



Attachment A – Recognizing Excellence Initiative 2011 Calendar Year Measures

ELIGIBLE PROVIDER SPECIALTY	DESCRIPTION OF MEASURE	PERFORMANCE TARGET
UNIVERSAL MEASURES <i>(measured once across all Specialties)</i>	<ul style="list-style-type: none"> Adoption of information technology (IT) Payment is based on the number of Meaningful Use Core Measures achieved. Measurement is based on the MNCM HIT survey completed in February, 2012. Categories of IT implementation are as follows: <ul style="list-style-type: none"> ✓ 1-3 Meaningful Use Core measures ✓ 4-6 Meaningful Use Core measures ✓ 7-8 Meaningful Use Core measures ✓ 9-10 Meaningful Use Core measures ✓ Greater than 10 Meaningful Use Core measures <p>Reported through MNCM. Reported and paid at the Individual Clinic Level</p>	1 point 1 point 1 point 1 point 1 point
	<p>Colorectal Cancer Screening: The percentage of patients 50-75 years of age who have had an appropriate screening for colorectal cancer <u>Note: This measure does not apply to Pediatrics, Behavioral Health, Cardiology or Spinal Surgery specialties.</u></p> <p>Reported through MNCM. Reported and paid at the Individual Clinic Level</p>	Top 20% of performance submissions
	<p>BMI measure consisting of both:</p> <ul style="list-style-type: none"> Documentation of an annual Body Mass Index (BMI) calculation (BMI value or percentile) for 90% of patients age 2 and older, at their last preventive visit. For patients with elevated BMI or pediatric patients above the 85th percentile, the percentage of patients with documentation of assistance/action plan. <p><u>Note: This measure does not apply to Behavioral Health, Cardiology or Spinal Surgery specialties.</u></p>	Top 20% of performance submissions
	<ul style="list-style-type: none"> MN Clinic Fax Enrollment Program, must meet documentation of tobacco use status performance target to be eligible for award. <ul style="list-style-type: none"> ✓ Documentation of successful referral to any of Minnesota's telephone –based tobacco use cessation counseling programs through the MN Clinic Fax Enrollment Program 	Enrollment targets outlined in table below
FAMILY PRACTICE and INTERNAL MEDICINE <i>Reporting results combined for Family Practice and Internal Medicine where applicable</i> <i>Diabetes and Cardiovascular Disease Measures are Reported and paid at the Individual Clinic Level</i>	<ul style="list-style-type: none"> The percentage of type I and type II Diabetes patients between the ages of 18 and 75 meeting all of the component measures listed below: <ul style="list-style-type: none"> ✓ Diabetes patients whose HbA1c level is less than 8 ✓ Diabetes patients whose LDL level is less than 100 ✓ Diabetes patients whose BP is less than 140/90 ✓ Diabetes patients documented status as tobacco free ✓ Daily aspirin Use for Patients with Ischemic Vascular/Cardiovascular Disease <p>Reported through MNCM</p>	37%



**BlueCross BlueShield
BluePlus
of Minnesota**

Independent licensees of the Blue Cross and Blue Shield Association

ELIGIBLE PROVIDER SPECIALTY	DESCRIPTION OF MEASURE	Performance Target
<p><i>FAMILY PRACTICE and INTERNAL MEDICINE</i></p> <p><i>Reporting results combined for Family Practice and Internal Medicine where applicable</i></p> <p><i>Diabetes and Cardiovascular Disease Measures are Reported and paid at the Individual Clinic Level</i></p>	<ul style="list-style-type: none"> • The percentage of patients with Cardiovascular Disease between the ages of 18 and 75 meeting all of the component measures listed below: <ul style="list-style-type: none"> ✓ CVD patients most recent LDL is less than 100 ✓ Blood Pressure < 140/90 for all patients with IVD regardless of diabetes co-morbidity ✓ CVD patients documented status as tobacco free ✓ CVD patients with documentation of daily aspirin use <p>Reported through MNCM</p>	<p>45%</p>
<p><i>PEDIATRICS</i></p>	<ul style="list-style-type: none"> • Optimal Asthma Care (MNCM): <ul style="list-style-type: none"> • Asthma is well controlled • Patient is not at risk for future exacerbations • Patient has been educated about asthma and has a current written asthma management plan <p>Reported through MNCM. Reported and paid at the Individual Clinic Level.</p>	<p>Top 20% of performance submissions</p>
	<ul style="list-style-type: none"> • The percentage of patients between the ages of 3 months and 18 years with Acute Otitis Media (AOM) who had not been treated for AOM 60 days prior to the current visit who were prescribed a first line antibiotic or had no antibiotic prescribed at the current visit. 	<p>88%</p>
<p><i>OB/GYN</i></p>	<ul style="list-style-type: none"> • The percentage of sexually active women ages 16-24 years of age who had at least one test for Chlamydia • Breast Cancer Screening: Percentage of women 50-69 who had a mammogram during the measurement year or prior year. The purpose of this measure is to evaluate primary screening. 	<p>67%</p> <p>Top 20% of performance submissions</p>
<p><i>CARDIOLOGY</i></p> <p><i>Cardiovascular Disease Measures are Reported and paid at the Individual Clinic Level</i></p>	<ul style="list-style-type: none"> • <i>The percentage of patients with Cardiovascular Disease between the ages of 18 and 75 meeting all of the component measures listed below:</i> <ul style="list-style-type: none"> ✓ CVD patients most recent LDL is less than 100 ✓ Blood Pressure < 140/90 for all patients with IVD regardless of diabetes co-morbidity ✓ CVD patients documented status as tobacco free ✓ CVD patients with documentation of daily aspirin use <p>Reported through MNCM</p>	<p>45%</p>



**BlueCross BlueShield
BluePlus
of Minnesota**

Independent licensees of the Blue Cross and Blue Shield Association

<i>ELIGIBLE PROVIDER SPECIALTY</i>	<i>DESCRIPTION OF MEASURE</i>	<i>PERFORMANCE TARGET</i>
<i>SPINAL SURGERY</i>	<ul style="list-style-type: none"> Percent of patients with arthrodesis lumbar spinal surgery who do not experience intraoperative or postoperative complications including any of the following: neurologic deficit, dural tears, vascular injuries, wound infections and/or return to surgery. 	89%
	<ul style="list-style-type: none"> Percent of patients (ages 18+) with (any) spinal surgery who have completed the Oswestry Disability Index (ODI) - both pre-surgery and 6 months following surgery. (NASS Guidelines) 	Top 20% of performance submissions
<i>BEHAVIORAL HEALTH</i> <i>Depressive Disorder Measures are Reported and paid at the Individual Clinic Level</i>	<ul style="list-style-type: none"> The percentage of patients 18 and older that completed a standardized alcohol abuse screening questionnaire during diagnostic evaluation; and If the screening is positive, documentation of recommendation to reduce use of alcohol or abstain. 	82%
	The percentage of patients 18 and older with a primary diagnosis of Major Depressive Disorder or Dysthymia, with an index contact PHQ-9 score greater than 9 and whose 6 month (+/- 30 days) PHQ-9 score is less than 5. Reported through MNCM	Top 20% of performance submissions