



August 2013,

Dear GlobalHealth Network Practitioners and Providers:

Each year, GlobalHealth selects and examines a sample of medical records to ensure quality care is being provided to our members. These quality studies, Healthcare Effectiveness Data and Information Set (“HEDIS”), are part of a nationally recognized quality improvement initiative. HEDIS is used by the Center for Medicare & Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) for monitoring the performance of managed care organizations.

GlobalHealth is pleased to participate in these studies, and appreciates the support of our provider community in helping us to continuously improve our scores and the quality of care provided to our members. Primary Care Physicians (PCP) and OB/GYNs are the primary participants. However, if the data is not found in these medical records, additional medical record reviews may be required.

GlobalHealth is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You do not need a separate authorization from the patient to release the medical record information for purposes of these quality studies. Our annual audit is quite short in duration; therefore, we recommend the medical requests be processed in your office and not sent to a third party to ensure your high quality care is represented in the national rankings.

To keep you informed of our quality improvement progress, we would like to update you on our most recent HEDIS 2013 quality performance audit findings.

GlobalHealth has improved ratings in the following HEDIS measures:

ABA	Adult BMI Assessment
AMM	Antidepressant Medication Management – Continuation Phase
CIS	Childhood Immunizations Status – Combo 2
COL	Colorectal Cancer Screening
CDC	Comprehensive Diabetes Care – HbA1c Testing
LDL	LDL Screening
CBP	Controlling High Blood Pressure

CAHPS	Flu Shots for Adults Ages 50-64
CAHPS	Medication Assistance with Smoking Cessation Advising Smokers to Quit
LBP	Use of Imaging Studies for Low Back Pain
WCC	BMI Percentile, Counseling for Nutrition, and Counseling for Physical Activity for Children/Adolescents

With your help, we seek to improve the quality ratings for HEDIS 2014 in the following measures:

AMM	Antidepressant Medication Management-Acute Phase
CWP	Appropriate Treatment for Children with Pharyngitis
URI	Appropriate Treatment for Children with Upper Respiratory Infection
AAB	Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
BCS	Breast Cancer Screening
CCS	Cervical Cancer Screening
CHL	Chlamydia Screening in Women: Total Rate age 16-24 yrs.
CMC	Cholesterol Management for Patients with Cardiovascular Disease (LDL-C screening rate only)
CDC	Comprehensive Diabetes Care – Retinal Eye Exams
CDC	Comprehensive Diabetes Care – Poor HbA1c Control (<9.0%)
FUH	Follow-up care After Hospitalization for Mental Illness – 7 day
ADD	Follow-up care for Children Prescribed ADHD Medication
PPC	Prenatal and Postpartum Care – Timeliness of Care and Postpartum Care
SPR	Use of Spirometry Testing in Assessment and diagnosis of COPD.

An annual Consumer Assessment of Healthcare Providers and Systems (“CAHPS”) survey is conducted by an outside NCQA certified vendor to assess member satisfaction with their assigned PCP, Specialist (if applicable) and GlobalHealth. The categories of the survey that our members scored their PCPs, Specialist and GlobalHealth exceptionally well were (1) Customer Service and (2) Plan Information on Costs. The categories of the survey that show need for improvement are (1) Getting Care Quickly, (2) How Well Doctors Communicate, (3) Getting Needed Care, (4) Health Care rating, (5) Personal Doctor rating, and (5) Specialist rating.

Materials included are intended to educate you about HEDIS and the measure requirements that use both administrative and hybrid specifications. A report will be submitted to you that summarizes the medical record review at your facility. A copy of our HEDIS and CAHPS results will be made available for your convenience through our website. Please use this as a constructive opportunity to enhance your preventive care practices.

HEDIS and CAHPS results show our members how well our practitioners provide needed care. It is essential that practitioners work with GlobalHealth, Inc. to provide the highest Quality of Care. In addition to your help, we anticipate improving our 2014 measures for HEDIS and CAHPS results through Member and Provider education, analytical monitoring and intervention and enhanced data collection.

We look forward to updating you with increased HEDIS and CAHPS ratings each year. Please contact the Quality Department with requests for onsite HEDIS education. We value your support and teamwork in improving quality care. Should you have any questions, please call Mary Westbrook, Director of Quality at (918) 878-7314 or email hedisaudit@globalhealth.com.

