NATIONAL QUALITY FORUM

Measure Evaluation 4.1
January 2010

This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The sub-criteria and most of the footnotes from the evaluation criteria are provided in Word comments and will appear if your cursor is over the highlighted area (or in the margin if your Word program is set to show revisions in balloons). Hyperlinks to the evaluation criteria and ratings are provided in each section.

TAP/Workgroup (if utilized)**:** Complete all yellow highlighted areas of the form. Evaluate the extent to which each sub-criterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

Note: *If there is no TAP or workgroup, the SC also evaluates the* sub-criteria *(yellow highlighted areas).*

Steering Committee: Complete all pink highlighted areas of the form. Review the workgroup/TAP assessment of the sub-criterion, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met
C = Completely (unquestionably demonstrated to meet the criterion)
P = Partially (demonstrated to partially meet the criterion)
M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)
N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)
NA = Not applicable (only an option for a few sub-criteria as indicated)

(for NQF staff use) **NQF Review** #: PSM-028-10 **NQF Project:** Patient Safety Measures
MEASURE DESCRIPTIVE INFORMATION
De.1 **Measure Title:** Adult patient(s) taking a statin-containing medication or nicotinic acid that had an annual serum ALT or AST test.
De.2 **Brief description of measure***:* This measure identifies adults, 18 years of age or older, taking a statin-containing medication or nicotinic acid that had at least one serum ALT or AST test in last 12 months of the report period.
1.1-2 **Type of Measure:** process De.3 **If included in a composite or paired with another measure, please identify composite or paired measure** Does not apply
De.4 **National Priority Partners Priority Area:** safety De.5 **IOM Quality Domain**: safety De.6 **Consumer Care Need:** Staying Healthy

CONDITIONS FOR CONSIDERATION BY NQF	
Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:	NQF Staff
A. The measure is in the public domain or an intellectual property (measure steward agreement) is signed. *Public domain only applies to governmental organizations. All non-government organizations must sign a measure steward agreement even if measures are made publicly and freely available.* A.1 **Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)?** Yes A.2 **Indicate if Proprietary Measure** (*as defined in measure steward agreement*)**:** proprietary measure A.3 **Measure Steward Agreement:** agreement signed and submitted	**A** Y☐ N☐

A.4 Measure Steward Agreement attached: Measure Steward Addendum_Ingenix 012010-633997851632463817.doc	
B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every 3 years. Yes, information provided in contact section	**B** Y☐ N☐
C. The intended use of the measure includes both public reporting and quality improvement. ►**Purpose:** public reporting, quality improvement Payment Incentive, Accountability	**C** Y☐ N☐
D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. **D.1Testing:** Yes, fully developed and tested **D.2 Have NQF-endorsed measures been reviewed to identify if there are similar or related measures?** Yes	**D** Y☐ N☐
(for NQF staff use) **Have all conditions for consideration been met?** **Staff Notes to Steward** (*if submission returned*)**:**	**Met** Y☐ N☐
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**	
Staff Reviewer Name(s):	

TAP/Workgroup Reviewer Name:	
Steering Committee Reviewer Name:	
1. IMPORTANCE TO MEASURE AND REPORT	
Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. ***Measures must be judged to be important to measure and report*** *in order to be evaluated against the remaining criteria.* (evaluation criteria) **1a. High Impact**	Eval Rating
(for NQF staff use) **Specific NPP goal**:	
1a.1 Demonstrated High Impact Aspect of Healthcare: affects large numbers **1a.2** **1a.3 Summary of Evidence of High Impact:** Lipid-lowering medication use is common and increasing. For example, statins were taken by 24 million Americans in 2003–2004, an increase from 12.5 million in 1999–2000 (1). Liver abnormalities have been reported with the use of HMG-CoA reductase inhibitors (statins) and niacin (2,3). Because of this, liver monitoring is recommended for both of these medications (2,3). Elevated hepatic transaminases generally occur in 0.5% to 2.0% of people taking statin medications (4). Transaminase elevation is dose-dependent and reversal is frequently noted with a dose reduction (4-6). Cholestasis and active liver disease are listed as contraindications to statin use (2). Since niacin is often used in combination with other lipid-lowering agents, the prevalence of liver abnormalities is less clear. In clinical trials and the long-term extension study, elevations in transaminases did not appear to be related to treatment duration; elevations in AST levels did appear to be dose related (3). Transaminase elevations were reversible upon discontinuation of nicotinic acid (3).	**1a** C☐ P☐ M☐ N☐

1a.4 Citations for Evidence of High Impact: 1. Mann D, Reynolds K, Smith D, and Muntner P. Trends in Statin Use and Low-Density Lipoprotein Cholesterol Levels Among US Adults: Impact of the 2001 National Cholesterol Education Program Guidelines. The Annals of Pharmacotherapy 2008;42(9):1208-1215.
2. HMG-CoA Reductase Inhibitors. Drug Facts and Comparisons. eFacts [online]. 2009. Available from Wolters Kluwer Health, Inc. Accessed January 7, 2010.
3. Niacin. Drug Facts and Comparisons. eFacts [online]. 2009. Available from Wolters Kluwer Health, Inc. Accessed January 7, 2010.
4. Hsu I, Spinler SA, Johnson NE. Comparative evaluation of the safety and efficacy of HMG-CoA reductase inhibitor monotherapy in the treatment of primary hypercholesterolemia. Ann Pharmacother 1995;29:743–59.
5. Cressman MD, Hoogwerf BJ, Moodie DS, Olin JW, Weinstein CE. HMG-CoA reductase inhibitors. A new approach to the management of hypercholesterolemia. Cleve Clin J Med 1988;55:93–100.
6. Hunninghake DB. Drug treatment of dyslipoproteinemia. Endocrinol Metab Clin North Am 1990;19:345–60.

1b. Opportunity for Improvement

1b.1 Benefits (improvements in quality) envisioned by use of this measure: Serum ALT/AST monitoring allows detection of liver-related adverse events that can be managed with drug discontinuation, dose reductions, or other interventions. This can prevent more serious adverse events and improve treatment outcomes.

1b.2 Summary of data demonstrating performance gap (variation or overall poor performance) across providers:
Using a geographically diverse 15 million member benchmark database (this database represents predominately a commercial population less than 65 year of age) the compliance rate was 73.4 percent, indicating a clear gap in care and opportunity for care improvement.

1b.3 Citations for data on performance gap:
Ingenix EBM Connect benchmark results, September 2009

1b.4 Summary of Data on disparities by population group:
None

1b.5 Citations for data on Disparities:

1b
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N☐

1c. Outcome or Evidence to Support Measure Focus

1c.1 Relationship to Outcomes (*For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population*)**:** This measure could reduce serious adverse events secondary to statin or niacin induced liver injury. This is particularly important in patients taking multiple medications for which hepatitis is a known side effect or where the liver is involved in drug elimination.

1c.2-3. Type of Evidence: other (specify), expert opinion ACC/AHA/NHLBI Advisory on the Use and Safety of Statins document and recommendations from pharmaceut

1c.4 Summary of Evidence (*as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome*)**:**
Liver abnormalities have been reported with the use of HMG-CoA reductase inhibitors (statins) and niacin (nicotinic acid)(1-3). A serum ALT or AST is recommended before HMG-CoA reductase inhibitor treatment, 12 weeks after initiation of therapy, and then annually or more frequently as indicated (1,2). A serum ALT and AST is recommended before niacin treatment, every 6 to 12 weeks during the first year, and periodically thereafter (6-month intervals) (3).

1c
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N☐

1c.5 Rating of strength/quality of evidence (*also provide narrative description of the rating and by whom*):
There is no stated strength of evidence for this recommendation.

1c.6 Method for rating evidence:

1c.7 Summary of Controversy/Contradictory Evidence: No data to date has shown that elevated liver enzymes are predictive of liver injury or acute hepatocellular reactions with statin therapy, thus questioning the necessity of routine monitoring. However, given the recognition of transaminase elevations, rare progression to liver failure, and normalization of these tests with medication dose reduction/discontinuation, transaminase monitoring is recommended based on a national guideline (see 1c.10).

