Quality Assurance Reporting Requirements

2011 Measure Descriptions

Below is a description of each measure included in 2011 QARR measurement file, as well as the relevant payers (noted in parentheses after the description). Please review each measure description carefully as some measures change year-to-year and several measures have different specifications for payers.

Types of Insurance

Commercial HMO
: Individual or employer sponsored health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care; the member selects a primary care provider to coordinate care; and referrals to some services or specialists may be required.

Commercial PPO
: Individual or employer sponsored health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care; there is no primary care provider assignment; and referrals to some services or specialists are not usually required.

Medicaid
: Government sponsored health insurance. This is a form of health insurance where a health plan contracts with a network of providers to provide care; the member selects a primary care provider to coordinate care; and referrals to some services or specialists may be required. This includes people who are eligible for Medicaid managed care and Family Health Plus (NYS's expansion program for adults age 19 and older).

Child Health Plus
: Government sponsored health insurance, although individuals may pay part of premium for some eligibility levels. This is a form of health insurance where a health plan contracts with a network of providers to provide care; the member selects a primary care provider to coordinate care; and referrals to some services or specialists may be required. This in NYS's version of the federal State Children's Health Insurance Program (SCHIP) for people up to age 19.

Rotation of Measures

Some measures require more resource intensive methods of collection, and these measures are often rotated to control collection burden. The measures which were **not** collected as part of the 2011 QARR measurement set include: Adult BMI Assessment, Controlling High Blood Pressure, Frequency of Ongoing Prenatal Care, and Prenatal and Postpartum Care.

Domains

The measures in **QARR** are divided into the following seven domains.Information from the CAHPS consumer satisfaction survey is included in the Provider Network, Adults Living with Illness as well as in the Satisfaction with Care sections.

- Provider Network
- Access to Primary Care
- Child and Adolescent Health
- Women’s Health
- Adult Health
- Behavioral Health
- Satisfaction with Care

Measure Descriptions

Provider Network

Board Certification

The percentage of physicians whose board certification is active as of December 31 of the measurement year. Results are collected for the following fields: family medicine, internal medicine, obstetrics and gynecology, and pediatrics. (Commercial HMO, Commercial PPO, Medicaid)

Satisfaction with Provider Communication

The percentage of members who responded "usually" or "always" when asked how often their doctor listened to them carefully, explained things in a way they could understand, showed respect for what they had to say, andspent enough time with them.(Commercial HMO, Commercial PPO, Medicaid)

Satisfaction with Personal Doctor

The percentage of members responding 8, 9, or 10 (on a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor) when asked "How would you rate your personal doctor?"(Commercial HMO, Commercial PPO, Medicaid)

Satisfaction with Specialist

The percentage of members responding 8, 9, or 10 (on a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible) when asked "How would you rate your specialist?"(Commercial HMO, Commercial PPO, Medicaid)

Access to Primary Care

Children and Adolescents' Access to Primary Care Practitioners

The percentage of children ages 12 months to 6 years who had a visit with a primary care practitioner within the last year, or for children 7-19 years, within the last two years. The measure is divided into four age groups: 12-24 months, 25 months - 6 years, 7-11 years, and 12-19 years (12-18 years for Child Health Plus). (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Adults' Access to Preventive and Ambulatory Health Services

The percentage of adults, 20 years of age and older, who had an ambulatory or preventive care visit within the last year if they were insured by Medicaid, or within the last three years if they were commercially insured. This measure is divided into three age groups: 20-44 years, 45-64 years, and 65 years and older. (Commercial HMO, Commercial PPO, Medicaid)

Child and Adolescent Health

Childhood Immunization Status (Combo 3: 4-3-1-3-3-1-4)

The percentage of two-year olds who were fully immunized. The HEDIS specifications for fully immunized consists of the following vaccines: 4 Diptheria/Tetanus/Pertussis, 3 Polio, 1

Measles/Mumps/Rubella, 3 H Influenza type B, 3 Hepatitis B, 1 Varicella, and 4 pneumococcal. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Lead Testing

The percentage of two-year olds that had their blood tested for lead poisoning at least once by their second birthday. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)

The percentage of children who had five or more well-child visits with a primary care provider in their first 15 months of life. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life

The percentage of children between the ages of three and six years who had one or more well-child visits with a primary care provider during the measurement year. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Adolescent Well-Care Visits

The percentage of adolescents (ages 12-21) who had at least one comprehensive well-care visit with a primary care provider during the measurement year. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Annual Dental Visit (Ages 2-18)

