IMS Payer Solutions

HBI*Online*™ Provider Performance Reporting Web Tool

2010 USER MANUAL

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I. Background

HBI*Online*™ is a web-based tool that enables providers to access their clinical quality performance assessment results any time, day or night, via an Internet connection. HBI*Online*™ is superior to existing paper-based reporting strategies because among other things, it provides a system that offers easy drill down capability inherent when using web technologies, ability for health plans to maintain security over personal health information (PHI), and a convenient, less resource-intensive means of sharing information with providers.

Providers can log-in to the secure site to view their own report information and identify among other things:

- The Clinical Quality Indicators for which they were scored,
- How each Clinical Quality Indicator is defined,
- Their numerator, denominator and rates for each indicator, and
- All Blue Cross and Blue Shield of Alabama members that did not receive the service as measured by each clinical quality indicator.

In addition to a provider's individual scores, the report also includes aggregate Blue Cross and Blue Shield of Alabama network level performance as well as other peer group benchmarks where available. HBI*Online*™ can also incorporate a variety of administrative related resources regarding the plan's performance assessment program such as program details, sample documents, and news alerts.

II. Accessing the Web Tool

Username and Passwords

Blue Cross and Blue Shield of Alabama providers will access HBI*Online*™ through the health plan's secure *Provider Access* provider portal. Thus, users will not require a separate username and password to access their performance report. In this set up, the two systems "talk" to one another to make sure users automatically have secure access to their reports on HBI*Online*™ once the user has successfully logged into *Provider Access*.

III. Quality Performance Report

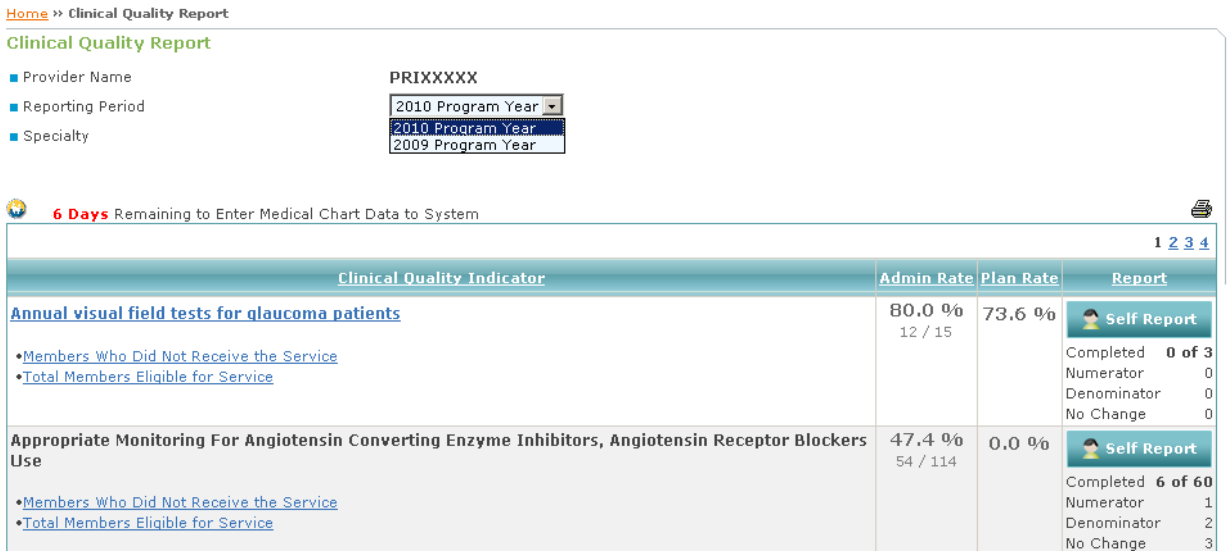
Welcome Page

Users will be directed to the welcome homepage upon successful login. From here, all users will be able to access the various components of the web tool. To facilitate site navigation, a toolbar appears at the top of every webpage which contains buttons that enable users to click and go directly to specific reports. Users can click on the "Quality Scorecard" tab located on the toolbar to access their quality performance report.

Quality Performance Report Features

The Quality Report summarizes key information regarding the user's quality performance assessment results and also serves as a gateway for accessing additional information and features of the system (Figure 2).

Figure 2: Sample Quality Performance Report



Reporting Period: The reporting period represents the one year time period upon which the analysis will be based, which is listed at the top of the report screen. The report will default to the Active (consumer-facing) measures for the most recent report period that has been loaded to the system. Measures for this same report period that are not consumer-facing ("Additional Measures for Physician Preview"), as well as historical reports for previous periods, can be viewed by selecting a previous measurement period using the drop down box.

Quality Indicator Results: The quality indicators for which the user could be measured are listed in alphabetical order by title. The user's indicator numerator, denominator and rate are presented, along with benchmarks located to the right.

Quality Indicator Abstracts: The title of the indicator that is shown on the quality report is linked to an abstract (a PDF document), which outlines the clinical rationale, clinical recommendations, denominator inclusion criteria, numerator inclusion criteria and attribution rules. This document aims to provide transparency to the user with respect to how their indicator rates are derived.

Member Lists:
Users can drill down to the member level detail to identify for each indicator: (1) members that were eligible for the recommended service, (2) members that did not receive the recommended service. A link to each member list is located below the indicator title. A print friendly version of the page is available by clicking on the printer icon located on the upper right hand side of the member list. Likewise, the list of members can be downloaded in an electronic .csv file for import to other external applications.

Other Relevant Definitions:
Additional relevant definitions that are not included in the quality indicator abstracts are listed on the right hand side of the page under the "Definitions" heading. Clicking on each term will open a separate window containing a definition of the term.

Sorting Records:
Users can click on any column title to resort results (e.g. ascending or descending order).

IV. Self Report Feature

The "Self Report Feature" Explained

In addition to accessing the clinical quality scores, HBI*Online*™ includes a self reporting functionality that enables providers to enter medical chart data to supplement that which is already available through the administrative claims data received from the health plan. Preliminary rates by clinical quality metric will be posted on HBI*Online*™ during a comment period during which providers can review the medical chart of those members that were identified as having service gaps in selected indicators. Blue Cross and Blue Shield of Alabama providers will have 60 days to enter data into the system. If there is evidence that the member met certain exclusion criteria or if they did indeed

receive the service or procedure, the provider can use this time period to report this information to HBI*Online*™. Data that is captured through this process is incorporated into the IMS data processing infrastructure to create a "hybrid rate", which represents a final performance rate comprised of both self-reported and administrative claims data. A reminder located near the top of the report page will indicate how many days remain available for users to enter data into the system. The comment period for this reporting period will close March 24, 2011.

