## **Quality Assurance Reporting Requirements**

### **2010 Measure Descriptions**

Below is a description of each measure collected in 2010 QARR as well as the relevant payers (noted in parentheses after the description) that collected each measure for this year. Please review each measure description carefully as some measures change year-to-year and several measures have different specifications for payers.

#### **Rotation of Measures**

Some services 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 2010 QARR measurement set include:

- Childhood Immunization Status
- Cholesterol Management for Patients with Cardiovascular Conditions
- Colorectal Cancer Screening
- Comprehensive Diabetes Care
- Lead Screening in Children
- CAHPS for Medicaid

#### **Domains**

The measures in QARR are divided into the following seven domains:

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

Information from the CAHPS consumer satisfaction survey is included in the Provider Network, Adult Health as well as in the Satisfaction with Care sections.

# **Measure Descriptions**

#### Provider NetworkBoard 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, and spent enough time with them. (Commercial HMO, Commercial PPO)

#### **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)

## **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)

# **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

#### Well-Child and Preventive Care Visits in the First 15 Months of Life

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 and Preventive Care Visits During the 3rd, 4th, 5th and 6th Years

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**

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)

### **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
- 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.)

# **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. This measure is an inverted result. Numerators for inverted measures identify events of inappropriate care. The percentage of people getting inappropriate care is subtracted from 1 to allow presentation of the result as percentage receiving appropriate care. Caution should be used when analyzing numerators for inverted measures. (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 5-11)**

The percentage of children ages 5 to 11 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 - Three or more Controllers (Ages 5-11)**

The percentage of members, ages 5 to 11 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
- 3. Counseling for Physical Activity

### 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 21 and 64 who had a Pap test within the measurement year or the two years prior. (Commercial HMO, Commercial PPO, Medicaid)

## **Chlamydia Screening**

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)

#### **Timeliness of Prenatal Care**

The percentage of women who gave birth in the last year who had a prenatal care visit in their first trimester or within 42 days of enrollment in their health plan. (Commercial HMO, Commercial PPO, Medicaid)

## **Postpartum Care**

The percentage of women who gave birth in the last year who had a postpartum care visit between 21 and 56 days after they gave birth. (Commercial HMO, Commercial PPO, Medicaid)

## **Frequency of Ongoing Prenatal Care**

The percentage of women who received 81 percent or more of the expected number of prenatal care visits, adjusted for gestational age and month the member enrolled in the health plan. (Medicaid)

## **Adult Health**

## **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). A higher score indicates <u>more appropriate</u> treatment of people with low back pain. This measure is an inverted result. Numerators for inverted measures identify events of inappropriate care.

The percentage of people getting inappropriate care is subtracted from 1 to allow

presentation of the result as percentage receiving appropriate care. Caution should be used when analyzing numerators for inverted measures. (Commercial HMO, Commercial PPO, Medicaid)

#### **Adult BMI Assessment**

The percentage of members, 18 to 74 years of age with an outpatient visit, who had their body mass index (BMI) documented during the measurement year or the year prior the measurement year. (Commercial HMO, Commercial PPO, Medicaid)

#### **Annual Dental Visit**

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 Antibiotic Treatment in Adults with Acute Bronchitis**

The percentage of adults, ages 18 to 64, with acute bronchitis who <u>did not</u> receive a prescription for antibiotics. A higher score indicates more appropriate treatment of people with acute bronchitis. <u>This measure is an inverted result.</u> Numerators for inverted measures identify events of <u>inappropriate</u> care. The percentage of people getting inappropriate care is subtracted from 1 to allow presentation of the result as percentage receiving appropriate care. Caution should be used when analyzing numerators for inverted measures. (Commercial HMO, Commercial PPO, Medicaid)

## Medical Assistance with Smoking and Tobacco Use 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 <u>is calculated as a two year rolling average</u>. (Commercial HMO, Commercial PPO)

- 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 <u>is calculated as a two year rolling average</u>. (Commercial HMO, Commercial PPO)

# **Controlling High Blood Pressure**

The percentage of members, ages 18 to 85 years, who have hypertension and whose blood pressure was adequately controlled (below 140/90). (Commercial HMO, Commercial PPO, Medicaid)

#### Persistence of Beta Blocker Use

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 12-50)**

The percentage of members, ages 12 to 50 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 - Three or more Controllers (Ages 12-50)**

The percentage of members, ages 12 to 50 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.

# Disease Modifying Anti-Rheumatic 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)

- 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)

- 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)

- 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 in this 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 Costs**

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)

- 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)

#### **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)

## **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)