Patient List, Obesity Assessment

2.8.2 Childhood Weight Control

GPRA Description

During FY 2013, achieve the target rate of 24.0% for the proportion of children with a BMI of 95% or higher.

Denominators

Active Clinical patients aged 2 through 5 for whom a BMI could be calculated. Broken down by gender and age groups (2, 3, 4, 5). (GPRA Denominator)

Numerators

Patients with BMI in the 85th to 94th percentile.

Patients with a BMI at or above the 95th percentile. (GPRA Numerator)

Patients with a BMI at or above the 85th percentile.

Logic Description

BMI calculation definition: All patients for whom a BMI could be calculated and who are between the ages of two and five at the beginning of the Report Period and who do not turn age six 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 two years of age at the beginning of the time period, but is three years old at the time of the most current BMI found. That patient will fall into the age three group. 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 through 5, whose BMI values are age-dependent. The BMI values are categorized as Overweight for patients with a BMI in the 85th to 94th percentile and Obese for patients with a BMI at or above the 95th percentile.

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for Overweight or Obese.

BMI Standard Reference Data

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

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients ages 2 through 5, with current BMI.

Measure Source

CDC, National Center for Health Statistics, HP 2020 NWS-10.1

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance	24.0%
IHS FY 2011 Performance	24.1%
IHS FY 2010 Performance	25.0%
IHS FY 2009 Performance	25.0%
IHS FY 2008 Performance	24.0%
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	24.0%
HP 2020 Goal	*9.6%*

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 2-5 w/BMI	44		39			40		
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1
# w/BMI =>95%	5	11.4	9	23.1	-11.7	5	12.5	-1.1
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2
Active Clinical Pts Age 2	2		8			5		
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0
Active Clinical Pts Age 3	23		15			8		
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8
Active Clinical Pts Age 4	12		10			17		
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7
Active Clinical Pts								

```
Age 5                    7             6                    10

# w/BMI 85-94%           3  42.9       1  16.7    +26.2      3  30.0    +12.9
# w/BMI =>95%            1  14.3       2  33.3    -19.0      1  10.0     +4.3
# w/BMI =>85%            4  57.1       3  50.0     +7.1      4  40.0    +17.1
```

Figure 2-66: Sample Report, Childhood Weight Control

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Childhood Weight Control: List of patients ages 2-5, with current BMI.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,MELISSA ANN    000001 COMMUNITY #1   F  4
AC                           Age at BMI: 4; 08/20/13 16.03
PATIENT2,RANDY          000002 COMMUNITY #1   M  2
AC                           Age at BMI: 2; 05/06/13 17.96 [OVERWEIGHT]
PATIENT3,PAUL BARRY     000003 COMMUNITY #1   M  2
AC                           Age at BMI: 2; 08/05/13 19.87 [OBESE]
PATIENT4,TYLER          000004 COMMUNITY #1   M  4
AC                           Age at BMI: 4; 02/19/13 15.67
PATIENT5,SAMUEL III     000005 COMMUNITY #1   M  5
AC                           Age at BMI: 5; 11/24/13 19.07 [OBESE]
PATIENT21,JOSEPHINE     000021 COMMUNITY #2   F  4
AC                           Age at BMI: 4; 05/30/13 15.71
```

Figure 2-67: Sample Patient List, Childhood Weight Control

2.8.3 Weight Assessment and Counseling for Nutrition and Physical Activity

Denominators

Active Clinical patients ages 3 and older. Broken down by gender and age groups (3 through 11, 12 through 17, 18 and older).

Numerators

Patients with comprehensive assessment, defined as having BMI documented, counseling for nutrition, and counseling for physical activity during the Report Period.

Patients with BMI documented during the Report Period.

Patients with counseling for nutrition during the Report Period.

Patients with counseling for physical activity during the Report Period.

Logic Description

Age is calculated at the end of the Report Period.

CRS uses any of the following codes to define the numerators.

Subject Defined	CPT Codes	ICD and Other Codes
BMI Documented		**BMI**: CRS calculates BMI at the time the report is run, using NHANES II. For age 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day. **V POV**: V85*
Counseling for Nutrition	97802-97804, G0270, G0271, G0447, S9449, S9452, S9470	**V POV**: V65.3 **Patient education codes**: ending "-N" (nutrition), "-MNT" (medical nutrition therapy), (or old code "-DT" (diet)) or containing V65.3, 97802-97804, G0270, G0271, G0447, S9449, S9452, or S9470.
Counseling for Physical Activity	G0447, S9451	**V POV**: V65.41 **Patient education codes**: ending "-EX" (exercise) or containing V65.41, G0447, or S9451.

Key Logic Changes from CRS Version 12.1

New topic

Patient List Description

List of patients ages 3 plus (+) with assessments, if any.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

Performance	Percent
N/A	

```
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```

```
                Report Period: Jan 01, 2013 to Dec 31, 2013
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                Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Weight Assessment and Counseling for Nutrition and Physical Activity
(Con't)

                    REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                    PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
Age 3+                1,583          1,151                   1,009

# w/ comprehensive
 assessment              57   3.6       37   3.2     +0.4      52   5.2     -1.6
# w/BMI
 documented             930  58.7      848  73.7    -14.9     733  72.6    -13.9
# w/ nutrition
 counseling             128   8.1       99   8.6     -0.5     108  10.7     -2.6
# w/ physical activity
 counseling              87   5.5       46   4.0     +1.5      61   6.0     -0.5

Male Active Clinical
Pts Age 3+             664            486                     423

# w/ comprehensive
 assessment              23   3.5       14   2.9     +0.6      22   5.2     -1.7
# w/BMI
 documented             360  54.2      342  70.4    -16.2     294  69.5    -15.3
# w/ nutrition
 counseling              45   6.8       37   7.6     -0.8      39   9.2     -2.4
# w/ physical activity
 counseling              33   5.0       20   4.1     +0.9      25   5.9     -0.9

Female Active Clinical
Pts Age 3+             919            665                     586

# w/ comprehensive
 assessment              34   3.7       23   3.5     +0.2      30   5.1     -1.4
# w/BMI
 documented             570  62.0      506  76.1    -14.1     439  74.9    -12.9
# w/ nutrition
 counseling              83   9.0       62   9.3     -0.3      69  11.8     -2.7
# w/ physical activity
 counseling              54   5.9       26   3.9     +2.0      36   6.1     -0.3
```

Figure 2-68: Sample Report, Weight Assessment and Counseling for Nutrition and Physical Activity

```
Weight Assessment and Counseling for Nutrition and Physical Activity (con't)

                           Active Clinical Pts =>3
                                  3 - 11     12 - 17   18+
CURRENT REPORT PERIOD
Active Clinical Pts =>3          216         121      1,246

# w/comprehensive assessment       6           4          47
```

```
% w/comprehensive assessment     2.8        3.3        3.8

# w/BMI documented                94         58        778
% w/BMI documented              43.5       47.9       62.4

% w/nutrition counseling           8         11        109
% w/nutrition counseling         3.7        9.1        0.0

# w/physical activity
 counseling                        9          7         71
% w/physical activity
 counseling                      4.2        5.8        5.7

PREVIOUS REPORT PERIOD
Active Clinical Pts =>3         214        107        830

# w/comprehensive assessment       0          0         37
% w/comprehensive assessment     0.0        0.0        4.5

# w/BMI documented                98         53        697
% w/BMI documented              45.8       49.5       84.0

% w/nutrition counseling           2          3         94
% w/nutrition counseling         0.9        2.8        0.0

# w/physical activity
 counseling                        0          0         46
% w/physical activity
 counseling                      0.0        0.0        5.5

CHANGE FROM PREVIOUS YR %
# w/comprehensive assessment    +2.8       +3.3       -0.7
# w/BMI documented             +43.5      +47.9      +58.0
# w/nutrition counseling        +3.7       +9.1       -4.5
# w/physical activity
 counseling                     +4.2       +5.8       +1.2
```

Figure 2-69: Sample Report, Age Breakout, Weight Assessment and Counseling for Nutrition and Physical Activity

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
```

```
HR=High Risk Patient

Weight Assessment and Counseling for Nutrition and Physical Activity: List of
patients ages 3+ with assessments, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,PAMELA         000001 COMMUNITY #1   F  4
AC
PATIENT2,GLENDA         000002 COMMUNITY #1   F  4
AC                           BMI: 16.03
PATIENT3,SHIRLEY        000003 COMMUNITY #1   F  5
AC
PATIENT4,MARY ANNE      000004 COMMUNITY #1   F  5
AC                           COMP ASSESS; BMI: V85.53; NUTR: 03/03/03 CPT 97804;
PHY: 03/03/03 DX V65.41
PATIENT5,JACKIE         000005 COMMUNITY #1   F  9
AC                           PHY: 08/08/03 OBS-EX
PATIENT6,ZINNIA         000006 COMMUNITY #1   F  15
AC
PATIENT7,MARY RYAN      000007 COMMUNITY #1   F  15
AC                           BMI: 35.04; PHY: 03/03/03 DX V65.41
```

Figure 2-70: Sample Patient List, Weight Assessment and Counseling for Nutrition and Physical Activity

2.8.4 Nutrition and Exercise Education for At Risk Patients

Denominators

Active Clinical patients ages six and older considered overweight (including obese). Broken down by gender.

a. Active Clinical patients ages 6 and older *considered obese*. Broken down by gender and age groups (6 through 11, 12 through 19, 20 through 39, 40 through 59, 60 years plus).

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, *and* at least two visits in the past year, *and* two diabetes-related visits ever.

Numerators

Patients provided with medical nutrition therapy during the Report Period.

Patients provided specific nutrition education during the Report Period.

Patients provided specific exercise education during the Report Period.

Patients provided with other related exercise and nutrition (lifestyle) education.

Logic Description

Age of the patient is calculated at beginning of Report Period.

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

Overweight: Ages 19 and older, BMI equal to or greater than (=>) 25. Overweight is defined as including both obese and overweight categories calculated by BMI.

Obese: Ages 19 and older, BMI equal to or greater than (=>) 30. For ages 18 and under, the definition is based on standard tables. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day.

CRS uses any of the following codes to define the numerators.

Subject Defined	CPT Codes	ICD and Other Codes
Medical nutrition therapy	97802-97804, G0270, G0271	**Primary or secondary provider codes**: 07, 29 **Clinic codes**: 67 (dietary) or 36 (WIC)
Nutrition education		**V POV**: V65.3 dietary surveillance and counseling **Patient education codes**: ending "-N" (nutrition), "-MNT" (medical nutrition therapy), (or old code "-DT" (diet)) or containing V65.3, 97802-97804, G0270, or G0271.
Exercise education		**V POV**: V65.41 exercise counseling **Patient education codes**: ending "-EX" (exercise) or containing V65.41.
Related exercise and nutrition education	S9449, S9451, S9452, S9470	**Patient education codes**: ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01, S9449, S9451, S9452, or S9470.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

A list of at risk patients with education, if any.

Measure Source

HP 2010 19–17

Measure Past Performance and Long-Term Targets for Diabetic Education

Performance	Percent
HP 1997 data	*42.0%*

```
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                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Nutrition and Exercise Education for At Risk Patient

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %


# Overweight Active Clinical
patients =>6            598            555                    442

# w/medical nutrition
 therapy                 44   7.4       23   4.1     +3.2      27   6.1     +1.2
# specific nutrition
 education provided      83  13.9       79  14.2     -0.4      78  17.6     -3.8
# w/exercise educ        34   5.7       28   5.0     +0.6      35   7.9     -2.2
# w/ other exec
 or nutrition educ       75  12.5       59  10.6     +1.9      24   5.4     +7.1

# Male Overweight Active
Clinical pts =>6        251            230                    182

# w/medical nutrition
 therapy                 18   7.2        8   3.5     +3.7      10   5.5     +1.7
# specific nutrition
 education provided      36  14.3       32  13.9     +0.4      28  15.4     -1.0
# w/exercise educ        16   6.4       12   5.2     +1.2      16   8.8     -2.4
# w/ other exec
 or nutrition educ       41  16.3       22   9.6     +6.8      11   6.0    +10.3

# Female Overweight Active
Clinical pts =>6        347            325                    260

# w/medical nutrition
 therapy                 26   7.5       15   4.6     +2.9      17   6.5     +1.0
# specific nutrition
 education provided      47  13.5       47  14.5     -0.9      50  19.2     -5.7
# w/exercise educ        18   5.2       16   4.9     +0.3      19   7.3     -2.1
# w/ other exec
 or nutrition educ       34   9.8       37  11.4     -1.6      13   5.0     +4.8
```

Figure 2-71: Sample Report, Nutrition and Exercise Education for At Risk Patients

```
Nutrition and Exercise Education for At Risk Patient (con't)

                     TOTAL OBESE ACTIVE CLINICAL POPULATION
                                      Age Distribution
# Obese Active Clinical          6-11   12-19    20-39    40-59    =>60

CURRENT REPORT PERIOD
# Obese Active Clinical           13       28      167      125       32
# w/medical nutrition
  therapy                          0        2       15       10        3
% w/medical nutrition
  therapy                        0.0      7.1      9.0      8.0      9.4

# # w/specific nutrition education
  provided                         0        3       22       28        7
% # w/specific nutrition education
  provided                       0.0     10.7     13.2     22.4     21.9

# w/exercise educ                  0        1        8       14        5
% w/exercise educ                0.0      3.6      4.8     11.2     15.6

# w/other exec or
  nutrition educ                   0        3       18       16        7
% w/other exec or
  nutrition educ                 0.0     10.7     10.8     12.8     21.9

PREVIOUS YEAR PERIOD
# Obese Active Clinical           14       26      137      116       32
# w/medical nutrition
  therapy                          0        3        8        3        2
% w/medical nutrition
  therapy                        0.0     11.5      5.8      2.6      6.3

# # w/specific nutrition education
  provided                         0        2       19       22        7
% # w/specific nutrition education
  provided                       0.0      7.7     13.9     19.0     21.9

# w/exercise educ                  0        0        4       14        4
% w/exercise educ                0.0      0.0      2.9     12.1     12.5

# w/other exec or
  nutrition educ                   0        2       13       23        3
% w/other exec or
  nutrition educ                 0.0      7.7      9.5     19.8      9.4

CHANGE FROM PREV YR %
medical nutrition
  therapy                       +0.0     -4.4     +3.1     +5.4     +3.1
Spec nutr ed                    +0.0     +3.0     -0.7     +3.4     +0.0
w/exercise educ                 +0.0     +3.6     +1.9     -0.9     +3.1
w/other exec or
  nutrition educ                +0.0     +3.0     +1.3     -7.0    +12.5
```

Figure 2-72: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Nutrition and Exercise Education for At Risk Patients: List of at risk
patients, with education if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,SANDRA KAY     000001 COMMUNITY #1   F  21
AC-OW,AC-OB                    LIFE: 05/15/13 TO-LA
PATIENT2,CAITLYN        000002 COMMUNITY #1   F  22
AC-OW                          NUTR: 03/15/13 UTI-N SN
PATIENT3,BRITNEY        000003 COMMUNITY #1   F  22
AC-OW,AC-OB                    MNT: 03/04/13 Prv 29
PATIENT4,LORETTA        000004 COMMUNITY #1   F  22
AC-OW,AC-OB                    NUTR: 05/07/13 HTN-N SN; EXER ED: 05/07/12 HTN-EX
PATIENT5,HALEY          000005 COMMUNITY #1   F  25
AC-OW,AC-OB
PATIENT6,BRITTANY       000006 COMMUNITY #1   F  25
AC-OW,AC-OB                    EXER ED: 01/15/13 278.00-EX; LIFE: 01/15/12 278.00-EX
```

Figure 2-73: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

2.8.5 Physical Activity Assessment

Denominators

Active Clinical patients ages 5 and older. Broken down by gender and age groups (5 through 11, 12 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 74, greater than (>)75).

Numerator 1 (Active Clinical Patients assessed for physical activity during the Report Period). Broken down by gender and age groups (5 through 11, 12 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 74, greater than (>)75).

User Population patients ages 5 and older. Broken down by gender.

Numerator 1 (User Population Patients assessed for physical activity during the Report Period). Broken down by gender.

Numerators

Patients assessed for physical activity during the Report Period.

Patients from Numerator 1 who have received exercise education following their physical activity assessment.

Logic Description

Age of the patient is calculated at beginning of Report Period.

CRS uses any of the following codes to define the numerators.

Subject Defined	ICD and Other Codes
Physical Activity Assessment	**Health Factors**: Any health factor for category Activity Level documented during the Report Period.
Exercise education	**V POV**: V65.41 exercise counseling **Patient education codes**: ending "-EX" (exercise) or containing V65.41.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients with physical activity assessment and any exercise education.

```
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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Physical Activity Assessment

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
5 and older           1,357          1,031                    911

# w/ physical activity
 assessment              19   1.4        0   0.0     +1.4       0   0.0     +1.4
# w/ exercise educ
 w/ % of physical activity
 assessment               4  21.1        0   0.0    +21.1       0   0.0    +21.1

Male Active Clinical
=>5                     570            430                    374

# w/ physical activity
 assessment               7   1.2        0   0.0     +1.2       0   0.0     +1.2
# w/ exercise educ
 w/ % of physical activity
 assessment               1  14.3        0   0.0    +14.3       0   0.0    +14.3

Female Active Clinical
=>5                     787            601                    537

# w/ physical activity
```

```
 assessment              12   1.5        0   0.0     +1.5       0   0.0     +1.5
# w/ exercise educ
 w/ % of physical activity
 assessment               3  25.0        0   0.0    +25.0       0   0.0    +25.0

User Pop ages
5 and older           2,592          2,142                 2,025

# w/ physical activity
 assessment              19   0.7        0   0.0     +0.7       0   0.0     +0.7
# w/ exercise educ
 w/ % of physical activity
 assessment               4  21.1        0   0.0    +21.1       0   0.0    +21.1

Male User Pop Pts
=>5                   1,211            988                   945

# w/ physical activity
 assessment               7   0.6        0   0.0     +0.6       0   0.0     +0.6
# w/ exercise educ
 w/ % of physical activity
 assessment               1  14.3        0   0.0    +14.3       0   0.0    +14.3

Female User Pop Pts
=>5                   1,381          1,154                 1,080

# w/ physical activity
 assessment              12   0.9        0   0.0     +0.9       0   0.0     +0.9
# w/ exercise educ
 w/ % of physical activity
 assessment               3  25.0        0   0.0    +25.0       0   0.0    +25.0
```

Figure 2-74: Sample Report, Physical Activity Assessment

```
Physical Activity Assessment (con't)

                       TOTAL ACTIVE CLINICAL5 AND OLDER
                                  Age Distribution
                       5-11  12-19  20-24  25-34  35-44  45-54  55-74  >74 yrs

CURRENT REPORT PERIOD
Total # AC Pts =>5      132    157    133    233    215    216    225     46
# w/ physical activity
  assessment              2      6      3      1      2      0      3      2
% w/ physical activity
  assessment            1.5    3.8    2.3    0.4    0.9    0.0    1.3    4.3

# w/ exercise educ w/
  % of physical activity
  assessment              1      2      1      0      0      0      0      0
% w/ exercise educ w/
  % of physical activity
  assessment           50.0   33.3   33.3    0.0    0.0    0.0    0.0    0.0

PREVIOUS YEAR PERIOD
Total # AC Pts =>5      141    137    128    172    151    140    137     25
# w/ physical activity
  assessment              0      0      0      0      0      0      0      0
```

```
% w/ physical activity
  assessment             0.0    0.0    0.0    0.0    0.0    0.0    0.0    0.0

# w/ exercise educ w/
  % of physical activity
  assessment               0      0      0      0      0      0      0      0
% w/ exercise educ w/
  % of physical activity
  assessment             0.0    0.0    0.0    0.0    0.0    0.0    0.0    0.0

CHANGE FROM PREV YR %
# w/ physical activity
  assessment            +1.5   +3.8   +2.3   +0.4   +0.9   +0.0   +1.3   +4.3
w/ exercise educ w/
  % of physical activity
  assessment           +50.0  +33.3  +33.3   +0.0   +0.0   +0.0   +0.0   +0.0
```

Figure 2-75: Sample Age Breakout Report, Physical Activity Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Physical Activity Assessment: List of patients with physical activity
assessment and any exercise education.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,MISTY DAWN     000001 COMMUNITY #1   F  5
UP,AC                        PHYS ACT: 08/08/12 VERY ACTIVE; EXER ED: 08/08/12 OBS-
EX
PATIENT2,RITA ANN       000002 COMMUNITY #1   F  15
UP,AC                        PHYS ACT: 03/06/12 SOME ACTIVITY; EXER ED: 03/06/12
TO-EX
PATIENT3,RHONDA SUE     000003 COMMUNITY #1   F  22
UP,AC                        PHYS ACT: 04/02/12 ACTIVE; EXER ED: 04/02/12 V65.41
PATIENT4,MARY           000004 COMMUNITY #1   F  28
UP,AC                        PHYS ACT: 12/12/12 SOME ACTIVITY;
PATIENT5,JOSEPH HENRY   000005 COMMUNITY #1   M  12
UP,AC                        PHYS ACT: 08/02/12 SOME ACTIVITY;
PATIENT6,BOB            000006 COMMUNITY #1   M  17
UP,AC                        PHYS ACT: 05/05/12 INACTIVE; EXER ED: 05/05/12 OBS-EX
```

Figure 2-76: Sample Patient List, Physical Activity Assessment

2.8.6 Comprehensive Health Screening

Denominators

Active Clinical patients ages 2 and older.

Active Clinical patients ages 12 to 75.

Active Clinical patients ages 18 and older.

Female Active Clinical patients ages 15 through 40.

Active Clinical patients ages 5 and older.

Active Clinical patients ages 2 through 74.

Active Clinical patients ages 20 and over.

Active Clinical patients ages 5 and older.

Numerators

ALL Comprehensive Health Screening: Patients with Comprehensive Health Screening for which they are eligible, defined as having alcohol, depression, and Intimate Partner Violence/Domestic Violence (IPV/DV) screening, BMI calculated, and tobacco use, BP, and physical activity assessed.

Note: This does *not* include refusals.

Comprehensive Health Screening: Patients with Comprehensive Health Screening minus physical activity assessment for which they are eligible, defined as having alcohol, depression, and IPV/DV screening, BMI calculated, and tobacco use and BP assessed.

Note: This does *not* include physical activity assessment and does *not* include refusals.

Alcohol Screening: Patients screened for alcohol use or had an alcohol-related diagnosis or procedure during the Report Period.

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

Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period.

Note: This numerator does *not* include refusals.

IPV/DV Screening: Patients screened for IPV/DV at any time during the Report Period.

Note: This numerator does *not* include refusals.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Report period.

BMI Available: Patients for whom a BMI could be calculated.

Note: This numerator does *not* include refusals.

BP Assessed: Patients with BP value documented at least twice in prior two years.

Physical Activity Assessed: Patients assessed for physical activity during the Report Period.

Logic Description

Age of the patient is calculated at beginning of Report Period.

Alcohol screening definition: Any of the following during the Report Period: (a) Alcohol Screening Exam, any CAGE Health Factor, or Screening Diagnosis; (b) Alcohol-related diagnosis in POV, Current PCC or BHS Problem List; (c) Alcohol-related procedure; or (d) Patient education.

Subject Defined	ICD and Other Codes
Alcohol Screening	**PCC Exam Code:** 35 **CPT code:** 99408, 99409, G0396, G0397, H0049, H0050, 3016F **Any CAGE Health Factor** **V POV:** V11.3 (history of alcoholism), V79.1 (screening for alcoholism) **BHS Problem Code:** 29.1 (Screening for Alcoholism) **V Measurement in PCC or BHS:** AUDT, AUDC, or CRFT
Alcohol-related Diagnosis	**V POV, Current PCC or BHS Problem List:** 303.*, 305.0*, 291.*, 357.5* **BHS POV**: 10, 27, 29
Alcohol-related Procedure	**V Procedure:** 94.46, 94.53, 94.61-94.63, 94.67-94.69

Alcohol screening may be documented with either an exam code or the CAGE health factor in PCC or BHS. BHS problem codes can also currently be used.

Depression screening definition: CRS uses the following codes to define the numerator.

Subject Defined	ICD and Other Codes
Depression Screening	**V Exam:** Exam Code 36 **V POV:** V79.0 **CPT:** 1220F **BHS Problem Code:** 14.1 (Screening for Depression) **V Measurement in PCC or BHS**: PHQ2 or PHQ9

Subject Defined	ICD and Other Codes
Mood Disorders	**At least two visits in PCC or BHS 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.** **V POV:** 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV:** 14, 15

IPV/DV screening definition: CRS uses the following codes to define the numerator.

Subject Defined	ICD and Other Codes
IPV/DV Screening	**V Exam:** Code 34 **BHS Exam:** IPV/DV
IPV/DV Diagnosis	**V POV or current PCC or BHS Problem List:** 995.80-995.83, 995.85, V15.41, V15.42, V15.49 **BHS POV**: 43.*, 44.*
IPV/DV Education	**Patient education codes:** "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49
IPV/DV Counseling	**V POV:** V61.11

Tobacco screening definition: CRS uses the following codes to define the numerator.

Subject Defined	CPT Codes	ICD and Other Codes
Screened for Tobacco Use	D1320, 99406, 99407, G0375 (old code), G0376 (old code), G8455-G8457 (old codes), G8402 (old code), G8453 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed)	**V POV or current Active Problem List:** 305.1, 305.1* (old codes), 649.00-649.04, V15.82 **Patient Education codes:** "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F , 1000F, G8455-G8457 (old codes), G8402 (old code), or G8453 (old code) **Dental code:** 1320 **Health Factor categories:** Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP), or TOBACCO (EXPOSURE)

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

Blood pressure definition: Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

CRS uses mean of last three Blood Pressures documented in the past two years. 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) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

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 during the Report Period.

Physical Activity Assessment definition: CRS uses the following codes to define the numerator.

Subject Defined	ICD and Other Codes
Physical Activity Assessment	**Health Factors**: Any health factor for category Activity Level documented during the Report Period.

Key Logic Changes from CRS Version 12.1

Added visit exclusions (ER/surgery/etc) to BP logic.

Patient List Description

List of patients with assessments received, if any.