1c.8 Citations for Evidence (*other than guidelines*): 1. Pasternak RC, Smith SC, Jr., Bairey-Merz CN, Grundy SM, Cleeman JI, Lenfant C. ACC/AHA/NHLBI Advisory on the Use and Safety of Statins. J Am Coll Cardiol 2002;40:567-72
2. HMG-CoA Reductase Inhibitors. Drug Facts and Comparisons. eFacts [online]. 2009. Available from Wolters Kluwer Health, Inc. Accessed January 7, 2010.
3. Niacin. Drug Facts and Comparisons. eFacts [online]. 2009. Available from Wolters Kluwer Health, Inc. Accessed January 7, 2010.

1c.9 Quote the Specific guideline recommendation (*including guideline number and/or page number*):
Evaluate ALT/AST initially, approximately 12 weeks after starting therapy, then annually or more frequently if indicated. Source guideline cited in 1c.10 - page 571, table 2

1c.10 Clinical Practice Guideline Citation:
Pasternak RC, Smith SC, Jr., Bairey-Merz CN, Grundy SM, Cleeman JI, Lenfant C. ACC/AHA/NHLBI Advisory on the Use and Safety of Statins. J Am Coll Cardiol 2002;40:567-72

1c.11 National Guideline Clearinghouse or other URL:
http://www.nhlbi.nih.gov/guidelines/cholesterol/statins.pdf

1c.12 Rating of strength of recommendation (*also provide narrative description of the rating and by whom*):
There is no stated strength of evidence for this recommendation.

1c.13 Method for rating strength of recommendation (*If different from* USPSTF system, *also describe rating and how it relates to USPSTF*):

1c.14 Rationale for using this guideline over others:
This is the only guideline that specifically addresses frequency of transaminase monitoring in patients taking statin medications.

TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria **for *Importance to Measure and Report?***	**1**
Steering Committee: Was the threshold criterion, *Importance to Measure and Report*, met? **Rationale:**	**1** **Y☐** **N☐**
2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES	
Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)	Eval Rating
2a. MEASURE SPECIFICATIONS	

S.1 Do you have a web page where current detailed measure specifications can be obtained?
S.2 If yes, provide web page URL:

2a. Precisely Specified

2a.1 Numerator Statement (*Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome***):**
Patients who are being treated with a statin-containing medication or nicotinic acid and who have had a serum ALT or AST test during the following time period: last 12 months prior to the end of the report period through 90 days after the end of the report period

2a.2 Numerator Time Window (*The time period in which cases are eligible for inclusion in the numerator***):**
Last 12 months prior to the end of the report period through 90 days after the end of the report period

2a.3 Numerator Details (*All information required to collect/calculate the numerator, including all codes, logic, and definitions***):**
Patients who had a test for a serum ALT/SGPT or AST/SGOT (code sets PR0002, LC0051) during the following time period: 12 months prior to the end of the report period through 90 days after the end of the report period

Code Set	Code Set Description	Procedure Code
PR0002	ALT/SGPT or AST/SGOT	80050
PR0002	ALT/SGPT or AST/SGOT	80053
PR0002	ALT/SGPT or AST/SGOT	80076
PR0002	ALT/SGPT or AST/SGOT	84450
PR0002	ALT/SGPT or AST/SGOT	84460

Code Set	Code Set Description	LOINC Code
LC0051	ALT/SGPT or AST/SGOT	16325-3
LC0051	ALT/SGPT or AST/SGOT	1742-6
LC0051	ALT/SGPT or AST/SGOT	1743-4
LC0051	ALT/SGPT or AST/SGOT	1744-2
LC0051	ALT/SGPT or AST/SGOT	1916-6
LC0051	ALT/SGPT or AST/SGOT	1920-8
LC0051	ALT/SGPT or AST/SGOT	2325-9
LC0051	ALT/SGPT or AST/SGOT	27344-1
LC0051	ALT/SGPT or AST/SGOT	30239-8
LC0051	ALT/SGPT or AST/SGOT	44785-4
LC0051	ALT/SGPT or AST/SGOT	44786-2
LC0051	ALT/SGPT or AST/SGOT	48134-1
LC0051	ALT/SGPT or AST/SGOT	48136-6

2a.4 Denominator Statement (*Brief, text description of the denominator - target population being measured***):**
All patients 18 years of age or older who are being actively treated with a statin-containing medication or nicotinic acid

2a.5 Target population gender: Female, Male
2a.6 Target population age range: 18 years of age or older at the end of the report period

2a.7 Denominator Time Window (*The time period in which cases are eligible for inclusion in the denominator***):**
Last 120 days prior to the end of the report period

2a.8 Denominator Details (*All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions***):**
Criteria for inclusion in the denominator include:

2a-specs
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1. Patient who have continuous enrollment in both a medical benefits plan and a pharmacy benefits plan throughout the 12 months prior to the end of the report period where there is no more than one break in continuous enrollment of up to 45 days and no breaks greater than 45 days.
2. Patient who are 18 years of age or older at the end of the report period.
3. Patient who have filled a prescription for statin-containing medication (code set RX-111) OR nicotinic acid (code set RX-84) during the 120 days prior to the end of the report period where the duration of medication taken was > 90 days (duration calculated during the 12 month report period)

Rx code set	Rx code set description	ndc
RX-84	Nicotinic Acid	00002104102
RX-84	Nicotinic Acid	00002104202
RX-84	Nicotinic Acid	00002104204
RX-84	Nicotinic Acid	00002104302
RX-84	Nicotinic Acid	00002104304
RX-84	Nicotinic Acid	00002163416
RX-84	Nicotinic Acid	00002163425
RX-84	Nicotinic Acid	00003053750
RX-84	Nicotinic Acid	00003061050
RX-84	Nicotinic Acid	00003061150
RX-84	Nicotinic Acid	00003061180
RX-84	Nicotinic Acid	00003061250
RX-84	Nicotinic Acid	00003061280
RX-84	Nicotinic Acid	00022017616
RX-84	Nicotinic Acid	00022021216
RX-84	Nicotinic Acid	00054860525
RX-84	Nicotinic Acid	00054860625
RX-84	Nicotinic Acid	00074307490
RX-84	Nicotinic Acid	00074307990
RX-84	Nicotinic Acid	00074308090
RX-84	Nicotinic Acid	00075283501
RX-84	Nicotinic Acid	00075283505
RX-84	Nicotinic Acid	00075284001
RX-84	Nicotinic Acid	00075284005
RX-84	Nicotinic Acid	00075284101
RX-84	Nicotinic Acid	00075284105
RX-84	Nicotinic Acid	00075285001
RX-84	Nicotinic Acid	00084001106
RX-84	Nicotinic Acid	00084001201
RX-84	Nicotinic Acid	00084001210
RX-84	Nicotinic Acid	00084001301
RX-84	Nicotinic Acid	00084001310
RX-84	Nicotinic Acid	00084114301
RX-84	Nicotinic Acid	00084114401
RX-84	Nicotinic Acid	00088157547
RX-84	Nicotinic Acid	00098000297
RX-84	Nicotinic Acid	00098000299
RX-84	Nicotinic Acid	00098101408
RX-84	Nicotinic Acid	00098101480
RX-84	Nicotinic Acid	00098151308
RX-84	Nicotinic Acid	00098151380
RX-84	Nicotinic Acid	00098151408
RX-84	Nicotinic Acid	00098151480
RX-84	Nicotinic Acid	00098151508
RX-84	Nicotinic Acid	00098151580
RX-84	Nicotinic Acid	00098176408
RX-84	Nicotinic Acid	00098176480
RX-84	Nicotinic Acid	00098189008
RX-84	Nicotinic Acid	00098189080

