

# PROVIDER QUALITY NEWSLETTER

AUGUST 2018

**MedPOINT**  
MANAGEMENT  
Pointing Healthcare In The Right Direction

## The August 2018 Episource Report is Posted!

The August Episource Report is posted at <https://hedis.episource.com/Account/Login> and includes data up to 7/31/18. There are only 4 months left to bring members in for preventive and chronic care screenings. Please check your Episource Summary Report to see how many screenings are left to achieve the 50th percentile goal for each measure and call members to come in.

## Changes to Controlling High Blood Pressure (CBP) Measure

NCQA recently released the new 2019 HEDIS Technical Specifications. The CBP measure, which was previously a hybrid measure only (data collected through medical records), is now an administrative measure (data collected through encounters) and the CPT II codes below are now accepted and count toward the measure.

Capturing blood pressure compliance administratively reduces the need for medical record review and tends to increase the final score. In the past, we have recommended using these codes as a best practice to report blood pressure results for your members age 18-85 with a diagnosis of hypertension (HTN) during each office visit. If your office has not implemented this process, we urge you to start using these codes now!

For health centers and clinics who use an EHR system, health plans will be able to submit administrative data for the CBP measure that you provide in an export file at the end of the year. This will expedite the

CPT II Code	Definition
3074F	Most recent systolic blood pressure < 130 mmHg
3075F	Most recent systolic blood pressure 130-139 mmHg
3078F	Most recent diastolic blood pressure < 80 mmHg
3079F	Most recent diastolic blood pressure 80-89 mmHg
3077F	Most recent systolic blood pressure >= to 140
3080F	Most recent diastolic blood pressure >= to 90

submission of the data and help cut down on medical record requests. Please also note that the biller can add CPT II codes based on the progress note.

Another important change is that a blood pressure reading of <140/90 mm Hg during the measurement year is considered adequately controlled for ages 18-85 with or without diabetes. There is no longer a differentiation for members between the ages of 60-85.

For details on changes in all 2019 HEDIS measures (2018 measurement year), please visit: [http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2019/HEDIS%202019%20Measures\\_Summary%20of%20Changes.pdf?ver=2018-06-29-120743-583](http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2019/HEDIS%202019%20Measures_Summary%20of%20Changes.pdf?ver=2018-06-29-120743-583).

## **Submit Medical Records Now!**

The deadline to submit 2018 medical records as supplemental data to Health Net is October 1. MedPOINT is piloting a program with Health Net to simplify this process for you.

In the next week, our Quality staff will be contacting your office for assistance in retrieving records for your Health Net members. Please prepare now to submit medical records for previous services done for point of care HbA1c, colonoscopies, pap smears, mammograms, retinal eye exams, Prenatal & Postpartum Care and the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measures.

Health Net records are due to MedPOINT by September 20th to allow us time to process them. Health Net will not accept records after October 1!



## **August is National Immunization Awareness Month – Adults & Prenatal**

Are you promoting immunizations to your adult and pregnant patients? “Adult Immunization Status” (AIS) is a new 2019 HEDIS measure for age 19 and older that are up to date on recommended vaccines for: influenza, tetanus (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster (age 50+) and pneumococcal (age 66+). The “Prenatal Immunization Status” (PRS) measure is also new. Women who delivered in the measurement year must be up-to-date with their influenza vaccine by their date of delivery and receive a tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccination during their pregnancy. Please use the attached flyers to promote flu shots for your adult members and review the attached Adult Immunization Measures Guide with details on the new measures for providers. Remember – the CAIR2 (California Immunization Registry) is for adults too. Make sure all your immunizations are recorded in CAIR.

## **Updating Medi-Cal Demographic Information**

Please see the attached flyer regarding an easy way LA Care members can update their address and phone number (and other information) 24/7. For other health plans, members can contact the DPSS Customer Service Call Center at 866-613-3777 (press 2, wait and press 3 for Medi-Cal) to make changes. Please post the attached flyer in your waiting room and at the front desk for staff.

## **Transportation Services for Members from Health Plans**

Know which health plans offer transportation to their members. This is one way to improve your no-show rate. We have attached materials from LA Care and Health Net for your reference.



**Heads up! September is Healthy Aging Month and 9/26/18 is National Women's Health & Fitness Day.**



**New Changes on Updating DPSS Medi-Cal Member Demographic Information**

L.A. Care Health Plan (L.A. Care) is pleased to announce that Medi-Cal members now have the option to update demographic information in the L.A. County Department of Public Social Services (DPSS) database by calling L.A. Care’s Customer Solutions Center.

