

CCNC Quality Measures and Feedback Final Measures for 2011 Reporting Year

Background

Since its beginning in 1998, CCNC has used performance measurement and feedback to help meet its goals of improving the quality of care for Medicaid recipients while controlling costs. Quality measurement is intended to stimulate or facilitate quality improvement efforts in CCNC practices and local networks, and to evaluate the performance of the program as a whole.

CCNC's Quality Measurement and Feedback (QMAF) program was substantially expanded in 2009, in response to the needs of an expanded aged, blind and disabled enrolled population with multiple chronic conditions, and in response to requests from providers and practices to seek alignment in quality measures across multiple payer or stakeholder entities. A workgroup with representation from all 14 CCNC networks was convened in 2007, and met over the course of a year for in-depth review of candidate measures. Goals were to identify a broad set of quality measures with: 1) clinical importance (based on disease prevalence and impact, and potential for improvement), 2) scientific soundness (strength of evidence underlying the clinical practice recommendation; evidence that the measure itself improves care; and the reliability, validity, and comprehensibility of the measure), and 3) implementation feasibility, and 4) synergy with other state and national quality measures or quality improvement programs. Measures are not intended to capture every aspect of good clinical care.

QMAF measures are reviewed on an annual basis, and final measures are approved by vote of the CCNC Clinical Directors.

General Notes on Chart Review Measures:

- Patients are eligible for inclusion in the sample by meeting disease criteria during the 12-24 months prior to the date of sampling, with at least 10 months of Carolina Access enrollment during the 12 months prior to sampling. Charts are reviewed at the practice of the primary care provider assigned to the patient at the time of sampling. The presence of the disease must be confirmed by chart review.
- Patients with any of four qualifying condition (DM, asthma, HF, or Ischemic Vascular Disease) are eligible for the sample. Sampled patients with multiple co-morbidities (including HTN) will be audited for all confirmed conditions.
- For CY 2010, a total of 53,685 patients from 1,332 practices were eligible for the sample. 20,000 patients were randomly selected for inclusion. Network and Program-level performance rates are based on that random sample of 20,000. Within CCNC practices that did not have patients selected among the 20K, an additional 7,052 patients were randomly selected for review, to allow for practice-level feedback in all 1,332 practices.
- All measures allow a one-year look back period from the date of the most recent office visit, unless otherwise specified
- Practice-level results with patient-level detail available on a next-day basis. Chart reviews will be conducted continuously over the course of the year. Network- and Program- level reports, with internal and external benchmarks, will be published after all reviews are completed.

General Notes on Claims-Derived Measures:

- Claims measures will be reported quarterly
- Patients will be included in claims-derived measures if:
 - Medicaid is the primary payer
 - modified HEDIS disease definition criteria met 12-24 months prior to end of reporting period
 - patient is enrolled with CA 10 of 12 months prior to end of reporting period, and enrolled with PCP as of end of reporting period
- A "care alert" system to be released in the fall of 2010 will allow providers access to continuously updated lists of currently enrolled patients in default of recommended services, as available in Medicaid claims data

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CHART REVIEW MEASURES

Asthma

	Specifications	Level of Evidence (LOE)*	Notes (Endorsing Organizations are indicated. See appendix for acronyms and sources)
Continued Care Visit with assessment of symptoms	Continued care visit defined as one with a listed diagnosis of asthma. Symptom assessment determined from review of progress notes or completed patient questionnaires.	B,C	<ul style="list-style-type: none"> IPIP Patient questionnaire-existing standardized tools readily available
Action Plan	Asthma Action Plan documented in chart	B	<ul style="list-style-type: none"> NQF supported, IPIP-optional measure
Assessment of environmental triggers	Documentation collected from review of progress notes, action plans, and patient questionnaires. Environmental trigger assessment may include documentation of tobacco use or exposure.	A	<ul style="list-style-type: none"> Current IPIP-optional measure is limited to tobacco use assessment
Appropriate pharmacological therapy	Among patients whose chart documentation indicates persistent asthma or poor symptom control, % who have been prescribed controller therapy	A	<ul style="list-style-type: none"> IPIP New CCNC measure for 2011

