



2011 HEDIS Compliance Audit™

PrimeWest Health

Executive Summary

and

Final Audit Report

Prepared By:

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Organization ID(s): 5026

Submission ID(s): 7286, 7455, 8319, 9555, 9556

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EXECUTIVE SUMMARY

MetaStar conducted an independent audit of the Medicaid, Medicare, and Special Needs Plan (SNP) 2010 data to be reported by PrimeWest Health (PrimeWest). The audit was conducted according to the standards and methods described in the *NCQA HEDIS Compliance Audit™: Standards, Policies, and Procedures*.

A review of systems was designed to collect information that documents the effect of the managed care organization's (MCO) management practices on the Healthcare Effectiveness Data and Information Set (HEDIS®) reporting process. The audit was not intended to evaluate the overall effectiveness of the plan's systems. Rather, the focus was on evaluating aspects of the systems that specifically impact the ability to accurately report HEDIS measures. In essence, the MCO must demonstrate that it has the automated systems, management practices, data control procedures, and rate calculation procedures needed to ensure that all information required for HEDIS reporting is adequately captured, translated, stored, analyzed, and reported. In the section below, auditors summarize improvements made for HEDIS 2011, MCO strengths, and opportunities for improvement.

IMPROVEMENTS FOR HEDIS 2011

PrimeWest maintained its average time to process claim statistics for HEDIS 2011. Since calendar year 2008, with the implementation of the new Amisys claims system, it took an average of 16.2 days to process a claim. In calendar year 2009, this was reduced to an average of 9.43 days and in calendar year 2010 it was virtually unchanged at 9.70.

PrimeWest provided a detailed response about the numerous audits it performs related to claims processing and submitted a list of monitoring reports it uses to monitor the audit results, validate data and conduct updates or adjustments as needed. This process was enhanced by the recommendations of HEDIS 2010.

The detail PrimeWest provided in Attachment 2.6 related to the DHS 4E Enrollment file comparison report process was a large improvement over the previous year. PrimeWest's documentation was excellent.

STRENGTHS

The Roadmap was thorough, and it was clear that PrimeWest had incorporated many of the suggestions from our on-site discussion last year. In addition, the auditor greatly appreciated the inclusion of additional updated information that was originally requested during last year's on-site visit. This streamlined the auditor's review of the Roadmap and substantially reduced the amount of time needed for on-site interviewing.

The information provided about PrimeWest's quality improvement efforts was detailed and thorough. It was easy for the auditor to determine which initiatives had ceased and which were new in 2010.

PrimeWest continually anticipates some of the documentation that the auditor will ask for and prepares that documentation ahead of time. This year, a majority of the documentation was submitted with the Roadmap.

OPPORTUNITIES FOR IMPROVEMENT

PrimeWest should add the items that the auditor requested as follow up documentation into the Roadmap for HEDIS 2012.

PrimeWest can improve its next Roadmap submission by answering each question in Table 7.1. For example, the Credentialing and Network Department should be listed as the staff responsible for calculating the Board Certification measure, and the Member Services Department should be listed as the staff responsible for the call measures.

SECTION ONE: SUMMARY REPORT

A. Audit Company Information

NCQA-Licensed HEDIS Compliance Organization	Audit Management
MetaStar, Inc. 2909 Landmark Place Suite 300 Madison, WI 53713	Patricia A. Martin, MA, CHCA HEDIS and Performance Measurement Manager Allen Iovannisci, MS, CHCA Lead Auditor Certified HEDIS Compliance Auditor

Audit Validation

MetaStar conducted an independent audit of the Medicaid, Medicare, and SNP 2010 data to be reported by PrimeWest Health (PrimeWest). The audit was conducted according to the standards and methods described in the *NCQA HEDIS Compliance Audit™: Standards, Policies, and Procedures*. As such, the audit was divided into two components:

- ◆ An overall assessment of the capability of PrimeWest’s information systems to capture and process the information required for HEDIS reporting; and
- ◆ An evaluation of the processes (e.g., computer programs, medical record review) that PrimeWest used to prepare individual HEDIS measures.

Information from several sources was used to satisfy audit requirements. These sources included:

- ◆ The NCQA *HEDIS Record of Administration, Data Management and Processes (Roadmap)* completed by PrimeWest;
- ◆ Documentation (e.g., IS specifications, data dictionaries, source code, data queries, record review tools, procedures, and/or policies) provided for auditor review prior to or during the on-site audit;
- ◆ On-site observations made during system walk-throughs and MCO staff interviews;
- ◆ Information provided subsequent to the on-site visit to address any deficiencies and/or outstanding issues; and
- ◆ Findings from MetaStar’s validation of PrimeWest’s medical record review Section Three: Medical Record Abstraction Findings.

As part of the on-site visit, auditors interviewed a variety of individuals whose departments or duties affected the production of HEDIS data. Typically, such individuals included the HEDIS Manager; Information Systems Director; Quality Management Director; medical records staff; claims, enrollment, and provider personnel; programmers; analysts; and others involved in the HEDIS preparation process. Representatives of vendors who provided or processed 2010 data may also have been interviewed and asked to provide documentation of their work.

The Final Audit Report is the responsibility of PrimeWest’s management. Our responsibility is to express an opinion on PrimeWest’s Final Audit Report, based on our examination utilizing procedures we considered necessary to obtain a reasonable basis for rendering our opinion. Our examination, in accordance with the *NCQA Compliance Audit: Standards, Policies, and Procedures*, included all procedures necessary to obtain reasonable assurance that the accompanying report presents fairly, in all material respects, PrimeWest’s performance with respect to *HEDIS 2011 Volume 2: Technical Specifications*.

The report that follows presents our audit findings.

B. Organization and Audit Scope Information

Organization Information
PrimeWest Health 2209 Jefferson Street, Suite 101 Alexandria, MN 56308 PrimeWest HEDIS Coordinator: Bethany Krafthefer Performance Improvement Project Coordinator
Scope of Audit
Type of Audit: HEDIS Compliance Audit Product Lines: Medicaid, Medicare, SNP
Location and Dates of Site Visits
PrimeWest Health 2209 Jefferson Street, Suite 101 Alexandria, MN 56308 Dates: 04/04/2011
Certified Vendors
Survey Vendor: N/A Certified Software Vendor: Catalyst

C. Audit Team Composition

Auditor/ Education	Years HEDIS/ Audit Experi- ence	On-/ Off- Site	Dates of Involvement	Role
Allen Iovannisci, MS, CHCA	11/11	Both	Throughout audit process	<ul style="list-style-type: none"> • Lead Auditor • Prepared the final audit report, reviewed documentation, participated in and coordinated all aspects of the audit
Patricia A. Martin, MA, CHCA	15/15	Off	Throughout audit process	<ul style="list-style-type: none"> • HEDIS Manager
Patricia A. Martin, MA, CHCA, Audit Team Member	15/15	Off	During medical record review	<ul style="list-style-type: none"> • Medical Record Review (MRR) Validation Reviewer

D. Summary of Pre-Site Activity

Auditor Strategy and Considerations

During the audit preparation phase, MetaStar HEDIS auditors worked closely with PrimeWest to coordinate and prepare for the on-site audit.

