



BlueCross BlueShield
of Illinois

Attachment 1 HMO Illinois / BlueAdvantage HMO 2008 Management of Members with Cardiovascular Conditions QI Fund Project Overview

HIPAA Privacy Regulation

According to the HIPAA Privacy Regulations (45 CFR 160, 164) as amended August 14, 2002, health care providers can disclose protected health information (“PHI”) to health plans for HEDIS data collection and other quality improvement activities. Providers are permitted under the HIPAA Privacy Regulations to disclose PHI to health plans for the above purposes without authorization from the patient when both the provider and health plan have or had a relationship with the patient and the information relates to that relationship. (45 CFR 164.506)(c)(4).

Identification of Members

This project includes members age 18 to 75 as of December 31, 2007 who were enrolled with the IPA in September 2007 and April 2008 and had either:

- at least one 2006 and/or 2007 claim for an acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal angioplasty (PTCA), and/or
- at least one claim or encounter in both 2006 and 2007 for ischemic vascular disease (including coronary artery disease, stable angina, lower extremity arterial disease/peripheral artery disease, ischemia, stroke, atheroembolism, abdominal aortic aneurysm and renal artery atherosclerosis).

Guidelines for Obtaining Data

Step 1: For each identified member, review your IPA records (claims, medical records, registry data etc.) for ALL identified members to determine risk factor assessment and the level of control.

Step 2: Follow the instructions in Attachment 2 to complete and submit the data request form.

Note the following:

- The last name for dependents with a hyphenated last name or a last name that is different than the subscriber’s last name may be shortened to include only the first five characters of the dependent’s last name. Therefore, to assist you, we have included the subscriber’s first and last name on all Data Request Forms.
- The most current BCBSIL ID has been provided. Please call if you are unable to identify the member.
- There are several options available to identify a member:
 - Name and DOB
 - Sub ID and DOB
 - Name and Sub ID

Medical Record Data Abstraction Procedure

- Medical record documentation may include services provided within your IPA or by other providers.
- Document any services for which you have a record.
- Submit documentation for each member behind the appropriate Data Request Form.
- Do not staple documentation to the Data Request Form. You may staple together the supporting documentation for a member who has multiple pages of documentation.
- In order to qualify as a service, SUPPORTING DOCUMENTATION must be included with your submission.
- Supporting documentation should be labeled with patient identifiers such as:
 - Member name (or Subscriber ID) and date of birth
 - Member name (or Subscriber ID) and Project ID number

Scoring

1. If the HMO confirms from your 2008 Management of Members with Cardiovascular Conditions QI Fund Project submission that a member meets the criteria for exclusion, the member will be removed from the denominator for all three indicators. Please note that members who have not seen a physician in your IPA and members who have refused a service do not meet criteria for exclusion, and therefore will not be removed from the denominator.

2. For 2008, the IPA rate will be calculated as follows:

Denominator for LDL and Blood Pressure Control Indicators = Number of members for whom data request forms were sent to the IPA minus the number of exclusions confirmed by the HMO

LDL Control Numerator = Number of members in the denominator for whom there is documentation that the LDL cholesterol between 10/1/07 and 9/30/08 was less than 100 mg/dL

Blood Pressure Control Numerator = Number of members in the denominator for whom the blood pressure between 10/1/07 and 9/30/08 was <140/90 (BOTH the systolic pressure must be less than 140 AND the diastolic pressure must be less than 90 to meet criteria.)

Advice to Quit Smoking Denominator = Number of members for whom data request forms were sent to the IPA minus

- the number of members for whom the HMO confirmed an exclusion;
- the number of members documented to be non-smokers as confirmed by the HMO
(Please note that members whose smoking status has not been documented will be counted as smokers.)

Advice to Quit Smoking Numerator = Number of members in the denominator for whom there is documentation of advice to quit smoking between 10/1/07 and 9/30/08

Reporting of Results

1. IPAs will receive their results, as well as aggregate results for the network.
2. It is anticipated that the results of the 2008 Management of Members with Cardiovascular Conditions QI Fund Project will be included in the Blue StarSM Medical Group Report. IPAs that earn at least 0.50% of capitation for the 2008 Management of Members with Cardiovascular Conditions QI Fund Project will receive a Blue Star.

Important Reminders

- You must submit **supporting documentation** for each element in Sections 1-4.
- The original scannable Data Request Forms must be used.
 - Photocopies or fax copies of data request forms will NOT be accepted.
- IPA identifiers and the number of Data Request Forms sent to you are pre-printed on the Attestation Form. Please enter the following information on the Attestation Form:
 - Name and phone number of IPA contact for the Management of Members with Cardiovascular Conditions QI Fund Project
 - Signature of IPA Medical Director or Administrator, attesting that the submission is complete and accurate
- Though flowsheets are not required for this project submission, they have proven to be an effective tool to track and trend care over time.
- We encourage you to keep a copy of your submission.

