

Definitions

General Information

Our goal in providing this information is to make actionable preventive health service data available to providers for our CareSource **members**. The information provided is intended to encourage practices to contact **members** for preventive visits, flag charts for needed services or to simply create awareness of the **members'** need for an intervention. The report includes **members** effective with the Plan as of the report run date who are in need of services associated with one or more of the measures listed. The service dates listed represent the most recent service date from claims data that met the numerator criteria for the measure.

Alternate Phone - A secondary phone number for the **member** listed.

DOB - The date of birth for the **member** listed.

Enrollment Status - Classifies **member** into a category based on how many months **member** has been continuously enrolled with the Plan during the recent 12 month period. The count allows for one month break in coverage.

Continuous (C) - **Member** has been enrolled with the Plan for 11 or more months of the recent 12 month period.

Recent (R) - **Member** has been enrolled with the Plan for fewer than 11 months of the recent 12 month period.

LOB - The line of business for the **member** listed.

Member - An individual currently effective with the Plan.

Member ID - A unique number assigned to the **member** enrolled with the Plan.

Member Name - The name of the **member** who is enrolled with the Provider listed on the report.

Months Continuously Enrolled - This is the number of months the **member** has been continuously enrolled for the most recent two 12 month periods. The count allows for one month break in coverage during each twelve month period.

Patient Status - Classifies **member** into a category based on whether or not **member** has seen their **PCP** or another provider in the same provider group.

Established - **Member** has seen their **PCP** or another provider in the same provider group.

New - **Member** has not seen their **PCP** or another provider in the same provider group.

PCP - A provider who is determined to be a primary care practitioner for the Plan. These providers typically have a specialty of Family Practice, General Practice, Geriatrics, Internal Medicine, Pediatrics, Preventive Medicine, or OB/Gyn.

Phone - The primary phone number for the **member** listed.

Plan - The health insurance plan for the **member** listed.

Sex - Code for the **member's** gender (M - Male; F - Female; U - Unknown).

HEDIS End of Year - For each measure, code to identify if the **member** is expected to be reported in HEDIS at the end of the current year.

Measures

Adult Access - Identify **members** currently effective who are 19 years and 10 months or older and identify whether or not they had an ambulatory or preventive care visit during timeframe evaluated.

Green - **Member** had an ambulatory or preventive care visit during the most recent 8 months.

Yellow - **Member** had an ambulatory or preventive care visit but the visit occurred 9-15 months ago.

Red - **Member** has not had an ambulatory or preventive care visit or the ambulatory or preventive care visit occurred more than 15 months ago.

Asthma - Identify **members** currently effective between the ages of 5 and 85 who have been identified with persistent asthma and identify whether or not they have received an asthma controller medication (*i.e. inhaled corticosteroids, leukotriene modifiers, methylxanthines, etc*) during timeframe evaluated. Individuals with emphysema, obstructive chronic bronchitis, respiratory conditions due to fumes or vapors, COPD, cystic fibrosis or acute respiratory failure are excluded from this measure.

Green - **Member** had at least one prescription for an asthma controller medication during the most recent 60 days.

Yellow - **Member** had at least one prescription for an asthma controller medication but the most recent asthma controller prescription occurred 61-90 days ago.

Red - **Member** has not had any prescriptions for an asthma controller medication or the most recent asthma controller prescription occurred more than 91 days ago.

Definitions

Measures (Continued)

Beta Blocker – Identify **members** currently effective who are 17 years and 10 months or older that were discharged from an inpatient setting with an AMI diagnosis and identify whether or not they have received beta-blocker treatments. Individuals who have been identified as having an intolerance or allergy to beta-blocker therapy are excluded from this measure.

Green - **Member** has received beta-blocker treatment for 75% or more of the days since discharge date.

Red - **Member** has not received beta-blocker treatment for 75% of the days since discharge date.

Breast Cancer - Identify female **members** currently effective between the ages of 51 years, 10 months and 74 years and identify whether or not they had a mammogram to screen for breast cancer during timeframe evaluated. Women who had a bilateral mastectomy or two unilateral mastectomies are excluded from this measure.

Green - **Member** had a mammogram during the most recent 20 months.

Yellow - **Member** had a mammogram but the mammogram occurred 21-27 months ago.

Red - **Member** has not had a mammogram or the mammogram occurred more than 27 months ago.