```
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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Comprehensive Health Screening
```

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical ages 2 and older	1,446		1,121			1,007		
# w/ Comprehensive Health Screening-No Refusals	56	3.9	39	3.5	+0.4	40	4.0	-0.1
# w/ Comprehensive Health Screening-No Refusals or Phys Activity	67	4.6	46	4.1	+0.5	53	5.3	-0.6
Active Clinical ages 12-75	1,180		867			753		
# w/ alcohol screening/ Dx/Proc/-No Refusals or Pt Ed	95	8.1	12	1.4	+6.7	3	0.4	+7.7
Active Clinical => 18	1,112		793			666		
# w/ Depression screening or Mood Disorder Dx- No Refusals	81	7.3	42	5.3	+2.0	17	2.6	+4.7
# Female Active Clinical ages 15-40	380		311			267		
# w/IPV/DV screening- No Refusals	11	2.9	1	0.3	+2.6	0	0.0	+2.9
# Active Clinical Pts =>5	1,357		1,031			911		
# w/Tobacco Screening	624	46.0	426	41.3	+4.7	328	36.0	+10.0
Active Clinical Pts 2-74	1,400		1,096			982		
# w/BMI calculated- No Refusals	880	62.9	824	75.2	-12.3	712	72.5	-9.6
Active Clinical Patients ages 20 and older	1,068		753			640		
# w/ BPs documented w/in 2 yrs	643	60.2	557	74.0	-13.8	478	74.7	-14.5
Active Clinical Pts 5 and older	1,357		1,031			911		
# w/ physical activity assessment	19	1.4	0	0.0	+1.4	0	0.0	+1.4

Figure 2-77: Sample Report, Comprehensive Health Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Comprehensive Health Screening: List of patients with assessments
received, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,SANDRA KAY     000001 COMMUNITY #1   F  15
AC                           ALL COMP HEALTH: ALC: 03/06/13 POV V11.3; IPV:
03/06/13 Ex 34; TOB: 09/05/13 NEVER SMOKED; BMI: 17.49; PHYS ACT: 03/06/13 SOME
ACTIVITY
PATIENT2,CAITLYN        000002 COMMUNITY #1   F  16
AC
PATIENT3,BRITNEY        000003 COMMUNITY #1   F  16
AC                           TOB: 10/26/13 CESSATION-SMOKER
PATIENT4,LORETTA        000004 COMMUNITY #1   F  17
AC                           ALC: 10/14/13 HF CAGE 1/4
PATIENT5,HALEY          000005 COMMUNITY #1   F  18
AC                           BMI: 19.79; BP: 125/67
PATIENT6,BRITTANY       000006 COMMUNITY #1   F  19
AC                           ALC: 10/30/13 CPT G0397; TOB: 08/11/13 CURRENT SMOKER,
STATUS UNKNOWN; BMI: 21.01
```

Figure 2-78: Sample Patient List, Comprehensive Health Screening

2.8.7 Cardiovascular Disease and Cholesterol Screening

Denominators

Active Clinical patients ages 23 and older. Broken down by gender.

User Population patients ages 23 and older. Broken down by gender.

Active CHD patients, 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. Broken down by gender.

Numerators

Patients with documented blood total cholesterol screening any time in the past five years.

a. Patients with high total cholesterol levels, defined as equal to or greater than (=>) 240

Patients with LDL completed in the past five years, regardless of result.

a. Patients with LDL less than or equal to (<=)100

b. Patients with LDL 101 through 130

c. Patients with LDL 131 through 160

d. Patients with LDL greater than (>)160

Logic Description

Age is calculated at the beginning of the Report Period.

CRS uses the following codes to define the CHD denominator.

Subject Defined	ICD and Other Codes
Coronary Heart Disease	*Any of the following:* **1) V POV:** 410.0–413.*, 414.0–414.9, 429.2 **2)** One or more CABG or PCI procedures
CABG	**V POV:** V45.81 **V CPT:** 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209 **V Procedure:** 36.1* or 36.2*
PCI	**V POV:** V45.82 **V CPT:** 92980, 92982, 92995, G0290 **V Procedure:** 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07

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

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

CRS uses the following codes to define LDL and total cholesterol.

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F For numerator LDL equal to or less than (=<)100, CPT 3048F will count as meeting the measure.	Yes	DM AUDIT LDL CHOLESTEROL TAX

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Total Cholesterol	82465	Yes	DM AUDIT CHOLESTEROL TAX

Key Logic Changes from CRS Version 12.1

1. Replaced IHD definition with CHD definition.
2. Removed codes 43396-1, 11054-4, 13459-3, 14155-6, 16615-7, 16616-5, 43394-6, 44711-0, 44915-7, 50193-2, 53133-5, 56036-7 from LDL LOINC taxonomy.
3. Added code 69419-0 to LDL LOINC taxonomy.

Patient List Description

List of patients with cholesterol or LDL value, if any.

Measure Source

HP 2020 HDS-6, HDS-7

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2006 Performance (blood total cholesterol screening)	48.0%
IHS FY 2005 Performance (blood total cholesterol screening)	43.0%
HP 1998 baseline	67.0%
HP 2020 goal for adults who have had blood cholesterol checked (HDS-6)	*82.1%*
HP 2020 goal for adults with high cholesterol (HDS-7)	*13.5%*

```
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                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Cardiovascular Disease and Cholesterol Screening

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 23                    986            676                    569

# w/ Total Cholesterol
 screen w/in 5 yrs       248  25.2      217  32.1     -6.9     201  35.3    -10.2
A. # w/ High Chol =>240
```

```
 w/ % of Total Chol
 Screen                  21   8.5       23  10.6     -2.1      28  13.9     -5.5
# w/LDL done
 in past 5 yrs          251  25.5      185  27.4     -1.9     114  20.0     +5.4
A. # w/LDL =<100
 w/ % of Total LDL
 Screen                 108  43.0       95  51.4     -8.3      46  40.4     +2.7
B. # w/LDL 101-130
 w/ % of Total LDL
 Screen                  73  29.1       44  23.8     +5.3      35  30.7     -1.6
C. # w/LDL 131-160
 w/ % of Total LDL
 Screen                  25  10.0       25  13.5     -3.6      13  11.4     -1.4
D. # w/LDL >160
 w/ % of Total LDL
 Screen                  15   6.0        9   4.9     +1.1      10   8.8     -2.8

Male Active Clinical
Pts =>23                408            272                    220

# w/ Total Cholesterol
 screen w/in 5 yrs      106  26.0       97  35.7     -9.7      85  38.6    -12.7
A. # w/ High Chol =>240
 w/ % of Total Chol
 Screen                  11  10.4       14  14.4     -4.1       8   9.4     +1.0
# w/LDL done
 in past 5 yrs          115  28.2       91  33.5     -5.3      59  26.8     +1.4
A. # w/LDL =<100
 w/ % of Total LDL
 Screen                  53  46.1       45  49.5     -3.4      23  39.0     +7.1
B. # w/LDL 101-130
 w/ % of Total LDL
 Screen                  25  21.7       18  19.8     +2.0      18  30.5     -8.8
C. # w/LDL 131-160
 w/ % of Total LDL
 Screen                   8   7.0       12  13.2     -6.2       5   8.5     -1.5
D. # w/LDL >160
 w/ % of Total LDL
 Screen                  10   8.7        8   8.8     -0.1       4   6.8     +1.9
```

Figure 2-79: Sample Report, CVD and Cholesterol Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Cardiovascular Disease and Cholesterol Screening: List of patients with
cholesterol or LDL value if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT100,JASON AARON  000100 COMMUNITY #1   M  46
UP,AC
PATIENT101,JOHN THOMAS  000101 COMMUNITY #1   M  47
UP
PATIENT102,DAKOTA CHEY  000102 COMMUNITY #1   M  47
UP
```

```
PATIENT103,TRAVIS CLINT 000103 COMMUNITY #1   M  47
UP                           CHOL 04/13/13 210
PATIENT104,TRACY MITCHE 000104 COMMUNITY #1   M  47
UP,AC,IHD                    CHOL 03/15/13 167; LDL 08/15/12 105
PATIENT105,RUSSELL DALE 000105 COMMUNITY #1   M  48
UP                           LDL 04/01/13 CPT 3048F
PATIENT106,CURTIS DWAYN 000106 COMMUNITY #1   M  49
UP,AC                        CHOL 03/04/10 139; LDL 06/04/11 68
PATIENT107,RONALD       000107 COMMUNITY #1   M  49
UP,AC                        CHOL 01/07/09 213; LDL 08/01/12 122
```

Figure 2-80: Sample Patient List, CVD and Cholesterol Screening

2.8.8 Cardiovascular Disease and Blood Pressure Control

Denominators

All *Active Clinical patients* ages 20 and over. Broken down by gender.

All *User Population patients* ages 20 and older. Broken down by gender.

Active CHD patients, 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. Broken down by gender.

Numerators

Patients with Blood Pressure value documented at least twice in prior two years.

a. Patients with normal BP, defined as less than (<) 120/80, i.e., the mean systolic value is less than (<) 120 *and* the mean diastolic value is less than (<) 80.

b. Patients with Pre Hypertension I BP, defined as equal to or greater than (=>) 120/80 and less than (<) 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 *and* the mean diastolic value is equal to 80.

c. Patients with Pre Hypertension II BP, defined as equal or greater than (=>) 130/80 and less than (<)140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 *and* the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.

d. Patients with Stage 1 Hypertension BP, defined as equal to or greater than (=>) 140/90 and less than (<)160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 *and* the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.

e. Patients with Stage 2 Hypertension BP, defined as equal to or greater than (=>) 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 *and* the mean diastolic value is equal to or greater than (=>) 100.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

CRS uses the following codes to define the CHD denominator.

Subject Defined	ICD and Other Codes
Coronary Heart Disease	*Any of the following:* **1) V POV:** 410.0–413.*, 414.0–414.9, 429.2 **2)** One or more CABG or PCI procedures
CABG	**V POV:** V45.81 **V CPT:** 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209 **V Procedure:** 36.1* or 36.2*
PCI	**V POV:** V45.82 **V CPT:** 92980, 92982, 92995, G0290 **V Procedure:** 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

Blood pressure definition: CRS uses mean of last three Blood Pressures documented in the past two years. 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) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

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

Key Logic Changes from CRS Version 12.1

1. Replaced IHD definition with CHD definition.
2. Added visit exclusions (ER/surgery/etc.) to BP logic.
3. Updated patient list title.

Patient List Description

List of Patients equal to or greater than (=>) 20 or who have CHD with BP value, if any.

Measure Source

HP 2020 HDS-5

Measure Past Performance and Long-Term Targets

Measure	Percent
HP 2020 goal for adults with high blood pressure (140/90)	*26.9%*

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                     Report Period: Jan 01, 2013 to Dec 31, 2013
                  Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Cardiovascular Disease and Blood Pressure Control

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Patients
ages 20 and older     1,068            753                    640

# w/ BPs documented
 w/in 2 yrs             643  60.2      557  74.0    -13.8     478  74.7    -14.5
A. # w/Normal BP w/ %
 of Total Screened      128  19.9      134  24.1     -4.2     121  25.3     -5.4
B. # w/Pre HTN I BP w/ %
 of Total Screened      107  16.6      115  20.6     -4.0      83  17.4     -0.7
C. # w/Pre HTN II BP w/ %
 of Total Screened      148  23.0      114  20.5     +2.6     105  22.0     +1.1
D. # w/Stage 1 HTN BP w/
 % of Total Screened    173  26.9      150  26.9     +0.0     130  27.2     -0.3
E. # w/Stage 2 HTN BP w/ %
 of Total Screened       37   5.8       39   7.0     -1.2      39   8.2     -2.4

Male Active Clinical Patients
ages 20 and older       432            293                    241

# w/ BPs documented
 w/in 2 yrs             231  53.5      203  69.3    -15.8     177  73.4    -20.0
A. # w/Normal BP w/ %
 of Total Screened        8   3.5       23  11.3     -7.9      22  12.4     -9.0
B. # w/Pre HTN I BP w/ %
 of Total Screened       27  11.7       37  18.2     -6.5      22  12.4     -0.7
C. # w/Pre HTN II BP w/ %
 of Total Screened       64  27.7       46  22.7     +5.0      45  25.4     +2.3
D. # w/Stage 1 HTN BP w/
 % of Total Screened     89  38.5       79  38.9     -0.4      63  35.6     +2.9
```

```
E. # w/Stage 2 HTN BP w/ %
 of Total Screened       16   6.9       17   8.4     -1.4      25  14.1     -7.2

Female Active Clinical Patients
ages 20 and older       636            460                   399

# w/ BPs documented
 w/in 2 yrs             412  64.8      354  77.0    -12.2     301  75.4    -10.7
A. # w/Normal BP w/ %
 of Total Screened      120  29.1      111  31.4     -2.2      99  32.9     -3.8
B. # w/Pre HTN I BP w/ %
 of Total Screened       80  19.4       78  22.0     -2.6      61  20.3     -0.8
C. # w/Pre HTN II BP w/ %
 of Total Screened       84  20.4       68  19.2     +1.2      60  19.9     +0.5
D. # w/Stage 1 HTN BP w/
 % of Total Screened     84  20.4       71  20.1     +0.3      67  22.3     -1.9
E. # w/Stage 2 HTN BP w/ %
 of Total Screened       21   5.1       22   6.2     -1.1      14   4.7     +0.4
```

Figure 2-81: Sample Report, CVD and Blood Pressure Control

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Cardiovascular Disease and Blood Pressure Control: List of Patients => 20 or
who have CHD with BP value, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SANDRA KAY     000001 COMMUNITY #1   F  21
UP,AC
PATIENT2,EVELYN         000002 COMMUNITY #1   F  21
UP                           /3080F
PATIENT3,MICHELLE       000003 COMMUNITY #1   F  22
UP,AC                        125/67 PRE HTN 1
PATIENT4,CAITLYN        000004 COMMUNITY #1   F  22
UP,AC,IHD                    131/67 PRE HTN 2
PATIENT5,BRITNEY JANE   000005 COMMUNITY #1   F  22
UP,AC                        102/56 NORMAL
PATIENT6,KATHRYN ANNE   000006 COMMUNITY #1   F  22
UP,AC                        161/90 STG 2 HTN
PATIENT7,RHONDA         000007 COMMUNITY #1   F  22
UP,AC                        153/85 STG 1 HTN
```

Figure 2-82: Sample Patient List, CVD and Blood Pressure Control

2.8.9 Controlling High Blood Pressure

Denominator

Active Clinical patients ages 18 through 85 diagnosed with hypertension and no documented history of ESRD. Broken down by gender and age groups (18 through 45 and 46 through 85).

Numerators

Number of patients with Blood Pressure value documented during the Report Period.

a. Patients with *normal blood pressure*, defined as less than (<) 120/80; that is, the mean systolic value is less than (<) 120 *and* the mean diastolic value is less than (<) 80.

b. Patients with *Pre Hypertension I BP*, defined as equal to or greater than (=>) 120/80 and less than (<) 130/80, that is, the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 *and* the mean diastolic value is equal to 80.

c. Patients with *Pre Hypertension II BP*, defined as equal to or greater than (=>) 130/80 and less than (<)140/90; that is, the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 *and* the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.

d. Patients with *Stage 1 Hypertension* Blood Pressure (BP), defined as equal to or greater than (=>) 140/90 and less than (<)160/100; that is, the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 *and* the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.

e. Patients with *Stage 2 Hypertension BP*, defined as equal to or greater than (=>) 160/100; that is, the mean systolic value is equal to or greater than (=>) 160 *and* the mean diastolic value is equal to or greater than (=>) 100.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

Blood pressure definition: 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) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

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

CRS uses the following codes to define ESRD and hypertension.

Subject Defined	CPT Codes	ICD and Other Codes
ESRD	36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327 (old codes), G0392 (old code), G0393 (old code), or S9339	**V POV**: 585.6, V42.0, V45.1, (old code), V45.11, V45.12, or V56.* **V Procedure**: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*
Hypertension		**V POV or Problem List Prior to the Report Period and at Least One Hypertension POV during Report Period**: 401.*

Key Logic Changes from CRS Version 12.1

1. Removed POV code 585.5 from ESRD definition.
2. Added visit exclusions (ER/surgery/etc) to BP logic.

Patient List Description

List of patients with hypertension and BP value, if any.

Measure Source

HP 2020 HDS-5, HDS-12

Measure Past Performance and Long-Term Targets

Measure	Percent
HP 2020 goal for adults with high blood pressure (140/90)	*26.9%*
HP 2020 goal for adults with high blood pressure and whose blood pressure is controlled	*61.2%*

```
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                              DEMO INDIAN HOSPITAL
                     Report Period: Jan 01, 2013 to Dec 31, 2013
```

Previous Year Period: Jan 01, 2012 to Dec 31, 2012
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Controlling High Blood Pressure

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	%	BASE PERIOD	%	CHG from BASE
Active Clinical Pts 18-85 w/HTN dx	108		101				91		
# w/ BPs documented	96	88.9	92	91.1	-2.2		85	93.4	-4.5
A. # w/Normal BP w/ % of Total Screened	5	5.2	6	6.5	-1.3		3	3.5	+1.7
B. # w/Pre HTN I BP w/ % of Total Screened	8	8.3	13	14.1	-5.8		8	9.4	-1.1
C. # w/Pre HTN II BP w/ % of Total Screened	23	24.0	17	18.5	+5.5		19	22.4	+1.6
D. # w/Stage 1 HTN BP w/ % of Total Screened	36	37.5	41	44.6	-7.1		42	49.4	-11.9
E. # w/Stage 2 HTN BP w/ % of Total Screened	10	10.4	15	16.3	-5.9		13	15.3	-4.9
A. Active Clinical Pts 18-45 w/HTN dx	23		19				13		
# w/ BPs documented	17	73.9	16	84.2	-10.3		11	84.6	-10.7
A. # w/Normal BP w/ % of Total Screened	2	11.8	2	12.5	-0.7		0	0.0	+11.8
B. # w/Pre HTN I BP w/ % of Total Screened	1	5.9	1	6.3	-0.4		1	9.1	-3.2
C. # w/Pre HTN II BP w/ % of Total Screened	3	17.6	2	12.5	+5.1		2	18.2	-0.5
D. # w/Stage 1 HTN BP w/ % of Total Screened	7	41.2	6	37.5	+3.7		7	63.6	-22.5
E. # w/Stage 2 HTN BP w/ % of Total Screened	2	11.8	5	31.3	-19.5		1	9.1	+2.7
B. Active Clinical Pts 46-85 w/HTN dx	85		82				78		
# w/ BPs documented	79	92.9	76	92.7	+0.3		74	94.9	-1.9
A. # w/Normal BP w/ % of Total Screened	3	3.8	4	5.3	-1.5		3	4.1	-0.3
B. # w/Pre HTN I BP w/ % of Total Screened	7	8.9	12	15.8	-6.9		7	9.5	-0.6
C. # w/Pre HTN II BP w/ % of Total Screened	20	25.3	15	19.7	+5.6		17	23.0	+2.3
D. # w/Stage 1 HTN BP w/ % of Total Screened	29	36.7	35	46.1	-9.3		35	47.3	-10.6
E. # w/Stage 2 HTN BP w/ % of Total Screened	8	10.1	10	13.2	-3.0		12	16.2	-6.1

Figure 2-83: Sample Report, Controlling High Blood Pressure

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Controlling High Blood Pressure: List of patients with hypertension and BP
value, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,STELLA LYNN    000001 COMMUNITY #1   F  46
HTN PT                       156/82 STG 1 HTN
PATIENT2,TARA           000002 COMMUNITY #1   F  51
HTN PT                       201/87 STG 2 HTN
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52
HTN PT                       3074F/
PATIENT4,DARLENE        000004 COMMUNITY #1   F  54
HTN PT                       139/73 PRE HTN 2
PATIENT5,NADINE         000005 COMMUNITY #1   F  61
HTN PT                       159/86 STG 1 HTN
```

Figure 2-84: Sample Patient List, Controlling High Blood Pressure

2.8.10 Controlling High Blood Pressure (Million Hearts)

Denominator

User Population patients ages 18 through 85 diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy (Million Hearts (NQF 0018)).

Numerators

Patients with BP less than (<) 140/90, i.e., the systolic value is less than 140 AND the diastolic value is less than 90 (Million Hearts (NQF 0018)).

Logic Description

Age of the patient is calculated at the end of the Report Period.

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology)..

CRS uses the last Blood Pressure documented during the Report Period.

Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit.

CRS uses the following codes to define ESRD and hypertension.

Subject Defined	CPT Codes	ICD and Other Codes
ESRD	36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327 (old codes), G0392 (old code), G0393 (old code), or S9339	**V POV**: 585.6, V42.0, V45.1, (old code), V45.11, V45.12, or V56.* **V Procedure**: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*
Hypertension		**V POV or Problem List ever through the first 6 months of the Report Period, and at least one hypertension POV during Report Period**: 401.*

Subject Defined	CPT Codes	ICD and Other Codes
Pregnancy		**At least two visits during the Report Period with POV or Problem diagnosis:** 640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 – V23.9, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09, where the primary provider is not a CHR (Provider code 53).

Subject Defined	CPT Codes	ICD and Other Codes
Miscarriage	59812, 59820, 59821, 59830	**V POV:** 630, 631, 632, 633*, 634*
Abortion	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**V POV:** 635*, 636* 637* **V Procedure**: 69.01, 69.51, 74.91, 96.49.

Key Logic Changes from CRS Version 12.1

New Topic.

Patient List Description

List of patients with hypertension and BP value, if any.

Measure Source

Not Available

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                     Report Period: Jan 01, 2013 to Dec 31, 2013
                  Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Controlling High Blood Pressure - Million Hearts


                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop Pts 18-85
w/HRN dx (Million
Hearts)                  144            123                    100

# w/ BP <140/90
 (Million Hearts)         45  31.3       54  43.9    -12.7      42  42.0    -10.8
```

Figure 2-85: Sample Report, Controlling High Blood Pressure (Million Hearts)

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Controlling High Blood Pressure - Million Hearts: List of patients with
hypertension and BP value, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
```

```
------------------------------------------------------------------------------
PATIENT1,STELLA LYNN    000001 COMMUNITY #1   F  46
HTN PT                        156/82
PATIENT2,TARA           000002 COMMUNITY #1   F  51
HTN PT                        201/87
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52
HTN PT                        3074F/
PATIENT4,DARLENE        000004 COMMUNITY #1   F  54
HTN PT                        139/73
PATIENT5,NADINE         000005 COMMUNITY #1   F  61
HTN PT                        159/86
```

Figure 2-86: Sample Patient List, Controlling High Blood Pressure (Million Hearts)

2.8.11 Comprehensive CVD-Related Assessment

GPRA Measure Description

During FY 2013, achieve the tentative target rate of 32.3% for the proportion of at-risk patients who have a comprehensive assessment.

Denominators

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. (GPRAMA Denominator)

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

Numerators

BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.

LDL Assessed: Patients with LDL completed during the Report Period, regardless of result.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.

BMI Available: Patients for whom a BMI could be calculated.

Note: This numerator does *not* include refusals.

Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the Report Period.

Patients with *comprehensive CVD assessment*, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling. (GPRAMA Numerator)

> **Note**: This does *not* include depression screening and *does not include refusals of BMI*.

Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period.

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

Logic Description

Age of the patient is calculated at beginning of the Report Period.

Diabetes defined as: 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.

CRS uses the following codes and taxonomies to define the denominators.

Subject Defined	ICD and Other Codes
Coronary Heart Disease	*Any of the following:* **1) V POV:** 410.0–413.*, 414.0–414.9, 429.2 **2)** One or more CABG or PCI procedures
CABG	**V POV:** V45.81 **V CPT:** 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209 **V Procedure:** 36.1* or 36.2*
PCI	**V POV:** V45.82 **V CPT:** 92980, 92982, 92995, G0290 **V Procedure:** 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07

Blood pressure definition: 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: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

LDL definition: Finds the most recent test done in the last five years, regardless of the results of the measurement.

BMI definition: CRS calculates when 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.

CRS uses the following codes and taxonomies to define the numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL - Finds the most recent test done in the last 5 years, regardless of the results of the measurement.	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening	D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code)	**Any health factor for category Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP), or TOBACCO (EXPOSURE) (see table on next page)** **V POV or current Active Problem List**: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 **Patient education codes**: containing “TO-”, “-TO”, “-SHS”, 305.1, 305.1* (old codes), 649.00-649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455- G8457 (old codes), G8402 (old code) or G8453 (old code) **Dental code**: 1320		
Medical Nutrition Therapy	97802-97804, G0270, G0271	**Primary or secondary provider codes**: 07, 29 **Clinic codes**: 67 (dietary) or 36 (WIC)		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Nutrition Education		**V POV**: V65.3 dietary surveillance and counseling **Patient education codes**: ending “-N” (nutrition) or “-MNT” (medical nutrition therapy) (or old code “-DT” (diet)) or containing V65.3; or Patient Goal with Goal Type of "Nutrition" and Goal Status of "Goal Set", "Goal Met", "Maintaining Goal", or "No Change" during the Report Period		
Exercise Education		**V POV**: V65.41 exercise counseling **Patient education codes**: ending “-EX” (exercise) or containing V65.41; or Patient Goal with Goal Type of "Physical Activity" and Goal Status of "Goal Set", "Goal Met", "Maintaining Goal", or "No Change" during the Report Period		
Related Exercise and Nutrition Education		**Patient education codes**: ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity) or 278.00 or 278.01.		
Depression Screening		**V Exam**: Exam Code 36 **V POV:** V79.0 **CPT:** 1220F **BHS Problem Code**: 14.1 (Screening for Depression) **V Measurement in PCC or BH**: PHQ2 or PHQ9		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Mood Disorders		**At least 2 visits in PCC or BHS 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 (see codes below). **V POV**: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15		
Suicide Ideation		**V POV:** V62.84 **BHS POV:** 39		

All existing national Tobacco Health Factors listed below are counted as tobacco screening.

Health Factor
Ceremonial
Cessation-Smokeless
Cessation-Smoker
Current Smokeless
Current Smoker
Current Smoker, status unknown
Current smoker, every day
Current smoker, some day
Non-Tobacco User
Previous Smokeless
Previous (Former) Smokeless
Previous Smoker
Previous (Former) Smoker
Smoke Free Home
Smoker In Home
Current Smoker & Smokeless
Exposure To Environmental Tobacco Smoke

Key Logic Changes from CRS Version 12.1

1. Replaced IHD measures with GPRA Developmental CHD measures
2. Added logic to look for new Patient Goal topics in lifestyle education definition.
3. Updated GPRA denominator and numerator to GPRAMA.
4. Removed codes 43396-1, 11054-4, 13459-3, 14155-6, 16615-7, 16616-5, 43394-6, 44711-0, 44915-7, 50193-2, 53133-5, 56036-7 from LDL LOINC taxonomy.
5. Added code 69419-0 to LDL LOINC taxonomy.

Patient List Description

List of patients with assessments received, if any.