* per NHLBI guidelines

Ischemic Vascular Disease/Cardiovascular Disease

	Specifications	Strength of Rec/LOE*	Notes
Aspirin use	Aspirin use addressed, based on: <ul style="list-style-type: none"> - Aspirin or other antiplatelet therapy on med list or flowsheet - Contraindication or allergy noted - Documented discussion of risks/benefits 	I/A	<ul style="list-style-type: none"> NCQA HSRP ACC/AHA/PCPI
Smoking status and cessation advice or treatment	Requires: <ul style="list-style-type: none"> -documentation that patient is non-smoker, or -documentation of cessation advice or treatment within past year 	I/B	<ul style="list-style-type: none"> NCQA HSRP ACC/AHA/PCPI
BP Control	BP <140/90	I/A	<ul style="list-style-type: none"> NCQA HSRP
Lipid Testing	Lipid panel or LDL within past year	I/A	<ul style="list-style-type: none"> NCQA HSRP NCQA Hedis ACC/AHA/PCPI
LDL Control	LDL <100	I/A	<ul style="list-style-type: none"> NCQA HSRP NCQA Hedis

* per ACC/AHA Guidelines

Hypertension

	Specifications	LOE	Notes
BP <140/90	Based on most recent BP in chart		<ul style="list-style-type: none"> NCQA HSRP NCQA Hedis

Diabetes

	Specifications	LOE*	Notes
A1c testing	1 or more measurements during year <ul style="list-style-type: none"> All ages 	A	<ul style="list-style-type: none"> NCQA, NQF, AQA Given rising prevalence of pediatric diabetes, CCNC Clinical Directors decided to include children in measures where consistent with evidence based guidelines (NCQA limits all DM measures to ages 18-75)
A1c control <8.0%	Most recent HbA1c is <8.0% (good control) Pts with no test are counted as "poor control" <ul style="list-style-type: none"> Age ≥18¹ 	A	<ul style="list-style-type: none"> Measure modified in 2011, due to emerging evidence questioning the benefit of tight control in certain higher risk patients. CCNC reported A1C control <7.0% in prior years. NCQA DPRP IPIP optional A1C goals vary by age in peds¹
A1c control (poor)	Most recent HbA1c is >9.0% (poor control) Pts with no test are counted as "poor control" <ul style="list-style-type: none"> All Ages 		<ul style="list-style-type: none"> NCQA DPRP, NQF, CMS PQRI IPIP A1C goals vary by age in peds
Lipid Management (good)	Most recent LDL-C is <100mg/dl Pts with no test are counted as "poor control" <ul style="list-style-type: none"> Age ≥18¹ 	A	<ul style="list-style-type: none"> NCQA DPRP, PQRI IPIP Recommended frequency of lipid testing varies by age¹
Lipid Management (poor)	Most recent LDL-C is >130mg/dl Pts with no test are counted as "poor control" <ul style="list-style-type: none"> All ages 		<ul style="list-style-type: none"> NCQA DPRP IPIP optional Recommended frequency of lipid testing varies by age
BP Control (good)	Most recent BP <130 systolic and <80 diastolic <ul style="list-style-type: none"> Age ≥18¹ 	A	<ul style="list-style-type: none"> NCQA DPRP, BTE, IPIP (PQRI measures <140/80) BP goals vary by age in peds¹
BP Control (poor)	Most recent BP >140 systolic or >90 diastolic <ul style="list-style-type: none"> Age ≥18¹ 		<ul style="list-style-type: none"> NCQA DPRP, BTE, IPIP optional BP goals vary by age in peds¹
Foot Exam	Any foot exam <ul style="list-style-type: none"> Age ≥18 	B	<ul style="list-style-type: none"> NCQA DPRP IPIP optional
Smoking status and cessation advice or treatment	Requires: <ul style="list-style-type: none"> -documentation that patient is non-smoker, or -documentation of cessation advice or treatment within past year <ul style="list-style-type: none"> Age >10 	B	<ul style="list-style-type: none"> NCQA DPRP IPIP

