HEDIS® 2011 is a set of standardized performance measures, designed by the National Committee for Quality Assurance (NCQA), to monitor managed care organizations’ effectiveness in seven areas: Effectiveness of Care, Access/Availability of Care, Member Satisfaction with the Experience of Care, Health Plan Stability, Use of Services, Cost of Care, and Health Plan Descriptive Information. HEDIS data is the national standard for measuring the performance of managed care organizations.

Why should Blue Cross and Blue Shield of Montana (BCBSMT) gather HEDIS data?

- State law 33-36-101, et seq., Managed Care Plan Network Adequacy and Quality Assurance Act, requires that any managed care organization operating in Montana meet minimum standards of network adequacy and quality of care.
- The use of HEDIS data allows BCBSMT to demonstrate to our members, providers, and others, the performance of our provider networks relative to other managed care organizations operating in Montana and nationally.
- HEDIS data allows the Associated Managed Care Organizations to identify opportunities for improvement and implement appropriate interventions.

This year’s HEDIS reporting included the following Effectiveness of Care Measures: Childhood Immunizations, Appropriate Treatment for Children with Upper Respiratory Infection, Appropriate Testing for Children with Pharyngitis, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, Use of Appropriate Medications in Asthma, Use of Spirometry Testing in the Assessment and Diagnosis of COPD, Pharmacotherapy Management of COPD Exacerbation, Colorectal Cancer Screening, Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening in Women, Comprehensive Diabetes Care, Persistence of Beta-Blocker Treatment After a Heart Attack, Cholesterol Management for Patients with Cardiovascular Conditions, Follow-up After Hospitalization for Mental Illness, Antidepressant Medication Management, Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication, Use of Imaging Studies for Low Back Pain, Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis, Annual Monitoring for Patients on Persistent Medications, Glaucoma Screening, and Drugs to be Avoided in the Elderly. Information for these measures was obtained from claims data or a combination of claims data and medical record reviews. Please see the descriptions, summaries, and graphs outlining some of the measures on this and following pages.

About the Data …

The HEDIS 2011 data encompasses members from BCBSMT’s fully insured managed care products including Big Sky Select and Blue Select. The HEDIS results present enrollment and claims data for up to three years (1/1/2008-12/31/2010).

This year we again captured the reason(s) why a numerator event may not have been met. For example, a complete immunization series may have been administered, however the complete series was not administered within the HEDIS specified time frame. Hopefully this information will also increase the physician offices’ understanding of the HEDIS results and allow them to identify opportunities for improvement within their own practices.
Specific measure data or exclusions (i.e., bilateral mastectomy for breast cancer screening) may not have been identified for the following reasons:

- Chart review was not performed for all measures.
- Claim information is limited due to the number of years the member has been enrolled.
- Our claim history files contain limited claims information.
- Members may choose to seek care with providers other than their designated Primary Care Provider or Primary Care Office (PCP/PCO).
- If a member had secondary coverage with BCBSMT, claims may not have been submitted for a particular service.

About the HEDIS 2011 Report …

This year’s HEDIS report is arranged in sections. The first section contains graphical representation of selected Effectiveness of Care measures. The Quality Compass® (QC) rate comparisons are from NCQA’s State of Health Care Quality Reports from 2009, 2010 & 2011. Quality Compass allows NCQA and others to compare national, regional and state HEDIS averages, as well as benchmarks, on specific measures of care and services.

The next section provides a summary of the Effectiveness of Care measures included in the report. Each summary contains the measure description, the medical record documentation requirements where applicable, and the results.

Note: The reporting population changed from HEDIS 2010 which encompassed all commercial managed care members. HEDIS 2011 represents only fully insured managed care members.

Thank you

Blue Cross and Blue Shield of Montana would like to sincerely thank all the physicians and physician office staff that participated in the chart review process needed to complete the HEDIS reporting. We recognize that this effort is quite taxing, and we greatly appreciate your willingness to participate.
Rate Comparison Information…

The 2011 QC (Quality Compass®) rate comparisons are from NCQA’s *State of Health Care Quality 2011 Report* and reflect 2010 data. The 2010 QC rate comparisons are from NCQA’s *State of Health Care Quality 2010 Report* and reflect 2009 data. The 2009 QC rate comparisons are from NCQA’s *State of Health Care Quality 2009 Report* and reflect 2008 data.

*HEDIS® and Quality Compass® are registered trademarks of the National Committee for Quality Assurance (NCQA).*
Description: The percentage of enrolled children who turned two years old during the measurement year (2010), were continuously enrolled for 12 months immediately preceding their second birthday, and received the following immunizations on or before their second birthday:

- Four Diphtheria, Tetanus, and Acellular Pertussis (DTaP)*
- Three Polio (IPV)*
- One Measles, Mumps, and Rubella (MMR)
- One Varicella (VZV) (chickenpox)
- Two H influenza type b (Hib)*
- Three Hepatitis B (HepB)

* DTaP, IPV, Hib administered prior to 42 days after birth cannot be counted.