**Updating demographic information with L.A. Care’s Customer Solutions Center:**

- Only the Member, Head of Household (HOH), or Personal Representative can report updates 24 hours a day, 7 days a week, including holidays by calling **L.A. Care’s Customer Solutions Center at 1-888-839-9909 (TTY 711)**.
- Members can update the following demographic information: Name, Address, and Telephone Number.
- Our L.A. Care Customer Solutions Representatives (CSR) will work with members to update and forward their demographic information to DPSS.
- Member updates will be processed within three business days. If additional information is necessary, a DPSS case worker will reach out to individual members.
- If the information has not been updated within the 30-day time frame, members may follow up with **DPSS (toll free) at 1-866-613-3777**. To check information has been updated, members can call DPSS or L.A. Care Customer Solutions Center.

**If a member/caller is:**

- **Under 18 years of age:** CSR will notify DPSS when the change of address and/or telephone number is requested by member’s head of household, parent, guardian, or personal representative.
- **Requesting an update due to a change in name, gender, or DOB:** CSR will ask if they have legally changed their name and member would have to provide proof of name change in the form of a legal document. CSR will advise member to contact their Eligibility Worker (EW) with updates. EW will then update the state system and it should reflect in L.A. Care’s system within 30 days. If member does not know who their EW is, then CSR will refer member to contact **DPSS (toll free) at 1-866-613-3777**.
- **Homeless or unable to recall address on file:** CSR will prompt member to verify at least two PHI-verification identifiers (listed below) for confirmation of identity before proving assistance:
  - Member ID/CIN number
  - Member date of birth
  - Member address
  - Member telephone number
- **Assisting family members in updating information:** CSR will confirm with Member, Parent, HOH, or Personal Representative if address and telephone number update applies to all by asking the HOH for the full name and DOB of family members. Once confirmed, CSR will update address and telephone number for all family members.
- **Receiving Social Security Income (SSI):** If a member is currently receiving SSI benefits, demographic information should be updated with the Social Security Administration Office: [http://www.socialsecurityoffices.info/co/CA-los\\_angeles-county](http://www.socialsecurityoffices.info/co/CA-los_angeles-county)  
Demographic information **CANNOT** be updated by L.A. Care for individuals receiving SSI.

**For additional information or to provide demographic updates:**

Please contact L.A. Care’s Customer Solutions Center, 24 hours a day, 7 days a week, including holidays, at: **1-888-839-9909 (TTY 711)**





# Do you have Medi-Cal?

## Have you changed your address or phone number?



**Department of Public  
Social Services (DPSS)**

**Customer Service  
Call Center**

**866-613-3777**

Press 2, wait and press 3 for Medi-Cal

Let DPSS know when you change your address or phone number so you can continue to receive information from your doctor and health insurance company.

Call the DPSS Customer Service Center!

### **Talk to a live Customer Service Eligibility Worker.**

- **10 languages spoken:**  
Armenian, Cambodian, English, Spanish, Vietnamese, Chinese, Farsi, Tagalog, Russian, and Korean

### **Use the Self-Service Automated system:**

- 7 days a week, 24 hours a day
- In English and Spanish

### **Check these websites for more information:**

#### **Customer Service Center:**

<http://dpss.lacounty.gov/wps/portal/dpss/main/about-us/customer-service-center/>

#### **Apply for**

<https://www.dpssbenefits.lacounty.gov/ybn/Index.html>

### **Hours:**

**Monday through Friday**

**7:30 a.m. – 5:30 p.m.**

(Except holidays)

(Average time to reach a representative is 30 minutes.)

- Medi-Cal
- CalFresh
- CalWORKs
- General Relief



# ¿Tiene Medi-Cal?

## ¿Ha cambiado de dirección o número de teléfono?



**Departamento de Servicios  
Sociales Públicos (DPSS)**  
(Department of Public Social  
Services)

**Centro de Llamadas  
para Atención del  
Cliente**

**866-613-3777**

Oprima 2, espere y oprima 3 para Medi-Cal

Informe al DPSS cuando cambie su dirección o número de teléfono para que pueda continuar recibiendo información de su doctor y de su compañía de seguro médico.

¡Llame al Centro de Servicio al Cliente de DPSS!

