

APRIL 2019

PROVIDER QUALITY NEWSLETTER



MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction



Interpreta – 2019 Data Available!

Interpreta is MedPOINT's new quality platform that provides continuous updates on open gaps in care on HEDIS® measures for all lines of business. Data for 2019 has been loaded and is available for outreach to members on the preventive screenings and chronic care that is due.

Training on Interpreta is ongoing and if you would like to schedule a Webinar or an in-person meeting with your staff and/or providers, please contact your HEDIS/Stars Specialist, email qualitymeasures@medpointmanagement.com or call 818-702-0100, x1353.

To request Interpreta login(s), please email a list of users to interpreta@medpointmanagement.com and provide your IPA name(s), NPI(s) and Provider/Clinic name, plus the following information for each person:

- User First and Last Name
- Job Title
- Email Address

Quality is about culture and it is everyone's job in the clinic to make sure every patient receives the preventive screenings they need. Take it from California's only 5 Star Health Plan – Kaiser. Everyone, including providers and front office, need to remind patients of their screenings.

Please integrate Interpreta with your front office and appointment staff so they can look up which preventive services are due when members call in for any reason. This way, appropriate appointments can be made and referrals can be submitted to make sure they receive their preventive care.

And remember - Interpreta is updated every week. We will let you know when daily updates are available.



MedPOINT Releases New 2019 HEDIS/STARS Provider Reference Guide

The HEDIS/STARS Provider Reference Guide has been updated for 2019 and has a new look. Please print the attached 8 page Guide, or contact us and we will be happy to send you a copy. You can also find a copy of the new guide on our website at <http://www.medpointmanagement.com/provider-resources/> under Quality Management Information, HEDIS Documents.



Comprehensive Diabetes Care Coding Tip Sheet

Blue Shield has created a great guide for correctly coding all components of the CDC measure. Please see the attached "Comprehensive Diabetes Care: Provider Coding Tip Sheet" and share with your staff.



Health Net 2019 Educational Webinars

Please see the attached list of educational webinars offered by Health Net in 2019. You can also receive their webinar invitations directly by emailing them at cqi_medicare@healthnet.com and requesting to be added to the distribution list.



Appointment Standards Survey Starting Soon

In 2019, Health Services Advisory Group, Inc. (HSAG) will contact providers on behalf of DHCS to evaluate compliance with Appointment Access Standards. Please review the time frames required and other details on the attached Anthem Provider Bulletin.



New Prenatal/Postpartum Maternal Mental Health Screenings Required

Beginning July 1, 2019, Assembly Bill (AB) 2193 requires licensed health care practitioners who provide prenatal or postpartum care for a patient to screen or offer to screen Commercial, Medi-Cal and Cal MediConnect mothers for maternal mental health conditions. Please see the attached Provider Update from Health Net for details.



Chart Submission Requirements 2019

LA Care has created the attached list of chart submission requirements by HEDIS measure. Please keep this handy and share with your medical records staff. Thank you for your prompt response to all health plans when they send medical record requests. These are very important to validate data and give you credit for the services you provide.



Health Themes Coming Up

Educating your patients about health is a constant process. Please display the attached "Put Your Health First" flyer to remind them of the screenings they need. If you take care of seniors, the attached "Seeing Your Doctor" flyer can be posted to remind them of what to discuss with their doctor.

Please also mark your calendar for the following health themes coming up:

May

Eye Prevention Month
Healthy Vision Month
Mental Health Month
National Osteoporosis Month
National Physical Fitness and Sports Month

6th - 12th

National Neuropathy Awareness Week

13th - 19th

National Women's Health Week

June

11th - 17th

Men's Health Month and Week

3rd

National Cancer Survivor's Day



REVISED 3.12.19

HEDIS®/STARS REFERENCE GUIDE FOR PROVIDERS 2019

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS				
Adult BMI Assessment (ABA)	Members 18-74 years as of 12/31/2019	Commercial, Medi-Cal, Medicare	BMI documented in 2018 or 2019. <ul style="list-style-type: none"> Document BMI percentile for members 19 and younger (not BMI value). Document BMI value for age 20+. 	Adults 20+ yrs: ICD-10: Z68.1 - Z68.45 Pediatric up to 19 yrs: ICD-10: Z68.51-Z68.54 Best Practices: <ul style="list-style-type: none"> Make sure calculation of BMI or BMI percentile is in Medi-Cal record, along with height and weight.
Colorectal Cancer Screening (COL)	50-75 years as of 12/31/2019	Commercial, Medicare	Members who had appropriate screening for colorectal cancer: <ul style="list-style-type: none"> Fecal occult blood iFOBT/FIT test in 2019 or Colonoscopy in past 10 years (2009-2019) Best Practices: <ul style="list-style-type: none"> Clearly document previous colonoscopy, including year. Also acceptable for this measure: <ul style="list-style-type: none"> gFOBT (Guiaic) (3 sample test) Flexible Sigmoidoscopy FIT-DNA (Cologuard®) (covered by Medicare and select Commercial plans only) Computed Tomography (CT) Colonography 	iFOBT/FIT - CPT: 82274 HCPCS: G0328 Colonoscopy: billed by Gastroenterologist Exclusions: Colorectal cancer or total colectomy, members age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.
Controlling High Blood Pressure (CBP)	18-85 years and Hypertensive as of 12/31/2019	Commercial, Medi-Cal, Medicare	Members with >=2 diagnoses of hypertension between 2018-2019 whose last blood pressure of 2019 was <140/90. Best Practices: <ul style="list-style-type: none"> Most recent BP value counts. Electronically submitted BP readings from patient monitoring devices are compliant. Use CPT II outcome codes on encounters to avoid Medi-Cal record requests. Retake BP at end of appointment if reading is high during initial vitals. 	CPT II Codes: 3074F - Systolic <130 3075F - Systolic 130-139 3078F - Diastolic less than 80 mm Hg 3079F - Diastolic 80-89 mm Hg 3077F - Systolic >= to 140 3080F - Diastolic >= to 90 Exclusions: Members in hospice, with evident ESRD; kidney transplant, diagnosis of pregnancy; had a non-acute inpatient admission, all in 2019. Age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.
Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART)	18 years and older as of 12/31/2019	Commercial, Medi-Cal, Medicare	Patients with a diagnosis of rheumatoid arthritis on two different dates of service between 1/1/19 and 11/30/19 who were dispensed a DMARD by a provider or pharmacy. Best Practices: <ul style="list-style-type: none"> Prescribe DMARDs to patients with RA. Watch for osteoarthritis miscoded as RA. 	DMARD prescription filled: Abatacept, Adalimumab, Anakinra, Auranofin, Azathioprine, Certolizumab, Certolizumab, Cyclophosphamide, Cyclosporine, Etanercept, Gold, Golimumab, Hydroxychloroquine, Infliximab, Leflunomide, Methotrexate, Minocycline, Mycophenolate, Penicillamine, Rituximab, Sulfasalazine, Tocilizumab, Tofacitinib. Exclusions: Frailty and advanced illness.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS - CONTINUED				
Medication Reconciliation Post-Discharge (MRP)	Hospital discharges of members 18 years (as of 12/31/2019) and older from 1/1/19 to 12/1/19 for whom medications were reconciled on the date of discharge through 30 days after discharge (31 days total).	Medicare	<p>Documentation in the outpatient Medi-Cal record by a PCP, registered nurse or pharmacist must include evidence of medication reconciliation (within 30 days of discharge) and the date when it was performed. An outpatient visit is not required.</p> <p><i>Any of the following documentation meets criteria (first two below are easiest):</i></p> <ul style="list-style-type: none"> • Current medications list with a note that discharge medications were reviewed, or • Current medications list with a note that no meds were prescribed or ordered upon discharge, or • Current medications list with a notation that provider reconciled current and discharge medications, or • Current medications list with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications), or (see next column) 	<p>CPT II: 1111F</p> <p>Documentation continued:</p> <ul style="list-style-type: none"> • Current medications list with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. • Current and discharge medication lists with note both were reviewed on same date of service. • Note in discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient Medi-Cal record; with evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
CHILDREN & ADOLESCENTS				
Adolescent Well-Care Visits (AWC)	12-21 years as of 12/31/2019	Commercial, Medi-Cal	<p>One comprehensive well-care visit with a PCP or OB/GYN in 2019 that documents the date of the visit and all of the following:</p> <ol style="list-style-type: none"> 1) a health history; 2) a physical developmental history; 3) a mental developmental history; 4) a physical exam 5) health education/ anticipatory guidance. 	<p>ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17). Z00.00 or Z00.01 for adult. Z02.5 Sports Physical</p> <p>CPT Preventive codes: 99384 - age 12-17, new patient 99394 - age 12-17, established patient 99385 - age 18+, new patient 99395 - age 18+, established patient</p>