Key auditor activities during the audit preparation phase included:

- ◆ Negotiating a timeline for the HEDIS audit with the MCO
- ◆ Receiving and reviewing the completed Roadmap from the MCO
- ◆ Selecting a core set of measures, if required
- ◆ Examining program source code for survey measures, if required
- ◆ Providing the MCO with issues identified during Roadmap review
- ◆ Determining on-site requirements, agenda, and locations
- ◆ Clarifying all issues via telephone conference and/or via electronic mail prior to the on-site visit; and

- ◆ Validating supplemental data sources, including policies and procedures, database elements, performing primary source verification, and checking results.

E. Measure Review

If the MCO used NCQA Certified HEDIS Software^{SM1} to produce its HEDIS reports, all internally produced measures received a detailed examination. The audit team reviews processes, procedures, and the source code for measures produced by the MCO. All measures with source code not included in the certification program and any measures that failed certification are also included in the core set and reviewed by the audit team for MCOs with certified vendors. In addition, as required by NCQA, auditors verified the integrity of all sample frames prior to survey administration, if applicable.

These measures include the following:

- ◆ Board Certification
- ◆ Call Answer Timeliness
- ◆ Call Abandonment

All processes used by the MCO HEDIS team to produce measures utilizing NCQA Certified Software are also reviewed. The audit team also reviews all measure results and compares them to prior audits and other benchmarks.

Based on findings from source code review and the HEDIS audit, the auditor certifies all measures in PrimeWest's Audit Review Table (ART), Appendix A.

1 Certified HEDIS SoftwareSM is a service mark of the National Committee for Quality Assurance (NCQA).

SECTION TWO: INFORMATION SYSTEM CAPABILITIES ASSESSMENT

The audit consisted of overall information system capabilities assessment including a review against Information System (IS) Standards followed by an evaluation of PrimeWest's ability to comply with HEDIS specifications using HEDIS Measure Determination (HD) Standards. During the audit process, audit work was evaluated and reassessed depending on early findings regarding the IS Standards and potential strengths and weaknesses identified by the audit team on-site.

- ◆ *Information System Capabilities Assessment:* The first part of the on-site phase focused on assessing PrimeWest's overall information system capabilities and core business functions. The IS Standards used to assess the effectiveness of the plan's systems, information practices, and control procedures focused on the processing of medical, customer service, member, practitioner, and vendor data as the foundation for accurate HEDIS reporting. The adequacy of medical record review processes was also assessed in accordance with NCQA's standard audit methodology.
- ◆ *HEDIS Specifications Assessment:* Following the completion of the Information System Capabilities Assessment, MetaStar's audit team conducted appropriate audit verification steps to assess specific HEDIS measures. This part of the audit focused on assessing compliance with conventional reporting practices and HEDIS specifications, including evaluation of each measure's sampling methodologies (hybrid measures), identification of denominator and numerator populations, and assessment of algorithmic compliance.

Review of the information system was designed to collect information that documents the effect of the MCO's information management practices on the HEDIS reporting process. The audit was not intended to evaluate the overall effectiveness of the plan's management information system. Rather, the focus was on evaluating aspects of the information system that specifically impact the ability to accurately report HEDIS measures. In essence, the MCO must demonstrate that it has the automated systems, information management practices, and data control procedures needed to ensure that all information required for HEDIS reporting is adequately captured, translated, stored, analyzed, and reported. In the section that follows, the auditors summarize the findings and describe any issues of non-compliance and effects on HEDIS reporting.

IS 1.0 Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry (Roadmap Sections 1, 1A, 1B, 1C, 1D)

The plan was fully compliant with this standard.

The plan captures standard codes and Minnesota State DRGs and HCPCS Level III. All characters are collected and captured. Non-standard codes are not used for HEDIS reporting.

PrimeWest has policies and procedures for all aspects of claims processing. The majority of submissions are captured on standard forms. Paper and electronic claims receive the same verification. The system edits for member, provider, diagnosis, procedure, bill type, and place of service code for validation.

PrimeWest has a standard of claims processing of 30 days for clean claims. Formal processes are in place to audit claims entry and adjudication.

The organization has processes in place for monitoring claims volumes. The plan performs various reviews of data receipt including reasonability checks and financial checks to ensure all data are received and included in HEDIS reports as expected.

IS 2.0 Enrollment Data—Data Capture, Transfer, and Entry (Roadmap Section 2)

The plan was fully compliant with this standard.

The plan uses well-documented processes for reconciling the state enrollment file against its own enrollment data. Various reports are run to ensure data are clean and errors are fixed immediately upon review.

The enrollment team has appropriate processes and procedures to accurately load electronic membership data. A formal audit process is present to assure accurate membership information. The plan's data entry processes are sufficient to ensure accurate reflection of membership data in transaction files and HEDIS reporting.

IS 3.0 Practitioner Data—Data Capture, Transfer, and Entry (Roadmap Sections 3A & 3B)

PrimeWest was fully compliant with this standard.

Provider specialties were appropriately captured for HEDIS reporting. PrimeWest has reconciliation processes in place to assure consistency between provider, credentialing, claims, and state information.

PrimeWest has processes in place to assure the timeliness of provider data entry. There were no issues with data completeness of practitioner data used for HEDIS reporting.

IS 4.0 Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

(Roadmap Section 4)

PrimeWest was fully compliant with this standard.

PrimeWest contracted with a medical record review vendor for HEDIS 2011. QMark conducted formal medical record review training. All reviewers attended training to review actual medical records. QMark's medical record tools were reviewed and found to have all required data elements for HEDIS reporting. Oversight of the vendor and abstractors was appropriate.

Medical record re-review was conducted showing no issues with accurate or complete data collection.

IS 5.0 Supplemental Data—Capture, Transfer, and Entry

(Roadmap Section 5)

The plan was fully compliant for this standard.

The plan used data from the Minnesota Immunization Information Connection (MIIC) immunization registry for reporting. The source did not require primary source verification as it is a standard external source. No mapping was required. Cirdan appropriately integrated data, and all data sources aided in completeness of accurate HEDIS rates.

This process did not change from the previous year and was found to be sufficient for reporting HEDIS 2011 data.

IS 6.0 Member Call Center Data—Capture, Transfer, and Entry

(Roadmap Section 6)

PrimeWest was fully compliant for this standard.

PrimeWest utilizes an automated call system. The call center team was knowledgeable about the system and has documentation and explanations of how it calculated the call measures.

IS 7.0 Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

(Roadmap Section 7)

PrimeWest was fully compliant for this standard.

PrimeWest contracts with Cirdan to extract data from PrimeWest's transaction systems and load it into Catalyst software. Data transfers appeared to be accurate, and Cirdan has appropriate processes in place to accurately load the data into the repository. All critical HEDIS data elements are maintained in the system. Data from all appropriate sources are transferred to the HEDIS repository.

Cirdan's reporting staff maintains detailed documentation for the process to extract data and load it into Catalyst, which includes steps for quality assurance and data validation.

Cirdan has processes in place to protect and maintain data integrity. Routine back-up of all computer information is performed, physical access is restricted by area, and network access is appropriately restricted and password protected.

This process did not change from the previous year and was found to be sufficient for HEDIS reporting in 2011.