RX-84	Nicotinic Acid	00098193508
RX-84	Nicotinic Acid	00098193580
RX-84	Nicotinic Acid	00102116001
RX-84	Nicotinic Acid	00102116002
RX-84	Nicotinic Acid	00102117001
RX-84	Nicotinic Acid	00102117002
RX-84	Nicotinic Acid	00115408201
RX-84	Nicotinic Acid	00115408202
RX-84	Nicotinic Acid	00115408203
RX-84	Nicotinic Acid	00115408204
RX-84	Nicotinic Acid	00115408401
RX-84	Nicotinic Acid	00115408402
RX-84	Nicotinic Acid	00115408403
RX-84	Nicotinic Acid	00115408404
RX-84	Nicotinic Acid	00117111402
RX-84	Nicotinic Acid	00117111405
RX-84	Nicotinic Acid	00117111702
RX-84	Nicotinic Acid	00117111705
RX-84	Nicotinic Acid	00117112102
RX-84	Nicotinic Acid	00117112105
RX-84	Nicotinic Acid	00117301302
RX-84	Nicotinic Acid	00117301305
RX-84	Nicotinic Acid	00117304502
RX-84	Nicotinic Acid	00117304505
RX-84	Nicotinic Acid	00117304602
RX-84	Nicotinic Acid	00117304605
RX-84	Nicotinic Acid	00122011610
RX-84	Nicotinic Acid	00122011710
RX-84	Nicotinic Acid	00122303435
RX-84	Nicotinic Acid	00122303535
RX-84	Nicotinic Acid	00122603036
RX-84	Nicotinic Acid	00136027510
RX-84	Nicotinic Acid	00136027525
RX-84	Nicotinic Acid	00136027610
RX-84	Nicotinic Acid	00136027625
RX-84	Nicotinic Acid	00143134010
RX-84	Nicotinic Acid	00143134025
RX-84	Nicotinic Acid	00143134501
RX-84	Nicotinic Acid	00143134510
RX-84	Nicotinic Acid	00143134525
RX-84	Nicotinic Acid	00143135001
RX-84	Nicotinic Acid	00143135010
RX-84	Nicotinic Acid	00143135025
RX-84	Nicotinic Acid	00143135201
RX-84	Nicotinic Acid	00143135210
RX-84	Nicotinic Acid	00144142503
RX-84	Nicotinic Acid	00144142703
RX-84	Nicotinic Acid	00144408403
RX-84	Nicotinic Acid	00150062860
RX-84	Nicotinic Acid	00150062880
RX-84	Nicotinic Acid	00150062960
RX-84	Nicotinic Acid	00150062980
RX-84	Nicotinic Acid	00150063060
RX-84	Nicotinic Acid	00150063080
RX-84	Nicotinic Acid	00150227080
RX-84	Nicotinic Acid	00150227090
RX-84	Nicotinic Acid	00150227180
RX-84	Nicotinic Acid	00150227190

RX-84	Nicotinic Acid	00150227260
RX-84	Nicotinic Acid	00150227280
RX-84	Nicotinic Acid	00157088301
RX-84	Nicotinic Acid	00157088310
RX-84	Nicotinic Acid	00157088501
RX-84	Nicotinic Acid	00157088510
RX-84	Nicotinic Acid	00157088601
RX-84	Nicotinic Acid	00157088610
RX-84	Nicotinic Acid	00178275201
RX-84	Nicotinic Acid	00178276001
RX-84	Nicotinic Acid	00178276160
RX-84	Nicotinic Acid	00182000101
RX-84	Nicotinic Acid	00182000110
RX-84	Nicotinic Acid	00182005301
RX-84	Nicotinic Acid	00182005310
RX-84	Nicotinic Acid	00182081101
RX-84	Nicotinic Acid	00182081110
RX-84	Nicotinic Acid	00182440001
RX-84	Nicotinic Acid	00182440101
RX-84	Nicotinic Acid	00182440110
RX-84	Nicotinic Acid	00182440301
RX-84	Nicotinic Acid	00182440401
RX-84	Nicotinic Acid	00182440501
RX-84	Nicotinic Acid	00182441701
RX-84	Nicotinic Acid	00182441710
RX-84	Nicotinic Acid	00182441801
RX-84	Nicotinic Acid	00182441810
RX-84	Nicotinic Acid	00185074201
RX-84	Nicotinic Acid	00185074210
RX-84	Nicotinic Acid	00185074301
RX-84	Nicotinic Acid	00185074310
RX-84	Nicotinic Acid	00185074401
RX-84	Nicotinic Acid	00185074410
RX-84	Nicotinic Acid	00187006050
RX-84	Nicotinic Acid	00187055501
RX-84	Nicotinic Acid	00187055510
RX-84	Nicotinic Acid	00187055590
RX-84	Nicotinic Acid	00187055701
RX-84	Nicotinic Acid	00187055710
RX-84	Nicotinic Acid	00188703010
RX-84	Nicotinic Acid	00188703110
RX-84	Nicotinic Acid	00188814410
RX-84	Nicotinic Acid	00188814501
RX-84	Nicotinic Acid	00188814510
RX-84	Nicotinic Acid	00191000401
RX-84	Nicotinic Acid	00191000410
RX-84	Nicotinic Acid	00191016501
RX-84	Nicotinic Acid	00191016510
RX-84	Nicotinic Acid	00191200201
RX-84	Nicotinic Acid	00191200210
RX-84	Nicotinic Acid	00191202001
RX-84	Nicotinic Acid	00191202010
RX-84	Nicotinic Acid	00191205001
RX-84	Nicotinic Acid	00191205010
RX-84	Nicotinic Acid	00223135101
RX-84	Nicotinic Acid	00223135102
RX-84	Nicotinic Acid	00223135201
RX-84	Nicotinic Acid	00223135202

RX-84	Nicotinic Acid	00223135301
RX-84	Nicotinic Acid	00223135302
RX-84	Nicotinic Acid	00228020501
RX-84	Nicotinic Acid	00228186710
RX-84	Nicotinic Acid	00228186796
RX-84	Nicotinic Acid	00228186910
RX-84	Nicotinic Acid	00228186996
RX-84	Nicotinic Acid	00228284010
RX-84	Nicotinic Acid	00245006011
RX-84	Nicotinic Acid	00245006201
RX-84	Nicotinic Acid	00245006210
RX-84	Nicotinic Acid	00245006211
RX-84	Nicotinic Acid	00245006301
RX-84	Nicotinic Acid	00245006311
RX-84	Nicotinic Acid	00245006366
RX-84	Nicotinic Acid	00245006401
RX-84	Nicotinic Acid	00245006411
RX-84	Nicotinic Acid	00245006611
RX-84	Nicotinic Acid	00245006711
RX-84	Nicotinic Acid	00249013002
RX-84	Nicotinic Acid	00249113002
RX-84	Nicotinic Acid	00252554101
RX-84	Nicotinic Acid	00252554102
RX-84	Nicotinic Acid	00252554103
RX-84	Nicotinic Acid	00252554201
RX-84	Nicotinic Acid	00252554202
RX-84	Nicotinic Acid	00252554203
RX-84	Nicotinic Acid	00254024928
RX-84	Nicotinic Acid	00254024938
RX-84	Nicotinic Acid	00254025028
RX-84	Nicotinic Acid	00254025038
RX-84	Nicotinic Acid	00256012301
RX-84	Nicotinic Acid	00256012302
RX-84	Nicotinic Acid	00274275201
RX-84	Nicotinic Acid	00274276001
RX-84	Nicotinic Acid	00293023490
RX-84	Nicotinic Acid	00298117901
RX-84	Nicotinic Acid	00298117911
RX-84	Nicotinic Acid	00298124101
RX-84	Nicotinic Acid	00298124111
RX-84	Nicotinic Acid	00302434001
RX-84	Nicotinic Acid	00302434010
RX-84	Nicotinic Acid	00302434410
RX-84	Nicotinic Acid	00302435010
RX-84	Nicotinic Acid	00302435101
RX-84	Nicotinic Acid	00302435201
RX-84	Nicotinic Acid	00304049300
RX-84	Nicotinic Acid	00304049301
RX-84	Nicotinic Acid	00304049311
RX-84	Nicotinic Acid	00304049400
RX-84	Nicotinic Acid	00304049401
RX-84	Nicotinic Acid	00304049411
RX-84	Nicotinic Acid	00304069900
RX-84	Nicotinic Acid	00304069901
RX-84	Nicotinic Acid	00304075000
RX-84	Nicotinic Acid	00304075001
RX-84	Nicotinic Acid	00304078100
RX-84	Nicotinic Acid	00304078101