Sincerely,

A handwritten signature in cursive script, appearing to read "Don Wilber".

Don Wilber M.D.
Medical Director, GlobalHealth

Childhood and Adolescent Preventive Care or Maintenance Performance Measures

Weight Assessment (WCC)

Children and adolescents 3-17 years of age should have height, weight and BMI index percentile, or BMI percentile plotted on age/growth chart annually. Evidence can be documented via claims/encounter codes or in medical records. (Excludes documented pregnancy)

Counseling for Physical Activity (WCC)

Children and adolescents 3-17 years of age should have claims or encounter data coded or evidence of physical activity counseling documented in medical record annually. (Exclusion documented pregnancy)

Example of physical activity counseling in medical record -

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education.
- Member received educational materials on nutrition.

Counseling for Nutrition (WCC)

Children and adolescents 3-17 years of age should have claims or encounter data coded or evidence of nutrition counseling documented in medical record annually (date and nutrition notation). (Exclusion documented pregnancy)

Example of nutritional counseling –

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity.
- Anticipatory guidance for physical activity.

This Quality measure applies to: Commercial Membership

Childhood Immunization Status (CIS)

Prior to the second birthday, children should be administered the following vaccines.

Evidence can be documented via claims/encounter codes or in medical records (date and vaccine). (Excludes documented contraindication for a specific vaccine)

4 DTaP	3 IPV	1 MMR	3 HiB	3 HepB	1 VZV4PCV
1 HepA	2/3 RV	2 flu			

This Quality measure applies to: Commercial Membership

Immunizations for Adolescents (IMA)

Adolescents should have one dose of meningococcal vaccine and one Tdap or one Td prior to their 13th birthday. Evidence can be documented via claims/encounter codes or in medical records (date and vaccine). (Exclude documented contraindications for a specific vaccine)

This Quality measure applies to: Commercial Membership

Human Papillomavirus Vaccine for Female Adolescents (HPV)

Female adolescents should have three doses of the human papillomavirus (HPV) vaccine prior to their 13th birthday. Evidence can be documented via claims/encounter codes or in medical records (date and vaccine). (Exclude Contraindications)

This Quality measure applies to: Commercial Membership

Adult Preventive Care or Maintenance Performance Measures

Adult Annual BMI (ABA)

Adults *18–74 years of age* should have a body mass index and weight documented annually. Evidence can be documented via claims/encounter codes or in medical records (date and values). (Excludes Pregnancy)

This Quality measure applies to: Commercial Membership/ Medicare Advantage Membership

Colorectal Cancer Screening (COL)

Individuals 50–75 years of age should have one of the following screenings for colorectal cancer documented via claims/encounter codes or in medical records (date and result included). (Exclude documented diagnosis of colorectal cancer or total colectomy).

- annual guaiac (gFOBT)-3 samples
- annual immunochemical (iFOBT)-3 samples
- flexible sigmoidoscopy within the past 5 years
- colonoscopy within the past 10 years

This Quality measure applies to: Commercial Membership/ Medicare Advantage Membership

Cholesterol Management for Patients with Cardiovascular Conditions or Diabetes (CMC & CDC)

Individuals 18–75 years of age with Cardiovascular conditions or Diabetes should have an annual LDL Screening with most recent LDL compliant if <100 mg/dL . Evidence can be documented via claims/encounter codes or in medical records (date and values). (Exclusions for Diabetics include: polycystic ovaries, steroid-induced diabetes and/or gestational diabetes.)

This Quality measure applies to: Commercial Membership/ Medicare Advantage Membership

Controlling High Blood Pressure (CBP & CDC)

Individuals 18–85 years of age who had a diagnosis of hypertension (HTN) and individuals 18-75 who had a diagnosis of diabetes should have BP documented annually with most recent value adequately controlled (<140/90) (date, BP value and notation of HTN prior to June 30 if applicable). (For HTN-Exclude ESRD, pregnancy and admission to a non-acute in-patient setting during measurement year. For Diabetics-Exclude polycystic ovaries, steroid induce diabetes and gestational diabetes.

