

PROVIDER QUALITY NEWSLETTER

FEBRUARY 2018



MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction

January Newsletter Correction: The Medication Reconciliation Post-Discharge (MRP) CPT II code to submit is 1111F to capture the reconciliation.



NEW 2018 HEDIS/Stars Provider Reference Guide

This new guide is easy to use and lists each measure with age range, line of business, documentation required, sample codes, and program status. Please share this guide with your providers, MAs, front office and quality staff. The guide includes the measures below (new measures included in the guide this year are in blue): ABA (adult BMI), COL (colorectal), CBP (controlling high blood pressure), **ART (rheumatoid arthritis)**, **MRP (med reconciliation post discharge)**, AWC (adolescent well care), CIS (childhood immunization), IMA (immunizations for adults), **WCC (weight and counseling for nutrition and physical activity)**, W34 (well child 3-6 year olds), CDC (comprehensive diabetes care for HbA1c, nephropathy and eye exams), **COA (care for older adults)**, **OMW (osteoporosis management after fracture)**, **DAE (use of high- risk medications in the elderly)**, BCS (mammograms), CCS (pap smears), **CHL (chlamydia screening in women)**, and Prenatal and Postpartum Care.



NEW 2018 Trainings

It is time to refresh and retrain your team on the HEDIS and Stars measures! The new 2018 HEDIS/Episource Training includes a review of the Episource gaps in care, coding for the measures and in-depth documentation best practices. Please schedule your training today by emailing qualitymeasures@medpointmanagement.com or call 818-702-0100, x353.

Health Net Perinatal Notification Incentive & Forms
Health Net is continuing to offer the Perinatal Notification Incentive Program (PNIP) in 2018. The PNIP is a financial incentive program that recognizes and rewards participating Medi-Cal providers for ensuring timely access to care for pregnant and postpartum women. Please see the attached Provider Update and form for more information.



CAHPS Improvement Guide and New Strategies

The updated **CAHPS Ambulatory Care Improvement Guide** presents steps that health care organizations can take to better understand their patients' experiences with ambulatory care, plan an improvement project, and identify pertinent improvement strategies for implementation. See this new guide here: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/cahps-ambulatory-care-guide-full.pdf>.



Blood Pressure Control Flyers

February is Heart Health Month and controlling blood pressure is an important component to good heart health. Please distribute the attached flyer to your patients to educate them on why checking

their blood pressure regularly is so important. High blood pressure is often the first domino in a chain or "domino effect" leading to heart disease, stroke, vision loss, kidney failure and sexual dysfunction.



March is National Nutrition Month

Please distribute the attached "My Plate" flyers to your patients to help them eat healthy. National Nutrition Month® is a nutrition education and information campaign created annually in March by the Academy of Nutrition and Dietetics to focus attention on the importance of making informed food choices and developing sound eating and physical activity habits. You can find more information here: <http://www.eatright.org/resource/food/resources/national-nutrition-month/toolkit>



Perinatal Notification Incentive Program Continues in 2018

Health Net Community Solutions, Inc. (Health Net) is continuing to offer the Perinatal Notification Incentive Program (PNIP) in 2018. The PNIP is a financial incentive program that recognizes and rewards participating Medi-Cal providers for ensuring timely access to care for pregnant and postpartum women.

The Department of Health Care Services (DHCS) requires timely prenatal and postpartum care. It is also part of the Healthcare Effectiveness Data and Information Set (HEDIS®) measures for Medi-Cal members.

Providers are encouraged to submit PNIP forms for all 2017 dates of service and corrections before February 14, 2018. PNIP forms for services performed in 2017 received after February 14, 2018, will not be accepted.

Health Net obstetricians and gynecologists (OB/GYNs), other prenatal care specialists and primary care physicians (PCPs) can earn two separate incentive payments of \$50 each for documenting prenatal and postpartum care visits on the PNIP forms: the Timely Prenatal Visit and Pregnancy Notification Form and the Postpartum Care Notification Form. The PNIP forms are attached for reference.

On a quarterly basis, Health Net will pay \$50 for each complete and accurate form faxed to Health Net prior to the close of the quarter. OB/GYNs and other prenatal care specialists must meet the minimum requirements of the PNIP to qualify for this supplemental compensation, which include:

- Currently contracting with Health Net or a Health Net participating physician group (PPG) under the Medi-Cal program.
- Providers who have no licensing or credentialing restrictions and are in good standing with Health Net and their PPGs.
- Accurately completing, in its entirety, and returning the Timely Prenatal Visit and Pregnancy Notification Form or the Postpartum Care Notification Form within the required time frames. Signatures must be included.
- For providers new to the program who have not yet submitted a W-9 form, completing and faxing a W-9 form to Health Net at 1-877-783-0287.