How the Self Report Feature Benefits Providers

Quality performance results are used for a wide variety of initiatives. Thus, health plans want to give an opportunity to solicit feedback from providers to ensure that results are as accurate as possible. HBI*Online*™ provides a streamlined means of soliciting feedback from providers regarding their preliminary quality scores. Whenever possible, the system has been designed in a way to minimize the amount of time providers must spend reviewing cases:

- Rather than asking for a random sample from a provider's entire eligible population, the tool only solicits feedback for non-numerator cases.
- When there are common eligibility criteria across similar measures, the tool exclude members across different measures where appropriate. For example, if a user finds that a patient identified with diabetes in fact does not have diabetes, entry for one measure will effectively remove that member from all other applicable diabetes measures. This is also the case with childhood immunizations.
- Data collected through the web tool is retained for future assessments. For example, if a colonoscopy was provided to a patient and the date of service was entered by a provider during one comment period, the date of service for the colonoscopy will remain in the registry so that it will be incorporated into future assessment cycles where applicable.
- Each provider will have an opportunity to enter data for all members that did not receive a service based on the preliminary assessment. When the comment period closes, the ensuing analysis will be carried out at the member level. This means that as long as the supplemental data shows that the member received the appropriate services, all providers for whom the member is attributed will receive credit. It does not matter which user submitted the data; all providers will benefit.

Quality Indicators that have the Self Report Feature Available

The system enables the self report feature for 25 indicators as listed below:
(**Please note that measures having the self report feature may be found in both the "Active Measures" and "Additional Measures for Phyisician Preview" sections of your report. You can go to each of these sections by making your selection in the Reporting Period drop down box)**:

1. Annual Visual Field Tests for Patients with Glaucoma
2. Appropriate Monitoring for ACE Inhibitors/ARBs Use
3. Appropriate Monitoring for Members on Diuretics
4. Appropriate Testing for Children with Pharyngitis
5. Appropriate Work Up Prior to Endometrial Ablation Procedure
6. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
7. Beta-blocker Persistence Following a Heart Attack
8. Breast Cancer Screening
9. Cervical Cancer Screening
10. Childhood Immunization: Measles, Mumps, and Rubella (MMR)
11. Childhood Immunization: Varicella-Zoster Virus (VZV)
12. Childhood Immunization: DTaP
13. Cholesterol Management for Patients Cardiovascular Conditions
14. Colorectal Cancer Screening
15. Diabetic Retinal Exam
16. Follow-up Examination After Diagnosis and Treatment of Skin Cancer
17. Glycosylated Hemoglobin (HbA1c) Test for Diabetics
18. Hepatic Enzyme Monitoring for Statin Use after Initiating Therapy
19. LDL for Diabetes
20. Medical Attention for Diabetic Nephropathy
21. Prenatal Screening 1: Screening for HIV in Pregnancy
22. Treatment of Coronary Artery Disease (CAD) or CAD Equivalent: Use of Statins
23. Use of Long-Term Control Drugs for Persistent Asthma
24. Use of Narrow Spectrum Antibiotics for Patients with Acute Streptococcal Pharyngitis Disease
25. Use of Spirometry Testing in the Assessment and Diagnosis of COPD.

Getting Started with the Self Report Feature

Step 1: Download and Review List of Members Who Did Not Receive the Service

Users can access a list of members who did not receive the service for the indicator by clicking the link with the same title just below the indicator name on the quality report. Or, this list can be accessed by clicking on the "Self Report" button (

) located to the right of the indicator title. The member list can then be printed or downloaded to a .csv file.

Step 2: Refer to the Medical Chart

A member's outcome for a quality indicator can be changed in one of two ways: 1) Members can be changed from a non-numerator to a numerator positive outcome if the user can confirm that the service as recommended by the indicator was provided, and 2) Members can be removed the eligible population for the measure if they meet certain criteria as defined by the indicator (e.g. member has a contraindication, or condition that would negate the need for the member to receive the service).

Users can utilize the checklists in Appendix B to better understand the services and the timeframes in which the services need to be provided for a given indicator.

Step 3: Enter Information Using HBI*Online*™

To enter medical chart information for a given member, users should click the "self report button" (

) to begin entering data. All members that did not receive the service will be displayed. To enter data for a specific member, identify their name and click the "submit data" link.

Blue Cross and Blue Shield of Alabama has granted providers an opportunity to supplement their administrative claims record for the purpose of providing a more comprehensive review and evaluation of clinical processes and care administration. Critical to this purpose is the reliance by Blue Cross and Blue Shield of Alabama on the accuracy and completeness of data submitted by providers. Prior to submitting data, users will be required to attest and acknowledge the following:

- Data submitted through this website can be audited for both completeness and accuracy.
- Data submitted will be reviewed using analytic methods to determine whether it is applicable to the current clinical quality measures and if the data submitted aligns with the applicable time periods or other measure specifications. Once data is submitted, it cannot be updated or edited.

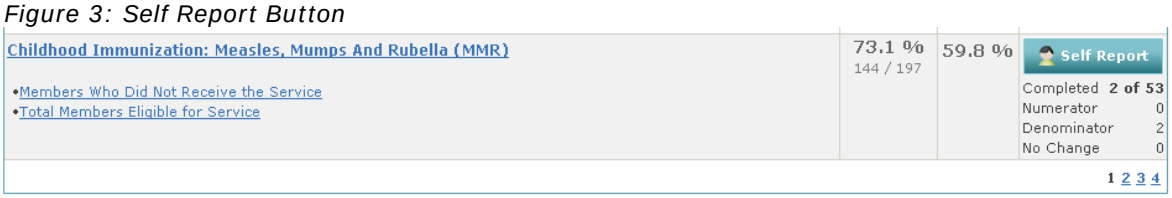
Users must accept these terms of use in order to proceed. Upon acceptance, users will be brought through a series of screens that ask specific questions about whether the member received services or met specific exclusion criteria relevant for the measure. A date of service will need to have been documented for relevant services to qualify. Upon confirming the data submission, the record will be closed. A 'data submitted' confirmation will appear on the screen and the member record will indicate that as such. A sample self report module is provided in Appendix A.