SECTION THREE: MEDICAL RECORD ABSTRACTION FINDINGS

The NCQA HEDIS Compliance Audit includes a standardized protocol to validate the integrity of the medical record review processes of audited MCOs. The protocol consists of a process review of the credentials, training, and oversight of medical record reviewers, as well as the training materials, abstraction and data entry tools, and the application of inter-rater reliability tests. This portion of the audit demonstrated sound medical record tools, formal training, and ongoing quality assurance.

An additional component of the process review is the sampling and validation of medical records and abstraction forms that were counted as numerator positives. Records were randomly selected from the population of medical record review (MRR) numerator positives identified by the plan, as indicated on the MRR numerator listings submitted to the auditors. If fewer than 30 medical records were found to meet numerator requirements, all records were reviewed. Only medical record numerator positives were included as part of this validation process.

Measures selected for medical record abstraction validation were as follows:

- ◆ Colorectal Cancer Screening (COL)
- ◆ Adolescent Well Care Visits (AWC)

These measures were chosen because they:

- ◆ Represent all product lines in the audit
- ◆ Rely heavily on medical record data

Auditors utilized a t-Test algorithm provided by NCQA to determine the impact of the findings from the MRR validation process on PrimeWest's overall hybrid rate for each measure. Findings from the validation of the MRR process were then projected to the remaining measures prepared by using the hybrid methodology. The goal of MRR validation was to determine, based upon a sample of records, whether PrimeWest made medical record review errors that significantly biased its final reported rates. The following table provides a summary of MetaStar's MRR validation findings for PrimeWest.

Medical Record Findings

Measures Reviewed	Agreement with Rereview	t-Test Statistical Result – Biased/Non-Biased/Not Applicable	Designation
Adolescent Well Care Visits	100%	Not Applicable	Report
Colorectal Cancer Screening	100%	Not Applicable	Report

In addition to the MRR validation, the final audit designation for each measure was determined based on the auditor's findings from the Roadmap, on-site visit(s), and any follow-up corrective action(s) taken. As long as no additional errors leading to significant bias were discovered during the review of other components of the HEDIS 2011 audit process, the final rate was considered reportable.

SECTION FOUR: AUDIT RESULTS

For HEDIS measures, the NCQA HEDIS Compliance Audit Standards present measure-specific audit designations for each HEDIS measure as described below. In addition to the audit designations, a rationale for choosing the designation is identified. HEDIS 2011 audit designations and rationales are as follows:

- ◆ Report – Reportable rate or numeric result for HEDIS measures
- ◆ NR – Not Reported:
 - 1) Plan chose not to report
 - 2) Calculated rate was materially biased
 - 3) Plan not required to report
- ◆ NA – Small Denominator: The organization followed the specifications but the denominator was too small to report a valid rate
- ◆ NB – No Benefit: The organization did not offer the health benefits required by the measure (e.g., mental health or chemical dependency)

For survey measures, the audit process reviews program source code (non-certified software) and all sample frames. The NCQA HEDIS Compliance Audit Standards present audit designations for HEDIS surveys as described below. HEDIS 2011 audit designations are as follows:

- ◆ SR – Supports Reporting: The survey sample frame was reviewed and approved
- ◆ NR – Not Reported: Indicates the survey sample frame was incomplete or materially biased, or a NCQA-Certified Survey Vendor did not administer the survey

A complete list of designations by measure is available in the MCO's ART, Appendix A.

SECTION FIVE: FINAL AUDIT STATEMENT

Final Audit Statement

We have examined PrimeWest Health's submitted measures for conformity with the Healthcare Effectiveness Data and Information Set (HEDIS) Technical Specifications. This audit followed the NCQA HEDIS Compliance Audit standards and policies and procedures. Audit planning and testing was constructed to measure conformance to the HEDIS Technical Specifications for all measures presented at the time of our audit.

This report is PrimeWest Health management's responsibility. Our responsibility is to express an opinion on the report based on our examination. Our examination included procedures to obtain reasonable assurance that the submission presents fairly, in all material respects, the organization's performance with respect to the HEDIS Technical Specifications. Our examination was made according to HEDIS Compliance Audit standards and policies and procedures, and accordingly included procedures we considered necessary to obtain a reasonable basis for rendering our opinion. Our opinion does not constitute a warranty or any other form of assurance as to the nature or quality of the health services provided by or arranged by the organization.

In our opinion, PrimeWest Health submitted measures were prepared according to the HEDIS Technical Specifications and present fairly, in all material respects, the organization's performance with respect to these specifications.

We understand that if the signatures we submit below are electronic, they have the same legal effect, validity, and enforceability as original signatures submitted on paper.



(NCQA-Certified HEDIS Compliance Auditor)
Allen Iovannisci, MS, CHCA

June 27, 2011
(Date)



Patricia A. Martin, MA, CHCA
HEDIS and Performance Measurement Manager

June 27, 2011
(Date)

Organization ID(s): 5026
Submission ID(s): 7286, 7455, 8319, 9555, 9556

APPENDIX A: AUDIT REVIEW TABLE(S) - ART

Audit Review Table						
PrimeWest Health (Org ID: 5026, SubID: 7286, Medicaid, Spec Area: None, Spec Proj: None); Measurement Year - 2010						
The Auditor lock has been applied to this submission.						
Measure/Data Element	Report Measure	Benefit Offered	Rotated Measure	Rate	Reportable	Comment
Effectiveness of Care: Prevention and Screening						
Adult BMI Assessment (aba)	Y			50.69%	R	Reportable
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)	Y					
<i>BMI Percentile</i>				53.53%	R	Reportable
<i>Counseling for Nutrition</i>				46.47%	R	Reportable
<i>Counseling for Physical Activity</i>				45.26%	R	Reportable
Childhood Immunization Status (cis)	Y		N			
<i>DTaP</i>				82.73%	R	Reportable
<i>IPV</i>				94.65%	R	Reportable
<i>MMR</i>				92.70%	R	Reportable
<i>HiB</i>				90.51%	R	Reportable
<i>Hepatitis B</i>				92.94%	R	Reportable
<i>VZV</i>				90.51%	R	Reportable
<i>Pneumococcal Conjugate</i>				82.97%	R	Reportable
<i>Hepatitis A</i>				14.36%	R	Reportable
<i>Rotavirus</i>				55.23%	R	Reportable
<i>Influenza</i>				54.01%	R	Reportable
<i>Combination #2</i>				76.16%	R	Reportable
<i>Combination #3</i>				72.26%	R	Reportable
<i>Combination #4</i>				13.87%	R	Reportable
<i>Combination #5</i>				45.26%	R	Reportable
<i>Combination #6</i>				45.01%	R	Reportable
<i>Combination #7</i>				10.46%	R	Reportable
<i>Combination #8</i>				9.98%	R	Reportable
<i>Combination #9</i>				30.90%	R	Reportable
<i>Combination #10</i>				8.27%	R	Reportable
Immunizations for Adolescents (ima)	Y					
<i>Meningococcal</i>				23.83%	R	Reportable
<i>Tdap/Td</i>				76.56%	R	Reportable
<i>Combination #1</i>				23.44%	R	Reportable