The PNIP is not considered part of the base provider compensation under the Health Net Medi-Cal *Provider Participation Agreement (PPA)* and is separate from contracting rates with Health Net's PPGs. The PNIP is supplemental compensation offered to providers. PCPs who submit PNIP forms for the incentive will be paid for the correctly completed PNIP forms, but will not be paid for the same measure under the PCP HEDIS Improvement Program, which would create a duplicate payment.

By accurately completing a form for timely prenatal or postpartum visits per HEDIS, the Health Net member will also receive a \$25 gift card from Health Net.

For additional information about the PNIP, contact Juli Coulthurst by telephone at (661) 321-3916 or via email at juli.b.coulthurst@healthnet.com.

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

1-800-675-6110
provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com
healthnet.com
fax 1-800-937-6086

TIMELY PRENATAL VISIT and PREGNANCY NOTIFICATION FORM

To qualify for the incentive:

- Complete this form for Health Net Medi-Cal members only and fax to [Health Net/PPG name] within seven days of the visit.
- This form must be signed by a primary care physician (PCP), OB/GYN, nurse practitioner, or certified nurse midwife.
- A timely prenatal visit is in the first trimester of pregnancy or within 42 days of enrollment into Health Net Medi-Cal.
- This form must be kept in the patient's medical record.

Fax to [Health Net/PPG Name at 1-877-783-0287]

Date of prenatal visit: _____									
Member Information									
First name:						Last name:			
Medi-Cal ID # (CIN #):						Date of birth:			
9						Telephone number:			
Address:						City:		ZIP code:	
Medical group name (also known as IPA or PPG):									
Primary Language									
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Mandarin <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____									
Pregnancy Information - Required									
Pregnancy diagnosis confirmed: <input type="checkbox"/> Yes LMP: _____ or EDD: _____						Is this a high-risk pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gravida:	Para:	Abortions:	OR		Gestational age:		Fetal heart rate: (pos. or neg.)	Fundal height:	
					weeks	days		cm	
Provider Information									
Practitioner name:						Clinic name:			
Practitioner NPI:			Specialty (OB/GYN, PCP, NP, or CNM):			Clinic address:			
Office contact name:						City:		County:	
Office telephone number:						ZIP code:			
<input type="checkbox"/> I confirm that this document is also filed in the member's legal health/outpatient record.									
Practitioner signature:						Date signed:			

POSTPARTUM CARE NOTIFICATION FORM

To qualify for the incentive:

- Complete this form for Health Net Medi-Cal members only and fax to [Health Net/PPG name] within seven days of the visit.
- This form must be signed by a primary care physician (PCP), OB/GYN, nurse practitioner, or certified nurse midwife.
- The postpartum visit must be between three and eight weeks (21 to 56 days) after delivery.
- This form must be kept in the patient's medical record.

Fax to [Health Net/PPG Name at 1-877-783-0287]

Date of postpartum visit: _____		
Member Information		
First name:		Last name:
Medi-Cal ID # (CIN #):		Date of birth:
9		Telephone number:
Address:		City: ZIP code:
Medical group name (also known as IPA or PPG):		
Primary Language		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Mandarin <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____		
Postpartum Assessment		
Date of delivery: _____		Hospital: _____
<input type="checkbox"/> Confirmation of live birth		BP: _____ Weight: _____
Abdomen	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments:
Breasts	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Breastfeeding	Comments:

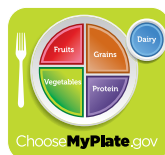
OR

Pelvic	Uterus: _____ Cervix: _____ Other comments: _____	Pap test: (optional) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Additional comments/visit notes:		
Provider Information		
Practitioner name:		Clinic name:
Practitioner NPI:	Specialty (OB/GYN, PCP, NP, or CNM):	Clinic address:
Office contact name:		City: County:
Office telephone number:		ZIP code:
<input type="checkbox"/> I confirm that this document is filed in the member's legal health/outpatient record.		
Practitioner signature:		Date signed:



United States Department of Agriculture

10 tips Nutrition Education Series



MyPlate MyWins

Based on the
**Dietary
Guidelines
for Americans**

Choose MyPlate

Use MyPlate to build your healthy eating style and maintain it for a lifetime. Choose foods and beverages from each MyPlate food group. Make sure your choices are limited in sodium, saturated fat, and added sugars. Start with small changes to make healthier choices you can enjoy.

