

SPECIAL EDITION 2005

2004 QARR RESULTS

Due to the excellent performance on the 2004 New York State Department of Health (NYSDOH) Quality Assurance Reporting Requirements (QARR), MetroPlus scored the most points out of any New York City Medicaid health plan, and was one of only three Medicaid health plans in the entire State of New York to achieve the maximum number of points towards the NYSDOH Medicaid Quality Incentive and Auto Assignment Algorithm. The Medicaid Quality Incentive and Auto Assignment Algorithm is a program administered by the NYSDOH to reward Medicaid health plans that demonstrate achievement in quality based on QARR performance. In this reporting period, MetroPlus scored above the state averages on key Women's health, Perinatal and Medicaid Well Child Visit indicators. There are, however, several areas in which our 2004 QARR performance indicated a need for performance improvement.

Monitoring Diabetic Nephropathy

This measure has been trending downward over the years. An analysis of results on this indicator suggests that while many Providers are performing urine analyses annually for adults with diabetes, some are not testing for microalbumuria. Please review and follow the enclosed schematic guideline for protein urine analysis.

Appropriate Testing for Children with Pharyngitis

Members with a diagnosis of Pharyngitis should be prescribed appropriate antibiotics and a Group A streptococcus test should be administered within the 7 days (3 days prior through 3 days after) surrounding the episode. Evidence that a Strep A test was performed must be submitted via a claim with the appropriate CPT code of 87880 for Rapid/Point of Care Strep A testing. In

lieu of the Rapid/Point of Care test, a claim for a lab analyzed Strep A test must be submitted.

Annual Dental Visits

All members should have at minimum, one annual check up with a dentist. Please remind members that an annual dental visit is important to their overall health and well being.

Follow-up After Hospitalization for Mental Illness

Members should have an outpatient visit with a mental health professional, ideally within 7 days, but no longer than 30 days after discharge from a psychiatric hospitalization. Please encourage any member who has been hospitalized to make an outpatient appointment as soon as possible after discharge.

If at any point in time a member or a Provider has difficulty accessing timely appointments for care, the MetroPlus' Customer Services Department can be reached at 1-800-303-9626.

2005 QARR Preparation

From January through May of 2006, MetroPlus will officially aggregate the data for the 2005 QARR. There are 6 new measures required by NYSDOH.

Inappropriate Treatment for Adults With Acute Bronchitis

This measure looks at adult members with a diagnosis of acute bronchitis that were prescribed an antibiotic. A lower rate for this measure indicates better performance. It is the expectation that adults with bronchitis, and no secondary diagnosis, will not require antibiotics.



A Message from the Medical Director

We are very proud of our performance in the 2004 New York State Department of Health Quality Assurance Reporting Requirements (QARR). These excellent results led us to be the highest scoring plan for combined Quality and Member satisfaction results in New York City. We are happy to share with you these results and to commend our best performing providers. We are also sharing with you areas from the 2004 QARR that require improvements as well as the newest indicators now added to the 2005 QARR. As always, thank you for being a partner with MetroPlus in the highest quality of care delivered to our Members.

- Arnold Saperstein, MD

Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)

This measure will focus on members with a new diagnosis of, or newly active, COPD who received appropriate spirometry testing to confirm the diagnosis in the 720 days before or 180 days after the episode start date.

Follow-up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication

There are two rates in this measure which assess follow-up care for children with a diagnosis of ADHD. During the Initiation Phase, the measure looks for one follow-up visit with the prescribing provider within the 30 days after the first dispensed prescription. During the Continuation and Maintenance Phase, the measure will look to see that the child remained on the medication for at least 210 days and have at least two additional follow-up visits with a provider within the 9 months after the end of the Initiation Phase.

Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis

The measure will look for at least one ambulatory prescription dispensed for a disease modifying anti-rheumatic drug a year, in patients with Rheumatoid Arthritis.

Annual Monitoring for Patients on Persistent Medications

Members on one of the following agents must have at least a 180 day supply filled of the ambulatory medication therapy during the measurement year and at least one related therapeutic monitoring event in the measurement year as evidenced by codes on claims submitted.