Measure Source

Not Available

Measure Past Performance Long-Term Targets

Performance	Percent
IHS FY 2012 Performance (Comprehensive CVD Assessment)	37.5%
IHS FY 2011 Performance (Comprehensive CVD Assessment)	32.2%
Former definitions:	
IHS FY 2012 Performance (Comprehensive CVD Assessment)	45.4%
IHS FY 2011 Performance (Comprehensive CVD Assessment)	39.8%
IHS FY 2010 Performance (Comprehensive CVD Assessment)	35.0%
IHS FY 2009 Performance (Comprehensive CVD Assessment)	32.0%
IHS FY 2008 Performance (Comprehensive CVD Assessment)	30.0%
IHS FY 2007 Performance (Comprehensive CVD Assessment)	30.0%
IHS FY 2011 Performance (BP Assessed)	97.2%
IHS FY 2010 Performance (BP Assessed)	98.0%
IHS FY 2009 Performance (BP Assessed)	97.0%
IHS FY 2008 Performance (BP Assessed)	98.0%
IHS FY 2011 Performance (LDL Assessed)	92.9%
IHS FY 2010 Performance (LDL Assessed)	92.0%
IHS FY 2009 Performance (LDL Assessed)	91.0%
IHS FY 2008 Performance (LDL Assessed)	90.0%
IHS FY 2011 Performance (Tobacco Assessed)	84.2%
IHS FY 2010 Performance (Tobacco Assessed)	84.0%
IHS FY 2009 Performance (Tobacco Assessed)	83.0%
IHS FY 2008 Performance (Tobacco Assessed)	79.0%
IHS FY 2011 Performance (BMI Assessed)	97.2%

Performance	Percent
IHS FY 2010 Performance (BMI Assessed)	98.0%
IHS FY 2008 Performance (BMI Assessed or Refused)	85.0%
IHS FY 2011 Performance (Lifestyle Counseling)	45.3%
IHS FY 2010 Performance (Lifestyle Counseling)	41.0%
IHS FY 2009 Performance (Lifestyle Counseling)	39.0%
IHS FY 2008 Performance (Lifestyle Counseling)	38.0%
IHS FY 2011 Performance (Depression Screen)	75.7%
IHS FY 2010 Performance (Depression Screen)	72.0%
IHS FY 2009 Performance (Depression Screen)	62.0%
IHS FY 2008 Performance (Depression Screen)	53.0%

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*** IHS 2013 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2013 to Dec 31, 2013
Previous Year Period: Jan 01, 2012 to Dec 31, 2012
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Comprehensive CVD-Related Assessment

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active CHD Pts 22+ (GPRAMA)	73		40			31		
# w/ BPs documented w/in 2 yrs	54	74.0	38	95.0	-21.0	31	100.0	-26.0
# w/ LDL done	49	67.1	25	62.5	+4.6	14	45.2	+22.0
# w/Tobacco Screening w/in 1 yr	57	78.1	32	80.0	-1.9	23	74.2	+3.9
# w/BMI calculated -No Refusals	58	79.5	38	95.0	-15.5	31	100.0	-20.5
# w/ lifestyle educ w/in 1 yr	40	54.8	21	52.5	+2.3	20	64.5	-9.7
# w/ BP, LDL, tobacco, BMI and life counseling-No Refusals or Dep (GRPAMA)	19	26.0	15	37.5	-11.5	6	19.4	+6.7
# w/ Depression screening, or mood disorder or suicide ideation DX-No Refusals	22	30.1	3	7.5	+22.6	1	3.2	+26.9
A. Active CHD Pts 22+ and are NOT Active Diabetic	40		19			13		
# w/ BPs documented w/in 2 yrs	25	62.5	18	94.7	-32.2	13	100.0	-37.5
# w/LDL done	22	55.0	13	68.4	-13.4	8	61.5	-6.5
# w/Tobacco Screening w/in 1 yr	27	67.5	13	68.4	-0.9	10	76.9	-9.4

```
# w/BMI calculated
 -No Refusals            29  72.5       18  94.7    -22.2      13 100.0    -27.5
# w/ lifestyle
 educ w/in 1 yr          21  52.5        7  36.8    +15.7       5  38.5    +14.0
# w/ BP, LDL, tobacco, BMI and
 life counseling-No Refusals or Dep
 Screen (GPRA Dev.)       9  22.5        6  31.6     -9.1       2  15.4     +7.1
# w/ Depression screening, or mood
 disorder or suicide ideation
 DX-No Refusals          14  35.0        1   5.3    +29.7       1   7.7    +27.3
```

Figure 2-87: Sample Report, Comprehensive CVD-Related Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Comprehensive CVD-Related Assessment: List of patients with assessments
received, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CAITLYN        000001 COMMUNITY #1   F  22
IHD                          ALL: BP: 131/67 PRE STG 1;  LDL: 06/08/13;  TOB:
07/25/13 NEVER SMOKED;  BMI: 25.4;  LIFE: 08/15/13 UTI-N SN;  DEP: 05/03/13 Meas
PHQ9
PATIENT2,CARLA          000002 COMMUNITY #1   F  40
IHD                          BP: 112/66 NORMAL; TOB: 08/26/13 NEVER SMOKED;  BMI:
33.7
PATIENT3,JENNY          000003 COMMUNITY #1   F  47
IHD                          BP: 3074F/;  TOB: 11/01/13 D1320;  BMI: 39.5;  LIFE:
03/03/13 Prv 97;  DEP: 11/01/13 CPT 1220F
PATIENT4,SHERRY         000004 COMMUNITY #1   F  68
IHD,AD                       ALL: BP: 150/82 STG 1 HTN;  LDL: 09/13/13;  TOB:
12/30/13 NEVER SMOKED;  BMI: 26.8;  LIFE: 10/19/13 PM-LA
PATIENT5,PAULINE        000005 COMMUNITY #1   F  70
IHD,AD                       BP: 149/72 STG 1 HTN; LDL: 10/24/13;  TOB: 10/24/13
CURRENT SMOKER, STATUS UNKNOWN;  BMI: 37.5
PATIENT6,TINA MARIE     000006 COMMUNITY #1   F  78
IHD,AD                       BP: 3077F/;  TOB: 01/27/13 G8402;  BMI: 43.4;  DEP:
09/11/13 Meas PHQ2
```

Figure 2-88: Sample Patient List: Comprehensive CVD-Related Assessment

2.8.12 Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients aged 35 and older discharged for an AMI during the first 51 weeks of the Report Period and were not readmitted for any diagnosis within seven days of discharge. Broken down by gender.

Numerators

Patients with active prescription for or who have a contraindication/previous adverse reaction to *beta-blockers.*

Note: This numerator does *not* include refusals.

Patients with active prescription for or who have a contraindication/previous adverse reaction to *ASA (aspirin) or other anti-platelet agent.*

Note: This numerator does *not* include refusals.

Patients with active prescription for or who have a contraindication/ previous adverse reaction to *ACEIs/ARBs.*

Note: This numerator does *not* include refusals.

Patients with active prescription for or who have a contraindication/ previous adverse reaction to *statins.*

Note: This numerator does *not* include refusals.

Also included for the numerators above are sub-numerators:

a. Patients with active prescription for the specified medication

b. Patients with contraindication/previous adverse reaction to the specified medication

Patients with active prescriptions for *all post-AMI medications* (i.e., beta-blocker, ASA/anti-platelet, ACEI/ARB, and statin), and/or who have a contraindication/previous adverse reaction.

Note: This numerator does *not* include refusals.

Logic Description

Age is calculated at the beginning of the Report Period.

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

Denominator Exclusions

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

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

Numerator Logic

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

To be included in the numerators, a patient must meet one of the two conditions below:

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

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

> **Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

Beta-Blocker Numerator Logic

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

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Asthma		**POV:** 2 diagnoses of 493* on different visit dates
Hypotension		**POV:** 1 diagnosis of 458*
Heart Block greater than (>)1 Degree		**POV:** 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		**POV:** 1 diagnosis of 427.81
COPD		**POV:** 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 (old code) at least once during hospital stay through 7 days after discharge date	**Refusal:** NMI (not medically indicated) refusal for any beta-blocker at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to beta-blockers.

Adverse Drug Reaction/Allergy to Beta-Blcokers

ICD and Other Codes
POV: 995.0-995.3 AND E942.0
Entry in ART (Patient Allergies File): "beta block*"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "beta block*", "bblock*" or "b block*"

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge		**Site-Populated Drug Taxonomy**: BGP CMS WARFARIN MEDS
Hemorrhage		**POV**: 459.0
NMI Refusal	G8008 (old code) at least once during hospital stay through 7 days after discharge date	**Refusal**: NMI (not medically indicated) refusal for any aspirin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ASA/other anti-platelets.

Adverse Drug Reaction/Allergy to ASA/Other Anti-Platelets

ICD and Other Codes
POV: 995.0-995.3 AND E935.3
Entry in ART (Patient Allergies File): "aspirin"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ASA" or "aspirin"

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).

Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil).

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		See below for definition
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any ACE inhibitor at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ACE inhibitors.

Adverse Drug Reaction/ Allergy to ACE Inhibitors

ICD and Other Codes
POV: 995.0-995.3 AND E942.6
Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Angiotensin II Inhibitors (Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.)

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

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI refusal for any ARB at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ARBs.

Adverse Drug Reaction/Allergy to ARBs

ICD and Other Codes
POV: 995.0-995.3 AND E942.6
Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Angiotensin Receptor Blocker" or "ARB"

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP PQA STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor, Altoprev, Mevacor), Pravastatin (Pravachol), Pitavastatin (Livalo), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		**POV:** 571.1 during the Report Period
NMI Refusal		**Refusal:** NMI refusal for any statin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to statins.

Adverse Drug Reaction/Allergy to Statins

ICD and Other Codes
Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST greater than (>) 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period
Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels greater than (>) 10x ULN or CK greater than (>) 10,000 IU/L during the Report Period
POV: Myopathy/Myalgia, defined as any of the following during the Report Period: 359.0-359.9, 729.1, 710.5, or 074.1
POV: 995.0-995.3 AND E942.9
Entry in ART (Patient Allergies File): “statin” or “statins”
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”

Subject Defined	ICD and CPT Codes
Pregnancy	**POV or Problem List:** At least two visits during the Report Period with 640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 – V23.9, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09, where the primary provider is not a CHR (Provider code 53), and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV. Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
Abortion	**CPTs:** 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267 **POVs:** 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
Miscarriage	**CPTs:** 59812, 59820, 59821, 59830 **POVs:** 630, 631, 632, 633*, or 634*

All Medications Numerator Logic

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

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerator and refusal logic.
2. Removed codes 16324-6, 16325-3, 1916-6, 48134-1 from ALT LOINC taxonomy.
3. Removed codes 16412-9, 1916-6, 2325-9, 54500-4, 48136-6, 16325-3 from AST LOINC taxonomy.
4. Removed codes 12187-1, 12189-7, 13969-1, 15048-2, 15049-0, 20569-0, 2152-7, 2154-3, 2155-0, 2158-4, 32673-6, 33547-1, 38482-6, 49129-0, 49136-5, 49551-5, 50757-4, 9642-0, 9643-8 from Creatine Kinase LOINC taxonomy.

Patient List Description

List of patients with AMI, with appropriate medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

Measure Past Performance and Long-Term Targets

None

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DU                            November 25, 2012                       Page 216
       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                    Report Period: Jan 01, 2013 to Dec 31, 2013
                 Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Appropriate Medication Therapy after a Heart Attack

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 35+
hospitalized for AMI     71             0                      0

# w/beta-blocker
 Rx/contra/ADR
 -No Refusals            27  38.0       0   0.0    +38.0       0   0.0    +38.0
A. # w/beta-blocker
 Rx w/ % of Total         5  18.5       0   0.0    +18.5       0   0.0    +18.5
B. # w/contra/ADR
 w/ % of Total           22  81.5       0   0.0    +81.5       0   0.0    +81.5

# w/ASA Rx/contra/ADR
 -No Refusals             9  12.7       0   0.0    +12.7       0   0.0    +12.7
A. # w/ASA
```

```
 Rx w/% of Total          3  33.3        0   0.0    +33.3       0   0.0    +33.3
B. # w/contra/ADR
 w/ % of Total            6  66.7        0   0.0    +66.7       0   0.0    +66.7

# w/ACEI/ARB
 Rx/contra/ADR
 -No Refusals            19  26.8        0   0.0    +26.8       0   0.0    +26.8
A. # w/ACEI/ARB
 Rx w/% of Total          4  21.1        0   0.0    +21.1       0   0.0    +21.1
B. # w/contra/ADR
 w/ % of Total           15  78.9        0   0.0    +78.9       0   0.0    +78.9

# w/statin
 Rx/contra/ADR
 -No Refusals            17  23.9        0   0.0    +23.9       0   0.0    +23.9
A. # w/statin
 Rx w/% of Total          5  29.4        0   0.0    +29.4       0   0.0    +29.4
B. # w/contra/ADR
 w/ % of Total           12  70.6        0   0.0    +70.6       0   0.0    +70.6

# w/Rx/contra/ADR of ALL
 meds-No Refusals         4   5.6        0   0.0     +5.6       0   0.0     +5.6
```

Figure 2-89: Sample Report, Appropriate Medication Therapy after a Heart Attack

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Appropriate Medication Therapy after a Heart Attack: List of patients with AMI,
with appropriate medication therapy, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CECELIA        000001 COMMUNITY #1   F  37
AC                           BETA: 06/30/13 Contra 2/3 heart block POV 426.3
PATIENT2,KATHLEEN       000002 COMMUNITY #1   F  38
AC                           ACEI/ARB: Contra pregnant; STATIN: Contra pregnant
PATIENT3,KIMBERLY A     000003 COMMUNITY #1   F  49
AC                           ASA: 12/16/12 CLOPIDOGREL BISULFATE 75MG TAB;
ACEI/ARB: 01/14/13 Contra BF-HC; STATIN: 01/14/13 Contra BF-HC
PATIENT4,TIMOTHY JOHN   000004 COMMUNITY #1   M  57
AC                           ACEI/ARB: 06/01/13 Contra NMI CAPTOPRIL 25MG TABS
PATIENT5,FELIPE         000005 COMMUNITY #1   M  57
AC
PATIENT6,JAMES DALTON   000006 COMMUNITY #1   M  77
AC                           ALL MEDS:  BETA: 07/23/13 Contra CPT G8011; ASA:
07/23/13 Contra CPT G8008; ACEI/ARB: 07/27/11 Contra POV 396.0; STATIN: 06/05/13
SIMVASTATIN 40MG TAB
```

Figure 2-90: Sample Patient List: Appropriate Medication Therapy after a Heart Attack

2.8.13 Persistence of Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report Period through the first six months of the Report Period. Broken down by gender.

Numerators

Patients with a *135-day course of treatment with beta-blockers*, or who have a contraindication/previous adverse reaction to beta-blocker therapy.

Note: This numerator does *not* include refusals.

Patients with a *135-day course of treatment with ASA (aspirin) or other anti-platelet agent* or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.

Note: This numerator does *not* include refusals.

Patients with a *135-day course of treatment with ACEIs/ARBs* or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.

Note: This numerator does *not* include refusals.

Patients with a *135-day course of treatment with statins* or who have a contraindication/previous adverse reaction to statin therapy.

Note: This numerator does *not* include refusals.

Also included for the numerators above are sub-numerators:

a. Patients with active prescription for the specified medication

b. Patients with contraindication/previous adverse reaction to the specified medication

Patients with a *135-day course of treatment for all post-AMI medications* (i.e., beta-blocker, ASA/anti-platelet, ACEI/ARB, *and* statin) following first discharge date or visit date, including previous active prescriptions; and/or who have a contraindication/previous adverse reaction.

Note: This numerator does *not* include refusals.

Logic Description

Age is calculated at the beginning of the Report Period.

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

Denominator Exclusions

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

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

Numerator Logic

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

To be included in the numerators, a patient must meet one of the two conditions below.

1. A total days' supply greater than or equal to (>=) 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Medications must not have a comment of RETURNED TO STOCK. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; *or*

2. Have a contraindication/previous adverse reaction to the indicated medication.

3. Contraindications/previous ADR/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a contraindication/ADR/allergy will be counted in sub-numerator B.

> **Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

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

- Admission Date: 2/1/2013, Discharge Date: 2/15/2013
- Must have 135 days prescribed by 8/13/2013 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2013
- # Days Prescribed: 60 (treats patient through 3/15/2013)
- Discharge Date minus Rx Date: 2/15/2013 through 1/15/2013 = 31, 60 is greater than or equal to (>=) 31, prescription is considered Prior Active Rx
- 3/15/2013 is between 2/15 and 8/13/2013, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:
- (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2013-1/15/2013) = 60-31 = 29
- Rx #2: 4/1/2013, # Days Prescribed: 90
- Rx #3: 7/10/2013, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2013: 29+90+90=209

Beta-Blocker Numerator Logic

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

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		**POV:** 2 diagnoses of 493* on different visit dates
Hypotension		**POV:** 1 diagnosis of 458*
Heart Block >1 Degree		**POV:** 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		**POV:** 1 diagnosis of 427.81
COPD		**POV:** 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 (old code) at least once during the period admission/visit date through the 180 days after discharge/visit date	**Refusal:** NMI refusal for any beta-blocker at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documented allergies to beta-blockers.

Adverse Drug Reaction/Allergy to Beta-Blockers

ICD and Other Codes
POV: 995.0-995.3 AND E942.0
Entry in ART (Patient Allergies File): "beta block*"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "beta block*", "bblock*" or "b block*"

ASA (Aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Active prescription for Warfarin/Coumadin during the period admission/visit date through the 180 days after discharge/visit date		**Site-Populated Drug Taxonomy:** BGP CMS WARFARIN MEDS
Hemorrhage		**POV:** 459.0
NMI Refusal	G8008 (old code) at least once during the period admission/visit date through the 180 days after discharge/visit date	**Refusal:** NMI (not medically indicated) refusal for any aspirin/other anti-platelet at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documented allergies to ASA/other anti-platelets.

Adverse Drug Reaction/Allergy to ASA/Other Anti-Platelets

ICD and Other Codes
POV: 995.0-995.3 AND E935.3
Entry in ART (Patient Allergies File): "aspirin"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ASA" or "aspirin"

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).

Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil).

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		**POV:** V24.1 during the period admission/visit date through the 180 days after discharge/visit date **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI refusal for any ACE inhibitor at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documented allergies to ACE inhibitors.

Adverse Drug Reaction/Allergy to ACE Inhibitors

ICD and Other Codes
POV: 995.0-995.3 AND E942.6
Entry in ART (Patient Allergies File): "ace inhibitor" or "ACEI"
Contained within or Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ace i*" or "ACEI"

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications are: Angiotensin II Inhibitors (Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.).

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

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		**POV:** V24.1 during the period admission/visit date through the 180 days after discharge/visit date **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI refusal for any ARB at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documented allergies to ARBs.

Adverse Drug Reaction/Allergy to ARBs

ICD and Other Codes
POV: 995.0-995.3 AND E942.6
Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Angiotensin Receptor Blocker" or "ARB"

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP PQA STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor, Altoprev, Mevacor), Pravastatin (Pravachol), Pitavastatin (Livalo), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition

Contraindication to Statins (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Breastfeeding		**POV:** V24.1 during the period admission/visit date through the 180 days after discharge/visit date **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date
Acute Alcoholic Hepatitis		**POV:** 571.1 during the period admission/visit date through the 180 days after discharge/visit date
NMI Refusal		**Refusal:** NMI refusal for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documented allergies to statins.

Adverse Drug Reaction/Allergy to Statins

ICD and Other Codes
Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST greater than (>) 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the period admission/visit date through the 180 days after discharge/visit date
Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels greater than (>) 10x ULN or CK greater than (>) 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date
POV: Myopathy/Myalgia, defined as any of the following during the period admission/visit date through the 180 days after discharge/visit date: 359.0–359.9, 729.1, 710.5, or 074.1
POV: 995.0–995.3 AND E942.9
Entry in ART (Patient Allergies File): “statin” or “statins”
Entry in Problem List or in Provider Narrative for any POV 995.0–995.3 or V14.8: “Statin” or “Statins”

Subject Defined	ICD and CPT Codes
Pregnancy	**POV or Problem List:** At least two visits during the Report Period with 640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 – V23.9, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09, where the primary provider is not a CHR (Provider code 53), and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV. Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
Abortion	**CPTs:** 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267 **POVs:** 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
Miscarriage	**CPTs:** 59812, 59820, 59821, 59830 **POVs:** 630, 631, 632, 633*, or 634*

All Medications Numerator Logic

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

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerator and refusal logic.
2. Removed codes 16324-6, 16325-3, 1916-6, 48134-1 from ALT LOINC taxonomy.
3. Removed codes 16412-9, 1916-6, 2325-9, 54500-4, 48136-6, 16325-3 from AST LOINC taxonomy.
4. Removed codes 12187-1, 12189-7, 13969-1, 15048-2, 15049-0, 20569-0, 2152-7, 2154-3, 2155-0, 2158-4, 32673-6, 33547-1, 38482-6, 49129-0, 49136-5, 49551-5, 50757-4, 9642-0, 9643-8 from Creatine Kinase LOINC taxonomy.

Patient List Description

List of patients with AMI, with persistent medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

Measure Past Performance and Long-Term Targets

None

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DU                            November 25, 2012                       Page 228
       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                    Report Period: Jan 01, 2013 to Dec 31, 2013
                 Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Persistence of Appropriate Medication Therapy after a Heart Attack

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 35+
w/ AMI DX                61             4                      4

# w/135-day beta-blocker
 Rx/contra/ADR
 -No Refusals            23  37.7       2  50.0    -12.3       3  75.0    -37.3
A. # w/135-day beta blocker
 Rx w/ % of Total         3  13.0       2 100.0    -87.0       2  66.7    -53.6
B. # w/contra/ADR
 w/ % of Total           20  87.0       0   0.0    +87.0       1  33.3    +53.6

# w/135-day ASA
 Rx/contra/ADR
 -No Refusals             5   8.2       0   0.0     +8.2       2  50.0    -41.8
```

```
A. # w/135-day ASA
 Rx w/% of Total          1  20.0        0   0.0    +20.0       2 100.0    -80.0
B. # w/contra/ADR
 w/ % of Total            4  80.0        0   0.0    +80.0       0   0.0    +80.0

# w/135-day ACEI/ARB
 Rx/contra/ADR
 -No Refusals            13  21.3        1  25.0     -3.7       1  25.0     -3.7
A. # w/135-day ACEI/ARB
 Rx w/% of Total          1   7.7        1 100.0    -92.3       1 100.0    -92.3
B. # w/contra/ADR
 w/ % of Total           12  92.3        0   0.0    +92.3       0   0.0    +92.3

# w/135-day statin
 Rx/contra/ADR
 -No Refusals             6   9.8        2  50.0    -40.2       2  50.0    -40.2
A. # w/135-day statin
 Rx w/% of Total          2  33.3        2 100.0    -66.7       2 100.0    -66.7
B. # w/contra/ADR
 w/ % of Total            4  66.7        0   0.0    +66.7       0   0.0    +66.7

# w/Rx/contra/ADR of ALL
 meds-No Refusals         2   3.3        0   0.0     +3.3       1  25.0    -21.7
```

Figure 2-91: Sample Report, Persistence of Appropriate Medication Therapy after a Heart Attack

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Persistence of Appropriate Medication Therapy after a Heart Attack: List of
patients with AMI, with persistent medication therapy, if any

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,RHONDA         000001 COMMUNITY #1   F  35
AC                           ALL MEDS: BETA: 03/07/11 03/13/11 Contra 2 POV asthma;
ASA: 05/23/13 Contra NMI ASPIRIN 325MG CAP; ACEI/ARB: 07/01/13 ADR Problem List
995.0 ACEI; STATIN: 07/01/13 ADR creat kinase of 5000
PATIENT2,KATHLEEN       000002 COMMUNITY #1   F  38
AC                           BETA: 06/02/13 ADR POV V14.8
PATIENT3,KIMBERLY A     000003 COMMUNITY #1   F  49
AC                           BETA: 03/01/13 Contra 2/3 heart block POV 426.12;
ACEI/ARB: 05/02/13 Contra pregnant; STATIN: 05/02/03 Contra pregnant
PATIENT4,TIMOTHY        000004 COMMUNITY #1   M  57
AC                           ACEI/ARB: 06/15/13 Contra POV V24.1; STATIN: 06/15/13
Contra POV V24.1
PATIENT5,JOSHUA         000005 COMMUNITY #1   M  63
AC                           ACEI/ARB: 02/03/13 Contra Aortic POV 395.0
```

Figure 2-92: Sample Patient List: Persistence of Appropriate Medication Therapy after a Heart Attack

2.8.14 Appropriate Medication Therapy in High Risk Patients

Denominators

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.

- *Active CHD patients* ages 22 and older who are not Active Diabetic.
- *Active CHD patients* ages 22 and older who are Active Diabetic

Numerators

Patients with a 180-day course of treatment with *beta-blockers* during the Report Period, or who have a contraindication/previous adverse reaction to beta-blocker therapy.

Note: This numerator does *not* include refusals.

Patients with a 180-day course of treatment with *ASA (aspirin) or other anti-platelet agent* during the Report Period, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.

Note: This numerator does *not* include refusals.

Patients with a 180-day course of treatment with *ACEIs/ARBs* during the Report Period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.

Note: This numerator does *not* include refusals.

Patients with a 180-day course of treatment with *statins* during the Report Period, or who have a contraindication/previous adverse reaction to statin therapy.

Note: This numerator does *not* include refusals.

Also included for the numerators above are sub-numerators:

a. Patients with active prescription for the specified medication

b. Patients with contraindication/previous adverse reaction to the specified medication

Patients with a 180-day course of treatment for *all medications* (i.e., beta-blocker, aspirin/anti-platelet, ACEI/ARB, *and* statin) during the Report Period, and/or who have a contraindication/previous adverse reaction.

Note: This numerator does *not* include refusals.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Coronary Heart Disease diagnosis defined as one of the following:

- 410.0 through 413.*, 414.0 through 414.9, or 429.2 recorded in the V POV file.
- CABG Procedure: V POV V45.81; V CPT: 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209; V Procedure: 36.1* or 36.2*.
- PCI Procedure: V POV: V45.82; V CPT: 92980, 92982, 92995, G0290; V Procedure: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07.

Diabetes defined as: 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.

Numerator Logic

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

To be included in the numerators, a patient must meet one of the two conditions below:

1. Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period. Medications must not have a comment of RETURNED TO STOCK; *or*

2. Have a contraindication/previous adverse reaction to the indicated medication

Contraindications/previous ADR/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a contraindication/ADR/ allergy will be counted in sub-numerator B.

For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e., prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

> **Note:** If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

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

- Report Period: 07/01/2012 through 06/30/2013
- Must have 180 days supply of indicated medication 6/30/2013 (end of Report Period)
- Prior Beta-Blocker Rx Date: 06/01/2012
- # Days Prescribed: 60 (treats patient through 07/31/2012)
- Report Period Start Date minus Rx Date: 07/01/2012-06/01/2012 = 30; 60 (#Days Prescribed) is greater than or equal to (>=) 30, prescription is considered Prior Active Rx
- 07/31/2012 is between the Report Period of 07/01/2012 and 06/30/2013, thus remainder of Prior Active Rx can be counted toward 180-days supply
- # Remaining Days Prescribed from Prior Active Rx:
- (# Days Prescribed-(Report Period Start Date-Prior Rx Date) = 60-(07/01/2012-06/01/2012) = 60-30 = 30
- Rx #2: 08/05/2012, # Days Prescribed: 90
- Rx #3: 11/10/2012, #Days Prescribed: 90
- Total Days Supply Prescribed between 07/01/2012 and 06/30/2013, including prior active prescription: 30+90+90=210

Beta-Blocker Numerator Logic

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

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		**POV**: 2 diagnoses of 493* on different visit dates
Hypotension		**POV**: 1 diagnosis of 458*
Heart Block >1 Degree		**POV**: 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		**POV**: 1 diagnosis of 427.81
COPD		**POV**: 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 (old code) at least once during the Report Period	**Refusal**: NMI refusal for any beta-blocker at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to beta-blockers.

Adverse Drug Reaction/Allergy to Beta-Blockers

ICD and Other Codes
POV: 995.0-995.3 AND E942.0
Entry in ART (Patient Allergies File): “beta block*”
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “beta block*”, “bblock*” or “b block*”

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
180-day course of treatment for Warfarin/Coumadin during the Report Period		**Site-Populated Drug Taxonomy**: BGP CMS WARFARIN MEDS
Hemorrhage		**POV**: 459.0
NMI Refusal	G8008 (old code) at least once during the Report Period	**Refusal**: NMI (not medically indicated) refusal for any aspirin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to ASA/other anti-platelets.

Adverse Drug Reaction/Allergy to ASA/Other Anti-Platelets

ICD and Other Codes
POV: 995.0-995.3 AND E935.3
Entry in ART (Patient Allergies File): "aspirin"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ASA" or "aspirin"

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril.)

Antihypertensive Combinations: (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil.)

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI refusal for any ACE inhibitor at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to ACE inhibitors.

Adverse Drug Reaction/Allergy to ACE Inhibitors

ICD and Other Codes
POV: 995.0-995.3 AND E942.6
Entry in ART (Patient Allergies File): "ace inhibitor" or "ACEI"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ace i*" or "ACEI"

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications are: Angiotensin II Inhibitors (Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.)

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

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any ARB at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to ARBs.

Adverse Drug Reaction/Allergy to ARBs

ICD and Other Codes
POV: 995.0-995.3 AND E942.6
Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Angiotensin Receptor Blocker" or "ARB"

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP PQA STATIN MEDS. Statin medications are: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor, Altoprev, Mevacor), Pravastatin (Pravachol), Pitavastatin (Livalo), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytori.

CRS uses the following codes to define contraindications to statins.

Contraindication to ACE Inhibitors (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		**POV**: V24.1 during the Report Period **Patient Education**: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		**POV**: 571.1 during the Report Period
NMI Refusal		**Refusal**: NMI refusal for any statin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to statins.

Adverse Drug Reaction/Allergy to Statins

ICD and Other Codes
Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST greater than (>) 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period
Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels greater than (>) 10x ULN or CK greater than (>) 10,000 IU/L during the Report Period
POV: Myopathy/Myalgia, defined as any of the following during the Report Period: 359.0-359.9, 729.1, 710.5, or 074.1
POV: 995.0-995.3 AND E942.9
Entry in ART (Patient Allergies File): “statin” or “statins”
Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”

Subject Defined	ICD and CPT Codes
Pregnancy	**POV or Problem List:** At least two visits during the Report Period with 640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 – V23.9, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09, where the primary provider is not a CHR (Provider code 53), and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV. Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
Abortion	**CPTs:** 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267 **POVs:** 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
Miscarriage	**CPTs:** 59812, 59820, 59821, 59830 **POVs:** 630, 631, 632, 633*, or 634*

All Medications Numerator Logic

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

Key Logic Changes from CRS Version 12.1

1. Replaced IHD definition with CHD definition.
2. Removed refusal numerator and refusal logic.
3. Removed codes 16324-6, 16325-3, 1916-6, 48134-1 from ALT LOINC taxonomy.
4. Removed codes 16412-9, 1916-6, 2325-9, 54500-4, 48136-6, 16325-3 from AST LOINC taxonomy.
5. Removed codes 12187-1, 12189-7, 13969-1, 15048-2, 15049-0, 20569-0, 2152-7, 2154-3, 2155-0, 2158-4, 32673-6, 33547-1, 38482-6, 49129-0, 49136-5, 49551-5, 50757-4, 9642-0, 9643-8 from Creatine Kinase LOINC taxonomy.
6. Updated patient list.

Patient List Description

List of CHD patients 22 plus (+) with 180-day medication therapy during the Report Period, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines

Measure Past Performance and Long-Term Targets

None

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Appropriate Medication Therapy in High Risk Patients

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active CHD pts 22+       59             38                     30

# w/180 day beta-blocker
 Rx/contra/ADR
 -No Refusals            32  54.2       22  57.9     -3.7      14  46.7     +7.6
A. # w/180 day beta-blocker
 Rx w/% of Total         18  56.3       14  63.6     -7.4      11  78.6    -22.3
B: # w/contra/ADR
 w/ % of Total           14  43.8        8  36.4     +7.4       3  21.4    +22.3
```