*per ADA guidelines

Heart Failure

	Specifications	Strength of Rec/ LOE*	Notes
LVF documentation	Quantitative or qualitative <u>results</u> of LVF assessment recorded in PCP chart	I/C	<ul style="list-style-type: none"> ACC/AHA/PCPI
ACE Inhibitor/ARB Therapy	% of pts with EF <40%, prescribed ACEI or ARB therapy	I/A (ACEI), IIa/B (ARB)	<ul style="list-style-type: none"> ACC/AHA/PCPI CMS PQRI
Beta Blocker Therapy	% of pts with ejection fraction <40%, prescribed Beta Blocker	I/A	<ul style="list-style-type: none"> ACC/AHA/PCPI CMS PQRI

*per ACC/AHA Guidelines

NOTE: For REPORTING of measures that are valid across multiple conditions/populations, we combine qualifying patients into the denominator of a single measure. The intent is to organize the report according to evidence-based clinical action (rather than by individual diseases), to emphasize best practices across comorbidities, and to improve practice “sample size” for each measure. See below:

	Specifications
Cardiovascular Prevention	
Aspirin use	Aspirin use addressed, based on: <ul style="list-style-type: none"> - Aspirin or other antiplatelet therapy on med list or flowsheet - Contraindication or allergy noted - Documented discussion of risks/benefits Qualifying patients: <ul style="list-style-type: none"> - All adults with IVD/CVD
Smoking status and cessation advice or treatment	Requires: <ul style="list-style-type: none"> -documentation that patient is non-smoker, or -documentation of cessation advice or treatment within past year Qualifying patients: DM, IVD/CVD, HF, HTN --Age > 10
BP Control	BP <140/90 Qualifying patients: all with diagnosis of HTN
Lipid Testing	Lipid panel or LDL within past year Qualifying patients: Adults IVD/CVD, DM
LDL Control	LDL <100 Qualifying patients: Adults IVD/CVD, DM

CLAIMS-DERIVED MEASURES

Asthma

	Specifications	LOE*	Notes
	Denominator (modified HEDIS criteria) <ul style="list-style-type: none"> • Diagnosis of asthma based on specific ICD9 codes in Inpatient or ED visit, or 4+ outpatient visits plus asthma meds; or meeting asthma medication criteria • COPD patients excluded • Age ≥ 5 		
Suboptimal Control (Beta agonist overuse)	Among patients with diagnosis of asthma (modified Hedis), % overusing Beta agonist (>4 or more canister fill dates in any 90 day window during the measurement year)	A	<ul style="list-style-type: none"> • National PQA measure (Pharmacy Quality Alliance), measure of suboptimal control
Suboptimal control and absence of controller therapy	Among patients with beta agonist overuse as defined above, % with no dispensed controller medication during the measurement year	A	<ul style="list-style-type: none"> • National PQA measure
Asthma ED visits	Hospital admissions with asthma primary diagnosis, per 1000 asthma member-months		<ul style="list-style-type: none"> • Reported quarterly on a rolling 12 month basis
Asthma Hospitalizations	Hospital admissions with asthma primary diagnosis, per 1000 asthma member-months		<ul style="list-style-type: none"> • Reported quarterly on a rolling 12 month basis