1 Find your healthy eating style
Creating a healthy style means regularly eating a variety of foods to get the nutrients and calories you need. MyPlate's tips help you create your own healthy eating solutions—"MyWins."

2 Make half your plate fruits and vegetables
Eating colorful fruits and vegetables is important because they provide vitamins and minerals and most are low in calories.

3 Focus on whole fruits
Choose whole fruits—fresh, frozen, dried, or canned in 100% juice. Enjoy fruit with meals, as snacks, or as a dessert.



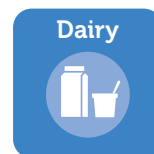
4 Vary your veggies
Try adding fresh, frozen, or canned vegetables to salads, sides, and main dishes. Choose a variety of colorful vegetables prepared in healthful ways: steamed, sauteed, roasted, or raw.



5 Make half your grains whole grains
Look for whole grains listed first or second on the ingredients list—try oatmeal, popcorn, whole-grain bread, and brown rice. Limit grain-based desserts and snacks, such as cakes, cookies, and pastries.



6 Move to low-fat or fat-free milk or yogurt
Choose low-fat or fat-free milk, yogurt, and soy beverages (soymilk) to cut back on saturated fat. Replace sour cream, cream, and regular cheese with low-fat yogurt, milk, and cheese.



7 Vary your protein routine
Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry. Try main dishes made with beans or seafood like tuna salad or bean chili.



8 Drink and eat beverages and food with less sodium, saturated fat, and added sugars

Use the Nutrition Facts label and ingredients list to limit items high in sodium, saturated fat, and added sugars. Choose vegetable oils instead of butter, and oil-based sauces and dips instead of ones with butter, cream, or cheese.



9 Drink water instead of sugary drinks
Water is calorie-free. Non-diet soda, energy or sports drinks, and other sugar-sweetened drinks contain a lot of calories from added sugars and have few nutrients.

10 Everything you eat and drink matters
The right mix of foods can help you be healthier now and into the future. Turn small changes into your "MyPlate, MyWins."



Elija MiPlato

Use MiPlato para construir su estilo de alimentación saludable y mantenerlo durante toda la vida. Elija alimentos y bebidas de cada grupo de alimentos MiPlato. Asegúrese de que sus opciones sean limitadas en sodio, grasas saturadas y azúcares añadidos. Comience con pequeños cambios para tomar decisiones más saludables que pueda disfrutar.

1 Encuentre su estilo de alimentación saludable

Crear un estilo saludable significa comer con regularidad una variedad de alimentos para obtener los nutrientes y las calorías que necesita. Los consejos de MiPlato le ayudan a crear sus propias soluciones de alimentación saludable—"MisVictorias."

2 Llene la mitad de su plato con frutas y vegetales

Comer frutas y vegetales de colores variados es importante porque aportan vitaminas y minerales y la mayoría son bajas en calorías.

3 Enfóquese en las frutas enteras

Elija frutas enteras frescas, congeladas, secas o enlatadas en jugo 100%. Disfrute de la fruta con las comidas, como bocadillos o como postre.



4 Varie sus vegetales

Trate de agregar vegetales frescos, congelados o enlatados a ensaladas, acompañamientos y platos principales. Elija una variedad de vegetales de colores diferentes preparados de maneras saludables: al vapor, salteados, asados o crudos.



5 Que la mitad de sus granos sean integrales

Busque granos enteros que figuren en el primer o segundo lugar de la lista de ingredientes: pruebe avena, palomitas de maíz, pan integral y arroz integral. Limite los postres y bocadillos a base de granos, como pasteles, galletas y hojaldres.



6 Cambie a yogur o leche semidesnatada o desnatada

Elija leche, yogur y bebidas de soja (leche de soja) bajos en grasa o sin grasa para reducir la grasa saturada. Sustituya la crema agria, la crema y el queso regular con yogur, leche y queso bajos en grasa.



7 Varíe su rutina de proteínas

Mezcle sus alimentos de proteína para incluir mariscos, frijoles y guisantes, frutos secos y semillas sin sal, productos de soja, huevos y carnes magras y aves de corral. Pruebe platos principales hechos con frijoles o mariscos como ensalada de atún o chile de frijoles.