Childhood Immunization Status (CIS)	Children age 2 years in 2019 who had all immunizations by their 2nd birthday	Commercial, Medi-Cal	<p>Children 2 years of age in 2019 who received these vaccines on or before their second birthday:</p> <p>Combo 3 - 4 DTaP 3 Polio (IPV) 1 MMR 3 Influenza Type B (HiB) 3 Hepatitis B 1 chicken pox (VZV) 4 Pneumococcal conjugate (PCV)</p> <p>Combo 10 - includes above plus the following: 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq) 2 influenza vaccines</p>	<p>Exclusions: Please refer to the 2019 HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphylactic reaction, Encephalopathy, Adverse Effects, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency or Intussusception.</p> <p>Best Practice: Always use CAIR2 - California Immunization Registry - cairweb.org</p>
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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
CHILDREN & ADOLESCENTS - CONTINUED				
Immunizations for Adolescents (IMA)	Adolescents age 13 in 2019 who had immunizations before 13th birthday	Commercial, Medi-Cal	<p>The percentage of adolescents 13 years of age who had:</p> <p>Combo 1 -</p> <ul style="list-style-type: none"> 1 dose of meningococcal conjugate vaccine (MCV) given between member's 11th and 13th birthday and 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine given between 10th and 13th birthday <p>Combo 2 - includes above plus the following:</p> <ul style="list-style-type: none"> 2 or 3 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday. 	<p>Exclusions - Please refer to the 2019 HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphalactic reaction, Encephalopathy and Adverse Effect. The exclusion must have occurred on or before the member's 13th birthday.</p> <p>Best Practice:</p> <ul style="list-style-type: none"> Always use CAIR2 - California Immunization Registry - cairweb.org
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)	3-17 years as of 12/31/2019	Commercial, Medi-Cal	<p>Outpatient visit with PCP or OB/GYN with evidence of the following in 2019:</p> <ol style="list-style-type: none"> 1) BMI percentile or age-growth chart with height and weight, 2) counseling for nutrition and 3) counseling for physical activity <p>Best Practices:</p> <ul style="list-style-type: none"> PM 160 Forms and Staying Healthy Assessment Forms are compliant if documented correctly. Ensure templates include word "counseling." Be specific about health education given and topics discussed. Documentaton of "gave Growing up Healthy brochure" counts for both nutrition and physical activity counseling. See: https://www.dhcs.ca.gov/formsandpubs/publications/pages/chdppubs.aspx. 	<p>BMI Percentile ICD-10: Z68.51 - Z68.54</p> <p>Counseling for Nutrition ICD-10: Z71.3</p> <p>Counseling for Physical Activity ICD-10: Z71.82, Z02.5 HCPCS: G0447, S9451</p>
Well-Child Visits 3-6 Years (W34)	3-6 years as of 12/31/2019	Commercial, Medi-Cal	<p>One well-child visit with a PCP in 2019 that documents the date of the visit and all of the following:</p> <ol style="list-style-type: none"> 1) a health history; 2) a physical developmental history; 3) a mental developmental history; 4) a physical exam 5) health education/ anticipatory guidance. 	<p>ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17) Z02.5 Sports Physical</p> <p>CPT Preventive codes: 99382 - age 1-4, new patient 99392 - age 1-4, established patient 99383 - age 5-11, new patient 99393 - age 5-11, established patient</p>
HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE				
Comprehensive Diabetes Care (CDC) - HbA1c Control	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Documentation of a hemoglobin A1c (HbA1c) blood test in 2019 with date and result.</p> <p>Includes:</p> <ul style="list-style-type: none"> control <8% poor control >9% <ul style="list-style-type: none"> Most recent reading during the year counts for these components. 	<p>HbA1c Tests CPT: 83036 HbA1c Level < 7.0 CPT II: 3044F HbA1c Level 7.0-9.0 CPT II: 3045F HbA1c Level > 9.0 CPT II: 3046F</p> <p>Exclusions for all CDC components: Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE - CONTINUED				
Comprehensive Diabetes Care (CDC) - HbA1c Testing	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin A1c (HbA1c) blood test in 2019 with date and result.	HbA1c Tests CPT: 83036 Exclusions for all CDC components: Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.
Comprehensive Diabetes Care (CDC) - Nephropathy	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Nephropathy screening or monitoring test or evidence of nephropathy during 2019. Includes: Microalbumin urine test or visit to nephrologist or at least one ACE inhibitor or ARB dispensing event or evidence of ESRD or kidney transplant.	Evidence of Treatment for Nephropathy: CPT II: 3066F, 4010F, 3060F-3062F Exclusions for all CDC components: Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.
Comprehensive Diabetes Care (CDC) - Retinal Eye Exam	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist): <ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional during 2019. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2018. Best Practices: <ul style="list-style-type: none"> • Use CPT II code 3072F in 2019 to ensure credit. • Medi-Cal record documentation must include a letter prepared by an ophthalmologist, optometrist, or a note by the PCP that eye professional completed exam, date of service and result. 	Diabetic Retinal Screening CPT: 67028 - 99245 (limited to eye care professionals) Diabetic Retinal Screening Negative: CPT II: 3072F (negative in 2018) Diabetic Retinal Screening with Eye Care Professional CPT II: 2022F - Face to face 2024F - Retinal photos interpreted onsite 2026F - Retinal telemedicine (i.e. EyePACS) Exclusions: Gestational diabetes, steroid induced diabetes.
Comprehensive Diabetes Care (CDC) - Blood Pressure Control	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Members with diagnosis of diabetes whose blood pressure was <140/90 by the end of 2019. Best Practices: <ul style="list-style-type: none"> • Most recent BP value counts. • Use CPT II outcome codes in 2019 to avoid Medi-Cal record requests. • Retake BP at end of appointment if reading is high during initial vitals. • Electronically submitted BP readings from patient monitoring devices are compliant. 	CPT II Codes: 3074F - Systolic <130 3075F - Systolic 130-139 3078F - Diastolic less than 80 mm Hg 3079F - Diastolic 80-89 mm Hg 3077F - Systolic >= to 140 3080F - Diastolic >= to 90 Exclusions: Members in hospice, with ESRD, kidney transplant or pregnancy in 2019. Age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
SENIORS				
Care for Older Adults (COA)	66 years and older as of 12/31/2019	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	<p>Members who had each of the following during 2019:</p> <ul style="list-style-type: none"> • Advance care planning • Medication review • Functional status assessment • Pain Assessment <p>Best Practice:</p> <ul style="list-style-type: none"> • Code for all components above as there is a separate rate for each measure. • Complete Annual Wellness Visit (AWV) for all eligible patients. • Documentation for Advance Care Plan must include note of discussion and date, or note that advance care plan was executed, or note that plan is in Medi-Cal record. • Documentation for medication review must include medication list and date it was reviewed, or note of no medications. 	<p>Advanced Care Planning: Document Present CPT II: 1157F Discussion documented CPT II: 1158F</p> <p>Medication Review: CPT® II: 1160F Medication List: CPT® II: 1159F Both Review and List codes must be used.</p> <p>Functional Status Assessment: CPT® II: 1170F</p> <p>Pain Assessment: Pain Present CPT II: 1125F Pain not Present CPT II: 1126F</p>