# w/180 day ASA Rx/contra/ADR -No Refusals	22	37.3	21	55.3	-18.0	23	76.7	-39.4
A. # w/180 day ASA Rx w/% of Total	17	77.3	18	85.7	-8.4	18	78.3	-1.0
B. # w/contra/ADR w/ % of Total	5	22.7	3	14.3	+8.4	5	21.7	+1.0
# w/180 day ACEI/ARB Rx/contra/ADR -No Refusals	29	49.2	15	39.5	+9.7	18	60.0	-10.8
A. # w/180 day ACEI/ARB Rx w/% of Total	26	89.7	14	93.3	-3.7	17	94.4	-4.8
B. # w/contra/ADR w/ % of Total	3	10.3	1	6.7	+3.7	1	5.6	+4.8
# w/180 day statin Rx/contra/ADR -No Refusals	30	50.8	22	57.9	-7.0	14	46.7	+4.2
A. # w/180 day statin Rx w/% of Total	26	86.7	20	90.9	-4.2	14	100.0	-13.3
B. # w/contra/ADR w/ % of Total	4	13.3	2	9.1	+4.2	0	0.0	+13.3
# w/180 day Rx/contra/ADR/ of ALL meds -No Refusals	16	27.1	8	21.1	+6.1	6	20.0	+7.1

Figure 2-93: Sample Report, Appropriate Medication Therapy in High Risk Patients

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Appropriate Medication Therapy in High Risk Patients: List of CHD patients 22+
with 180-day medication therapy during the Report Period, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CAITLYN        000001 COMMUNITY #1   F  22
CHD
PATIENT2,CARLA          000002 COMMUNITY #1   F  40
CHD
PATIENT3,GENEVA         000003 COMMUNITY #1   F  47
JACKSON,SHERRY LADAWN   100939 BRAGGS         F  68
CHD,AD                       ACEI/ARB: (268 TOTAL DAYS); STATIN: (319 TOTAL DAYS)
PATIENT4,SHERRY LISA    000004 COMMUNITY #1   F  68
CHD                          BETA: 09/12/13 Contra hypotension POV 458.9; ASA:
aspirin Contra total days WARFARIN: 372; STATIN: (328 TOTAL DAYS)
PATIENT5,PAULINE        000005 COMMUNITY #1   F  70
CHD,AD                       ALL MEDS;  BETA: (305 TOTAL DAYS); ASA: (291 TOTAL
DAYS); ACEI/ARB: (405 TOTAL DAYS); STATIN: (305 TOTAL DAYS)
```

Figure 2-94: Sample Patient List: Appropriate Medication Therapy in High Risk Patients

2.8.15 Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

Denominator

Number of visits for *User Population patients* ages 18 and older who were hospitalized during the Report Period with ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation.

Numerators

Number of visits where patients received a prescription for anticoagulant at discharge

Number of visits where patients did not receive anticoagulation therapy

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

CRS uses the following codes to define ischemic stroke or transient ischemic attack with atrial fibrillation.

Subject Defined	ICD and Other Codes
Ischemic Stroke or TIA with Atrial Fibrillation (Non-CHS inpatient visit - Type not equal to C and Service Category=H) The patient must be admitted to the hospital during the report period with a condition described here but the discharge may occur after the report period.	**V POV:** 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, or 435.9 AND 427.31 (atrial fibrillation)

Anticoagulant Therapy: Patient must meet one of the conditions below to be counted as receiving anticoagulant therapy. For all prescriptions, medications must not have a comment of RETURNED TO STOCK.

1. Active prescription for Warfarin, aspirin, or other anti-platelet as of discharge date. "Active" prescription defined as:

   Rx Days Supply greater than or equal to (>=) (Discharge Date - Prescription Date), where the prescription has not been discontinued as of the discharge date.

2. Prescription for Warfarin, aspirin, or other anti-platelet on discharge date.

   Warfarin Medication: Any medication in site-populated BGP CMS WARFARIN MEDS taxonomy.

Aspirin Medication: Any medication in site-populated DM AUDIT ASPIRIN DRUGS taxonomy.

Other Anti-Platelet/Anticoagulant Medication: Any medication in the site-populated BGP ANTI-PLATELET DRUGS taxonomy, any medication with VA Drug Class BL700.

No Anticoagulant Therapy: Patients who did not have an active prescription for anticoagulant therapy at time of discharge.

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerator and associated logic.
2. Removed refusals from "No Assessment" logic.

Patient List Description

List of patients with stroke/TIA and atrial fibrillation with anticoagulant therapy, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Stroke and Stroke Rehabilitation:  Anticoagulant Therapy Prescribed for Atrial
Fibrillation at Discharge

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Stroke/TIA w/ Atrial
Fib Visits for User
Pop Pts 18+              17             0                       0

# Visits w/
 Anticoagulant Rx         5  29.4        0   0.0    +29.4       0   0.0    +29.4
# Visits w/ No
 Anticoagulant
 Therapy                 12  70.6        0   0.0    +70.6       0   0.0    +70.6
```

Figure 2-95: Sample Report, Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial
Fibrillation at Discharge: List of patients with stroke/TIA and atrial
fibrillation with anticoagulant therapy, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SHERRY         000001 COMMUNITY #1   F  38
UP                           Visit: 1) 04/01/13 POV 433.81 + POV 427.31 THERAPY:
NOT MET: NO THERAPY
PATIENT2,CODY JACK      000002 COMMUNITY #1   M  31
UP                           Visit: 1) 05/01/13 POV 433.81 + POV 427.31 THERAPY:
05/01/13 MET: WARF; 2) 09/01/13 POV 433.21 + POV 427.31 THERAPY: NOT MET: NO
THERAPY; 3) 10/15/13 POV 434.01 + POV 427.31 THERAPY: 10/15/13 MET: ASA
PATIENT3,TIMOTHY ALLEN  000003 COMMUNITY #1   M  33
UP                           Visit: 1) 04/01/13 POV 433.21 + POV 427.31 THERAPY:
NOT MET: NO THERAPY
PATIENT4,TRACE          000004 COMMUNITY #1   M  37
UP                           Visit: 1) 06/01/13 POV 434.01 + POV 427.31 THERAPY:
NOT MET: NO THERAPY
```

Figure 2-96: Sample Patient List: Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

2.8.16 Cholesterol Management for Patients with Cardiovascular Conditions

Denominators

Active Clinical patients ages 18 to 75 who, during the first ten months of the year prior to the beginning of the Report Period, were diagnosed with AMI, coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) *or* who were diagnosed with IVD during the Report Period and the year prior to the Report Period. Broken down by gender.

User Population patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with AMI, coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) *or* who were diagnosed with IVD during the Report Period and the year prior to the Report Period. Broken down by gender.

Numerators

Patients with LDL completed during the Report Period, regardless of result.

a. Patients with LDL less than or equal to (<=)100, completed during the Report Period.

b. Patients with LDL 101 through 130, completed during the Report Period.

c. Patients with LDL greater than (>)130, completed during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Searches for most recent LDL test with a result during the Report Period. If more than one LDL test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an LDL test with a result is not found, CRS searches for the most recent LDL test without a result. For numerator LDL equal to or less than (=<)100, CPT 3048F will count as meeting the measure.

CRS uses the following codes to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
AMI		V POV: 410.*0, 410.*1		
PCI	92980, 92982, 92995, G0290	V Procedure: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), or 36.06-36.07		
CABG	33510-33514, 33516–33519, 33521–33523, 33533–33536, S2205-S2209	V POV: V45.81 V Procedure: 36.1*, 36.2		
IVD		V POV: 411.*, 413.*, 414.0*, 414.2, 414.8, 414.9, 429.2, 433.*-434.*, 440.1, 440.2*, 440.4, 444.*, or 445.*		
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX

Key Logic Changes from CRS Version 12.1

1. Removed codes 43396-1, 11054-4, 13459-3, 14155-6, 16615-7, 16616-5, 43394-6, 44711-0, 44915-7, 50193-2, 53133-5, 56036-7 from LDL LOINC taxonomy.

2. Added code 69419-0 to LDL LOINC taxonomy.

Patient List Description

List of patients with AMI, CABG, PCI, or IVD w/LDL value, if any.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

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-------------------------------------------------------------------------------

Cholesterol Management for Patients with Cardiovascular Conditions

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical pts 18-75
with DX of AMI, CABG,
PCI, or IVD              42             28                      18

# w/LDL done             38  90.5       21  75.0    +15.5       9  50.0    +40.5
A. # w/LDL <=100
 w/% of Total
 Screened                14  36.8       12  57.1    -20.3       3  33.3     +3.5
B. # w/LDL 101-130
 w/% of Total
 Screened                 5  13.2        3  14.3     -1.1       2  22.2     -9.1
C. # w/LDL >130
 w/% of Total
 Screened                 5  13.2        4  19.0     -5.9       4  44.4    -31.3

Male Active Clinical pts
18-75 with DX of AMI, CABG
PCI, or IVD              22             16                      10

# w/LDL done             20  90.9       11  68.8    +22.2       4  40.0    +50.9
A. # w/LDL <=100
 w/% of Total
 Screened                 5  25.0        4  36.4    -11.4       1  25.0     +0.0
B. # w/LDL 101-130
```

```
 w/% of Total
 Screened                 2  10.0        3  27.3    -17.3       1  25.0    -15.0
C. # w/LDL >130
 w/% of Total
 Screened                 4  20.0        2  18.2     +1.8       2  50.0    -30.0

Female Active Clinical pts
18-75 with DX of AMI, CABG
PCI, or IVD              20             12                     8

# w/LDL done             18  90.0       10  83.3     +6.7       5  62.5    +27.5
A. # w/LDL <=100
 w/% of Total
 Screened                 9  50.0        8  80.0    -30.0       2  40.0    +10.0
B. # w/LDL 101-130
 w/% of Total
 Screened                 3  16.7        0   0.0    +16.7       1  20.0     -3.3
C. # w/LDL >130
 w/% of Total
 Screened                 1   5.6        2  20.0    -14.4       2  40.0    -34.4
```

Figure 2-97: Sample Report, Cholesterol Management for Patients with Cardiovascular Conditions

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Cholesterol Management for Patients with Cardiovascular Conditions: List of
patients with AMI, CABG, PCI, or IVD w/LDL value, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SHERRY         000001 COMMUNITY #1   F  68
UP,AC                        07/15/13 LDL: CPT 3048F
PATIENT2,CODY JACK      000002 COMMUNITY #1   M  41
UP,AC
PATIENT3,TIMOTHY ALLEN  000003 COMMUNITY #1   M  43
UP,AC                        10/17/13 LDL: 136
PATIENT4,TRACE          000004 COMMUNITY #1   M  47
UP
PATIENT5,KENNETH        000005 COMMUNITY #1   M  60
UP,AC                        08/06/13 LDL: 108
```

Figure 2-98: Sample Patient List: Cholesterol Management for Patients with Cardiovascular Conditions

2.8.17 Heart Failure and Evaluation of LVS Function

Denominator

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

Numerators

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

Logic Description

Age of the patient is calculated as of the hospital admission date.

Denominator exclusions are defined as any of the following:

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

CRS uses the following codes to define the denominator and numerators.

Denominator Exclusions

Subject Defined	CPT Codes	ICD and Other Codes
Comfort Measures		**V POV**: V66.7 (Encounter for palliative care) documented during hospital stay
LVAD/Heart Transplant		**V Procedure**: 33.6, 37.41, 37.51–37.54, 37.61–37.66, 37.68 documented during hospital stay

Denominator Definition

Subject Defined	CPT Codes	ICD and Other Codes
Heart Failure		**V POV (Primary Diagnosis only)**: 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9, 429.1, or 997.1 *and* with Service Category H (hospitalization). **NOTE:** If a patient has multiple admissions matching these criteria during the Report Period, the earliest admission will be used.

Numerator Definition (Evaluation of LVS Function): Any of the codes listed below

Subject Defined	CPT Codes	ICD and Other Codes
Ejection Fraction (ordered or documented anytime one year prior to discharge date)	78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314–93318, 93350, 93543, 93555	**V Measurement**: "CEF" **V Procedure**: 88.53, 88.54
RCIS Order for Cardiovascular Disorders Referral (ordered during the hospital stay but no later than the hospital discharge date)		**ICD Diagnostic Category**: "Cardiovascular Disorders" **AND** one of the following: **CPT Categories**: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging"
Other Procedures (documented anytime one year prior to discharge date)		**Echocardiogram**: V Procedure 88.72, 37.28, 00.24; **Nuclear Medicine Test**: V Procedure 92.2*; **Cardiac Catheterization with a Left Ventriculogram**: V Procedure 37.22, 37.23, 88.53, 88.54

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of Active Clinical heart failure patients 18 plus (+) who received evaluation of LVS function, if any.

Measure Source

CMS HF-2

Measure Past Performance and Long-Term Targets

None

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--------------------------------------------------------------------------------

Heart Failure and Evaluation of LVS Function

                       REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                        PERIOD        PERIOD        PREV YR % PERIOD       BASE %
```

```
AC 18+ w/Heart
Failure Dx               44             2                      1

Patients w/Eval
 of LVS Function         14  31.8       0   0.0    +31.8       0   0.0    +31.8
```

Figure 2-99: Sample Report, Heart Failure and Evaluation of LVS Function

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Heart Failure and Evaluation of LVS Function: List of Active Clinical heart
failure patients 18+ who received evaluation of LVS function, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,JOAN            000164 COMMUNITY #1  F  36
AC                            Admission: 06/01/13 LVS: NOT DOCUMENTED
PATIENT2,SARAH           000127 COMMUNITY #1  F  35
AC                            Admission: 06/01/13 LVS: 06/03/13 Proc 88.72
PATIENT3,JOHN            000151 COMMUNITY #1  M  36
AC                            Admission: 05/01/13 LVS: 05/01/13 Meas CEF 40
PATIENT4,ROGER           000125 COMMUNITY #1  M  47
AC                            Admission: 06/01/13 LVS: NOT DOCUMENTED
PATIENT5,DANIEL          000129 COMMUNITY #1  M  57
AC                            Admission: 06/01/13 LVS: 06/01/13 CPT 78468
```

Figure 2-100: Sample Patient List: Heart Failure and Evaluation of LVS Function

2.9 STD-Related Measure Topics

2.9.1 HIV Screening

GPRA Measure Description

During FY 2013, achieve the tentative target rate of 82.3% for the proportion of pregnant patients who are screened for HIV.

Denominators

All *pregnant Active Clinical female User Population patients* with no documented miscarriage or abortion and with no recorded HIV diagnosis ever (GPRA Denominator).

User Population patients ages 13 through 64 with no recorded HIV diagnosis prior to the Report Period. (GPRA Developmental Denominator).

Numerators

Patients who were screened for HIV during the past 20 months.

> **Note**: This numerator does *not* include refusals. **(**GPRA Numerator**)**.

Patients with documented HIV screening refusal during the past 20 months.

Patients who were screened for HIV during the Report Period.

> **Note**: This numerator does *not* include refusals. (GPRA Developmental Numerator)

Patients with documented HIV screening refusal during the Report Period.

No denominator. This measure is a total count only, not a percentage. 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 include refusals. (GPRA Developmental Numerator)

Logic Description

Age of the patient is calculated at the beginning of the Report period.

Pregnancy definition: At least two visits during the past 20 months from the end of the Report Period, where the primary provider is not a CHR (Provider code 53). Pharmacy-only visits (Clinic Code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period. The time period is extended to include patients who were pregnant during the Report Period but whose initial diagnosis (and HIV test) were documented prior to Report Period.

HIV Screening definition: For the number of HIV screens provided to User Population patients numerator (count only), a maximum of one HIV screen per patient per day will be counted.

Notes: The time frame for both screening and refusals for the pregnant patients denominator is anytime during the past 20 months and for User Population patients 13–64 is anytime during the Report Period.

Refusals are allowed during the past 20 months for pregnant patients (vs. only during the Report Period) in the event the patient is at the end of her pregnancy at the beginning of the Report Period and refused the HIV test earlier in her pregnancy during the previous year

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pregnancy (at least 2 visits in past 20 months with 1 during the Report Period)		**V POV**: 640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 – V23.9, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Miscarriage (after second pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	**V POV**: 630, 631, 632, 633*, 634*		
Abortion (after second pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260–S2267	**V POV**: 635*, 636* 637* **V Procedure**: 69.01, 69.51, 74.91, 96.49.		
HIV Diagnosis (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, or 795.71		
HIV Screening	86689, 86701-86703, 87390, 87391, 87534–87539		Yes	BGP HIV TEST TAX
Refusal of HIV lab test in past 20 months				BGP HIV TEST TAX

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of pregnant patients or User Population patients with documented HIV test or refusal, if any.

Measure Source

HP 2020 HIV-14.3

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance	85.8%
IHS FY 2011 Performance	80.0%
IHS FY 2010 Performance	78.0%
IHS FY 2009 Performance	76.0%
IHS FY 2008 Performance	75.0%
IHS FY 2007 Performance	74.0%

Performance	Percent
IHS FY 2006 Performance	65.0%
IHS FY 2005 Performance	54.0%
HP 2020 Goal	*74.1%*

```
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HIV Screening

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Pregnant AC Pts w/ no
HIV ever (GPRA)           39             38                     32

# w/HIV screening
 -No Refusals
 (GPRA)                   15  38.5        6  15.8    +22.7       0   0.0    +38.5
# w/HIV screening
 refusal                   1   2.6        0   0.0     +2.6       0   0.0     +2.6

User Pop Pts 13-64
w/ no HIV
(GPRA Dev.)           2,024          1,663                  1,519

# w/HIV screening
 -No Refusals
 (GPRA Dev.)              46   2.3       21   1.3     +1.0       0   0.0     +2.3
# w/HIV screening
 refusal                   4   0.2        0   0.0     +0.2       0   0.0     +0.2

# HIV screens for User Pop Pts
 w/ no prior HIV-No Refusals
 (GPRA Dev.)              51             21         +30          0         +51
```

Figure 2-101: Sample Report, HIV Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

HIV Screening: List of pregnant patients or User Population patients with
documented HIV test or refusal, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,HELEN MARY     000001 COMMUNITY #1   F  12
UP                            03/31/13 Lab; Screen Count: 1
```

```
PATIENT2,CECELIA        000002 COMMUNITY #1   F  19
UP
PATIENT15,BRENDA G      000015 COMMUNITY #2   F  30
UP                           03/14/13 CPT 87534; 02/14/13 CPT 86689; Screen Count:
2
PATIENT16,ALYSHA        000016 COMMUNITY #2   F  33
UP,AC PREG                   08/25/13 Lab; Screen Count: 1
```

Figure 2-102: Sample Patient List, HIV Screening

2.9.2 HIV Quality of Care

Denominator

All *User Population patients* ages 13 and older with at least two direct care visits (i.e., not Contract/CHS) with HIV diagnosis during the Report Period, including one HIV diagnosis in last six months.

Numerators

Patients who received CD4 test only (without HIV viral load) during the Report Period

Patients who received HIV viral load only (without CD4) during the Report Period

Patients who received both CD4 and HIV viral load during the Report Period

Total patients receiving any test

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV		042, 042.0-044.9 (old codes), 079.53, V08, 795.71		
CD4	86359, 86360 86361		Yes	BGP CD4 TAX
HIV Viral Load	87536, 87539		Yes	BGP HIV VIRAL LOAD TAX

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients 13 and older diagnosed with HIV, with CD4 test, if any.

Measure Source

HP 2010 developmental measure 13–13a Viral Load Testing

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS 2020 goal for viral load testing	*Nearly 100%*
IHS 2020 baseline for CD4 testing	*Nearly 100%*

```
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HIV Quality of Care

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop Pts >13 w/
HIV Dx                     6             1                       2

# w/CD4 only               1  16.7       0   0.0    +16.7       0   0.0    +16.7
# w/viral load
 only                      1  16.7       0   0.0    +16.7       0   0.0    +16.7
# w/both                   1  16.7       1 100.0    -83.3       2 100.0    -83.3
TOTAL # w/
 any tests                 3  50.0       1 100.0    -50.0       2 100.0    -50.0
```

Figure 2-103: Sample Report HIV Quality of Care

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

HIV Quality of Care: List of patients 13 and older diagnosed with HIV, with CD4
test, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,MARY           000001 COMMUNITY #1   F  19
UP                            CD4: 02/01/13 86359
PATIENT2,TANYA          000002 COMMUNITY #1   F  37
UP
PATIENT15,JOHN          000015 COMMUNITY #2   M  18
UP                            Viral Load: 05/01/13 87539
PATIENT16,HAROLD        000016 COMMUNITY #2   M  20
```

```
UP                              CD4: 03/01/13 86360; Viral Load: 03/01/13 87536
```

Figure 2-104: Sample Patient List, HIV Quality of Care

2.9.3 Hepatitis C Screening

Denominator

User Population patients born between 1945 and 1965 with no recorded Hep C diagnosis. Broken down by gender.

Numerators

Patients screened for Hepatitis C ever.

Logic Description

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hepatitis C diagnosis (documented any time prior to the end of the Report Period)		**V POV or Problem List**: 070.41, 070.44, 070.51, 070.54, 070.70-070.71		
Hepatitis C Screening	86803		Yes	BGP HEP C TEST TAX

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients with documented Hepatitis C screening ever, if any.

```
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Hepatitis C Screening


                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %
```

```
User Pop Pts w/
no Hep C                790            628                    551

# w/Hep C
 Screening               48   6.1       33   5.3     +0.8      22   4.0     +2.1

Male User Pop Pts
w/no Hep C              371            292                    253

# w/Hep C
 Screening               24   6.5       17   5.8     +0.6      11   4.3     +2.1

Female User Pop Pts
w/ no Hep C             419            336                    298

# w/Hep C
 screening               24   5.7       16   4.8     +1.0      11   3.7     +2.0
```

Figure 2-105: Sample Report Hepatitis C Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Hepatitis C Screening: List of patients with documented Hepatitis C
screening ever, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MARY           000001 COMMUNITY #1   F  50
UP                           08/17/01 Lab Test
PATIENT2,TANYA          000002 COMMUNITY #1   F  52
UP
PATIENT15,JOHN          000015 COMMUNITY #2   M  65
UP                           02/03/99 CPT 86803
PATIENT16,HAROLD        000016 COMMUNITY #2   M  66
UP                           08/20/11 Lab Test
```

Figure 2-106: Sample Patient List, Hepatitis C Screening

2.9.4 Chlamydia Screening

Denominators

Female Active Clinical patients ages 16 through 25.

a. Female Active Clinical 16 through 20.

b. Female Active Clinical 21 through 25.

Female User Population patients ages 16 through 25.

a. Female User Population 16 through 20.

b. Female User Population 21 through 25.

