FEBRUARY/MARCH 2020

PROVIDER QUALITY
NEWSLETTER

MedPOINT
M A N A G E M E N T
Pointing Healthcare In The Right Direction

Visit MedPOINT's website for important information and resources in this newsletter!

https://medpointmanagement.com/
provider-resources/

- Click on "Quality Management Information" for resources included in the Quality Newsletters.
- Click on "HEDIS Documents" for MedPOINT's HEDIS Reference guides.
- Contact us at (818) 702-0100, ext. 1353, to request assistance.

Interpreta – https://portal.interpreta.com

Please note that final 2019 HEDIS results will be available in Interpreta in late March. You can use this information to identify members who need screenings for multi-year measures or begin scheduling appointments for the annual measures. Measurement Year (MY) 2020 data should be available in April for your use. Please call your HEDIS/Stars Specialist to set up a meeting to review your updated Interpreta Summary Report and receive the Member Gap List. Alternatively, you can always contact us at qualitymeasures@medpointmanagement.com or call (818) 702-0100, ext. 1353.

NEW 2020 HEDIS Reference Guides!

The following 2020 reference guides have been updated and are available to share with your staff:

- **2020 HEDIS/Stars Provider Reference Guide** – with updated codes and additional measures (W15 and pharmacy measures).
- **2020 Pediatric Reference Guide**
- **2020 Diabetic Eye Exam Coding Guide**
- **HCC/HEDIS Coding Cheat Sheet**

Please download these informative resources from the MedPOINT website as needed.

Health Plan 2020 Incentive Programs

Understanding health plan incentive availability and potential is helpful with planning and strategy work. Health plans have historically released their IPA and provider incentive programs at the beginning of the second quarter. Once received, we will update and distribute our Health Plan Incentive Grid.

Get a head start on the incentivized measures by reviewing the Medi-Cal Managed Care Accountability Set (MCAS) measures located here: https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx. It is highly possible that most plans will align with this statewide program and include the first 21 reportable measures in their respective incentive programs.

Supplemental Data Update

The deadline to submit 2019 medical records as supplemental data (non-standard data) has passed and we thank those who submitted. Overall, there was a record number of records submitted – 10,884!

We are still accepting standard data (EMR extracted) until 3/15/20. Please submit these files to **QiFiles@medpointmanagement.com** on MedPOINT's Lab or Claim Excel file layout. For guidance on how to submit specific measures or to receive the templates, please call us at **818-702-0100, x1353**.

Please hold off submitting 2020 medical records until the end of March to ensure they are included in MY 2020 results.

Coronavirus Checklist

The Los Angeles County Public Health Department has released a Los Angeles Health Alert Network (LAHAN) notification regarding clinical guidance for the local novel coronavirus (2019-nCoV). The message and checklist are available at:

- http://publichealth.lacounty.gov/eprp/lahan/ alerts/LAHANnCoV012620.pdf (message)
- http://publichealth.lacounty.gov/acd/ docs/nCoVChecklist.pdf (checklist)
- MedPOINT Management website (see path above).

Upcoming Training Opportunities

Optum – Optum offers a variety of coding and documentation educational sessions for Medicare Advantage. Courses are applicable to providers, billers, coders and others involved in documentation and quality improvement best practices. Please see Optum's flyer called "2020 National WebexTM Documentation and Coding Education" to obtain the training links to register.

Health Net – Health Net has released a Provider Services Alert that lists topics and dates of their 2020 Provider Educational Webinars (see flyer). To be alerted when registration for each session opens, please email **cqi_medicare@healthnet.com**.

Information on these trainings are included on the MedPOINT website.

Molina Transportation Change

California Molina has announced in their JTF (Just the Fax) notice dated 12/31/19 that their new transportation vendor for non-emergency transportation for Medicare only has changed to Access2Care. Please see the notice posted on our website for more details.

Lead Screening in Children

Lead testing is required by HEDIS up to age 2 but testing is also important for older children. The LA Times ran an article on 1/8/20 that focused on the low rate of lead testing for Medi-Cal children (**https://www.latimes.com/ california/story/2020-01-08/california-children-tested-positive-for-lead-poisoning**). Please review the article and then confirm that lab or point-of-care tests are being coded accurately by your staff. ICD-10 code Z13.88 is recommended to be used to help you identify these tests.