Osteoporosis Screening and Management after Fracture (OMW)	Women 67-85 years as of 12/31/2019	Medicare	<p>Women with a fracture date between 7/1/2018 – 6/30/2019 and who had either a bone mineral density (BMD) test or dispensed prescription for a drug to treat osteoporosis in the six months (180 days) after the fracture.</p> <p>*Does not include fractures to the fingers, toe, face or skull.</p>	<p>Medications: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Albandronate, Calcitonin, Denosumab, Raloxifene, Teriparatide.</p> <p>Exclusions: Members age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.</p>
Use of High-Risk Medications in the Elderly (DAE)	66 years and older as of 12/31/2019	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	<p>Medicare members age 66 and older who received at least:</p> <ul style="list-style-type: none"> • One dispensing event for a high-risk medication, or • Two dispensing events for the same high-risk medications. 	<p>List of medications available upon request or on page 282 of the NCQA 2019 Technical Specifications.</p> <p>Note:</p> <ul style="list-style-type: none"> • Some medication classes are considered high-risk in any amount, while others have a days supply or average daily dose threshold to be considered high-risk. • A lower rate represents better performance.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY				
Breast Cancer Screening (BCS)	Women 50-74 years as of 12/31/2019	Commercial, Medi-Cal, Medicare	<p>Women who had a mammogram to screen for breast cancer between 10/1/2017 and 12/31/2019 (at least every 27 months).</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Do not count Biopsies, ultrasounds and MRIs. • Breast tomosynthesis does count. • Code exclusions every year during any outpatient encounter submission. • Screen every other year. 	<p>CPTs: 77067, 77066, 77065</p> <p>Exclusions: Bilateral Mastectomy: Z90.13.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY - CONTINUED				
Cervical Cancer Screening (CCS)	Women 21-64 years as of 12/31/2019	Commercial, Medi-Cal	<p>Age 21-64 cervical cancer screening in 2017, 2018 or 2019 (every 3 years). Document the date and results.</p> <p>- OR -</p> <p>Age 30-64 cervical cancer screening and HPV co-testing (every 5 years) performed between 2015 - 2019 with documented date and results.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Order co-testing, not HPV reflex, for women age 30 and over. • Document exclusions every year. • Document "total hysterectomy" or "no cervix" or it will not count. • HPV-only screening for ages 30+ is proposed starting in 2020. 	<p>Cervical Cytology CPT: 88142 HPV Test CPT: 87624</p> <p>Exclusions: Documentation of total hysterectomy with absence of cervix. Acquired Absence of cervix and uterus: Z90.712 Congenital absence of the cervix: Q51.5</p>
Chlamydia Screening in Women (CHL)	16-24 years as of 12/31/2019	Commercial, Medi-Cal	<p>Women identified as sexually active who had at least one test for chlamydia during 2019.</p> <p>Two methods identify sexually active: (1) pharmacy data (dispensed contraceptives during the measurement year) and (2) encounter data.</p>	<p>CPT: 87491</p> <p>Best Practice:</p> <ul style="list-style-type: none"> • Chlamydia can be tested by urine or gynecological exam. • Don't forget to test 15 year olds turning 16 by 12/31.
Prenatal Care, Timeliness of (PPC-Pre)	<p>Live births between 11/6/2018 - 11/5/2019</p> <p>Prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment</p>	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	<p>Code the first Prenatal Visit separately, document the date, diagnosis of pregnancy and evidence of one of the following:</p> <ol style="list-style-type: none"> 1 A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. 2 Evidence that a prenatal care procedure was performed (such as OB panel or ultrasound or TORCH panel) 3 Easiest and preferred documentation but must include pregnancy diagnosis (e.g. Z34.90) - Documentation of last menstrual period (LMP) or estimated date of delivery (EDD) in conjunction with either a prenatal risk assessment and counseling/education or a complete obstetrical history. 4 OB/GYN: Visit must be billed with one of the following: a pregnancy diagnosis, obstetric panel, prenatal ultrasound, rubella/Rh or rubella/PBO. Or a prenatal visit billed with all of the following: toxoplasma antibody, rubella, cytomegalovirus, and herpes simplex. 	<p>Procedure codes:</p> <p>Prenatal visit during first trimester CPT: 99201-99205, 99211-99215, 99241-99245 CPT II: 0500F OB panel: 80055 Prenatal ultrasound: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • For E&M codes to count they must be paired with a pregnancy diagnosis (e.g. Z34.90), ultrasound or labs. • Perform prenatal care visit on same day of the positive pregnancy test. • Documentation must include PCP visit date, diagnosis of pregnancy and required exams. • Ensure that pregnant and recently delivered patients get priority for appointments. • For visits to a PCP, a diagnosis of pregnancy must be present. • Services may be provided by PCP/ OBGYN/other family care practitioner, Midwife. <p>NOTE: There are major changes proposed to the PPC measures which will impact the measurement year of 10/08/2018 - 10/07/2019.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY				
Postpartum Care (PPC-Post)	<p>Live births between 11/6/2018 - 11/5/2019</p> <p>Postpartum visit between 21 and 56 days after delivery.</p> <p>*See proposed changes.</p>	Commercial, Medi-Cal	<p>Documentation of a postpartum visit on or between 21 and 56 days after delivery and must include one of the following:</p> <ul style="list-style-type: none"> • Notation of postpartum care, including, but not limited to, notation of “postpartum care,” “PP care,” “PP check,” “6-week check,” or preprinted “postpartum care” form (easiest and preferred documentation). • Pelvic exam. • Evaluation of weight, BP, breasts and abdomen. <p>Best Practices:</p> <ul style="list-style-type: none"> • Make sure to indicate visit date and notate “postpartum care.” • Schedule both early (first 3 weeks) and late (4-8 weeks) postpartum visits before mother and baby leave the hospital. • Offer home visit for postpartum. • CPSP (Comprehensive Perinatal Services Program) postpartum visit code Z1038 crosswalks to CPT II code 0503F. Best practice is to bill both codes. • Incision check for post C-section does not constitute a postpartum visit. 	<p>Postpartum CPT II: 0503F Postpartum Visit ICD-10CM: Z39.2</p> <p>Note:</p> <ul style="list-style-type: none"> • Global CPT codes may not reflect when postpartum care was rendered. • Z39.2 is the preferred ICD10 code that can be attached to any E&M code. <p>Proposed changes to the PPC measure for 2019-2020 will require an Early Postpartum Visit within 21 days after delivery and a Later Postpartum Visit during 22 and 84 days after delivery.</p> <p>Also, new Prenatal and Postpartum Depression Screening and Follow-Up measures are proposed.</p>