8 Beba y coma bebidas y alimentos con menos sodio, menos grasas saturadas y menos azúcares añadidos

Use la etiqueta de información nutricional y la lista de ingredientes para limitar los elementos con alto contenido de sodio, grasas saturadas y azúcares añadidos. Elija aceites vegetales en lugar de mantequilla, y salsas a base de aceite y salsas para untar en lugar de las que tienen mantequilla, crema o queso.



9 Beba agua en lugar de bebidas azucaradas

El agua no tiene calorías. Los refrescos regulares, energéticos o deportivos y otras bebidas azucaradas contienen una gran cantidad de calorías de azúcares añadidos y tienen pocos nutrientes.

10 Todo lo que come y bebe es importante

La combinación correcta de alimentos puede ayudarle a estar más saludable ahora y en el futuro. Convierta los pequeños cambios en su "MiPlato, MisVictorias."

CONSEQUENCES

of High Blood Pressure



Check.
Change.
Control.

High blood pressure is often the first domino in a chain or “**domino effect**” leading to devastating consequences, like:



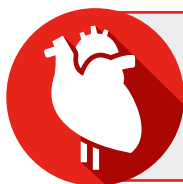
STROKE

HBP can cause blood vessels in the brain to burst or clog more easily.



VISION LOSS

HBP can strain the vessels in the eyes.



HEART FAILURE

HBP can cause the heart to enlarge and fail to supply blood to the body.



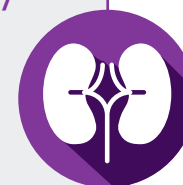
HEART ATTACK

HBP damages arteries that can become blocked.



SEXUAL DYSFUNCTION

This can be erectile dysfunction in men or lower libido in women.



KIDNEY DISEASE/ FAILURE

HBP can damage the arteries around the kidneys and interfere with their ability to effectively filter blood.

A simple **blood pressure check** is the first step to preventing the “domino effect.”

Learn more at heart.org/hbp.

CONSECUENCIAS

de la presión arterial alta

La presión arterial alta es muchas veces la primera ficha del “**efecto dominó**” que tiene consecuencias devastadoras, como:



Un sencillo chequeo de la **presión arterial** es el primer paso para prevenir el “efecto dominó”.

Más información en heart.org/hbp.

HEDIS®/STAR REFERENCE GUIDE FOR PROVIDERS 2018

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
HEDIS® MEASURES						
Adults	Adult BMI Assessment (ABA)	Members 18-74 years as of 12/31/2018	Commercial, Medi-Cal, Medicare	<p>BMI value documented in 2017 or 2018.</p> <p>Member 20 and older - document height, weight and BMI <u>value</u>. Member 20 and younger - document height, weight and BMI <u>percentile</u> (not BMI value).</p> <p>Common chart deficiencies: * Height and/or weight are documented but there is no calculation of BMI. * BMI value documented instead of BMI percentile for members 20 and younger.</p>	<p>Adults ≥20 yrs: ICD-10: Z68.1 - Z68.45</p> <p>Pediatric <20 yrs: ICD-10: Z68.51-Z68.54</p> <p>Best Practice: Submit BMI for all members at each visit.</p>	Star, Hybrid
	Colorectal Cancer Screening (COL)	50-75 years as of 12/31/2018	Commercial, Medicare	<p>Fecal occult blood (gFOBT or iFOBT/FIT) test in 2018</p> <p>or Colonoscopy in the past 10 years.</p> <p>or FIT-DNA (Cologuard®) in the past 3 years--covered by Medicare and select Commercial plans only</p> <p>or Flexible Sigmoidoscopy in the past 5 years</p> <p>or Computed Tomography (CT) Colonography in the past 5 years</p> <p>Best Practices: Clear documentation of previous colonoscopy or Sigmoidoscopy, including year performed, is required.</p>	<p>iFOBT/FIT CPT: 82274; HCPCS: G0328</p> <p>Colonoscopy: billed by Gastroenterologist</p> <p>FIT-DNA CPT: 81528</p> <p>Flexible Sigmoidoscopy CPT: 45330-45335, 45337-45342, 45345-45347, 45349-45350; HCPCS: G0104</p> <p>CT Colonography: CPT: 74261-63</p>	Star, Hybrid, Molina P4P