Lead Screening in Children (lsc)	Y		N	88.52%	R	Reportable
Breast Cancer Screening (bcs)	Y			53.53%	R	Reportable
Cervical Cancer Screening (ccs)	Y			74.94%	R	Reportable
Chlamydia Screening in Women (chl)	Y					
<i>16-20 Years</i>				39.79%	R	Reportable
<i>21-24 Years</i>				45.93%	R	Reportable
<i>Total</i>				43.15%	R	Reportable
Effectiveness of Care: Respiratory Conditions						
Appropriate Testing for Children with Pharyngitis (cwp)	N	N		NR	NR	
Appropriate Treatment for Children With URI (uri)	N	N		NR	NR	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	N	N		NR	NR	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	N			NR	NR	
Pharmacotherapy Management of COPD Exacerbation (pce)	N	N				
<i>Systemic Corticosteroid</i>				NR	NR	
<i>Bronchodilator</i>				NR	NR	
Use of Appropriate Medications for People With Asthma (asm)	Y	Y				
<i>5-11 Years</i>				98.04%	R	Reportable
<i>12-50 Years</i>				79.31%	R	Reportable
<i>Total</i>				86.23%	R	Reportable
Effectiveness of Care: Cardiovascular						
Cholesterol Management for Patients With Cardiovascular Conditions (cmc)	Y		N			
<i>LDL-C Screening Performed</i>				NA	R	Denominator fewer than 30
<i>LDL-C Control (<100 mg/dL)</i>				NA	R	Denominator fewer than 30
Controlling High Blood Pressure (cbp)	Y			64.80%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	Y		NA	R	Denominator fewer than 30
Effectiveness of Care: Diabetes						
Comprehensive Diabetes Care (cdc)	Y		N			
<i>Hemoglobin A1c (HbA1c) Testing</i>				87.75%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>				34.80%	R	Reportable
<i>HbA1c Control (<8.0%)</i>				55.39%	R	Reportable
<i>HbA1c Control (<7.0%)</i>				34.68%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>				62.25%	R	Reportable

<i>LDL-C Screening Performed</i>				70.59%	R	Reportable
<i>LDL-C Control (<100 mg/dL)</i>				34.31%	R	Reportable
<i>Medical Attention for Nephropathy</i>				70.10%	R	Reportable
<i>Blood Pressure Control (<140/80 mm Hg)</i>				54.90%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>				75.98%	R	Reportable
Effectiveness of Care: Musculoskeletal						
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N	N		NR	NR	
Use of Imaging Studies for Low Back Pain (lbp)	N			NR	NR	
Effectiveness of Care: Behavioral Health						
Antidepressant Medication Management (amm)	Y	Y				
<i>Effective Acute Phase Treatment</i>				51.45%	R	Reportable
<i>Effective Continuation Phase Treatment</i>				38.41%	R	Reportable
Follow-Up Care for Children Prescribed ADHD Medication (add)	Y	Y				
<i>Initiation Phase</i>				31.17%	R	Reportable
<i>Continuation and Maintenance (C&M) Phase</i>				NA	R	Denominator fewer than 30
Follow-Up After Hospitalization for Mental Illness (fuh)	N	N				
<i>30-Day Follow-Up</i>				NR	NR	
<i>7-Day Follow-Up</i>				NR	NR	
Effectiveness of Care: Medication Management						
Annual Monitoring for Patients on Persistent Medications (mpm)	Y	Y				
<i>ACE Inhibitors or ARBs</i>				80.57%	R	Reportable
<i>Digoxin</i>				NA	R	Denominator fewer than 30
<i>Diuretics</i>				87.18%	R	Reportable
<i>Anticonvulsants</i>				NA	R	Denominator fewer than 30
<i>Total</i>				83.49%	R	Reportable
Access/Availability of Care						
Adults' Access to Preventive/Ambulatory Health Services (aap)	Y					
<i>20-44 Years</i>				92.24%	R	Reportable
<i>45-64 Years</i>				91.27%	R	Reportable
<i>65+ Years</i>				NA	R	Denominator fewer than 30
<i>Total</i>				92.02%	R	Reportable
Children and Adolescents' Access to Primary Care Practitioners (cap)	Y					
<i>12-24 Months</i>				97.80%	R	Reportable

<i>25 Months - 6 Years</i>				88.87%	R	Reportable
<i>7-11 Years</i>				91.74%	R	Reportable
<i>12-19 Years</i>				93.66%	R	Reportable
Annual Dental Visit (adv)	N	N				
<i>2-3 Years</i>				NR	NR	
<i>4-6 Years</i>				NR	NR	
<i>7-10 Years</i>				NR	NR	
<i>11-14 Years</i>				NR	NR	
<i>15-18 Years</i>				NR	NR	
<i>19-21 Years</i>				NR	NR	
<i>Total</i>				NR	NR	
Initiation and Engagement of AOD Dependence Treatment (iet)	Y	Y				
<i>Initiation of AOD Treatment: 13-17 Years</i>				43.59%	R	Reportable
<i>Engagement of AOD Treatment: 13-17 Years</i>				23.08%	R	Reportable
<i>Initiation of AOD Treatment: 18+ Years</i>				43.57%	R	Reportable
<i>Engagement of AOD Treatment: 18+ Years</i>				17.25%	R	Reportable
<i>Initiation of AOD Treatment: Total</i>				43.57%	R	Reportable
<i>Engagement of AOD Treatment: Total</i>				17.85%	R	Reportable
Prenatal and Postpartum Care (ppc)	Y					
<i>Timeliness of Prenatal Care</i>				88.40%	R	Reportable
<i>Postpartum Care</i>				67.29%	R	Reportable
Call Answer Timeliness (cat)	N			NR	NR	
Call Abandonment (cab)	N			NR	NR	
Use of Services						
Frequency of Ongoing Prenatal Care (fpc)	N					
<i><21 Percent</i>				NR	NR	
<i>21-40 Percent</i>				NR	NR	
<i>41-60 Percent</i>				NR	NR	
<i>61-80 Percent</i>				NR	NR	
<i>81+ Percent</i>				NR	NR	
Well-Child Visits in the First 15 Months of Life (w15)	Y		Y			
<i>0 Visits</i>				1.39%	R	Reportable
<i>1 Visit</i>				0.93%	R	Reportable
<i>2 Visits</i>				2.78%	R	Reportable
<i>3 Visits</i>				5.56%	R	Reportable
<i>4 Visits</i>				9.26%	R	Reportable
<i>5 Visits</i>				20.60%	R	Reportable
<i>6+ Visits</i>				59.49%	R	Reportable

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)	Y		Y	58.33%	R	Reportable
Adolescent Well-Care Visits (awc)	Y		N	36.98%	R	Reportable
Frequency of Selected Procedures (fsp)	N				NR	
Ambulatory Care: Total (amba)	Y				R	Reportable
Ambulatory Care: Dual Eligibles (ambb)	N				NR	
Ambulatory Care: Disabled (ambc)	N				NR	
Ambulatory Care: Other (ambd)	N				NR	
Inpatient Utilization--General Hospital/Acute Care: Total (ipua)	Y				R	Reportable
Inpatient Utilization--General Hospital/Acute Care: Dual Eligibles (ipub)	N				NR	
Inpatient Utilization--General Hospital/Acute Care: Disabled (ipuc)	N				NR	
Inpatient Utilization--General Hospital/Acute Care: Other (ipud)	N				NR	
Identification of Alcohol and Other Drug Services: Total (iada)	Y	Y			R	Reportable
Identification of Alcohol and Other Drug Services: Dual Eligibles (iadb)	N	N			NR	
Identification of Alcohol and Other Drug Services: Disabled (iadc)	N	N			NR	
Identification of Alcohol and Other Drug Services: Other (iadd)	N	N			NR	
Mental Health Utilization: Total (mpta)	Y	Y			R	Reportable
Mental Health Utilization: Dual Eligibles (mptb)	N	N			NR	
Mental Health Utilization: Disabled (mptc)	N	N			NR	
Mental Health Utilization: Other (mptd)	N	N			NR	
Antibiotic Utilization: Total (abxa)	N	N			NR	
Antibiotic Utilization: Dual Eligibles (abxb)	N	N			NR	
Antibiotic Utilization: Disabled (abxc)	N	N			NR	
Antibiotic Utilization: Other (abxd)	N	N			NR	
Cost of Care						
Relative Resource Use for People With Diabetes (rdi)	N					
<i>Inpatient Facility: Per Member Per Month</i>				NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>				NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>				NR	NR	