Numerator

Patients tested for Chlamydia during the Report Period.

Logic Description

Age is calculated at beginning of the Report Period. The following codes are used to determine a test for Chlamydia.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	86631, 86632, 87110, 87270, 87320, 87490-92, 87810, 3511F	**V POV**: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients with documented Chlamydia screening, if any.

Measure Source

HP 2020 STD-4, annual screening for genital Chlamydia–females enrolled in commercial MCOs (aged 25 years and under); STD-3, annual screening for genital Chlamydia–females enrolled in Medicaid MCOs (aged 25 years and under).

Measure Past Performance and Long-Term Targets

Performance	Percent
HP 2020 goal for Females 16 through 20 with Medicaid (STD-3.1)	*57.9%*
HP 2020 goal for Females 21 through 24 with Medicaid (STD-3.2)	*65.3%*
HP 2020 goal for Females 16 through 20 with Commercial Health Insurance (STD-4.1)	*44.1%*
HP 2020 goal for Females 21 through 24 with Commercial Health Insurance (STD-4.2)	*47.9%*

```
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Chlamydia Testing
```

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical								
16-25	166		143			128		
# w/Chlamydia Screen	53	31.9	49	34.3	-2.3	43	33.6	-1.7
A. Female Active Clinical								
16-20	70		55			57		
# w/Chlamydia Screen	24	34.3	16	29.1	+5.2	23	40.4	-6.1
B. Female Active Clinical								
21-25	96		88			71		
# w/Chlamydia Screen	29	30.2	33	37.5	-7.3	20	28.2	+2.0
Female User Population								
16-25	287		255			239		
# w/Chlamydia Screen	69	24.0	58	22.7	+1.3	51	21.3	+2.7
A. Female User Population								
16-20	139		118			119		
# w/Chlamydia Screen	32	23.0	19	16.1	+6.9	25	21.0	+2.0
B. Female User Population								
21-25	148		137			120		
# w/Chlamydia Screen	37	25.0	39	28.5	-3.5	26	21.7	+3.3

Figure 2-107: Sample Report Chlamydia Testing

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Chlamydia Testing: List of patients with documented Chlamydia screening, if
any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MELISSA ANNE   000001 COMMUNITY #1   F  16
UP,AC
PATIENT2,LISA MARIE     000002 COMMUNITY #1   F  16
UP,AC                        04/04/13 Lab test
PATIENT3,CRYSTAL LEE    000003 COMMUNITY #1   F  17
UP,AC                        07/25/13 Lab test
PATIENT4,DANIELLE       000004 COMMUNITY #1   F  18
UP,AC                        06/01/13 CPT 87490
PATIENT5,KELLYE         000005 COMMUNITY #1   F  19
UP,AC
```

Figure 2-108: Sample Patient List, Chlamydia Testing

2.9.5 Sexually Transmitted Infection Screening

Denominators

Number of key sexually transmitted infections (STI) incidents for Active Clinical patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis. Two or more key STIs on the same visit will be counted once. Broken down by gender.

Chlamydia screenings needed for key STI incidents for *Active Clinical patients* that occurred during the defined period. Broken down by gender.

Gonorrhea screenings needed for key STI incidents for *Active Clinical patients* that occurred during the defined period. Broken down by gender.

HIV/AIDS screenings needed for key STI incidents for *Active Clinical patients* that occurred during the defined period. Broken down by gender.

Syphilis screenings needed for key STI incidents for *Active Clinical patients* that occurred during the defined period. Broken down by gender.

Number of key sexually transmitted infections (STI) incidents for User Population patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Two or more key STIs on the same visit will be counted once. Broken down by gender.

Chlamydia screenings needed for key STI incidents for *User Population patients* that occurred during the defined period. Broken down by gender.

Gonorrhea screenings needed for key STI incidents for *User Population patients* that occurred during the defined period. Broken down by gender.

HIV/AIDS screenings needed for key STI incidents for *User Population patients* that occurred during the defined period. Broken down by gender.

Syphilis screenings needed for key STI incidents for *User Population patients* that occurred during the defined period. Broken down by gender.

Numerators

No denominator; count only. The total count of *Active Clinical patients* who were diagnosed with one or more key STIs during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

No denominator; count only. The total count of separate *key STI incidents for Active Clinical patients* during the defined period. Broken down by gender.

Number of complete screenings, defined as all screenings necessary for a specific STI incident(s), performed from one month prior to the date of relevant STI incident through two months after.

Note: This numerator does *not* include refusals.

Number of needed Chlamydia 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.

Number of needed Gonorrhea 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.

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.

Number of needed Syphilis 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.

No denominator; count only. Total count of *User Population patients* who were diagnosed with one or more key STIs during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

No denominator; count only. Total count only of *separate key STI incidents for User Population patients* during the defined period. Broken down by gender.

Logic Description

Key STIs are Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis. Key STI diagnoses are defined with the following codes.

STI	ICD and Other Codes
Chlamydia	**V POV**: 079.88, 079.98, 099.41, 099.50-099.59
Gonorrhea	**V POV**: 098.0-098.89
HIV/AIDS	**V POV**: 042, 042.0-044.9, 079.53, 795.71, V08
Syphilis	**V POV**: 090.0-093.9, 094.1-097.9

Logic for Identifying Patients Diagnosed with Key STI:

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:

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

Example of Patient with Multiple Incidents of Single STI:

Visit	Total Incidents
08/01/12: Patient screened for Chlamydia	0
08/08/12: Patient diagnosed with Chlamydia	1
10/15/12: Patient diagnosed with Chlamydia	2
10/25/12: Follow-up for Chlamydia	2
11/15/12: Patient diagnosed with Chlamydia	2
03/01/13: 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 below.

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).

1. 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.

2. 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.

3. 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 laboratory 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.

Key STI screenings are defined with the following codes.

STI	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia	86631–86632, 87110, 87270, 87320, 87490–87492, 87810, 3511F	**POV**: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX
Gonorrhea	87590–87592, 87850, 3511F		Yes	BKM GONORRHEA TEST TAX

STI	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV/AIDS	86689, 86701–86703, 87390–87391, 87534–87539		Yes	BGP HIV TEST TAX
Syphilis	86592–86593, 86781, 87285, 3512F		Yes	BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX

Logic Examples

Example of Patient with Single Diagnosis of Single STI:

08/01/12:	Patient screened for Chlamydia
08/08/12:	Patient diagnosed with Chlamydia–3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
08/13/12:	Patient screened for Gonorrhea, HIV/AIDS, Syphilis
Result:	Result: Denominator: 1 key STI incident, Numerator: 1 complete screening.

Example of Patient with Multiple Diagnoses of Single STI:

08/01/12:	Patient screened for Chlamydia
08/08/12:	Patient diagnosed with Chlamydia (Incident #1)–3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
12/01/12:	Patient screened for Chlamydia
12/08/12:	Patient diagnosed with Chlamydia (Incident #2) –3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
Result:	Result: Denominator: 2 key STI incidents, Numerator: 1 complete screening (1 each of 3 types)

Example of Patient with Single Diagnosis of Multiple STIs:

10/15/12:	Patient screened for Chlamydia, Gonorrhea, HIV/AIDS, Syphilis
10/18/12:	Patient diagnosed with Chlamydia–3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
10/20/12:	Patient diagnosed with Syphilis–removes needed screen for Syphilis (see above)
Result:	Result: Denominator: 2 key STI incidents, Numerator: 1 complete screening (prior to triggering diagnoses but within timeframe)

Example of Patient with Multiple Diagnoses of Multiple STIs:

06/15/05:	Patient diagnosed with HIV/AIDS
08/01/12:	Patient screened for Chlamydia and Gonorrhea
08/08/12:	Patient diagnosed with Chlamydia and Gonorrhea (Incident #1)–1 screen needed: Syphilis (HIV/AIDS not needed since prior diagnosis)
08/08/12	Patient screened for HIV/AIDS and Syphilis–since only the Syphilis screen is needed, the HIV/AIDS screen is not counted at all
12/01/12:	Patient screened for Chlamydia
12/08/12	Patient diagnosed with Chlamydia (Incident #2) –2 screens needed: Gonorrhea and Syphilis
12/10/12	Patient screened for Syphilis
Result:	Result: Denominator: 2 key STI incidents, Numerator: 1 complete screening

Key Logic Changes from CRS Version 12.1

Removed refusal numerators and refusal logic.

Patient List Description

List of patients diagnosed with one or more STIs during the defined time period with related screenings.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Sexually Transmitted Infection (STI) Screening (con't)

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE

Active Clinical Pts w/
 Key STI Dx              41             13         +28         10         +31

Male Active Clinical Pts
 w/ Key STI Dx           10              7         +3           8         +2

Female Active Clinical Pts
 w/ Key STI Dx           31              6         +25          2         +29
```

Total # Key STI Incidents for Active Clinical Pts	44		13		+31	10		+34
Total # Male AC Key STI Incidents	10		7		+3	8		+2
Total # Female AC Key STI Incidents	34		6		+28	2		+32
# Key STI Incidents for AC Pts	43		13			10		
# Complete Screens Performed-No Refusals	7	16.3	0	0.0	+16.3	0	0.0	+16.3
# Key STI Incidents for Male AC Pts	10		7			8		
# Complete Screens Performed-No Refusals	1	10.0	0	0.0	+10.0	0	0.0	+10.0

Figure 2-109: Sample Report Sexually Transmitted Infection (STI) Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Sexually Transmitted Infection (STI) Screening: List of patients diagnosed with
one or more STIs during the defined time period with related screenings.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,DIANE         000001  COMMUNITY #1   F  15
UP;AC Visit 1) 02/12/13 POV: HIV 042. 1) CHL-N, GC-N, SYP-N
PATIENT2,LEIGHANN      000002  COMMUNITY #1   F  18
UP;AC Visit 1) 11/02/12 POV: GC 098.89 1) CHL-N, HIV-Y 12/02/12 CPT [87390], SYP-N
PATIENT3,WHITNEY       000003  COMMUNITY #1   F  25
UP;AC Visit 1) 06/17/13 POV: CHL 078.89 1) GC-Y 06/17/13 Lab [HGB], HIV-N, SYP-N
PATIENT4, NANCY        000004  COMMUNITY #1   F  29
UP;AC Visit 1) 03/01/13 POV: CHL 079.88 1) GC-Y 02/15/13 CPT [87592], HIV-Contraind
Prior DX 04/11/07 POV: HIV [079.53], SYP-Y 04/01/13 CPT [87285]
PATIENT5,JOHN          000005  COMMUNITY #1   M  40
UP;AC Visit 1) 06/15/13 POV: GC 098.89; 2) 07/15/13 POV: HIV 042. 1) CHL-N, HIV-N,
SYP-N; 2) CHL-N, GC-N, SYP-N
PATIENT6,NORMAN        000006  COMMUNITY #1   M  42
UP;AC Visit 1) 10/11/13 POV: CHL 079.98, 10/11/13 POV: GC 098.891) HIV-N, SYP-N
```

Figure 2-110: Sample Patient List, Sexually Transmitted Infection (STI) Screening

2.10 Other Clinical Measures Topics

2.10.1 Osteoporosis Management

Denominators

Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (182 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.

Female User Population patients ages 67 and older who had a new fracture occurring 6 months (182 days) prior to the Report Period through the first 6 months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.

Numerator

Patients treated or tested for osteoporosis after the fracture.

Logic Description

Age is calculated at the beginning of the Report Period. Fractures do not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e., earliest) fracture during the period six months (182) days prior to the beginning of the Report Period and the first six months of the Report Period. If multiple fractures are present, only the first fracture will be used.

Index Episode Start Date definition: The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date.

Denominator Exclusions

1. Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).

2. Patients with a fracture diagnosed at an outpatient visit, which also had a fracture within 60 days prior to the Index Episode Start Date.

3. Patients with a fracture diagnosed at an inpatient visit, which also had a fracture within 60 days prior to the ADMISSION DATE.

Osteoporosis Treatment and Testing definition: (1) For fractures diagnosed at an outpatient visit: a nondiscontinued prescription within 6 months (182 days) of the Index Episode Start Date (i.e., visit date) or B) a BMD test within 6 months of the Index Episode Start Date. (2) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.

CRS uses the following codes to define fracture and BMD test.

Subject Defined	CPT Codes	ICD and Other Codes
Fracture Codes	21800 through21825, 22305 through 22314, 22316 through 22324, 22520, 22521, 22523, 22524, 23500 through 23515, 23570 through 23630, 23665 through 23680, 24500 through 24585, 24620, 24635, 24650 through 24685, 25500–25609, 25611 (old code), 25620 (old code), 25622-25652, 25680, 25685, 27193 through 27248, 27254, 27500 through 27514, 27520 through 27540, 27750 through 27828, S2360, S2362	**V POV**: 733.1*, 805*–806*, 807.0*–807.4, 808*–815*, 818*–825*, 827*, 828* **V Procedure**: 79.01–79.03, 79.05–79.07, 79.11–79.13, 79.15–79.17, 79.21–79.23, 79.25–79.27, 79.31–79.33, 79.35–79.37, 79.61–79.63, 79.65–79.67, 81.65-81.66.
BMD Test Codes	77078, 76070 (old code), 77079, 76071 (old code), 77080, 76075 (old code), 77081, 76076 (old code), 77083, 76078 (old code), 76977, 78350, 78351, G0130	**V POV**: V82.81 **V Procedure**: 88.98

Treatment medication codes are defined with medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are: Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Calcium carbonate-risedronate, Ibandronate (Boniva), Risedronate, Zoledronic acid, Calcitonin, Denosumab, Raloxifene, Estrogen, Injectable Estrogens, and Teriparatide.) Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

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--------------------------------------------------------------------------------

Osteoporosis Management

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical Pts
67 and older
w/fracture                8             0                       0

# w/osteoporosis treatment
 or testing               3  37.5       0   0.0    +37.5       0   0.0    +37.5

Female User Pop Pts
67 and older
w/fracture                9             0                       0

# w/osteoporosis treatment
 or testing               4  44.4       0   0.0    +44.4       0   0.0    +44.4
```

Figure 2-111: Sample Report Osteoporosis Management

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Osteoporosis Management: List of female patients with new fracture who have had
osteoporosis treatment or testing, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,ALWENA         000001 COMMUNITY #1   F  68
UP,AC                          FX: 01/01/13 CPT 22524
PATIENT2,SYBIL          000002 COMMUNITY #1   F  69
UP,AC                          FX: 02/10/13 CPT 22524 TX: 02/10/13 CPT G0130
PATIENT3,ELIZABETH      000003 COMMUNITY #1   F  78
UP,AC                          FX: 02/15/13 CPT S2362
PATIENT4,KATIE          000004 COMMUNITY #1   F  80
UP,AC                          FX: 02/05/13 PROC 81.66
PATIENT5,LINDSAY        000005 COMMUNITY #1   F  81
UP                             FX: 02/01/13 DX 733.13 TX: 02/15/13 CPT 77081
PATIENT6,ELIZABETH      000006 COMMUNITY #1   F  86
UP,AC                          FX: 01/15/13 DX 733.13 TX: 01/31/13 CPT 77081
```

Figure 2-112: Sample Patient List, Osteoporosis Management

2.10.2 Osteoporosis Screening in Women

Denominators

Female Active Clinical patients ages 65 and older without a documented history of osteoporosis.

Female User Population patients ages 65 and older without a documented history of osteoporosis.

Numerators

Patients who had osteoporosis screening documented after the age of 65.

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

Logic Description

Age is calculated at the beginning of the Report Period.

Osteoporosis definition: No osteoporosis diagnosis ever (POV 733.*).

CRS uses the following codes to define osteoporosis screening.

Subject Defined	V Radiology or CPT Codes	ICD and Other Codes
Osteoporosis Screening (any test documented after age 65)	**Central DEXA**: 77080, 76075 (old code) **Peripheral DEXA**: 77081, 76076 (old code) **SEXA**: G0130 **Central CT**: 77078, 76070 (old code) **Peripheral CT**: 77079, 76071 (old code) **US Bone Density**: 76977	**V Procedure:** 88.98 (Quantitative CT) **V POV**: V82.81 Special screening for other conditions, Osteoporosis

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of female patients ages 65 and older with osteoporosis screening after age 65, if any.

Measure Source

1. Updated numerator to only look for one screening on or after age 65.
2. Removed refusal measure and refusal logic.

3. Updated patient list.

Measure Past Performance and Long-Term Targets

None

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--------------------------------------------------------------------------------

Osteoporosis Screening in Women

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
Pts =>65                 57            31                     29

# w/osteoporosis screening
 after age 65
 -No Refusals            13  22.8       1   3.2    +19.6       0   0.0    +22.8

Female User Pop
Pts =>65                112            85                     81

# w/osteoporosis screening
 after age 65
 -No Refusals            13  11.6       3   3.5     +8.1       1   1.2    +10.4
```

Figure 2-113: Sample Report, Osteoporosis Screening in Women

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Osteoporosis Screening in Women: List of female patients ages 65 and older with
osteoporosis screening after age 65, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,SHERRY         000001 COMMUNITY #1   F  68
UP,AC                         05/15/11 Proc 88.98
PATIENT2,APRIL          000002 COMMUNITY #1   F  68
UP,AC                         04/01/12 CPT G0130
PATIENT3,JACKIE         000003 COMMUNITY #1   F  69
UP,AC                         08/21/10 RAD CT,BONE MIN DENSITY,1/+,APPEND
PATIENT4,PAULINE        000004 COMMUNITY #1   F  70
UP,AC
PATIENT5,SHANNON        000005 COMMUNITY #1   F  72
UP,AC
PATIENT6,TINA MARIE     000006 COMMUNITY #1   F  78
```

```
UP,AC                          04/15/09 CPT 77081
```

Figure 2-114: Sample Patient List, Osteoporosis Screening in Women

2.10.3 Rheumatoid Arthritis Medication Monitoring

Denominator

Active Clinical patients ages 16 and older diagnosed with *rheumatoid arthritis (RA)* prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period.

Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

RA defined as diagnosis (POV or Problem List) 714.* prior to the Report Period, and at least two RA POVs during the Report Period.

For all maintenance therapy medications *except* intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e., the Medication Period) and the sum of the days supply equal to or greater than (=>)348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic. *All* medications must not have a comment of RETURNED TO STOCK.

Example of Patient Not on Chronic Medication (not included in Denominator):

Report Period: January 1 through December 31, 2013

Medication Period: 465 days from end of Report Period (December 31, 2013): September 22, 2012 through December 31, 2013

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2012, Days Supply=90; 2nd Rx: Jan 01, 2013: Days Supply=90; 3rd Rx: Mar 15, 2013: Days Supply=90.

Total Days Supply=270. 270 is not greater than (>)348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

Report Period: January 1 through December 31, 2013

Medication Period: 465 days from end of Report Period (December 31, 2013): September 22, 2012 through December 31, 2013

Medications Prescribed:

Sulfasalazine: 1st Rx: Sep 30, 2012, Days Supply=90; 2nd Rx: December 30, 2012, Days Supply=90; 3rd Rx: March 15, 2013 Days Supply=180.

Total Days Supply=360. 360 is greater than (>)348. Patient is considered on chronic medication and is included in denominator.

The days' supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

For intramuscular gold, the patient must have 12 or more prescriptions during the Report Period.

Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications.

Maintenance Therapy Medications Definition

- **Medications shown in table below**. *Except* for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of ten days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2013, the March 7 test will not be counted since it was performed only six days after the March 1 test.

Medication	Required Monitoring Tests
Gold, Intramuscular	CBC and urine Protein on same day as each injection during Report Period
Azathrioprine or Sulfasalazine	4 CBCs during the Report Period

Medication	Required Monitoring Tests
Leflunomide or Methotrexate	6 each of CBC, Serum Creatinine, and Liver Function Tests during the Report Period
Cyclosporin	CBC, Liver Function Tests, and Potassium within past 180 days from Report Period end date 12 Serum Creatinine tests during the Report Period
Gold, Oral or Penicillamine	4 each of CBC and Urine Protein during the Report Period
Mycophenolate	CBC within past 180 days from Report Period end date

The medications in the above table are defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS.

1. **NSAID Medications**: All of the following medications must have Creatinine, Liver Function Tests, and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications *except* aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

2. **Glucocorticoid Medications**: Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone. These medications defined with medication taxonomy BGP RA GLUCOCORTICOIDS MEDS. Glucocorticoids must have a glucose test, which must be performed during the Report Period.

Example of Patient Not Included in Numerator:

Medications Prescribed and Required Monitoring:

- Gold, Oral, last Rx June 15, 2013. Requires CBC and Urine Protein within past 90 days of Report Period end date.
- CBC performed on December 1, 2013, which is within past 90 days of Report Period end date of December 31, 2013. No Urine Protein performed during that period. Patient is not in numerator.

Example of Patient Included in Numerator:

Medications Prescribed and Required Monitoring:

- Diclofenac, last Rx Sep 1, 2013. Requires LFT and CBC during Report Period.
- Mycophenolate, last Rx March 10, 2013. Requires CBC within past 180 days from Report Period end date.
- LFT and CBC performed during Report Period. CBC performed November 1, 2013, which is within past 180 days of Report Period end date of December 31, 2013. Patient is in numerator.

Monitoring Test	CPT Codes	LOINC Codes	Taxonomy
CBC	85025, 85027	Yes	BGP CBC TESTS
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Serum Creatinine	82540, 82565-75	Yes	DM AUDIT CREATININE TAX
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS
Glucose	82947, 82948, 82950, 82951, 82952, 82962	Yes	DM AUDIT GLUCOSE TESTS TAX
Potassium	84132	Yes	BGP POTASSIUM TESTS

Key Logic Changes from CRS Version 12.1

1. Removed codes 16324-6, 16325-3, 1916-6, 48134-1 from ALT LOINC taxonomy.
2. Removed codes 16412-9, 1916-6, 2325-9, 54500-4, 48136-6, 16325-3 from AST LOINC taxonomy.
3. Removed codes 13874-3, 13875-0, 15015-1, 15348-6, 15349-4, 1779-8, 17858-2, 2322-6, 2323-4, 27403-5, 53432-1, 58768-3 and added code 24325-3 to Liver Function LOINC taxonomy.
4. Removed code 59010-9 from Potassium LOINC taxonomy.
5. Removed codes 29899-2, 29951-1, 34183-4, 34184-2, 35560-2, 35561-0, 38528-6, 40857-5, 53229-1, 66481-3, 6889-0, 6890-8, 9405-2, 9406-0, 9829-3, 9831-9 from Urine Protein LOINC taxonomy.

Patient List Description

List of RA patients age 16 and older prescribed maintenance therapy medication with monitoring laboratory tests, if any. The numerator values for patients who meet the measure are prefixed with YES and patients who did not meet the measure are prefixed with NO The chronic medications and all laboratory tests the patient *did* have are displayed.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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-------------------------------------------------------------------------------

Rheumatoid Arthritis Medication Monitoring

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts =>16
w/RA DX and maintenance
therapy RX                3             0                       0

# w/RA chronic med
 monitoring               2  66.7       0   0.0    +66.7       0   0.0    +66.7
```

Figure 2-115: Sample Report, Rheumatoid Arthritis Medication Monitoring

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Rheumatoid Arthritis Medication Monitoring: List of RA patients 16 and
older prescribed maintenance therapy medication with monitoring lab tests,
if any. The numerator values for patients who meet the measure are
prefixed with "YES:" and patients who did not meet the measure are
prefixed with "NO:". The chronic medications and all lab tests the patient
DID have are displayed.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,RUTH           000001 COMMUNITY #1   F  64
AC                            YES: NSAID: 10/21/13 CREAT, 09/22/13 CBC, 05/21/13 LFT
PATIENT2,SHANNON        000002 COMMUNITY #1   F  72
```

```
AC                            YES: Glucocorticoids: 12/02/13 Glucose
PATIENT34,CATHERINE     000034 COMMUNITY #3   F  50
AC                            NO: Glucocorticoids:  does not have Glucose
```

Figure 2-116: Sample Patient List, Rheumatoid Arthritis Medication Monitoring

2.10.4 Osteoarthritis Medication Monitoring

Denominator

Active Clinical patients ages 40 and older diagnosed with *osteoarthritis (OA)* prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period.

Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

OA defined as diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report Period.

For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e., the Medication Period) and the sum of the days supply equal to or greater than (=>)348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic. Medications must not have a comment of RETURNED TO STOCK.

Example of Patient Not on Chronic Medication (not included in Denominator):

- Report Period: January 1 through December 31, 2013
- Medication Period: 465 days from end of Report Period (December 31, 2013): September 22, 2012 through December 31, 2013
- Medication Prescribed:
  - Diclofenac: 1st Rx: October 15, 2012, Days Supply=90; 2nd Rx: January 1, 2013: Days Supply=90; 3rd Rx: March 15, 2013: Days Supply=90.
  - Total Days Supply=270. 270 is not greater than (>)348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

- Report Period: January 1 through December 31, 2013
- Medication Period: 465 days from end of Report Period (December 31, 2013): September 22, 2012 through December 31, 2013
- Medication Prescribed:
  - Etodolac: 1st Rx: September 30, 2012, Days Supply=90; 2nd Rx: December 30, 2012, Days Supply=90; 3rd Rx: March 15, 2013: Days Supply =180.
  - Total Days Supply=360. 360 is greater than (>)348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report Period.

Note:	If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

Appropriate monitoring of OA medications is defined with laboratory tests and varies by medication, as shown below.

Maintenance Therapy Medications Defined with the Following NSAID Medications:

Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications, *except* aspirin, are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS

All NSAID medications must have Creatinine, Liver Function Tests and CBC during the Report Period.

Example of Patient Not Included in Numerator:

- Medication Prescribed and Required Monitoring:
  - Diclofenac, last Rx June 15, 2013. Requires Creatinine, LFT and CBC during Report Period. Only the LFT was performed during Report Period. Patient is not in numerator.

Example of Patient Included in Numerator:

- Medications Prescribed and Required Monitoring:
  - Diclofenac, last Rx September 1, 2013. Requires Creatinine, LFT and CBC during Report Period. Creatinine, LFT, and CBC performed during Report Period. Patient is in numerator.

CRS uses the following codes to define the monitoring tests.

Monitoring Test	CPT Codes	LOINC Codes	Taxonomy
Serum Creatinine	82540, 82565-82575	Yes	DM AUDIT CREATININE TAX
CBC	85025, 85027	Yes	BGP CBC TESTS
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS

Key Logic Changes from CRS Version 12.1

1. Removed codes 16324-6, 16325-3, 1916-6, 48134-1 from ALT LOINC taxonomy.
2. Removed codes 16412-9, 1916-6, 2325-9, 54500-4, 48136-6, 16325-3 from AST LOINC taxonomy.
3. Removed codes 13874-3, 13875-0, 15015-1, 15348-6, 15349-4, 1779-8, 17858-2, 2322-6, 2323-4, 27403-5, 53432-1, 58768-3 and added code 24325-3 to Liver Function LOINC taxonomy.

Patient List Description

List of OA patients 40 and older prescribed maintenance therapy medication with monitoring laboratory tests, if any. The numerator values for patients who meet the measure are prefixed with YES and patients who did not meet the measure are prefixed with NO. All laboratory tests the patient did have are displayed.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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```

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                Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Osteoarthritis Medication Monitoring

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts =>40
w/OA DX and maintenance
therapy RX                3             6                      4

# w/OA chronic
 med monitoring           2  66.7       3  50.0    +16.7       2  50.0    +16.7
```

