

HEDIS CODE	<i>Scored HEDIS Measures</i>	<i>Measure Definition</i>	<i>Completed in 2008 and Plan for 2009</i>
amm-eapt	*Antidepressant Medication Management: Acute Phase	An 84-day (12 week) acute treatment of antidepressant medication	This measure continues to be analyzed and reviewed with network practitioners at the annual Behavioral Health advisory Committee. Our Depression Case Manager continues to review her database to ensure that she is capturing members newly started on an antidepressant and works to get them involved with the depression case management program. The depression case manager will continue to work with members in her case management program to educate on antidepressants and encourage adequate treatment length. She will also help to coordinate care with all practitioners involved and promote their treatment plan. She is currently looking at all members that missed this measure to see if they were in her database and investigate and data trends. MercyCare will continue to inform existing physicians and newly credentialed physicians of our depression guideline which outlines this measure as standard of care. The guidelines will also remain on the MercyCare website for ease of physician access. MercyCare reviews these guidelines annually and notifies practitioners of updates.
amm-cpt	*Antidepressant Medication Management: Continuation Phase	An 180-day treatment of Antidepressant medication	see above
amm-opc	*Antidepressant Medication Management: Optimal Practitioner Contacts	Three or more outpatient follow-up visits with a practitioner (at least one with a prescriber)	see above

cwp	*Appropriate Testing for Children With Pharyngitis	% of children 2-18 years of age diagnosed with pharyngitis prescribed an antibiotic and received a group A Strep test. * Higher is better	Chart review was done on members that were identified as misses in the HEDIS® data. The review showed that approximately 50% of those charts reviewed did have a positive strep screen at the time the antibiotic was prescribed. A claims review was then done to verify whether or not MercyCare had been billed for the lab. The review verified that MercyCare had not been billed for the screen, therefore counting as a miss in this measure. The information has been sent on to Barb Johnson's department for review. She will contact billing to see if they have any records that show that they did bill. Moving forward we will request a report based on the HEDIS® measure that identifies members from January to July 1st that did not have a bill for a strep screen. A chart review will be done on the members identified to proactively correct the billing issue prior to HEDIS® submission. Misses that did not have a positive strep screen will be further analyzed for physician patterns. MercyCare will then work with those physicians.
uri	*Appropriate Treatment for Children with Upper Respiratory Infection		We will investigate why our numbers have fallen and intervene with providers, perhaps newly contracted that are over treating.
aab	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (new measure)		Plan chart review to document situations which result our providers are using antibiotics to identify whether our results are due to poor documentation on claims of complicating factors. Plan to send letter to providers after consultation with Dr Konkol.

asm-total	*Appropriate Use of Medication for Asthma: Combined Rate	% Members identified as having persistent asthma and who are prescribed appropriate medication	Disease Management program continues
asm-10-17	*Appropriate Use of Medication for Asthma: 10-17 year olds	% Members 10-17 years of age identified as having persistent asthma and who were prescribed medication	Disease Management program continues
asm-18-56	*Appropriate Use of Medication for Asthma: 18-56	% Members 18-56 years of age identified as having persistent asthma and who were prescribed medication	Disease Management program continues
asm - 5-9	*Appropriate Use of Medication for Asthma:5-9 year olds	% Members 5-9 years of age identified as having persistent asthma and who were prescribed medication	Disease Management program continues
pbh	*Beta-Blocker Treatment After a Heart Attack	% of members 35 years + who were IP and D/C'd with a diagnosis of AMI and a prescription for beta-blockers	N/A

bcs - 52-69	*Breast Cancer Screening - 52 - 69	% of Women 52-69 years of age who had a mammogram during the prior or current measurement year	Will complete mailings to members that include educational inserts about breast cancer and screening mammography, and locations where they can obtain their screening mammogram. MercyCare will look to bring this measure to the November 13th meeting with Josh Shepherd and Sara Stephenson for input.
bcs - 42-51	*Breast Cancer Screening - 42-51		
bcs -total	*Breast Cancer Screening - total		
ccs	*Cervical Cancer Screening	% of Women 18-64 years of age who received one or more Pap Tests during two years prior up to the current reporting period	Dr. Bedrossian has discussed this measure with Mercy OB/GYN. Difficulties persist with improving the score on this measure since the new guidelines from the American College of Gynecology allows more infrequent testing if viral serologies are done for HPV virus. Will complete mailings to members that include an educational insert on cervical cancer, cervical cancer screening, and on HPV.
cis-c2	*Childhood Immunization Status (Combo 2) -- this measure is being retired and a new measure "Combo 3" include the most recent recommendations will be added.	Children who received 4 DtaP/DT; 3 IPV, 1 MMR; 3 HiB; 3Hep B; and 1 VZV vaccinations	MercyCare has a program in place that has been successful in significantly raising our percentile ranking and continuing to maintain it at above the 90th percentile. This program has a report that identifies members who are not current with their immunizations based on this measure. A RN then contacts the member's parent and assist with scheduling the shots with their MD office.