The percentage of children and adolescents ages 2 through 18 years, who had at least one dental visit within the measurement year. Some Medicaid plans do not include dental care in the benefit package. When a Medicaid plan does not offer dental care as part of its benefit package, enrollees have access to dental services through fee-for-service. Medicaid fee-for-service data is not represented in this report. (Medicaid, Child Health Plus)

Appropriate Treatment for Upper Respiratory Infection (URI)

The percentage of children, ages 3 months to 18 years, who were diagnosed with an upper respiratory infection (common cold) and who were **NOT** given a prescription for an antibiotic. A higher score indicates more appropriate treatment of children with URI. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Appropriate Testing for Pharyngitis

The percentage of children, ages two to 18 years, who were diagnosed with pharyngitis, were prescribed an antibiotic, and who were given a group A streptococcus test. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Use of Appropriate Medications for People with Asthma (Ages 5-18)

The percentage of children ages 5 to 18 years with persistent asthma who received at least one appropriate medication to control their condition during the measurement year. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Appropriate Asthma Medications- 3+ Controllers (Ages 5-18)

The percentage of members, ages 5 to 18 years, with persistent asthma who had three or more controller medication dispensing events in the last year. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

Follow-Up Care for Children Prescribed ADHD Medication

The percentage of children, ages 6 to 12 years, who were newly prescribed ADHD medication and who had at least 3 follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. There are two measures to assess follow-up care for children taking ADHD medication. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus)

1. Initiation Phase: The percentage of children with a new prescription for ADHD medication and who had one follow-up visit with a practitioner within the 30 days after starting the medication.
2. Continuation & Maintenance Phase: The percentage of children with a new prescription for ADHD medication who remained on the medication for 7 months and who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits in the 9-month period after the

initiation phase ended.

Weight Assessment and Counseling for Nutrition and Physical Activity

The percentage of children and adolescents ages 3-17 who had an outpatient visit with a PCP or OB/GYN practitioner during the measurement year, receiving the following three components of care during the measurement year. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus):

1. BMI Percentile ,
2. Counseling for Nutrition , and
3. Counseling for Physical Activity

Adolescent Preventive Care

The percentage of adolescents ages 12-17 who had at least one outpatient visit with a PCP or OB/GYN practitioner during the measurement year, and received the following four components of care during the measurement year. (Commercial HMO, Commercial PPO, Medicaid, Child Health Plus):

1. Assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity ,
2. Assessment or counseling or education for depression ,
3. Assessment or counseling or education about the risks of tobacco use , and
4. Assessment or counseling or education about the risks of substance use (Substance use includes alcohol, street drugs, non-prescription drugs, prescription drug misuse and inhalant use).

Women's Health

Breast Cancer Screening

The percentage of women between the ages of 40 and 69 who had a mammogram during the measurement year or the year prior. (Commercial HMO, Commercial PPO, Medicaid)

Cervical Cancer Screening

The percentage of women between the ages of 24 and 64 who had a Pap test within the measurement year or the two years prior. (Commercial HMO, Commercial PPO, Medicaid)

Chlamydia Screening (Ages 16-24)

The percentage of sexually active young women who had at least one test for Chlamydia during the measurement year. The measure is reported separately for ages 16 through 20 and 21 through 24. (Commercial HMO, Commercial PPO, Medicaid)

Adult Health

Colon Cancer Screening

The percentage of adults, ages 50 to 75 years, who had appropriate screening for colorectal cancer. (Commercial HMO, Commercial PPO, Medicaid)

Use of Imaging Studies for Low Back Pain

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (X-ray, MRI, CT scan). (Commercial HMO, Commercial PPO, Medicaid)

Annual Dental Visit (Ages 19-21)

The percentage of young adults ages 19 through 21 years, who had at least one dental visit within the last year. Some Medicaid plans do not include dental care in the benefit package. When a Medicaid plan does not offer dental care as part of its benefit package, enrollees have access to dental services through fee-for-service. Medicaid fee-for-service data is not represented in this report. (Medicaid)

Avoidance of Antibiotics Therapy in Adults with Acute Bronchitis

The percentage of adults, ages 18 to 64, with acute bronchitis who did **NOT** receive a prescription

for antibiotics. (Commercial HMO, Commercial PPO, Medicaid) .

Medical Assistance with Smoking Cessation

The percentage of members, 18 years and older, who are current smokers or tobacco users and who received medical information about smoking or tobacco use cessation within the last 12 months from a health care provider. This measure is collected as part of the CAHPS survey and is calculated as a two year rolling average. Medicaid results are based on a single year. (Commercial HMO, Commercial PPO, Medicaid)

1. Advising Smokers to Quit: The percentage of eligible adults who received cessation advice.
2. Discussing Cessation Medications: The percentage of eligible adults who discussed or were recommended cessation medications.
3. Discussing Cessation Strategies: The percentage of eligible adults who discussed or were provided cessation methods or strategies.