If you have any questions about the 2008 Management of Members with Cardiovascular Conditions QI Fund Project or need a replacement data request form, please call Laura Mesmer, RN, BA, Quality Management Specialist at (312) 653-6146.

The 2008 Management of Members with Cardiovascular Conditions QI Fund Project is due **October 24, 2008**.

Mail submissions to BCBSIL by the deadline using the enclosed postage paid envelope or an envelope addressed to:

**Blue Cross and Blue Shield of Illinois
300 E. Randolph, 24th Floor
Chicago, IL 60601
Attn: LAURA MESMER**

ATTACHMENT 2

2008 Management of Members with Cardiovascular Conditions QI Fund Project

Instructions for Completion of Data Request Forms

Complete and return each Data Request Form in accordance with the following instructions.

Review your IPA records (claims, medical records, registry data, etc.) for ALL identified members.

Complete **Sections 1-4** for all members as appropriate.
You must submit documentation to support the responses for each element.

You have the option to complete **Section 5** if the member was:

1. deceased on or before September 30, 2008
2. not enrolled with the IPA in October 2007
3. not enrolled with the IPA in September 2008

Section 1: LDL Cholesterol

Complete A or B if the member had an LDL-C between 10/1/07 and 9/30/08.

A: (data from administrative source)

- If you are submitting a CPT Category II code for supporting documentation, enter the date of the claim/encounter and check the appropriate code used.

CPT Category II
3048F (LDL-C <100 mg/dL)

B: (documentation from medical record)

- If your documentation of an LDL-C is from the medical record, record the date (month, day, and year) and the value of an LDL cholesterol between 10/1/07 and 9/30/08 and attach supporting documentation. If you only have documentation of the month/year of an LDL, enter "01" for the day.
- A list of administrative codes for LDL-cholesterol is provided below to assist you in identifying dates of service. This measure requires documentation of a value and a date. A claim for one of these codes could assist you in locating the value.

CPT	LOINC
80061, 83700, 83701, 83704, 83715, 83716, 83721	2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 24331-1, 39469-2

Section 2: Blood Pressure

Complete A or B if the member had a blood pressure documented between 10/1/07 and 9/30/08.

A: (data from administrative source)

- If the member has one of the following CPT II codes for systolic blood pressure and one of the following CPT II codes for diastolic blood pressure on the same date, enter the date and check the corresponding codes. If the member has one of the following HCPCS G-codes, enter the date and check the appropriate code.

CPT Category II			
3074F	Most recent systolic B/P < 130 mmHg	3078F	Most recent diastolic B/P < 80 mmHg
3075F	Most recent systolic B/P 130-139 mmHg	3079F	Most recent diastolic B/P 80-89 mmHg

HCPCS	
G8476	Most recent B/P < 130 systolic and < 80 diastolic
G8024	DM patient with most recent B/P < 140 systolic and < 80 diastolic

B: (documentation from medical record)

- If your documentation of a blood pressure reading is from the medical record, record the date (month, day, and year) of a blood pressure reading measured between 10/1/07 and 9/30/08 and attach supporting documentation.
- If more than one blood pressure reading is documented on the same date, record the lowest systolic and the lowest diastolic reading as the representative blood pressure for that date.
- Do not use blood pressure readings from the same date as a major diagnostic or surgical procedure, or an emergency room visit.

Section 3: Smoking Status

Complete A or B to document the smoking status. Smoking status can be documented at any time prior to 9/30/08.

A: (data from administrative source)

- Review administrative/claims data and/or medical record documentation for each member to determine current smoking status.
- Determine whether the member is currently a smoker or a non-smoker and check the appropriate box.
- Attach supporting documentation of one of the following administrative codes which verifies smoking status:**

Codes to verify smoking status			
1034F	Current tobacco smoker	G8455	Current tobacco smoker
1036F	Current tobacco non-user	G8457	Current tobacco non-user

The following CPT, CPT II, and HCPCS codes are used to document smoking cessation counseling. BCBSIL is using these codes as a proxy to identify a member as a **smoker**:

Administrative codes to verify smoking cessation advice	
99406	Smoking and tobacco use cessation counseling visit: intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit: intensive, greater than 10 minutes
4000F	Tobacco use cessation intervention, counseling
4001F	Tobacco use cessation intervention, pharmacologic therapy
G8093	Newly diagnosed COPD patient documented to have received smoking cessation intervention, within 3 months of diagnosis
G8402	Tobacco use cessation intervention, counseling
G8453	Tobacco use cessation intervention, counseling

B: (documentation from medical record)

- Review the medical record for documentation of smoking status. Mark the appropriate response for smoking status.
- If you are unable to locate any documentation of smoking status, mark the box indicating that the smoking status was not assessed.