RX-84	Nicotinic Acid	00304086000
RX-84	Nicotinic Acid	00304086001
RX-84	Nicotinic Acid	00304207201
RX-84	Nicotinic Acid	00304207301
RX-84	Nicotinic Acid	00306531280
RX-84	Nicotinic Acid	00306531380
RX-84	Nicotinic Acid	00306531680
RX-84	Nicotinic Acid	00349602200
RX-84	Nicotinic Acid	00349602201
RX-84	Nicotinic Acid	00349602210
RX-84	Nicotinic Acid	00349602298
RX-84	Nicotinic Acid	00349602300
RX-84	Nicotinic Acid	00349602301
RX-84	Nicotinic Acid	00349602310
RX-84	Nicotinic Acid	00349602398
RX-84	Nicotinic Acid	00349847310
RX-84	Nicotinic Acid	00349848001
RX-84	Nicotinic Acid	00349848010
RX-84	Nicotinic Acid	00349864701
RX-84	Nicotinic Acid	00349884501
RX-84	Nicotinic Acid	00349884601
RX-84	Nicotinic Acid	00349884701
RX-84	Nicotinic Acid	00353208501
RX-84	Nicotinic Acid	00353208503
RX-84	Nicotinic Acid	00353208601
RX-84	Nicotinic Acid	00353208603
RX-84	Nicotinic Acid	00353244001
RX-84	Nicotinic Acid	00353244101
RX-84	Nicotinic Acid	00353297301
RX-84	Nicotinic Acid	00359075810
RX-84	Nicotinic Acid	00359075910
RX-84	Nicotinic Acid	00359075940
RX-84	Nicotinic Acid	00359076010
RX-84	Nicotinic Acid	00359076040
RX-84	Nicotinic Acid	00359076110
RX-84	Nicotinic Acid	00359076210
RX-84	Nicotinic Acid	00361214910
RX-84	Nicotinic Acid	00361215010
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RX-111	Statin-containing medication	67544006015
RX-111	Statin-containing medication	67544006030
RX-111	Statin-containing medication	67544006045
RX-111	Statin-containing medication	67544006060
RX-111	Statin-containing medication	67544008115
RX-111	Statin-containing medication	67544008130
RX-111	Statin-containing medication	67544008145
RX-111	Statin-containing medication	67544008160
RX-111	Statin-containing medication	67544008215
RX-111	Statin-containing medication	67544008245
RX-111	Statin-containing medication	67544010615
RX-111	Statin-containing medication	67544010630
RX-111	Statin-containing medication	67544010645
RX-111	Statin-containing medication	67544010653
RX-111	Statin-containing medication	67544010660
RX-111	Statin-containing medication	67544010680
RX-111	Statin-containing medication	67544022515
RX-111	Statin-containing medication	67544022530
RX-111	Statin-containing medication	67544022545
RX-111	Statin-containing medication	67544022553
RX-111	Statin-containing medication	67544022560
RX-111	Statin-containing medication	67544022580
RX-111	Statin-containing medication	67544024530
RX-111	Statin-containing medication	67544024560
RX-111	Statin-containing medication	67544024730
RX-111	Statin-containing medication	67544085445

RX-111	Statin-containing medication	67544085460
RX-111	Statin-containing medication	67544085515
RX-111	Statin-containing medication	67544085530
RX-111	Statin-containing medication	67544085545
RX-111	Statin-containing medication	67544085560
RX-111	Statin-containing medication	67544085615
RX-111	Statin-containing medication	67544085645
RX-111	Statin-containing medication	67544085715
RX-111	Statin-containing medication	67544085745
RX-111	Statin-containing medication	67544100130
RX-111	Statin-containing medication	67544100160
RX-111	Statin-containing medication	67544100315
RX-111	Statin-containing medication	67544100345
RX-111	Statin-containing medication	67544100353
RX-111	Statin-containing medication	67544102999
RX-111	Statin-containing medication	67544103099
RX-111	Statin-containing medication	67544103215
RX-111	Statin-containing medication	67544103245
RX-111	Statin-containing medication	67544103282
RX-111	Statin-containing medication	67544103299
RX-111	Statin-containing medication	67544125415
RX-111	Statin-containing medication	67544125445
RX-111	Statin-containing medication	67544125515
RX-111	Statin-containing medication	67544125530
RX-111	Statin-containing medication	67544125545
RX-111	Statin-containing medication	67544125560
RX-111	Statin-containing medication	67544125615
RX-111	Statin-containing medication	67544125630
RX-111	Statin-containing medication	67544125645
RX-111	Statin-containing medication	67544125745
RX-111	Statin-containing medication	67544125760
RX-111	Statin-containing medication	67544132515
RX-111	Statin-containing medication	67544132545
RX-111	Statin-containing medication	67801030103
RX-111	Statin-containing medication	67801031403
RX-111	Statin-containing medication	67801040230
RX-111	Statin-containing medication	68030861501
RX-111	Statin-containing medication	68084013101
RX-111	Statin-containing medication	68084013111
RX-111	Statin-containing medication	68084013201
RX-111	Statin-containing medication	68084013211
RX-111	Statin-containing medication	68084013301
RX-111	Statin-containing medication	68084013311
RX-111	Statin-containing medication	68084016101
RX-111	Statin-containing medication	68084016111
RX-111	Statin-containing medication	68084016201
RX-111	Statin-containing medication	68084016211
RX-111	Statin-containing medication	68084016301
RX-111	Statin-containing medication	68084016311
RX-111	Statin-containing medication	68084016401
RX-111	Statin-containing medication	68084016411
RX-111	Statin-containing medication	68084016501
RX-111	Statin-containing medication	68084016511
RX-111	Statin-containing medication	68084018601
RX-111	Statin-containing medication	68084018611
RX-111	Statin-containing medication	68084018701
RX-111	Statin-containing medication	68084018711
RX-111	Statin-containing medication	68084018801

RX-111	Statin-containing medication	68084018811
RX-111	Statin-containing medication	68115021830
RX-111	Statin-containing medication	68115021930
RX-111	Statin-containing medication	68115021960
RX-111	Statin-containing medication	68115049430
RX-111	Statin-containing medication	68115049460
RX-111	Statin-containing medication	68115065800
RX-111	Statin-containing medication	68115066490
RX-111	Statin-containing medication	68115066815
RX-111	Statin-containing medication	68115066830
RX-111	Statin-containing medication	68115066890
RX-111	Statin-containing medication	68115067230
RX-111	Statin-containing medication	68115072030
RX-111	Statin-containing medication	68115075930
RX-111	Statin-containing medication	68115077790
RX-111	Statin-containing medication	68115080090
RX-111	Statin-containing medication	68115083630
RX-111	Statin-containing medication	68115083690
RX-111	Statin-containing medication	68180046701
RX-111	Statin-containing medication	68180046703
RX-111	Statin-containing medication	68180046707
RX-111	Statin-containing medication	68180046801
RX-111	Statin-containing medication	68180046803
RX-111	Statin-containing medication	68180046807
RX-111	Statin-containing medication	68180046901
RX-111	Statin-containing medication	68180046903
RX-111	Statin-containing medication	68180046907
RX-111	Statin-containing medication	68180047801
RX-111	Statin-containing medication	68180047802
RX-111	Statin-containing medication	68180047803
RX-111	Statin-containing medication	68180047901
RX-111	Statin-containing medication	68180047902
RX-111	Statin-containing medication	68180047903
RX-111	Statin-containing medication	68180048001
RX-111	Statin-containing medication	68180048002
RX-111	Statin-containing medication	68180048003
RX-111	Statin-containing medication	68180048101
RX-111	Statin-containing medication	68180048102
RX-111	Statin-containing medication	68180048103
RX-111	Statin-containing medication	68180048206
RX-111	Statin-containing medication	68180048209
RX-111	Statin-containing medication	68180048502
RX-111	Statin-containing medication	68180048509
RX-111	Statin-containing medication	68180048602
RX-111	Statin-containing medication	68180048609
RX-111	Statin-containing medication	68180048702
RX-111	Statin-containing medication	68180048709
RX-111	Statin-containing medication	68180048802
RX-111	Statin-containing medication	68180048809
RX-111	Statin-containing medication	68258104001
RX-111	Statin-containing medication	68258105701
RX-111	Statin-containing medication	68258600009
RX-111	Statin-containing medication	68258600109
RX-111	Statin-containing medication	68258600209
RX-111	Statin-containing medication	68258900101
RX-111	Statin-containing medication	68258912801
RX-111	Statin-containing medication	68258915401
RX-111	Statin-containing medication	68382006505

