NATIONAL QUALITY FORUM

Measure Submission and Evaluation Worksheet 5.0

This form contains the information submitted by measure developers/stewards, organized according to NQF's measure evaluation criteria and process. The evaluation criteria, evaluation guidance documents, and a blank online submission form are available on the submitting standards web page.

NQF #: 0582 **NQF Project:** Perinatal and Reproductive Health Project

(for Endorsement Maintenance Review)
Original Endorsement Date: Dec 04, 2009 **Most Recent Endorsement Date:** Dec 04, 2009

BRIEF MEASURE INFORMATION

De.1 **Measure Title:** Diabetes and Pregnancy: Avoidance of Oral Hypoglycemic Agents

Co.1.1 **Measure Steward:** Resolution Health, Inc.

De.2 **Brief Description of Measure:** This measure identifies pregnant women with diabetes who are not taking an oral hypoglycemic agent.

2a1.1 **Numerator Statement:** Patients in the denominator who are not taking an oral hypoglycemic agent.

2a1.4 **Denominator Statement:** Pregnant women with a diagnosis of non-gestational diabetes prior to pregnancy.

2a1.8 **Denominator Exclusions:** No claims for gestational diabetes anytime after pregnancy onset date, no diagnosis of miscarriage or abortion anytime after the pregnancy onset date, no claims for polycystic ovaries when determining pre-pregnancy diabetes diagnosis.

1.1 **Measure Type:** Process
2a1. 25-26 **Data Source:** Administrative claims, Electronic Clinical Data : Pharmacy, Other
2a1.33 **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual, Health Plan, Integrated Delivery System, Population : Community, Population : County or City

1.2-1.4 **Is this measure paired with another measure?** No

De.3 **If included in a composite, please identify the composite measure** (*title and NQF number if endorsed*)**:**
N/A

STAFF NOTES (*issues or questions regarding any criteria*)

Comments on Conditions for Consideration:

Is the measure untested? Yes☐ No☐ **If untested, explain how it meets criteria for consideration for time-limited endorsement:**

1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (*check De.5*)**:**
5. Similar/related endorsed or submitted measures (*check 5.1*)**:**
Other Criteria:

Staff Reviewer Name(s):

1. IMPACT, OPPORTUITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three subcriteria must be met to pass this criterion. See guidance on evidence.
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: H☐ M☐ L☐ I ☐
(*The measure directly addresses a specific national health goal/priority identified by DHHS or NPP, or some other high impact aspect of healthcare.*)

De.4 **Subject/Topic Areas** *(Check all the areas that apply)*: Endocrine : Diabetes, Perinatal
De.5 **Cross Cutting Areas** (*Check all the areas that apply)*:

1a.1 **Demonstrated High Impact Aspect of Healthcare:** Patient/societal consequences of poor quality, Other

1a.2 **If "Other," please describe:** All patients will receive high-value care over the course of their acute or chronic illness

1a.3 **Summary of Evidence of High Impact** *(Provide epidemiologic or resource use data)*:
Approximately 8% of all pregnancies in the United States are complicated by hyperglycemia.

1a.4 **Citations for Evidence of High Impact cited in 1a.3:** American Association of Clinical Endocrinologists medical guidelines for clinical practice for the management of diabetes mellitus. AACE Diabetes Mellitus Clinical Practice Guidelines Task Force. Endocr Pract. 2007 May-Jun;13 Suppl 1:1-68.

1b. Opportunity for Improvement: H☐ M☐ L☐ I ☐
(*There is a demonstrated performance gap - variability or overall less than optimal performance*)

1b.1 **Briefly explain the benefits (improvements in quality) envisioned by use of this measure:**
By identifying specific patients in whom care is not consistent with the clinical practice guideline underlying the measure, the measure will facilitate improvement in the care for those patients by highlighting the patient-specific QI opportunity for the patient´s physician(s). In addition, the feedback physicians will receive on their overall performance on this measure will help focus their attention on the underlying care issue and improve their performance on that issue across all of their patients. If performance measurement is combined with some sort of financial incentive, such as in a pay for performance program, the QI impact may be increased.

1b.2 **Summary of Data Demonstrating Performance Gap** *(Variation or overall less than optimal performance across providers)*:
[*For Maintenance* – *Descriptive statistics for performance results for this measure - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.***]**
numerator denominator proportion

336	410	81.95%
27	31	87.10%
16	18	88.89%
52	58	89.66%
199	217	91.71%
59	64	92.19%
883	938	94.14%
17	18	94.44%
70	74	94.59%
249	263	94.68%
25	26	96.15%
41	42	97.62%
3	3	100.00%
6	6	100.00%
4	4	100.00%
2	2	100.00%
126	126	100.00%

1b.3 **Citations for Data on Performance Gap: [*For Maintenance* –** *Description of the data or sample for measure results reported in 1b.2 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included***]**
RHI client experience

1b.4 Summary of Data on Disparities by Population Group: [*For Maintenance –Descriptive statistics for performance results for this measure by population group*]
N/A

1b.5 Citations for Data on Disparities Cited in 1b.4: [*For Maintenance – Description of the data or sample for measure results reported in 1b.4 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*]
N/A

1c. Evidence (*Measure focus is a health outcome OR meets the criteria for quantity, quality, consistency of the body of evidence.*)
Is the measure focus a health outcome? Yes☐ No☐ If not a health outcome, rate the body of evidence.

Quantity: H☐ M☐ L☐ I☐ Quality: H☐ M☐ L☐ I☐ Consistency: H☐ M☐ L☐ I☐

Quantity	Quality	Consistency	Does the measure pass subcriterion1c?
M-H	M-H	M-H	**Yes**☐
L	M-H	M	**Yes**☐ IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise **No**☐
M-H	L	M-H	**Yes**☐ IF potential benefits to patients clearly outweigh potential harms: otherwise **No**☐
L-M-H	L-M-H	L	**No** ☐

Health outcome – rationale supports relationship to at least one healthcare structure, process, intervention, or service	**Does the measure pass subcriterion1c?** **Yes**☐ IF rationale supports relationship

1c.1 Structure-Process-Outcome Relationship *(Briefly state the measure focus, e.g., health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g., structure-process-health outcome; process- health outcome; intermediate clinical outcome-health outcome)*:
Process: discontinue oral glucose-lowering drugs and start insulin if needed

Health Outcomes: reduction in adverse events from the use oral agents for control of type 2 diabetes mellitus during pregnancy

1c.2-3 Type of Evidence *(Check all that apply)*:
Clinical Practice Guideline

1c.4 Directness of Evidence to the Specified Measure *(State the central topic, population, and outcomes addressed in the body of evidence and identify any differences from the measure focus and measure target population)*:
Central Topic: use of oral glucose-lowering drugs during pregnancy
Population: pregnant women
Outcomes: reduction in adverse events from the use oral agents for control of type 2 diabetes mellitus during pregnancy

1c.5 Quantity of Studies in the Body of Evidence *(Total number of studies, not articles)*: There is a limited body of evidence in the use of oral hypoglycemic agents during pregnancy.

1c.6 Quality of Body of Evidence (*Summarize the certainty or confidence in the estimates of benefits and harms to patients across studies in the body of evidence resulting from study factors. Please address: a) study design/flaws; b) directness/indirectness of the evidence to this measure (e.g., interventions, comparisons, outcomes assessed, population included in the evidence); and c) imprecision/wide confidence intervals due to few patients or events*): The quality of evidence in the use of oral hypoglycemic agents during pregnancy is limited.

1c.7 Consistency of Results across Studies *(Summarize the consistency of the magnitude and direction of the effect):* N/A

1c.8 Net Benefit *(Provide estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit - benefit over harms)*:

N/A

1c.9 Grading of Strength/Quality of the Body of Evidence. Has the body of evidence been graded? Yes

1c.10 If body of evidence graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: American Association of Clinical Endocrinologists: Discontinue oral glucose-lowering drugs and start insulin if needed (grade A)

1c.11 System Used for Grading the Body of Evidence: USPSTF

1c.12 If other, identify and describe the grading scale with definitions:

1c.13 Grade Assigned to the Body of Evidence: A

1c.14 Summary of Controversy/Contradictory Evidence: The above AACE recommendation is supported by a similar (though slightly more flexible) recommendation from the American College of Obstetrics and Gyneocology (ACOG), which states, "The use of all oral agents for control of type 2 diabetes mellitus during pregnancy should be limited and individualized until data regarding the safety and efficacy of these drugs become available."

A more recent AACE recommendation asserts, "Regular or rapid-acting insulin analogues are the preferred treatment for postprandial hyperglycemia in pregnant women. Basal insulin needs can be provided by using rapid-acting insulin via CSII or by using long-acting insulin (eg, NPH; US Food and Drug Administration [FDA] pregnancy category B) (Grade B; BEL 2). Although insulin is the preferred treatment approach, metformin and glyburide have been shown to be effective alternatives and without adverse effects in some women."