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March Monthly Health Themes

- *American Diabetes Alert Day (24)*
- *National Colorectal Cancer Awareness Month*
- *National Kidney Month & World Kidney Day (8)*
- *National Nutrition Month*

HEDIS®/STARS REFERENCE GUIDE FOR PROVIDERS 2020

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HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS				
Adult BMI Assessment (ABA)	Members 18-74 years as of 12/31/2020	Commercial, Medi-Cal, Medicare	BMI documented in 2019 or 2020. • 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:** • 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 12/31/2020	Commercial, Medicare	Members who had appropriate screening for colorectal cancer: • **Fecal occult blood iFOBT/FIT** test in 2020 • or **Colonoscopy** in past 10 years (2010-2020) **Best Practices:** • Clearly document previous colonoscopy, including year. Also acceptable for this measure: • 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 12/31/2020	Commercial, Medi-Cal, Medicare	Members with >=2 diagnoses of hypertension between 2018-2019 whose last blood pressure of 2020 was **<140/90.** **Best Practices:** • 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 12/31/2020	Commercial, Medi-Cal, Medicare	Patients with a diagnosis of rheumatoid arthritis on two different dates of service between 1/1/20 and 11/30/20 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 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 12/31/2020) and older from 01/01/2020 to 12/01/2020 for whom medications were reconciled on the date of discharge through 30 days after discharge (31 days total).	Medicare	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. *Any of the following **documentation** meets criteria (first two below are easiest):* • 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)	**CPT II:** 1111F **Documentation continued:** • 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 12/31/2020	Commercial, Medi-Cal	One comprehensive well-care visit with a PCP or OB/GYN in 2020 that documents the date of the visit and all of 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). Z00.00 or Z00.01 for adult. Z02.5 Sports Physical **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
Childhood Immunization Status (CIS)	Children age 2 years in 2020 who had all immuniza-tions by their 2nd birthday	Commercial, Medi-Cal	Children 2 years of age in 2020 who received these vaccines on or before their second birthday: **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) **Combo 10** - includes above plus the following: 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq) 2 influenza vaccines	**Exclusions:** Please refer to the 2020 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. **Best Practice:** Always use CAIR2 - California Immunization Registry - cairweb.org

CHILDREN & ADOLESCENTS - CONTINUED

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
Immunizations for Adolescents (IMA)	Adolescents age 13 in 2020 who had immunizations before 13th birthday	Commercial, Medi-Cal	The percentage of adolescents 13 years of age who had: **Combo 1 -** • 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 **Combo 2 -** includes above plus the following: • 2 or 3 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday.	**Exclusions -** Please refer to the 2020 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. **Best Practice:** • 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 12/31/2020	Commercial, Medi-Cal	Outpatient visit with PCP or OB/GYN with evidence of the following in 2020: 1) BMI percentile or age-growth chart with height and weight, 2) counseling for nutrition and 3) counseling for physical activity **Best Practices:** • 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.	**BMI Percentile** ICD-10: Z68.51 - Z68.54 **Counseling for Nutrition** ICD-10: Z71.3 **Counseling for Physical Activity** **ICD-10:** Z71.82, Z02.5 HCPCS: G0447, S9451
Well-Child Visits 3-6 Years (W34)	3-6 years as of 12/31/2020	Commercial, Medi-Cal	One well-child visit with a PCP in 2020 that documents the date of the visit and all of 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) **Z02.5 Sports Physical** **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
Well-Child Visits in the First 15 Months of Life (W15)	Turned 15 months old in 2020	Commercial, Medi-Cal	Members who turned 15 months old in 2020 and who had six or more well-child visits with a PCP during their first 15 months of life. Documentation requirements for each visit are the same as AWC and W34: 1) Health history 2) Physical developmental history 3) Mental developmental history 4) 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) **CPT Preventive codes:** 99381 – age younger than 1 year 99382 – age 1-4 new patient 99392 – age 1-4 established patient • All 5 elements must be documented for each visit. • When babies come in for vaccinations, complete the W15 components of the visit and document correctly.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE				

Comprehensive Diabetes Care (CDC) - HbA1c Control	18-75 years as of 12/31/2020 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin A1c (HbA1c) blood test in 2019 with date and result. Includes:
			    control <8%
			    poor control >9%
			
			• 2 new CPT II codes have been added to separate HbA1c levels between 7.0 and 9.0,and 3045F has been discontinued (as of10/1/19).
			• Most recent reading during the year counts for these components.
				HbA1c Tests CPT: 83036
				3044F - HbA1c Level <7.0
				3051F - HbA1c Level 7.0 -<7.9
				3052F - HbA1c Level 8.0 -<8.9
				3046F - HbA1c Level >9.0
				NOTE: 3045F has been discontinued and is rejected effective 10/1/19.
				