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
	Controlling High Blood Pressure (CBP)	18-85 years (Hypertensive and with or without diabetes)	Commercial, Medi-Cal, Medicare	Members with diagnosis of hypertension and whose blood pressure was adequately controlled during 2018 based on: Age 18-59 - <140/90 mm Hg Age 60-85 with diabetes - <140/90 Age 60-85 without diabetes - <150/90 mm Hg Best practice: Measure uses the patient's most recent value.	ICD-10 CM: Essential Hypertension - I10 CPT: 99201 – 99205, 99211 – 99215, 99381 – 99387, 99391 – 99397, 99429 CPT II Codes: Diastolic 80-89 mm Hg: 3079F Diastolic >= to 90: 3080F Diastolic less than 80 mm Hg: 3078F Systolic <130: 3074F Systolic 130-139: 3075F Systolic >= to 140: 3077F Exclusions: Members in hospice, with evident ESRD; diagnosis of pregnancy; had a non-acute inpatient admission, all in 2018.	Auto, Star, Hybrid
	Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART)	18 years and older as of 12/31/2018	Commercial, Medi-Cal, Medicare	Patients with a diagnosis of rheumatoid arthritis on two different dates of service during the measurement year who were dispensed a DMARD by a provider or pharmacy. Best Practices: Prescribe DMARDs to patients with RA. Watch for osteoarthritis miscoded as RA.	DMARD HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515, J7516, J7517, J7518, J9250, J9260, J9310 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.	Admin only, Molina P4P (Medicare), Star

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
Adults	Medication Reconciliation Post-Discharge (MRP)	Hospital discharges of members 18 year and older as of 12/31/2018 for whom medications were reconciled on the date of discharge through 30 days after discharge (31 total days)	Medicare	<p>Only documentation in the outpatient medical record by a PCP, registered nurse or pharmacist meets the intent of the measure, but an outpatient visit is not required.</p> <p>There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge.</p> <ul style="list-style-type: none"> • Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meets criteria: • Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications). • Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. 	<p>CPT: 99495, 99496 CPT II: 1111F</p>	Hybrid, Star
	Adolescent Well-Care Visits (AWC)	12-21 years as of 12/31/18	Commercial, Medi-Cal	<p>One comprehensive well-care visit with a PCP or OB/GYN in 2018 that documents the date of the visit and 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.</p> <p>and/or 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> <p><u>Note:</u> ICD-10 codes apply for sports physical (Z02.5), general exam (Z00.8), admission to educational institution (Z02.0) and others.</p>	Hybrid

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
Children & Adolescents	Childhood Immunization Status (CIS)	Children age 2 years in 2018 who had all immunizations before 2nd birthday	Commercial, Medi-Cal	<p>Children 2 years of age in 2018 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)</p> <p>Combo 10 - includes above plus the following: 4 Pneumococcal conjugate (PCV) 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTaq) 2 influenza vaccines</p> <p>Exclusions: Anaphylactic reaction, Encephalopathy, Adverse Effects, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency or Intussusception. Refer to 2018 HEDIS Technical Specifications for exclusion codes.</p>	<p>DTaP CPT: 90698, 90700, 90721, 90723 HiB CPT: 90644-90648, 90698, 90721, 90748 Hep A CPT: 90633 Hep B CPT: 90723, 90740, 90744, 90747, 90748; HCPCS: G0010 IPV (Inactive Polio Vaccine): 90698, 90713, 90723 Influenza CPT: 90630, 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90688; HCPCS: G0008 Measles: 90705 MMR: 90707; MMR, VZV: 90710 Measles/Rubella: 90708 Mumps: 90704 PCV (pneumococcal) CPT: 90669, 90670; HCPCS: G0009 Rotavirus Rotarix CPT: 90681 RotaTaq CPT: 90680 Rubella: 90706 VZV CPT: 90710, 90716</p> <p>Best Practice: Always use CAIR2 - California Immunization Registry - cairweb.org</p>	Auto, Health Net HIP (combo 3), Hybrid, LA Care P4P (combo 10), Molina P4P (combo 3)
	Immunizations for Adolescents (IMA)	Adolescents age 13 in 2018 who had immunizations before 13th birthday	Commercial, Medi-Cal	<p>The percentage of adolescents who had:</p> <p>Combo 1 - • 1 dose of meningococcal conjugate vaccine 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> <p>Combo 2 - includes above plus the following: • At least 2 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday.</p>	<p>Meningococcal Vaccine Administered CPT: 90644, 90734 Tdap Vaccine Administered CPT: 90715 HPV Vaccine Administered CPT: 90649, 90650, 90651</p> <p>Exclusions - Anaphalactic reaction codes: T80.52XA, T80.52XD, T80.52XS</p> <p>Best Practice: Always use CAIR2 - California Immunization Registry - cairweb.org</p>	Hybrid, Health Net HIP (combo 2), LA Care P4P (combo 1)