Cervical Cancer - Identify female **members** currently effective between the ages of 23 years, 10 months and 64 years. For 23-64 year olds, identify whether or not they had a Pap test to screen for cervical cancer in recent 3 years. For 30-64 year olds who did not have a PAP test in recent 3 years, identify whether or not they had a Pap test and a HPV test in recent 5 years. Women who had a hysterectomy with no residual cervix are excluded from this measure.

Green - **Member** had a claim that met cervical cancer testing criteria during the most recent 32 months.

Yellow - **Member** had a claim that met cervical cancer testing criteria but the claim occurred 33-36 months ago.

Red - **Member** has not had a claim which meets cervical cancer testing criteria or the claim for cervical cancer testing criteria occurred more than 36 months ago.

Chlamydia Screening - Identify female **members** currently effective between the ages of 15 years, 10 months and 24 who have indicators they may be sexually active and identify whether or not they had a screening for chlamydia during timeframe evaluated. Women who had a pregnancy test during the timeframe followed within 7 days by either a prescription for isotretinoin or an x-ray are excluded from this measure.

Green - **Member** had a claim with a chlamydia screening code during the most recent 8 months.

Yellow - **Member** had a claim with a chlamydia screening code but the claim occurred 9-15 months ago.

Red - **Member** has not had a claim with a chlamydia screening code or the chlamydia screening code occurred more than 15 months ago.

Colorectal Cancer - Identify Ohio MyCare and all Medicare **members** currently effective between the ages of 50 years, 10 months and 75 years and identify whether or not they had a screening for colorectal cancer during timeframe evaluated. Individuals who had a total colectomy or a history of colorectal cancer are excluded from this measure.

Green - **Member** had a FOBT screening during the most recent 8 months or

Member had a flexible sigmoidoscopy screening during the most recent 54 months or

Member had a colonoscopy screening during the most recent 114 months (9.5 years) or

Member had a CT colonography during the most recent 54 months or

Member had a FIT-DNA test during the most recent 54 months.

Yellow - **Member** had a FOBT screening but the FOBT screening occurred 9-15 months ago or

Member had a flexible sigmoidoscopy screening but the flexible sigmoidoscopy screening occurred 55-60 months ago or

Member had a colonoscopy screening but the colonoscopy screening occurred 115-120 months ago (10 years) or

Member had a CT colonography but the CT colonography occurred 55-60 months ago or

Member had a FIT-DNA test but the FIT-DNA test occurred 55-60 months ago.

Red - **Member** has not had a FOBT screening or the FOBT screening occurred more than 15 months ago AND

Member has not had a flexible sigmoidoscopy screening or the flexible sigmoidoscopy screening occurred more than 60 months ago AND

Member has not had a colonoscopy screening or the colonoscopy screening occurred more than 120 months (10 years) AND

Member has not had a CT colonography or the CT colonography occurred more than 60 months ago AND

Member has not had a FIT-DNA test or the FIT-DNA test occurred more than 60 months ago.

Definitions

Measures (Continued)

Diabetes - Identify **members** currently effective between the ages of 17 years, 10 months and 75 who have been identified with diabetes and identify whether or not they have received appropriate services during timeframe evaluated for the following:

Eye

Green - **Member** had an eye exam by an Optometrist or Ophthalmologist during the most recent 8 months.

Yellow - **Member** had an eye exam by an Optometrist or Ophthalmologist but the claim occurred 9-15 months ago.

Red - **Member** has not had an eye exam by an Optometrist or Ophthalmologist or the eye exam by an Optometrist or Ophthalmologist occurred more than 15 months ago.

A1C¹ - Hematology (*formerly identified as HbA1c*)

Green - **Member** had a claim with A1C test during the most recent 8 months.

Yellow - **Member** had a claim with A1C test but the claim occurred 9-15 months ago.

Red - **Member** has not had a claim with A1C test or the A1C test occurred more than 15 months ago.

Kidney

Green - **Member** had a claim with a nephropathy screening test code or a code to indicate evidence of nephropathy or ACE inhibitor/ARB therapy during the most recent 8 months.

Yellow - **Member** had a claim with a nephropathy screening test code or a code to indicate evidence of nephropathy or ACE inhibitor/ARB therapy but the claim occurred 9-15 months ago.