1c.15 Citations for Evidence other than Guidelines*(Guidelines addressed below)*:
ACOG Practice Bulletin. Clinical Management Guidelines for Obstetrician-Gynecologists. Number 60, March 2005. Pregestational diabetes mellitus. ACOG Committee on Practice Bulletins. Obstet Gynecol. 2005 Mar;105(3):675-85.

American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan. AACE Diabetes Care Plan Guidelines, Endocr Pract. 2011;17(Supple 2).

1c.16 Quote verbatim, <u>the specific guideline recommendation</u> *(Including guideline # and/or page #)*:
"Discontinue oral glucose-lowering drugs and start insulin if needed (grade A)"
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"Regular or rapid-acting insulin analogues are the preferred treatment for postprandial hyperglycemia in pregnant women. Basal insulin needs can be provided by using rapid-acting insulin via CSII or by using long-acting insulin (eg, NPH; US Food and Drug Administration [FDA] pregnancy category B) (Grade B; BEL 2). Although insulin is the preferred treatment approach, metformin and glyburide have been shown to be effective alternatives and without adverse effects in some women."
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1c.17 Clinical Practice Guideline Citation: American Association of Clinical Endocrinologists medical guidelines for clinical practice for the management of diabetes mellitus. AACE Diabetes Mellitus Clinical Practice Guidelines Task Force. Endocr Pract. 2007 May-Jun;13 Suppl 1:1-68.

American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan. AACE Diabetes Care Plan Guidelines, Endocr Pract. 2011;17(Supple 2).

1c.18 National Guideline Clearinghouse or other URL: N/A

1c.19 Grading of Strength of Guideline Recommendation. Has the recommendation been graded? Yes

1c.20 If guideline recommendation graded, identify the entity that graded the evidence including balance of representation

and any disclosures regarding bias: American Association of Clinical Endocrinologists: Discontinue oral glucose-lowering drugs and start insulin if needed

1c.21 **System Used for Grading the Strength of Guideline Recommendation:** USPSTF

1c.22 **If other, identify and describe the grading scale with definitions:**

1c.23 **Grade Assigned to the Recommendation:** A

1c.24 **Rationale for Using this Guideline Over Others:**

Based on the NQF descriptions for rating the evidence, what was the developer's assessment of the quantity, quality, and consistency of the body of evidence?
1c.25 Quantity: Moderate 1c.26 Quality: Moderate1c.27 Consistency: High

Was the threshold criterion, *Importance to Measure and Report*, met?
(*1a & 1b must be rated moderate or high and 1c yes*) Yes☐ No☐
Provide rationale based on specific subcriteria:

For a new measure if the Committee votes NO, then STOP.
For a measure undergoing endorsement maintenance, if the Committee votes NO because of 1b. (no opportunity for improvement), it may be considered for continued endorsement and all criteria need to be evaluated.

2. RELIABILITY & VALIDITY - 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)**
Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate field. Supplemental materials may be referenced or attached in item 2.1. See guidance on measure testing.

S.1 **Measure Web Page** *(In the future, NQF will require measure stewards to provide a URL link to a web page where current detailed specifications can be obtained*). Do you have a web page where current detailed specifications for this measure can be obtained? Yes

S.2 **If yes, provide web page URL:** http://www.resolutionhealth.com/558.html

2a. RELIABILITY. Precise Specifications and Reliability Testing: H☐ M☐ L☐ I☐

2a1. Precise Measure Specifications. (*The measure specifications precise and unambiguous.*)

2a1.1 **Numerator Statement** *(Brief, narrative description of the measure focus or what is being measured about the target population, e.g., cases from the target population with the target process, condition, event, or outcome)*:
Patients in the denominator who are not taking an oral hypoglycemic agent.

2a1.2 **Numerator Time Window** *(The time period in which the target process, condition, event, or outcome is eligible for inclusion)*:
90 days after pregnancy onset date to 120 days after pregnancy onset date.

2a1.3 **Numerator Details** *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, codes with descriptors, and/or specific data collection items/responses*:
No Rx claims for diabetic oral agent from 90 days after pregnancy onset date to 120 days after pregnancy onset date

Diabetic Oral Agents (Medispan Drug)

Type	GPI Code	Description

GPI	27200010000305 Acetohexamide Tab 250 MG
GPI	27200010000310 Acetohexamide Tab 500 MG
GPI	27200020000305 Chlorpropamide Tab 100 MG
GPI	27200020000310 Chlorpropamide Tab 250 MG
GPI	27200027000310 Glimepiride Tab 1 MG
GPI	27200027000320 Glimepiride Tab 2 MG
GPI	27200027000340 Glimepiride Tab 4 MG
GPI	27200030000305 Glipizide Tab 5 MG
GPI	27200030000310 Glipizide Tab 10 MG
GPI	27200030002900 Glipizide Powder
GPI	27200030007505 Glipizide Tab SR 24HR 2.5 MG
GPI	27200030007510 Glipizide Tab SR 24HR 5 MG
GPI	27200030007520 Glipizide Tab SR 24HR 10 MG
GPI	27200050000305 Tolazamide Tab 100 MG
GPI	27200050000310 Tolazamide Tab 250 MG
GPI	27200050000315 Tolazamide Tab 500 MG
GPI	27200060000310 Tolbutamide Tab 500 MG
GPI	27234050000320 Nateglinide Tab 60 MG
GPI	27234050000330 Nateglinide Tab 120 MG
GPI	27280060000310 Repaglinide Tab 0.5 MG
GPI	27280060000320 Repaglinide Tab 1 MG
GPI	27280060000330 Repaglinide Tab 2 MG
GPI	27500010000310 Acarbose Tab 25 MG
GPI	27500010000320 Acarbose Tab 50 MG
GPI	27500010000340 Acarbose Tab 100 MG
GPI	27500050000310 Miglitol Tab 25 MG
GPI	27500050000320 Miglitol Tab 50 MG
GPI	27500050000340 Miglitol Tab 100 MG
GPI	27550070100320 Sitagliptin Phosphate Tab 25 MG (Base Equiv)
GPI	27550070100330 Sitagliptin Phosphate Tab 50 MG (Base Equiv)
GPI	27550070100340 Sitagliptin Phosphate Tab 100 MG (Base Equiv)
GPI	27607050100320 Pioglitazone HCl Tab 15 MG (Base Equiv)
GPI	27607050100330 Pioglitazone HCl Tab 30 MG (Base Equiv)
GPI	27607050100340 Pioglitazone HCl Tab 45 MG (Base Equiv)
GPI	27607060100320 Rosiglitazone Maleate Tab 2 MG (Base Equiv)
GPI	27607060100330 Rosiglitazone Maleate Tab 4 MG (Base Equiv)
GPI	27607060100340 Rosiglitazone Maleate Tab 8 MG (Base Equiv)
GPI	27992502700320 Sitagliptin-Metformin HCl Tab 50-500 MG
GPI	27992502700340 Sitagliptin-Metformin HCl Tab 50-1000 MG
GPI	27997002350320 Glipizide-Metformin HCl Tab 2.5-250 MG
GPI	27997002350325 Glipizide-Metformin HCl Tab 2.5-500 MG
GPI	27997002350340 Glipizide-Metformin HCl Tab 5-500 MG
GPI	27997802400320 Pioglitazone HCl-Glimepiride Tab 30-2 MG
GPI	27997802400340 Pioglitazone HCl-Glimepiride Tab 30-4 MG
GPI	27997802600310 Rosiglitazone Maleate-Glimepiride Tab 4-1 MG
GPI	27997802600320 Rosiglitazone Maleate-Glimepiride Tab 4-2 MG
GPI	27997802600340 Rosiglitazone Maleate-Glimepiride Tab 4-4 MG
GPI	27997802600355 Rosiglitazone Maleate-Glimepiride Tab 8-2 MG
GPI	27997802600360 Rosiglitazone Maleate-Glimepiride Tab 8-4 MG
GPI	27998002400320 Pioglitazone HCl-Metformin HCl Tab 15-500 MG
GPI	27998002400340 Pioglitazone HCl-Metformin HCl Tab 15-850 MG
GPI	27998002600320 Rosiglitazone Maleate-Metformin HCl Tab 1-500 MG
GPI	27998002600330 Rosiglitazone Maleate-Metformin HCl Tab 2-500 MG
GPI	27998002600335 Rosiglitazone Maleate-Metformin HCl Tab 2-1000 MG

GPI 27998002600350 Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG
GPI 27998002600355 Rosiglitazone Maleate-Metformin HCl Tab 4-1000 MG

2a1.4 Denominator Statement *(Brief, narrative description of the target population being measured)*:
Pregnant women with a diagnosis of non-gestational diabetes prior to pregnancy.

2a1.5 Target Population Category *(Check all the populations for which the measure is specified and tested if any)*: Adult/Elderly Care, Maternal Care

2a1.6 Denominator Time Window *(The time period in which cases are eligible for inclusion)*:
Pregnancy.