<i>Surgery Outpatient: Per Member Per Month</i>				NR	NR	
<i>Pharmacy: Per Member Per Month</i>				NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>				NR	NR	
<i>ED Visits per 1,000 Member Years</i>				NR	NR	
Relative Resource Use for People With Asthma (ras)	N	N				
<i>Inpatient Facility: Per Member Per Month</i>				NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>				NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>				NR	NR	
<i>Pharmacy: Per Member Per Month</i>				NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>				NR	NR	
<i>ED Visits per 1,000 Member Years</i>				NR	NR	
Relative Resource Use for People With Acute Low Back Pain (rlb)	N					
<i>Inpatient Facility: Per Member Per Month</i>				NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>				NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>				NR	NR	
<i>Pharmacy: Per Member Per Month</i>				NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>				NR	NR	
<i>ED Visits per 1,000 Member Years</i>				NR	NR	
<i>MRIs per 1,000 Member Years</i>				NR	NR	
Relative Resource Use for People With Cardiovascular Conditions (rca)	N					
<i>Inpatient Facility: Per Member Per Month</i>				NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>				NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>				NR	NR	
<i>Pharmacy: Per Member Per Month</i>				NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>				NR	NR	
<i>ED Visits per 1,000 Member Years</i>				NR	NR	

Relative Resource Use for People With Hypertension (rhy)	N					
<i>Inpatient Facility: Per Member Per Month</i>				NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>				NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>				NR	NR	
<i>Pharmacy: Per Member Per Month</i>				NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>				NR	NR	
<i>ED Visits per 1,000 Member Years</i>				NR	NR	
Relative Resource Use for People With COPD (rco)	N					
<i>Inpatient Facility: Per Member Per Month</i>				NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>				NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>				NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>				NR	NR	
<i>Pharmacy: Per Member Per Month</i>				NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>				NR	NR	
<i>ED Visits per 1,000 Member Years</i>				NR	NR	
Health Plan Descriptive Information						
Board Certification (bcr)	N				NR	
Enrollment by Product Line: Total (enpa)	Y				R	Reportable
Enrollment by Product Line: Dual Eligibles (enpb)	N				NR	
Enrollment by Product Line: Disabled (enpc)	N				NR	
Enrollment by Product Line: Other (enpd)	N				NR	
Enrollment by State (ebs)	N				NR	
Race/Ethnicity Diversity of Membership (rdm)	N				NR	
Language Diversity of Membership (ldm)	N				NR	
Weeks of Pregnancy at Time of Enrollment in MCO (wop)	N				NR	
Health Plan Stability						
Total Membership (t1m)	N				NR	

Audit Review Table					
PrimeWest Health (Org ID: 5026, SubID: 7455, Medicare, Spec Area: None, Spec Proj: CMS); Measurement Year - 2010					
The Auditor lock has been applied to this submission.					
Measure/Data Element	Report Measure	Benefit Offered	Rate	Reportable	Comment
Effectiveness of Care: Prevention and Screening					
Adult BMI Assessment (aba)	Y		51.47%	R	Reportable
Breast Cancer Screening (bcs)	Y		62.35%	R	Reportable
Colorectal Cancer Screening (col)	Y		56.46%	R	Reportable
Glaucoma Screening in Older Adults (gso)	Y		74.53%	R	Reportable
Care for Older Adults (coa)	N				
<i>Advance Care Planning</i>			NR	NR	
<i>Medication Review</i>			NR	NR	
<i>Functional Status Assessment</i>			NR	NR	
<i>Pain Screening</i>			NR	NR	
Effectiveness of Care: Respiratory Conditions					
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	Y		22.92%	R	Reportable
Pharmacotherapy Management of COPD Exacerbation (pce)	Y	Y			
<i>Systemic Corticosteroid</i>			62.07%	R	Reportable
<i>Bronchodilator</i>			93.10%	R	Reportable
Effectiveness of Care: Cardiovascular					
Cholesterol Management for Patients With Cardiovascular Conditions (cmc)	Y				
<i>LDL-C Screening Performed</i>			69.23%	R	Reportable
<i>LDL-C Control (<100 mg/dL)</i>			41.03%	R	Reportable
Controlling High Blood Pressure (cbp)	Y		67.89%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	Y	NA	R	Denominator fewer than 30
Effectiveness of Care: Diabetes					
Comprehensive Diabetes Care (cdc)	Y				
<i>Hemoglobin A1c (HbA1c) testing</i>			92.02%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>			30.32%	R	Reportable
<i>HbA1c Control (<8.0%)</i>			64.36%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>			76.06%	R	Reportable
<i>LDL-C Screening Performed</i>			72.34%	R	Reportable
<i>LDL-C Control (<100 mg/dL)</i>			39.36%	R	Reportable
<i>Medical Attention for Nephropathy</i>			85.64%	R	Reportable

<i>Blood Pressure Control (<140/80 mm Hg)</i>			65.43%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>			73.40%	R	Reportable
Effectiveness of Care: Musculoskeletal					
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	Y	Y	NA	R	Denominator fewer than 30
Osteoporosis Management in Women Who Had a Fracture (omw)	Y	Y	8.89%	R	Reportable
Effectiveness of Care: Behavioral Health					
Antidepressant Medication Management (amm)	Y	Y			
<i>Effective Acute Phase Treatment</i>			NA	R	Denominator fewer than 30
<i>Effective Continuation Phase Treatment</i>			NA	R	Denominator fewer than 30
Follow-Up After Hospitalization for Mental Illness (fuh)	Y	Y			
<i>30-Day Follow-Up</i>			NA	R	Denominator fewer than 30
<i>7-Day Follow-Up</i>			NA	R	Denominator fewer than 30
Effectiveness of Care: Medication Management					
Annual Monitoring for Patients on Persistent Medications (mpm)	Y	Y			
<i>ACE Inhibitors or ARBs</i>			94.83%	R	Reportable
<i>Digoxin</i>			98.58%	R	Reportable
<i>Diuretics</i>			96.25%	R	Reportable
<i>Anticonvulsants</i>			90.29%	R	Reportable
<i>Total</i>			95.55%	R	Reportable
Medication Reconciliation Post-Discharge (mrp)	N		NR	NR	
Potentially Harmful Drug-Disease Interactions in the Elderly (dde)	Y	Y			
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>			23.08%	R	Reportable
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>			22.18%	R	Reportable
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>			NA	R	Denominator fewer than 30
<i>Total</i>			22.42%	R	Reportable
Use of High-Risk Medications in the Elderly (dae)	Y	Y			
<i>One Prescription</i>			23.06%	R	Reportable
<i>At Least Two Prescriptions</i>			3.69%	R	Reportable
Access/Availability of Care					
Adults' Access to Preventive/Ambulatory Health Services (aap)	Y				
<i>20-44 Years</i>			NA	R	Denominator fewer than 30
<i>45-64 Years</i>			NA	R	Denominator fewer than 30