Description: The percentage of enrolled children who turned two years old during the measurement year (2010), were continuously enrolled for 12 months immediately preceding their second birthday, and received one Varicella immunization on or between the first and second birthdays or had documented history of the illness or a seropositive test result.
Description: The percentage of adults 50-75 years of age, who were continuously enrolled during the measurement year (2010) and the year prior to the measurement year (2009), who had appropriate screening for colorectal cancer (CRC).

Appropriate screenings are defined by any one of the three criteria below:

- Fecal occult blood test (FOBT) during the measurement year (2010).
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year (2006 – 2010).
- Colonoscopy during the measurement year or the nine years prior to the measurement year (2001 – 2010).
Breast Cancer Screening (40-69 Years)

Description: The percentage of women age 40 through 69 years, who were continuously enrolled during the measurement year (2010) and the preceding year (2009), and received a mammogram during the measurement year or the preceding year.

BCBSMT 2011 Rate Based on 2010 or 2009 Administrative Data Only
BCBSMT 2010 Rate Based on 2009 or 2008 Administrative Data Only
BCBSMT 2009 Rate Based on 2008 or 2007 Administrative Data Only

Cervical Cancer Screening

Description: The percentage of enrolled women age 21 through 64 years, who were continuously enrolled during the measurement year (2010) and the two years prior to the measurement year (2009 & 2008), and received one or more Pap tests during the measurement year or the two years prior to the measurement year.

BCBSMT 2011 Rate Based on 2010, 2009 or 2008 Administrative Data Only
BCBSMT 2010 Rate Based on 2009, 2008 or 2007 Administrative Data Only
BCBSMT 2009 Rate Based on 2008, 2007 or 2006 Administrative Data Only
Description: The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010), and had the following:

- Hemoglobin A1c (HbA1c) tested in 2010
- HbA1c poorly controlled (>9.0%), based on most recent HbA1c level for 2010
  * Note: For this numerator, a lower rate indicates better performance
- HbA1c controlled (<7.0%), based on most recent HbA1c level for 2010
  * Note: The HbA1c < 7.0% denominator excludes members with certain conditions. Please see the measure description for a list of conditions.

BCBSMT 2011 Rates Based on 2010 Administrative and Medical Record Data
BCBSMT 2010 Rates Based on 2009 Administrative and Medical Record Data
BCBSMT 2009 Rates Based on 2008 Administrative and Medical Record Data
Description: The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010), and had the following:

- Lipid screening - LDL-C performed in 2010
- Lipid level - most recent LDL-C level for the 2010 measurement period < 130 mg/dL
- Lipid level - most recent LDL-C level for the 2010 measurement period < 100 mg/dL
Comprehensive Diabetes Care - Eye Exam

Description: The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year, and had the following:

- An eye exam performed by an eye care professional (optometrist or ophthalmologist) in 2010; or
- An eye exam performed by an eye care professional (optometrist or ophthalmologist) in 2009 with no evidence of retinopathy.

Comprehensive Diabetes Care - Nephropathy Monitoring

Description: The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010) and had kidney disease (nephropathy) monitored. To count toward the numerator one of the following conditions must be met:

- Screening for nephropathy
- Evidence of already having nephropathy
- a positive macroalbuminuria test performed in 2010; or
- evidence of ACE inhibitor/ARB therapy during 2010.
Description: The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010), and had the following:

- Blood Pressure - most recent BP for the 2010 measurement period < 140/80 mm/Hg
- Blood Pressure - most recent BP for the 2010 measurement period < 140/90 mm/Hg

*Note: Blood pressure control changed from 130/80 to 140/80 for HEDIS 2011.

BCBSMT 2011 Rates Based on 2010 Administrative and Medical Record Data
BCBSMT 2010 Rates Based on 2009 Administrative and Medical Record Data
BCBSMT 2009 Rates Based on 2008 Administrative and Medical Record Data
Description: The percentage of members age 18 through 75 years old, who were discharged alive in the year prior to the measurement year (2009) for AMI, CABG, PTCA, or who had a diagnosis of ischemic vascular disease (IVD) and had evidence of LDL-C screening and an LDL-C control below specified thresholds (<130 mg/dL; <100mg/dL) during the measurement year (2010).

BCBSMT 2011 Rates Based on 2010 Administrative and Medical Record Data
BCBSMT 2010 Rates Based on 2009 Administrative and Medical Record Data
BCBSMT 2009 Rates Based on 2008 Administrative and Medical Record Data
Follow-Up After Hospitalization For Mental Illness w/in 7 days

Follow-Up After Hospitalization For Mental Illness w/in 30 days

Description: The percentage of enrolled members age six years or older who were hospitalized in 2010 for treatment of selected mental health disorders, and were continuously enrolled for 30 days after discharge, and were seen on an ambulatory basis or were in day/night treatment with a mental health provider within:

- 7 days of discharge
- 30 days of discharge

BCBSMT 2011 Rates Based on 2010 Administrative Data Only
BCBSMT 2010 Rates Based on 2009 Administrative Data Only
BCBSMT 2009 Rates Based on 2008 Administrative Data Only
Description: The percentage of enrolled members age 18 years or older as of the 120th day of the measurement year (2010), who were diagnosed with a new episode of depression, treated with antidepressant medication, and had the following components:

**Effective Acute Phase** - who remained on an antidepressant drug during the entire 84-day (12 wk) Acute Treatment Phase.