Figure 2-117: Sample Report, Osteoarthritis Medication Monitoring

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Osteoarthritis Medication Monitoring: List of OA patients 40 and older
prescribed maintenance therapy medication with monitoring lab tests, if
any. The numerator values for patients who meet the measure are prefixed
with "YES:" and patients who did not meet the measure are prefixed with
"NO:". All lab tests the patient DID have are displayed.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,RUTH           000001 COMMUNITY #1   F  64
AC 451 days of NSAID           YES: 10/21/13 CREAT, 09/22/13 CBC, 05/21/13 LFT
PATIENT2,JACKIE         000002 COMMUNITY #1   F  69
AC 472 days of NSAID           YES: 10/30/13 CREAT, 08/06/13 CBC, 10/30/13 LFT
PATIENT15,RAYMOND       000015 COMMUNITY #2   M  84
AC 804 days of NSAID           NO: 09/12/13 CREAT
```

Figure 2-118: Sample Patient List, Osteoarthritis Medication Monitoring

2.10.5 Asthma

Denominators

All *Active Clinical patients*. Broken down by age groups (under 14, 15 to 34, 35 to 64, and 65 and older).

Patients who have had two asthma-related visits during the Report Period or with persistent asthma. Broken down by age groups (under 14, 15 to 34, 35 to 64, and 65 and older).

Numerators

Patients who have had two asthma-related visits during the Report Period or with persistent asthma.

Patients from Numerator 1 who have been hospitalized at any hospital for asthma during the Report Period.

Patients from Numerator 1 who have visited the ER or Urgent Care for asthma during the Report Period.

Patients from Numerator 1 who have a Severity of 1.

Patients from Numerator 1 who have a Severity of 2.

Patients from Numerator 1 who have a Severity of 3.

Patients from Numerator 1 who have a Severity of 4.

Patients from Numerator 1 who have no documented Severity.

Logic Description

Age is calculated at beginning of Report Period.

Asthma visits definition: Diagnosis (POV) 493.*.

Persistent asthma definition: Any of the following:

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

Severity definition: Severity of 1, 2, 3 or 4 in an active entry in the PCC Problem List for 493.* or in V Asthma.

Hospitalizations definition: Service Category H with primary POV 493.*.

ER and Urgent Care definition: Clinic codes 30 or 80 with primary POV 493.*.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients diagnosed with asthma and any asthma-related hospitalizations.

Measure Source

HP 2020 RD-2

Measure Past Performance and Long-Term Targets

Measure	Target
HP1998 baseline for hospitalizations for asthma:	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
HP 2020 goal for hospitalizations for asthma:	
Under 5	*18.1 per 10,000*
5-64	*8.6 per 10,000*
65 and older	*20.3 per 10,000*

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Asthma (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Total Active Clinical Patients	1,646		1,224			1,101		
# w/asthma	58	3.5	42	3.4	+0.1	25	2.3	+1.3
A. Under 15	28	48.3	22	52.4	-4.1	17	68.0	-19.7
B. 15-34	7	12.1	7	16.7	-4.6	3	12.0	+0.1
C. 35-64	15	25.9	8	19.0	+6.8	3	12.0	+13.9
D. 65 and older	8	13.8	5	11.9	+1.9	2	8.0	+5.8
# w/asthma	58		42			25		
# w/asthma hospitalization	2	3.4	2	4.8	-1.3	2	8.0	-4.6
A. Under 15	1	50.0	0	0.0	+50.0	1	50.0	+0.0
B. 15-34	0	0.0	1	50.0	-50.0	0	0.0	+0.0
C. 35-64	0	0.0	0	0.0	+0.0	1	50.0	-50.0
D. 65 and older	1	50.0	1	50.0	+0.0	0	0.0	+50.0
# w/ ER/UC visit	6	10.3	6	14.3	-3.9	9	36.0	-25.7
A. Under 15	2	33.3	3	50.0	-16.7	7	77.8	-44.4
B. 15-34	0	0.0	2	33.3	-33.3	1	11.1	-11.1
C. 35-64	2	33.3	0	0.0	+33.3	1	11.1	+22.2
D. 65 and older	2	33.3	1	16.7	+16.7	0	0.0	+33.3
# w/ Severity 1	3	5.2	0	0.0	+5.2	0	0.0	+5.2
# w/ Severity 2	7	12.1	3	7.1	+4.9	0	0.0	+12.1
# w/ Severity 3	4	6.9	0	0.0	+6.9	0	0.0	+6.9
# w/ Severity 4	6	10.3	2	4.8	+5.6	0	0.0	+10.3
# w/ No Severity	38	65.5	37	88.1	-22.6	25	100.0	-34.5

Figure 2-119: Sample Report, Asthma

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Asthma:  List of patients diagnosed with asthma and any asthma-related
hospitalizations/ER/Urgent Care visits.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,GENEVA         000001 COMMUNITY #1   F  47
AC                           Severity 4 on visit 02/02/12; ER/UC: 11/02/13;
Severity: 4
PATIENT2,JACKIE         000002 COMMUNITY #1   F  69
AC                           Severity 2 on PL; Severity: 2
PATIENT3,PAULINE        000003 COMMUNITY #1   F  70
AC                           2 Dx PCC: 03/01/13, 03/03/13; ER/UC: 10/01/13;
Severity: 1
PATIENT4,WILLIAM R      000004 COMMUNITY #1   M  7
AC                           2 Dx PCC: 05/05/13, 06/06/13; Hospital: 05/05/13;
ER/UC: 06/06/13
PATIENT5,ZACHARY        000005 COMMUNITY #1   M  11
AC                           2 Dx PCC: 03/20/13, 08/08/13
PATIENT42,JOSEPHINE     000042 COMMUNITY #2   F  4
AC                           2 Dx PCC: 07/01/13, 09/19/13; Severity: 2
```

Figure 2-120: Sample Patient List, Asthma

2.10.6 Asthma Assessments

Denominators

Active Clinical patients ages 5 and older with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups (5 through 14, 15 through 34, 35 through 64, and greater than (>) 65).

Numerator

Patients with asthma management plan during the Report Period.

Patients with severity documented at any time before the end of the Report Period.

Patients with control documented during the Report Period.

Patients who were assessed for number of symptom free days during the Report Period.

Patients with number of symptom free days score of 0 through 5.

Patients with number of symptom free days score of 6 through 12.

Patients with number of symptom free days score of 13 through 14.

Patients who were assessed for number of school/work days missed during the Report Period.

Patients with number of school/work days missed score of 0 through 2.

Patients with number of school/work days missed score of 3 through 7.

Patients with number of school/work days missed score of 8 through 14.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Emphysema definition: Any visit at any time on or before the end of the Report Period with POV codes: 492.*, 506.4, 518.1, 518.2.

COPD definition: Any visit at any time on or before the end of the Report Period with POV codes: 491.20, 491.21, 491.22, 493.2*, 496, 506.4.

Persistent asthma definition:

1. Meeting any of the following four criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:
    a. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma)
    b. At least one acute inpatient discharge with Primary Diagnosis 493.*. Acute inpatient discharge defined as Service Category of H
    c. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* *and* at least two asthma medication dispensing events (see definition below)

d. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period.)

2. Meeting any of the following criteria below:

   a. Active entry in PCC Problem List for 493.* with Severity of 2, 3 or 4 at any time before the end of the Report Period, or

   b. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.

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

Note:	If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

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

Asthma management plan definition: Patient Education code ASM-SMP.

Severity documented definition:

Meeting any of the following criteria below:

1. Active entry in PCC Problem List for 493.* with Severity of 2, 3 or 4 at ANY time before the end of the Report Period or

2. Most recent visit-related asthma entry (i.e. V Asthma) with Severity of 2, 3, or 4 documented ANY time before the end of the Report Period.

Control documented definition: POV 493.* with Asthma Control recorded in the V Asthma file.

Number of symptom free days definition: The most recent V Measurement documented during the Report Period.

Number of school/work days missed definition: The most recent V Measurement documented during the Report Period.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of asthmatic patients with assessments, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

```
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--------------------------------------------------------------------------------
Asthma Assessments

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical
Pts =>5 w/ persistent
asthma                    29             11                       5

# w/management plan       1   3.4        0   0.0     +3.4        0   0.0     +3.4
```

```
# w/severity
 documented              17  58.6        5  45.5    +13.2       1  20.0    +38.6
# w/control
 documented               3  10.3        0   0.0    +10.3       0   0.0    +10.3
# w/# symptom free
 days                     3  10.3        0   0.0    +10.3       0   0.0    +10.3
# w/# symptom free
 days 0-5                 1   3.4        0   0.0     +3.4       0   0.0     +3.4
# w/# symptom free
 days 6-12                1   3.4        0   0.0     +3.4       0   0.0     +3.4
# w/# symptom free
 days 13-14               1   3.4        0   0.0     +3.4       0   0.0     +3.4
# w/# school/work
 days missed              3  10.3        0   0.0    +10.3       0   0.0    +10.3
# w/# school/work
 days missed 0-2          1   3.4        0   0.0     +3.4       0   0.0     +3.4
# w/# school/work
 days missed 3-7          1   3.4        0   0.0     +3.4       0   0.0     +3.4
# w/# school/work
 days missed 8-14         1   3.4        0   0.0     +3.4       0   0.0     +3.4
```

Figure 2-121: Sample Report, Asthma Assessments

```
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                  Report Period: Jan 01, 2013 to Dec 31, 2013
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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Asthma Assessments (con't)

                  Active Clinical Pts =>5 w/Persistent Asthma
                                  5-14      15-34      35-64      65+
CURRENT REPORT PERIOD
Active Clinical Pts =>5
 w/persistent asthma             11          6          6          6

# w/management plan               1          0          0          0
% w/management plan              9.1        0.0        0.0        0.0

# w/severity documented           7          3          6          1
% w/severity documented         63.6       50.0      100.0       16.7

% w/control documented            0          1          1          1
% w/control documented          0.0       16.7       16.7       16.7

# w/# symptom free days           1          0          0          2
% w/# symptom free days         9.1        0.0        0.0       33.3

# w/# symptom free days 0-5       0          0          0          1
% w/# symptom free days 0-5     0.0        0.0        0.0       16.7

# w/# symptom free days 6-12      1          0          0          0
% w/# symptom free days 6-12    9.1        0.0        0.0        0.0

# w/# symptom free days 13-14     0          0          0          1
% w/# symptom free days 13-14   0.0        0.0        0.0       16.7
```

```
# w/# school/work days
 missed                          1          0          0          2
% w/# school/work days
 missed                        9.1        0.0        0.0       33.3

# w/# school/work days
 missed 0-2                      1          0          0          0
% w/# school/work days
 missed 0-2                    9.1        0.0        0.0        0.0

# w/# school/work days
 missed 3-7                      0          0          0          1
% w/# school/work days
 missed 3-7                    0.0        0.0        0.0       16.7

# w/# school/work days
 missed 8-14                     0          0          0          1
% w/# school/work days
 missed 8-14                   0.0        0.0        0.0       16.7
```

Figure 2-122: Sample Age Breakdown Report, Asthma Assessments

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Asthma Assessments:  List of asthmatic patients with assessments, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,GENEVA         000001 COMMUNITY #1   F  47
UP,AC Severity 4 in V Asthma 02/02/12 Severity: 4; Symptom Free Days: 03/01/13 [12];
Days Missed: 03/01/13 [0]
PATIENT2,JACKIE         000002 COMMUNITY #1   F  69
UP,AC Severity >1 on PL for 493.00 Severity: 2
PATIENT3,PAULINE        000003 COMMUNITY #1   F  70
UP,AC Severity >1 on PL for 493.00 Mgmt Plan: 06/01/13; Severity: 3
PATIENT4,WILLIAM R      000004 COMMUNITY #1   M  7
UP,AC 4 meds
PATIENT5,ZACHARY        000005 COMMUNITY #1   M  11
AC Severity 4 in V Asthma 04/04/13 Severity: 4; Control: 05/06/13
PATIENT42,JOSEPHINE     000042 COMMUNITY #2   F  4
AC DX ON HOSP/OR ER ON 05/05/12 DX ON HOSP/OR ER ON 06/03/13 Control: 10/03/13;
Symptom Free Days: 07/01/13 [3]; Days Missed: 07/01/13 [3]
```

Figure 2-123: Sample Patient List, Asthma Assessments

2.10.7 Asthma Quality of Care

Denominators

Active Clinical patients ages 5 through 56 with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups (5 through 9, 10 through 17, and 18 through 56).

User Population patients ages 5 through 56 with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema and chronic COPD. Broken down by age groups (5 through 9, 10 through 17, and 18 through 56).

Numerator

Patients who had at least one dispensed prescription for preferred asthma therapy medication during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Emphysema definition: Any visit at any time on or before the end of the Report Period with POV codes: 492.*, 518.1, 518.2.

COPD definition: Any visit at any time on or before the end of the Report Period with POV codes: 491.20, 491.21, 491.22, 493.2*, 496, 506.4.

Persistent asthma definition:

3. Meeting any of the following four criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:
    a. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma)
    b. At least one acute inpatient discharge with Primary Diagnosis 493.*. Acute inpatient discharge defined as Service Category of H
    c. At least four outpatient visits on different dates of service, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* *and* at least two asthma medication dispensing events (see definition below)

d. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period.)

4. Meeting any of the following criteria below:

   a. Active entry in PCC Problem List for 493.* with Severity of 2, 3 or 4 at any time before the end of the Report Period, or

   b. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.

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

Note:	If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

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

To be included in the numerator, patient must have a non-discontinued prescription for preferred asthma therapy (see list of medications below) during the Report Period.

Preferred asthma therapy medication codes for numerator defined with medication taxonomy: BGP HEDIS PRIMARY ASTHMA MEDS Medications are: Antiasthmatic Combinations (Dyphylline-Guaifenesin, Guaifenesin-Theophylline, Potassium Iodide-Theophylline), Antibody Inhibitor (Omalizumab), Inhaled Steroid Combinations (Budesonide-Formoterol, Fluticasone-Salmeterol, Formoterol-Mometasone), Inhaled Corticosteroids (Belclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone), Lekotriene Modifiers (Montelukast, Zafirlukast, Zileuton), Mast Cell Stabilizers (Cromolyn, Nedocromil), Methylxanthines (Aminophylline, Dyphylline, Oxtriphylline, Theophylline). Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 12.1

1. Removed POV code 506.4 from Emphysema definition since it is already included in COPD definition.

2. Clarified that the four outpatient visits must be on different dates of service.

Patient List Description

List of asthmatic patients with preferred asthma therapy medications, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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--------------------------------------------------------------------------------

Asthma Quality of Care (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 5-56
w/persistent
asthma                    21             10                      5

# w/ preferred asthma
 control med               7  33.3        5  50.0    -16.7       3  60.0    -26.7

A. Active Clinical
ages 5-9                  11              3                      1
```

```
# w/ preferred asthma
 control med              3  27.3        1  33.3     -6.1       1 100.0    -72.7

B. Active Clinical
ages 10-17                2              2                      1

# w/ preferred asthma
 control med              2 100.0        2 100.0     +0.0       0   0.0   +100.0

C. Active Clinical
ages 18-56                8              5                      3

# w/ preferred asthma
 control med              2  25.0        2  40.0    -15.0       2  66.7    -41.7

User Pop Pts 5-56
w/persistent
asthma                   21             11                      6

# w/ preferred asthma
 control med              7  33.3        5  45.5    -12.1       3  50.0    -16.7

A. User Pop
ages 5-9                 11              4                      1

# w/ preferred asthma
 control med              3  27.3        1  25.0     +2.3       1 100.0    -72.7

B. User Pop
ages 10-17                2              2                      1

# w/ preferred asthma
 control med              2 100.0        2 100.0     +0.0       0   0.0   +100.0

C. User Pop
ages 18-56                8              5                      4

# w/ preferred asthma
 control med              2  25.0        2  40.0    -15.0       2  50.0    -25.0
```

Figure 2-124: Sample Report, Asthma Quality of Care

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Asthma Quality of Care: List of asthmatic patients with preferred asthma
therapy medications, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,ZACHARY          000011 COMMUNITY         F  5
UP,AC,Severity 4 in V Asthma 02/02/12
PATIENT12,TINA DANIELLE   000012 COMMUNITY         F  6
UP,AC,Severity >1 on PL for 493.00,NUM: 06/01/13, MOMETASONE/FORMOTEROL 100/5MCG INH
PATIENT13,THERESA LYNN    000013 COMMUNITY         M  47
```

```
UP,AC,Severity 2 in V Asthma 03/03/13,NUM: 06/01/13, FLUTICASONE PROPIONATE 110MCG
INHALER
PATIENT36,NATHAN BRADLEY  000014 COMMUNITY         M  16
UP,AC,DX ON HOSP/OR ER ON 09/26/12,4 POVS AND 2 MEDSNUM: 09/19/13, FLUTICASONE
PROPIONATE 110MCG INHALER
PATIENT37,JANELLE MARIE   000015 COMMUNITY         F  50
UP,AC,Severity 2 in V Asthma 09/04/12
PATIENT38,THOMAS ELLIS    000016 COMMUNITY         M  6
UP,AC,4 meds
```

Figure 2-125: Sample Patient List, Asthma Quality of Care

2.10.8 Medication Therapy for Persons with Asthma

Denominators

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

Active Clinical patients ages 5 and older with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups (5 through 14, 15 through 34, 35 through 64, and greater than (>) 65).

Active Clinical patients ages five and older with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD) who had 2 or more prescriptions for a LABA during the Report Period. Broken down by age groups (5 through 14, 15 through 34, 35 through 64, and greater than (>) 65).

Numerators

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

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

Patients who were prescribed two or more controller therapy medications during the Report Period.

Patients who were prescribed two or more inhaled corticosteroid medications during the Report Period.

Patients who were not prescribed two or more inhaled corticosteroid medications during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Emphysema definition: Any visit at any time on or before the end of the Report Period with POV codes: 492.*, 506.4, 518.1, 518.2.

COPD definition: Any visit at any time on or before the end of the Report Period with POV codes: 491.20, 491.21, 491.22, 493.2*, 496, 506.4.

Persistent asthma definition:

3. Meeting any of the following four criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:
    a. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma)
    b. At least one acute inpatient discharge with Primary Diagnosis 493.*. Acute inpatient discharge defined as Service Category of H
    c. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* *and* at least two asthma medication dispensing events (see definition below)
    d. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period.)
4. Meeting any of the following criteria below:
    a. Active entry in PCC Problem List for 493.* with Severity of 2, 3 or 4 at any time before the end of the Report Period, or
    b. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.

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

> **Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

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

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

Controller Therapy definition:

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

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

Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Mometasone (Asmanex), Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), Fluticasone (Flovent), Budesonide-Formoterol (Symbicort).) Medications must not have a comment of RETURNED TO STOCK.

Long-Acting Beta-2 Agonist (LABA) medications defined with medication taxonomy BGP ASTHMA LABA MEDS. (Medications are: Aformoterol, Formoterol, Salmeterol.) Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients with asthma with suboptimal control and controller therapy, if any.

Measure Source

PQA (Pharmacy Quality Alliance)

Measure Past Performance and Long-term Targets

None

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       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                     Report Period: Jan 01, 2013 to Dec 31, 2013
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                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Medication Therapy for Persons with Asthma

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical ages
5-50 w/ asthma           19              8                       5

# w/ Suboptimal
 Control                  1   5.3        0   0.0     +5.3       0   0.0     +5.3
# w/ Absence of Controller
 Therapy                  1 100.0        0   0.0   +100.0       0   0.0   +100.0

Active Clinical Pts =>5
w/persistent asthma      29             11                       5

# w/ 2 or more
 controller Rx           10  34.5        5  45.5    -11.0       3  60.0    -25.5
# w/ 2 or more inhaled
```

```
 steroid Rx              3  10.3        3  27.3    -16.9       0   0.0    +10.3

Active Clinical =>5
w/persistent asthma and
LABA Rx                  4             0                      0

# w/o 2 or more
 inhaled steroid Rx      3  75.0        0   0.0    +75.0       0   0.0    +75.0
```

Figure 2-126: Sample Report, Medication Therapy for Persons with Asthma

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                    Report Period: Jan 01, 2013 to Dec 31, 2013
                 Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Medication Therapy for Persons with Asthma (con't)

                             Active Clinical Pts =>5
                                w/persistent asthma
                                    5-14      15-34      35-64      65+
CURRENT REPORT PERIOD
Active Clinical Pts =>5
 w/persistent asthma                 11          6          6          6

# w/ 2 or more controller Rx         6          2          1          1
% w/ 2 or more controller Rx      54.5       33.3       16.7       16.7

# w/ 2 or more inhaled
 steroid Rx                          3          0          0          0
% w/ 2 or more inhaled
 steroid Rx                       27.3        0.0        0.0        0.0


PREVIOUS REPORT PERIOD
Active Clinical Pts =>5
 w/persistent asthma                 4          2          3          1

# w/ 2 or more controller Rx         2          1          1          0
% w/ 2 or more controller Rx      50.0       50.0       33.3        0.0

# w/ 2 or more inhaled
 steroid Rx                          1          1          1          0
% w/ 2 or more inhaled
 steroid Rx                       25.0       50.0       33.3        0.0

CHANGE FROM PREVIOUS YR %
# w/ 2 or more controller Rx      +4.5      -16.7      -16.7      +16.7
# w/ 2 or more inhaled
 steroid Rx                      -22.7      -50.0      -33.3       +0.0


BASELINE REPORT PERIOD
Active Clinical Pts =>5
 w/persistent asthma                 2          2          1          0
```

```
# w/ 2 or more controller Rx       1          1          1          0
% w/ 2 or more controller Rx    50.0       50.0      100.0        0.0

# w/ 2 or more inhaled
 steroid Rx                        0          0          0          0
% w/ 2 or more inhaled
 steroid Rx                      0.0        0.0        0.0        0.0

CHANGE FROM BASELINE YR %
# w/ 2 or more controller Rx    +4.5      -16.7      -83.3      +16.7
# w/ 2 or more inhaled
 steroid Rx                   -22.7      -50.0     -100.0       +0.0
```

Figure 2-127: Sample Age Breakdown Report, Medication Therapy for Persons with Asthma

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Medication Therapy for Persons with Asthma: List of patients with asthma
with asthma medications, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,GWEN            000001 COMMUNITY #1   F  5
AC,Severity 4 in V Asthma 02/02/12
PATIENT2,ALICE           000002 COMMUNITY #1   F  6
AC,Severity >1 on PL for 493.00 SABA: 06/15/13 ALBUTEROL 90MCG/INHALATION MDI(4)
PATIENT3,GENEVA          000003 COMMUNITY #1   F  47
AC,Severity 2 in V Asthma 03/03/13 2+ CONT: 06/01/13 FLUTICASONE PROPIONATE 110MCG
INHALER, 10/15/13 FLUTICASONE PROPIONATE 110MCG INHALER; 2+ STEROID: 06/01/13
FLUTICASONE PROPIONATE 110MCG INHALER, 10/15/13 FLUTICASONE PROPIONATE 110MCG
INHALER
PATIENT22,MELANIE        000022 COMMUNITY #1   F  47
AC,Severity >1 on PL for 493.00
PATIENT27,RANDALL        000027 COMMUNITY #1   M  6
AC,Severity >1 on PL for 493.00 LABA2+ CONT: 03/03/13 MOMETASONE/FORMOTEROL 100/5MCG
INH, 05/01/13 MOMETASONE/FORMOTEROL 100/5MCG INH; 2+ STEROID: 03/03/13
MOMETASONE/FORMOTEROL 100/5MCG INH, 05/01/13 MOMETASONE/FORMOTEROL 100/5MCG INH
```

Figure 2-128: Sample Patient List, Medication Therapy for Persons with Asthma

2.10.9 Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

Denominator

Number of visits for User Population patients ages 18 and older diagnosed with community-acquired bacterial pneumonia at an outpatient visit during the Report Period.

Numerators

Number of visits where patients had *oxygen saturation documented* and reviewed.

Number of visits where patients *did not have their oxygen saturation documented* and reviewed.

Logic Description

Age of the patient is calculated at the beginning of the report period.

If a patient has more than one visit for community-acquired bacterial pneumonia during the report period, each visit will be counted as long as it has been more than 45 days since the date of the prior visit. For example, a patient was diagnosed on January 1, 2013 and 35 days later he was diagnosed again with pneumonia. That second diagnosis does not count as a separate visit. However, if the patient were diagnosed again on February 16, 2013 (46 days after onset), that diagnosis counts as a separate visit. Because RPMS does not store the date of onset, visit date will be used as a surrogate for onset date.

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	ICD and Other Codes
Community-Acquired Bacterial Pneumonia (Non-CHS outpatient visit, defined as visit type not equal to "C" and service category of "A" for Ambulatory, "S" for Day Surgery, or "O" for Observation)	V POV: 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.42, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Oxygen Saturation Assessment (any of the arterial blood gas (ABG) or pulse oximetry tests performed at the visit)	94760-94762, 82803, 82805, 82810, or 3028F or 3028F, where 3028F has no modifier of 1P, 2P, 3P, or 8P	V Measurement: O2 Saturation	Yes	BGP CMS ABG TESTS

No Assessment definition: Patients whose oxygen saturation was not assessed.

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerator and associated logic.

2. Removed refusals from "No Assessment" logic.

Patient List Description

List of patients with community-acquired bacterial pneumonia, with oxygen saturation assessment or documented reason for no assessment, if any.

Measure Source

CMS PQRI Measure #57

Measure Past Performance and Long-Term Targets

None

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
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                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Pneumonia Visits for
User Pop Pts 18+         53             12                      8

# Visits w/ O2 Sat
 Assmt                   23  43.4        1   8.3    +35.1       2  25.0    +18.4
# Visits w/ No O2
 Sat Assmt               30  56.6       11  91.7    -35.1       6  75.0    -18.4
```

Figure 2-129: Sample Report, Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Community-Acquired Pneumonia (CAP):  Assessment of Oxygen Saturation: List of
patients with community-acquired bacterial pneumonia, with oxygen saturation
assessment or documented reason for no assessment, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,GENEVA         000001 COMMUNITY #1   F  27
UP,1) 11/25/13 482.81         1) 11/25/13 O2 SAT: CPT 3028F
PATIENT2,JACKIE         000002 COMMUNITY #1   F  29
UP,1) 06/15/13 482.89         1) 06/15/13 O2 SAT: LAB BLOOD GASES
PATIENT3,PAULINE        000003 COMMUNITY #1   F  38
UP,1) 05/31/13 482.0          1) 05/31/13 None
PATIENT4,WILLIAM        000004 COMMUNITY #1   M  38
```

```
UP,1) 05/31/13 482.0; 2) 08/01/13 482.49; 3) 09/17/13 487.0 1) 05/31/13 None; 2)
08/01/13 O2 SAT: CPT 82805; 3) 09/17/13 O2 SAT: CPT 82810
PATIENT5,ZACHARY LEE    000005 COMMUNITY #1   M  36
UP,1) 09/01/13 482.83; 2) 12/01/13 482.83 1) 09/01/13 None; 2) 12/01/13 None
```

Figure 2-130: Sample Patient List, Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

2.10.10 Chronic Kidney Disease Assessment

Denominators

Active Clinical patients ages 18 and older with serum creatinine test during the Report Period.

