



# Fracture Report

## Frequently Asked Questions

### About the fracture report

#### What is the fracture report?

The report provides a list of women age 67 and older who recently had a claim indicating a fracture. These patients require follow-up within six months of the fracture to address possible risk of osteoporosis.

#### What follow-up care is indicated?

Follow-up is required within six month of the fracture date. Kaiser Permanente recommends that patients start with a bone density scan, also called DEXA. This scan will determine a patient's risk of osteoporosis.

Patients who are identified as at risk for osteoporosis should then begin an osteoporosis medication:

- 1<sup>st</sup> line: Alendronate, or Risedronate\* for intolerance to alendronate
- 2<sup>nd</sup> line: Zoledronic acid\* for GI intolerance to oral bisphosphonates
- 3<sup>rd</sup> line: Denosumab, Raloxifene\*, Calcitonin\*
- 4<sup>th</sup> line: Teriperatide<sup>o</sup>

See [Kaiser Permanente Clinical Guidelines](#) for more information on interpretation of bone density test results and pharmacologic options.

#### How was this patient identified for this measure?

Patients are identified using HEDIS<sup>®</sup> methodology through claims data.

#### When can patients be removed from the fracture report?

Patients will be automatically removed from the report when a claim is received for a DEXA scan or a dispensed prescription to treat osteoporosis, or after six months, whichever comes first.

#### When is a patient excluded from this measure?

Patients are excluded from the fracture follow-up measure if they had:

- A fracture claim in the 60 days prior to this fracture
- A bone density test claim during the 24 months prior to this fracture
- A claim for osteoporosis medication therapy in the 12 months prior to this fracture
- An osteoporosis medication dispensed in the 12 months prior to this fracture

#### My patient didn't have a fracture.

The report uses claims submitted with a fracture code. It could be the code referred to a past fracture or an initial diagnosis that was determined later to be incorrect. Unfortunately these cannot be screened out.

#### The circumstances of the fracture do not indicate the patient is at risk for osteoporosis.

It is difficult to predict whether another person in the same circumstances would also have sustained a fracture. Kaiser Permanente and Medicare recommend a bone density scan to definitively assess risk.

\* Prior authorization required for patients who are not on Medicare Part D

<sup>o</sup> Non-Formulary for patients who are not on Medicare Part D

### **I provided this care for my patient last month. Why is it still a gap on the report?**

Claims may take up to 90 days to be reflected in reporting.

### **My chart notes indicate that a patient did have this care. How can I report this?**

HEDIS<sup>®</sup> requires a claim submitted to Kaiser Permanente. At this time it is not possible to accept additional sources of information.

### **Does Kaiser Permanente require a referral for a bone density scan?**

Yes, patients need a referral and authorization for a bone density scan. Copays and deductibles may apply. Bone Mass Measurements (BMM's) are covered as preventive under Medicare only if a member meets these criteria:

- Women determined by their physician to be estrogen deficient and at clinical risk for osteoporosis
- Individuals with vertebral abnormalities
- Individuals getting (or expecting to get) glucocorticoid therapy for more than 3 months
- Individuals with primary hyperparathyroidism
- Individuals being monitored to assess response to U.S. FDA-approved osteoporosis drug therapy

### **My patient has already had a full course of bisphosphonates.**

In cases where a patient has had a fragility fracture despite 5 years of care, [Kaiser Permanente Clinical Guidelines](#) recommend considering additional therapy.

### **Is care received outside of my practice reflected in the fracture report?**

Services rendered by any practitioner are included. If a patient's care is billed to Kaiser Permanente and codes (procedure, diagnosis, etc.) are supplied, it will be reflected in the fracture report after the claim is processed.

### **What do I do if I find a deceased patient on the fracture report?**

Providers can report deceased patients to Kaiser Permanente Customer Service at 1-888-901-4636.

### **What if a patient on the fracture report no longer has Kaiser Permanente coverage?**

Sometimes it takes several cycles for membership updates to be reflected on the fracture report.

### **Some of these patients aren't mine. Why are they in my report?**

The fracture report lists patients based on who the patient indicates is their PCP. All Medicare enrollees are required to select a PCP within 90 days or a PCP is assigned for them. For patients who do not have an assigned PCP on record, such as those who are not yet Medicare-enrolled, attribution is used which is based on claims in the past 24 months.

### **What do I do if I find a physician being printed in the wrong clinic?**

The physician clinic location is determined by provider files in our database. If you find a physician that is in the wrong clinic report, contact your Provider Services Consultant to update the physician's location.

## **Questions**

Contact your Provider Services Consultant or Kaiser Permanente Quality at [KPWAQuality@kp.org](mailto:KPWAQuality@kp.org).