2a1.7 Denominator Details (*All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)*:
- Females only
- AND meet criteria for RHI's pregnancy Rule (Pregnancy_PMH_PQP)
  - Age >= 12 and <=60
  - >= 2 claims for 'Pregnancy' in any position coming from physician services with an activity gap of 30 days
  - OR have >=1 claim for 'Pregnancy' in any position from a hospital
  - Where the pregnancy onset date is defined as the earliest medical pregnancy claim

- AND date of onset of pregnancy occurred between 730 and 120 days prior to end of measurement year
- AND have Rx eligibility between 90 to 120 days after pregnancy onset date
- AND have a diagnosis of diabetes mellitus prior to pregnancy onset date, as defined by the following RHI criteria (DM_PMH_PQP):
  - >= 2 eligible claims for 'Diabetes' in any position coming from physician services from start of data to AAOD with a 60 day activity gap
  - OR have >=1 claims for 'Diabetes' coming from a hospital from start of data to AAOD with a 60 day activity gap
  - OR >=1 eligible claim for 'Diabetes in any position coming from physician services AND >=2 Rx for 'insulin' or 'oral diabetic agents' from start of data to AAOD
  - AND No claims for 'gestational diabetes' or 'polycystic ovaries´

Diabetes (Diagnosis)

Type	Code	Description
ICD9	250	DIABETES MELLITUS
ICD9	2500	DM WITHOUT MENTION OF COMPLICATION
ICD9	25000	DB W/O COMP TYPE II/UNS NOT UNCNTRL
ICD9	25001	DB W/O COMP TYPE I NOT UNCNTRL
ICD9	25002	DB W/O COMP TYPE II/UNS UNCNTRL
ICD9	25003	DB W/O COMP TYPE I TYPE UNCNTRL
ICD9	2501	DIABETES WITH KETOACIDOSIS
ICD9	25010	DB W/KA TYPE II/UNS NOT UNCNTRL
ICD9	25011	DB W/KETOACIDOS TYPE I NOT UNCNTRL
ICD9	25012	DB W/KETOACIDOS TYPE II/UNS UNCNTRL
ICD9	25013	DB W/KETOACIDOS TYPE I UNCNTRL
ICD9	2502	DIABETES WITH HYPEROSMOLARITY
ICD9	25020	DB W/HYPEROSMLR TYPE II NOT UNCNTRL
ICD9	25021	DB W/HYPEROSMOLR TYPE I NOT UNCNTRL
ICD9	25022	DB W/HYPEROSMLR TYPE II/UNS UNCNTRL
ICD9	25023	DB W/HYPEROSMOLAR TYPE I UNCNTRL
ICD9	2503	DIABETES WITH OTHER COMA
ICD9	25030	DB OTH COMA TYPE II/UNS NOT UNCNTRL

ICD9	25031	DB W/OTH COMA TYPE I NOT UNCNTRL
ICD9	25032	DB W/OTH COMA TYPE II/UNS UNCNTRL
ICD9	25033	DB W/OTH COMA TYPE I UNCNTRL
ICD9	2504	DIABETES WITH RENAL MANIFESTATIONS
ICD9	25040	DB W/RENAL TYPE II/UNS NOT UNCNTRL
ICD9	25041	DB W/RENAL TYPE I [JUV] NOT UNCNTRL
ICD9	25042	DB W/RENAL TYPE II/UNS UNCNTRL
ICD9	25043	DB W/RENAL TYPE I [JUV] UNCNTRL
ICD9	2505	DIAB W/OPHTHALMIC MANIFESTATIONS
ICD9	25050	DB W/OPHTH TYPE II/UNS NOT UNCNTRL
ICD9	25051	DB W/OPHTH TYPE I [JUV] NOT UNCNTRL
ICD9	25052	DB W/OPHTH TYPE II/UNS TYPE UNCNTRL
ICD9	25053	DB W/OPHTH TYPE I [JUV] UNCNTRL
ICD9	2506	DIAB W/NEUROLOGICAL MANIFESTATIONS
ICD9	25060	DB W/NEURO TYPE II/UNS NOT UNCNTRL
ICD9	25061	DB W/NEURO TYPE I [JUV] NOT UNCNTRL
ICD9	25062	DB W/NEURO TYPE II/UNS TYPE UNCNTRL
ICD9	25063	DB W/NEURO TYPE I [JUV] UNCNTRL
ICD9	2507	DIAB W/PERIPHERAL CIRC DISORDERS
ICD9	25070	DB PERIPH CIRC TYPE II NOT UNCNTRL
ICD9	25071	DB W/PERIPH CIRC TYPE I NOT UNCNTRL
ICD9	25072	DB PERIPH CIRC TYPE II/UNS UNCNTRL
ICD9	25073	DB W/PERIPH CIRC D/O TYPE I UNCNTRL
ICD9	2508	DIABETES W/OTH SPEC MANIFESTATIONS
ICD9	25080	DB W/OTH MANIFST TYPE II/UNS NOT UN
ICD9	25081	DB W/OTH MANIFST TYPE I NOT UNCNTRL
ICD9	25082	DB W/OTH MANIFST TYPE II/UNS UNCNTR
ICD9	25083	DB W/OTH MANIFEST TYPE I UNCNTRL
ICD9	2509	DIABETES W/UNSPECIFIED COMPLICATION
ICD9	25090	DB UNS COMP TYPE II/UNS NOT UNCNTRL
ICD9	25091	DB W/UNS COMP TYPE I NOT UNCNTRL
ICD9	25092	DB W/UNS COMP TYPE II/UNS UNCNTRL
ICD9	25093	DB W/UNS COMP TYPE I [JUV] UNCNTRL
ICD9	3572	POLYNEUROPATHY IN DIABETES
ICD9	3620	DIABETIC RETINOPATHY
ICD9	36201	BACKGROUND DIABETIC RETINOPATHY
ICD9	36202	PROLIFERATIVE DIABETIC RETINOPATHY
ICD9	36203	NONPROLIF DIABETIC RETINOPATHY NOS
ICD9	36204	MILD NONPROLIF DIABETIC RETINOPATHY
ICD9	36205	MOD NONPROLIF DIABETIC RETINOPATHY
ICD9	36206	SEV NONPROLIF DIABETIC RETINOPATHY
ICD9	36207	DIABETIC MACULAR EDEMA
ICD9	36641	DIABETIC CATARACT
ICD9	6480	DIABETES MELLIT IN PREG
ICD9	64800	MAT DM COMPL PG BRTH/PP UNS EOC
ICD9	64801	MATERNAL DM WITH DELIVERY
ICD9	64802	MATERNAL DM W/DELIV W/CURRENT PPC
ICD9	64803	MATERNAL DM ANTEPARTUM
ICD9	64804	MTRN DM PREVIOUS POSTPARTUM COND
ICD9	V4585	INSULIN PUMP STATUS
ICD9	V5867	LONG-TERM USE OF INSULIN

Insulin (Medispan Drug)
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Type	GPI Code	Description
GPI	27103010002010	Insulin Regular (Pork) Inj 100 Unit/ML
GPI	27103020001810	Insulin Isophane (Pork) Inj 100 Unit/ML
GPI	27103040001810	Insulin Zinc (Pork) Inj 100 Unit/ML
GPI	27104002002020	Insulin Aspart Inj 100 Unit/ML
GPI	27104003002020	Insulin Glargine Inj 100 Unit/ML
GPI	27104004002020	Insulin Glulisine Subcutaneous Inj 100 Unit/ML
GPI	27104004002022	Insulin Glulisine Inj 100 Unit/ML
GPI	27104005002020	Insulin Lispro (Human) Inj 100 Unit/ML
GPI	27104006002020	Insulin Detemir Inj 100 Unit/ML
GPI	27104010002005	Insulin Regular (Human) Inj 100 Unit/ML
GPI	27104010002015	Insulin Regular (Human) Inj 500 Unit/ML
GPI	27104010002920	Insulin Regular (Human) Inhalation Powder 1 MG/BLISTER
GPI	27104010002930	Insulin Regular (Human) Inhalation Powder 3 MG/BLISTER
GPI	27104010002960	Insulin Regular (Human) Inhalation Powder 1 & 3 MG/BLISTER
GPI	27104015002005	Insulin Regular (Human) Inj Buffered 100 Unit/ML
GPI	27104020001805	Insulin Isophane (Human) Inj 100 Unit/ML
GPI	27104030001805	Insulin Zinc (Human) Inj 100 Unit/ML
GPI	27104050001805	Insulin Zinc, Extended (Human) Inj 100 Unit/ML
GPI	27104070001820	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)
GPI	27104080001820	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25)
GPI	27104080001840	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50)
GPI	27104090001810	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)
GPI	27104090001820	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (50-50)

Diabetic Oral Agents (Medispan Drug)