PLEASE NOTE

Information above is subject to change.

This list is not a complete list of all HEDIS measures. The codes listed above are SAMPLE CODES.

Please refer to HEDIS 2019 Volume 2 Technical Specifications for Health Plans and NCQA's HEDIS 2019 Value Set Directory for a complete list.

Member Satisfaction Surveys (CAHPS) are part of HEDIS and some P4P Programs.

Comprehensive Diabetes Care: Provider Coding Tip Sheet

Why is it important to track Comprehensive Diabetes Care measures?

Healthcare Effectiveness Data and Information Set (HEDIS) measures provide a standardized way for providers and health plans to demonstrate their delivery of high-quality care. The diabetes measures are part of several state and federal quality programs (Integrated Healthcare Association, National Committee for Quality Assurance, Medicare Stars) and contribute to the overall quality ratings for medical groups and health plans. These ratings may influence patients' choices when selecting a medical group or health plan.

What is being measured?

For members aged 18-75 years old with Type 1 or Type 2 diabetes, there are six key measures:

1. **HbA1c Testing**—Hemoglobin A1c test completed at least once per year.
2. **HbA1c Control**—Most recent A1c <7%, 8%, or 9% (target percentage varies by population age, medical conditions, etc.).
3. **Retinal Health**—Annual retinal or dilated eye exam or negative retinopathy exam result from prior year.
4. **Medical Attention for Nephropathy**—Annual screening or monitoring test, or treatment for nephropathy
5. **Blood Pressure Control**—Most recent reading during measurement year controlled at <140/90 mm Hg.
6. **Statin Therapy**—Members 40–75 years old without atherosclerotic cardiovascular disease receive a statin and remain on that statin for at least 80% of the treatment period.

What do I need to do?

To receive credit for your clinical interventions and achieve high quality scores, it is crucial that you document and code accurately.

The codes and documentation required for each diabetes clinical measure listed above are described under the separate headings that follow.

1. HbA1c Testing

CPT	CPT-II	HCPCS	LOINC	Chart Documentation
83036 83037	-	-	17856-6 4548-4 4549-2	Date and result of most recent HbA1c test

2. HbA1c Control

CPT	CPT-II	HCPCS	LOINC	Chart Documentation
-	3044F (< 7%) 3045F (7 - 9%) 3046F (> 9%)	-	-	Date and result of most recent HbA1c test

3. Retinal Health (eye exam)

CPT	CPT-II	HCPCS	LOINC	Chart Documentation
Various codes for "Diabetic Retinal Screening" & "Unilateral Eye Nucleation"	2022F 2024F 2026F 3072F (negative retinopathy screening in previous year)	S0620 S0621 S3000	-	Note, chart, or photo from an eye care professional with date and results of eye exam Various ICD-10-PCS codes also used
Teleretinal imaging in primary care setting: 92227-92228, 92250				

Documentation Tips

- When a PCP submits a claim/encounter for retinal screening performed by the PCP or eye care professional and read by an eye care professional, **both** CPT and CPT-II codes must be documented. If both are not received, it will not count towards HEDIS scores. (e.g., 92250 + 2022F)
- If a patient had a negative retinopathy exam the year prior to the measurement year, use the 3072F code and the current year DOS. Also, document in the chart the eye care provider's name, date of exam, and results from the previous year.