User Population patients ages 18 and older with serum creatinine test during the Report Period.

Numerators

Patients with Estimated GFR.

a. Patients with GFR less than (<) 60.

b. Patients with normal GFR (i.e., greater than or equal to (>=) 60).

Logic Description

Age is calculated at beginning of the Report Period.

For the GFR less than (<) 60 numerator, CRS will include GFR results containing a numeric value less than 60 or with a text value of " less than (<) 60". For the normal GFR (greater than or equal to (>=) 60) numerator, CRS will include GFR results containing a numeric value equal to or greater than 60 or with a text value of "60"

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Creatinine test	82540, 82565-75		Yes	DM AUDIT CREATININE TAX
Estimated GFR test			Yes	BGP GPRA ESTIMATED GFR TAX

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients with Creatinine test, with GFR and value, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
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                    Report Period: Jan 01, 2013 to Dec 31, 2013
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                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Chronic Kidney Disease Assessment (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 18 with Serum
Creatinine test         271            258                    221


 w/Est GFR             189  69.7       33  12.8    +57.0      16   7.2    +62.5
A. # w/ GFR <60          52  19.2       30  11.6     +7.6      15   6.8    +12.4
B. # w/Normal GFR
 (>=60)                 137  50.6        2   0.8    +49.8       0   0.0    +50.6

User Pop Pts
=>18 with Serum
Creatinine              331            311                    262

# w/ Est GFR           221  66.8       33  10.6    +56.2      16   6.1    +60.7
A. # w/GFR <60           55  16.6       30   9.6     +7.0      15   5.7    +10.9
B. # w/Normal GFR
 (>=60)                 165  49.8        2   0.6    +49.2       0   0.0    +49.8
```

Figure 2-131: Sample Report, Chronic Kidney Disease Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Chronic Kidney Disease Assessment: List of patients with Creatinine test, with
GFR and value, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,SHERISA        000001 COMMUNITY #1   F  18
```

```
UP,AC                          08/16/13 GFR: 78
PATIENT2,CAITLYN         000002 COMMUNITY #1   F  22
UP,AC
PATIENT3,HALEY DEBRA     000003 COMMUNITY #1   F  25
UP,AC                          07/09/13 GFR: >60
PATIENT4,HELENE MARIE    000004 COMMUNITY #1   F  29
UP,AC                          11/20/13 GFR: 114
PATIENT5,MARTHA          000005 COMMUNITY #1   F  30
UP
```

Figure 2-132: Sample Patient List, Chronic Kidney Disease Assessment

2.10.11 Prediabetes/Metabolic Syndrome

Denominators

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

User Population patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

Numerators

All Screenings: Patients with all screenings (BP, LDL, fasting glucose or A1c, tobacco screening, BMI, lifestyle counseling, and depression screening).

BP Assessed: Patients with Blood Pressure documented at least twice during the Report Period.

LDL Assessed: Patients with LDL completed, regardless of result, during the Report Period.

Fasting Glucose or A1c Assessed: Patients with fasting glucose test or A1c assessed, regardless of result, during the Report Period.

Patients with A1c less than (<) 5.7.

Patients with A1c equal to or greater than (=>) 5.7 and less than (<) 6.5.

Patients with A1c equal to or greater than (=>) 6.5.

Patients with no A1c during the Report Period.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Report Period.

BMI Available: Patients for whom a BMI could be calculated.

Note: This numerator does *not* include refusals.

Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the Report Period.

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

Logic Description

Age is calculated at beginning of the Report Period.

Prediabetes/Metabolic Syndrome defined as:

1. Diagnosis of prediabetes/metabolic syndrome, defined as: Two visits during the Report Period with POV 277.7, *or*

2. One each of at least three different conditions listed below, occurring during the Report Period except as otherwise noted:

   - BMI equal to or greater than (=>) 30 *or* Waist Circumference greater than (>)40 inches for men or greater than (>)35 inches for women
   - Triglyceride value greater than or equal to (>=) 150
   - HDL value less than (<) 40 for men or less than (<) 50 for women
   - Patient diagnosed with hypertension *or* mean BP value equal to or greater than (=>) 130/85 where systolic is equal to or greater than (=>) 130 *or* diastolic is equal to or greater than (=>) 85
   - Fasting Glucose value equal to or greater than (=>) 100 *and* less than (<) 126

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

Definition for patients without diabetes: No diabetes diagnosis ever (POV 250.00–250.93).

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

Hemoglobin A1c definition: Searches for most recent A1c test with a result during the Report Period. If more than one A1c test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If both tests have a result, the last test done on the visit will be used. If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result. Without result is defined as A1c documented but with no value.

BP definition: Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

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) blood pressures and dividing by three (or two).

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

Hypertension: Diagnosis of (POV or problem list) 401.* occurring prior to the Report Period, and at least one hypertension POV during the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Triglyceride (requires a non-null, numeric result)			Yes	DM AUDIT TRIGLYCERIDE TAX
HDL (requires a non-null, numeric result)			Yes	DM AUDIT HDL TAX
Fasting Glucose-*Denominator Definition* (requires a non-null, numeric result)			Yes	DM AUDIT FASTING GLUCOSE TESTS
Fasting Glucose-*Numerator Definition*		**V POV**: 790.21	Yes	DM AUDIT FASTING GLUCOSE TESTS

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hemoglobin A1c	83036, 83037, 3044F-3046F, 3047F (old code)		Yes	DM AUDIT HGB A1C TAX
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX
Estimated GFR			Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	82042, 82043, or 84156		Yes	BGP QUANT URINE PROTEIN
End Stage Renal Disease	36145, 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327 (old codes), G0392 (old code), G0393 (old code), or S9339	**V POV**: 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.* **V Procedure**: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Tobacco Screening	D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code)	**Any health factor for category Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP), or TOBACCO** **V POV or current Active Problem List**: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 **Patient education codes**: containing "TO-" or "-TO" or "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code) **Dental code**: 1320		
Lifestyle Counseling – Medical Nutrition Counseling	97802-97804, G0270, G0271	**Primary or secondary provider codes**: 07, 29 **Clinic codes**: 67 (dietary) or 36 (WIC)		
Lifestyle Counseling – Nutrition Education		**V POV**: V65.3 dietary surveillance and counseling *or* **Patient education codes**: ending "-N" (nutrition) or "-MNT" (medical nutrition therapy) (or old code "-DT" (diet)) or containing V65.3, 97802-97804, G0270, or G0271.		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lifestyle Counseling – Exercise Education		**V POV**: V65.41 exercise counseling *or* **Patient education codes**: ending "-EX" (exercise) or containing V65.41.		
Lifestyle Counseling – Related Exercise and Nutrition Education		**Patient education codes**: ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.		
Depression Screening		**V Exam**: Exam Code 36 **V POV**: V79.0 **CPT:** 1220F **BHS Problem Code**: 14.1 (Screening for Depression) **V Measurement in PCC or BHS**: PHQ2 or PHQ9 **Refusals**: Exam Code 36		
Mood Disorders		**At least two visits in PCC or BHS during Report Period 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 (see codes below). **V POV**: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15		

Key Logic Changes from CRS Version 12.1

1. Updated logic to look for the last A1c done on a visit if there is more than one with results for a visit.
2. Added visit exclusions (ER/surgery/etc.) to BP logic.
3. Removed codes 12771-2, 26015-8, 26016-6, 26017-4, 27340-9, 47220-9, 47221-7, 50409-2, 56132-4, 56133-2, 57936-7, 57937-5, 9832-7, 9833-5, 54471-8, 54470-0, 54469-2, 54468-4, 54467-6, 11054-4, 16616-5, 2095-8, 32309-7, 44733-4, 44915-7, 48090-5, 55607-6, 9322-9, 9830-1 from HDL LOINC taxonomy.
4. Removed codes 43396-1, 11054-4, 13459-3, 14155-6, 16615-7, 16616-5, 43394-6, 44711-0, 44915-7, 50193-2, 53133-5, 56036-7 from LDL LOINC taxonomy.
5. Removed codes 22731-4, 30570-6 from Triglyceride LOINC taxonomy.
6. Removed codes 41651-1, 41653-7, 41652-9 from Fasting Glucose LOINC taxonomy.
7. Added code 69419-0 to LDL LOINC taxonomy.

Patient List Description

List of patients age 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any. The denominator column displays the condition the patient met, either the diagnosis of 277.7 or the three conditions the patient met (e.g. BMI=35,TG=155,HDL=35).

Measure Source

"IHS Guidelines for Care of Adults with Prediabetes and/or the Metabolic Syndrome in Clinical Settings (April 2005)"

Measure Past Performance and Long-Term Targets

None

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--------------------------------------------------------------------------------
Prediabetes/Metabolic Syndrome

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts =>18
```

```
w/PreDiabetes/
Met Syn                  51            40                    29

# w/ All screenings       1   2.0       0   0.0     +2.0      0   0.0     +2.0
# w/ BP documented       51 100.0      34  85.0    +15.0     27  93.1     +6.9
# w/LDL done             34  66.7      27  67.5     -0.8     18  62.1     +4.6
# w/ fasting
 glucose or A1c          12  23.5       8  20.0     +3.5      2   6.9    +16.6
# w/A1c <5.7               4   7.8       6  15.0     -7.2      1   3.4     +4.4
# w/A1c =>5.7
 and <6.5                 5   9.8       1   2.5     +7.3      0   0.0     +9.8
# w/ A1c =>6.5             2   3.9       0   0.0     +3.9      1   3.4     +0.5
# w/no A1c                40  78.4      33  82.5     -4.1     27  93.1    -14.7
# w/Tobacco Screening
 w/in 1 yr               48  94.1      33  82.5    +11.6     21  72.4    +21.7
# w/BMI calculated
 -No Refusals            48  94.1      40 100.0     -5.9     29 100.0     -5.9
# w/lifestyle adaptation
 counseling              24  47.1      15  37.5     +9.6      8  27.6    +19.5
# w/Depression screening,
 DX, or refusal          10  19.6       1   2.5    +17.1      1   3.4    +16.2
```

Figure 2-133: Sample Report, Prediabetes/Metabolic Syndrome

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Prediabetes/Metabolic Syndrome: List of patients 18 and older with
Prediabetes/Metabolic Syndrome with assessments received, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,HALEY DEBRA    000001 COMMUNITY #1   F  25
UP,AC,BMI=33.64; TRIG=271; HDL=45.4; HTN DX: 01/13/13 2 BPs; TOB: 01/13/13 305.1-DP;
BMI: 33.64; LIFE: 12/12/13 97804-HM;
PATIENT2,CYNTHIA        000002 COMMUNITY #1   F  36
UP,AC,TRIG=166; HDL=38.7; BP=131/80 2 BPs; LDL: 11/21/13 125; TOB: 07/09/13 NEVER
SMOKED; BMI: 28.35;
PATIENT3,ABIGAIL        000003 COMMUNITY #1   F  39
UP,BMI=34.97; TRIG=194; BP=149/84 2 BPs; LDL: 06/12/13 CPT 83704; TOB: 05/14/13
CURRENT SMOKER, STATUS UNKNOWN; BMI: 34.97; DEPR: 11/03/13 POV 296.7 + 11/30/13 POV
296.7
PATIENT4,ANNA LINDA     000004 COMMUNITY #1   F  44
UP,AC,277.7 on 03/15/13; 04/15/13 2 BPs;
PATIENT5,DARLENE T      000005 COMMUNITY #1   F  54
UP,AC,BMI=35.37; TRIG=276; HDL=35.6 (ALL:)  2 BPs; LDL: 10/03/13 106; A1C: 5.2; TOB:
10/03/13 NEVER SMOKED; BMI: 35.37; LIFE: 06/06/13 Prv 29; DEPR: DEP SCRN 05/03/13
```

Figure 2-134: Sample Patient List, Prediabetes/Metabolic Syndrome

2.10.12 Proportion of Days Covered by Medication Therapy

Denominators

Active Clinical patients ages 18 and older who had two or more prescriptions for *beta-blockers* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *RAS Antagonists* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *calcium channel blockers (CCB)* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *biguanides* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *sulfonylureas* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *thiazolidinediones* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *statins* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *antiretroviral agents* during the Report Period.

Numerators

Patients with proportion of days covered (PDC) greater than or equal to (>=)80% during the Report Period.

Patients with a gap in medication therapy greater than or equal to (>=)30 days.

Patients with proportion of days covered (PDC) greater than or equal to (>=)90% during the Report Period.

Logic Description

Age is calculated at the beginning of the report period.

To be included in the denominator, patients must have at least two prescriptions for that particular type of medication on two unique dates of service at any time during the Report Period. Medications must not have a comment of RETURNED TO STOCK.

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

The medications in the measures are defined with medication taxonomies: BGP PQA BETA BLOCKER MEDS, BGP PQA RASA MEDS, BGP PQA CCB MEDS, BGP PQA BIGUANIDE MEDS, BGP PQA SULFONYLUREA MEDS, BGP PQA THIAZOLIDINEDIONE MEDS, BGP PQA STATIN MEDS, BGP PQA ANTIRETROVIRAL MEDS.

For each PDC numerator:

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

Measurement Period definition:

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

Note:	If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4.

Example of Proportion of Days Covered:

- Report Period: January 1 through December 31, 2013
- 1st Rx is Index Rx Start Date: 3/1/13, Days Supply=90
- Rx covers patient through 5/29/13
- 2nd Rx: 5/26/13, Days Supply=90
- Rx covers patient through 8/27/13
- 3rd Rx: 9/11/13, Days Supply=180
- Gap = (9/11/13 - 8/27/13) = 15 days
- Rx covers patient through 3/8/14
- Patient's measurement period: 3/1/13 through 12/31/13 = 306 Days

- Days patient was covered: 3/1/13 through 8/27/13 + 9/11/13 through 12/31/13 = 292 Days
- PDC = 292 / 306 = 95%

For each Gap numerator:

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

Example of Medication Gap >=30 Days:

- Report Period: January 1 through December 31, 2013
- 1st Rx: 4/1/13, Days Supply=30
- Rx covers patient through 4/30/13
- 2nd Rx: 7/1/13, Days Supply=90
- Gap #1 = (7/1/13 - 4/30/13) = 61 days
- Rx covers patient through 9/28/13
- 3rd Rx: 10/1/13, Days Supply=90
- Gap #2 = (10/1/13 - 9/28/13) = 2 days
- Rx covers patient through 12/29/13
- Gap #1 greater than or equal to (>=) 30 days, therefore patient will be included in the numerator for that medication.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients 18 and older prescribed medication therapy medication with proportion of days covered and gap days.

Measure Source

PQA (Pharmacy Quality Alliance)

Measure Past Performance and Long-Term Targets

None

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```

DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2013 to Dec 31, 2013
Previous Year Period: Jan 01, 2012 to Dec 31, 2012
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Proportion of Days Covered by Medication Therapy

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts w/beta-blockers	53		44			37		
# w/ PDC >=80%	31	58.5	24	54.5	+3.9	22	59.5	-1.0
# w/ gap >=30 days	27	50.9	23	52.3	-1.3	15	40.5	+10.4
Active Clinical Pts w/ RAS Antagonists	97		80			74		
# w/ PDC >=80%	60	61.9	55	68.8	-6.9	39	52.7	+9.2
# w/ gap >=30 days	45	46.4	32	40.0	+6.4	42	56.8	-10.4
Active Clinical Pts w/ CCBs	56		48			55		
# w/ PDC >=80%	34	60.7	30	62.5	-1.8	37	67.3	-6.6
# w/ gap >=30 days	30	53.6	20	41.7	+11.9	22	40.0	+13.6
Active Clinical Pts w/ biguanides	30		26			11		
# w/ PDC >=80%	12	40.0	18	69.2	-29.2	3	27.3	+12.7
# w/ gap >=30 days	19	63.3	10	38.5	+24.9	8	72.7	-9.4
Active Clinical Pts w/ sulfonylureas	7		6			7		
# w/ PDC >=80%	3	42.9	1	16.7	+26.2	4	57.1	-14.3
# w/ gap >=30 days	5	71.4	5	83.3	-11.9	3	42.9	+28.6
Active Clinical Pts w/ thiazolidinediones	20		15			4		
# w/ PDC >=80%	13	65.0	10	66.7	-1.7	2	50.0	+15.0
# w/ gap >=30 days	8	40.0	7	46.7	-6.7	1	25.0	+15.0
Active Clinical Pts w/ statins	60		49			37		
# w/ PDC >=80%	43	71.7	33	67.3	+4.3	25	67.6	+4.1
# w/ gap >=30 days	24	40.0	19	38.8	+1.2	16	43.2	-3.2
Active Clinical Pts w/ antiretrovial agents	2		0			1		
# w/ PDC >=90%	1	50.0	0	0.0	+50.0	0	0.0	+50.0

Figure 2-135: Sample Report, Proportion of Days Covered by Medication Therapy

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Proportion of Days Covered by Medication Therapy: List of patients 18 and
older prescribed medication therapy medication with proportion of days
covered and gap days.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
Patient75,PAULA KAY     000075 COMMUNITY #1   F  34
AC                           CCB: IXRD: 03/24/13 [282] Days=228 >80 GAP=52
Patient76,CRSCT         000076 COMMUNITY #1   F  36
AC                           CCB: IXRD: 06/01/13 [213] Days=180 >80 GAP=31
Patient77,CRSAC         000077 COMMUNITY #1   F  44
AC                           RASA: IXRD: 06/05/13 [209] Days=60 <80 GAP=118
Patient78,DEBORA ELLEN  000078 COMMUNITY #1   F  45
AC                           BB: IXRD: 07/23/13 [161] Days=126 <80; RASA: IXRD:
01/29/13 [336] Days=267 <80 GAP=31; BIG: IXRD: 01/29/13 [336] Days=272 >80
Patient79,STELLA LYNN   000079  COMMUNITY #1   F  46
AC                           BB: IXRD: 01/21/13 [344] Days=299 >80 GAP=38; CCB:
IXRD: 01/21/13 [344] Days=299 >80 GAP=38
Patient80,TARA MARIE    000080 COMMUNITY #1   F  51
AC                           BB: IXRD: 08/25/13 [128] Days=56 <80 GAP=70; RASA:
IXRD: 01/15/13 [350] Days=314 >80; CCB: IXRD: 01/15/13 [350] Days=218 <80 GAP=103
Patient81,CRSNK         000081 COMMUNITY #1   F  51
AC                           SULF: IXRD: 09/01/13 [121] Days=120 >80
```

Figure 2-136: Sample Patient List, Proportion of Days Covered by Medication Therapy

2.10.13 Medications Education

Denominators

Active Clinical patients with medications dispensed at their facility during the Report Period.

All *User Population patients* with medications dispensed at their facility during the Report Period.

Numerator

Patients who were provided patient education about their medications in any location.

Logic Description

Patients receiving medications at their facility are identified by any entry in the VMed file for your facility. The purpose of this definition is to ensure that sites are not being held responsible for educating patients about medications received elsewhere that may be recorded in RPMS. CRS assumes that the appropriate facility is the one the user has logged onto to run the report.

> **Note:** If a site's system identifier, i.e., ASUFAC code, has changed during the period between the Baseline start date and the Current Year end date, due to compacting/contracting or other reasons, your report may display zeros (0s) or very low counts for some time periods.

CRS uses the following patient education codes to define the numerator:

Medication Education	Any Patient Education code containing "M-" or "-M" (medication) *or* DMC-IN (Diabetes Medicine–Insulin) FP-DPO (Family Planning–Depot Medroxyprogesterone Injections FP-OC (Family Planning–Oral Contraceptives) FP-TD (Family Planning–Transdermal (Patch)) *-NEB (*Nebulizer) *-MDI (*Metered Dose Inhalers)

Key Logic Changes from CRS Version 12.1

1. Removed refusal numerator and refusal logic.
2. Updated patient list.

Patient List Description

List of patients receiving medications with medication education, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

Measure	Target
IHS 2020 Goal	*75.0%*

```
      *** IHS 2013 Selected Measures with Community Specified Report ***
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                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Medications Education (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts receiving
medications              757            631                    592

# receiving
 medication educ         490  64.7      268  42.5    +22.3      81  13.7    +51.0

User Pop Pts receiving
medications              981            800                    753

# receiving
 medication educ         599  61.1      306  38.3    +22.8      87  11.6    +49.5
```

Figure 2-137: Sample Report, Medications Education

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Medications Education: List of patients receiving medications with med
education or refusal, if any

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,ANDREA MARY    000001 COMMUNITY #1   F  0
UP,AC
PATIENT2,VIRGINIA A     000002 COMMUNITY #1   F  0
UP                           08/06/13 HTN-M
PATIENT3,MICHAELA       000003 COMMUNITY #1   F  0
UP                           03/10/13 M-I
PATIENT4,MISTY          000004 COMMUNITY #1   F  5
UP,AC                        05/16/13 M-DI
PATIENT5,RITA ANN       000005 COMMUNITY #1   F  15
UP,AC                        07/05/13 M-I
PATIENT6,DIANE LOUISE   000006 COMMUNITY #1   F  15
UP                           08/21/13 M-I
PATIENT7,ALICIA         000007 COMMUNITY #1   F  15
UP,AC
PATIENT8,ALYSHA         000008 COMMUNITY #1   F  16
UP,AC
PATIENT9,SHELLY         000009 COMMUNITY #1   F  18
UP,AC                        03/12/13 PP-M
```

Figure 2-138: Sample Patient List, Medications Education

2.10.14 Medication Therapy Management Services

Denominators

Active Clinical patients equal to or greater than (=>)18 with medications dispensed at their facility during the Report Period.

Numerator

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

Logic Description

Age is calculated at the beginning of the report period.

Patients receiving medications at their facility are identified by any entry in the VMed file for your facility.

Medication Therapy Management (MTM) definition: 1) CPT codes 99605-99607 or 2) Clinic codes: D1, D2.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients greater than or equal to (>=) 18 receiving medications with medication therapy management, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------
Medications Therapy Management Services (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
```

```
=>18 receiving
medications             594           472                   424

# w/MTM                   5   0.8       0   0.0     +0.8      0   0.0     +0.8
```

Figure 2-139: Sample Report, Medications Therapy Management Services

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Medications Education: List of patients receiving medications with med
education or refusal, if any (con't)

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
PATIENT5,RITA ANN       000005 COMMUNITY #1   F  18
AC                           06/01/13 CPT 99607
PATIENT6,DIANE LOUISE   000006 COMMUNITY #1   F  20
AC                           07/28/13 CPT 99606
PATIENT7,ALICIA         000007 COMMUNITY #1   F  21
AC
PATIENT8,ALYSHA         000008 COMMUNITY #1   F  25
AC                           04/01/13 Cl D1
PATIENT9,SHELLY         000009 COMMUNITY #1   F  52
AC                           07/01/13 Cl D2
```

Figure 2-140: Sample Patient List, Medications Therapy Management Services

2.10.15 Self Management (Confidence)

Denominators

Active Clinical patients assessed for confidence in managing their health problems during the Report Period.

Numerator

Patients who are very confident in managing their health problems during the Report Period.

Logic Description

Confidence in managing health problems definition: Any health factor for category CONFIDENCE IN MANAGING HEALTH PROBLEMS.

Very confident definition: The most recent health factor in the CONFIDENCE IN MANAGING HEALTH PROBLEMS category of VERY SURE.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients who are confident in managing their health problems.

Measure Source

None

Measure Past Performance and Long-Term Targets

Measure	Target
IHS 2020 Goal	*75.0%*

```
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--------------------------------------------------------------------------------
Self Management (Confidence) (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts assessed
for confidence             8              1                       0

# very confident          4  50.0        0   0.0    +50.0       0   0.0    +50.0
```

Figure 2-141: Sample Report, Medications Education

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Self Management (Confidence): List of patients who are confident in
managing their health problems.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
--------------------------------------------------------------------------------
PATIENT5,RITA ANN       000005 COMMUNITY #1   F  18
AC                            06/01/13
PATIENT6,DIANE LOUISE   000006 COMMUNITY #1   F  20
AC                            07/28/13
PATIENT7,ALICIA         000007 COMMUNITY #1   F  21
AC
PATIENT8,ALYSHA         000008 COMMUNITY #1   F  25
AC
```

Figure 2-142: Sample Patient List, Medications Education

2.10.16 Public Health Nursing

Patient-Related Measures

Denominator

All *User Population patients*.

Numerators

For User Population only, the number of patients in the denominator served by Public Health Nurses (PHNs) in any setting, including Home.

For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.

For User Population only, the number of patients in the denominator served by PHNs in a HOME setting.

For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME Setting.

Visit-Related Measures

Denominators

Number of visits to User Population patients by PHNs in any setting, including Home

- Number of visits to patients ages 0 to 28 days (Neonate) in any setting.
- Number of visits to patients ages 29 days tp12 months (infants) in any setting.
- Number of visits to patients ages 1 through 64 years in any setting
- Number of visits to patients ages 65 and older (Elders) in any setting
- Number of PHN driver/interpreter (Provider Code 91) visits

Number of visits to User Population patients by PHNs in Home setting

- Number of Home visits to patients age 0 to 28 days (Neonate)
- Number of Home visits to patients age 29 days to 12 months (Infants)
- Number of Home visits to patients ages 1 through 64 years
- Number of Home visits to patients aged 65 and over (Elders).
- Number of PHN driver/interpreter (Provider Code 91) visits in a HOME setting.

Numerator

No numerator: count of visits only

Logic Description

PHN visit is defined as any visit with primary or Secondary Provider Code 13 or 91. Home visit defined as: (1) Clinic 11 and a primary or Secondary Provider Code 13 or 91 or (2) Location Home (as defined in Site Parameters) and a primary or Secondary Provider Code 13 or 91.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients with PHN visits documented.

Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.

Measure Source

None

Measure Past Performance and Long-Term Targets

Performance	All PHN visits	PHN Home Visits
IHS FY 2005 Performance	438,376	Not Reported
IHS FY 2004 Performance	423,379	192,121
IHS FY 2003 Performance	359,089	160,650
IHS FY 2002 Performance	343,874	156,263

```
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Public Health Nursing (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

All User Population
patients               2,896          2,456                  2,346

# served by PHNs in
 any Setting              13   0.4       13   0.5     -0.1      13   0.6     -0.1
# served by PHN drivers/
```

```
 interpreter - in
 any Setting              0   0.0        0   0.0     +0.0       0   0.0     +0.0
# served by PHNs in
 a Home Setting           1   0.0        1   0.0     +0.0       0   0.0     +0.0
# served by PHN
 drivers/interpreters
 in Home Setting          0   0.0        0   0.0     +0.0       0   0.0     +0.0

Total # PHN Visits -
 Any Setting             18             16           +2        19           -1

A. Ages 0-28 days         0              0           +0         0           +0

B. Ages 29 days -
 12 months                1              3           -2         0           +1

C. Ages 1-64
 years                   16             13           +3        19           -3

D. Ages 65+               1              0           +1         0           +1

E. Driver/Interpreter
 visits -
 any setting              0              0           +0         0           +0


Total # PHN Visits -
 Home Setting             3              1           +2         0           +3

A. Ages 0-28 days         0              0           +0         0           +0

B. Ages 29 days-
 12 months                0              1           -1         0           +0

C. Ages 1-64
 years                    3              0           +3         0           +3

D. Ages 65+               0              0           +0         0           +0

E. Driver/interpreter
 visits -
 Home Setting             0              0           +0         0           +0
```

Figure 2-143: Sample Report, Public Health Nursing

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Public Health Nursing: List of patients with PHN visits documented

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,HELENE MARIE   000001 COMMUNITY #1   F  29
UP                             2 all PHN; 0 home; 0 driver all; 0 driver home
PATIENT2,KATHLEEN       000002 COMMUNITY #1   F  38
UP                             3 all PHN; 3 home; 0 driver all; 0 driver home
```

```
PATIENT40,ERIKA SUE     000040 COMMUNITY #2   F  37
UP                            1 all PHN; 0 home; 0 driver all; 0 driver home
PATIENT41,DANIEL RAY    000041 COMMUNITY #2   M  0
UP                            1 all PHN; 0 home; 0 driver all; 0 driver home
```

Figure 2-144: Sample Patient List, Public Health Nursing

2.10.17 Breastfeeding Rates

Denominators

Active Clinical patients who are 30 to 394 days old

Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *two months* (45 to 89 days) (GPRA Denominator)

Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *six months* (165 to 209 days)

Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *nine months* (255 to 299 days)

Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *one year* (350 to 394 days)

Numerators

Patients who were screened for infant feeding choice *at least onc*e

Patients who were screened for infant feeding choice at the age of *two months* (45 to 89 days)

Patients who were screened for infant feeding choice at the age of *six months* (165 to 209 days)

Patients who were screened for infant feeding choice at the age of *nine months* (255 to 299 days)

Patients who were screened for infant feeding choice at the age of *one year* (350 to 394 days)

Patients who, at the age of *two months* (45 to 89 days), were either exclusively or mostly breastfed (GPRA Numerator)

Patients who, at the age of *six months* (165 to 209 days), were either exclusively or mostly breastfed

Patients who, at the age of *nine months* (255–299 days), were either exclusively or mostly breastfed

Patients who, at the age of *one year* (350 to 394 days), were either exclusively or mostly breastfed

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Infant feeding choice definition: The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as half breastfed and half formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of two months (i.e., 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for six months, 270 days for nine months, and 365 days for one year.