**Effective Continuation Phase Treatment** - who remained on the antidepressant drug for at least 180 days (six months).

*BCBSMT 2011 Rates Based on 2010 or 2009 Administrative Data Only*
*BCBSMT 2010 Rates Based on 2009 or 2008 Administrative Data Only*
*BCBSMT 2009 Rates Based on 2008 or 2007 Administrative Data Only*
Use of Appropriate Medications for People with Asthma (5-11 yrs)

![Chart showing percentage of appropriate medication usage from 2009 to 2011 for 5-11 years old patients.]

Use of Appropriate Medications for People with Asthma (12-50 yrs)

![Chart showing percentage of appropriate medication usage from 2009 to 2011 for 12-50 years old patients.]

Use of Appropriate Medications for People with Asthma (Overall)

![Chart showing percentage of appropriate medication usage from 2009 to 2011 for overall patients.]

Description: The percentage of members age 5-50 years who were identified as having persistent asthma, who were continuously enrolled during the measurement year (2010) and the year prior to the measurement year (2009) and who were appropriately prescribed medication during the measurement year (2010).

Note: Overall age range changed from 5-56 years in 2009 to 5-50 years in 2010 & 2011

BCBSMT 2011 Rates Based on 2010 and 2009 Administrative Data Only
BCBSMT 2010 Rates Based on 2009 and 2008 Administrative Data Only
BCBSMT 2009 Rates Based on 2008 and 2007 Administrative Data Only
CHILDHOOD IMMUNIZATION SUMMARY

Denominator Population = 71
Members excluded from original data extract (71) because denominator criteria not met = 0

Measure Description and HEDIS Specified Time Frames:

The percentage of enrolled children who turned two years old during the measurement year (2010) and were continuously enrolled for 12 months immediately preceding their second birthday and received the following immunizations on or before the second birthday:

- Four diphtheria, tetanus, and acellular pertussis (DTaP)*
- Three H influenza type B (Hib)*
- Three polio vaccinations (IPV)*
- At least four pneumococcal conjugate vaccinations (PCV)*
- Three hepatitis B vaccinations (HepB)
- One measles, mumps, and rubella (MMR)
- One varicella/chickenpox (VZV)
- Two hepatitis A vaccinations (HepA)
- Two or three rotavirus vaccinations (RV)*^  
- Two influenza vaccinations
- Combination #1: A combined rate including DTaP, IPV, MMR, Hib, HepB.
- Combination #2: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV.
- Combination #3: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV, PCV.
- Combination #4: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV, PCV, HepA.
- Combination #5: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV, PCV, RV.
- Combination #6: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV, PCV, Influenza.
- Combination #7: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV.
- Combination #8: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV, PCV, HepA, Influenza.
- Combination #9: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV, PCV, RV, Influenza.
- Combination #10: A combined rate including DTaP, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV, Influenza.

* DTaP, IPV, Hib, PCV, or RV administered prior to 42 days after birth cannot be counted.

Changes:

Revised dosing requirements for Hib and Rotavirus vaccines.

^Children must receive the required number of RV (two or three doses). The number of doses depends on which vaccine is given.
**HEDIS Medical Record Documentation Requirements:**

- Dated immunization history; OR
- Note indicating the name of the specific antigen and the date of the immunization; OR
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered; OR
- For MMR, HepB, VZV and HepA, a dated note indicating history of illness or seropositive test results.

_all medical record entries must be dated by the child's second birthday._

A note that the member is 'up-to-date' with immunizations, without listing the antigen name and dates, does not meet HEDIS documentation requirements.

**RESULTS**

**Diptheria, Tetanus, and Acellular Pertussis (DTaP)**

Complete DTaP immunization series administered within HEDIS specified time frame  
(Total 59) = (83.10%)

Complete DTaP immunization series not administered within HEDIS specified time frame  
(Total 12) = (16.90%)

- Documentation of DTaP immunization series not available  
  (Subtotal 1) = (1.41%)
- Documentation of partial DTaP immunization series  
  (Subtotal 3) = (4.23%)
- Complete immunization series received, but after the HEDIS specified time frame  
  (Subtotal 8) = (11.27%)

**H. Influenza (Hib)**

Complete Hib immunization series administered within HEDIS specified time frame  
(Total 66) = (92.96%)

Complete Hib immunization series not administered within HEDIS specified time frame  
(Total 5) = (7.04%)

- Documentation of Hib immunization series not available  
  (Subtotal 1) = (1.41%)
- Documentation of partial Hib immunization series  
  (Subtotal 2) = (2.82%)
- Complete immunization series received, but after the HEDIS specified time frame  
  (Subtotal 2) = (2.82%)
**Polio (IPV)**

Complete IPV immunization series administered within HEDIS specified time frame  
(Total 68) = (95.77%)