Flu Shot for Adults

The percentage of members, ages 50 to 64, who have had a flu shot. This measure is collected as part of the CAHPS survey and is calculated as a two year rolling average for commercial. Medicaid results are based on a single year. (Commercial HMO, Commercial PPO, Medicaid)

Cholesterol Management for Patients with Cardiovascular Conditions

The percentage of members, ages 18 to 75 years, with a cardiovascular condition, who had at least one cholesterol screening test and whose cholesterol level was below the recommended level (100 mg/dL) during the measurement year. There are two rates of cholesterol management as follows: (Commercial HMO, Commercial PPO, Medicaid)

1. Cholesterol Screening: The percentage of members who had at least one LDL-C screening performed during the measurement year.
2. Cholesterol Level Controlled (LDL-C < 100mg/dL): The percentage of members whose most recent LDL-C result during the measurement year was below 100mg/dL

Persistence of Beta-Blocker Treatment

The percentage of members, age 18 years and older, who were hospitalized after a heart attack and received persistent beta-blocker treatment for six months after discharge. (Commercial HMO, Commercial PPO)

Use of Appropriate Medications for People with Asthma (Ages 19-64)

The percentage of members, ages 19 to 64 years, with persistent asthma who received at least one appropriate medication to control their condition during the measurement year. (Commercial HMO, Commercial PPO, Medicaid)

Appropriate Asthma Medications- 3+ Controllers (Ages 19-64)

The percentage of members, ages 19 to 64 years, with persistent asthma who had three or more controller medication dispensing events in the last year. (Commercial HMO, Commercial PPO, Medicaid)

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received spirometry testing to confirm the diagnosis. (Commercial HMO, Commercial PPO, Medicaid)

Pharmacotherapy Management of COPD Exacerbation

The percentage of COPD exacerbation events for members 40 years of age and older who have had an acute inpatient discharge or ED visit and who were dispensed appropriate medications to manage the exacerbation. This measure is presented as two separate rates. (Commercial HMO, Commercial PPO, Medicaid)

1. Corticosteroid Rate: The percentage of events when the member was prescribed a systemic corticosteroid within 14 days of the event.
2. Bronchodilator Rate: The percentage of events when the member was prescribed a bronchodilator within 30 days of the event.

Comprehensive Diabetes Care

This measure reports components of care for members, ages 18 to 75, with diabetes and the rate at which they received necessary components of diabetes care. Measures presented here are grouped into those that monitor diabetes and those that measure outcomes for diabetes. (Commercial HMO, Commercial PPO, Medicaid)

1. HbA1c Testing: The percentage of members with diabetes who received at least one Hemoglobin A1c (HbA1c) test within the past year.
2. Lipid Profile: The percentage of members with diabetes who had at least one cholesterol screening test done during the past year.
3. Dilated Eye Exam: The percentage of members with diabetes who had a retinal eye screening exam during the last year or who had a negative retinal exam in the year prior.
4. Medical Attention for Nephropathy: The percentage of members with diabetes who had at least one nephropathy screening test or had evidence of nephropathy during the last year.
5. Received All Four Tests: The percentage of members with diabetes who had at least one of each of the following: HcA1c test, cholesterol screening test, dilated eye exam, and medical attention for nephropathy. (Medicaid only)
6. Poor HbA1c Control: The percentage of members with diabetes whose most recent HbA1c level indicated poor control (>9.0 percent). ***A low rate is desirable for this measure.***
7. HbA1c Control: The percentage of members with diabetes whose most recent HbA1c level was <8.0 percent.
8. HbA1c Control for Selected Populations: The percentage of members with diabetes whose most recent HbA1c level was <7.0 percent. Additional exclusion criteria are required for this indicator that will result in a different eligible population from all other indicators.
9. Lipids Controlled: The percentage of members with diabetes whose most recent level of bad cholesterol was below the recommended level (LDL-C <100 mg/dL).
10. Blood pressure controlled: The percentage of members with diabetes whose most recent blood pressure reading below 140/90.
11. HbA1c and Lipids controlled: The percentage of members with diabetes whose most recent HbA1c level was at or less than 9.0 percent and whose most recent level of bad cholesterol was less than LDL-C <100 mg/dL. (Medicaid only)

Drug Therapy for Rheumatoid Arthritis

The percentage of members with rheumatoid arthritis who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug. (Commercial HMO, Commercial PPO, Medicaid)

Annual Monitoring for Patients on Persistent Medications

The percentage of members 18 years and older who were taking certain medications for at least six months and who received specific monitoring tests. The following rates specify categories of medications that are of interest: (Commercial HMO, Commercial PPO, Medicaid)

1. The percentage of members who received at least a 180-day supply of ACE inhibitors and/or ARBs, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
2. The percentage of members who received at least a 180-day supply of digoxin, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
3. The percentage of members who received at least a 180-day supply of diuretics, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
4. The percentage of anticonvulsants for members who received at least a 180-day supply of an anticonvulsant and who had at least one blood test for therapeutic drug level for each anticonvulsant in the measurement year.
5. The combined rate is the sum of the four numerators divided by the sum of the four denominators.