This Quality measure applies to: Commercial Membership/ Medicare Advantage Membership

Comprehensive Diabetes Care (CDC)

Individuals 18–75 years of age with diabetes (type 1 and type 2) should have the following documented preventive care documented via claims/encounter codes or in medical records (date and result included). (Exclude polycystic ovaries, steroid-induced diabetes and gestational diabetes.)

- Annual Hemoglobin A1c (HbA1c) documentation with most recent value lower than 8.0%
- Annual retinal (diabetic) eye exam.
- Annual nephropathy screening test
 - Microalbumin test
- Evidence of Nephropathy (in lieu of screening)
 - Documentation of a visit to a nephrologist.
 - Documentation of a renal transplant.
 - Documentation of medical attention for any of the following (no restriction on provider type):
 - Diabetic nephropathy.
 - ESRD.
 - CRF.

- Chronic kidney disease (CKD).
- Renal insufficiency.
- Proteinuria.
- Albuminuria.
- Renal dysfunction.
- Acute renal failure (ARF).
- Dialysis, hemodialysis or peritoneal dialysis.
- A positive urine macroalbumin test
 - Positive urinalysis (random, spot or timed) for protein.
 - Positive urine (random, spot or timed) for protein.
 - Positive urine dipstick for protein.
 - Positive tablet reagent for urine protein.
 - Positive result for albuminuria.
 - Positive result for macroalbuminuria.
 - Positive result for proteinuria.
 - Positive result for gross proteinuria

This Quality measure applies to: Commercial Membership/ Medicare Advantage Membership

Prenatal and Postpartum Care (PPC)

- *Timeliness of Prenatal Care.* For Individuals who have had a live delivery, documentation in the medical record should include the date in the first trimester when the prenatal care visit occurred, and evidence of *one* of the following.
 - A basic physical obstetrical examination that includes auscultation for fetal heart tone, **or** pelvic exam with obstetric observations, **or** measurement of fundus height (i.e. prenatal flow sheet).
 - Documentation of LMP or EDD in conjunction with *either* of the following.
 - Prenatal risk assessment and counseling/education, **or**
 - Complete obstetrical history.
- *Postpartum Care.* For Individuals who have had a live deliver, documentation in the medical record must include a note indicating the date between 21 and 56 days after delivery when a postpartum visit occurred and *one* of the following.
 - Pelvic exam, **or**
 - Evaluation of weight, BP, breasts and abdomen, **or**
 - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
 - Notation of postpartum care, including, but not limited to:

- Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
- A preprinted “Postpartum Care” form in which information was documented during the visit.
- Confirmed date of live delivery should also be documented in medical record.

Evidence can be documented via claims/encounter codes or in medical records (date, test and values if applicable).

This Quality measure applies to: Commercial Membership

Antidepressant Medication Management (AMM)

Individuals 18 years of age or older diagnosed with major depression and are newly treated with antidepressant medication, must remain on antidepressant medication treatment per the following guidelines. Commercial and Medicare Advantage

- *Effective Acute Phase Treatment.* Antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment.* Antidepressant medication for at least 180 days (6 months).

This Quality measure applies to: Commercial Membership/ Medicare Advantage Membership

Breast Cancer Screening (BCS)

Mammogram documented through claims codes every two years for women 40-69 years of age to screen for Breast Cancer. This excludes Bilateral Mastectomy or two Unilateral Mastectomy codes.

Codes to Identify Breast Cancer Screening

CPT	HCPCS	ICD-9-CM Procedure	UB Revenue
77055-77057	G0202, G0204, G0206	87.36, 87.37	0401, 0403

This Quality measure applies to: Commercial Membership/ Medicare Advantage Membership

Chlamydia Screening in Women: Total Rate age 16-24 yrs. (CHL)

Women 16 to 24 years of age identified as sexually active are recommended to have at least one annual test for Chlamydia. Sexually active women are identified through claims coding of contraceptive prescriptions and pharmacy data .Exclusions include members who

have had a pregnancy test followed by either a prescription of Accutane or an X-ray within the calendar year.