Complete IPV immunization series not administered within HEDIS specified time frame  
(Total 3) = (4.23%)

- Documentation of IPV immunization series not available (Subtotal 1) = (1.41%)
- Documentation of partial IPV immunization series (Subtotal 1) = (1.41%)
- Complete immunization series received, but after the HEDIS specified time frame (Subtotal 1) = (1.41%)

**Pneumococcal Conjugate (PCV)**

Complete PCV immunization series administered within HEDIS specified time frame  
(Total 61) = (85.92%)

Complete PCV immunization series not administered within HEDIS specified time frame  
(Total 10) = (14.08%)

- Documentation of PCV immunization series not available (Subtotal 2) = (2.82%)
- Documentation of partial PCV immunization series (Subtotal 4) = (5.63%)
- Complete immunization series received, but after the HEDIS specified time frame  
(Subtotal 4) = (5.63%)

**Hepatitis B (HepB)**

Complete HepB immunization series administered or positive history of illness or seropositive test result documented within HEDIS specified time frame  
(Total 67) = (94.37%)

Complete HepB immunization series or positive history of illness or seropositive test result not administered within HEDIS specified time frame  
(Total 4) = (5.63%)

- Documentation of HepB immunization series not available (Subtotal 1) = (1.41%)
- Documentation of partial HepB immunization series (Subtotal 2) = (2.82%)
- Complete immunization series received, but after the HEDIS specified time frame  
(Subtotal 1) = (1.41%)

**Measles, Mumps, and Rubella (MMR)**

MMR immunization administered or positive history of illness or seropositive test result documented within HEDIS specified time frame  
(Total 66) = (92.96%)

MMR immunization not administered or positive history of illness or seropositive test result not documented, within HEDIS specified time frame  
(Total 5) = (7.04%)

- Documentation of MMR immunization not available (Subtotal 3) = (4.23%)
- MMR immunization received, but after the HEDIS specified time frame (Subtotal 2) = (2.82%)

Childhood Immunizations
**Varicella (VZV)**

VZV immunization administered or positive history of illness or seropositive test result documented within the HEDIS specified time frame  (Total  62) = (87.32%)

VZV immunization not administered, or positive history of illness or seropositive test result not documented within the HEDIS specified time frame or the medical record documentation requirements were not met  (Total  9) = (12.68%)

- Documentation of VZV immunization series or documented positive history of chickenpox or seropositive test result not available  (Subtotal  5) = (7.04%)
- VZV immunization received, but after the HEDIS specified time frame  (Subtotal  4) = (5.63%)

**Hepatitis A (HepA)**

Complete HepA immunization series administered or positive history of illness or seropositive test result documented within the HEDIS specified time frame  (Total  27) = (38.03%)

Complete HepA immunization series or positive history of illness or seropositive test result not administered within the HEDIS specified time frame  (Total  44) = (61.97%)

- Documentation of HepA immunization series not available  (Subtotal  11) = (15.49%)
- Documentation of partial HepA immunization series  (Subtotal  7) = (9.86%)
- Complete immunization series received, but after HEDIS specified time frame  (Subtotal  26) = (36.62%)

**Rotavirus (RV)**

Complete RV immunization series administered within the HEDIS specified time frame  (Total  44) = (61.97%)

Complete RV immunization series not administered within the HEDIS specified time frame  (Total  27) = (38.03%)

- Documentation of RV immunization series not available  (Subtotal  16) = (22.54%)
- Documentation of partial RV immunization series  (Subtotal  10) = (15.49%)
- Complete immunization series received, but after HEDIS specified time frame  (Subtotal  0) = (0.00%)

**Influenza (flu)**

Complete influenza immunization series administered within the HEDIS specified time frame  (Total  39) = (54.93%)

Complete influenza immunization series not administered within the HEDIS specified time frame  (Total  32) = (45.07%)

- Documentation of influenza immunization series not available  (Subtotal  20) = (28.17%)
- Documentation of partial influenza immunization series  (Subtotal  6) = (8.45%)
- Complete immunization series received, but after HEDIS specified time frame  (Subtotal  6) = (8.45%)
COMBO 1 (DTaP, Hib, IPV, MMR, & HepB) Rate (Total 57) = (80.28%)

COMBO 2 (DTaP, Hib, IPV, MMR, HepB, & VZV) Rate (Total 56) = (78.87%)

COMBO 3 (DTaP, Hib, IPV, PCV, MMR, HepB, & VZV) Rate (Total 53) = (74.65%)

COMBO 4 (DTaP, Hib, IPV, PCV, MMR, HepB, VZV, & HepA) Rate (Total 23) = (32.39%)

COMBO 5 (DTaP, Hib, IPV, PCV, MMR, HepB, VZV, & RV) Rate (Total 38) = (53.52%)

COMBO 6 (DTaP, Hib, IPV, PCV, MMR, HepB, VZV, & Influenza) Rate (Total 35) = (49.30%)

COMBO 7 (DTaP, Hib, IPV, PCV, MMR, HepB, VZV, HepA & RV) Rate (Total 20) = (28.17%)