Type	GPI Code	Description
GPI	27200010000305	Acetohexamide Tab 250 MG
GPI	27200010000310	Acetohexamide Tab 500 MG
GPI	27200020000305	Chlorpropamide Tab 100 MG
GPI	27200020000310	Chlorpropamide Tab 250 MG
GPI	27200027000310	Glimepiride Tab 1 MG
GPI	27200027000320	Glimepiride Tab 2 MG
GPI	27200027000340	Glimepiride Tab 4 MG
GPI	27200030000305	Glipizide Tab 5 MG
GPI	27200030000310	Glipizide Tab 10 MG
GPI	27200030002900	Glipizide Powder
GPI	27200030007505	Glipizide Tab SR 24HR 2.5 MG
GPI	27200030007510	Glipizide Tab SR 24HR 5 MG
GPI	27200030007520	Glipizide Tab SR 24HR 10 MG
GPI	27200040000305	Glyburide Tab 1.25 MG
GPI	27200040000310	Glyburide Tab 2.5 MG
GPI	27200040000315	Glyburide Tab 5 MG
GPI	27200040002900	Glyburide Powder
GPI	27200040100310	Glyburide Micronized Tab 1.5 MG
GPI	27200040100320	Glyburide Micronized Tab 3 MG
GPI	27200040100330	Glyburide Micronized Tab 4.5 MG
GPI	27200040100340	Glyburide Micronized Tab 6 MG
GPI	27200050000305	Tolazamide Tab 100 MG

GPI	27200050000310 Tolazamide Tab 250 MG
GPI	27200050000315 Tolazamide Tab 500 MG
GPI	27200060000310 Tolbutamide Tab 500 MG
GPI	27234050000320 Nateglinide Tab 60 MG
GPI	27234050000330 Nateglinide Tab 120 MG
GPI	27250050000320 Metformin HCl Tab 500 MG
GPI	27250050000340 Metformin HCl Tab 850 MG
GPI	27250050000350 Metformin HCl Tab 1000 MG
GPI	27250050002020 Metformin HCl Oral Soln 500 MG/5ML
GPI	27250050007520 Metformin HCl Tab SR 24HR 500 MG
GPI	27250050007530 Metformin HCl Tab SR 24HR 750 MG
GPI	27250050007560 Metformin HCl Tab SR 24HR Osmotic 500 MG
GPI	27250050007570 Metformin HCl Tab SR 24HR Osmotic 1000 MG
GPI	27250050007580 Metformin HCl Tab SR 24HR Modified Release 500 MG
GPI	27250050007590 Metformin HCl Tab SR 24HR Modified Release 1000 MG
GPI	27280060000310 Repaglinide Tab 0.5 MG
GPI	27280060000320 Repaglinide Tab 1 MG
GPI	27280060000330 Repaglinide Tab 2 MG
GPI	27500010000310 Acarbose Tab 25 MG
GPI	27500010000320 Acarbose Tab 50 MG
GPI	27500010000340 Acarbose Tab 100 MG
GPI	27500050000310 Miglitol Tab 25 MG
GPI	27500050000320 Miglitol Tab 50 MG
GPI	27500050000340 Miglitol Tab 100 MG
GPI	27550070100320 Sitagliptin Phosphate Tab 25 MG (Base Equiv)
GPI	27550070100330 Sitagliptin Phosphate Tab 50 MG (Base Equiv)
GPI	27550070100340 Sitagliptin Phosphate Tab 100 MG (Base Equiv)
GPI	27607050100320 Pioglitazone HCl Tab 15 MG (Base Equiv)
GPI	27607050100330 Pioglitazone HCl Tab 30 MG (Base Equiv)
GPI	27607050100340 Pioglitazone HCl Tab 45 MG (Base Equiv)
GPI	27607060100320 Rosiglitazone Maleate Tab 2 MG (Base Equiv)
GPI	27607060100330 Rosiglitazone Maleate Tab 4 MG (Base Equiv)
GPI	27607060100340 Rosiglitazone Maleate Tab 8 MG (Base Equiv)
GPI	27992502700320 Sitagliptin-Metformin HCl Tab 50-500 MG
GPI	27992502700340 Sitagliptin-Metformin HCl Tab 50-1000 MG
GPI	27997002350320 Glipizide-Metformin HCl Tab 2.5-250 MG
GPI	27997002350325 Glipizide-Metformin HCl Tab 2.5-500 MG
GPI	27997002350340 Glipizide-Metformin HCl Tab 5-500 MG
GPI	27997002400310 Glyburide-Metformin Tab 1.25-250 MG
GPI	27997002400320 Glyburide-Metformin Tab 2.5-500 MG
GPI	27997002400330 Glyburide-Metformin Tab 5-500 MG
GPI	27997802400320 Pioglitazone HCl-Glimepiride Tab 30-2 MG
GPI	27997802400340 Pioglitazone HCl-Glimepiride Tab 30-4 MG
GPI	27997802600310 Rosiglitazone Maleate-Glimepiride Tab 4-1 MG
GPI	27997802600320 Rosiglitazone Maleate-Glimepiride Tab 4-2 MG
GPI	27997802600340 Rosiglitazone Maleate-Glimepiride Tab 4-4 MG
GPI	27997802600355 Rosiglitazone Maleate-Glimepiride Tab 8-2 MG
GPI	27997802600360 Rosiglitazone Maleate-Glimepiride Tab 8-4 MG
GPI	27998002400320 Pioglitazone HCl-Metformin HCl Tab 15-500 MG
GPI	27998002400340 Pioglitazone HCl-Metformin HCl Tab 15-850 MG
GPI	27998002600320 Rosiglitazone Maleate-Metformin HCl Tab 1-500 MG
GPI	27998002600330 Rosiglitazone Maleate-Metformin HCl Tab 2-500 MG
GPI	27998002600335 Rosiglitazone Maleate-Metformin HCl Tab 2-1000 MG
GPI	27998002600350 Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG

GPI 27998002600355 Rosiglitazone Maleate-Metformin HCl Tab 4-1000 MG
GPI 27999002506320 *Metformin HCl Tab 500 MG & Dietary Management Cap Pack***

2a1.8 Denominator Exclusions *(Brief narrative description of exclusions from the target population)*:
No claims for gestational diabetes anytime after pregnancy onset date, no diagnosis of miscarriage or abortion anytime after the pregnancy onset date, no claims for polycystic ovaries when determining pre-pregnancy diabetes diagnosis.

2a1.9 Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)*:
- No claims for ´gestational diabetes´ after pregnancy onset date
- No claims for ´miscarriage or abortion´ after the pregnancy onset date
- No claims for ´polycystic ovaries´ prior to pregnancy onset date

Gestational DM (Diagnosis)

Type	Code	Description
ICD9	6488	ABN MAT GLU TOLRNC COMPL PG BRTH/PP
ICD9	64880	ABN MAT GLU TOLR COMP PG/PP UNS EOC
ICD9	64881	ABNORMAL MTRN GLU TOLERANCE W/DELIV
ICD9	64882	ABN MTRN GLU TOLERNC DEL W/CURR PPC
ICD9	64883	ABNORMAL MTRN GLU TOLERANCE ANTPRTM
ICD9	64884	ABN MTRN GLU TOLERNC PREV PP COND

Miscarriage or Abortion (Diagnosis)

Type	Code	Description
ICD9	630	HYDATIDIFORM MOLE
ICD9	631	OTHER ABNORMAL PRODUCT CONCEPTION
ICD9	632	MISSED ABORTION
ICD9	633	ECTOPIC PREGNANCY
ICD9	6330	ABDOMINAL PREGNANCY
ICD9	63300	ABD PG WITHOUT INTRAUTERINE PG
ICD9	63301	ABD PG W/INTRAUTERINE PG
ICD9	6331	TUBAL PREGNANCY
ICD9	63310	TUBAL PG WITHOUT INTRAUTERINE PG
ICD9	63311	TUBAL PG W/INTRAUTERINE PG
ICD9	6332	OVARIAN PREGNANCY
ICD9	63320	OVARIAN PG WITHOUT INTRAUTERINE PG
ICD9	63321	OVARIAN PG W/INTRAUTERINE PG
ICD9	6338	OTHER ECTOPIC PREGNANCY
ICD9	63380	OTH ECTOPIC PG W/O INTRAUTERINE PG
ICD9	63381	OTH ECTOPIC PG W/INTRAUTERINE PG
ICD9	6339	UNSPECIFIED ECTOPIC PREGNANCY
ICD9	63390	UNS ECTOPIC PG W/O INTRAUTERINE PG
ICD9	63391	UNSPEC ECTOPIC PG W/INTRAUTERINE PG
ICD9	634	SPONTANEOUS ABORTION
ICD9	6340	SPONT AB COMP GENIT TRACT&PELV INF
ICD9	63400	UNSAB COMP GENIT TRACT&PELV INF
ICD9	63401	INCPLAB COMP GENIT TRACT&PELV INF
ICD9	63402	CMPLAB COMP GENIT TRACT&PELV INF
ICD9	6341	SPONT AB COMP DELAY/EXCESS HEMORR
ICD9	63410	UNS SPONT AB COMP DELAY/XCESS HEMOR