4. Medical Attention for Nephropathy

Measure	CPT	CPT-II	HCPCS	LOINC	Chart Documentation
Nephropathy Treatment	-	3066F 4010F	-	-	Evidence of screening; or Evidence of nephropathy (stage 4 CKD, ESRD, kidney transplant, or visit with nephrologist); or Evidence of prescription for ACEI/ARB <i>Various ICD codes for diagnosis of CKD stage 4, ESRD, or kidney transplant</i>
Urine Micro Albumin Test	81000-81003 81005 82042-82044 84156	3060F 3061F 3062F	-	<i>Various codes for protein ratios in "Urine Protein Test" set</i>	Evidence of screening: Date and result of urine micro albumin test

5. Blood Pressure Control

Measure	CPT	CPT-II	HCPCS	LOINC	Chart Documentation
Systolic Control	-	3074F (< 130 mm Hg) 3075F (130 - 139 mm Hg) 3077F (≥ 140 mm Hg)	-	-	Date and result of most recent blood pressure measurement
Diastolic Control	-	3078F (< 80 mm Hg) 3079F (80 - 89 mm Hg) 3080F (≥ 90 mm Hg)	-	-	Date and result of most recent blood pressure measurement

6. Statin Therapy

Prescribing Statins will improve quality measures. There are several quality measures (HEDIS/Medicare Star) related to statin drug use to encourage quality care.

For diabetes, these are:

- Medication Adherence for Cholesterol (Statins)
- Statin Use in Persons with Diabetes (SUPD)

In addition:

- All patients with at least two fills of a statin drug in the calendar year must remain compliant for 80% or more of the calendar year.
- Patients 40-75 years of age with at least two fills of diabetes medications in the calendar year must have at least one prescription claim for a statin during the calendar year.

These quality measures are assessed through prescription claims and encounter data.

Exclusions

Document patients with the following conditions in order to exclude them from Comprehensive Diabetes Care requirements:

- Gestational Diabetes
- Steroid Induced Diabetes

Thank you for your commitment and dedication to delivering high quality care for your patients with diabetes. If you have general questions and/or comments, please contact the Medicare Star Team by email at MedicareStarRating@blueshieldca.com.

Reference: NCOA. HEDIS 2019, Volume 2: Technical Specifications for Health Plans; 2018: 149-176.

T10478-A (3/19)



Announcing 2019 Educational Webinars

Address health care gaps, and achieve better patient outcomes and patient satisfaction

Health Net* is offering various educational webinars for physicians, case managers, nurses, pharmacists, and other staff who work with Health Net members.

Continuing education (CE) hours are offered for nurses,¹ and the American Academy of Family Physicians (AAFP) offers continuing medical education (CME)² credits for all webinars.

Certain topics are linked to the Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System measures. Provider attendance and engagement at these educational webinars is encouraged in an effort to address health care gaps, and achieve better patient outcomes and patient satisfaction.

Webinar topics, subject to change, are scheduled for the following dates and times.

Topic	Date	Time (Pacific time)
Work Up and Management of COPD	February 20, 2019	12:00 p.m. to 1:00 p.m.
Updates on Evidence-Based Statin Rechallenge Guidelines	March 20, 2019	12:00 p.m. to 1:00 p.m.
Motivational Interviewing	May 15, 2019	12:00 p.m. to 1:00 p.m.
The Importance of the Fourth Trimester of Pregnancy	July 17, 2019	12:00 p.m. to 1:00 p.m.
HEDIS 2020 Update and Best Practices	August 21, 2019	12:00 p.m. to 1:30 p.m.
Eliminating Cervical Cancer: It's Possible with Screening and HPV Vaccination!	October 16, 2019	12:00 p.m. to 1:00 p.m.

Registration

To be added to the registration email distribution list, send an email to **cqi_medicare@healthnet.com**. Once added to the registration email distribution list, a registration link will be emailed to you two weeks prior to each webinar session prompting your registration.

Following the webinar presentation, attendees are sent a survey and instructions for obtaining CE hours and CME credits.

(continued)

¹Provider-approved by the California Board of Registered Nursing, provider number CEP 13156, for contact hour.

²This live series activity, 2019 Health Net PPG Educational Webinars, from 02/20/2019–10/16/2019, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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For all questions, contact the applicable Health Net Provider Services Center within 60 days at:

<i>Line of business</i>	<i>Telephone number</i>	<i>Provider portal</i>	<i>Email address</i>
EnhancedCare PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
EnhancedCare PPO (SBG)	1-844-463-8188	provider.healthnet.com	
Health Net Employer Group HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	
IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
Medicare (Individual)	1-800-929-9224	provider.healthnetcalifornia.com	
Medicare (Employer Group)	1-800-929-9224	provider.healthnet.com	N/A
Medi-Cal	1-800-675-6110	provider.healthnet.com	

Appointment access standards

The California Department of Health Care Services (DHCS) requires contracted Medi-Cal Managed Care participating providers to adhere to appointment standards to ensure members obtain medical appointments and emergency services within specific time frames.

Appointment requested (type)	Time frame for provider to make appointment
Emergency examination	<ul style="list-style-type: none"> Immediately (24/7 access)
Urgent (sick) examination	<ul style="list-style-type: none"> Within 48 hours if prior authorization is not required Within 96 hours if prior authorization is required As clinically indicated (for example, a specialist or mental health provider)
Nonurgent — routine primary care examination including nonphysician mental health provider	<ul style="list-style-type: none"> Within 10 business days
Nonurgent — consultations and specialty referrals (including ancillary providers)	<ul style="list-style-type: none"> Within 15 business days

In 2019, Health Services Advisory Group, Inc. (HSAG) will contact providers on behalf of DHCS to evaluate compliance with these timelines. For both urgent and nonurgent services, HSAG will pull the first three available appointment times based on appointment type.

Additionally, HSAG will conduct surveys regarding:

- Appointment times for new patients.
- Appointment times for children versus adults.
- The overall quality of DHCS' provider data.