COMBO 8 (DTaP, Hib, IPV, PCV, MMR, HepB, VZV, HepA & Influenza) Rate (Total 15) = (21.13%)

COMBO 9 (DTaP, Hib, IPV, PCV, MMR, HepB, VZV, RV & Influenza) Rate (Total 25) = (35.21%)

COMBO 10 (DTaP, Hib, IPV, PCV, MMR, HepB, VZV, HepA, RV & Influenza) Rate (Total 12) = (16.90%)
BREAST CANCER SCREENING SUMMARY

Denominator Population = 1,633

Members excluded from original data extract (1,640) because exclusion criteria was met = 7

Measure Description and HEDIS Specified Time Frames:

The percentage of women age 40 through 69 years, who were continuously enrolled during the measurement year and the preceding year (2010 and 2009), and received a mammogram during the measurement year or the preceding year.

RESULTS

Mammogram performed during 2009 or 2010 (Total 1,182) = (72.38%)
Mammogram not performed during 2009 or 2010 (Total 451) = (27.62%)

- Mammogram not performed in 2009 or 2010 (Subtotal 388) = (23.76%)
- Mammogram performed three months prior to or after the HEDIS specified time frame, 01/01/2009-12/31/2010 (Subtotal 63) = (3.86%)

Results were based on administrative data only.

CERVICAL CANCER SCREENING SUMMARY

Denominator Population = 2,055

Members excluded from original data extract (2,138) because exclusion criteria was met = 83

Measure Description and HEDIS Specified Time Frames:

The percentage of enrolled women age 21 through 64 years, who were continuously enrolled during the measurement year and the two years prior to the measurement year and received one or more Pap tests during the measurement year (2010) or the two years prior to the measurement year (2008 or 2009).

RESULTS

Pap test performed during 2008, 2009, or 2010 (Total 1,608) = (78.25%)
Pap test not performed during 2008, 2009 or 2010 (Total 447) = (21.75%)

- Pap test not performed in 2008, 2009 or 2010 (Subtotal 401) = (19.51%)
- Pap test performed three months prior to or after the HEDIS specified time frame, 01/01/2008-12/31/2010 (Subtotal 46) = (2.24%)

Results were based on administrative data only.
COLORECTAL CANCER SCREENING SUMMARY

Denominator Population = 2,105
Members excluded from original data extract (2,107) because exclusion criteria was met = 2

Measure Description and HEDIS Specified Time Frames:

The percentage of adults 50-75 years of age, who were continuously enrolled during the measurement year (2010) and the year prior to the measurement year (2009), who had appropriate screening for colorectal cancer (CRC).

Appropriate screenings are defined by any one of the three criteria below:

- Fecal occult blood test (FOBT) during the measurement year (2010).
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year (2006 – 2010).
- Colonoscopy during the measurement year or the nine years prior to the measurement year (2001 – 2010).

RESULTS

Colorectal Cancer Screening performed during measurement periods (Total 1,190) = (56.53%)

Colorectal Cancer Screening not performed during measurement periods (Total 915) = (43.48%)

- Colorectal Cancer Screening not performed during measurement periods (Subtotal 888) = (42.19%)
- Colorectal Cancer Screening performed three months prior to or after the HEDIS specified time frames (Subtotal 27) = (1.28%)

Results were based on administrative data only.
COMPREHENSIVE DIABETES CARE

HbA1c SUMMARY

Denominator Population = 271

Members excluded from original data extract (277) because denominator criteria not met = 6

Measure Description and HEDIS Specified Time Frames:

The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010), and had the following:

- Hemoglobin A1c (HbA1c) tested in 2010
- HbA1c poorly control (>9.0%), based on most recent HbA1c level for 2010.
- HbA1c control (<8.0%), based on most recent HbA1c level for 2010.
- HbA1c control (<7.0%), based on most recent HbA1c level for 2010.

The denominator criteria for the HbA1c < 7.0% measure changed with HEDIS 2010 to exclude members with certain conditions. The following are a list of exclusion conditions:

- 65-75 years of age as of December 31 of the measurement year
- CABG or PTCA during the measurement or the year prior to the measurement year
- Ischemic vascular disease (IVD) during the measurement or the year prior to the measurement year
- Chronic heart failure (CHF) any time prior to December 31 of the measurement year
- Prior myocardial infarction (MI) any time prior to December 31 of the measurement year
- Chronic renal failure (CRF)/end-stage renal disease (ESRD) any time prior to December 31 of the measurement year
- Dementia any time prior to December 31 of the measurement year
- Blindness any time prior to December 31 of the measurement year
- Amputation (LE) any time prior to December 31 of the measurement year.

HEDIS Medical Record Documentation Requirements:

Documentation in the medical record must include a note indicating the date the HbA1c test was performed and the result.