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
Children & Adolescents	Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)	3-17 years as of 12/31/2018	Commercial, Medi-Cal	(1) BMI percentile or age-growth chart with height and weight, (2) counseling for nutrition (diet) <u>and</u> (3) counseling for physical activity (sports participation/exercise) during 2018. PM 160 Forms and Staying Healthy Assessment Forms are compliant if documented correctly.	<u>BMI Percentile</u> ICD-10: Z68.51 - Z68.54 <u>Counseling for Nutrition</u> ICD-10: Z71.3 CPT: 97802-97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 <u>Counseling for Physical Activity</u> ICD-10: Z71.82, Z02.5 HCPCS: G0447, S9451	Hybrid
	Well-Child Visits 3-6 Years (W34)	3-6 years as of 12/31/18	Commercial, Medi-Cal	One well-child visit with a PCP in 2018 that documents the date of the visit and the following: 1) a health history; 2) a physical developmental history; 3) a mental developmental history; 4) a physical exam 5) health education/ anticipatory guidance.	ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17) and/or 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 <u>Note:</u> ICD-10 codes apply for sports physical (Z02.5), general exam (Z00.8), admission to educational institution (Z02.0) and others.	Auto, Health Net HIP, Hybrid, LA Care P4P*
	Comprehensive Diabetes Care (CDC) - HbA1c Control	18-75 years as of 12/31/2018 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin (HbA1c) blood test in 2018 with date and result. Includes: control <8% poor control >9%	HbA1c Tests CPT: 83036, 83037 HbA1c Level < 7.0 CPT II: 3044F HbA1c Level 7.0-9.0 CPT II: 3045F HbA1c Level > 9.0 CPT II: 3046F Exclusions: Gestational diabetes, steroid induced diabetes.	Hybrid, LA Care P4P, Molina P4P, Star
	Comprehensive Diabetes Care (CDC) - HbA1c Testing	18-75 years as of 12/31/2018 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin (HbA1c) blood test in 2018 with date and result. Note: Most recent reading during the year counts for this measure.	HbA1c Tests CPT: 83036, 83037 Exclusions: Gestational diabetes, steroid induced diabetes.	Auto, Health Net HIP, Hybrid, LA Care P4P*, Molina P4P, Star

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
Diabetes Care	Comprehensive Diabetes Care (CDC) - Nephropathy	18-75 years as of 12/31/2018 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Nephropathy screening or monitoring test or evidence of nephropathy during 2018. 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.	CPT: 82042-82044, 84156 Urine Protein Test: CPT II: 3060F - 3062F Evidence of Treatment for Nephropathy: CPT II: 3066F, 4010F	Hybrid, LA Care P4P, Star
	Comprehensive Diabetes Care (CDC) - Retinal Eye Exam	18-75 years as of 12/31/2018 (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 2018. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2017 or 2018. 	Diabetic Retinal Screening CPT: 67028 - 99245 (limited to eye care professionals) HCPs: S0620, S0621, S3000 Diabetic Retinal Screening Negative CPT: 3072F Diabetic Retinal Screening with Eye Care Professional CPT II: 2022F, 2024F, 2026F Exclusions: Gestational diabetes, steroid induced diabetes. Best Practices: - Use CPT II code 3072F in 2018 to ensure credit. - Medical 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.	Hybrid, LA Care P4P, Molina P4P, Star
	Care for Older Adults (COA)	66 years and older as of 12/31/2018	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	Members who had each of the following during 2018: <ul style="list-style-type: none"> * Advance care planning * Medication review * Functional status assessment * Pain Assessment Best Practice: Complete Annual Wellness Visit (AWV) for all eligible patients. All elements of COA are included in the AWV.	Advanced Care Planning: CPT: 99497, 99498 Document Present CPT II: 1157F Discussion documented CPT II: 1158F Medication Review: CPT®: 90863, 99605, 99606 CPT® II: 1160F Medication List: CPT® II: 1159F Functional Status Assessment: CPT® II: 1170F Pain Assessment: Pain Present CPT II: 1125F Pain not Present CPT II: 1126F	Hybrid, Star