ICD9	63411	INCPLAB COMP DELAY/XCESS HEMOR
ICD9	63412	CMPLAB COMP DELAY/XCESS HEMOR
ICD9	6342	SPONT AB COMP DAMGE PELV ORGN/TISS
ICD9	63420	UNSAB COMP DAMGE PELV ORGN/TISS
ICD9	63421	INCPLAB COMP DAMGE PELV ORGN/TISS
ICD9	63422	CMPLAB COMP DAMGE PELV ORGN/TISS
ICD9	6343	SPONTANEOUS AB COMP RENAL FAILURE
ICD9	63430	UNSPEC SPONT AB COMP RENAL FAIL
ICD9	63431	INCPL SPONT AB COMP RENAL FAIL
ICD9	63432	COMPLETE SPONT AB COMP RENAL FAIL
ICD9	6344	SPONTANEOUS AB COMP METAB DISORDER
ICD9	63440	UNSPEC SPONT AB COMP METAB DISORDER
ICD9	63441	INCPL SPONT AB COMP METAB DISORDER
ICD9	63442	CMPL SPONT AB COMP METAB DISORDER
ICD9	6345	SPONTANEOUS AB COMPLICATED SHOCK
ICD9	63450	UNSPEC SPONTANEOUS AB COMP SHOCK
ICD9	63451	INCPL SPONTANEOUS AB COMP SHOCK
ICD9	63452	COMPLETE SPONTANEOUS AB COMP SHOCK
ICD9	6346	SPONTANEOUS AB COMPLICATED EMBOLISM
ICD9	63460	UNSPEC SPONTANEOUS AB COMP EMBOLISM
ICD9	63461	INCOMPLETE SPONTANEOUS AB COMP EMBO
ICD9	63462	COMPLETE SPONTANEOUS AB COMP EMBO
ICD9	6347	SPONTANEOUS AB W/OTH SPEC COMPS
ICD9	63470	UNSPEC SPONT AB W/OTH SPEC COMPS
ICD9	63471	INCPL SPONT AB W/OTH SPEC COMPS
ICD9	63472	COMPLETE SPONT AB W/OTH SPEC COMPS
ICD9	6348	SPONTANEOUS AB W/UNSPEC COMP
ICD9	63480	UNSPEC SPONTANEOUS AB W/UNSPEC COMP
ICD9	63481	INCPL SPONTANEOUS AB W/UNSPEC COMP
ICD9	63482	COMPLETE SPONT AB W/UNSPEC COMP
ICD9	6349	SPONTANEOUS AB WITHOUT MENTION COMP
ICD9	63490	UNSPEC SPONT AB W/O MENTION COMP
ICD9	63491	INCPL SPONT AB WITHOUT MENTION COMP
ICD9	63492	COMPLETE SPONT AB W/O MENTION COMP
ICD9	635	LEGALLY INDUCED ABORTION
ICD9	6350	LEGAL AB COMPL GENIT TRACT&PELV INF
ICD9	63500	UNS LEGL AB COMPL GEN TRCT&PELV INF
ICD9	63501	INCMPL LEGL AB COMPL GENIT&PELV INF
ICD9	63502	CMPL LEGL AB COMPL GENITAL&PELV INF
ICD9	6351	LEGL AB COMPL DELAY/EXCESS HEMORR
ICD9	63510	UNS LEGL AB COMPL DELAY/EXCESS HEM
ICD9	63511	INCMPL LEGL AB COMPL DELAY/XCSS HEM
ICD9	63512	CMPL LEGL AB COMPL DELAY/EXCESS HEM
ICD9	6352	LEGL AB COMPL DAMGE PELV ORGN/TISS
ICD9	63520	UNS LEGL AB COMPL DAMGE PELV ORGN
ICD9	63521	LEGL AB COMPL DMGE PELV ORGN INCMPL
ICD9	63522	CMPL LEGL AB COMPL DAMGE PELV ORGN
ICD9	6353	LEGALLY INDUCED AB COMP RENAL FAIL
ICD9	63530	UNS LEGL INDUCD AB COMP RENL FAIL
ICD9	63531	INCPL LEGL INDUCD AB COMP RENL FAIL
ICD9	63532	CMPL LEGL INDUCD AB COMP RENAL FAIL
ICD9	6354	LEGL INDUCD AB COMP METAB DISORDER
ICD9	63540	UNS LEGL INDUCD AB COMP METAB D/O
ICD9	63541	INCPL LEGL INDUCD AB COMP METAB D/O

ICD9	63542	CMPL LEGL INDUCD AB COMP METAB D/O
ICD9	6355	LEGALLY INDUCED AB COMP SHOCK
ICD9	63550	UNSPEC LEGALLY INDUCD AB COMP SHOCK
ICD9	63551	LEGALLY INDUCED AB COMP SHOCK INCPL
ICD9	63552	COMPLETE LEGL INDUCD AB COMP SHOCK
ICD9	6356	LEGALLY INDUCED AB COMP EMBOLISM
ICD9	63560	UNSPEC LEGALLY INDUCED AB COMP EMBO
ICD9	63561	INCPL LEGALLY INDUCED AB COMP EMBO
ICD9	63562	COMPLETE LEGL INDUCD AB COMP EMBO
ICD9	6357	LEGALLY INDUCED AB W/OTH SPEC COMPS
ICD9	63570	UNS LEGL INDUCD AB W/OTH SPEC COMPS
ICD9	63571	INCPL LEGL INDUCD AB W/OTH COMPS
ICD9	63572	CMPL LEGL INDUCD AB W/OTH COMPS
ICD9	6358	LEGALLY INDUCED AB W/UNSPEC COMP
ICD9	63580	UNSPEC LEGL INDUCD AB W/UNSPEC COMP
ICD9	63581	INCPL LEGL INDUCD AB W/UNSPEC COMP
ICD9	63582	CMPL LEGL INDUCD AB W/UNSPEC COMP
ICD9	6359	LEGL INDUCD AB WITHOUT MENTION COMP
ICD9	63590	UNS LEGL INDUCD AB W/O MENTION COMP
ICD9	63591	INCPL LEGL INDUCD AB W/O COMP
ICD9	63592	CMPL LEGL INDUCD AB W/O COMP
ICD9	636	ILLEGALLY INDUCED ABORTION
ICD9	6360	ILEG AB COMP GENIT TRACT&PELVIC INF
ICD9	63600	UNS ILEG AB COMPL GEN TRCT&PELV INF
ICD9	63601	INCMPL ILEG AB COMPL GENIT&PELV INF
ICD9	63602	CMPL ILEG AB COMPL GENITAL&PELV INF
ICD9	6361	ILEG AB COMPL DELAY/EXCESS HEMORR
ICD9	63610	UNS ILEG AB COMPL DELAY/EXCESS HEM
ICD9	63611	INCMPL ILEG AB COMPL DELAY/XCSS HEM
ICD9	63612	CMPL ILEG AB COMPL DELAY/EXCESS HEM
ICD9	6362	ILEG AB COMPL DAMGE PELV ORGN/TISS
ICD9	63620	UNS ILEG AB COMPL DAMGE PELV ORGN
ICD9	63621	INCMPL ILEG AB COMPL DMGE PELV ORGN
ICD9	63622	CMPL ILEG AB COMPL DAMGE PELV ORGN
ICD9	6363	ILEG INDUCED AB COMP RENAL FAIL
ICD9	63630	UNS ILEG INDUCD AB COMP RENL FAIL
ICD9	63631	INCPL ILEG INDUCD AB COMP RENL FAIL
ICD9	63632	CMPL ILEG INDUCD AB COMP RENAL FAIL
ICD9	6364	ILEG INDUCD AB COMP METAB DISORDER
ICD9	63640	UNS ILEG AB COMPL METABOLIC D/O
ICD9	63641	INCPL ILEG INDUCD AB COMP METAB D/O
ICD9	63642	CMPL ILEG INDUCD AB COMP METAB D/O
ICD9	6365	ILLEGALLY INDUCED AB COMP SHOCK
ICD9	63650	UNSPEC ILEG INDUCED AB COMP SHOCK
ICD9	63651	INCPL ILEG INDUCED AB COMP SHOCK
ICD9	63652	COMPLETE ILEG INDUCED AB COMP SHOCK
ICD9	6366	ILLEGALLY INDUCED AB COMP EMBOLISM
ICD9	63660	UNSPEC ILEG INDUCED AB COMP EMBO
ICD9	63661	INCPL ILEG INDUCED AB COMP EMBO
ICD9	63662	COMPLETE ILEG INDUCED AB COMP EMBO
ICD9	6367	ILEG INDUCED AB W/OTH SPEC COMPS
ICD9	63670	UNS ILEG INDUCD AB W/OTH SPEC COMPS
ICD9	63671	INCPL ILEG INDUCD AB W/OTH COMPS
ICD9	63672	CMPL ILEG INDUCD AB W/OTH COMPS