RESULTS

HbA1c Testing

Hemoglobin A1c (HbA1c) tested in 2010 (Total = 255) = (94.10%)

Hemoglobin A1c (HbA1c) not tested in 2010 (Total = 16) = (5.90%)

- HbA1c not performed in 2010 (Subtotal = 9) = (3.32%)
- HbA1c performed three months prior to or after the HEDIS specified time frame, 01/01/2010-12/31/2010 (Subtotal = 7) = (2.58%)
Poor HbA1c Control

HbA1c poorly controlled (> 9.0%), based on most recent HbA1c level for 2010 (Total 42) = (15.50%)

NOTE: For this numerator, a lower rate indicates better performance

- HbA1c not performed in 2010 (Subtotal 16) = (5.90%)
- HbA1c performed in 2010 - result not available (Subtotal 2) = (0.74%)
- HbA1c performed in 2010 - HbA1c > 9.0% (Subtotal 24) = (8.86%)

HbA1c Control < 8.0%

HbA1c < 8.0% based on most recent HbA1c level for 2010 (Total 198) = (73.06%)

HbA1c < 7.0% (new denominator exclusion criteria)

HbA1c < 7.0% based on most recent HbA1c level for 2010 (Total 98) = (49.25%)

COMPREHENSIVE DIABETES CARE

LIPID PROFILE (LDL-C) SUMMARY

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<thead>
<tr>
<th>Denominator Population = 271</th>
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<tr>
<td>Members excluded from original data extract (277) because denominator criteria not met = 6</td>
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Measure Description and HEDIS Specified Time Frames:

The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010), and had the following:

- Lipid profile (LDL-C) performed in 2010
- Lipids controlled - most recent LDL-C level for the 2010 measurement period < 100 mg/dL
- Lipids controlled - most recent LDL-C level for the 2010 measurement period < 130 mg/dL

HEDIS Medical Record Documentation Requirements:

Documentation in the medical record must include a note indicating the date the LDL-C test was performed and the result.

RESULTS

LDL-C Screening

Lipid Profile (LDL-C) performed in 2010 (Total 222) = (81.92%)

Lipid Profile (LDL-C) not performed in 2010 (Total 49) = (18.08%)

- LDL-C not performed in 2010 (Subtotal 26) = (9.59%)
- LDL-C performed three months prior to or after the HEDIS specified time frame, 01/01/2010-12/31/2010 (Subtotal 23) = (8.49%)

**LDL-C Level**

- LDL-C < 100 mg/dL, based on most recent LDL-C for 2010 (Total 123) = (45.39%)
- LDL-C between 100 - 129 mg/dL, based on most recent LDL-C level for 2010 (Total 54) = (19.93%)
- LDL-C >= 130 mg/dL, based on most recent LDL-C for 2010 (Total 94) = (34.69%)
  - LDL-C not performed in 2010 (Subtotal 49) = (18.08%)
  - LDL-C performed in 2010, but results not available (Subtotal 3) = (1.11%)
  - LDL-C >= 130 mg/dL or LDL-C was not able to be calculated due to high triglyceride level, based on most recent LDL-C level for 2010 (Subtotal 42) = (15.50%)

**COMPREHENSIVE DIABETES CARE**

**EYE EXAM SUMMARY**

<table>
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**Measure Description and HEDIS Specified Time Frames:**

The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010), and had the following:

- An eye exam performed by an eye care professional (optometrist or ophthalmologist) in 2010; or
- An eye exam performed by an eye care professional (optometrist or ophthalmologist) in 2009 with no evidence of retinopathy.

**HEDIS Medical Record Documentation Requirements:**

Documentation in the medical record must include:

- A note or letter from an ophthalmologist, optometrist, or other health-care professional summarizing: the date on which the procedure was performed and the results of the retinal evaluation performed by an eye care professional; OR
- A chart or photograph of retinal abnormalities. Fundus photography exam must be dated and there must be evidence that the results were reviewed by an eye care professional. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist; OR
- A note, which may be completed by the PCP, indicating the date the procedure was performed, and that the ophthalmoscopic exam was completed by an eye care professional with the results of the exam.
Comprehensive Diabetes

Note: Eye exams provided by eye care professionals are a proxy for dilated eye exams because there is no administrative way to determine that a dilated exam was performed.

RESULTS

Eye exam performed by eye care professional in 2009 or 2010 (Total 163) = (60.15%)
- Eye exam performed by an eye care professional in 2010 (Subtotal 118) = (43.54%)
- Eye exam performed by an eye care professional in 2009 with no evidence of retinopathy (Subtotal 45) = (16.61%)

Eye exam not performed by eye care professional in 2009 or 2010 (Total 108) = (39.85%)
- Documentation of an eye exam being performed by an eye care professional in 2009 or 2010 not available or documentation did not qualify (Subtotal 100) = (36.90%)
- Eye exam performed by an eye care professional three months prior to or after the HEDIS specified time frame, 01/01/2009-12/31/2010 (Subtotal 7) = (2.58%)
- Eye exam performed by an eye care professional in 2009, but demonstrated evidence of retinopathy (Total 1) = (0.37%)

COMPREHENSIVE DIABETES CARE

NEPHROPATHY MONITORING SUMMARY

Denominator Population = 271
Members excluded from original data extract (277) because denominator criteria not met = 6

Measure Description and HEDIS Specified Time Frames:
The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010) and had kidney disease (nephropathy) monitored. To count toward the numerator, one of the following conditions must be met:

Screening for Nephropathy
- Microalbuminuria test performed in 2010, OR

Evidence of Already Having Nephropathy
- Evidence of treatment for nephropathy in 2010, OR
- A positive macroalbuminuria test performed in 2010, OR
- Evidence of ACE inhibitor/ARB therapy during the measurement year (2010).
HEDIS Medical Record Documentation Requirements:

**Microalbuminuria**

Documentation in the medical record must include a note indicating the date (during 2010) the microalbuminuria was performed and the result or finding.

