AMA Exhibit 10

AMA Amendment - QMIS Measures Terms and Conditions

The AMA and CMS have signed an amendment to the Current Procedural Terminology (CPT) licensing agreement for Quality Measures Management Information System (QMIS) Measures. The terms and conditions of the QMIS Measures Amendment are as follows:

CMS has implemented a Quality Management Information System which is a comprehensive web-based electronic repository of all quality measures used by CMS. QMIS includes the functionality to search for and obtain information about quality measures and a mechanism to collect comments and suggestions about the QMIS Measures.

- QMIS Measures specifications may use CPT 5-character codes and 2-character modifiers only and not CPT descriptions.

- The formats of presentation in CPT in QMIS Measure(s) specifications shall be in accordance to the following QMIS Measures Exhibit.

- CMS will update the QMIS Measure(s) specifications with subsequent CPT annual releases and update the copyright year as specified in CPT book and CPT data file.

FORMATS OF CPT IN QMIS MEASURE(S) SPECIFICATIONS

Quality Measures Management Information System (QMIS)

Measure Details

Measure ID: 10072
General Characteristics

Measure Name
       Diabetes: HbA1c Management: Poor Control – Ambulatory (2005)

Measure Description
Percentage of patients 18-75 years of age with diabetes whose most recent HbA1c level during the measurement year is > 9.0%

Consumer Care Need
Living with Illness

Quality Domain
Effectiveness

Type of Measure
Outcome
Outcome Type
Clinical Outcome

Body System
Endocrine/Metabolic
Diabetes

Variable Characteristics

Measure Care Setting
Ambulatory Care
Health Plan
HMO (Health Maintenance Organization
PPO (Preferred Provider Organization)
Other
Community Health Care
Rural Health Care

Unit of Measurement
Physician
Physician Group

Consensus Endorsement Process
NQF (National Quality Form)

Consensus Endorsement Process Status
Endorsed
Endorsed Status Date (yyyy/mm/dd)
2005/10/27

Technical Specifications

Lower Limit
18
Lower Span
Years

Upper Limit
75
Upper Span
Years

Gender
Both Males and Females

Continuous Enrollment
> No

Payer Source
> All payers (includes commercial and self-pay)

Measure Result Reported As
> Negative

Current Alignment with CMS
> NCQA (National Committee for Quality Assurance)

Method of Data Collection
> Electronic Supplemented by Medical Record Review
> Electronic

Numerator Statement
> The most recent HbA1c test during the measurement year is >9.0%, as documented through automated laboratory data or medical record review. If there is no HbA1c level during the measurement year, the level is considered to be >9.0% (i.e., no test is counted as poor control).
>
> At a minimum, documentation in the medical record must include a note indicating the date on which the HbA1c test was performed and the result.
>
> *Note:* For this indicator, a lower rate indicates better performance (i.e., low rates of poor control indicate better care.)

Numerator Data Source and Collection Instructions
> Lab Data
> Medical Record Review

Numerator Time Window
> Measurement year

Denominator Statement
> Patients 18-75 years of age who had a diagnosis of diabetes (type 1 or type 2)
>
> Two methods are provided to identify diabetic patients: pharmacy data and claims/encounter data. Both methods should be used to identify the eligible population; however a patient only needs to be identified in one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or year prior to the measurement year:

Denominator Data Source and Collection Instructions
> Pharmacy Data
> NDC
> **Codes**
>> Patients who were dispensed insulin or oral hypoglycemic/antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis.
>>
>> Prescriptions to identify patients with diabetes include:
>> Insulin prescriptions (70/30, Continuous subcutaneous infusion of insulin, Humalog, Humulin, Iletin, Insulin pen, Insulin pump ,Regular insulin, NPH Lente, Lantus, Lispro, Multiple daily injections, Novo, Novolin, Nordisk, Novolog, Penfill, Semilente, Ultralente, Velosulin) and Oral hypoglycemics/antlhyperglycemic prescriptions (Acetohexamide, Actos, Amaryl, Avandia, Chlorpropamide, Diabeta, Diabinese, Dymelor, Glimepiride, Glipizide, Glipizide XL, Glucamide, Glucotrol, Glucotrol XL, Glucovance, Glyburide, Glynase, Glyset, Micronase, Miglitol,   • Nateglinide, Orinase, Orimide, Pioglitazone, Prandin (Repaglinide), Precose, Rezulin, Rosiglitazone, Starlix, Tolazamide, Tolamide, Tolbutamide, Tolinase, Troglitazone).

See <u>NCQA's website</u> for up-to-date medication lists and NDC codes.

Claim/Encounter Data
Instructions
> *Claim/Encounter Data:* Patients who had face-to-face encounters with different dates of service in an ambulatory setting or non-acute inpatient setting or one face-to-face encounter in an acute inpatient or emergency room setting during the measurement year-to-year prior to the measurement year with a diagnosis of diabetes. Services that count over both years may be counted.
>
> Codes to identify diabetics using claims/encounter data include:

> Other
> **Codes**
>> Outpatient/nonacute inpatient:
>> UB-92 Revenue Codes (019X, 0456, 049X- 053X, 055X-059X, 065X, 066X, 076X, 077X, 082X-085X, 088X, 092X, 094X, 096X, 0972-0979, 0982-0986, 0988, 0989)
>>
>> Acute inpatient/emergency department:
>> UB-92 Revenue Codes (010X-016X, 020X-022X, 0450, 0451, 0452, 0459, 072X, 080X, 0981, 0987

> CPT
> **Codes**
>> Outpatient/non-acute inpatient:
>> CPT Codes (92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241- 99245, 99271-99275, 99301-99303, 99311-99313, 99321-99323, 99331- 99333, 99341-99355, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99499)
>>
>> Acute inpatient/emergency department:
>> CPT Codes (99221-99223, 99231- 99233, 99238-99239, 99251-99255, 99261-99263, 99281-99285, 99291- 99292, 99356-99357)
>>
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> ICD9-CM
> **Codes**
>> Diabetes diagnosis:
>> ICD-9-CM Codes (250, 357.2, 362.0, 366.41, 648.0); DRGs (294, 295)

> Medical Record Review
> **Instructions**
> For medical record collection: A systematic sample drawn from the denominator criteria

Denominator Time Window
Measurement year or year prior to the measurement year

Exclusion Criteria Statement
Exclude patients with a diagnosis of polycystic ovaries (ICD-9-CM Code: 256.4) who did not have any face-to-face encounters with the diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year.

Diagnosis of polycystic ovaries can occur at any time in the patient's history, but must have occurred by December 31st of the measurement year.

Exclude patients with gestational diabetes (ICD-9-CM Codes 251.8, 962.0) or steroid induced diabetes (ICD-9-CM Code 648.8) during the measurement year.

Exclusion Criteria Data Source and Collection Instructions
Claim/Encounter Data
ICD9-CM
Medical Record Review

Exclusion Criteria Time Window
Refer to Exclusion Criteria Statement for time windows

History

Measure Status
Implemented

Measure Developer
NCQA (National Committee for Quality Assurance)

Intellectual Property Status
Copyright

Measure Source
Adopted
Name of Original Measure
Please read NCQA Notice of Use

CMS Final Approval (yyyy/mm/dd}
2006/04/01
Attachments

Measure Justification
Measure Justification.doc

Other
NCQA Statement of Use.doc