RX-111	Statin-containing medication	68382006506
RX-111	Statin-containing medication	68382006510
RX-111	Statin-containing medication	68382006514
RX-111	Statin-containing medication	68382006516
RX-111	Statin-containing medication	68382006605
RX-111	Statin-containing medication	68382006606
RX-111	Statin-containing medication	68382006610
RX-111	Statin-containing medication	68382006614
RX-111	Statin-containing medication	68382006616
RX-111	Statin-containing medication	68382006624
RX-111	Statin-containing medication	68382006705
RX-111	Statin-containing medication	68382006706
RX-111	Statin-containing medication	68382006710
RX-111	Statin-containing medication	68382006714
RX-111	Statin-containing medication	68382006716
RX-111	Statin-containing medication	68382006724
RX-111	Statin-containing medication	68382006805
RX-111	Statin-containing medication	68382006806
RX-111	Statin-containing medication	68382006810
RX-111	Statin-containing medication	68382006814
RX-111	Statin-containing medication	68382006816
RX-111	Statin-containing medication	68382006840
RX-111	Statin-containing medication	68382006905
RX-111	Statin-containing medication	68382006906
RX-111	Statin-containing medication	68382006910
RX-111	Statin-containing medication	68382006914
RX-111	Statin-containing medication	68382006916
RX-111	Statin-containing medication	68462019505
RX-111	Statin-containing medication	68462019590
RX-111	Statin-containing medication	68462019605
RX-111	Statin-containing medication	68462019690
RX-111	Statin-containing medication	68462019705
RX-111	Statin-containing medication	68462019790
RX-111	Statin-containing medication	68462019805
RX-111	Statin-containing medication	68462019890

2a.9 Denominator Exclusions (*Brief text description of exclusions from the target population***):** Patient had a confinement/admission to an acute or non-acute facility

2a.10 Denominator Exclusion Details (*All information required to collect exclusions to the denominator, including all codes, logic, and definitions***):**
Patient had one of the following during the 12 months prior to the end of the report period:
-Facility Event - Confinement/Admission (i.e., hospitalization)
-Non-acute care procedure code(HEDIS code set PR0187)
-Non-acute care revenue code (HEDIS code set RV0187)
-Non-acute care place of service code (code set PS0005)

Code Set	Code Set Description	Procedure Code
PR0187	Nonacute care (HEDIS)	H0017
PR0187	Nonacute care (HEDIS)	H0018
PR0187	Nonacute care (HEDIS)	H0019
PR0187	Nonacute care (HEDIS)	T2048

Code Set	Code Set Description	Revenue Code
RV0187	Nonacute care (HEDIS)	0115
RV0187	Nonacute care (HEDIS)	0118
RV0187	Nonacute care (HEDIS)	0125
RV0187	Nonacute care (HEDIS)	0128

RV0187	Nonacute care (HEDIS)	0135
RV0187	Nonacute care (HEDIS)	0138
RV0187	Nonacute care (HEDIS)	0145
RV0187	Nonacute care (HEDIS)	0148
RV0187	Nonacute care (HEDIS)	0155
RV0187	Nonacute care (HEDIS)	0158
RV0187	Nonacute care (HEDIS)	0190
RV0187	Nonacute care (HEDIS)	0191
RV0187	Nonacute care (HEDIS)	0192
RV0187	Nonacute care (HEDIS)	0193
RV0187	Nonacute care (HEDIS)	0194
RV0187	Nonacute care (HEDIS)	0199
RV0187	Nonacute care (HEDIS)	0650
RV0187	Nonacute care (HEDIS)	0655
RV0187	Nonacute care (HEDIS)	0656
RV0187	Nonacute care (HEDIS)	0658
RV0187	Nonacute care (HEDIS)	0659
RV0187	Nonacute care (HEDIS)	1001
RV0187	Nonacute care (HEDIS)	1002

Code Set	C. Set Description	POS Code
PS0005	Nonacute Care (HEDIS)	31
PS0005	Nonacute Care (HEDIS)	32
PS0005	Nonacute Care (HEDIS)	34
PS0005	Nonacute Care (HEDIS)	54
PS0005	Nonacute Care (HEDIS)	55
PS0005	Nonacute Care (HEDIS)	56
PS0005	Nonacute Care (HEDIS)	61

2a.11 Stratification Details/Variables (*All information required to stratify the measure including the stratification variables, all codes, logic, and definitions***):**
Does not apply

2a.12-13 Risk Adjustment Type: no risk adjustment necessary

2a.14 Risk Adjustment Methodology/Variables (*List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method***):**
No risk adjustment necessary

2a.15-17 Detailed risk model available Web page URL or attachment:

2a.18-19 Type of Score: rate/proportion
2a.20 Interpretation of Score: better quality = higher score
2a.21 Calculation Algorithm (*Describe the calculation of the measure as a flowchart or series of steps***):**
1. Exclude members who meet denominator exclusion criteria
2. Assign a YES or NO result to remaining members based on numerator response
3. Rate = YES/[YES+NO]

2a.22 Describe the method for discriminating performance *(e.g., significance testing)***:**
Over 420,000 patients met the denominator from a geographically diverse 15 million member benchmark database. Over 111,000 patients did not meet numerator compliance, indicating a significant population with patient safety gap in care. The subsequent compliance rate was 73.9 percent.

2a.23 Sampling (Survey) Methodology *If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate)*:
A 15 million patient population sample was chosen to analyze the potential patient safety gap in care. The sample was derived from more than 60 million patients based on criteria including national geographic representation, commercial health coverage and patient age less than 65.

2a.24 **Data Source (***Check the source(s) for which the measure is specified and tested)*
Electronic adminstrative data/claims, pharmacy data, lab data

2a.25 **Data source/data collection instrument (***Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.***):**
Our data source is a proprietary Ingenix provider database that includes more than 60 million patients, over multiple years. It includes data from multiple payors. This measure specifically uses the following data from this database: member demographics, CPT codes, revenue codes, place of service codes, pharmacy claims, and LOINC (lab results) codes.

2a.26-28 **Data source/data collection instrument reference web page URL or attachment:**

2a.29-31 **Data dictionary/code table web page URL or attachment:** Attachment Input Guide_NQF-633994139176890454.doc

2a.32-35 **Level of Measurement/Analysis** (*Check the level(s) for which the measure is specified and tested)*
Clinicians: Individual, Clinicians: Group, Health Plan, Integrated delivery system, Multi-site/corporate chain, Program: Disease management, Program: QIO, Facility/Agency, Can be measured at all levels, Population: states, Population: counties or cities

2a.36-37 **Care Settings (***Check the setting(s) for which the measure is specified and tested)*
Ambulatory Care: Clinic, Ambulatory Care: Emergency Dept, Ambulatory Care: Hospital Outpatient, nursing home (NH) /Skilled Nursing Facility (SNF), Rehabilitation Facility

2a.38-41 **Clinical Services** (*Healthcare services being measured, check all that apply*)
Clinicians: PA/NP/Advanced Practice Nurse, Clinicians: Physicians (MD/DO)

TESTING/ANALYSIS

2b. Reliability testing

2b.1 **Data/sample** *(description of data/sample and size)***:** Reliability is tested by using multiple databases. There are three primary databases that we use: 1) a customer acceptance (CAT) database that includes approximately 4000 members who satisfy the condition confirmation criteria; 2) a one million member face validity testing (FVT) database that is geographically diverse; and 3) a 15 million member benchmark database that is geographically diverse. All databases represent predominately a commercial population less than 65 year of age.

2b.2 **Analytic Method** *(type of reliability & rationale, method for testing)***:**
Quality assurance of each measure is accomplished through the testing using multiple methods and databases. Types of testing, data samples and volume vary to ensure the integrity of the measure. Rigorous development, analysis and testing processes are deployed for creating measure specifications. Software testing ensures the software is working as designed. Reliability and validity testing of measures is based on differing data samples and volume of members. National benchmarks are created on a large volume set of data representing members throughout the United States. All quality checks for all measure results must have consistent results and meet expected outcomes based on industry knowledge and experience.