The self report capability will be made available to users for a 60 day period, ending March 24, 2011. A countdown is located on the top of the quality report screen indicates the number of days remaining to enter data into the system. When the self report capability is closed, data will be downloaded, combined with the administrative claims data and reprocessed to derive a final score that combines data from both sources. Users will be notified when the data has been updated to the website.

Appendix A – Example of Self Report Module for Childhood Immunizations (MMR)

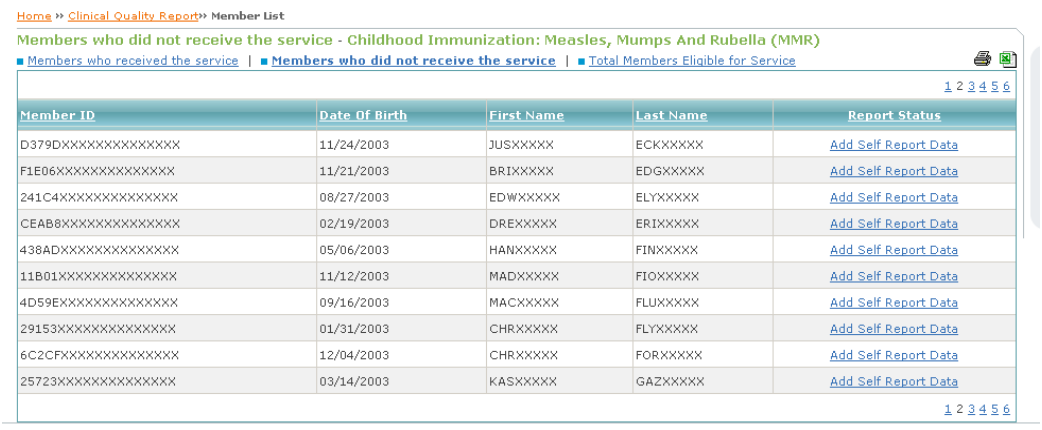
[A] Indicators for which providers can enter self reporting data have a "self report" icon located to the right of the indicator results in the summary scorecard. To enter self report data, click the self report icon for the indicator (Self Report). See Figure 3 below:

Figure 3: Self Report Button



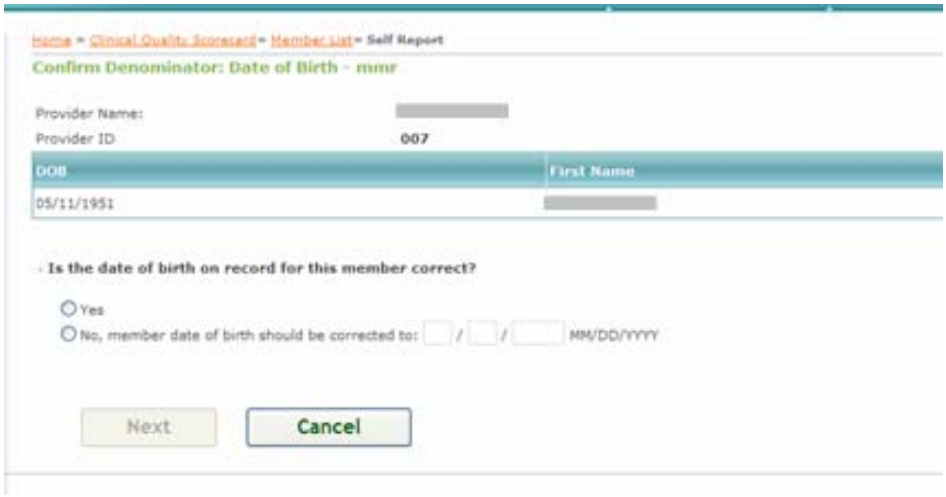
[B] A listing of all the members that were identified as being eligible for the denominator but did not receive the appropriate service/procedure will be displayed (Figure 4). Key data fields, including the plan member identification number, date of birth, first name and last name will be displayed to facilitate record retrieval. To enter self-report data, click on the "self-report data" link to the corresponding member's name.

Figure 4: Start self report process for a member-indicator combination



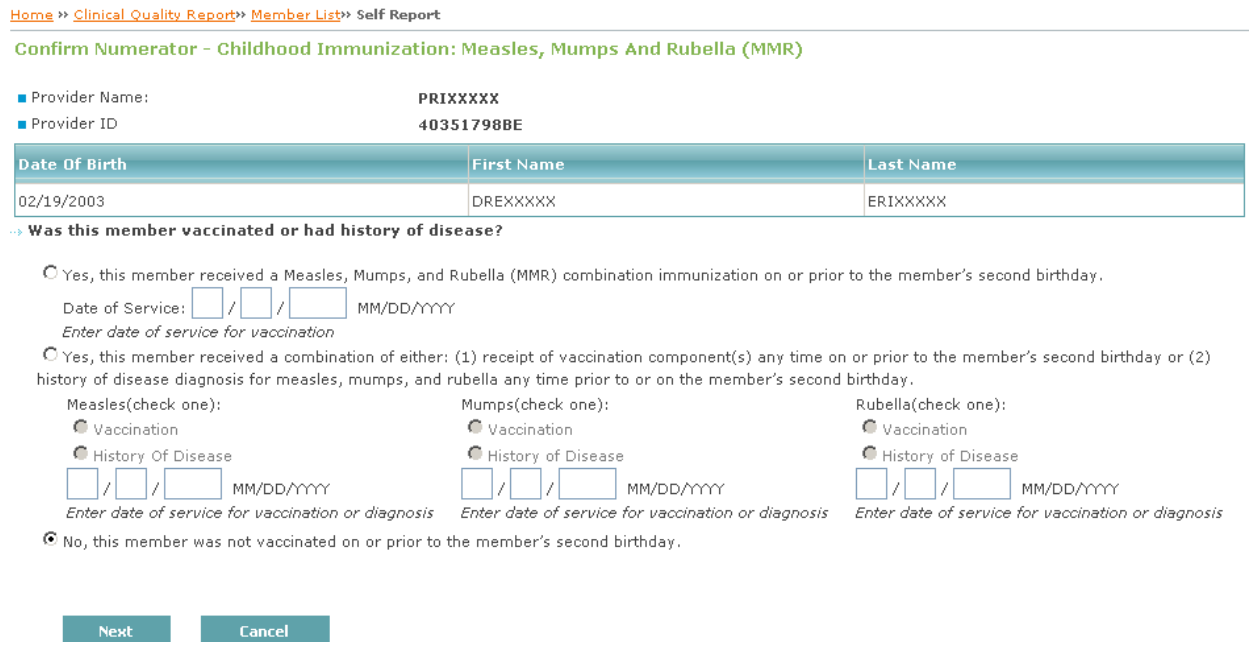
[C] As a first step, providers will be requested to verify the member's date of birth. The application will automatically assess whether any corrections will deem the member ineligible for the service or procedure as defined in the indicator (Figure 5).