* per NHLBI guidelines

Diabetes

	Specifications	LOE*	Notes
DIABETES	Denominator (modified NCQA HEDIS): <ul style="list-style-type: none"> • diagnosis of DM based on <ul style="list-style-type: none"> - ICD-9 codes (250, 357.2, 362.0, 366.41) - pharmacy data (list from NCQA) - 2 or more ambulatory visits, one IP stay or ED visits Age ≥ 5 		<ul style="list-style-type: none"> • Given rising prevalence in peds practices, CCNC Clinical Directors decided to include children in measures where consistent with evidence based guidelines (NCQA limits all DM measures to ages 18-75)
A1C testing	Claim for A1C test during past 12 months	A	<ul style="list-style-type: none"> • NCQA, NQF, AQA
Eye Exam	Claim for eye exam during past 15 months <ul style="list-style-type: none"> • Age ≥ 10 	A	<ul style="list-style-type: none"> • NCQA DPRP, IPIP
Cholesterol screening	Claim for LDL or lipid panel test during past 12 months <ul style="list-style-type: none"> • Age ≥ 18 	A	<ul style="list-style-type: none"> • NCQA DPRP, PQRI, IPIP • Recommended frequency of lipid testing varies by age
Nephropathy screening	Patients screened for nephropathy or evidence of nephropathy, based on any one of the following: <ul style="list-style-type: none"> - dx or tx for nephropathy, using specific CPT codes and ICD9 codes - urine microalbumin test during year - ACE inhibitor/ARB therapy during year <ul style="list-style-type: none"> • Age ≥ 10 	A	<ul style="list-style-type: none"> • NCQA Hedis, NCQA DPRP, IPIP

Use of ACE/ARB for patients with DM and HTN	Among patients who have been dispensed medication for HTN and DM, % who are NOT receiving ACEi or ARB	B	<ul style="list-style-type: none"> • NQF, PQRI • ADA Guidelines
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*per ADA guidelines

Heart Failure

	Specifications	Strength of Rec/ LOE*	Notes
	Denominator: <ul style="list-style-type: none"> • pts ≥ 18y with heart failure • diagnosis of CHF based on specific ICD-9 codes, in Inpatient or ED visit (24 months) or 2+ outpatient visits (12 months) 		
Left ventricular function (LVF) assessment	LVF assessment (echocardiogram, cardiac cath, sestimibi, RNV) in claims history	I/C	<ul style="list-style-type: none"> • ACC/AHA/PCPI
Heart Failure Admissions	Hospital admissions with CHF primary or secondary diagnosis, per 1000 member-months		<ul style="list-style-type: none"> • Reported quarterly on a rolling 12 month basis
Heart Failure 30 day readmissions	Hospital admissions within 30 days of prior discharge date with CHF primary or secondary diagnosis, as % of CHF hospital discharges		<ul style="list-style-type: none"> • Reported quarterly on a rolling 12 month basis

*per ACC/AHA Guidelines

Adult Prevention

	Specifications		Strength of Rec*	Notes
	Numerator	Denominator		
Mammography among women 40-69	# with one or more mammograms over prior 2 years	#Women ages 42-69 at end of measurement period Women with bilateral mastectomy in claims history are excluded	B (ages 50-74) C (before age 50)	<ul style="list-style-type: none"> NCQA Hedis USPSTF Screening Recommendations and evidence grades were updated in 2009 CCNC will continue to report in 2 strata: 42-51 years and 52-69 years, (as well as total rate per Hedis), in light of the differential strength of the evidence
Pap smear among women 21-64	# with one or more pap tests over prior 3 years	# women ages 24-64 at end of measurement period; women with prior hysterectomy are excluded	A	<ul style="list-style-type: none"> NCQA Hedis
Colorectal CA screening among men and women 50-75	# meeting any one of these criteria: <ul style="list-style-type: none"> FOBT within 1 year Flex sig within 5 years DCBE within 5 years Colonoscopy within 10 years 	# pts ages 51-75 years at end of measurement period; pts with diagnosis of colon cancer are excluded.	A	<ul style="list-style-type: none"> NCQA Hedis, with upper age limit modified per USPSTF 2008 update