**Nephropathy**

Documentation in the medical record must include a note indicating medical attention during 2010 for any of the following:

- a positive result for proteinuria/microalbuminuria/urine protein
- renal insufficiency
- diabetic nephropathy
- chronic renal failure
- nephrologist visit
- acute renal failure
- end-stage renal disease
- dialysis, hemodialysis, or peritoneal dialysis

**Macroalbuminuria**

Evidence of a positive macroalbuminuria test during 2010.

**ACE Inhibitor/ARB Therapy**

Documentation in the medical record must include, at a minimum, a note indicating that the patient received an ambulatory prescription for ACE inhibitors/ARBs within the measurement year (2010).

**RESULTS**

**Nephropathy Monitoring Performed or Evidence of Existing Nephropathy in 2010**  
(Total 239) = (88.19%)  

The following criteria are not mutually exclusive. A member may have met one or more of the criteria.

- Microalbuminuria screen performed in 2010  (Subtotal  126) = (46.49%)
- Diagnosis of nephropathy in 2010  (Subtotal  32) = (11.81%)
- Positive macroalbuminuria screen performed in 2010  (Subtotal  16) = (5.90%)
- Evidence of ACE inhibitor/ARB therapy during the measurement year (2010)  
  (Subtotal  183) = (67.53%)

**Nephropathy Monitoring not Performed in 2010 and No Evidence of Existing Nephropathy**  
(Total  32) = (11.81%)  

- Nephropathy Monitoring not performed in 2010 and no evidence of existing nephropathy  
  (Subtotal  18) = (6.64%)
- Microalbuminuria screen performed three months prior to or after the HEDIS specified time frame, 01/01/2010-12/31/2010  
  (Subtotal  4) = (1.48%)
- Macroalbuminuria performed in 2010 results not available  
  (Subtotal  1) = (0.37%)
- Macroalbuminuria performed in 2010 but results were negative  
  (Total  9) = (3.32%)
COMPREHENSIVE DIABETES CARE

BLOOD PRESSURE MONITORING SUMMARY

Denominator Population = 271

Members excluded from original data extract (277) because denominator criteria not met = 6

Measure Description and HEDIS Specified Time Frames:

The percentage of members with diabetes (Type 1 or Type 2) age 18 through 75 years old, who were continuously enrolled during the measurement year (2010), and had the following:

- Blood pressure control < 140/80 mm Hg based on most recent 2010 blood pressure reading
- Blood pressure control < 140/90 mm Hg based on most recent 2010 blood pressure reading.

HEDIS Medical Record Documentation Requirements:

Documentation in the medical record must include a note indicating the date the blood pressure was performed and the result. If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on the date of the representative blood pressure.

RESULTS

Blood Pressure Screening

Blood Pressure screening performed in 2010 (Total 260) = (95.94%)

Blood Pressure screening not performed in 2010 (Total 11) = (4.06%)

- Blood pressure screening not performed in 2010 (Subtotal 6) = (0.97%)
- Blood pressure screening performed three months prior to or after the HEDIS specified time frame, 01/01/2010-12/31/2010 (Subtotal 5) = (1.84%)

Blood Pressure Control

Blood Pressure < 140/80 mm/Hg based on most recent blood pressure for 2010 (Total 134) = (49.45%)

Blood Pressure < 140/90 mm/Hg based on most recent blood pressure for 2010 (Total 193) = (71.22%)
CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS SUMMARY

Denominator Population = 75
Members excluded from original data extract (75) because denominator criteria not met = 0

Measure Description and HEDIS Specified Time frames:

The percentage of members age 18 through 75 years old as of December 31 of the measurement year (2010), who were discharged alive in the year prior to the measurement year (2009) for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous coronary interventions (PCI), or who had a diagnosis of ischemic vascular disease (IVD) and had evidence of LDL-C screening and an LDL-C less than 130 mg/dL and 100 mg/dL.

- LDL-C screening performed during the measurement year (2010).
- LDL-C level of less than 130 mg/dL during the measurement year (2010).
- LDL-C level of less than 100 mg/dL during the measurement year (2010).

HEDIS Medical Record Documentation Requirements:

Documentation in the medical record must include a note indicating the date the LDL-C test was performed and the result.