65+ Years			98.57%	R	Reportable
Total			98.57%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y	Y			
<i>Initiation of AOD Treatment: 13-17 Years</i>			NA	R	Denominator fewer than 30
<i>Engagement of AOD Treatment: 13-17 Years</i>			NA	R	Denominator fewer than 30
<i>Initiation of AOD Treatment: 18+ Years</i>			52.50%	R	Reportable
<i>Engagement of AOD Treatment: 18+ Years</i>			5.00%	R	Reportable
<i>Initiation of AOD Treatment: Total</i>			52.50%	R	Reportable
<i>Engagement of AOD Treatment: Total</i>			5.00%	R	Reportable
Call Answer Timeliness (cat)	Y		82.28%	R	Reportable
Call Abandonment (cab)	Y		11.05%	R	Reportable
Use of Services					
Frequency of Selected Procedures (fsp)	Y			R	Reportable
Ambulatory Care (amba)	Y			R	Reportable
Inpatient Utilization--General Hospital/Acute Care (ipua)	Y			R	Reportable
Identification of Alcohol and Other Drug Services (iada)	Y	Y		R	Reportable
Mental Health Utilization (mpta)	Y	Y		R	Reportable
Antibiotic Utilization (abxa)	Y	Y		R	Reportable
Plan All-Cause Readmissions (pcr)	Y			R	Reportable
Cost of Care					
Relative Resource Use for People With Diabetes (rdi)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With Cardiovascular Conditions (rca)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	

<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With Hypertension (rhy)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With COPD (rco)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Health Plan Descriptive Information					
Board Certification (bcr)	Y			R	Reportable
Enrollment by Product Line (enpa)	Y			R	Reportable
Enrollment by State (ebs)	Y			R	Reportable
Race/Ethnicity Diversity of Membership (rdm)	Y			R	Reportable
Language Diversity of Membership (ldm)	Y			R	Reportable
Health Plan Stability					
Total Membership (t1m)	Y			R	Reportable

Audit Review Table					
PrimeWest Health (Org ID: 5026, SubID: 8319, Medicare, Spec Area: SNP PlanID 001, Spec Proj: SNP-Dual Eligible); Measurement Year - 2010					
The Auditor lock has been applied to this submission.					
Measure/Data Element	Report Measure	Benefit Offered	Rate	Reportable	Comment
Effectiveness of Care: Prevention and Screening					
Adult BMI Assessment (aba)	N		NR	NR	
Breast Cancer Screening (bcs)	N		NR	NR	
Colorectal Cancer Screening (col)	Y		56.46%	R	Reportable
Glaucoma Screening in Older Adults (gso)	Y		74.53%	R	Reportable
Care for Older Adults (coa)	Y				
<i>Advance Care Planning</i>			83.21%	R	Reportable
<i>Medication Review</i>			79.56%	R	Reportable
<i>Functional Status Assessment</i>			76.16%	R	Reportable
<i>Pain Screening</i>			70.80%	R	Reportable
Effectiveness of Care: Respiratory Conditions					
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	Y		22.92%	R	Reportable
Pharmacotherapy Management of COPD Exacerbation (pce)	Y	Y			
<i>Systemic Corticosteroid</i>			62.07%	R	Reportable
<i>Bronchodilator</i>			93.10%	R	Reportable
Effectiveness of Care: Cardiovascular					
Cholesterol Management for Patients With Cardiovascular Conditions (cmc)	N				
<i>LDL-C Screening Performed</i>			NR	NR	
<i>LDL-C Control (<100 mg/dL)</i>			NR	NR	
Controlling High Blood Pressure (cbp)	Y		67.89%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	Y	NA	R	Denominator fewer than 30
Effectiveness of Care: Diabetes					
Comprehensive Diabetes Care (cdc)	N				
<i>Hemoglobin A1c (HbA1c) testing</i>			NR	NR	
<i>HbA1c Poor Control (>9.0%)</i>			NR	NR	
<i>HbA1c Control (<8.0%)</i>			NR	NR	
<i>Eye Exam (Retinal) Performed</i>			NR	NR	
<i>LDL-C Screening Performed</i>			NR	NR	
<i>LDL-C Control (<100 mg/dL)</i>			NR	NR	
<i>Medical Attention for Nephropathy</i>			NR	NR	

<i>Blood Pressure Control (<140/80 mm Hg)</i>			NR	NR	
<i>Blood Pressure Control (<140/90 mm Hg)</i>			NR	NR	
Effectiveness of Care: Musculoskeletal					
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N	N	NR	NR	
Osteoporosis Management in Women Who Had a Fracture (omw)	Y	Y	8.89%	R	Reportable
Effectiveness of Care: Behavioral Health					
Antidepressant Medication Management (amm)	Y	Y			
<i>Effective Acute Phase Treatment</i>			NA	R	Denominator fewer than 30
<i>Effective Continuation Phase Treatment</i>			NA	R	Denominator fewer than 30
Follow-Up After Hospitalization for Mental Illness (fuh)	Y	Y			
<i>30-Day Follow-Up</i>			NA	R	Denominator fewer than 30
<i>7-Day Follow-Up</i>			NA	R	Denominator fewer than 30
Effectiveness of Care: Medication Management					
Annual Monitoring for Patients on Persistent Medications (mpm)	Y	Y			
<i>ACE Inhibitors or ARBs</i>			94.83%	R	Reportable
<i>Digoxin</i>			98.58%	R	Reportable
<i>Diuretics</i>			96.25%	R	Reportable
<i>Anticonvulsants</i>			90.29%	R	Reportable
<i>Total</i>			95.55%	R	Reportable
Medication Reconciliation Post-Discharge (mrp)	Y		8.27%	R	Reportable
Potentially Harmful Drug-Disease Interactions in the Elderly (dde)	Y	Y			
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>			23.08%	R	Reportable
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>			22.18%	R	Reportable
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>			NA	R	Denominator fewer than 30
<i>Total</i>			22.42%	R	Reportable
Use of High-Risk Medications in the Elderly (dae)	Y	Y			
<i>One Prescription</i>			23.06%	R	Reportable
<i>At Least Two Prescriptions</i>			3.69%	R	Reportable
Access/Availability of Care					
Adults' Access to Preventive/Ambulatory Health Services (aap)	N				
<i>20-44 Years</i>			NR	NR	
<i>45-64 Years</i>			NR	NR	