Providers and their staff should be aware of these standards and remain in compliance. We encourage your participation with HSAG.

<https://mediproviders.anthem.com/ca>

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

ACA-NU-0144-19 February 2019

PROVIDERUpdate



Health Net®

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AB 2193 Requires Maternal Mental Health Screening

Applies to licensed practitioners who provide prenatal or postpartum care

Beginning July 1, 2019, Assembly Bill (AB) 2193 requires licensed health care practitioners who provide prenatal or postpartum care for a patient to screen or offer to screen mothers for maternal mental health conditions.

Providers serving Health Net members can use one of the following screening tools, as appropriate to the member's plan:

- Patient Health Questionnaire-2 (PHQ-2)
- Patient Health Questionnaire-9 (PHQ-9)
- Edinburgh Postnatal Depression Scale

You can refer members with a positive screen to Health Net's Case Management Department for further assistance with the member's mental health needs. Send referrals to CASHP.ACM.CMA@healthnet.com or by fax to 1-866-581-0540.

PREGNANCY PROGRAM

AB 2193 also requires health care service plans and health insurers to develop a maternal mental health program. The program must be consistent with sound clinical principles and processes.

Health Net* offers a pregnancy program to pregnant commercial and Medi-Cal members. The program provides customized support and care needed for a healthy pregnancy and baby. It helps pregnant members access medical care, educates them about their health care needs and assists with social needs and concerns. The program uses the Edinburgh Postnatal Depression Scale to assess for mental health needs of pregnant members and facilitates referrals to a mental health specialist as needed.

Refer members to the pregnancy program by contacting the Case Management Department at CASHP.ACM.CMA@healthnet.com or by fax at 1-866-581-0540.

ADDITIONAL INFORMATION

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website as listed in the right-hand column.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at provider_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)

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provider.healthnetcalifornia.com

Medi-Cal – 1-800-675-6110

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PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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HEDIS® 2019

Chart Submission Requirements



L.A. CARE HEALTH PLAN (L.A. CARE) MEDICAL RECORD REQUESTS

At the start of each HEDIS® season, you will receive a fax from L.A. Care. Each fax request will stipulate what documents need to be faxed back.



The fax will:

- Be patient-specific
 - Indicate the HEDIS® measure
 - Specify the year or years under review
 - Request medical records and documents to submit
 - State the timeline for submission
-



All documents and medical records must be submitted to L.A. Care within **five (5)** business days of request.

Before sending any documents to L.A. Care, you must perform a quality and completion check. This will prevent the need for us to call and fax requests for missing documents. Double check that the following are correct:



- Member's name
- Member's date of birth
- Dates of service
- Progress notes are signed by doctor, as applicable
- Member's name, DOB, and date of service are clearly legible on each page

Note: If any of the items listed above have faded or are unclear, please handwrite the information on the note being sent.

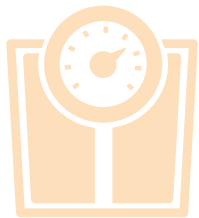
The L.A. Care fax number is noted on the original fax you received. When you fax the documents, please send the:








- **Fax cover sheet** - Include the contact person's name, phone, and fax number.
- **Patient demographic sheet** - This is also known as the face sheet or registration sheet. This assists us to validate the member's name or date of birth in case of any discrepancies found in the medical records.
- **Medical records** - Send only the documents requested. This will decrease the volume of records sent and unnecessary transmission of PHI.

ADULT MEASURES

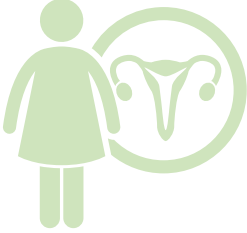

Measure	Age Range	Needed Items
Adult BMI Assessment (ABA)	18 - 74 yrs.	<p>Submit <u>one (1)</u> progress note from 2017 or 2018:</p> <ul style="list-style-type: none">■ 20 years and older: weight and <u>BMI value</u>■ Younger than 20: height, weight, and <u>BMI in percentile only</u> <p>The height, weight and BMI (value or percentile) completed during the same office visit:</p> <ul style="list-style-type: none">■ A dated graphic sheet or■ A signed and dated progress note
Controlling High Blood Pressure (CBP)	18 - 85 yrs.	<p>Submit <u>all</u> progress notes in 2018 with:</p> <ul style="list-style-type: none">■ A dated graphic sheet or vital signs log,■ Progress note with latest BP reading in 2018■ BP readings in 2018 taken from remote monitoring devices that are digitally stored and transmitted to the provider■ Telehealth encounters in 2018




Measure	Age Range	Needed Items
Comprehensive Diabetes Care (CDC) 	18 - 75 yrs.	Submit <u>all</u> of the following: <ul style="list-style-type: none"> Most recent HbA1c lab/office report with result in 2018 One (1) urine lab/office test in 2018 Current medication list in 2018 One (1) nephrologist note in 2018 All eye consults and retinal eye test results and referrals in 2017-2018 One (1) progress note with latest BP reading in 2018 Diabetic Care log Health Maintenance log BP readings in 2018 taken from remote monitoring devices that are digitally stored and transmitted to the providers Telehealth encounters in 2018
Colorectal Cancer Screening (COL) 	50 - 75 yrs.	Submit <u>any</u> of the following: <ul style="list-style-type: none"> One (1) lab/progress note with FOBT (immunochemical (FIT) or gFOBT) test in 2018 One (1) lab/progress note with Sigmoidoscopy report between 2014 – 2018 One (1) lab/progress note with Colonoscopy report between 2009–2018 CT Colonography report/progress note between 2014–2018 FIT-DNA Test between 2016 – 2018 Any document with notation of history of colorectal cancer or total colectomy
Medication Reconciliation Post Discharge (MRP) 	18 yrs. and older	Submit <u>all</u> of the following: <ul style="list-style-type: none"> All Hospital/SNF/Rehab discharge medication summaries in 2018 Current medication list in 2018 Progress notes indicating follow-up after hospital discharge in 2018 Evidence of medication reconciliation by the MD/Pharmacist/RN within 30 days after discharge in 2018 Home Health Oasis Initial Certification forms and/or RN nursing visit notes in 2018 Progress note indicating that “no medications” prescribed or ordered upon discharge in 2018