Figure 5: Verify Member's Date of Birth



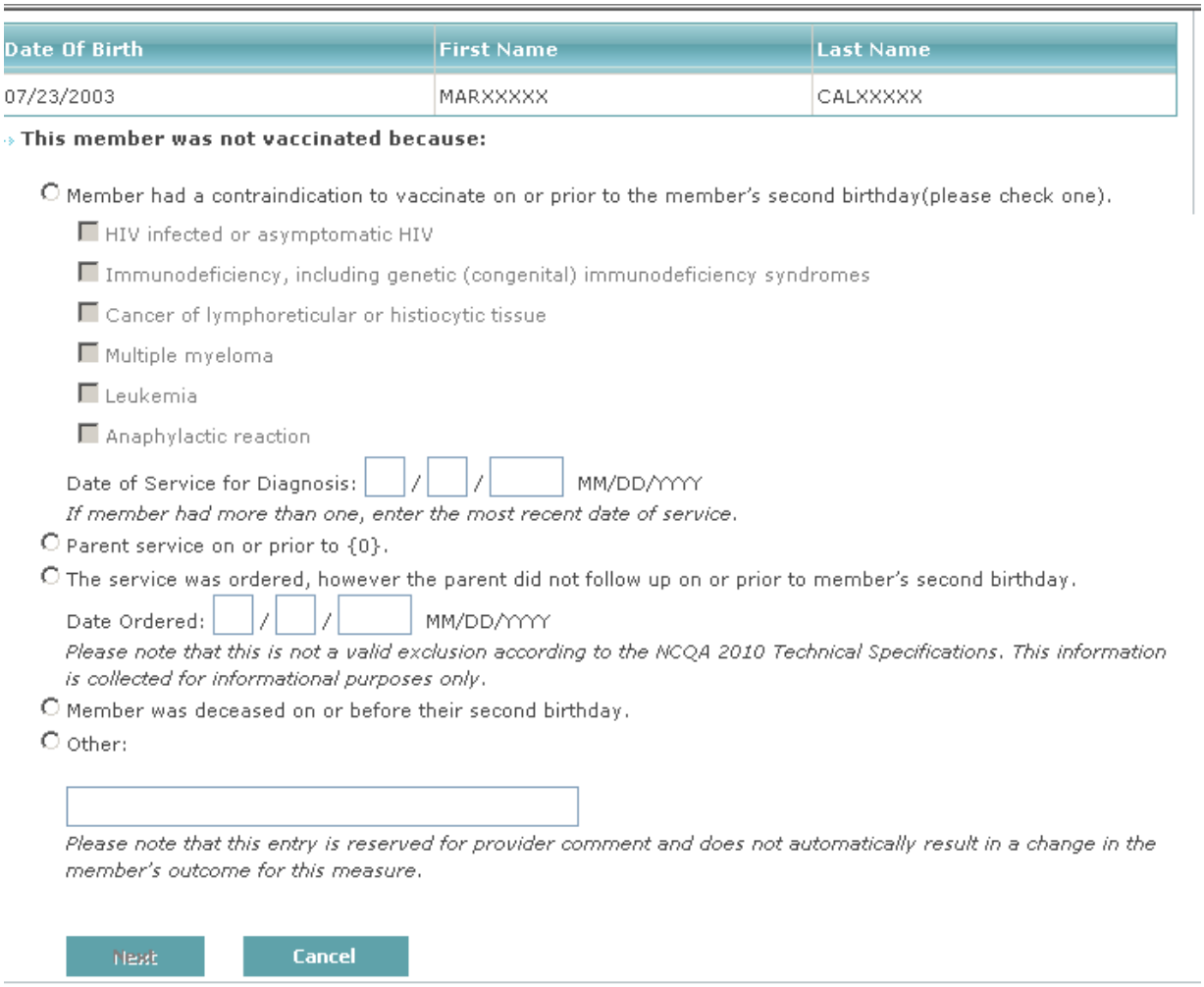
[D] If the member's date of birth is correct, or if the member's corrected data of birth still makes him/her eligible for the service as defined by the indicator, providers will be asked to determine whether the service/procedure was indeed provided. The example below shows what would be requested to validate that the member received the MMR vaccination. Note that when applicable, providers will be requested to enter dates of service for when the service was provided according to what is documented in the medical chart. In some cases, test results may be required. Data should be entered in the format as noted next to the entry field (e.g. Date of service should be entered as MM/DD/YYYY).