Customer Acceptance Testing (CAT) is an important quality process. CAT ensures that the clinical measures are functioning as intended and that they generate accurate results for typical billing patterns. Using actual claims data a team of business analysts, nurses, and health services researchers conducts a detailed analysis of the output. For each clinical condition in the product (e.g., Diabetes Mellitus, Coronary Artery Disease, etc.) there is a set of CAT data with at least 4000 members who satisfy the condition confirmation criteria. This data is extracted from a large (50+ million member) multi-payer benchmark database and contains inpatient, outpatient, pharmacy, and laboratory data. The testing team analyzes claims from individual members and compares the creation of denominators (target population), numerators, and

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exclusions from this manual review process to output results from the quality measure.

Regression testing is the part of CAT that verifies the reliability of the product across software releases. For a new release the testing team confirms that every unchanged measure produces the same results as in previous releases, accounting for systematic changes to the software (e.g., code updates, logic changes, etc). Regression testing is conducted at multiple points throughout the software development cycle.

2b.3 Testing Results *(reliability statistics, assessment of adequacy in the context of norms for the test conducted)*:
Given the size of our benchmark database, it is the most reliable source for compliance results. Over 420,000 members from the benchmark database met the denominator definition for this measure. The overall compliance rate was 73.9 percent.

2c. Validity testing

2c.1 Data/sample *(description of data/sample and size)*: Our data sample for face validity testing includes a geographically diverse one million member database. Our data sample for benchmark testing includes a geographically diverse 15 million member database. Both databases represent predominately a commercial population less than 65 year of age.

2c.2 Analytic Method *(type of validity & rationale, method for testing)*:
Face Validity Testing (FVT) is the final testing step in the software release cycle. One million members are randomly selected from the large multi-payer benchmark database and their claims data is processed through the software. The Medical Director reviews the results to verify that:
1. Prevalence rates for a condition are comparable to nationally published rates
2. Compliance rates for a measure are comparable to the rates reported in the published literature or by other national sources (e.g. HEDIS). If no comparable sources are available, the rates are judged based on what is clinically reasonable.
In addition, all results are reviewed for face validity by members of an external physician clinical consultant panel.

A similar review of benchmark test results occurs in conjunction with a software release. With benchmark testing, 15 million members are randomly selected from the large multi-payer benchmark database and their claims data is processed through the software.

Our claims-based measures have been validated using a chart review comparison process. This validation project is summarized below:
Goal: evaluate the reliability of claims-based measure results using chart review as the gold standard
Methods:
The charts of 100 members from two clinics in one city were reviewed. Results from our claims-based measures were compared to information present in the chart. During this process, 726 measures were evaluated.
Results:
The overall error rate was less than 5%. The error rate varied depending on the type of claim required for numerator compliance and is summarized as follows:
o The error rate was highest with medications, with an 11 percent error rate (2/18). From chart review, it was difficult to tell if this represented a real error, a medication sample was provided, or the prescription was never filled).
o The error rate was 4 percent (14/318) for measures that required labs for numerator compliance. It was noted that a claims-based measure approach sometimes identified labs that were missing in chart review.
o The error rate for office visit and specialty appointments was 2 percent (8/390). Of note, administrative claims was more likely than chart review to identify relevant office and specialty visits, particularly for appointments that occurred outside the clinic or network.
o Errors were found related to coding in claims data, not due to the claims-based measures or methodology. These errors were not quantified.

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2c.3 Testing Results *(statistical results, assessment of adequacy in the context of norms for the test*

conducted): Summarized in 2b3	
2d. Exclusions Justified **2d.1 Summary of Evidence supporting exclusion(s):** This measure does not include any exclusions. **2d.2 Citations for Evidence:** **2d.3 Data/sample** *(description of data/sample and size)*: **2d.4 Analytic Method** *(type analysis & rationale)*: **2d.5 Testing Results** *(e.g., frequency, variability, sensitivity analyses)*:	**2d** C☐ P☐ M☐ N☐ NA☐
2e. Risk Adjustment for Outcomes/ Resource Use Measures **2e.1 Data/sample** *(description of data/sample and size)*: This measure does not include risk adjustment. **2e.2 Analytic Method** *(type of risk adjustment, analysis, & rationale)*: **2e.3 Testing Results** *(risk model performance metrics)*: **2e.4 If outcome or resource use measure is not risk adjusted, provide rationale:**	**2e** C☐ P☐ M☐ N☐ NA☐
2f. Identification of Meaningful Differences in Performance **2f.1 Data/sample from Testing or Current Use** *(description of data/sample and size)*: Our benchmark data sample includes a geographically diverse 15 million member benchmark database. The database represents predominately a commercial population less than 65 year of age. **2f.2 Methods to identify statistically significant and practically/meaningfully differences in performance** *(type of analysis & rationale)*: During benchmark testing, 15 million members are randomly selected from the large multi-payer benchmark database and their claims data is processed through the software. The Medical Director reviews the results to verify that: 1. Prevalence rates for a condition are comparable to nationally published rates 2. Compliance rates for a measure are comparable to the rates reported in the published literature or by other national sources (e.g. HEDIS). If no comparable sources are available, the rates are judged based on what is clinically reasonable. In addition, all results are systematically reviewed for face validity by members of an external physician clinical consultant panel. **2f.3 Provide Measure Scores from Testing or Current Use** *(description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*: Summarized in 2b3	**2f** C☐ P☐ M☐ N☐
2g. Comparability of Multiple Data Sources/Methods **2g.1 Data/sample** *(description of data/sample and size)*: **2g.2 Analytic Method** *(type of analysis & rationale)*:	**2g** C☐ P☐ M☐ N☐

2g.3 **Testing Results** *(e.g., correlation statistics, comparison of rankings)*:	NA☐
2h. Disparities in Care 2h.1 **If measure is stratified, provide stratified results** *(scores by stratified categories/cohorts)*: 2h.2 **If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans:**	**2h** C☐ P☐ M☐ N☐ NA☐
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria **for *Scientific Acceptability of Measure Properties?***	**2**
Steering Committee: Overall, to what extent was the criterion, *Scientific Acceptability of Measure Properties*, met? **Rationale:**	***2*** C☐ P☐ M☐ N☐
3. USABILITY	
Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (evaluation criteria)	Eval Rating
3a. Meaningful, Understandable, and Useful Information 3a.1 **Current Use:** in use 3a.2 **Use in a public reporting initiative (disclosure of performance results to the public at large)** (*If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years*)**:** Health plans, physicians (individuals and groups), care management, and other vendors/customers are using this measure on a national level. However, we do not know if this specific measure is being used as part of a public reporting initiative. 3a.3 **If used in other programs/initiatives (***If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years***):** Health plans, physicians (individuals and groups), care management, and other vendors/customers use many of our measures on a national level for quality improvement, disease management, and physician sharing programs. Customers are able to select their measures depending on their business needs. As such, we do not know which specific measures are used by our customers. **Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) 3a.4 **Data/sample** *(description of data/sample and size)***:** Results are summarized and reported by users/customers depending on their business need - we do not have access to this information. Because of us my multiple users/customers, there is no single data sample, methodology, or public reporting format. 3a.5 **Methods** *(e.g., focus group, survey, QI project)***:** 3a.6 **Results** *(qualitative and/or quantitative results and conclusions)***:**	**3a** C☐ P☐ M☐ N☐
3b/3c. Relation to other NQF-endorsed measures 3b.1 **NQF # and Title of similar or related measures:**	