Codes to Identify Chlamydia Screening in Women

CPT	LOINC
87110, 87270, 87320, 87490- 87492, 87810	557-9, 560-3, 4993-2, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 50387-0, 53925-4, 53926-2

This Quality measure applies to: Commercial Membership

Follow-up care for Children Prescribed ADHD Medication (ADHD)

Follow-up care visits within the ten month period following newly prescribed attention deficit/ hyper activity disorder (ADHD) children 6 to 12 years of age. At least 3 follow-up care visits must be documented by claims codes within the 10 month period post initial prescription date. This excludes individuals with documented diagnoses of Narcolepsy.

- Initiation Phase: One follow-up visit with practitioner with prescribing authority should be documented within the 30 day post prescription Initiation Phase.
- Continuation and Maintenance Phase (C&M): Individuals who remain on ADHD medication or at least 210 days should have 2 follow-up visits with a practitioner within 9 months (270) days post Initiation Phase.

This Quality measure applies to: Commercial Membership

Appropriate Treatment for Children with Pharyngitis (CWP)

Children between 2–18 years of age, prior to being diagnosed with pharyngitis and given an antibiotic, a group A streptococcus (strep) test must be given and clearly documented in the patient’s medical record, and through claims coding.

Codes to Identify Pharyngitis

Description	ICD-9-CM Diagnosis
Acute pharyngitis	462
Acute tonsillitis	463
Streptococcal sore throat	034.0

This Quality measure applies to: Commercial Membership

Appropriate Treatment for children with Upper Respiratory Infection (URI)

Children 3 months to 18 years diagnosed with Upper Respiratory Infection (URI) should not be routinely prescribed antibiotics. URI identifiable through claims codes:

Codes to Identify Competing Diagnoses

Description	ICD-9-CM Diagnosis
Intestinal infections	001-009
Pertussis	033
Bacterial infection unspecified	041.9
Lyme disease and other arthropod-borne diseases	088
Otitis media	382
Acute sinusitis	461
Acute pharyngitis	034.0, 462
Acute tonsillitis	463
Chronic sinusitis	473
Infections of the pharynx, larynx, tonsils, adenoids	464.1-464.3, 474, 478.21-478.24, 478.29, 478.71, 478.79, 478.9
Prostatitis	601
Cellulitis, mastoiditis, other bone infections	383, 681, 682, 730
Acute lymphadenitis	683
Impetigo	684
Skin staph infections	686
Pneumonia	481- 486
Gonococcal infections and venereal diseases	098, 099, V01.6, V02.7, V02.8
Syphilis	090-097
Chlamydia	078.88, 079.88, 079.98
Inflammatory diseases (female reproductive organs)	131, 614-616
Infections of the kidney	590
Cystitis or UTI	595, 599.0
Acne	706.0, 706.1

This Quality measure applies to: Commercial Membership

Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB)

Adults 18 to 64 years diagnosed with Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB) should not be routinely dispensed an antibiotic prescription. AAB identifiable through claims codes:

Codes to Identify Acute Bronchitis

Description	ICD-9-CM Diagnosis
Acute bronchitis	466.0

This Quality measure applies to: Commercial Membership

Cervical Cancer Screening (CCS)

One or more PAP tests documented at least every three years through claims codes for women 21-64 years of age to screen for cervical cancer. The exclusions include hysterectomy with no residual cervix documented in the medical claims history. The codes to identify cervical cancer screening are as follows:

Codes to Identify Cervical Cancer Screening

CPT	HCPCS	ICD-9-CM Procedure	UB Revenue	LOINC
88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091	91.46	0923	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

This Quality measure applies to: Commercial Membership

Follow-up care After Hospitalization for Mental Illness – 7 day and 30 day (FUH)

Individuals 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. These individuals should receive follow-up 7 days and 30 days post discharge.

Codes to Identify Mental Health Diagnosis

ICD-9-CM Diagnosis
295–299, 300.3, 300.4, 301, 308, 309, 311–314

This Quality measure applies to: Commercial Membership/Medicare Advantage Membership

Use of Spirometry Testing in Assessment and diagnosis of COPD (SPR)

Spirometry testing should be used to confirm a new diagnosis of COPD or newly active COPD for individuals 40 years of age and older.

Codes to Identify COPD

Description	ICD-9-CM Diagnosis
Chronic bronchitis	491
Emphysema	492
COPD	493.2, 496

Codes to Identify Spirometry Testing

Description	CPT
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620

This Quality measure applies to: Commercial Membership/Medicare Advantage Membership.

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