<u>Therapies</u>	<u>Monitoring Tests</u>
ACE or ARB	Serum Potassium, and either a Serum Creatinine or Blood Urea Nitrogen

Digoxin	Serum Potassium, and either a Serum Creatinine or Blood Urea Nitrogen
Diuretics	Serum Potassium, and either a Serum Creatinine or Blood Urea Nitrogen
Anitconvulsants	Drug Serum Concentration
Statins	Liver Function

Adolescent Screening and Counseling Measures

All adolescents should have at least one well care visit with a PCP or OB/GYN during the year covering the following 6 components of care:

- 1.) BMI screening,
- 2.) assessment, counseling or education on nutrition and exercise,
- 3.) counseling or education on risk behaviors associated with sexual activity and preventive actions,
- 4.) assessment for depression,
- 5.) assessment, counseling or education about the risks of tobacco usage, and
- 6.) assessment, counseling or education about the risks of substance use, including alcohol and excluding tobacco.

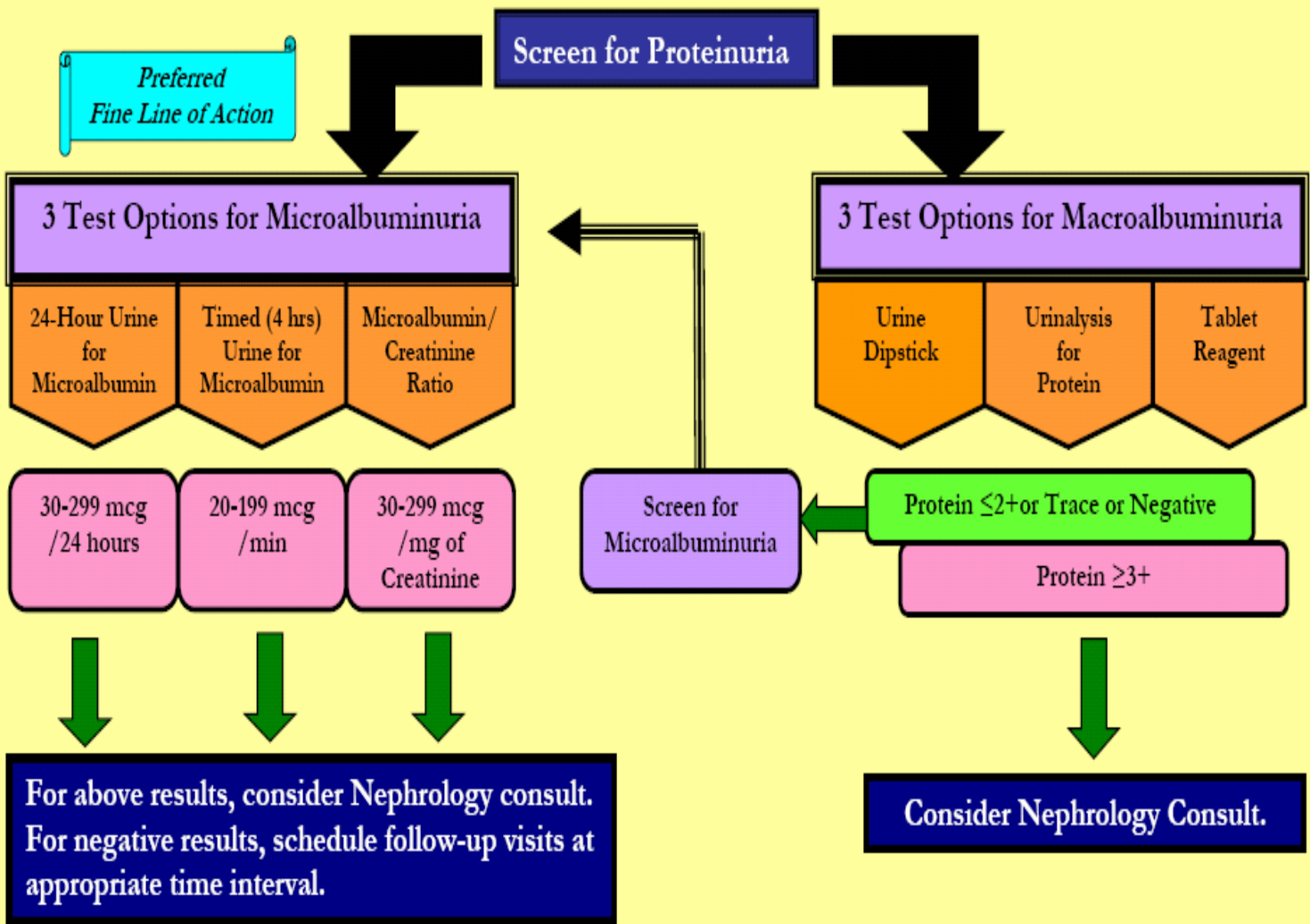
Providers should begin to familiarize themselves with these measures and make any necessary adjustments to clinical and/or administrative practice in order to achieve a positive result.