* per USPSTF

Pediatric Prevention

Measure	Specifications		Rationale/Notes
	Numerator	Denominator	
Dental Topical Fluoride Varnishing	# pts with at least 3 and at least 4 dental fluoride varnish claims during first 42 months of life	Pts who turned 3.5 yrs old during the measurement year and were enrolled 36+ months since birth.	
Annual Dental Visit (ADV)	# pts with at least one dental visit with a dental practitioner.	Pts age 2-21 enrolled 10+ months Reported by age strata: 2-3, 4-6, 7-10, 11-14, 15-18, 19-21 AND Total.	<ul style="list-style-type: none"> NCQA Hedis c/w AAP/Bright Futures
EPSDT VISIT (W15) Well-child visits in the first 15 months of life	# pts who had 0, 1, 2, 3 4 5, and 6 or more well-child visits during the first 15 months of life.	<ul style="list-style-type: none"> Pts who turned 15 months old during the measurement year. enrolled at least 13 out of 14 months between 31 days old and 15 months old 	<ul style="list-style-type: none"> NCQA Hedis c/w AAP/Bright Futures
EPSDT VISIT (W34) Well-child visits in the Third, Fourth, Fifth and Sixth Years of Life	# pts who received one or more well-child visit with a PCP practitioner	Pts ages 3-6 enrolled 10+ months.	<ul style="list-style-type: none"> NCQA Hedis c/w AAP/Bright Futures
EPSDT VISIT (AWC) Adolescent well-care visits	<ol style="list-style-type: none"> # pts who had at least one well-care visit with a PCP or an OB/GYN practitioner # of pts who have at least one comprehensive well-care visit in the last 3 years 	<ol style="list-style-type: none"> Pts ages 12-21 enrolled 10+ months. Pts ages 12-21 enrolled 30+ months 	<ul style="list-style-type: none"> NCQA Hedis c/w AAP/Bright Futures

DISCONTINUED MEASURES

Two chart review measures and one claims derived measure reported in 2010 will be discontinued.

I. Asthma

- a. Beta agonist overuse defined as “5 or more canister fill dates in any 90 day window.”
 - For CCNC statewide, only 229 total patients met this criterion over a 12 month period. This appears to be too stringent a criterion for identifying patients with poor symptom control necessitating frequent use of rescue medication. For 2011, we have modified this criterion to “Greater than 3 canister fill dates in a 90 day window.”

II. Diabetes

- a. A1C control <7.0%
 - Emerging evidence questions the benefits of tight glycemic control in certain higher risk patients. In 2008, results from studies including ACCORD (Action to Control Cardiovascular Risk in Diabetes) and ADVANCE (Action in Diabetes and Vascular Disease) suggested that aggressive HbA1c management could cause patient safety issues in certain patients. While guidelines continue to recommend a general HbA1c goal of <7% for most adults with diabetes, goals should be individualized, and less stringent glycemic goals are appropriate for certain patients. CCNC has modified this measure for 2011, to report on A1C control <8.0%.
- b. Aspirin Use for men >45 and women >55
 - Emerging evidence questions the benefits of aspirin therapy for primary prevention among patient with diabetes.
 - Updated guideline recommendations from ADA are as follows: “Low dose: (75–162 mg/day) aspirin use for prevention is reasonable for adults with diabetes and no previous history of vascular disease who are at increased CVD risk (10 year risk of CVD events over 10%) and who are not at increased risk for bleeding (based on a history of previous gastrointestinal bleeding or peptic ulcer disease or concurrent use of other medications that increase bleeding risk, such as NSAIDs or warfarin). Those adults with diabetes at increased CVD risk include most men over age 50 years and women over age 60 years who have one or more of the following additional major risk factors: smoking, hypertension, dyslipidemia, family history of premature CVD, and albuminuria. (ACCF/AHA Class IIa, Level of Evidence B) (ADA Level of Evidence C)”
 - The ages referenced in ADA guideline updates are no longer consistent with the current NQF measure or the current USPSTF recommendation. Pending further expert consensus on this issue, CCNC has suspended this measure for patients with diabetes.