Members whose smoking status has not been documented are counted as smokers.

Section 4: Smoking Cessation Advice

Complete A or B to document smoking cessation advice if the member is a smoker or has not been assessed for smoking status.

A: (data from administrative source)

- If the member is a **smoker**, review for the following administrative codes to verify that smoking cessation advice was given between 10/1/07 and 9/30/08.

Acceptable administrative codes to identify smoking cessation advice:

Administrative codes to verify smoking cessation advice	
99406	Smoking and tobacco use cessation counseling visit: intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit: intensive, greater than 10 minutes
4000F	Tobacco use cessation intervention, counseling
4001F	Tobacco use cessation intervention, pharmacologic therapy
G8093	Newly diagnosed COPD patient documented to have received smoking cessation intervention, within 3 months of diagnosis
G8402	Tobacco use cessation intervention, counseling
G8453	Tobacco use cessation intervention, counseling

B: (documentation from medical record)

- Review the medical record for documentation that indicates that the member was advised to quit smoking between 10/1/07 and 9/30/08. If smoking cessation advice was given, record the date and attach supporting documentation.

Section 5: Exclusions (Optional)

- Complete Section 5 of the Management of Members with Cardiovascular Conditions Data Request Form to identify members who may meet criteria for exclusion.
- Members who meet at least one of the following criteria confirmed by HMO will be excluded from your population denominator for all three indicators:
 1. The member was deceased on or before September 30, 2008.
 2. The member was not enrolled with your IPA in October 2007.
 3. The member was not enrolled with your IPA in September 2008.

Insufficient Documentation

Forms of documentation that are NOT acceptable are:

- Documentation of services prior to October 1, 2007 (Documentation of smoking status is not subject to this date restriction. Smoking status may be documented at any time prior to September 30, 2008.)
- Documentation of services after September 30, 2008
- A medical record documenting a physician order for an LDL-cholesterol without the results
- A note in medical record documenting the member had an LDL-cholesterol without the results
- LDL cholesterol or blood pressure reading without a date of service
- LDL cholesterol date and value, blood pressure date and reading, or advice to quit smoking without supporting documentation
- Documentation of a qualifying code for systolic blood pressure but no code that qualifies for diastolic blood pressure. The reverse would also apply.
- Indicating that the member is a non-smoker on the data request form without providing supporting documentation
- ANY documentation that does not contain a member identifier

Making Your Administrative Data Work for You

Though the use of administrative codes to identify clinical information is not widespread at this time, more and more information can be coded into claims and can be utilized to provide documentation for the BCBSIL HMO QI Fund Projects. For the 2008 Management of Members with Cardiovascular Conditions QI Fund Project, each element of the project could be documented using administrative codes.

LDL Cholesterol

CPT Category II code description	
3048F	Most recent LDL-C < 100 mg/dL

Blood Pressure

CPT Category II code descriptions	
3074F	Most recent systolic blood pressure < 130 mmHg
3075F	Most recent systolic blood pressure 130-139 mmHg
3078F	Most recent diastolic blood pressure < 80 mmHg
3079F	Most recent systolic blood pressure 80-89 mmHg
HCPCS code descriptions	
G8024	Diabetic patient with most recent blood pressure (within the last 6 months) documented as less than 140 systolic and less than 80 diastolic
G8476	Most recent blood pressure has a systolic measurement of < 130 mmHg and a diastolic measurement of < 80 mmHg

Smoking Assessment

CPT Category II code descriptions	
1036F	Current tobacco non-user
1034F	Current tobacco smoker
HCPCS code descriptions	
G8455	Current tobacco smoker
G8457	Tobacco non-user

Note: BCBSIL is also using the codes under Smoking Cessation Advice as a proxy for identifying the member as a smoker.

Smoking Cessation Advice

CPT Category I code descriptions	
99406	Smoking and tobacco use cessation counseling visit: intermediate, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit: intensive, greater than 10 minutes
CPT Category II code descriptions	
4000F	Tobacco use cessation intervention, counseling
4001F	Tobacco use cessation intervention, pharmacologic therapy
HCPCS code descriptions	
G8093	Newly diagnosed COPD patient documented to have received smoking cessation intervention, within 3 months of diagnosis
G8402	Tobacco (smoke) use cessation intervention, counseling
G8453	Tobacco use cessation intervention, counseling