ICD9	6368	ILLEGALLY INDUCED AB W/UNSPEC COMP
ICD9	63680	UNSPEC ILEG INDUCD AB W/UNSPEC COMP
ICD9	63681	INCPL ILEG INDUCED AB W/UNSPEC COMP
ICD9	63682	CMPL ILEG INDUCD AB W/UNSPEC COMP
ICD9	6369	ILEG INDUCD AB WITHOUT MENTION COMP
ICD9	63690	UNS ILEG INDUCD AB W/O MENTION COMP
ICD9	63691	INCPL ILEG INDUCD AB W/O COMP
ICD9	63692	CMPL ILEG INDUCD AB W/O COMP
ICD9	637	LEGALLY UNSPECIFIED ABORTION
ICD9	6370	LEGL UNS AB COMP GNT TRACT&PELV INF
ICD9	63700	AB UNS-CMPL/LEGL COMPL GEN&PELV INF
ICD9	63701	LEGL UNS AB INCMPL COMPL PELV INF
ICD9	63702	LEGL UNS AB CMPL COMPL GEN&PELV INF
ICD9	6371	LEGL UNS AB COMP DELAY/XCESS HEMORR
ICD9	63710	AB UNS CMPL/LEGL COMPL DELAY HEM
ICD9	63711	LEGL UNS AB INCMPL COMPL DELAY HEM
ICD9	63712	LEGL UNS AB CMPL COMPL DELAY HEM
ICD9	6372	LEGL UNS AB COMPL DAMGE PELV ORGN
ICD9	63720	AB UNS CMPL/LEGL COMPL DAMGE PELVIC
ICD9	63721	LEGL UNS AB INCMPL COMPL DAMGE PELV
ICD9	63722	LEGL UNS AB CMPL COMPL DAMGE PELV
ICD9	6373	LEGALLY UNSPEC AB COMP RENAL FAIL
ICD9	63730	AB UNS AS CMPL/LEGL COMP RENL FAIL
ICD9	63731	LEGL UNSPEC AB INCPL COMP RENL FAIL
ICD9	63732	LEGL UNSPEC AB CMPL COMP RENAL FAIL
ICD9	6374	LEGL UNSPEC AB COMP METAB DISORDER
ICD9	63740	AB UNS CMPLNESS/LEGL COMP METAB D/O
ICD9	63741	LEGL UNSPEC AB INCPL COMP METAB D/O
ICD9	63742	LEGL UNSPEC AB CMPL COMP METAB D/O
ICD9	6375	LEGALLY UNSPEC AB COMPLICATED SHOCK
ICD9	63750	AB UNSPEC AS CMPL/LEGL COMP SHOCK
ICD9	63751	LEGALLY UNSPEC AB INCPL COMP SHOCK
ICD9	63752	LEGL UNSPEC AB COMPLETE COMP SHOCK
ICD9	6376	LEGALLY UNSPEC AB COMP EMBOLISM
ICD9	63760	AB UNSPEC AS CMPL/LEGL COMP EMBO
ICD9	63761	LEGALLY UNSPEC AB INCPL COMP EMBO
ICD9	63762	LEGL UNSPEC AB COMPLETE COMP EMBO
ICD9	6377	LEGALLY UNSPEC AB W/OTH SPEC COMPS
ICD9	63770	AB UNS CMPL/LEGL W/OTH SPEC COMPS
ICD9	63771	LEGL UNS AB INCPL W/OTH SPEC COMPS
ICD9	63772	LEGL UNS AB CMPL W/OTH SPEC COMPS
ICD9	6378	LEGALLY UNSPEC AB W/UNSPEC COMP
ICD9	63780	AB UNS AS CMPL/LEGL W/UNS COMP
ICD9	63781	LEGL UNSPEC AB INCPL W/UNSPEC COMP
ICD9	63782	LEGL UNSPEC AB CMPL W/UNSPEC COMP
ICD9	6379	LEGL UNSPEC AB WITHOUT MENTION COMP
ICD9	63790	UNS TYPE AB UNS CMPL/LEGL W/O COMP
ICD9	63791	LEGL UNS AB INCPL W/O MENTION COMP
ICD9	63792	LEGL UNS AB CMPL W/O MENTION COMP
ICD9	638	FAILED ATTEMPTED ABORTION
ICD9	6380	FAILD ATTMP AB COMPL GEN&PELV INF
ICD9	6381	FAILATMPT AB COMP DELAY/XCESS HEMOR
ICD9	6382	FAILD ATTMP AB COMPL DMGE PELV ORGN
ICD9	6383	FAILED ATTEMP AB COMPL RENAL FAILUR

ICD9	6384	FAILD ATTEMP AB COMPL METAB D/O
ICD9	6385	FAILED ATTEMP AB COMPLICATED SHOCK
ICD9	6386	FAILED ATTEMP AB COMPL EMBOLISM
ICD9	6387	FAILED ATTEMP AB W/OTH SPEC COMPL
ICD9	6388	FAILED ATTEMP AB W/UNSPEC COMP
ICD9	6389	FAILED ATTEMP AB W/O MENTION COMPL
ICD9	639	COMPS FOLLOW AB/ECTOPIC&MOLAR PG
ICD9	6390	GENIT&PELV INF FLW AB/ECTOP&MOLR PG
ICD9	6391	DLAY/XCESS HEM FLW AB/ECTOP&MOLR PG
ICD9	6392	DMGE PELV ORGN FLW AB/ECTOP&MOLR PG
ICD9	6393	RENL FAIL FOLLOW AB/ECTOP&MOLAR PG
ICD9	6394	METAB D/O FOLLOW AB/ECTOP&MOLAR PG
ICD9	6395	SHOCK FOLLOW AB/ECTOPIC&MOLAR PG
ICD9	6396	EMBO FOLLOW AB/ECTOPIC&MOLAR PG
ICD9	6398	OTH SPEC COMP FLW AB/ECTOP&MOLAR PG
ICD9	6399	UNS COMP FOLLOW AB/ECTOPIC&MOLAR PG
ICD9	64000	THREATENED AB UNSPEC AS EPIS CARE
ICD9	64001	THREATENED ABORTION, DELIVERED

Miscarriage or Abortion_P (Procedure)

Type	Code	Description
ICD9P	6662	SALPINGECTOMY W/REMOVAL TUBAL PG
ICD9P	6901	DILAT&CURET TERMINATION PREGNANCY
ICD9P	6902	DILATION&CURET FOLLOWING DELIV/AB
ICD9P	6951	ASPIRATION CURET UTERUS TERM PG
ICD9P	6952	ASPIRATION CURET FOLLOWING DELIV/AB
ICD9P	6993	INSERTION OF LAMINARIA
ICD9P	743	REMOVAL EXTRATUBAL ECTOPIC PG
ICD9P	7491	HYSTEROTOMY TO TERMINATE PREGNANCY
ICD9P	750	INTRA-AMNIOTIC INJECTION ABORTION
ICD9P	9649	OTHER GENITOURINARY INSTILLATION
CPT4	01964	ANESTHESIA FOR ABORTION PROCEDURES
CPT4	01965	ANESTH, INC/MISSED AB PROC
CPT4	01966	ANESTH, INDUCED AB PROCEDURE
CPT4	59120	SURG TX ECTOP PG;W/SALPINGECT&/OOPH
CPT4	59121	SURG TX ECTOP PG;NO SALPNGECT&/OOPH
CPT4	59130	SURGICAL TX ECTOPIC PG; ABD PG
CPT4	59135	SURG TX ECTOP PG; REQ TOT HYSTERECT
CPT4	59136	SURG TX ECTOP PG; W/PART RES UTERUS
CPT4	59140	SURGICAL TX ECTOPIC PG; CERV W/EVAC
CPT4	59150	LAP TX ECTOP PG; NO SALPNGECT&/OOPH
CPT4	59151	LAP TX ECTOP PG; W/SALPINGECT&/OOPH
CPT4	59812	TX INCMPL AB ANY TRIMESTR CMPL SURG
CPT4	59820	TX MISSED AB CMPL SURG; 1ST TRIMSTR
CPT4	59821	TX MISSED AB CMPL SURG; 2ND TRIMSTR
CPT4	59830	TX SEPTIC ABORTION CMPL SURGICALLY
CPT4	59840	INDUCED ABORTION DILATION&CURETTAGE
CPT4	59841	INDUCED ABORTION BY D&E
CPT4	59850	INDUCED AB-1/> INTRA-AMNIOTIC INJ
CPT4	59851	INDUCED AB-1/> INTRA-AMNIOT INJ; D&
CPT4	59852	INDUCED AB-1/> INJ; W/HYSTEROTOMY

CPT4	59855	INDUCED AB-1/> VAG SUPPOSITORIES;
CPT4	59856	INDUCED AB-VAG SUPPOS; W/D&C &/EVAC
CPT4	59857	INDUCED AB-VAG SUPPOS; W/HYSTEROT
CPT4	59870	UTERN EVAC&CURET HYDATIDIFORM MOLE
HCPCS	S0199	MED INDUCED AB ORAL INGEST MED
HCPCS	S2260	INDUCD AB 17-24 WEEKS ANY SURG METH
HCPCS	S2262	AB MATERNAL INDICATION 25 WEEKS/>
HCPCS	S2265	AB FETAL INDICATION 25-28 WEEKS
HCPCS	S2265	INDUCED ABORTION 25 TO 28 WEEKS
HCPCS	S2266	AB FETAL INDICATION 29-31 WEEKS
HCPCS	S2266	INDUCED ABORTION 29 TO 31 WEEKS
HCPCS	S2267	INDUCED ABORTION 32 WEEKS/GREATER
HCPCS	S2267	AB FETAL INDICATION 32 WEEKS/>

Polycystic Ovaries (Diagnosis)

Type	Code	Description
ICD9	2564	POLYCYSTIC OVARIES

2a1.10 Stratification Details/Variables *(All information required to stratify the measure results including the stratification variables, codes with descriptors, definitions, and/or specific data collection items/responses)***:**
The measure specifications do not require the results to be stratified.