Figure 6: Verify numerator events for the member



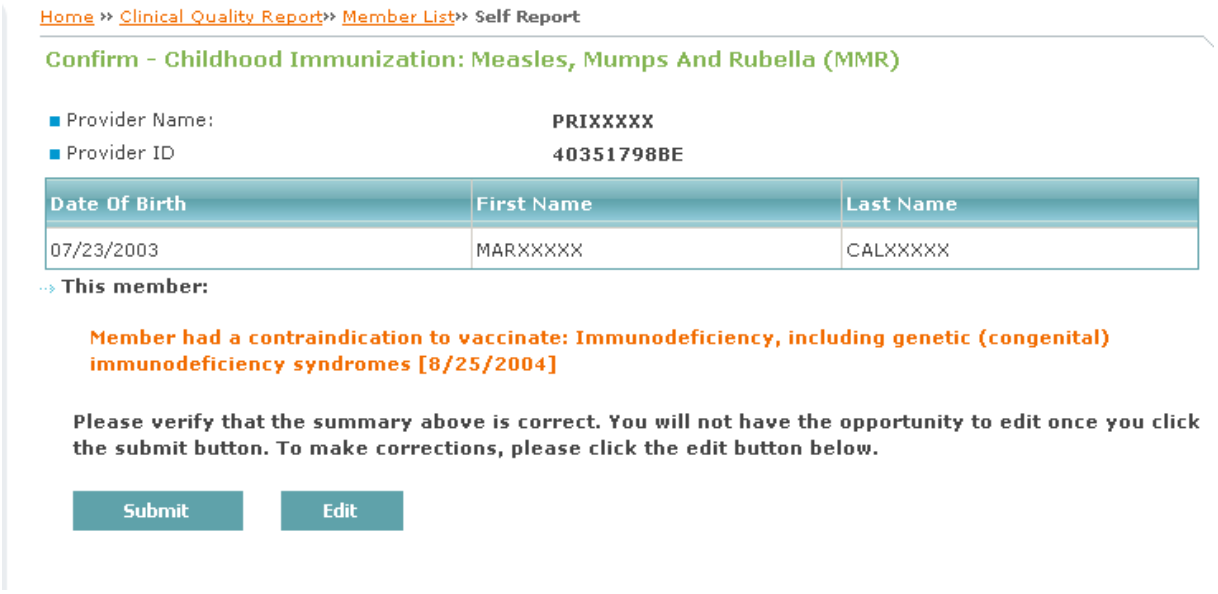
[E] If the provider has confirmed the date of birth and that the member did not receive the service as defined by the indicator, the final option is to enable providers to indicate that the member was not eligible for the service if they meet one of the accepted exclusions. Appropriate exclusions vary according to the indicator. In the case of MMR vaccination, members whose record indicate that they have a known contraindication to vaccinate should be noted here. Providers can indicate whether the member met an exclusion by checking the box next to the appropriate entry (Figure 7).

Figure 7: Verify exclusion events for the member



[F] A final confirmation page will be displayed that summarizes the data the provider has entered for the member. From here, providers are asked to conduct a final validation of the results to ensure accuracy. In the event that a data entry error has occurred, the provider should click "edit" to revisit the data entry forms. The provider must confirm that the data displayed is correct and click "submit" to officially add the self reported data on which the provider's final scores will be based (Figure 8).

Figure 8: Self report data confirmation



Appendix B – Self Report Module Checklists by Indicator

1. Breast Cancer Screening

Demographics

☐ Member date of birth.

Member must be 42-69 years of age as of the last day of the reporting period.

Numerator

☐ Member received a mammogram on or between the date one year before the start of the reporting period and the end of the reporting period.

Exclusions

☐ Member had two unilateral mastectomy procedures on or prior to the last day of the reporting period.

Date of service needs to be different for each procedure.

☐ Member had one bilateral mastectomy procedure on or prior to the last day of reporting period.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased as of the last day of the reporting period.

☐ Member is not female.

2. Cervical Cancer Screening

Demographics

☐ Member date of birth

Member must be 24-64 years of age as of the last day of the reporting period.

Numerator

☐ Member received a pap smear on or between the date two years before the start of the reporting period and end of the reporting period.

Exclusions

☐ Member had a hysterectomy with no residual cervix on or prior to the last day of reporting period.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased as of the last day of the reporting period.

☐ Member is not female.

3. Colorectal Cancer Screening

Demographics

☐ Member date of birth.

Member must be 51-75 years old as of the last day of the reporting period.

Numerator

☐ Member had at least one fecal occult blood test (FOBT) on or between the start of the reporting period and the end of the reporting period.

☐ Member had at least one sigmoidoscopy on or between 4 years prior to the start of the reporting period and the end of the reporting period.

☐ Member had at least one colonoscopy on or between 9 years prior to the start of the reporting period and the end of the reporting period.

Exclusions

☐ Member was diagnosed with colorectal cancer on or prior to the last day of the reporting period.

☐ Member had a total colectomy procedure on or prior to the last day of the reporting period.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ This member was deceased as of the last day of the reporting period.

4. HbA1C Testing for Diabetics

Demographics

☐ Member date of birth

Member must be 18-75 years of age as of the last day of the reporting period.

Numerator

☐ Member received at least one HbA1C test on or between the start of the reporting period and end of the reporting period.

Exclusions

☐ Member was diagnosed with polycystic ovaries on or before the last day of the reporting period.

☐ Member was diagnosed with steroid induced or gestational diabetes between one year before the start of the reporting period and the end of the reporting period.

☐ Member does not have diabetes, steroid induced diabetes, gestational diabetes or polycystic ovaries.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or before the last day of the reporting period.

5. LDL for Diabetics

Demographics

☐ Member date of birth

Member must be 18-75 years of age as of the last day of the reporting period.

Numerator

☐ Member received at least one LDL measurement test on or between the start of the reporting period and end of the reporting period.

Exclusions

☐ Member was diagnosed with polycystic ovaries on or before the last day of the reporting period.

☐ Member was diagnosed with steroid induced or gestational diabetes between one year before the start of the reporting period and the end of the reporting period.

☐ Member does not have diabetes, steroid induced diabetes, gestational diabetes or polycystic ovaries.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or before the last day of the reporting period.

6. Diabetic Retinal Exam

Demographics

☐ Member date of birth

Member must be 18-75 years of age as of the last day of the reporting period.

Numerator

☐ Member had at least one screening exam for diabetic retinal disease conducted by an eye care professional (i.e. ophthalmologist or optometrist) on or between the start of the reporting period and end of the reporting period.

☐ Member had at least one office visit with an ophthalmologist or optometrist on or between the start of the reporting period and end of the reporting period.

☐ Member received a retinal exam conducted by an ophthalmologist or optometrist in the year prior to the start of the reporting period which showed no evidence of retinopathy.

Exclusions

☐ Member was diagnosed with polycystic ovaries on or before the last day of the reporting period.

☐ Member was diagnosed with steroid induced or gestational diabetes between one year before the start of the reporting period and the end of the reporting period.

☐ Member does not have diabetes, steroid induced diabetes, gestational diabetes or polycystic ovaries.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow

up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or before the last day of the reporting period.

7. Medical Attention for Diabetic Nephropathy

Demographics

☐ Member date of birth

Member must be 18-75 years of age as of the last day of the reporting period.

Numerator

☐ Member received a microalbumin screening test on or between the start of the reporting period and end of the reporting period.

☐ Member had a diagnosis of chronic renal disease on or between the start of the reporting period and end of the reporting period.

☐ Member received dialysis services on or between the start of the reporting period and end of the reporting period.