Measure	Age Range	Needed Items
Transitions of Care (TRC) 	18 yrs. and older	Submit <u>all</u> of the following: <ul style="list-style-type: none"> ■ Notification of Inpatient Admission in 2018 ■ Receipt of Discharge Information in 2018 ■ Patient Engagement After Inpatient Discharge in 2018 ■ Medication Reconciliation in 2018 ■ All progress notes in 2018 ■ Current medication list in 2018 ■ All correspondence (phone call, email, fax) between inpatient provider and member's PCP in 2018 ■ All Hospital/SNF/Rehab discharge summaries in 2018
Care for the Older Adults (COA) 	66 yrs. and older	Submit <u>all</u> of the following: <ul style="list-style-type: none"> ■ One (1) Advance Care Plan – (e.g. advance directive, POLST, living will, Medical Power of Attorney, Five Wishes, DNR, or progress note of discussion dated in year 2018) ■ One (1) complete Annual Wellness Exam (AWE) in 2018 ■ One (1) Medication Review – any notation that the medication list was reviewed by the MD/pharmacist, or that the patient is “not on any medication” in 2018 ■ One (1) Functional Status Assessment – ADL/IADL screening, or notation of all (cognitive status, ambulation status, hearing, vision and speech), or other functional independence in 2018 ■ One (1) Pain Assessment – any notation of pain or “no pain”, or a standardized pain assessment tool in 2018

WOMEN'S HEALTH MEASURES

Measure	Age Range	Needed Items
Cervical Cancer Screening (CCS) 	21 - 64 yrs.	Submit all of the following: <ul style="list-style-type: none"> ■ Cytology/Pap test – lab result between 2016 – 2018 ■ Cytology/Pap-HPV co-testing with result between 2014 – 2018 ■ Any documentation with notation of date and result of Cytology/Pap test or Cytology/Pap-HPV co-test ■ Documentation of hysterectomy with notation that pap smear is no longer needed. ■ Any documentation with notation of “complete, total, or radical” abdominal or vaginal hysterectomy cervical agenesis or acquired absence of cervix.
Prenatal and Postpartum Care (PPC) 	Live Births <i>(11/6/2017 through 11/5/2018)</i>	Submit all of the following: <ul style="list-style-type: none"> ■ All OB progress notes with PCP or OB/GYN in 2017 – 2018 ■ Complete prenatal care record, including ACOG in 2017 – 2018 ■ All lab and ultrasound reports in 2017 – 2018 ■ Progress note or hospital note with date of delivery ■ All postpartum progress notes in 2017 – 2018 ■ Postpartum pap smear in 2017 – 2018

CHILD AND ADOLESCENT MEASURES

Measure	Age Range	Needed Items
Children Immunization Status (CIS) 	2 yrs.	Submit all of the following, as applicable: <ul style="list-style-type: none"> ■ Complete Immunization Record and History form ■ CAIR records ■ PM 160 with immunization data ■ Copy of “yellow” immunization card ■ Progress notes with dates of immunization ■ A seropositive result or history of illness for MMR, Hep B, VZV, Hep A ■ Notation of allergy or contraindication to vaccine ■ Any documentation with notation of parental refusal

Measure	Age Range	Needed Items
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Immunizations for Adolescent (IMA)



13 yrs.

Submit **all** of the following:

- Complete Immunization Record and History form
- CAIR records
- PM160 with immunization data
- Copy of "yellow" immunization card
- Progress notes with dates of immunizations
- Notation of allergy **or** contraindication to vaccine
- Any document with notation of parental refusal

Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC)



3-17 yrs.

Submit **all** of the following:

- All progress notes in **2018**
- PM160 form in **2018**
- Dated height, weight, BMI % in **2018**
- Dated growth chart in **2018**
- Anticipatory Guidance form in **2018**
- What Does Your Child Eat form in **2018**
- Staying Healthy Assessment (SHA) form in **2018**
- Nutrition and Physical Activity form in **2018**
- Counseling and referrals for nutrition and physical activity in **2018**
- Weight and obesity counseling in **2018**

Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life (W34)



3-6 yrs.

Submit **all** of the following:

- All progress notes in **2018**
- PM160 form in **2018**
- Developmental Milestone form in **2018**
- Anticipatory Guidance form in **2018**
- Well Care Visit form in **2018**
- Staying Healthy Assessment (SHA) form in **2018**



Put Your Health First!

Call your doctor to get the preventive services that are right for you!



Adults

People with Type 1 or Type 2 Diabetes

You need these tests every year:

- Blood Sugar (HbA1c) - blood test.
- Eye Exam (every 2 years if no eye disease).
- Kidney Test – urine lab test.
- Blood Pressure.
- Body Weight and Height - BMI

Cervical Cancer Screening

Pap smear for women.

- Exam every 3 years for ages 21-65.
- After age 30, test includes HPV (human papillomavirus).

Pregnant Women

- See your doctor within the first 3 months of your pregnancy or as soon as possible.
- Once you have your baby, make sure to have your body checked by a doctor 3 to 6 weeks after birth.

Seniors

Wellness Visit

Every year for age 65 and over.

Includes:

- Health review.
- Medicine review.
- Family history.
- How easy or hard it is to move.
- How you are feeling and memory problems.
- Guidance on safety at home.

Colon Cancer Screening

For men and women age 50-75:

- Colonoscopy every 10 years OR
- Sigmoidoscopy every 5 years OR
- Stool test every year.

Mammogram

Breast cancer screening – every 2 years for women age 50-74.

Diabetes Care – see Adults

Children

Well-Care Visits

Recommended every year for babies, children and teens from birth to age 21.

Includes:

- Tracking of changes in health of their body, emotions and mind.
- Guidance on eating well, fitness and safety.
- Your questions answered.
- Blood tests.

Shots

For children up to 2 years old – see your doctor for all shots needed. These are important to protect your child from disease.

For children around age 11, these shots are recommended:

- 3 HPV shots for females.
- 1 Meningococcal.
- 1 Tdap.

- Talk to your doctor about any questions you may have.
- Learn about your health at: www.cdc.gov (Centers for Disease Control and Prevention).
- Thank you for taking good care of your health!

¡Ponga su salud en primer lugar!

¡Llame a su doctor ahora mismo, para obtener los servicios preventivos que necesita!



Adultos

Personas con diabetes de tipo 1 o tipo 2

Necesita estos exámenes cada año:

- Azúcar en la sangre (HbA1C) – análisis de sangre.
- Examen de la vista (cada 2 años si no tiene ninguna enfermedad de la vista).
- Examen de los riñones – análisis de orina.
- Presión arterial.
- Peso y estatura del cuerpo – BMI.