65+ Years			NR	NR	
Total			NR	NR	
Initiation and Engagement of AOD Dependence Treatment (iet)	N	N			
<i>Initiation of AOD Treatment: 13-17 Years</i>			NR	NR	
<i>Engagement of AOD Treatment: 13-17 Years</i>			NR	NR	
<i>Initiation of AOD Treatment: 18+ Years</i>			NR	NR	
<i>Engagement of AOD Treatment: 18+ Years</i>			NR	NR	
<i>Initiation of AOD Treatment: Total</i>			NR	NR	
<i>Engagement of AOD Treatment: Total</i>			NR	NR	
Call Answer Timeliness (cat)	N		NR	NR	
Call Abandonment (cab)	N		NR	NR	
Use of Services					
Frequency of Selected Procedures (fsp)	N			NR	
Ambulatory Care (amba)	N			NR	
Inpatient Utilization--General Hospital/Acute Care (ipua)	N			NR	
Identification of Alcohol and Other Drug Services (iada)	N	N		NR	
Mental Health Utilization (mpta)	N	N		NR	
Antibiotic Utilization (abxa)	N	N		NR	
Plan All-Cause Readmissions (pcr)	Y			R	Reportable
Cost of Care					
Relative Resource Use for People With Diabetes (rdi)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With Cardiovascular Conditions (rca)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	

<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With Hypertension (rhy)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With COPD (rco)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Health Plan Descriptive Information					
Board Certification (bcr)	Y			R	Reportable
Enrollment by Product Line (enpa)	N			NR	
Enrollment by State (ebs)	N			NR	
Race/Ethnicity Diversity of Membership (rdm)	N			NR	
Language Diversity of Membership (ldm)	N			NR	
Health Plan Stability					
Total Membership (t1m)	N			NR	

Audit Review Table					
PrimeWest Health (Org ID: 5026, SubID: 9555, Medicare, Spec Area: None, Spec Proj: SNBC); Measurement Year - 2010					
The Auditor lock has been applied to this submission.					
Measure/Data Element	Report Measure	Benefit Offered	Rate	Reportable	Comment
Effectiveness of Care: Prevention and Screening					
Adult BMI Assessment (aba)	N		NR	NR	
Breast Cancer Screening (bcs)	Y		74.23%	R	Reportable
Colorectal Cancer Screening (col)	Y		58.10%	R	Reportable
Glaucoma Screening in Older Adults (gso)	N		NR	NR	
Care for Older Adults (coa)	N				
<i>Advance Care Planning</i>			NR	NR	
<i>Medication Review</i>			NR	NR	
<i>Functional Status Assessment</i>			NR	NR	
<i>Pain Screening</i>			NR	NR	
Effectiveness of Care: Respiratory Conditions					
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	Y		NA	R	Denominator fewer than 30
Pharmacotherapy Management of COPD Exacerbation (pce)	Y	Y			
<i>Systemic Corticosteroid</i>			NA	R	Denominator fewer than 30
<i>Bronchodilator</i>			NA	R	Denominator fewer than 30
Effectiveness of Care: Cardiovascular					
Cholesterol Management for Patients With Cardiovascular Conditions (cmc)	N				
<i>LDL-C Screening Performed</i>			NR	NR	
<i>LDL-C Control (<100 mg/dL)</i>			NR	NR	
Controlling High Blood Pressure (cbp)	Y		72.92%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	Y	NA	R	Denominator fewer than 30
Effectiveness of Care: Diabetes					
Comprehensive Diabetes Care (cdc)	Y				
<i>Hemoglobin A1c (HbA1c) testing</i>			93.75%	R	Reportable
<i>HbA1c Poor Control (>9.0%)</i>			25.00%	R	Reportable
<i>HbA1c Control (<8.0%)</i>			67.19%	R	Reportable
<i>Eye Exam (Retinal) Performed</i>			76.56%	R	Reportable
<i>LDL-C Screening Performed</i>			79.69%	R	Reportable
<i>LDL-C Control (<100 mg/dL)</i>			42.19%	R	Reportable
<i>Medical Attention for Nephropathy</i>			81.25%	R	Reportable

<i>Blood Pressure Control (<140/80 mm Hg)</i>			56.25%	R	Reportable
<i>Blood Pressure Control (<140/90 mm Hg)</i>			79.69%	R	Reportable
Effectiveness of Care: Musculoskeletal					
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N	N	NR	NR	
Osteoporosis Management in Women Who Had a Fracture (omw)	N	N	NR	NR	
Effectiveness of Care: Behavioral Health					
Antidepressant Medication Management (amm)	Y	Y			
<i>Effective Acute Phase Treatment</i>			NA	R	Denominator fewer than 30
<i>Effective Continuation Phase Treatment</i>			NA	R	Denominator fewer than 30
Follow-Up After Hospitalization for Mental Illness (fuh)	Y	Y			
<i>30-Day Follow-Up</i>			NA	R	Denominator fewer than 30
<i>7-Day Follow-Up</i>			NA	R	Denominator fewer than 30
Effectiveness of Care: Medication Management					
Annual Monitoring for Patients on Persistent Medications (mpm)	Y	Y			
<i>ACE Inhibitors or ARBs</i>			96.15%	R	Reportable
<i>Digoxin</i>			NA	R	Denominator fewer than 30
<i>Diuretics</i>			93.62%	R	Reportable
<i>Anticonvulsants</i>			89.74%	R	Reportable
<i>Total</i>			93.57%	R	Reportable
Medication Reconciliation Post-Discharge (mrp)	N		NR	NR	
Potentially Harmful Drug-Disease Interactions in the Elderly (dde)	N	N			
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>			NR	NR	
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>			NR	NR	
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>			NR	NR	
<i>Total</i>			NR	NR	
Use of High-Risk Medications in the Elderly (dae)	N	N			
<i>One Prescription</i>			NR	NR	
<i>At Least Two Prescriptions</i>			NR	NR	
Access/Availability of Care					
Adults' Access to Preventive/Ambulatory Health Services (aap)	Y				
<i>20-44 Years</i>			98.48%	R	Reportable
<i>45-64 Years</i>			99.35%	R	Reportable

65+ Years			NA	R	Denominator fewer than 30
Total			99.12%	R	Reportable
Initiation and Engagement of AOD Dependence Treatment (iet)	Y	Y			
<i>Initiation of AOD Treatment: 13-17 Years</i>			NA	R	Denominator fewer than 30
<i>Engagement of AOD Treatment: 13-17 Years</i>			NA	R	Denominator fewer than 30
<i>Initiation of AOD Treatment: 18+ Years</i>			NA	R	Denominator fewer than 30
<i>Engagement of AOD Treatment: 18+ Years</i>			NA	R	Denominator fewer than 30
<i>Initiation of AOD Treatment: Total</i>			NA	R	Denominator fewer than 30
<i>Engagement of AOD Treatment: Total</i>			NA	R	Denominator fewer than 30
Call Answer Timeliness (cat)	N		NR	NR	
Call Abandonment (cab)	N		NR	NR	
Use of Services					
Frequency of Selected Procedures (fsp)	N			NR	
Ambulatory Care (amba)	Y			R	Reportable
Inpatient Utilization--General Hospital/Acute Care (ipua)	Y			R	Reportable
Identification of Alcohol and Other Drug Services (iada)	Y	Y		R	Reportable
Mental Health Utilization (mpta)	Y	Y		R	Reportable
Antibiotic Utilization (abxa)	N	N		NR	
Plan All-Cause Readmissions (pcr)	Y			R	Reportable
Cost of Care					
Relative Resource Use for People With Diabetes (rdi)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With Cardiovascular Conditions (rca)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	