☐ Member had a kidney transplant on or between the start of the reporting period and end of the reporting period.

☐ Member had treatment for diabetic nephropathy on or between the start of the reporting period and end of the reporting period.

☐ Member was put on ACE Inhibitor/Angiotensin Receptor Blocker medication therapy on or between the start of the reporting period and end of the reporting period.

☐ Member had a positive result for a urine macro-albumin test on or between the start of the reporting period and end of the reporting period.

☐ Member had a visit with a nephrologist on or between the start of the reporting period and end of the reporting period.

Exclusions

☐ Member was diagnosed with polycystic ovaries on or before the last day of the reporting period.

☐ Member was diagnosed with steroid induced or gestational diabetes between one year before the start of the reporting period

and the end of the reporting period.

☐ Member does not have diabetes, steroid induced diabetes, gestational diabetes or polycystic ovaries.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or before the last day of the reporting period.

8. Cholesterol Management for Patients with Cardiovascular Conditions

Demographics

☐ Member date of birth

Member must be 18-75 years of age as of the last day of the reporting period.

Numerator

☐ Member received at least one LDL measurement test on or between the reporting period start date and the reporting period end date.

Exclusions

☐ Member did not have a cardiovascular condition that would require regular monitoring of lipid levels as of the last day of the reporting period.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ This member was deceased on or before the last day of the reporting period.

9. Childhood Immunizations: MMR

Demographics

☐ Member date of birth

Member must be two years of age between the start and end of the reporting period.

Numerator

☐ Member received a Measles, Mumps, and Rubella (MMR) combination immunization on or prior to the member's second birthday.

☐ Member received a combination of either: (1) receipt of vaccination component(s) any time on or prior to the member's second birthday or (2) history of disease diagnosis for measles, mumps, and rubella any time on or prior to the member's second birthday. *Must select one from each of the groups below:*

Measles	Mumps	Rubella
☐ Vaccination	☐ Vaccination	☐ Vaccination
☐ History of Disease	☐ History of Disease	☐ History of Disease

Exclusions

☐ Member had a contraindication to vaccinate on or prior to the member's second birthday. *Must select one of the following:*

- ☐ HIV infected or asymptomatic HIV
- ☐ Immunodeficiency, including genetic (congenital) immunodeficiency syndromes
- ☐ Cancer of lymphoreticular or histiocytic tissue
- ☐ Multiple myeloma
- ☐ Leukemia
- ☐ Anaphylactic reaction

☐ Parent refused vaccination on or prior to the member's second birthday.
Please note that this is not a valid exclusion according to the NCQA Technical Specifications. Parent refusal is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.
Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or before their second birthday.

10. Childhood Immunizations: VZV

Demographics

☐ Member date of birth

Member must be two years of age between the start and end of the reporting period.

Numerator

☐ Member received a chickenpox disease immunization on or prior to the member's second birthday.

☐ Member had a history of chickenpox disease on or prior to the member's second birthday.

Exclusions

☐ Member had a contraindication to vaccinate on or prior to the member's second birthday. *Must select one of the following:*

- ☐ HIV infected or asymptomatic HIV
- ☐ Immunodeficiency, including genetic (congenital) immunodeficiency syndromes
- ☐ Cancer of lymphoreticular or histiocytic tissue
- ☐ Multiple myeloma
- ☐ Leukemia
- ☐ Anaphylactic reaction

☐ Parent refused vaccination on or prior to the member's second birthday.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. Parent refusal is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or before their second birthday.

11. Appropriate Testing for Children with Pharyngitis

Demographics

☐ Member date of birth

Member must be 2-18 years of age between six months prior to the start of the reporting period and six months prior to the end of the reporting period.

Numerator

Each member will have an "index date" which represents the date the member was diagnosed with pharnygitis. This date will appear on the HBI*Online*™ system and is unique to each member in the measure denominator.

☐ Member received at least one strep test on or between 3 days prior to the index date and 3 days after the index date.

Exclusions

☐ Member was prescribed antibiotics on or between 30 days prior to the index date and one day prior to the index date.

☐ Member was prescribed antibiotics for treatment before 30 days prior to the index date and was still actively taking these antibiotics when diagnosed with pharyngitis on the index date.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

12. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Demographics

☐ Member date of birth

Member must be 18-64 years of age between one year prior to the start of the reporting period and the end of the reporting period.

Numerator

No self report data elements for the numerator of this measure.

Exclusions

Each member will have an "index date" which represents the date the member was diagnosed with acute bronchitis. This date will appear on the HBI*Online*™ system and is unique to each member in the measure denominator.

☐ Member had a qualifying comorbid condition on or between 12 months prior to index date and index date.

- ☐ HIV infection; HIV asymptomatic
- ☐ Cystic fibrosis
- ☐ Disorders of the immune system
- ☐ Malignancy neoplasms
- ☐ Chronic bronchitis
- ☐ Emphysema
- ☐ Bronchiectasis
- ☐ Extrinsic allergic alveolitis
- ☐ Chronic airway pulmonary obstruction, not otherwise classified
- ☐ Pneumoconiosis and other lung disease due to external agents
- ☐ Other diseases of the respiratory system
- ☐ Tuberculosis

☐ Member had a qualifying comorbid condition on or between 30 days prior to index date and 7 days after index date.

- ☐ Intestinal infections
- ☐ Pertussis
- ☐ Bacterial infection unspecified
- ☐ Lyme disease and other arthropod-borne diseases
- ☐ Otitis media
- ☐ Acute sinusitis
- ☐ Acute pharyngitis
- ☐ Acute tonsillitis

- ☐ Chronic sinusitis
- ☐ Infections of the pharynx, larynx, tonsils, adenoids
- ☐ Prostatitis
- ☐ Cellulitis, mastoiditis, other bone infections
- ☐ Acute lymphadenitis
- ☐ Impetigo
- ☐ Skin staph infections
- ☐ Pneumonia
- ☐ Gonococcal infections and venereal diseases
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Inflammatory diseases (female reproductive organs)
- ☐ Infections of the kidney
- ☐ Cystitis or UTI
- ☐ Acne

☐ Member was prescribed antibiotics for treatment of another condition on or between 30 days prior to index date and one day prior to index date.

☐ Member was prescribed antibiotics for treatment of another condition before 30 days prior to index date and was still actively taking these antibiotics when diagnosed with acute bronchitis on index date.