Red - **Member** has not had a claim with a nephropathy screening test code or a code to indicate evidence of nephropathy or ACE inhibitor/ARB therapy OR a nephropathy screening test code or a code to indicate evidence of nephropathy or ACE inhibitor/ARB therapy claim occurred more than 15 months ago.

ER² - Identify **members** currently effective who had visits to an Emergency Room during a twelve month timeframe. ER visits resulting in an inpatient stay on the same day or next day are excluded.

Yellow - **Member** had 1 or 2 visits to an Emergency Room.

Red - **Member** had 3 or more visits to an Emergency Room.

Immunizations for Children – Identify **members** currently effective between the ages of 1 year and 2 years and identify whether or not they have received all recommended immunizations.

Green - **Member** had all recommended immunizations.

Yellow - **Member** had almost all recommended immunizations, but needs the last or only recommended immunization(s) for any or all of the recommended immunizations.

Red – **Member** needs more than one of any or all of the recommended immunizations.

Immunizations for Adolescents – Identify **members** currently effective between the ages of 12 years and 13 years and identify whether or not they have received all recommended immunizations.

Green - **Member** had all recommended immunizations.

Yellow - **Member** had almost all recommended immunizations, but needs the last or only recommended immunization(s) for any or all of the recommended immunizations.

Red – **Member** needs more than one of any or all of the recommended immunizations.

Lead³ - Identify **members** currently effective between the ages of 10 months and 24 months and identify whether they had lead toxicity screening test(s).

Green - **Member** had a lead toxicity screening test.

Red - **Member** has not had a lead toxicity screening test.

Pneumococcal Vaccines for Older Adults – Identify **members** currently effective older than 64 years, 10 months and identify whether or not they have received all recommended pneumococcal immunizations.

Green - **Member** had all recommended immunizations.

Yellow - **Member** needs the last one of the recommended immunizations.

Red – **Member** needs more than one of the recommended immunizations.

Definitions

Measures (Continued)

Statin Therapy for Members with Cardiovascular Disease - Identify **members** currently effective between the ages of 39 years, 10 months and 75 for females or between the ages of 20 years, 10 months and 75 for males who have been identified with clinical atherosclerotic cardiovascular disease (ASCVD) AND do not have diabetes, and identify whether or not they have received a statin medication during timeframe evaluated for the following:

Green - **Member** had at least one prescription for a statin medication during the most recent 8 months.

Yellow - **Member** had at least one prescription for a statin medication but the most recent statin medication prescription occurred 9-15 months ago.

Red - **Member** has not had any prescriptions for a statin medication or the most recent statin medication prescription occurred more than 15 months ago.

Statin Therapy for Members with Diabetes - Identify **members** currently effective between the ages of 39 years, 10 months and 75 who have been identified with diabetes AND do not have clinical atherosclerotic cardiovascular disease (ASCVD), and identify whether or not they have received a statin medication during timeframe evaluated for the following:

Green - **Member** had at least one prescription for a statin medication during the most recent 8 months.

Yellow - **Member** had at least one prescription for a statin medication but the most recent statin medication prescription occurred 9-15 months ago.

Red - **Member** has not had any prescriptions for a statin medication or the most recent statin medication prescription occurred more than 15 months ago.

Well Baby DOS - The most recent service date for a well baby visit with a **PCP** for **members** currently effective who are ≤ 15 months old. This includes services incurred by a **PCP** (including Nurse Practitioner or Physician Assistant in a **PCP** office).

Well Baby Visits – The number of well child visits incurred with a **PCP** for **members** currently effective who are ≤ 15 months old. The count includes services incurred by a **PCP** (including Nurse Practitioner or Physician Assistant in a **PCP** office) for well child visits.

Well Care – Identify **members** currently effective between the ages of 1 year, 91 days and 21 years and identify whether or not they have received well care visits with a **PCP** during timeframe evaluated. This includes well child visits provided by a Nurse Practitioner or Physician Assistant in a **PCP** office.

Green - **Member** had a well care visit with a **PCP** during the most recent 8 months.

Yellow - **Member** had a well care visit with a **PCP** but the visit occurred 9-15 months ago.

Red – **Member** has not had a well care visit with a **PCP** or the visit with a **PCP** occurred more than 15 months ago.

¹AIC codes are 83036, 83037, 3044F, 3045F, 3046F.

²ER Visits - CPT code 99281-99285; or Revenue Code of 045x or 0981; or CPT code 10040-69979 with POS 23.

³Lead toxicity screening test code is 83655.