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
Senior	Osteoporosis Screening and Management after Fracture (OMW)	Women 67-85 years as of 12/31/2018	Medicare	<p>Women with a fracture date between 7/1/2017 – 6/30/2018 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>Bone mineral density test CPT: 76977, 77078, 77080 – 77082, 77085 – 77086 HCPCS: G0130</p> <p>ICD10 PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1</p> <p>ICD9 PCS: 88.98</p> <p>Long-acting osteoporosis therapy HCPCS: J0897, J1740, J3487, J3488, J3489, Q2051</p> <p>Prescription to treat osteoporosis HCPCS: J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051</p> <p>Medications: Alendronate, Calcitonin, Denosumab, Ibandronate, Raloxifene, Risedronate, Teriparatide, Zoledronic acid.</p>	Admin only, Molina P4P (Medicare), Star
	Use of High-Risk Medications in the Elderly (DAE)	66 years and older as of 12/31/2018	Medicare	<p>Medicare members age 66 and older who received at least:</p> <ul style="list-style-type: none"> • One high-risk medication • Two or more high-risk medications in the same class <p>Note that 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.</p>	List of medications available upon request or on page 256 of the NCQA 2018 Technical Specifications.	Admin only, Star
Seniors	Breast Cancer Screening (BCS)	Women 50-74 years as of 12/31/2018	Commercial, Medi-Cal, Medicare	<p>Women who had a mammogram to screen for breast cancer between 10/1/2016 and 12/31/2018 (at least every 27 months).</p> <p>Common chart deficiencies: Biopsies, ultrasounds, or MRI do not qualify for the measure. Exclusions not coded every year: * Absence of left and right breast * Bilateral mastectomy or modifier * History of bilateral mastectomy * Unilateral mastectomy left and right</p>	<p>NEW CPTs: 77067, 77066, 77065 (replace HCPCS codes G0202, G0204, G0206)</p> <p>PCP CPT II: 3014F - screening mammography results documented and reviewed</p> <p>Exclusions: Bilateral Mastectomy Absence of breast(s): Z90.11, Z90.12, Z90.13. Document exclusions every year during any outpatient encounter submission.</p>	Admin, LA Care P4P, Molina P4P, Star

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
Women Only	Cervical Cancer Screening (CCS)	Women 21-64 years as of 12/31/2018	Commercial, Medi-Cal	<p>Age 21-64 cervical cancer screening in 2016, 2017 or 2018 (every 3 years). Document the date and results.</p> <p>Or</p> <p>Age 30-64 cervical cancer screening and HPV <u>co-testing</u> performed between 2014 - 2018 with documented date and results.</p> <p>Best Practice: Order co-testing, not HPV reflex, for women 30 and over.</p>	<p>Cervical Cytology CPT: 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175</p> <p>Cervical Cytology HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Test CPT: 87620-87622</p> <p>HPV HCPCS: G0476</p> <p>Exclusions: Documentation of total hysterectomy with absence of cervix. Absence of Cervix ICD-10-CM: Q51.5, Z90.710, Z90.712</p> <p>Common chart deficiencies: Incomplete documentation indicating hysterectomy with no residual cervix. Document exclusions every year.</p>	Auto, Health Net HIP, Hybrid, LA Care P4P*, Molina P4P
	Chlamydia Screening in Women (CHL)	16-24 years as of 12/31/2018	Commercial, Medi-Cal	<p>Women identified as sexually active who had at least one test for chlamydia during 2018.</p> <p>Two methods identify sexually active: pharmacy data (dispensed contraceptives during the measurement year) and claim/encounter data.</p>	CPT: 87110, 87270, 87320, 87490 – 87492, 87810	Hybrid, LA Care P4P

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
Women Only	Prenatal Care, Timeliness of (PPC-Pre)	Live births between 11/6/2017 - 11/5/2018 Prenatal care visit in the first trimester or within 42 days of enrollment	Commercial, Medi-Cal	Code the first Prenatal Visit separately, document the date, diagnosis of pregnancy and evidence of <u>one</u> of the following: (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) 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.	Procedure codes: Prenatal visit during first trimester CPT: 59425, 59426, 99201-99205, 99211-99215, 99241-99245, 99500 CPT II: 0500F-0502F OB panel: 80055 Prenatal ultrasound: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 ICD-10-PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ Best Practices: <ul style="list-style-type: none"> • 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. 	Auto, Health Net HIP, Hybrid, LA Care P4P*, Molina P4P