### **Hable con un Representante de Elegibilidad.**

- **Se hablan 10 idiomas:**  
armenio, camboyano, inglés, español, vietnamita, chino, farsi, tagalog, ruso y coreano.

### **Use el sistema de autoservicio:**

- Los 7 días de la semana durante las 24 horas
- en inglés y español

### **Para más información, visite estos sitios web:**

**Centro de Atención del Cliente:**

<http://dpss.lacounty.gov/wps/portal/dpss/main/about-us/customer-service-center/>

**Para solicitar beneficios:**

<https://www.dpssbenefits.lacounty.gov/ybn/Index.html>

### **Horario:**

**De lunes a viernes**

**De 7:30 a.m. a 5:30 p.m.**

(Menos los días festivos)

(Tiempo de espera general para que lo atienda un representante, 30 minutos.)

- Medi-Cal
- CalFresh
- CalWORKs
- Asistencia general





Health Net®

## Routine medical transportation is a benefit of Health Net.

It is designed to help members get to their health care visits, which include:

- Medical.
- Dental.
- Substance abuse.
- Pharmacies to pick up medicine.
- To pick up durable medical equipment.
- Ongoing care, such as dialysis.
- Hospital discharge.

LogistiCare manages routine medical transportation for select health care plans. **Give us a call!** We will gladly help.

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

注意：如果您說中文或粵語，您可獲得免費語言協助服務。請致電 1-800-675-6110 (TTY: 711)。

ATENCIÓN: Si habla español, tiene servicios de asistencia de idiomas sin costo disponibles para usted. Llame al 1-800-675-6110 (TTY: 711).



Health Net®

## *How to Access* Routine Medical Transportation

**LogistiCare®**

LogistiCare Solutions LLC  
[www.LogistiCare.com](http://www.LogistiCare.com)

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**LogistiCare®**

## *Routine transportation*

Based on where you are and how your health is, types of rides scheduled can be:

- **Car, van, taxi.**
- **Wheelchair vehicle.**
- **Mass transit.**

**If you have a medical emergency, please call 911 right away.**

**Cost:** There is no added cost for this service.

**Business hours:** To reserve a ride, contact LogistiCare Monday through Friday. Call between 8:00 a.m. and 5:00 p.m. Pacific time.

**When to call:** Please call at least five days in advance to schedule a ride. Do not call more than 30 days before your health care visit to reserve a ride.

**Locations:** Rides can be to any place of business that offers health care services covered under Medi-Cal.

### **Please have this information ready when you reserve a ride:**

- Health plan member ID number
- Name and address of medical doctor
- Appointment day and time
- Pick-up time and location

## *To reserve a ride, call*

**1-855-253-6863.**

Hearing-impaired members, call

**TTY: 1-866-288-3133.**

Use the number above to reserve a ride to and from a health care visit. Use the number for help if your ride is late also.

### **Program rules**

**Escorts:** One escort is allowed. The escort must be 18 years old or older.

**Wheelchairs:** These items must be supplied by the member.

**Trip limits:** There are no limits to the number of trips taken per year. **Note:** A trip can **only be taken** if it's a Medi-Cal covered benefit. Please contact your health plan for Medi-Cal covered benefits.

**Curb to curb service:** Drivers are not allowed to enter a member's home or medical place of business.

**Wait time:** Drivers are only required to wait 20 minutes past the scheduled pick-up time. Please be ready.



## *Frequently asked questions*

### **What if my health care visit is canceled or rescheduled?**

Please call right away and let LogistiCare know the change in your plans. Try to call at least one hour before your scheduled pick-up time. Your kindness will allow us to better serve other members.

### **Is there a mileage limit?**

No, there is no mileage limit.

### **What if I have a complaint?**

Please contact the Health Net Customer Service Department. Use the number on the back of your member ID card.

### **What if I'm not sure of the time of my return trip?**

If you don't know when your health care visit ends, please call 1-855-253-6863. Press option 1 to make plans following your visit.

For hearing impaired members, call 1-866-288-3133. Please have the pick-up address ready. Your ride will arrive within an hour.

### **Who can call to arrange a ride?**

You, a relative or a caregiver.