				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) - HbA1c Testing	18-75 years as of 12/31/2020 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin A1c (HbA1c) blood test in 2020 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 12/31/2020 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Nephropathy screening or monitoring test or evidence of nephropathy during 2020. 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 12/31/2020 (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): • A retinal or dilated eye exam by an eye care professional during 2020. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2019. **Best Practices:** • 3 NEW CPT II codes have been added and existing code definitions have changed as of 10/1/19. • Use new CPT II codes in current measurement year (MY) to indicate"without retinopathy" for compliance in current and following MY. • CPT II code 3072F can be used to indicate no retinopathy in prior year. NOTE: For retinal photos, the most common code for Eye Care Professionals to use is 92250 (not to be coded by PCP). Other codes for eye professionals are available on the Retinal Eye Coding Guide.	**Diabetic Retinal Screening CPT:** 67028 - 99245 (limited to eye care professionals) **Diabetic Retinal Screening Negative: CPT II:** 3072F (negative in 2018) **Diabetic Retinal Screening done by Eye Care Professional and coded by <u>any Provider type</u> - CPT II:** **2022F** – Face to face dilated exam with interpretation documented & reviewed; with evidence of retinopathy. **2023F** – Face to face dilated exam; without evidence of retinopathy. **2024F** – 7 standard photos with interpretation documented & reviewed; with evidenceof retinopathy. **2025F** – 7 standard photos; without evidence of retinopathy. **2026F** – Retinal telemedicine (e.g. EyePACS) eye imaging validated tomatch diagnosis from 7 standard field stereo-scopic photos; with evidence of retinopathy. **2033F** – Retinal telemedicine (e.g.EyePACS) eye imaging validated tomatch diagnosis from 7 standard field stereo-scopic photos; without evidence of retinopathy **Exclusions:** Gestational diabetes, steroid induced diabetes.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE - CONTINUED				
Comprehensive Diabetes Care (CDC) - Blood Pressure Control	18-75 years as of 12/31/2020 (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 2020. **Best Practices:** • 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 12/31/2020	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	Members who had each of the following during 2020: • Advance care planning • Medication review • Functional status assessment • Pain Assessment **Best Practice:** • 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.	**Advanced Care Planning:** Document Present CPT II: 1157F Discussion documented CPT II: 1158F **Medication Review:** CPT® II: 1160F **Medication List:** CPT® II: 1159F Both Review and List codes must be used. **Functional Status Assessment:** CPT® II: 1170F **Pain Assessment:** Pain Present CPT II: 1125F Pain not Present CPT II: 1126F
Osteoporosis Screening and Management after Fracture (OMW)	Women 67-85 years as of 12/31/2020	Medicare	Women with a fracture date between 7/1/2019 – 6/30/2020 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.** *Does not include fractures to the fingers, toe, face or skull.	**Medications:** Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid. Albandronate, Calcitonin, Denosumab, Raloxifene, Teriparatide. **Exclusions:** Members age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.
Use of High-Risk Medications in the Elderly (DAE)	66 years and older as of 12/31/2020	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	Medicare members age 66 and older who received at least: • One dispensing event for a high-risk medication, or • Two dispensing events for the same high-risk medications.	List of medications available upon request or on page 282 of the NCQA 2020 Technical Specifications. **Note:** • 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 12/31/2020	Commercial, Medi-Cal, Medicare	Women who had a mammogram to screen for breast cancer between 10/1/2018 and 12/31/2020 (at least every 27 months). **Best Practices:** • Do not count Biopsies, ultrasounds and MRIs. • Breast tomosynthesis does count. • Code exclusions **every year** during any outpatient encounter submission. • Screen every other year.	**CPTs:** 77067, 77066, 77065 **Exclusions:** Bilateral Mastectomy: Z90.13.
Cervical Cancer Screening (CCS)	Women 21-64 years as of 12/31/2020	Commercial, Medi-Cal	**Age 21-64** - cervical cancer screening in 2018, 2019 or 2020 (every 3 years) with documented date and results. – **OR** – **Age 30-64** - cervical cancer screening and HPV co-testing (every 5 years) performed between 2016 - 2020 with documented date and results. – **OR** – **Age 30-64** - HPV only (every 5 years) performed between 2016 - 2020 with documented date and results. **Best Practices:** • 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.	**Cervical Cytology CPT:** 88142 **HPV Test CPT:** 87624 with LOINC 18500-9 **Exclusions:** Documentation of total hysterectomy with absence of cervix. Acquired Absence of cervix and uterus: Z90.712 Congenital absence of the cervix: Q51.5
Chlamydia Screening in Women (CHL)	16-24 years as of 12/31/2020	Commercial, Medi-Cal	Women identified as sexually active who had at least one test for chlamydia during 2020. Two methods identify sexually active: **(1)** pharmacy data (dispensed contraceptives during the measurement year) and **(2)** encounter data.	**CPT:** 87491 **Best Practice:** • Chlamydia can be tested by urine or gynecological exam. • Don't forget to test 15 year olds turning 16 by 12/31.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY - CONTINUED				
Prenatal Care, Timeliness of (PPC-Pre)	Live births between 10/08/2019 - 10/07/2020 Prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment First trimester is defined as 280-176 days prior to delivery (or EDD).	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	Code the first Prenatal Visit separately, document the date, diagnosis of pregnancy and evidence of one 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 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.	**Procedure codes:** **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 **Best Practices:** • 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 or Midwife.
Postpartum Care (PPC-Post)	Live births between 10/08/2019 - 10/07/2020 Postpartum visit between **7 and 84 days** after delivery.	Commercial, Medi-Cal	Documentation of a postpartum visit on or between 7 and 84 days after delivery and must include one of the following: • 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. **Best Practices:** • 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.	**Postpartum CPT II:** 0503F **Postpartum Visit ICD-10CM:** Z39.2 **Note:** • 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. Other Prenatal/Postpartum measures include: (1) Prenatal Depression Screening and Follow-Up (PND) (2) Postpartum Depression Screening and Follow-Up (PDS) (3) Prenatal Immunization Status (PRS) (first year measure)