2a1.11 Risk Adjustment Type *(Select type. Provide specifications for risk stratification in 2a1.10 and for statistical model in 2a1.13)***:** No risk adjustment or risk stratification **2a1.12 If "Other," please describe:**

2a1.13 Statistical Risk Model and Variables *(Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development should be addressed in 2b4.)***:**
We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician.

2a1.14-16 Detailed Risk Model Available at Web page URL (or attachment). Include coefficients, equations, codes with descriptors, definitions, and/or specific data collection items/responses. Attach documents only if they are not available on a webpage and keep attached file to 5 MB or less. NQF strongly prefers you make documents available at a Web page URL**.** Please supply login/password if needed**:**
URL
http://www.resolutionhealth.com/558.html

2a1.17-18. Type of Score: Rate/proportion

2a1.19 Interpretation of Score *(Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)***:** Better quality = Higher score

2a1.20 Calculation Algorithm/Measure Logic*(Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)***:**
Please note previous answers.

2a1.21-23 Calculation Algorithm/Measure Logic Diagram URL or attachment:
URL
http://www.resolutionhealth.com/558.html

2a1.24 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)**:**
This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumptions that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required.

2a1.25 Data Source *(Check all the sources for which the measure is specified and tested*). If other, please describe**:**
Administrative claims, Electronic Clinical Data : Pharmacy, Other

2a1.26 Data Source/Data Collection Instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.*)**:** Collection Instrument - administrative claims.

It is reasonable to allow physicians to submit definitive evidence that a particular service was provided to a patient. For example, a lab result from a testing facility would indicate that that lab test was performed. A notation in a patient chart that the test was ordered, in contrast, would not provide definitive evidence that the test was performed.

2a1.27-29 Data Source/data Collection Instrument Reference Web Page URL or Attachment: URL
http://www.resolutionhealth.com/558.html

2a1.30-32 Data Dictionary/Code Table Web Page URL or Attachment:
Attachment
0582- 2a1.30. Data Dictionary or Code Table.pdf

2a1.33 Level of Analysis (*Check the levels of analysis for which the measure is specified and tested)***:** Clinician : Group/Practice, Clinician : Individual, Health Plan, Integrated Delivery System, Population : Community, Population : County or City

2a1.34-35 Care Setting *(Check all the settings for which the measure is specified and tested)***:** Ambulatory Care : Clinic/Urgent Care, Ambulatory Care : Clinician Office, Other:Community Healthcare, Health Plan

2a2. Reliability Testing. (*Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability*.)

2a2.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member´s physician or both.

2a2.2 Analytic Method *(Describe method of reliability testing & rationale)***:**
The validity of a physician quality score describes how accurately it estimates the true value. Reliability is the stability or consistency of an estimator from one data set to the next. Both are important in assessing the performance of the quality score. We have used the following measure as an indication of the reliability of each of our measures: 1 minus [(the variance of the posterior distribution of the physician quality score) divided by (the variance of the true physician quality score)], which is the reduction in the variance of a doctor's performance score (posterior distribution) obtained by using his or her performance data, expressed as a fraction of the total variance before any data is collected.

2a2.3 Testing Results *(Reliability statistics, assessment of adequacy in the context of norms for the test conducted)***:**
The reliability of a physician quality score depends on the number of observations available for a given physician, how the physician performs relative to all other physician, and the overall variance in physician quality scores. As a result, reliability varies with the

population of MDs in whom the measure is used. In our experience, reliability is in the range of 0.5 to >0.7.

2b. VALIDITY. Validity, Testing, including all Threats to Validity: H☐ M☐ L☐ I ☐

2b1.1 Describe how the measure specifications *(measure focus, target population, and exclusions)* **are consistent with the evidence cited in support of the measure focus (***criterion 1c)* **and identify any differences from the evidence:**
Evidence Cited in Support of the Measure Focus:
The use of all oral agents for control of type 2 diabetes mellitus during pregnancy should be limited and individualized until data regarding the safety and efficacy of these drugs become available.

2b2. Validity Testing. (*Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.)*

2b2.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
We have tested this measure on several patient populations, including, in total, more than 30 million people enrolled in 18 different health plans. In addition, we have used analogous computer algorithms to identify patient-specific QI opportunities in more than 5 million health plan members and have sent messages regarding those opportunities to either the member or the member´s physician or both.

2b2.2 Analytic Method *(Describe method of validity testing and rationale; if face validity, describe systematic assessment)***:**
We have employed several approaches to ensure the validity of this measure: 1) we´ve ensured that the technical specifications for this measure are valid reflections of the underlying clinical practice guideline; 2) we have obtained feedback on the validity of the measure from several physician panels that were assembled by either Care Focused Purchasing or the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative, or both, and 3) we have systematically collected feedback from physicians and health plan members to whom we have sent messages regarding this measure.

2b2.3 Testing Results *(Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment)***:**
This measure is considered to be valid by the physician panels that have reviewed it. (More information regarding the panels is provided elsewhere in this document.) In addition, the measure has been considered to be valid by the medical directors of 17 different health plans. In addition, the fact that thousands of physicians have received results based on this measure without indicating that they don´t believe the measure is valid attests to its validity.

POTENTIAL THREATS TO VALIDITY. (*All potential threats to validity were appropriately tested with adequate results.*)

2b3. Measure Exclusions. (*Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.*)

2b3.1 Data/Sample for analysis of exclusions *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
This measure pertains to pregnant women with a preexisting diagnosis of diabetes. Women who develop gestational diabetes are not the intended audience for this measure because of increasing evidence that certain oral hypoglycemic agents can be used to treat gestational diabetes.

2b3.2 Analytic Method (*Describe type of analysis and rationale for examining exclusions, including exclusion related to patient preference)***:**
N/A

2b3.3 Results *(Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses):*
N/A

2b4. Risk Adjustment Strategy. (*For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.*)

2b4.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
N/A

2b4.2 **Analytic Method (***Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables)***:**
N/A

2b4.3 **Testing Results** *(Statistical risk model: Provide quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models. Risk stratification: Provide quantitative assessment of relationship of risk factors to the outcome and differences in outcomes among the strata)***:**
N/A

2b4.4 **If outcome or resource use measure is not risk adjusted, provide rationale and analyses to justify lack of adjustment:** There is no need to risk adjust results from this measure. To the extent that the measure applies only to patients in a particular risk category, that has been taken into account in the specifications for the denominator or exclusions for this measure.

2b5. Identification of Meaningful Differences in Performance. (*The performance measure scores were appropriately analyzed and discriminated meaningful differences in quality.*)

2b5.1 **Data/Sample** *(Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
Group Insurance Commission (GIC):
In 2003, the Massachusetts Group Insurance Commission GIC launched the Clinical Performance Improvement initiative, requiring health plans under contract with the GIC to incorporate provider "tiering"—differential payments based on value—into their GIC product. For this initiative, RHI evaluates physician performance on a set of quality measures using administrative claims data from approximately 2.2 million health plan members.

Care Focused Purchasing (CFP):
Care Focused Purchasing, Inc. (CFP) is the largest private or public clinical performance measurement initiative in the nation, representing a coalition of major insurance carriers and more than 50 national self-insured employers. Since CFP's incorporation in 2005, RHI has analyzed medical and pharmacy claims data to assess the quality of care provided by physicians to 29 million CFP employees and members.

2b5.2 **Analytic Method** *(Describe methods and rationale to identify statistically significant and practically/meaningfully differences in performance)***:**
We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumption that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required. We have employed this statistical approach in the MD quality profiling we performed on the experience of more than 2 million members of 6 health plans participating in the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative in 2008.