## Summary of Non-Emergency Medical Transportation (NEMT) & Non-Medical Transportation (NMT) Services at L.A. Care Health Plan

L.A. Care Health Plan has partnered with LogistiCare Solutions, LLC to provide NEMT & NMT transportation services for eligible L.A. Care members. We realize how important this benefit is to our members and your patients and we strive to provide quality transportation services. The summary of NEMT & NMT services and benefits helps to provide clarity when utilizing transportation services.

### NEMT – Non-Emergency Medical Transportation

NEMT is a benefit provided by managed care organizations and is based on a member's medical necessity. NEMT is covered when a member requires **medically necessary** Medicare services, Medi-Cal services, **life-sustaining treatment** and/or when the member's medical and physical condition does not allow him or her to travel by public or private conveyance.

The major difference between Emergency Ambulance Transportation compared to NEMT is that NEMT, as the acronym states, is Non-Emergent Medical Transportation; whereas, Emergency Ambulance Transportation is when a member's health is in serious danger and/or at serious risk without immediate treatment. An example of NEMT Transportation is transportation to and from a Dialysis appointment.

#### NEMT Levels of Service

SCT – Specialty Care Transport	BLS – Basic Life Support	Wheel Chair Van
ALS – Advanced Life Support	AIR Ambulance	Gurney/Stretchers Van

#### L.A. Care Health Plan – NEMT Service per Lines of Business:

<b>Cal Medi Connect (Duals)</b>	<i>Unlimited trips for services authorized by L.A. Care Health Plan</i>
<b>L.A. Care – Medi-Cal</b>	<i>Unlimited trips for services authorized by L.A. Care Health Plan</i>
<b>L.A. Care Covered</b>	Unlimited trips for <u>only</u> transfers/discharges from facility-to-facility or facility-to-home
<b>L.A. Care Covered Direct</b>	Unlimited trips for <u>only</u> transfers/discharges from facility-to-facility or facility-to-home
<b>PASC-SEIU</b>	Unlimited trips for <u>only</u> transfers/discharges from facility-to-facility or facility-to-home





## NMT – Non-Medical Transportation

NMT transportation service is for **routine medical** or **other eligible non-medical appointments**. This type of transport is provided by taxi, sedan, or van. NMT does not include transportation of the sick, injured, invalid, convalescent, or otherwise incapacitated. There are two types of NMT levels of service **(1) Ambulatory Curb-to-Curb** (Member can walk and does not need assistance) and **(2) Ambulatory Door-Through-Door** (Member can walk with use of a walker, cane, or crutches, and does require assistance).

### L.A. Care Health Plan – NMT Service per Lines of Business:

<b>Cal Medi Connect (Duals)</b>	<i>Unlimited trips for services authorized by L.A. Care Health Plan</i>
<b>L.A. Care – Medi-Cal</b>	<i>Unlimited trips for services authorized by L.A. Care Health Plan</i>
<b>L.A. Care Covered</b>	<i>No Benefit</i>
<b>L.A. Care Covered Direct</b>	<i>No Benefit</i>
<b>PASC-SEIU</b>	<i>No Benefit</i>

## Frequently Asked Questions (FAQs):

### How to Request Transportation Services?

1. A required Department of Health Care Services (DHCS) **Physician Certified Statement (PCS) form** must be submitted to L.A. Care Health Plan’s Utilization Management Department **via facsimile “fax” to 213-438-2201** for all NEMT and NMT Transportation requests, including Auto Approvals (AA).
  - The PCS form is available at: [www.lacare.org](http://www.lacare.org). The form is accessible under the “For Providers” -> “Provider Forms” -> “Utilization Management Forms” -> “Referral Form for Transportation Services and Physician Certification Statement” (PDF).
2. PCS forms for transportation requiring **Prior Authorization** must be reviewed and approved by L.A. Care Health Plan’s Utilization Review team **before** NEMT/NMT services are arranged.
  - For NEMT Transportation Request, a **Provider certification and signature** is required on the PCS form for L.A. Care UM approval.
    - *Effective 1/1/2018 – This form can be approved by the physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentist, podiatrist, mental health or substance use disorder provider responsible for providing care to the member and responsible for determining medical necessity of transportation consistent with the scope of their practice.*