Examen de detección del cáncer de cuello uterino

Examen de Papa-Nicolaou para mujeres.

- Examen cada 3 años, para mujeres de 21 a 65 años.
- Después de los 30 años, la prueba incluye el HPV (virus de papiloma humano).

Mujeres embarazadas

- Consulte a su doctor durante los primeros 3 meses de embarazo o lo antes posible.
- Cuando nazca el bebé, es importante que la revise un doctor entre las 3 a 6 semanas después del parto.

Personas en la Tercera edad

Examen de Salud

Cada año, a partir de los 65 años.

Incluye:

- Evaluación de la salud.
- Evaluación de medicamentos.
- Historial médico familiar.
- Con qué facilidad o dificultad se mueve.
- Cómo se siente y problemas de memoria.
- Consejos acerca de su seguridad en la casa.

Examen para cáncer del colon

Para hombres y mujeres de 50 a 75 años:

- Colonoscopia cada 10 años
- Sigmoidoscopia cada 5 años
- Análisis de materia fecal cada año.

Mamograma

Examen de cáncer de los senos – cada 2 años para mujeres de 50 a 74 años.

Niños

Exámenes de Salud

Se recomiendan todos los años para bebés, niños y adolescentes, desde el nacimiento hasta los 21 años.

Incluyen:

- Control de cambios en la salud del cuerpo, emociones y mente.
- Consejos sobre alimentación saludable, actividad física y seguridad.
- Respuestas a sus preguntas.
- Exámenes de sangre.

Vacunas

Para niños de hasta 2 años – consulte a su doctor sobre todas las vacunas necesarias. Son importantes para proteger a su hijo de enfermedades.

Para niños de alrededor de 11 años, se recomiendan estas vacunas:

- 3 vacunas contra HPV (virus de papiloma humano) para las niñas.
- 1 contra meningococos.
- 1 Tdap.

- Consulte a su doctor sobre las preguntas que pueda tener.
- Aprenda sobre su salud en: www.cdc.gov (Centers for Disease Control and Prevention [Centros para el Control y Prevención de Enfermedades]).
- ¡Gracias por cuidar su salud!

SEEING YOUR DOCTOR

MY DISCUSSION CHECKLIST

It is important to talk to your doctor about your health and medications at each visit.
Use this handy checklist to review these topics.

REMEMBER THE REGULAR PREVENTIVE CARE YOU NEED.

- ✓ Yearly flu shot
- ✓ Body Mass Index
- ✓ Blood Pressure
- ✓ Cholesterol – HDL, LDL
- ✓ Triglycerides
- ✓ Blood Sugar
- ✓ Eye Exam & Glaucoma Screening
- ✓ Prostate Exam for men
- ✓ Mammogram for women
- ✓ Bone Density
- ✓ Colorectal Cancer screenings



IMPORTANT TOPICS TO DISCUSS.

☐ Main Concerns

What are the main concerns you would like your doctor to focus on today? Did you have any tests or see any specialists outside the medical group?

☐ Fall Prevention

If you have fallen or are experiencing balance problems, bring it to the attention of your doctor so he/she can evaluate the cause and make recommendations to prevent falls.

☐ Bladder Control

If you are having urine leakage problems, discuss treatment options with your doctor.

☐ Medications

Please remember to take a list of all your current medications, including any over-the-counter and herbal medications, to every doctor visit.

☐ Pain

Talk to your doctor at every visit if you have any type of pain. Discuss any care or treatment possibilities.

☐ Physical Well Being

Healthy eating, weight loss and smoking cessation are some topics to talk about with your doctor.

☐ Emotional Well Being

Talk with your doctor if you are feeling sad for long periods of time or if you have a poor energy level.

☐ Physical Activity

Discuss what physical activity or exercise is best for you.

☐ Advance Directives

Advance directives let others know the type of care you want if you are seriously ill and cannot speak for yourself. Discuss with your doctor how to fill out an advance directive. If you already have one, give a copy to your doctor and discuss at each annual exam.

We care about you.

LA VISITA A SU DOCTOR

MI LISTA DE CONSULTAS

Es importante que hable con su doctor sobre su salud y medicamentos en cada visita. Use la siguiente lista práctica para hablar sobre estos temas.

RECUERDE LA ATENCIÓN PREVENTIVA REGULAR QUE NECESITA.

- ✓ Vacuna antigripal anual
- ✓ Índice de masa corporal
- ✓ Presión arterial
- ✓ Colesterol - LAD, LBD
- ✓ Triglicéridos
- ✓ Azúcar en sangre
- ✓ Examen de la vista y prueba para glaucoma
- ✓ Mamograma para las mujeres
- ✓ Densidad ósea
- ✓ Pruebas de cáncer de colon

TEMAS IMPORTANTES PARA CONVERSAR.

☐ Principales inquietudes

¿Cuáles son sus principales inquietudes en las que quisiera que su doctor se concentrara hoy? ¿Se hizo algún examen o vio a algún especialista fuera del grupo médico?

☐ Prevención de caídas

Si se ha caído o está teniendo problemas de equilibrio, dígaselo a su doctor para que pueda evaluar la causa y darle recomendaciones para evitar caídas.

☐ Control de la vejiga

Si está teniendo problemas de pérdida de orina, converse con su doctor sobre las opciones de tratamiento.

☐ Medicamentos

Acuérdese de llevar una lista de todos los medicamentos que esté tomando, incluso cualquier medicamento de venta libre o hierbas medicinales, a cada visita con su doctor.



☐ Dolor

Si tiene algún tipo de dolor, hable con su doctor en cada visita. Converse sobre las posibilidades de atención o tratamiento.

☐ Bienestar físico

La alimentación saludable, bajar de peso y dejar de fumar son algunos temas de los que puede conversar con su doctor.

☐ Bienestar emocional

Hable con su doctor si se está sintiendo triste por períodos prolongados o si tiene un bajo nivel de energía.

☐ Actividad física

Converse sobre qué actividad física o ejercicio es mejor para usted.

☐ Disposiciones por adelantado

Las disposiciones por adelantado hacen posible que otras personas sepan qué tipo de atención desea recibir si está gravemente enfermo y no puede hablar por usted mismo. Converse con su doctor sobre cómo llenar una disposición por adelantado. Si ya tiene una, entregue una copia a su doctor y hable sobre esto en cada examen anual.

Nos preocupamos por usted.