APPENDIX A

Legend for Measures Specifications Table

Source A = data from Chart Audits C = data from Claims

Baseline Estimate = data from previous CCNC Audits, DMA Focus Studies, and/or Claims

LOE = Level of Evidence **Strength of Rec.** = Strength of Recommendation

Rational/Notes = summary of findings from Audit Workgroup to support proposed measure specifications, with notation of consistency with other quality measurement initiatives

Evidence-Based Practice Guidelines, and Sources Used for LOE/ Strength of Recommendation Notations

Asthma

The Expert Panel Report 3 (EPR-3) Summary Report 2007: Guidelines for the Diagnosis and Management of Asthma
<http://www.nlm.nih.gov/guidelines/asthma/index.htm>

Diabetes

ADA 2008 Clinical Practice Recommendations
<http://care.diabetesjournals.org/content/vol31/supplement1/>

Ischemic Vascular Disease/Cardiovascular Disease

2007 Chronic Angina Focused Update of the ACC/ AHA 2002 Guidelines for the Management of Patients With Chronic Stable Angina
<http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.187930>

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- NHLBI National Cholesterol Education Program ATP III
- www.nlm.nih.gov/guidelines/cholesterol/index.htm

Hypertension

Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High blood Pressure (JCN7)
<http://www.nlm.nih.gov/guidelines/hypertension/express.pdf>

Heart Failure

ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult
<http://circ.ahajournals.org/cgi/content/full/112/12/e154>

Post-MI

ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction
<http://circ.ahajournals.org/cgi/reprint/110/9/e82>

Adult Prevention

US Preventive Services Task Force
<http://www.ahrq.gov/clinic/USpstfix.htm>

Pediatric Prevention

Preventive Pediatric Health Care, Bright Futures/American Academy of Pediatrics
<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>

Acronyms and Measures Sources

ACC/AHA = American College of Cardiology/American Heart Association

<http://www.americanheart.org/presenter.jhtml?identifier=3004542>

ADA = American Diabetes Association

www.diabetes.org

AMA/PCPI/ACC/AHA = American Medical Association Physician Consortium for Performance Improvement/American College of Cardiology/American Heart Association

http://www.acc.org/advocacy/pdfs/quality_payerACCP4PAmbulatoryMeasureRecommendations.pdf

AQA = Ambulatory Care Quality Alliance

<http://www.aqaalliance.org/performancewg.htm>

BTE = Bridges to Excellence

<http://www.bridgestoexcellence.org/>

CMS PQRI = Centers for Medicare and Medicaid Services Physician Quality Reporting Initiative

<http://www.cms.hhs.gov/pqri/>

GQI = Governors Quality Initiative

<http://www.ncgqi.org/businesses.htm>

HEDIS = Health plan Employer Data and Information Set

<http://www.health.state.mn.us/divs/hpsc/mcs/hedishome.htm>

IPIP = Improving Performance in Practice

<http://www.ncafp.com/home/programs/ipip>

NCQA = National Committee for Quality Assurance

<http://www.ncqa.org/>

NCQA DPRP = Diabetes Physician Recognition Program

<http://www.ncqa.org/tabid/139/Default.aspx>

NCQA HEDIS = Health plan Employer Data and Information Set and Quality Measurement

<http://www.ncqa.org/tabid/59/Default.aspx>

NCQA HSRP = Heart/Stroke Recognition Program

<http://www.ncqa.org/tabid/140/Default.aspx>

NIH = National Institute for Health

<http://www.nih.gov/>

NQF = National Quality Forum

<http://www.qualityforum.org/>

PQA = Pharmacy Quality Alliance

<http://www.pqaalliance.org/>

PQRI = Physician Quality Reporting Initiative

<http://www.cms.hhs.gov/PQRI/>

<http://www.asahq.org/Washington/pqrilinks.htm#new>

APPENDIX B

**Community Care of North Carolina
Chart Review Sample Definition 2010**

The chart review process begins by identifying patients who meet the criteria defined below. A random sample is generated for patients identified with asthma, diabetes, congestive heart failure, or ischemic vascular disease. Patient charts are reviewed for hypertension when the patient has been randomly selected, and hypertension is identified as a comorbid condition. Reports will be produced at the CCNC program, network, county, and practice levels.