13. Use of Narrow Spectrum Antibiotics for Patients with Acute Streptococcal Pharyngitis

Demographics

☐ Member date of birth

Please note that date of birth is not applicable to the inclusion criteria of this clinical quality measure and therefore cannot remove the member from the denominator. However, the information collected here will be applied to other self-report measures when possible.

Numerator

No self report data elements for the numerator of this measure.

Exclusions

Each member will have an "index date" which represents the date the member was diagnosed with streptococcal pharnygitis. This date will appear on the HBIOnline™ system and is unique to each member in the measure denominator.

☐ Member had a previous diagnosis of acute streptococcal pharyngitis on or between 90 days prior to the index date and one day prior to the index date.

☐ Member was prescribed a narrow spectrum antibiotic on or between 30 days prior to the index date and one day prior to the index date.

☐ Member was prescribed antibiotics for treatment of another condition prior to 30 days prior to the index date and was still actively taking these antibiotics when diagnosed with acute streptococcal pharyngitis on the index date.

☐ Member had a qualifying comorbid condition on or between 365 days prior to the index date and the index date.

- ☐ HIV infection; HIV asymptomatic
- ☐ Cystic fibrosis
- ☐ Disorders of the immune system
- ☐ Malignancy neoplasms
- ☐ Chronic bronchitis
- ☐ Emphysema
- ☐ Bronchiectasis
- ☐ Extrinsic allergic alveolitis

- [ ] Chronic airway pulmonary obstruction
- [ ] Pneumoconiosis and other lung disease due to external agents
- [ ] Other diseases of the respiratory system
- [ ] Tuberculosis

14. Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Demographics

☐ Member date of birth

Member must be 42 years of age or older as of the last day of the reporting period.

Numerator

Each member will have an "index date" which represents the date on which the member left the hospital after being diagnosed with COPD in the denominator. This date will appear on the HBI*Online*™ system and is unique to each member in the measure denominator.

☐ Member received at least one spirometry test on or between 730 days prior to the index date and 180 days after index date.

Exclusions

Each member will have a "denominator DOS" which represents a date in which the member was diagnosed with COPD in the denominator. This date will appear on the HBIOnline™ system and is unique to each member in the measure denominator.

☐ Member had a previous diagnosis of chronic bronchitis, chronic obstructive pulmonary disease (COPD), or emphysema on or between 730 days prior to the denominator DOS and the day before the denominator DOS.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or before the last day of the reporting period.

15. Use of Long-Term Control Drugs for Persistent Asthma

Demographics

☐ Member date of birth

Member must be 5-50 years of age as of the last day of the reporting period.

Numerator

☐ Member was confirmed as actively taking a medication appropriate for long-term control of persistent asthma on or between the start of the reporting period and the end of the reporting period.

Please be prepared to select the applicable appropriate medication from a menu of options and supply the date of service where patient taking this medication has been confirmed in the medical chart.

Exclusions

☐ Member does not have asthma.

☐ Member was diagnosed with emphysema, COPD, cystic fibrosis, or acute respiratory failure on or prior to the end of the reporting period.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or between the start of the reporting period and the end of the reporting period.

16. Prenatal Screening : Screening for HIV in Pregnancy

Demographics

☐ Member date of birth

Please note that date of birth is not applicable to the inclusion criteria of this clinical quality measure and therefore cannot remove the member from the denominator. However, the information collected here will be applied to other self-report measures when possible.

Numerator

Each member will have an "index date" which represents the date the member delivered vaginally or via caesarean section. This date will appear on the HBI*Online*™ system and is unique to each member in the measure denominator.

☐ Member received HIV counselling, an HIV-1 and HIV-2 screening test, or an HIV-1 screening test on or between 10 months prior to index date and index date.

☐ Member had both:

CD4 count laboratory test on or between 10 months prior to index date and index date.	**A** **N** **D**	HIV RNA level laboratory tests on or between 10 months prior to index date and index date.

☐ Member was diagnosed with HIV/AIDS on or between 10 months prior to index date and index date.

Exclusions

☐ Member was diagnosed with HIV/AIDS before 10 months prior to index date.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA

2010 Technical Specifications. This information is collected for informational purposes only.

☐ Member is not female.

17. Hepatic Enzyme Monitoring for Statin Use After Initiating Therapy

Demographics

☐ Member date of birth

Please note that date of birth is not applicable to the inclusion criteria of this clinical quality measure and therefore cannot remove the member from the denominator. However, the information collected here will be applied to other self-report measures when possible.

Numerator

Each member will have an "index date" which represents the date on which the member filled a prescription for statin medication. This date will appear on the HBIOnline™ system and is unique to each member in the measure denominator.

☐ Member received at least 1 liver panel, ALT, or AST test on or between 1 month after the index date and 6 months after the index date.

Exclusions

☐ Member filled a prescription for a statin between 1 day prior to the index date and 365 days prior to the index date.

☐ Member had an acute/nonacute inpatient stay between 1 month after the index date and 6 months after the index date.

☐ Member refused service on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ Member was deceased on or between 1 month after the index date and 6 months after the index date.

18. Treatment of Coronary Artery Disease (CAD) or CAD Equivalent: Use of Statins

Demographics

☐ Member date of birth

Member must be 18-75 years of age as of the last day of the reporting period.

Numerator

Each member will have an "index date" which represents the date on which the member was identified as having coronary artery disease or peripheral vascular disease. This date will appear on the HBIOnline™ system and is unique to each member in the measure denominator.

☐ Member was confirmed as actively taking a statin medication on or between the index date and 365 days after the index date.

Please be prepared to select the applicable appropriate medication from a menu of options and supply the date of service where the patient taking this medication has been confirmed in the medical chart.

Exclusions

☐ Member was diagnosed with moysitis or rhabdomyolosis on or prior to the last day of the reporting period.

☐ Member was diagnosed with acute renal disease on or between one year prior to the index date and one year after the index date.

☐ Member was diagnosed with liver dysfunction (acute or chronic) or alcoholism on or between one year prior to the index date and one year after the index date.

☐ Member was pregnant on or between the index date and 365 days after the index date.

☐ Member refused service on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

Please note that this is not a valid exclusion according to the NCQA 2010 Technical Specifications. This information is collected for informational purposes only.

☐ Member was deceased on or between the index date and 365 days after the index date.