In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example, if a patient was screened at six months and was exclusively breastfeeding but was not screened at two months, then the patient will only be counted in the six months numerator.

Key Logic Changes from CRS Version 12.1

Changed "PART" label to "GPRA" for both the denominator and numerator.

Patient List Description

List of patients 30 to 394 days old, with infant feeding choice value, if any.

Note: "DO" represents "Days Old."

Measure Source

HP 2020, MICH-21.4 Exclusive breastfeeding-through three months, MICH-21.5 Exclusive breastfeeding-through six months.

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2012 Performance	30.3%
IHS FY 2011 Performance	26.7%
IHS FY 2010 Performance	33%
IHS FY 2008 Performance	28%

Performance	Percent
HP 2020 goal for breastfeeding through 3 months of age	*44.3%*
HP 2020 goal for breastfeeding through 6 months of age	*23.7%*

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Breastfeeding Rates

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 30-394 days	46		30			34		
# w/infant feeding choice screening	11	23.9	0	0.0	+23.9	1	2.9	+21.0
# w/screening @ 2 mos	4	8.7	0	0.0	+8.7	1	2.9	+5.8
# w/screening @ 6 mos	3	6.5	0	0.0	+6.5	0	0.0	+6.5
# w/screening @ 9 mos	4	8.7	0	0.0	+8.7	0	0.0	+8.7
# w/screening @ 1 yr	3	6.5	0	0.0	+6.5	0	0.0	+6.5
AC Pts 30-394 days screened @ 2 mos (GPRA)	4		0			1		
# @ 2 mos exclusive/ mostly breastfed (GPRA)	4	100.0	0	0.0	+100.0	1	100.0	+0.0
AC Pts 30-394 days screened @ 6 mos	3		0			0		
# @ 6 mos exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7
AC Pts 30-394 days screened at 9 mos	4		0			0		
# @ 9 mos exclusive/mostly breastfed	3	75.0	0	0.0	+75.0	0	0.0	+75.0
AC Pts 30-394 days screened @ 1 yr	3		0			0		

```
# @ 1 year
 exclusive/mostly
 breastfed                2  66.7        0   0.0    +66.7       0   0.0    +66.7
```

Figure 2-145: Sample Report, Breastfeeding Rates

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Breastfeeding Rates: List of patients 30-394 days old, with infant feeding
choice value, if any.

PATIENT NAME             HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,AMANDA DEBRA    000001 COMMUNITY #1   F  0
AC                             Scrn: 33 DO, 02/09/13 MOSTLY BREASTFEEDING
PATIENT2,LEROY JAMES     000002 COMMUNITY #1   M  1
AC                             Scrn: 2 MOS: 48 DO, 01/20/13 EXCLUSIVE BREASTFEEDING;
6 MOS: 178 DO, 05/30/13 EXCLUSIVE BREASTFEEDING; 9 MOS: 276 DO, 09/05/13 EXCLUSIVE
BREASTFEEDING; 1 YR: 382 DO, 12/20/13 MOSTLY BREASTFEEDING
PATIENT3,TERRY SCOTT     000003 COMMUNITY #1   M  0
AC
PATIENT4,ROBERT          000004 COMMUNITY #1   M  0
AC                             Scrn: 6 MOS: 187 DO, 08/11/13 EXCLUSIVE BREASTFEEDING
PATIENT11,STEVEN CODY    000011 COMMUNITY #2   M  0
AC                             Scrn: 2 MOS: 60 DO, 11/03/13 MOSTLY BREASTFEEDING
```

Figure 2-146: Sample Patient List, Breastfeeding Rates

2.10.18 Use of High-Risk Medications in the Elderly

Denominators

Active Clinical patients ages 65 and older. Broken down by gender and age groups (65 through 74, 75 through 84, greater than (>) 85).

User Population patients ages 65 and older. Broken down by gender.

Numerators

Patients who received at least one high-risk medication for the elderly during the Report Period.

Patients who received at least two different high-risk medications for the elderly during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Note: The logic below is a deviation from the logic written by PQA, as PQA requires at least two prescriptions fills for the same high-risk medication during the Report Period, while the logic below only requires one prescription fill.

For nitrofurantoin, a patient must have received a cumulative days supply for any nitrofurantoin product greater than 90 days during the Report Period.

For nonbenzodiazepine hypnotics, a patient must have received a cumulative days supply for any nonbenzodiazepine hypnotic products greater than 90 days during the Report Period.

Medication definitions: High-risk medications for the elderly defined with medication taxonomies:

- BGP HEDIS ANTICHOLINERGIC MEDS: First-generation antihistamines (Includes combination drugs) (Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Diphenhydramine (oral), Doxylamine, Hydroxyzine, Promethazine, Triprolidine); Antiparkinson agents (Benztropine (oral), Trihexyphenidyl)
- BGP HEDIS ANTITHROMBOTIC MEDS: (Ticlopidine, Dipyridamole, oral short-acting)
- BGP HEDIS ANTI-INFECTIVE MEDS: (Nitrofurantoin)
- BGP HEDIS CARDIOVASCULAR MEDS: Alpha blockers, central (Guanabenz, Guanfacine, Methyldopa, Reserpine); Cardiovascular, other (Disopyramide, Digoxin, Nifedipine, immediate release)
- BGP HEDIS CENTRAL NERVOUS MEDS: Tertiary TCAs (Includes combination drugs) (Amitriptyline, Clomipramine, Doxepin, Imipramine, Trimipramine); Antipsychotics, first-generation (conventional) (Thioridazine, Mesoridazine); Barbiturates (Amobarbital, Butabarbital, Butalbital, Mephobarbital, Pentobarbital, Phenobarbital, Secobarbital); Central Nervous System, other (Chloral hydrate, Meprobamate); Nonbenzodiazepine hypnotics (Eszopiclone, Zolpidem, Zaleplon); Vasodilators (Ergoloid mesylates, Isoxsuprine)
- BGP HEDIS ENDOCRINE MEDS: Endocrine (Desiccated thyroid, Estrogens with or without progesterone (oral and topical patch products only), Megestrol); Sulfonylureas, long-duration (Chlorpropamide, Glyburide)
- BGP HEDIS GASTROINTESTINAL MEDS: (Trimethobenzamide)
- BGP HEDIS PAIN MEDS: Other (Meperidine, Pentazocine); Non-COX-selective NSAIDs (Indomethacin, Ketorolac)

- BGP HEDIS SKL MUSCLE RELAX MED (Includes combination drugs) (Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine)

> **Note:** For each medication, the days supply must be greater than (>) 0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2013, Discontinued Date=11/19/2013, Recalculated # Days Prescribed=4. Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 12.1

Updated medications and corresponding logic.

Patient List Description

List of patients 65 and older with at least one prescription for a potentially harmful drug.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

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Use of High-Risk Medications in the Elderly

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=>65                    122             71                      65

# w/exposure to at
 least 1 high-risk med     48  39.3       15  21.1    +18.2      25  38.5     +0.9
# w/exposure to
 multiple high-risk
 meds                      17  13.9        5   7.0     +6.9       9  13.8     +0.1
```

```
Male Active Clinical
=>65                    56            33                    27

# w/exposure to at
 least 1 high-risk med     34  60.7        6  18.2    +42.5      11  40.7    +20.0
# w/exposure to
 multiple high-risk
 meds                       9  16.1        3   9.1     +7.0       3  11.1     +5.0

Female Active Clinical
=>65                    66            38                    38

# w/exposure to at
 least 1 high-risk
 med                       14  21.2        9  23.7     -2.5      14  36.8    -15.6
# w/exposure to
 multiple high-risk
 meds                       8  12.1        2   5.3     +6.9       6  15.8     -3.7

User Pop Pts
=>65                   225           164                   144

# w/exposure to at
 least 1 high-risk
 med                       49  21.8       16   9.8    +12.0      26  18.1     +3.7
# w/exposure to
 multiple high-risk
 meds                      17   7.6        5   3.0     +4.5       9   6.3     +1.3

Male User Pop
=>65                    99            68                    54

# w/exposure to at
 least 1 high-risk
 med                       35  35.4        6   8.8    +26.5      11  20.4    +15.0
# w/exposure to
 multiple high-risk
 meds                       9   9.1        3   4.4     +4.7       3   5.6     +3.5
```

Figure 2-147: Sample Report, Drugs to be Avoided in the Elderly

```
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Use of High-Risk Medications in the Elderly (con't)

                     ACTIVE CLINICAL PATIENTS 65+
                                    Age Distribution
                                65-74      75-84       85+

CURRENT REPORT PERIOD
AC Patients 65+                   70          36          10
```

```
# w/exposure to at least
  1 high-risk med                  15           6           2
% w/exposure to at least
  1 high-risk med                21.4        16.7        20.0

# w/exposure to multiple
  high-risk meds                   8           2           1
% w/exposure to multiple
  high-risk meds                11.4         5.6        10.0

PREVIOUS YEAR PERIOD
AC Patients 65+                  39          19           6

# w/exposure to at least
  1 high risk med                  7           4           1
% w/exposure to at least
  1 high-risk med                17.9        21.1        16.7

# w/exposure to multiple
  high-risk meds                   1           0           0
% w/exposure to multiple
  high-risk meds                 2.6         0.0         0.0

CHANGE FROM PREV YR %
w/exposure to at least
  1 high risk med                +3.5        -4.4        +3.3
w/exposure to multiple
  high-risk meds                 +8.9        +5.6       +10.0
```

Figure 2-148: Sample Report, Drugs to be Avoided in the Elderly

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Use of High Risk Medications in the Elderly: List of patients 65 and older
with at least one high-risk medication.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,JONELLE        000001 COMMUNITY #1   F  69
UP,AC       2 drugs: 08/04/13 ESTERIFIED ESTROGENS 0.625MG TAB (ORAL ESTROGEN);
08/04/13 PROPOXYPHENE-N 100MG/APAP 650MG TAB (NARCOTIC)
PATIENT2,PAULINE        000002 COMMUNITY #1   F  70
UP,AC       1 drug:11/02/13 PROPOXYPHENE-N 100MG/APAP 650MG TAB (NARCOTIC)
PATIENT3,NADINE         000003 COMMUNITY #1   F  82
UP,AC       2 drugs: 09/25/13 DIAZEPAM 5MG TAB (BENZODIAZEPINE); 09/25/13
PROPOXYPHENE-N 100MG/APAP 650MG TAB (NARCOTIC)
PATIENT4,JESSE NATHAN   000004 COMMUNITY #1   M  77
UP,AC       1 drug:08/27/13 CYCLOBENZAPRINE HCL 10MG TAB (SKL MUSCLE)
```

Figure 2-149: Sample Patient List, Drugs to be Avoided in the Elderly

2.10.19 Functional Status Assessment in Elders

Denominator

Active Clinical patients ages 55 and older. Broken down by gender.

Numerator

Patients screened for functional status at any time during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Functional status screening definition: Any non-null values in V Elder Care for (1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence *and* (2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report Period.

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients equal to or greater than (=>) 55 with functional status codes, if any. The following are the abbreviations used in the Numerator column:

- TLT–Toileting
- BATH–Bathing
- DRES–Dressing
- XFER–Transfers
- FEED–Feeding
- CONT–Continence
- FIN–Finances
- COOK–Cooking
- SHOP–Shopping
- HSWK–Housework/Chores
- MEDS–Medications
- TRNS–Transportation

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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Functional Status Assessment in Elders

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=>55                    271            162                    127

# w/functional status
 screening                2   0.7        0   0.0     +0.7       0   0.0     +0.7

Male Active Clinical
=>55                    135             77                     60

# w/functional status
 screening                1   0.7        0   0.0     +0.7       0   0.0     +0.7

Female Active Clinical
=>55                    136             85                     67

# w/functional status
 screening                1   0.7        0   0.0     +0.7       0   0.0     +0.7
```

Figure 2-150: Sample Report, Functional Status Assessment in Elders

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Functional Status Assessment in Elders: List of patients => 55 with functional
status codes, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,GLENDA JOYCE   000001 COMMUNITY #1   F  57
AC
PATIENT2,NADINE         000002 COMMUNITY #1   F  61
AC
PATIENT3,CHARLOTTE MAE  000003 COMMUNITY #1   F  64
AC                             YES: 02/24/13 BATH, CONT, COOK, DRES, FEED, FIN, HSWK,
MEDS, SHOP, TLT, TRNS, XFER
PATIENT4,KATHERINE ANN  000004 COMMUNITY #1   F  66
AC                             YES: 07/11/13 BATH, FIN
PATIENT5,ANNA MARIE     000005 COMMUNITY #1   F  66
AC
```

```
PATIENT6,DIANA          000006 COMMUNITY #1   F  67
AC
PATIENT7,PEGGY ANN      000007 COMMUNITY #1   F  70
AC                            NO: 05/20/12 FIN
```

Figure 2-151: Sample Patient List, Functional Status Assessment in Elders

2.10.20 Fall Risk Assessment in Elders

Denominators

Active Clinical patients ages 65 and older. Broken down by gender.

User Population patients ages 65 and older. Broken down by gender.

Numerators

Patients who have been screened for fall risk or with a fall-related diagnosis in the past year.

Note: This numerator does *not* include refusals.

a. Patients who have been screened for fall risk in the past year
b. Patients with a documented history of falling in the past year
c. Patients with a fall-related injury diagnosis in the past year
d. Patients with abnormality of gait/balance or mobility diagnosis in the past year

Patients with a documented refusal of fall risk screening exam in the past year

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Fall risk screening/fall related diagnosis is defined as any of the codes in the table below.

Subject Defined	ICD and Other Codes	Exam Code	E Codes (Injury)
Fall Risk Exam	**CPT:** 1100F, 1101F, 3288F	**V Exam**: 37 (Fall Risk)	
History of Falling	**V POV**: V15.88 (Personal History of Fall)		
Fall-related Injury			**V POV (Cause Codes #1-3)**: E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*

Subject Defined	ICD and Other Codes	Exam Code	E Codes (Injury)
Abnormality of Gait/Balance or Mobility	**V POV**: 781.2, 781.3, 719.7, 719.70 (old code), 719.75–719.77 (old codes), 438.84, 333.99, 443.9		
Refusal		**V Exam**: 37 (Fall Risk)	

Key Logic Changes from CRS Version 12.1

None

Patient List Description

List of patients 65 years or older with fall risk assessment, if any.

Measure Source

HP 2010 15–28 Reduce hip fractures among older adults.

Measure Past Performance and Long-Term Targets

None

```
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Fall Risk Assessment in Elders (con't)

Active Clinical Pts
65+                      116             64                      65

# w/ fall risk screen/
 Dx-No Refusals           14  12.1        8  12.5     -0.4        8  12.3     -0.2
A. # w/ fall risk
 screen                    5   4.3        0   0.0     +4.3        0   0.0     +4.3
B. # w/ history
 of fall                   1   0.9        0   0.0     +0.9        0   0.0     +0.9
C. # w/ fall injury        2   1.7        1   1.6     +0.2        3   4.6     -2.9
D. # w/ abnormal
 gait                      6   5.2        7  10.9     -5.8        5   7.7     -2.5
# w/ refusal               3   2.6        0   0.0     +2.6        0   0.0     +2.6

Male Active Clinical
65+                       53             28                      27

# w/ fall risk screen/
 Dx-No Refusals            6  11.3        3  10.7     +0.6        2   7.4     +3.9
A. # w/ fall risk
 screen                    2   3.8        0   0.0     +3.8        0   0.0     +3.8
B. # w/ history
```

```
 of fall                  1   1.9        0   0.0     +1.9       0   0.0     +1.9
C. # w/ fall injury       0   0.0        0   0.0     +0.0       1   3.7     -3.7
D. # w/ abnormal
 gait                     3   5.7        3  10.7     -5.1       1   3.7     +2.0
# w/ refusal              1   1.9        0   0.0     +1.9       0   0.0     +1.9

Female Active Clinical
65+                      63            36                     38

# w/ fall risk screen/
 Dx-No Refusals           8  12.7        5  13.9     -1.2       6  15.8     -3.1
A. # w/ fall risk
 screen                   3   4.8        0   0.0     +4.8       0   0.0     +4.8
B. # w/ history
 of fall                  0   0.0        0   0.0     +0.0       0   0.0     +0.0
C. # w/ fall injury       2   3.2        1   2.8     +0.4       2   5.3     -2.1
D. # w/ abnormal
 gait                     3   4.8        4  11.1     -6.3       4  10.5     -5.8
# w/ refusal              2   3.2        0   0.0     +3.2       0   0.0     +3.2
```

Figure 2-152: Sample Report, Fall Risk Assessment in Elders

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Fall Risk Assessment in Elders: List of patients 65 years or older with fall
risk assessment, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SHERRY         000001 COMMUNITY #1   F  68
UP,AC
PATIENT2,LORETTA LYNN   000002 COMMUNITY #1   F  78
UP,AC                         Refused 03/03/13 Ex 37
PATIENT17,NICOLE        000017 COMMUNITY #2   F  71
UP,AC                         Abnormal Gait: 11/25/13 POV 443.9
PATIENT18,VERONICA      000018 COMMUNITY #2   F  72
UP                            Screen: 03/03/13 CPT 1100F
PATIENT19,STEPHANIE     000019 COMMUNITY #2   F  76
UP,AC                         Fall Injury: 11/10/13 E-CODE E883.9
```

Figure 2-153: Sample Patient List, Fall Risk Assessment in Elders

2.10.21 Palliative Care

Denominators

No denominator; count only.

Numerators

No denominator; count only. The total number of *Active Clinical patients* with at least one palliative care visit during the Report Period. Broken down by age groups (less than (<) 18, 18 through 54, greater than (>) 55).

No denominator; count only. The total number of palliative care visits for *Active Clinical patients* during the Report Period. Broken down by age groups (less than (<) 18, 18 through 54, greater than (>)55).

Logic Description

Age is calculated at the beginning of the Report Period.

Palliative care visit definition: POV V66.7.

Patient List Description

List of patients with a palliative care visit.

Key Logic Changes from CRS Version 12.1

Removed measures associated with cancer and corresponding logic.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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       *** IHS 2013 Selected Measures with Community Specified Report ***
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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Palliative Care

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE


Total # of Patients
 w/At Least 1 Palliative
 Care Visit              40             0         +40          0         +40

A. Total # of Patients
 <18 w/At Least 1 Palliative
 Care Visit               1             0         +1           0         +1
```

```
B. Total # of Patients 18-54
 w/At Least 1 Palliative
 Care Visit              25              0         +25          0         +25

C. Total # of Patients 55+
 w/At Least 1 Palliative
 Care Visit              14              0         +14          0         +14

Total # of Palliative
 Care Visits             62              0         +62          0         +62

A. Total # of Palliative
 Care Visits-Pts
 <18                      2              0         +2           0         +2

B. Total # of Palliative
 Care Visits-Pts
 18-54                   38              0         +38          0         +38

C. Total # of Palliative
 Care Visits-Pts
 55+                     22              0         +22          0         +22

Active Clinical Pts 18+
w/ 2+ types of
cancer                   28              3                      3

# w/ 2+ Palliative
 Care Visits             14  50.0        0   0.0    +50.0       0   0.0    +50.0
```

Figure 2-154: Sample Report, Palliative Care

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Palliative Care: List of patients with a palliative care visit, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,JOHN           000012 Community #1   M  57
AC                             1 visit: 05/01/13
PATIENT2,ROBERT         000013 Community #1   M  59
AC                             2 visits: 01/25/13, 05/10/13
PATIENT3,JAMES          000014 Community #2   M  67
AC                             0 visits:
PATIENT4,TONYA          000015 Community #3   F  78
AC                             1 visit: 06/01/13
PATIENT5,RITA ANN       000016 Community #3   F  96
AC                             2 visits: 06/01/13; 06/07/13
PATIENT6,Clifford       000017 Community #3   M  24
AC                             3 visits: 01/25/13, 05/10/13, 08/01/13
```

Figure 2-155: Sample Patient List, Palliative Care

2.10.22 Annual Wellness Visit

Denominators

Active Clinical patients ages 65 and older. Broken down by gender.

Numerators

Patients with at least one Annual Wellness Exam in the past 15 months.

Logic Description

Age is calculated at the beginning of the Report Period.

Annual Wellness Exam: CPT G0438, G0439, G0402.

Patient List Description

List of patients with an annual wellness visit in the past 15 months.

Key Logic Changes from CRS Version 12.1

None

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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                     Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Annual Wellness Visit

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE

Active Clinical Pts
65+                      116            64                      65

# w/ Annual Wellness
 Exam                      2   1.7        0   0.0     +1.7       0   0.0     +1.7

Male Active Clinical
Pts 65+                   53            28                      27

# w/ Annual Wellness
```

```
 Exam                    0   0.0        0   0.0     +0.0       0   0.0     +0.0

Female Active Clinical
Pts 65+                 63             36                     38

# w/ Annual Wellness
 Exam                    2   3.2        0   0.0     +3.2       0   0.0     +3.2
```

Figure 2-156: Sample Report, Annual Wellness Visit

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Annual Wellness Visit: List of patients with an annual wellness visit in
the past 15 months, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                   NUMERATOR
-------------------------------------------------------------------------------
Patient1,DENISE         000001 Community #1   F  65
AC                            12/31/12 G0402
Patient2,MELISSA GAYLE  000002 Community #1   F  66
AC
Patient3,JESSICA DAWN   000003 Community #1   F  67
AC                            02/22/13 G0438
Patient4,RUTH ALICE     000004 Community #1   F  69
AC
Patient5,BRYSON DEWAY   000005 Community #1   F  72
AC
Patient6,BRITTNEY ANN   000006 Community #1   F  73
AC                            05/31/13 G0439
Patient7,MARK           000007 Community #1   M  67
AC
Patient8,HOWIE          000008 Community #1   M  72
AC                            10/01/13 G0402
```

Figure 2-157: Sample Patient List, Annual Wellness Visit

2.10.23 Goal Setting

Denominators

User Population patients.

Numerators

Number of patients who set at least one goal during the Report Period.

Number of patients who met at least one goal during the Report Period.

Logic Description

Patient education codes must be the standard national patient education codes, which are included in the Patient and Family Education Protocols and Codes (PEPC) manual published each year. If codes are found that are not in the table, they will not be reported on (i.e. locally-developed codes).

Numerator Logic:

For Goal Set, the Goal Setting value must be "Goal Set" and the Goal Start Date must be during the Report Period..

For Goal Met, the Goal Status value must be "Goal Met" and the Date/Time Last Modified must be during the Report Period. The patient is not required to have set a goal during the Report Period.

Patient List Description

List of User Population patients with goal setting information during the Report Period.

Key Logic Changes from CRS Version 12.1

1. Changed measures to new measures that look in new Patient Goal file
2. Updated patient list

Measure Source

None

Measure Past Performance and Long-Term Targets

None

```
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                 Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
                    Baseline Period:  Jan 01, 2000 to Dec 31, 2000
--------------------------------------------------------------------------------

Goal Setting

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE

# User Pop w/ Pat Ed  1,024            858                     644

# w/ goal set             8   0.8        0   0.0     +0.8       0   0.0     +0.8
# w/ goal met             6   0.6        0   0.0     +0.6       0   0.0     +0.6
```

Figure 2-158: Sample Report, Goal Setting

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Goal Setting: List of User Population patients who received patient
education during the Report Period with goal setting information.

PATIENT NAME            HRN    COMMUNITY     SEX AGE
 DENOMINATOR                  NUMERATOR
-------------------------------------------------------------------------------
Patient1,Paula          000001 Community #1   F  34
UP                           GS: 11/17/13
Patient2,PENNY          000002 Community #1   F  43
UP
Patient3,RITA           000003 Community #1   F  64
UP                           GS: 04/15/13, GM: 06/15/13
Patient4,HARRY          000004 Community #1   M  50
UP                           GM: 10/30/13
Patient5,ROSS           000005 Community #1   M  55
UP
Patient6,FELIPE         000006 Community #1   M  57
UP                           GS: 09/10/13
Patient7,MARK           000007 Community #1   M  67
UP
Patient8,CATHERINE      000008 Community #2   F  72
UP                           GM: 07/30/13
```

Figure 2-159: Sample Patient List, Goal Setting

Contact Information

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

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

Fax: (505) 248-4363

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

Email: support@ihs.gov