Requirements

Patient Enrollment: Enrolled with CAI or CAII a minimum of 10 months during 1/1/2009 to 12/31/2009 and enrolled with CAII 12/31/2009

Practice Enrollment: Enrolled with CAII 12/31/2009

Asthma (AST)

Age Requirement: Age 5 or older 12/31/2009

Claims:

Using modified HEDIS criteria, one of the following must be met during 1/1/2008 to 12/31/2008

1. at least one inpatient visit with an asthma primary diagnosis
2. at least one emergency department visit with an asthma primary diagnosis
3. at least four outpatient visits with any asthma diagnosis (1-9) and at least two asthma medications
4. at least four asthma medications

Exclusions from the eligible asthma population identified above:

- patients with at least four asthma medication dispensing event, where leukotriene modifiers were the sole asthma medication and no diagnosis of asthma in any setting during 1/1/2008 to 12/31/2008
- patients diagnosed with emphysema or COPD any time on or prior to 12/31/2009 as identified by the following codes:

Emphysema	492, 506.4, 518.1, 518.2
COPD	491.2, 491.21 493.2, 493.21, 493.22, 496, 506.4

Asthma Diagnosis Codes: 493

Asthma Medications: NCQA 2009 Asthma Medication List

Number of prescriptions:

- 30 days supply or fewer is equal to 1 prescription
- prescriptions longer than 30 days divide by the days supply by 30 and round down, e.g. 100 days prescription is equal to 3 prescriptions (100/30 =3.33, rounded down to 3).
- two different prescriptions dispensed on the same day are counted as two different dispensing events
- inhalers count as one dispensing event regardless of days supply
- multiple inhalers dispensed on the same day are counted as one dispensing event

Diabetes (DM)

Age Requirement: Age 5 or older 12/31/2009

Claims: Using modified HEDIS criteria, one of the following must be met during 1/1/2008 to 12/31/2008

1. at least one inpatient visit with a diabetes primary diagnosis
2. at least one emergency department visit with a diabetes primary diagnosis
3. at least two outpatient visits with diabetes primary diagnosis
4. at least one diabetes medication

DM Diagnosis Codes: 250, 357.2, 362.0, 366.41;

DM DRG Codes: DRG Version 240 Codes 294, 295; Version 250 Codes 637, 638, 639; Excludes claims with ICD9 primary diagnosis 648.0

DM Medications: NCQA 2009 list of insulin or oral hypoglycemics/antihyperglycemics

Congestive Heart Failure (CHF)

Age Requirement: Age 18 or older 12/31/2009

Claims: One of the following must be met

1. at least one inpatient visit during 1/1/2007 to 12/31/2008 with CHF primary or secondary diagnosis
2. at least one emergency department visit 1/1/2007 – 12/31/2008 with CHF primary or secondary diagnosis
3. at least two outpatient visits with CHF primary diagnosis during 1/1/2008 to 12/31/2008

CHF Diagnosis Codes: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 425.4, 428, 428.0, 428.1, 428.20-23, 428.30-33, 428.40-43, 428.9

Ischemic Vascular Disease (IVD)

Age Requirement: Age 18 or older 12/31/2009

Claims: At least one visit in any setting with any IVD diagnosis (1-9) during 1/1/2008 to 12/31/2008. Codes derived from Heart/Stroke Recognition Program (HSRP).

Description	ICD-9-CM Codes
Coronary artery disease	414.0, 429.2
Stable angina	411, 413
Lower extremity arterial disease/peripheral artery disease	443.9, 440.20-440.24, 440.29
Ischemia	435
Stroke	433, 434, 437.0, 437.1, 438
Artheroembolism	444, 445
Abdominal aortic aneurysm	441
Renal artery atherosclerosis	440.1

Hypertension (HTN)

Age Requirement: Age 18 or older 12/31/2009

Claims: Using modified HEDIS, at least one outpatient visit with any hypertension diagnosis (1-9) during 1/1/2008 to 12/31/2008

HTN Diagnosis Codes: 401