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
Women Only	Postpartum Care (PPC-Post)	Live births between 11/6/2017 - 11/5/2018 Postpartum visit between 21 and 56 days after delivery.	Commercial, Medi-Cal	<p>Documentation of a postpartum visit on or between 21 and 56 days after delivery and must include <u>one</u> of the following:</p> <ul style="list-style-type: none"> • Pelvic exam. • Evaluation of weight, BP, breasts and abdomen. • 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. <p>Best Practices:</p> <ul style="list-style-type: none"> • Make sure to indicate visit date and notate “postpartum care.” • For care given by previous provider, add “PP” with a check mark next to it on progress notes. • Schedule postpartum visit before mother and baby leave the hospital. • Offer home visit for postpartum. • CPSP (Comprehensive Perinatal Services Program) counseling does not count. • Incision check for post C-section does not constitute a postpartum visit. 	<p>ED Procedure CPT: 57170, 58300, 59430 Postpartum visit CPT: 99501 Postpartum CPT II: 0503F Pelvic Exam HCPCS: G0101 Postpartum Visit ICD-10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 Deliveries CPT Bundle Codes: 59400, 59410, 59510, 59610, 59614, 59618, 59622</p> <p>Note: Use an accepted ICD-10 code because global CPT codes may not reflect when postpartum care was rendered.</p>	Hybrid, LA Care P4P*, Molina P4P

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes	Status (See Key)
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STATUS KEY		
STATUS KEY	Admin only	Measure is calculated based on encounter/claims data only.
	Auto	Auto-Assignment Measures - Medi-Cal members who do not choose a plan are Auto assigned by the State of California to a health plan (defaulted). The defaulted members are divided among the plans through an Auto Assignment Incentive Program that is partially driven by the HEDIS measures marked above: CCS, CIS-3, CDC-HbA1c, CBP, PPC-Prenatal and W34.
	Health Net HIP	Health Net's HEDIS Incentive Program (HIP) for PCPs. 2017 measures included CCS, CDC HbA1c Testing, CIS Combo 3, IMA Combo 2, MPM-Total, PPC-Prenatal, W34 and AMR (Asthma Medication Ratio).
	Hybrid	Encounter/claims data is supplemented by a manual medical record review to meet the measure.
	LA Care P4P	LA Care's Physician Pay-for-Performance (P4P) Program. 2017 measures included 4 double-weighted* measures - CCS*, CIS-3*, PPC - Prenatal* and W34* - plus BCS, CDC - HbA1c Testing and Control (<8%), Eye Exams & Nephropathy, CHL, IMA 1 and PPC - Postpartum. AAB (avoidance of antibiotics), AMR (asthma), CAP (access to primary care), CWP (child pharyngitis), MPM (monitoring diuretic meds) were also included in the program.
	Star	Part of the CMS (Centers for Medicare & Medicaid Services) Medicare Part C (Medicare Advantage Plan) Star Ratings Measures.
Information above is subject to change.		

PLEASE NOTE: This list is not a complete list of all HEDIS measures. The codes listed above are **SAMPLE CODES**. Please refer to HEDIS 2018 Volume 2 Technical Specifications and NCQA's HEDIS 2018 Value Set Directory for a complete list. Member Satisfaction Surveys (CAHPS) are part of HEDIS and some P4P Programs.

CAHPS - Consumer Assessment of Healthcare Providers and Systems

CAHPS is an annual member experience survey conducted by a CMS-approved vendor for Medicare Advantage plans. The goal of the survey is to assess the experiences of beneficiaries in Medicare Advantage plans. The results of the survey are published in the Medicare & You handbook and on the Medicare website: <http://www.medicare.gov>. Elements of the member surveys are included in Star measures reporting and health plan P4P programs.

The Surveys and Instructions are available here: <https://www.ahrq.gov/cahps/surveys-guidance/hp/instructions/index.html>. Please share survey questions with your staff so they know what is expected.

LA Care P4P, Star

All-Cause Readmissions

This measure aims to reduce the number of hospital readmissions. It includes members 18 years old and older discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition or for a different reason. **Best Practice:** See all patients with 7 days of discharge and reconcile their medications.

LA Care P4P, Star

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