19. Beta-blocker Persistence Following a Heart Attack

Demographics

☐ Member date of birth

Member must be at least 18 years of age as of the last day of the reporting period.

Numerator

No self report data elements for the numerator of this measure.

Exclusions

Each member will have an "index date" which represents the date on which the member was discharged from an acute care setting with an acute myocardial infarction (AMI). This date will appear on the HBIOnline™ system and is unique to each member in the measure denominator.

☐ Member had a previous diagnosis of asthma, hypotension, heart block > 1 degree, sinus bradycardia, or COPD anytime prior to 180 days after the index date, including the index date.

☐ Member was prescribed inhaled steroids anytime prior to 180 days after the index date, including the index date.

☐ Member refused service on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ Member was deceased as of the last day of the reporting period.

20. Appropriate Work Up Prior to Endometrial Ablation Procedure

Demographics

☐ Member date of birth

Please note that date of birth is not applicable to the inclusion criteria of this clinical quality measure and therefore cannot remove the member from the denominator. However, the information collected here will be applied to other self-report measures when possible.

Numerator

Each member will have an "index date" which represents the date on which the member received an endometrial ablation procedure. This date will appear on the HBI*Online*™ system and is unique to each member in the measure denominator.

☐ Member received endometrial sampling or dilation and curettage on or between one year prior to the index date and the index date.

☐ Member received hysteroscopy with the pathology specimen submitted on the same date of service, which was on or between one year prior to the index date and the index date.

☐ Member received endometrial ablation with the pathology specimen submitted on the same date of service, which was on or between one year prior to the index date and the index date.

☐ Member had pathology of uterine sample sent prior to endometrial ablation on or between 7 days prior to the index date and 1 day prior to the index date.

Exclusions

☐ Member had endometrial ablation on or between one year prior to the index date and the index date.

☐ Member refused service on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ Member was deceased on before the last day of the reporting period.

21. Follow-up Examination After Diagnosis and Treatment of Skin Cancer

Demographics

☐ Member date of birth

Member must be 19-91 years of age as of the last day of the reporting period.

Numerator

Each member will have an "index date" which represents the date on which the member, subsequent to a skin biopsy procedure, was diagnosed with skin cancer. This date will appear on the HBIOnline™ system and is unique to each member in the measure denominator.

☐ Member received a skin cancer related follow up visit in an outpatient setting on or between 90 days after the index date and 365 days after the index date.

☐ Member received a skin procedure (i.e., biopsy, shaving of epidermal or dermal lesions, benign or malignant excision, destruction of skin lesions, or MOHS micrographic surgery) on or between 90 days after the index date and 365 days after the index date.

Exclusions

☐ Member had a diagnosis of malignant neoplasm of the vagina, labia majora, labia minora, vulva unspecified, prepuce, skin of the breast, any carcinoma in situ of the breast or genitourinary system, or neoplasm of bone, soft tissue, or skin on or between the index date and 365 days after the index date.

☐ Member refused service on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ Member was deceased on or before the last day of the reporting period.

22. Childhood Immunizations: DTaP/DT

Demographics

☐ Member date of birth

Member must be 2 years of age between the start and end of the reporting period.

Numerator

Each member will have an "index date" which represents the member's second birthday. This date will appear on the HBIOnline™ system and is unique to each member in the measure denominator.

☐ Member received at least 4 DTaP vaccinations occurring in the time period on or between 42 days after the member's birth date and the index date.

Exclusions

☐ Member had an anaphylactic reaction to any vaccine or its components any time prior to the index date.

☐ Member had an instance of encephalopathy and poisoning resulting from the tetanus, diphtheria, or pertussis vaccine any time prior to the index date.

☐ Parent refused vaccination on or prior to the index date.

This information is collected for informational purposes only.

☐ The service was ordered, however, the parent did not follow up on or prior to the index date.

This information is collected for informational purposes only.

☐ Member was deceased on or before the index date.

23. Appropriate Monitoring for Angiotensin Converting Enzyme Inhibitors, Angiotensin Receptor Blockers Use

Demographics

☐ Member date of birth

Member must be at least 18 years of age as of the last day of the reporting period.

Numerator

☐ Member received a general lab that included a potassium lab value and a measure of kidney function (i.e., creatinine or blood urea nitrogen) on or between the start and end of the reporting period.

OR

☐ Member received at least one serum potassium test on or between the start and end of the reporting period; **AND** either of the following:

☐ Member received at least one serum creatinine test on or between the start and end of the reporting period.	**OR**	☐ Member received at least one blood urea nitrogen therapeutic monitoring test on or between the start and end of the reporting period.

Exclusions

☐ Member had an acute/nonacute inpatient stay on or between the start and end of the reporting period.

☐ Member refused service on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ Member was deceased on or between the start and end of the reporting period

24. Appropriate Monitoring for Diuretics

Demographics

☐ Member date of birth

Member must be at least 18 years of age as of the last day of the reporting period.

Numerator

☐ Member received a general lab that included a potassium lab value and a measure of kidney function (i.e., creatinine or blood urea nitrogen) on or between the start and end of the reporting period.

OR

☐ Member received at least one serum potassium test on or between the start and end of the reporting period; **AND** either of the following:

☐ Member received at least one serum creatinine test on or between the start and end of the reporting period.	**OR**	☐ Member received at least one blood urea nitrogen therapeutic monitoring test on or between the start and end of the reporting period.

Exclusions

☐ Member had an acute/nonacute inpatient stay on or between the start and end of the reporting period.

☐ Member refused service on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ Member was deceased on or between the start and end of the reporting period.

25. Annual Visual Field Tests for Patients with Glaucoma

Demographics

☐ Member date of birth

Please note that date of birth is not applicable to the inclusion criteria of this clinical quality measure and therefore cannot remove the member from the denominator. However, the information collected here will be applied to other self-report measures when possible.

Numerator

Each member will have an "index date" which represents the date on which the member was diagnosed with glaucoma. This date will appear on the HBIOnline™ system and is unique to each member in the measure denominator.

☐ Member received at least 1 visual field test conducted by an ophthalmologist or optometrist on or between one day after the index date and 13 months after the index date.

Exclusions

☐ Member has a history of blindness any time on or prior to the last day of the reporting period.

☐ Member refused service on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ The service was ordered, however, the member did not follow up on or prior to the last day of the reporting period.

This information is collected for informational purposes only.

☐ Member was deceased on or between one day after the index date and 13 months after the index date.