cis-c3	Childhood Immunizations Combo 3	Children who received 4 DtaP/DT; 3 IPV, 1 MMR; 3 HiB; 3Hep B;1 VZV, and 4 pneumococcal conjugate on or before their second birthday.	MercyCare will continue the same program as listed above.
cmc-screening	Cholesterol Management for Patients with Cardiovascular Disease (LDL-C Screening Performed)	% of members 18-75 years who were discharged alive for AMI, CABG, or PTCA of the year prior, or had a dx of IVD during the measurement year and the year prior and had a LDL-C screening performed.	We are currently ramping up a new “Healthy Heart” disease management program to impact Cholesterol Management for Patients with Cardiovascular Disease and Controlling High Blood Pressure scores. We will also undertake a retrospective review of cases that did not pass the HEDIS measure.
cmc - <100	Cholesterol Management for Patients with Cardiovascular Disease (LDL-C control <100mg/dL)	% of members 18-75 years who were discharged alive for AMI, CABG, or PTCA of the year prior, or had a dx of IVD during the measurement year and the year prior and had a LDL-C <100 mg/dL	We are currently ramping up a new “Healthy Heart” disease management program to impact Cholesterol Management for Patients with Cardiovascular Disease and Controlling High Blood Pressure scores. We will also undertake a retrospective review of cases that did not pass the HEDIS measure.

cdc - ldlc <130	*Comprehensive Diabetes Care LDL -C <130	The most recent LDL-C level performed during or one year prior to the measurement year is <130mg/dl	
cdc - ldlc <100	*Comprehensive Diabetes Care LDL-C<100	The most recent LDL-C level performed during or one year prior to the measurement year is <100mg/dl	
cdc- hba1c poor control	*Hemoglobin A1C Poorly Controlled (<9.0%)	The most recent HbA1c level performed during the measurement year is >9%	
cdc - hba1c - good control	*Hemoglobin A1C Good Controlled		
cdc - chlor screening	*Comprehensive Diabetes Care: Cholesterol Screening Rate	% of members 18-75 with type 1 or 2 who had LDL- C screening performed	We are exploring ways to incentivize either practitioners/members to make sure they get their annual lab work.
cdc - EE	*Comprehensive Diabetes Care: Eye Examination Rate	% of members 18-75 with type 1 or 2 who had retinal eye exam	

cdc - hba1c - screening	*Comprehensive Diabetes Care: HbA1c Screening Rate	% of members 18-75 with type 1 or 2 who had hemoglobin A1c testing	This would be included in the incentive that rewards either practitioners/members to make sure they get their annual lab work done
cdc - nepro	*Comprehensive Diabetes Care: Nephropathy Monitoring	% of members 18-75 with type 1 or 2 who had kidney disease monitoring	This would be included in the incentive that rewards either practitioners/members to make sure they get their annual lab work done
cbp	*Controlling High Blood Pressure	% of members 46-85 with a diagnosis of HTN and whose BP was (< or = to 140/90)	We are currently ramping up a new "Healthy Heart" disease management program to impact Cholesterol Management for Patients with Cardiovascular Disease and Controlling High Blood Pressure scores. We will also undertake a retrospective review of cases that did not pass the HEDIS measure.
fuh-7day	*Follow-Up After Hospitalization for Mental Illness: 7 Days	% of D/C's 6+ years of age who had an ambulatory or intermediate BH follow-up visit within 7 days of IP D/C	MercyCare worked with inpatient and outpatient providers to educate on this HEDIS® measure and to ensure members have follow up appointments prior to discharge. A process has been implemented within MercyCare to improve follow up visits. When a patient is admitted a letter is sent reminding them to schedule an outpatient visit. The UR form was modified to include the follow up appointment date. If the UR nurse does not receive a follow up appointment or the inpt. Provider is unable to make the appointment within the timeframe; the case is given to the depression case manager to follow up.
Glaucoma screening	Glaucoma Screening in Older Adults		

N/A	*Medical Assistance With Smoking Cessation (Advising Smokers to Quit Rate only)	% of members 18 + years of age who smoke, who were seen by a MCO practitioner, who remember being provided advice to quit within the last year	Reminder letter to physicians.
ppc-timeliness	*Timeliness of Postpartum visit	% of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	<p>MercyCare worked with Mercy Inpt. OB to obtain names of those members who had delivered but did not have their postpartum visit scheduled. An RN from MercyCare would then contact the member and remind them to make their follow up appointment and offer assistance. An analysis was done of the members that missed this HEDIS® measure. Analysis indicated that approximately half of the misses occurred within 1 week of the timeframe. The analysis also looked at misses by physician for comparison. MercyCare met with Mercy West OB to review this data and brainstorm improvements. The following was implemented and will occur: members will have their postpartum appointment scheduled prior to delivery; For members, who have scheduled c-sections and inductions, the appointment will be made at the same time and the appointment will be sent to the inpt unit to include on their discharge instruction sheet; all others will be scheduled at weeks 36-38, and again will be faxed to the inpt unit to include on their discharge sheet; members who have had a c-section will have their 2 week post op visit and then their postpartum visit within the HEDIS timeframe. Mercy West will also receive a list of discharges from the inpt. unit and will review them to ensure they have appointments scheduled, if not they will contact the member to schedule. MercyCare also sent letters to physicians indicating their results for this measure in comparison to their peers.</p>

ppc - postpartum	*Timeliness of Prenatal visit	% of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment	This measure was reviewed with Mercy West. They have most recently changed their scheduling process to better accommodate these early appointment timeframes.
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