- For NMT Transportation Request, staff from the requesting facility can sign and submit the PCS form to L.A. Care UM for approval.
  - Incomplete or inaccurate forms may cause delays and/or denials.
  - L.A. Care's standard utilization review turn-around time is five (5) business days.
  - Upon approval by L.A. Care's UM department, the member will receive an authorization letter informing the member to call LogistiCare and arrange his or her transportation.
3. PCS forms for transportation that meet the criteria for **Automatic Approval** (AA) shall be submitted **within 24 hours of NEMT/NMT services being arranged to document activity and avoid unnecessary delays.**
- For NMT or NEMT Auto Approval Transportation Request, a PCS form must be sent to L.A. Care's UM department indicating the level of vehicle service requested, but a Physician, Provider, or staff signature is NOT required.
    - Transportation is typically considered an **Auto Approval** when a member is transported:
      - 1) from an ER to hospital for admission
      - 2) from a hospital to a skilled nursing facility or another hospital for admission
      - 3) from Skilled Nursing Facility to Emergency Room
      - 4) from a hospital to psychiatric facility for admission
      - 5) from Emergency Room to Emergency Room for purpose of admission
      - 6) for Hospital or Skilled Nursing Facility Discharge
      - 7) from Nursing Home to Nursing Home (Not authorized for PASC-SEIU LOB)
      - 8) for Dialysis Appointments/Treatment
      - 9) for Urgent Care to ER and Urgent Care to Home (PASC and MCLA LOB only)

**Who can request transportation appointments from LogistiCare after receiving an approved authorization from LA Care?**

- Member, Member's Parent / Legal Guardian or Authorized Representative
- Health Plan Case Manager or Health Plan U.M. Representative
- Medical Facility representative(s) or treating providers

**What are the hours of notice required to schedule routine transportation through LogistiCare?**

- Two (2) Business Days; Day of Call = Day 1

**What is the pick-up time frame for a scheduled trip?**

- The Transportation Provider will pick up the member 15 minutes prior to or after the scheduled pick-up time.



- If the Transportation Provider has not arrived within the allotted time, the member should contact Where's My Ride Assist Line at **866-529-2141, option 2.**

#### **How far in advance can members make reservation?**

- Up to 30 days in advance

#### **What if I'm unsure how long my appointment will last?**

- Make sure to call Where's My Ride, which will call for return trips.
- **Where's My Ride or Ride Assist Line is 1-866-529-2141, Press Option 2**
  - Transportation provider has up to 90 minutes from the time of call to pick-up the member

#### **What number can a facility call to arrange or obtain an update on Discharge, Transfer, or Auto Approval Transportation?**

- Provider/Facility to contact LogistiCare at: **1-866-529-2128**

#### **What number can a Provider or Facility call during after-hours (Saturday/Sunday and appointments after 7:00 PM)?**

- Provider/Facility to contact the same number listed above, all calls roll to the after-hours/weekend support 24/7/365 at: **1-866-529-2128**

#### **What number can a Provider or Facility call to escalate a transportation issue?**

- Provider/Facility can contact LogistiCare at: **1-866-529-2128**; if the issue is not resolved, the caller should escalate and request to speak to a supervisor until they are satisfied with the outcome.

#### **What are the modes of transportation offered?**

- NEMT – Wheelchair Van, Stretcher/Gurney, Basic Life Support, Advanced Life Support, Specialty Care Transport and Air Ambulance-Fixed Wing; All Door-Through-Door
- NMT – Van, Sedan or Taxi; Curb-to-Curb or Door-Through-Door

#### **What is the policy regarding transportation for a minor?**

- A minor must be accompanied by a parent or legal guardian, the parent or legal guardian is responsible to make the reservation and inform LogistiCare at the time of reservation that additional space is needed to transport a parent or guardian with the member.
- With the written consent of a parent or guardian, L.A. Care may arrange NEMT for a minor who is unaccompanied by a parent or a guardian and ensure written consent forms are received prior to arranging transportation.



**REFERRAL FORM FOR TRANSPORTATION SERVICES AND PHYSICIAN CERTIFICATION STATEMENT (PCS)**

This Department of Health Care Services (DHCS) required PCS Form is used to process and determine the appropriate level of Non-Emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT) services. Request ONE type of transportation service per member, not both. Completed and signed forms must be promptly submitted to **Attn: L.A. Care's Utilization Review (UR) Transportation Unit** via facsimile "fax" to: **213-438-2201**. PCS forms for transportation that meet the criteria for **Automatic Approval (AA)** shall be submitted within 24 hours of NEMT/NMT services being arranged to document activity and avoid unnecessary delays. AA is typically for transports in response to discharges, transfers and dialysis. All other PCS forms for **Prior Authorizations** must be reviewed and approved by L.A. Care Health Plan's UR team *before* NEMT/NMT services are arranged. Incomplete or inaccurate forms may cause delays and/or denials. L.A. Care's standard UR turn-around time is five (5) business days.