MetroPlus Health Plan 2004 Quality Reporting Requirements Results Seventh Annual Awards

Select Indicators	Best Facility Performance	Best Network Performance	2004 MetroPlus Results	Most Recent State Health Plan Average
Access to PCP Services: Children (12 mo-19yrs)	97.4% Astoria Pediatric Center	90.8% South Manhattan	87%	93%
Adults (20-64 yrs)	84.2% Gouverneur D&TC	80.6% South Manhattan	76.5%	71%
Seniors (65+ yrs)	100% Cumberland D&TC	95.1% North Brooklyn	88.2%	84%
Well Child Visits: 15 mo (Medicaid)	90.9% Stat Medical Care at Sunnyside	81.1% South Manhattan	67.7%	63%

Select Indicators	Best Facility Performance	Best Network Performance	2004 MetroPlus Results	Most Recent State Health Plan Average
Well Child Visits 3-6 yrs (Medicaid)	91.5% National Pediatric Center	81.4% South Manhattan	74%	70%
Adolescent Well Care 12-21 yrs (Medicaid)	64% National Pediatric Center	53.4% South Manhattan	45.3%	44%
Testing for Children with Pharyngitis	87.1% Comprehensive Pediatrics Care, PC	28.8% South Brooklyn / Staten Is.	19.6%	45%
Timeliness of Prenatal Care	100% Coney Is. & NCB Hosp.	95.8% South Brooklyn / Staten Is	90.3%	78%
Frequency of Ongoing Prenatal Care	85% Coney Is. Hosp.	77.3% South Manhattan	69.1%	53%
Post Partum Care	100% Coney Is. Hosp.	91.7% South Brooklyn / Staten Is.	74.7%	63%
Chlamydia Screening in Women	82.9% The Health Care Center at Tremont	65.5% North Bronx	57.9%	43%
Breast Cancer Screening	95.2% Morrisania D&TC	89.1% Generations	81.5%	66%
Cervical Cancer Screening	91.7% Coney Is. Hosp. & Lincoln Med. Center	81.9% North Bronx	75.9%	71%
Appropriate Meds for Asthma	84.4% Narco Freedom	72.6% South Manhattan	67.6%	64%
5-17 yrs	82.6% Belvis D&TC	77.8% South Manhattan	71.3%	71%
18-17 yrs				
Controlling High Blood Pressure	100% Judson Health Cen. & Metropolitan Hosp.	74.4% South Manhattan	67.2%	62%
Comprehensive Diabetes Care: HbA1C Testing	97.2% Bellevue Hosp.	94.9% South Manhattan	88.9%	84%
HbA1C Control (<=9.0)	96.7% Queens Hosp.	78.5% South Manhattan	66%	58%
LDL-C Screening	100% Elmhurst & Queens Hosp.	97.5% South Manhattan	95%	88%
LDL-C Level (<100)	73.3% Queens Hosp.	54.4% Queens	46.9%	35%
Eye Exam	81.8% East New York D&TC	62.2% North Brooklyn	56.7%	55%
Monitoring of Nephropathy	81.8% East New York D&TC	58.2% South Manhattan	45.9%	50%

Screening Protocol for Diabetic Nephropathy



Screening Guidelines for Compliance with Diabetic Nephropathy Indicator:

- Members with ESRD, CRF or ARF, Diabetic Nephropathy, or dialysis are considered compliant for the indicator.
- Type 1 DM – Screening initiated in individuals ≥15 years of age with a 5-year history of Type 1 DM.
- Type 2 DM – Screening initiated upon diagnosis and annually.

QARR Compliant Billing Codes:

- Urine Microalbumin Test: 82042, 82043, 82044, 83518, 84156 OR [(84160, 84165, 84166) with code 81050]
- Urine Macroalbumin Test: 81000-81003, 81005