RESULTS

LDL-C Screening

Lipid Profile (LDL-C) performed during the measurement year (Total 70) = (93.33%)
LDL-C not performed during the measurement year (Total 5) = (6.67%)
  - LDL-C not performed within the HEDIS specified time frame (Subtotal 2) = (2.67%)
  - LDL-C performed three months prior to or after the HEDIS specified time frame (Subtotal 3) = (4.00%)

LDL-C Level

LDL-C < 100 mg/dL based on most recent LDL-C for 2010 (Total 52) = (69.33%)
LDL-C between 100-129 mg/dL based on most recent LDL-C for 2010 (Total 14) = (18.67%)
LDL-C >= 130 mg/dL, based on most recent LDL-C level for 2010 (Total 9) = (12.00%)
  - LDL-C not performed in 2010 (Subtotal 5) = (6.67%)
  - LDL-C performed in 2010, but results not available (Subtotal 0) = (0.00%)
    LDL-C >= 130 mg/dL or LDL-C was not able to be calculated due to high triglyceride level, based on most recent LDL-C level for 2010 (Subtotal 0) = (0.00%)

Comprehensive Diabetes
USE OF APPROPRIATE MEDICATIONS IN PEOPLE WITH ASTHMA

Denominator Population = Ages 5-11 years: 10; Ages 12-50 years: 68; Combined: 78
Member excluded from original data extract (79) because denominator criteria not met = 1

Measure Description and HEDIS Specified Time Frames:

This process measure evaluates whether members with persistent asthma are being prescribed medications acceptable as primary therapy for long-term control of asthma.

For a member to be identified as having persistent asthma they must have any of the following in the measurement year (2010) and the year prior to the measurement year (2009):

- At least four asthma medication dispensing events, OR
- At least one Emergency Department visit with asthma (ICD-9-CM 493xx) as the principal diagnosis, OR
- At least one hospitalization with asthma as the principal diagnosis, OR
- At least four outpatient asthma visits, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events

Preferred Asthma Therapy Medications

- Inhaled Corticosteroids
- Inhaled Steroid Combinations
- Antibody Inhibitor
- Leukotriene Modifiers
- Mast Cell Stabilizers
- Methyloxanthines

Separate calculations will be required for the following age stratifications:

- 5-11 years
- 12-50 years

The combined rate will be the sum of the two numerators divided by the sum of the two denominators.

RESULTS

Results were based on administrative data only.

Members identified as having persistent asthma in 2010 who were continuously enrolled in 2009 and 2010, and were dispensed at least one prescription for a preferred asthma therapy in the measurement year (2010):

Ages 5 - 11:  \((\text{Total } 10/10) = (100.00\%)\)

Ages 12 - 50:  \((\text{Total } 64/68) = (94.12\%)\)

Combined:  \((\text{Total } 74/78) = (94.87\%)\)
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS SUMMARY

Denominator Population = 17  
Member excluded from original data extract (20) because denominator criteria not met = 3

Measure Description and HEDIS Specified Time Frames:

The percentage of enrolled members age six years or older who were hospitalized for treatment of selected mental health disorders, and were continuously enrolled for 30 days after discharge, and were seen on an ambulatory basis or were in day/night treatment with a mental health provider within:

- 7 days of hospital discharge
- 30 days of hospital discharge

RESULTS

Results were based on administrative data only.

Follow-up within 7 days of hospital discharge  (Total  13) = (76.47%)  
Members who were seen on an ambulatory basis or were in day/night treatment with a mental health provider within 7 days of hospital discharge.

Follow-up within 30 days of hospital discharge  (Total  16) = (94.12%)  
Members who were seen on an ambulatory basis or were in day/night treatment with a mental health provider within 30 days of hospital discharge.

ANTIDEPRESSANT MEDICATION MANAGEMENT SUMMARY

Denominator Population = 66  
Member excluded from original data extract (66) because denominator criteria not met = 0

Measure Description and HEDIS Specified Time Frames:

Antidepressant Medication Management
The following two components of this measure assess different facets of the successful pharmacological management of depression:

1. **Effective Acute Phase Treatment.** The percentage of members age 18 years or older as of the 120th day of the measurement year, who were diagnosed with a new episode of depression, treated with antidepressant medication, and who remained on an antidepressant medication during the entire 84-day (12-week) Acute Treatment Phase. This intermediate outcome measure assesses the percentage of adult members initiated on an antidepressant drug who received a continuous trial of medication treatment during the Acute Treatment Phase.

2. **Effective Continuation Phase Treatment.** The percentage of members of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).
RESULTS

Results were based on administrative data only.

Effective Acute Phase Treatment  (Total 41) = (62.12%)

Members who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 84 days.

Continuous treatment is defined to allow gaps in medication treatment up to a total of 30 days during the 84-day period. The allowable medication changes or gaps include:

- “washout” period gap to change medication
- “treatment” gaps to refill same medication

Effective Continuation Phase Treatment  (Total 31) = (46.97%)

Members who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days.

Continuous treatment is defined to allow gaps in medication treatment up to a total of 51 days during the 180-day period. The allowable medication changes or gaps include:

- “washout” period gaps to change medication
- “treatment” gaps to refill the same medication