(for NQF staff use) **Notes on similar/related endorsed or submitted measures:**	
3b. Harmonization If this measure is related to measure(s) already endorsed by NQF (e.g., same topic, but different target population/setting/data source or different topic but same target population): **3b.2 Are the measure specifications harmonized? If not, why?**	**3b** C☐ P☐ M☐ N☐ NA☐
3c. Distinctive or Additive Value **3c.1 Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** **5.1 Competing Measures If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the same target population), describe why it is a more valid or efficient way to measure quality:**	**3c** C☐ P☐ M☐ N☐
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria **for *Usability?***	**3**
Steering Committee: Overall, to what extent was the criterion, *Usability*, met? **Rationale:**	**3** C☐ P☐ M☐ N☐
4. FEASIBILITY	
Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)	Eval Rating
4a. Data Generated as a Byproduct of Care Processes **4a.1-2 How are the data elements that are needed to compute measure scores generated?** coding/abstraction performed by someone other than person obtaining original information,	**4a** C☐ P☐ M☐ N☐
4b. Electronic Sources **4b.1 Are all the data elements available electronically?** (*elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims*) Yes **4b.2 If not, specify the near-term path to achieve electronic capture by most providers.**	**4b** C☐ P☐ M☐ N☐
4c. Exclusions **4c.1 Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications?** No **4c.2 If yes, provide justification.**	**4c** C☐ P☐ M☐ N☐ NA☐
4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences **4d.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results.** No inaccurancies or errors are anticipated. In this measure, we exclude patients if they did not meet numerator compliance and, during the last 12 months of the report period, were in hospice or an "inpatient" facility (e.g., hospilization, nursing facility, rehabilitation facility, or behavioral health or	**4d** C☐ P☐ M☐ N☐

substance use treatment program). This decreases errors related to test performed where specific electonic claims were not submitted.	
4e. Data Collection Strategy/Implementation **4e.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:** Due to the increasing availability of LOINC codes (lab results), a serum ALT/AST LOINC code set was recently added to this measure. Updated face validity and benchmark results that assess the impact of this change will be available September 2010. **4e.2 Costs to implement the measure** (*costs of data collection, fees associated with proprietary measures*)**:** We do not have access to this information. This would vary based on the customer/vendor, patient population, and programs/interventions associated with measure use. **4e.3 Evidence for costs:** **4e.4 Business case documentation:**	**4e** C☐ P☐ M☐ N☐
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria **for *Feasibility?***	**4**
Steering Committee: Overall, to what extent was the criterion, *Feasibility*, met? **Rationale:**	**4** C☐ P☐ M☐ N☐
RECOMMENDATION	
(for NQF staff use) **Check if measure is untested and only eligible for time-limited endorsement.**	**Time-limited** ☐
Steering Committee: Do you recommend for endorsement? **Comments:**	Y☐ N☐ A☐
CONTACT INFORMATION	
Co.1 Measure Steward (Intellectual Property Owner) **Co.1 Organization** Ingenix | 12125 Technology Drive | Eden Prairie | Minnesota | 55344 **Co.2 Point of Contact** Kay | Schwebke, Medical Director | kay.schwebke@ingenix.com | 952-833-7154	
Measure Developer If different from Measure Steward **Co.3 Organization** Ingenix | 12125 Technology Drive | Eden Prairie | Minnesota | 55344 **Co.4 Point of Contact** Kay | Schwebke, Medical Director | kay.schwebke@ingenix.com | 952-833-7154	
Co.5 Submitter If different from Measure Steward POC Kay | Schwebke, Medical Director | kay.schwebke@ingenix.com | 952-833-7154- |Ingenix	
Co.6 Additional organizations that sponsored/participated in measure development This measure has been reviewed and supported by the American Academy of Family Physicians.	

ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development

Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

We have an external consultant panel that participates in the original literature search process, measure development, code set review, testing review, and maintenance processes. Panel members include the following:

NAME & Title Employer/Position
Alexander, Beth Pharm D, BCPS Assistant Professor, Augsburg College
Ayenew, Woubeshet, MD Hennepin Faculty Associates; Hennepin County Medical Center
Becker, Keith, MD Fairview Medical Center
Betcher, Susan, MD Allina Medical Clinic
Bruer, Paul, MD Comprehensive Ophthamology, LLC
Capecchi, Joseph, MD Allina Medical Clinic
Giesler, Janell, MD Allina Medical Clinic
Grabowski, Carol, MD Allina Medical Clinic
Hansen, Calvin, MD Iowa Health Physicians
Hargrove, Jody, MD Arthritis and Rheumatology Consultants
Hermann, Richard, MD Tufts - New England Medical Center
Jemming, Brian, Pharm D CentraCare Health System
Kohen, Jeffrey, MD Veterans Affairs Medical Center
McCarthy, Teresa, MD University of Minnesota, Department of Family Medicine & Community Health
McEvoy, Charlene, MD, MPH HealthPartners & HealthPartners Research Foundation; Assistant Professor of Medicine, University of Minnesota
McGee, Deanna, Pharm D, BCPS Retail Pharmacy
Ogle, Kathleen, MD Hennepin Faculty Associates; Hennepin County Medical Center: Assistant Professor of Medicine, University of Minnesota Medical School
Peter, Kathleen, MD Park Nicollet Medical Center
Pieper-Bigelow, Christina, MD Allina Medical Clinic
Redmon, Bruce, MD University of Minnesota Physicians
Scharpf, Steven, MD Mountain Valleys Health Centers
Weitz, Carol, MD Independent

Ad.2 If adapted, provide name of original measure:

Ad.3-5 If adapted, provide original specifications URL or attachment

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.6 Year the measure was first released: 2006

Ad.7 Month and Year of most recent revision: 2009-03

Ad.8 What is your frequency for review/update of this measure? every 3 years at minimum

Ad.9 When is the next scheduled review/update for this measure? 2012-03

Ad.11 -13 Additional Information web page URL or attachment:

Date of Submission (*MM/DD/YY*)**:** 01/22/2010

INGENIX®

Input Guide

Release 7.0, Technical Guide for Windows, February 2008

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What Input Files to Prepare

The following list specifies what input files you prepare for processing:

- The claims data file (required)
- The member data file (required)
- The member term data file (required)

Field Type Definitions and Input File Requirements

This chapter lists the field requirements for your input files. One of the attributes listed among the requirements is defined as "Type". There are four field types used to describe a field's value, and they are defined below.

Field Type	Definition
AlphaNum	A value made of letters and/or numbers. If a value of this type is made of numbers only, it will not be a value that can be operated on mathematically. For example, it would be inappropriate to subtract one procedure code from another procedure code even though both values may contain only numbers.
Num	A value made of numbers only, and which can logically be operated on mathematically. Age is an example of this type. One particular field, while not used in mathematical calculations, is defined in the EBM Connect software as such that it accepts only numeric values. (To enter a non-numeric value would cause EBM Connect processing to stop.) Therefore, this field is defined as Num. It is the Case ID field in the optional disease registry input file.
Date	A value which can be interpreted as a date value. Values should always use four-digit years but the format may vary otherwise.
DecNum	A value made of numbers and a decimal point. These values can also logically be operated on mathematically.

Claims Input File

The claims file contains detailed information on services that were billed or performed or otherwise rendered. The claims file includes:

- Medical claims, including medical services, facility services and clinic services
- Pharmacy claims, including billed prescriptions and drugs
- Lab claims, including lab test and results information

Field Name	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Always required for all claims
Patient ID	AlphaNum	0-2	Optional
Amount Paid	DecNum	1-11	Required for all claims
Amount Allowed	DecNum	0-11	Required for all claims
Procedure Code	AlphaNum	5	Required if there is no revenue code, NDC, or LOINC® code
Procedure Code Modifier	AlphaNum	2	Required for medical claims
Revenue Code	AlphaNum	0 or 4	Optional (applies to medical claims when used)
First Diagnosis Code	AlphaNum	5 or 6	Required for medical claims
Second Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
Third Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
Fourth Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
First Date of Service	Date	8 or 10	Always required for all claims
Last Date of Service	Date	8 or 10	Required for all claims

Paid Date	Date	0, 8 or 10	Optional
Type of Service	AlphaNum	0-10	Optional
Provider ID	AlphaNum	1-20	Required for medical claims
Ordering Provider ID	AlphaNum	0-20	Optional
Provider Type	AlphaNum	1-10	Required for medical claims
Provider Specialty Type	AlphaNum	1-10	Required for medical claims
Provider Key	AlphaNum	1-20	Required for medical claims
NDC	AlphaNum	0 or 11	Required for Rx claims
Day Supply	Num	0-4	Required for Rx claims
Quantity Count	DecNum	0-10	Required for Rx claims
LOINC®	AlphaNum	0 or 7	Required for lab claims
Lab Test Result	AlphaNum	0-18	Required for lab claims
Place of Service	AlphaNum	1-10	Required for medical claims
Unique Record ID	AlphaNum	1-28	Required for all claims
Claim Number	AlphaNum	1-28	Required for all claims
Bill Type Frequency Indicator	Num	0 or 1	Optional
Patient Status	AlphaNum	1-2	Required for facility claims (involving admission or confinement).
Facility Type	AlphaNum	0-2	Optional
Bed Type	AlphaNum	0-1	Optional
First ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional, but will impact results (applies to medical claims when used)
Second ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)
Third ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)
Fourth ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)

Field Descriptions

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string.