**Patient Information:**

First Name:	Last Name:	Date of Birth:
ID Number / CIN#:	Phone Number:	
Address:	Caregiver Name:	
City:	State:	Zip:
		Caregiver Phone Number:

**Authorization Level: If request is for AA then please CHECK AA and CONFIRM vehicle type.**

☐ Automatic Approval (AA) ☐ Prior Authorization

**Does Patient Need Prior Authorization for NEMT or NMT? If NEMT, Go to Section 1. If NMT, Go to Section 2.**

**SECTION 1: NEMT – PROVIDER CERTIFICATION, JUSTIFICATION & SIGNATURE REQUIRED**

**Disclaimer:** L.A. Care is required to authorize the lowest cost type of NEMT services that is adequate for the member's medical needs. Once the PCS is submitted, L.A. Care cannot modify the authorization to a lower level without a new PCS form from the provider.

**NEMT Vehicle Type & Door-Through-Door**

Ambulance:	<input type="checkbox"/> Basic Life Support (BLS) <input type="checkbox"/> Advanced Life Support (ALS)	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	<input type="checkbox"/> Air Ambulance
	<input type="checkbox"/> Specialty Care Transport (SCT)			

**NEMT Anticipated Duration:**

Start Date:	End Date:	<input type="checkbox"/> 30 Days	<input type="checkbox"/> Six (6) Months	<input type="checkbox"/> 12 Months
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**Justification:** Provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles. Include medical, behavioral health, or the physical condition that prevents ordinary means of public transportation (provide justification here): \_\_\_\_\_

Diagnosis:	ICD-10 Code(s):
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**Certification Statement:** This form **must be signed** by the physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentist, podiatrist, mental health or substance use disorder provider responsible for providing care to the member and responsible for determining medical necessity of transportation consistent with the scope of their practice. By my signature, I certify that medical necessity was used to determine the type of transport being requested.

**Provider Information:**

Provider's Full Name (Print):			
Title:	Provider NPI:		
Phone Number:	Fax Number:	Email:	
Signature (Required): X _____		Date: _____	

**SECTION 2: NMT – DOES NOT REQUIRE PHYSICIAN'S SIGNATURE (STAFF CAN SUBMIT)**

<b>NMT Vehicle Type &amp; Assistance Needed</b>			<input type="checkbox"/> <b>Ambulatory Curb-To-Curb.</b> Member Can Walk & <b>Does Not Need</b> Assistance.
<input type="checkbox"/> Taxi	<input type="checkbox"/> Sedan	<input type="checkbox"/> Van	<input type="checkbox"/> <b>Ambulatory Door-Through-Door.</b> Member Can Walk & <b>Does Need</b> Assistance. <b>Circle One:</b> Walker, Cane, Crutches

**NMT Anticipated Duration:**

Start Date:	End Date:	<input type="checkbox"/> 30 Days	<input type="checkbox"/> Six (6) Months	<input type="checkbox"/> 12 Months
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Staff Member's Full Name (Print):	Title:
Phone Number:	Fax Number:
Staff Signature:	Date:



# Adult Immunization Status - AIS



## Reporting:

Commercial, Medi-Cal, Medicare

Five rates are reported:

Commercial and Medicaid plans report rates for members 19–65;

Medicare plans report rates for members 66 and older.

## Description:

The percentage of members 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

*Influenza Rate:* Members 19 years and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.

*Td/Tdap Rate:* Members 19 and older who received a Td or Tdap vaccine on or between January 1 of the nine years prior to the measurement period and December 31 of the measurement period.

*Zoster Rate:* Members 50 and older who received one dose of the zoster live vaccine or two doses of the recombinant zoster vaccine on or after their 50th birthday.

*Pneumococcal Rate:* Members 66 and older who were administered both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60.

*Composite Rate:* The number of required immunizations administered to members out of the total number of possible immunizations required for members determined by their age.

# Prenatal Immunization Status – PRS

## Reporting:

Commercial, Medi-Cal

- Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date.
- Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date).
- Deliveries that met criteria for both influenza and Tdap.

## Description:

The percentage of deliveries in the measurement period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

**Data Source for both measures:** Electronic Clinic Data Systems (ECDS)