<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With Hypertension (rhy)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With COPD (rco)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Health Plan Descriptive Information					
Board Certification (bcr)	Y			R	Reportable
Enrollment by Product Line (enpa)	Y			R	Reportable
Enrollment by State (ebs)	N			NR	
Race/Ethnicity Diversity of Membership (rdm)	N			NR	
Language Diversity of Membership (ldm)	N			NR	
Health Plan Stability					
Total Membership (t1m)	N			NR	

Audit Review Table					
PrimeWest Health (Org ID: 5026, SubID: 9556, Medicare, Spec Area: SNP PlanID 001, Spec Proj: SNP-Dual Eligible); Measurement Year - 2010					
The Auditor lock has been applied to this submission.					
Measure/Data Element	Report Measure	Benefit Offered	Rate	Reportable	Comment
Effectiveness of Care: Prevention and Screening					
Adult BMI Assessment (aba)	N		NR	NR	
Breast Cancer Screening (bcs)	N		NR	NR	
Colorectal Cancer Screening (col)	Y		58.02%	R	Reportable
Glaucoma Screening in Older Adults (gso)	Y		NA	R	Denominator fewer than 30
Care for Older Adults (coa)	Y				
<i>Advance Care Planning</i>			NA	R	Denominator fewer than 30
<i>Medication Review</i>			NA	R	Denominator fewer than 30
<i>Functional Status Assessment</i>			NA	R	Denominator fewer than 30
<i>Pain Screening</i>			NA	R	Denominator fewer than 30
Effectiveness of Care: Respiratory Conditions					
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	Y		NA	R	Denominator fewer than 30
Pharmacotherapy Management of COPD Exacerbation (pce)	Y	Y			
<i>Systemic Corticosteroid</i>			NA	R	Denominator fewer than 30
<i>Bronchodilator</i>			NA	R	Denominator fewer than 30
Effectiveness of Care: Cardiovascular					
Cholesterol Management for Patients With Cardiovascular Conditions (cmc)	N				
<i>LDL-C Screening Performed</i>			NR	NR	
<i>LDL-C Control (<100 mg/dL)</i>			NR	NR	
Controlling High Blood Pressure (cbp)	Y		70.27%	R	Reportable
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	Y	Y	NA	R	Denominator fewer than 30
Effectiveness of Care: Diabetes					
Comprehensive Diabetes Care (cdc)	N				
<i>Hemoglobin A1c (HbA1c) testing</i>			NR	NR	
<i>HbA1c Poor Control (>9.0%)</i>			NR	NR	
<i>HbA1c Control (<8.0%)</i>			NR	NR	
<i>Eye Exam (Retinal) Performed</i>			NR	NR	
<i>LDL-C Screening Performed</i>			NR	NR	
<i>LDL-C Control (<100 mg/dL)</i>			NR	NR	
<i>Medical Attention for Nephropathy</i>			NR	NR	

<i>Blood Pressure Control (<140/80 mm Hg)</i>			NR	NR	
<i>Blood Pressure Control (<140/90 mm Hg)</i>			NR	NR	
Effectiveness of Care: Musculoskeletal					
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	N	N	NR	NR	
Osteoporosis Management in Women Who Had a Fracture (omw)	Y	Y	NA	R	Denominator fewer than 30
Effectiveness of Care: Behavioral Health					
Antidepressant Medication Management (amm)	Y	Y			
<i>Effective Acute Phase Treatment</i>			NA	R	Denominator fewer than 30
<i>Effective Continuation Phase Treatment</i>			NA	R	Denominator fewer than 30
Follow-Up After Hospitalization for Mental Illness (fuh)	Y	Y			
<i>30-Day Follow-Up</i>			NA	R	Denominator fewer than 30
<i>7-Day Follow-Up</i>			NA	R	Denominator fewer than 30
Effectiveness of Care: Medication Management					
Annual Monitoring for Patients on Persistent Medications (mpm)	Y	Y			
<i>ACE Inhibitors or ARBs</i>			97.56%	R	Reportable
<i>Digoxin</i>			NA	R	Denominator fewer than 30
<i>Diuretics</i>			97.14%	R	Reportable
<i>Anticonvulsants</i>			90.63%	R	Reportable
<i>Total</i>			95.45%	R	Reportable
Medication Reconciliation Post-Discharge (mrp)	Y		NA	R	Denominator fewer than 30
Potentially Harmful Drug-Disease Interactions in the Elderly (dde)	Y	Y			
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>			NA	R	Denominator fewer than 30
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>			NA	R	Denominator fewer than 30
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>			NA	R	Denominator fewer than 30
<i>Total</i>			NA	R	Denominator fewer than 30
Use of High-Risk Medications in the Elderly (dae)	Y	Y			
<i>One Prescription</i>			NA	R	Denominator fewer than 30
<i>At Least Two Prescriptions</i>			NA	R	Denominator fewer than 30
Access/Availability of Care					
Adults' Access to Preventive/Ambulatory Health Services (aap)	N				
<i>20-44 Years</i>			NR	NR	
<i>45-64 Years</i>			NR	NR	

65+ Years			NR	NR	
Total			NR	NR	
Initiation and Engagement of AOD Dependence Treatment (iet)	N	N			
<i>Initiation of AOD Treatment: 13-17 Years</i>			NR	NR	
<i>Engagement of AOD Treatment: 13-17 Years</i>			NR	NR	
<i>Initiation of AOD Treatment: 18+ Years</i>			NR	NR	
<i>Engagement of AOD Treatment: 18+ Years</i>			NR	NR	
<i>Initiation of AOD Treatment: Total</i>			NR	NR	
<i>Engagement of AOD Treatment: Total</i>			NR	NR	
Call Answer Timeliness (cat)	N		NR	NR	
Call Abandonment (cab)	N		NR	NR	
Use of Services					
Frequency of Selected Procedures (fsp)	N			NR	
Ambulatory Care (amba)	N			NR	
Inpatient Utilization--General Hospital/Acute Care (ipua)	N			NR	
Identification of Alcohol and Other Drug Services (iada)	N	N		NR	
Mental Health Utilization (mpta)	N	N		NR	
Antibiotic Utilization (abxa)	N	N		NR	
Plan All-Cause Readmissions (pcr)	Y			R	Reportable
Cost of Care					
Relative Resource Use for People With Diabetes (rdi)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With Cardiovascular Conditions (rca)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	

<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With Hypertension (rhy)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Relative Resource Use for People With COPD (rco)	N				
<i>Inpatient Facility: Per Member Per Month</i>			NR	NR	
<i>E & M Inpatient: Per Member Per Month</i>			NR	NR	
<i>E & M Outpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Inpatient: Per Member Per Month</i>			NR	NR	
<i>Surgery Outpatient: Per Member Per Month</i>			NR	NR	
<i>Pharmacy: Per Member Per Month</i>			NR	NR	
<i>Inpatient Facility Discharges per 1,000 Member Years</i>			NR	NR	
<i>ED Visits per 1,000 Member Years</i>			NR	NR	
Health Plan Descriptive Information					
Board Certification (bcr)	Y			R	Reportable
Enrollment by Product Line (enpa)	N			NR	
Enrollment by State (ebs)	N			NR	
Race/Ethnicity Diversity of Membership (rdm)	N			NR	
Language Diversity of Membership (ldm)	N			NR	
Health Plan Stability					
Total Membership (t1m)	N			NR	