2b5.3 **Results** *(Provide measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*:

numerator	denominator	proportion
2,115	2,300	91.96%

2b6. Comparability of Multiple Data Sources/Methods. (*If specified for more than one data source, the various approaches result in comparable scores.*)

2b6.1 **Data/Sample** *(Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
N/A

2b6.2 **Analytic Method** *(Describe methods and rationale for testing comparability of scores produced by the different data sources specified in the measure)*:
N/A

2b6.3 **Testing Results** *(Provide statistical results, e.g., correlation statistics, comparison of rankings; assessment of adequacy in the context of norms for the test conducted)*:
N/A

2c. Disparities in Care: H☐ M☐ L☐ I ☐ NA☐ (*If applicable, the measure specifications allow identification of disparities.*)

2c.1 **If measure is stratified for disparities, provide stratified results** *(Scores by stratified categories/cohorts)*: N/A

2c.2 **If disparities have been reported/identified (e.g., in 1b), but measure is not specified to detect disparities, please explain:**
N/A

2.1-2.3 **Supplemental Testing Methodology Information:**
URL
http://www.resolutionhealth.com/558.html

Steering Committee: Overall, was the criterion, *Scientific Acceptability of Measure Properties*, met?
(*Reliability and Validity must be rated moderate or high*) Yes☐ No☐
Provide rationale based on specific subcriteria:

If the Committee votes No, STOP

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)**

C.1 **Intended Purpose/ Use** *(Check all the purposes and/or uses for which the measure is intended)*: Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

3.1 **Current Use** *(Check all that apply; for any that are checked, provide the specific program information in the following questions)*: Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

3a. Usefulness for Public Reporting: H☐ M☐ L☐ I ☐
(*The measure is meaningful, understandable and useful for public reporting.*)

3a.1. **Use in Public Reporting - disclosure of performance results to the public at large** *(If used in a public reporting program, provide name of program(s), locations, Web page URL(s))*. If not publicly reported in a national or community program, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: **[*For Maintenance* –** *If not publicly reported, describe progress made toward achieving disclosure of performance results to the public at large and expected date for public reporting; provide rationale why continued endorsement should be considered.***]**
Group Insurance Commission of Massachusetts, Clinical Performance Improvement Initiative:
Main Phone: (617) 727-2310
Mailing Address:
P.O. Box 8747
Boston, MA 02114-8747
Website: www.mass.gov/gic/annualreportb.htm

Clinical Practice Improvement Initiative

Care Focused Purchasing

3a.2.**Provide a rationale for why the measure performance results are meaningful, understandable, and useful for public reporting**. If usefulness was demonstrated (e.g., focus group, cognitive testing), describe the data, method, and results**:**
Data/Sample:
Group Insurance Commission (GIC):
In 2003, the Massachusetts Group Insurance Commission GIC launched the Clinical Performance Improvement initiative, requiring health plans under contract with the GIC to incorporate provider "tiering"—differential payments based on value—into their GIC product. For this initiative, RHI evaluates physician performance on a set of quality measures using administrative claims data from approximately 2.2 million health plan members.

Care Focused Purchasing (CFP):
Care Focused Purchasing, Inc. (CFP) is the largest private or public clinical performance measurement initiative in the nation, representing a coalition of major insurance carriers and more than 50 national self-insured employers. Since CFP's incorporation in 2005, RHI has analyzed medical and pharmacy claims data to assess the quality of care provided by physicians to 29 million CFP employees and members.

Methods: We have developed a hierarchical logistic regression model with expert biostatisticians at the Johns Hopkins School of Public Health that enables one to produce a probability distribution around a point estimate of the "quality score" for a given physician. This model has shown that there is no minimum sample size that is required to produce a quality score which has a comparatively "tight" probability distribution. Rather, the number of required observations depends on how a given physician performs on particular measures compared to how all other MDs perform on those measures. We recommend that a minimum of 10 observations be required, however, because of the normality assumption that underlies the model and for public "face validity". Alternatively, to satisfy current NCQA standards, a minimum of 30 observations could be required. We have employed this statistical approach in the MD quality profiling we performed on the experience of more than 2 million members of 6 health plans participating in the Massachusetts Group Insurance Commission Clinical Performance Improvement Initiative in 2008.

Results:

numerator	denominator	proportion
2,115	2,300	91.96%

3.2 **Use for other Accountability Functions (payment, certification, accreditation).** If used in a public accountability program, provide name of program(s), locations, Web page URL(s)**:** N/A

3b. Usefulness for Quality Improvement: H☐ M☐ L☐ I ☐
(*The measure is meaningful, understandable and useful for quality improvement.*)

3b.1. **Use in QI.** If used in quality improvement program, provide name of program(s), locations, Web page URL(s):
[*For Maintenance* – *If not used for QI, indicate the reasons and describe progress toward using performance results for improvement*].
N/A

3b.2. Provide rationale for why the measure performance results are meaningful, understandable, and useful for quality improvement. If usefulness was demonstrated *(e.g., QI initiative),* describe the data, method and results:
N/A

Overall, to what extent was the criterion, *Usability*, met? H☐ M☐ L☐ I ☐
Provide rationale based on specific subcriteria:

4. FEASIBILITY

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. **(evaluation criteria)**

4a. Data Generated as a Byproduct of Care Processes: H☐ M☐ L☐ I ☐

4a.1-2 How are the data elements needed to compute measure scores generated? *(Check all that apply).*
Data used in the measure are**:**
Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims)

4b. Electronic Sources: H☐ M☐ L☐ I ☐

4b.1 Are the data elements needed for the measure as specified available electronically *(Elements that are needed to compute measure scores are in defined, computer-readable fields)***:** ALL data elements in electronic claims

4b.2 If ALL data elements are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources:

4c. Susceptibility to Inaccuracies, Errors, or Unintended Consequences: H☐ M☐ L☐ I ☐

4c.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measurement identified during testing and/or operational use and strategies to prevent, minimize, or detect. If audited, provide results:
As with any type of clinical performance measure, and with any source of data used to operationalize the measure, there will be some instances in which the data used to compute the measure are incomplete or inaccurate. We try to minimize the impact of such errors or omissions through the way we have constructed the technical specifications for the measure. There is no data source for performance measurement that is completely accurate. Two studies have shown that physician performance tends to be better when assessed using claims data compared to via chart abstraction.

Potential data errors of omission or commission could be audited through chart abstraction, or feedback from physicians and patients. However, as mentioned above, each of these alternative sources of information also are susceptible to error and thus are not true gold standards.

Potential problems during testing were audited through feedback from physicians whose performance has been evaluated.

4d. Data Collection Strategy/Implementation: H☐ M☐ L☐ I ☐

A.2 Please check if either of the following apply (*regarding proprietary measures*)**:** Proprietary measure
4d.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 and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues *(e.g., fees for use of proprietary measures)***:**
N/A

Overall, to what extent was the criterion, *Feasibility*, met? H☐ M☐ L☐ I ☐
Provide rationale based on specific subcriteria:

OVERALL SUITABILITY FOR ENDORSEMENT

Does the measure meet all the NQF criteria for endorsement? Yes☐ No☐
Rationale:

If the Committee votes No, STOP.
If the Committee votes Yes, the final recommendation is contingent on comparison to related and competing measures.

5. COMPARISON TO RELATED AND COMPETING MEASURES

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure before a final recommendation is made.

5.1 If there are related measures *(either same measure focus or target population)* or competing measures *(both the same measure focus and same target population)*, list the NQF # and title of all related and/or competing measures:

5a. Harmonization
5a.1 If this measure has EITHER the same measure focus OR the same target population as NQF-endorsed measure(s): Are the measure specifications completely harmonized? **5a.2 If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden:**
5b. Competing Measure(s)
5b.1 If this measure has both the same measure focus and the same target population as NQF-endorsed measure(s): Describe why this measure is superior to competing measures *(e.g., a more valid or efficient way to measure quality)***; OR provide a rationale for the additive value of endorsing an additional measure.** *(Provide analyses when possible)***:**

CONTACT INFORMATION
Co.1 Measure Steward (Intellectual Property Owner): Resolution Health, Inc., 10490 Little Patuxent Parkway, Suite 610, Columbia, Maryland, 21044 **Co.2 Point of Contact:** Allen, Leavens, MD, MPH, allen.leavens@anthem.com, 240-295-6205-
Co.3 Measure Developer if different from Measure Steward: Resolution Health, Inc., 10490 Little Patuxent Parkway, Suite 610, Columbia, Maryland, 21044 **Co.4 Point of Contact:** Allen, Leavens, MD, MPH, allen.leavens@anthem.com, 240-295-6205-
Co.5 Submitter: Kevin, Bowman, MD, MBA, MPH, kevin.bowman@wellpoint.com, 240-295-1398-, Resolution Health, Inc.
Co.6 Additional organizations that sponsored/participated in measure development:
Co.7 Public Contact: Allen, Leavens, MD, MPH, allen.leavens@anthem.com, 240-295-6205-, Resolution Health, Inc.

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.**
Ad.2 If adapted, provide title of original measure, NQF # if endorsed, and measure steward. Briefly describe the reasons for adapting the original measure and any work with the original measure steward:
Measure Developer/Steward Updates and Ongoing Maintenance **Ad.3 Year the measure was first released:** 2005 **Ad.4 Month and Year of most recent revision:** 10, 2008 **Ad.5 What is your frequency for review/update of this measure?** Annual Review **Ad.6 When is the next scheduled review/update for this measure?** 06, 2012
Ad.7 Copyright statement:
Ad.8 Disclaimers:
Ad.9 Additional Information/Comments:
Date of Submission (*MM/DD/YY*)**:** 10/11/2011