HIV/AIDS Comprehensive Care

These measures are quality indicators of recommended treatment and preventive care for people living with HIV/AIDS. (Medicaid, HIV SNP)

1. Engaged in Care: The percentage of members with HIV/AIDS, 2 years of age or older, who had two visits for primary care or HIV related care with at least one visit during each half of the past year.
2. Viral Load Monitoring: The percentage of members with HIV/AIDS, 2 years of age or older, who had two viral load tests performed with at least one test during each half of the past year.
3. Syphilis Screening: The percentage of members with HIV/AIDS, 19 years of age or older, who were screened for syphilis in the past year.

Behavioral Health

Antidepressant Medication Management

This measure is for members ages 18 years and older who were diagnosed with depression and treated with an antidepressant medication. There are two components for this measure. (Commercial HMO, Commercial PPO, Medicaid)

1. Effective Acute Phase Treatment: The percentage of members who remained on antidepressant medication during the entire 12-week acute treatment phase.
2. Effective Continuation Phase Treatment: The percentage of members who remained on antidepressant medication for at least six months.

Follow-up After Hospitalization for Mental Illness

This measure is for members ages 6 years and older who were hospitalized for treatment of selected mental health disorders and has two time-frame components. (Commercial HMO, Commercial PPO, Medicaid)

1. Within 7 Days: The percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 7 days of discharge.
2. Within 30 Days: The percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.

Satisfaction with Care

Getting Care Needed

The percentage of members responding "usually" or "always" when asked a set of questions to identify if, in the last 12 months, they received care they needed. (Commercial HMO, Commercial PPO, Medicaid)

1. How often was it easy to get appointments with specialists?
2. How often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

Getting Care Quickly

The percentage of members responding "usually" or "always" when asked a set of questions to identify, if, in the last 12 months, they received health services quickly. (Commercial HMO, Commercial PPO, Medicaid)

1. When you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?
2. Not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

Claims Processing

The percentage of members responding "usually" or "always" when asked a set of questions to identify how, in the last 12 months, their health plan handled claims. The following questions are

contained inthis composite: (Commercial HMO, Commercial PPO)

1. How often did your health plan handle your claims quickly?
2. How often did your health plan handle your claims correctly?

Plan Information on Cost

The percentage of members responding "usually" or "always" when asked a set of questions to identify if, in the last 12 months, they looked for information about health care costs. The following questions are contained in this composite: (Commercial HMO, Commercial PPO)

1. How often were you able to find out from your health plan how much you would have to pay for a health care service or treatment?
2. How often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

Customer Service

The percentage of members responding "usually" or "always" when asked a set of questions to identify if, in the last 12 months, they used their health plan"s customer service. (Commercial HMO, Commercial PPO,Medicaid)

1. How often did your health plan's customer service give you the information or help you needed?
2. How often did your health plan's customer service staff treat you with courtesy and respect?

Rating of Health Plan

The proportion of members responding 8, 9 or 10 on scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible. (Commercial HMO, Commercial PPO)

Collaborative Decision Making

The percentage of members responding 'definitely yes' when asked a set of questions to identify if, in the last 12 months, they made healthcare decisions with their doctor. The following questions are contained in this composite: (Commercial HMO, Commercial PPO)

1. Did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or healthcare?
2. When there was more than one choice for your treatment of healthcare, did a doctor or other health provider ask which choice was best for you?

Care Coordination

The percentage who responded "usually" or "always" when asked how often their personal doctor seemed informed and up-to-date about care they received from other doctors or health providers. (Commercial HMO, Commercial PPO, Medicaid)

Wellness Discussion

The percentage who responded "usually" or "always" when asked how often their doctor or other health provider discussed things to do to prevent illness. (Commercial HMO, Commercial PPO, Medicaid)

Rating of Overall Healthcare

The proportion of members responding 8, 9 or 10 on scale of 0 to 10, where 0 is the worst healthcare possible and 10 is the best healthcare possible. (Commercial HMO, Commercial PPO, Medicaid)