Note: Remember that each Family ID (and Patient ID) listed in your claims input file must have a corresponding record in your member input data file and your member term data file.

Patient ID

This field identifies individual members within a family. If present, this field must be sorted within Family ID, so that all records for an individual are contiguous. If the Family ID uniquely identifies an individual, this field need not be specified (that is, its length in the dictionary will be zero).

Amount Paid

The amount paid for this claim line.

Amount Allowed

The allowed amount for this claim line. This amount typically represents the total amount reimbursed including deductibles, copays, coinsurance, insurer paid, etc.

Procedure Code

The procedure code must be one of:

- A procedure code specified in the Physician's Current Procedure Terminology, 4th Edition (CPT®-4 codes) defined by the American Medical Association, for the years 1997 and later.
- A procedure code specified by the HCFA Common Procedure Coding System, Level II code (HCPCS) defined by the Centers for Medicare and Medicaid Services (CMS) for the years 1999 and later.
- A National Uniform Billing Committee (NUBC) revenue code.

Note: When the NUBC code is entered in the Procedure Code field, it should be padded to the right with blanks because the Procedure Code field always occupies five characters.

- If your organization defines its own procedure codes and/or revenue codes, they must be mapped to standard procedure and revenue codes.

Procedure Code Modifier

Use this field to specify any procedure code modifier that accompanies the procedure code.

Revenue Code

The revenue code, if one was entered for the claim. Supported values in this field are NUBC revenue codes. If your organization defines its own revenue codes, they must be mapped to standard revenue codes.

The revenue code is an optional field, allowing you to define your input records so that you can place an NUBC revenue code and a CPT/HCPCS procedure code on a single record line.

For claim records that do not have a revenue code, leave the revenue code field blank.

First Diagnosis Code Through Fourth Diagnosis Code

Up to four diagnoses may be entered for each claim, but only the first is required.

If your organization defines its own diagnosis codes, they must be mapped to standard ICD-9 diagnosis codes.

First Date of Service and Last Date of Service

The first date and last date represented by the claim line. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/ YYYY, and DD/MM/YYYY, where the separator can be any character.

Paid Date

This field is optional. This is the date the claim was paid. The format of the paid date must be the same as that used in the First and Last Date of Service.

Type of Service

This is an optional code which represents the type of service (TOS) performed for this claim. If no specific value is available for this field, it should be filled with blanks. If this field is not used (i.e., its length is set to zero in the configuration), non-pharmaceutical claims with no procedure code will be treated as ancillary records.

Provider ID

Provider identification number from the claim. Used to identify who performed the service.

Ordering Provider ID

This is an optional field. This is the identification number of the provider who ordered the service.

Provider Type

This code represents the type of provider who performed the service. Examples of provider types would be chiropractor, nurse practitioner, medical doctor, counselor, pharmacy, hospital or treatment facility.

Provider Specialty Type

This code represents the specialty of the provider who performed the service.

Provider Key

Unique number or code for a physician who has multiple provider IDs or specialties. A single health care provider may have multiple provider IDs in your input claims data, but this person or entity should have only one provider key.

NDC

If this is a pharmaceutical claim, this field should contain the drug's NDC code. For non-pharmaceutical claim records, the NDC field should be filled with blanks.

Day Supply

For pharmacy records, the number of days a filled prescription is expected to last. If you have no pharmacy records, the Days Supply is an optional field.

Quantity Count

Quantity of drug dispensed in metric units:

Each - solid oral dosage forms (tablet, capsule), powder filled (dry) vials, packets, patches, units of use packages, suppositories, bars.

Milliliter - (cc) liquid oral dosage forms, liquid filled vials, ampules, reconstituted oral products.

Grams - ointments, bulk powders (not IV).
If you have no pharmacy records, the Quantity Count is an optional field.

LOINC®

Logical Observation Identifiers Names and Codes (LOINC®). The LOINC Code is a universal identifier for a lab test for a particular analyte. The LOINC User's Guide and database can be found at www.regenstrief.org.

Enter a LOINC code if the record is a lab record. For non-lab records, leave the LOINC field blank.

If you have no lab records in your claims input, the LOINC code is optional.

Notes:

(1) When using lab results data that has not been mapped to a LOINC code, map the comparable vendor-specific test number provided by the laboratory vendor(s) to one of these default codes.

(2) This is a retired code which may be present on historical data, or which some laboratories may be continuing to use. Input record data with this code is included in the definition of this test.

Lab Test Result

If the record is a lab record, use this field to enter the result value of lab test. For non-lab records, this field should be blank.

If you have no lab records in your claims input, the Lab Test Result is optional.

Place of Service

Place of service (POS). You must map your internal POS codes to Centers for Medicare and Medicaid Services (CMS) standard POS codes.

Unique Record ID

This required field contains a unique identifier representing the service line from the claim. For medical services, this ID typically represents the service row from the CMS 1500 or CMS 1450/UB92 claim form.

Claim Number

A unique identifier used to link service lines for a specific claim submitted for a member. If a claim has multiple service lines, each service will have a unique record ID and the same claim number to represent the claim.

Bill Type Frequency Indicator

This optional field is used to indicate the disposition of confinements.

Patient Status

This field is required for facility claims. The contents will be the patient status indicator field from the NUBC UB-92 form. This field can denote whether the member died during a confinement.

Facility Type

This field is optional. Space for it is provided to allow for additional post grouping analysis. The contents will typically be the UB-92 facility type data value. This would allow records to be easily selected for diagnosis related grouping (DRG) based on the facility type.

Bed Type

If a value is present, this field acts as an additional discriminator in determining whether a Facility record extends an existing confinement or starts a new confinement.

First ICD-9 Procedure Code Through Fourth ICD-9 Procedure Code

If your claims have ICD-9 procedure codes, include them in your claims input file.

If a decimal point will appear in this field in your claim records, the length should be given as 5. If the decimal separator is not used, the length is 4. If these fields are unused, the length is zero.

Member Input File

The member data file contains the most current information about the member.

Field Descriptions

Field	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Required
Patient ID	AlphaNum	0-2	Optional
Patient Gender	AlphaNum	1	Required
Date of Birth	Date	8 or 10	Required
Member Beginning Eligibility Date	Date	0, 8 or 10	Optional
Member Ending Eligibility Date	Date	0, 8 or 10	Optional

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string. The records in the member file must be sorted first on the Family ID (together with Patient ID, if available) so that all records for an individual are contiguous.

Patient ID

This field identifies individual members within a family. If present, this field must be sorted within Family ID, so that all records for an individual are contiguous. If the Family ID uniquely identifies an individual, this field need not be specified (that is, its length in the dictionary will be zero).

Patient Gender and Date of Birth

The member's gender (F or M) and date of birth. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid date formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Member Beginning Eligibility Date and Ending Eligibility Date

The first date on which the member became covered under the plan and the last date of the member's coverage. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Member Term Input File

The member term data file contains member coverage and term activity information. Plan coverage begin and end dates are required in order to correctly calculate the other fields in the member term file. There may be more than one record per individual member.

Field Descriptions

Field	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Required
Patient ID	AlphaNum	0-2	Optional
Member Beginning Eligibility Date	Date	8 or 10	Required
Member Ending Eligibility Date	Date	8 or 10	Required
Primary Care Provider	AlphaNum	20	Required
Provider Specialty Type	AlphaNum	1-10	Required
Medical Flag	AlphaNum	1	Required
Pharmacy Flag	AlphaNum	1	Required

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string. The records in the member term file must be sorted first on the Family ID (together with Patient ID, if available) so that all records for an individual are contiguous.

Patient ID

This field identifies individual members within a family.

Member Beginning Eligibility Date and Member Ending Eligibility Date

The first date on which the member became covered under the plan and the last date of the member's coverage. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Primary Care Provider

The provider key for the member's primary care physician. A single health care physician may have multiple provider IDs in your input claims data, but this person should have only one provider key.

Provider Specialty Type

This code represents the specialty of the primary care physician.

Medical Flag

Identifies whether the member has medical coverage (Y or N).

Pharmacy Flag

Identifies whether the member has pharmacy coverage (Y or N).