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS

The Managed Care Accountability Sets (MCAS), previously known as the External Accountability Set (EAS), is a set of performance measures that DHCS (Department of Health Care Services) selects for annual reporting by Medi-Cal managed care health plans (MCPs). In addition to the measures above, you are expected to perform at the minimum performance level (MPL) for the pharmacy measures below:

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
Antidepressant Medication Management (AMM)	18 yrs as of 04/30/2020 and older	Commercial, Medi-Cal, Medicare	Members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment during the intake period from 5/1/2019 - 4/30/2020. **Two rates are reported.** 1 Effective **Acute** Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2 Effective **Continuation** Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).	Pharmacy data determines this measure.
Asthma Medication Ratio (AMR)	5-64 years as of 12/31/2020	Commercial, Medi-Cal	Members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	Pharmacy data determines this measure. **Exclusions:** Hospice, Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory conditions due to Fumes or Vapors, Cystic Fibrosis and Acute Respiratory Failure.
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	18-64 years as of 12/31/2020	Medi-Cal	Members with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	Pharmacy data determines this measure.
Metabolic Monitoring for Children and Adolescents (APM)	1-17 years as of 12/31/2020	Commercial, Medi-Cal	The percentage of children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: 1 The percentage of children and adolescents on antipsychotics who received blood glucose testing. 2 The percentage of children and adolescents on antipsychotics who received cholesterol testing. 3 The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.	Pharmacy data determines this measure.

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 2020 Volume 2 Technical Specifications for Health Plans and NCQA's HEDIS 2020 Value Set Directory for a complete list.

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

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Pointing Healthcare In The Right Direction

2020 HEDIS® REFERENCE GUIDE FOR PEDIATRIC PROVIDERS
Children & Adolescents

HEDIS® Measure	Requirement and Documentation	Sample Codes
Adolescent Well-Care Visits (AWC) **Age: 12-21 years as of 12/31/2020** Code the WCC measure with this visit for ages 12-17.	One comprehensive well-care visit with a PCP or OB/GYN in 2020 that documents the date of the visit and the following: 1) Health history ▪ past illness (or lack thereof), surgery or hospitalization and family health history. 2) Physical developmental history ▪ developmental milestones and assessments, Tanner Stages/Scale. 3) Mental developmental history ▪ developmental milestones and assessment 4) Physical exam 5) Health education/anticipatory guidance ▪ Documentation that a **discussion** took place is required.	**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 18+. Z02.5 - Sports Physical **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 **Best Practice:** Code the WCC measure with this visit.
Well-Child Visits 3-6 Years (W34) **Age: 3-6 years as of 12/31/2020** Code the WCC measure with this visit.	One well-child visit with a PCP in 2020 that documents the date of the visit and all of the following: 1) Health History Examples: eating balanced diet; nutrition assessment; growth chart. 2) Physical Developmental History Examples: hop on 1 foot; after school sports; plays well with other children. 3) Mental Developmental History Examples: reaching; talking; understands No; tantrums; pretends play; does chores; grades in school; social interaction with peers. 4) Physical Exam Examples: BP, Height & Weight; ROS; Eye/Skin/Mouth; Lab Work; Reflexes/Gait. 5) Health Education/Anticipatory Guidance Examples: advice about safety, exercise & nutrition, discipline, hygiene, sleeping, outdoor play, car seat/seatbelt use. ▪ Documentation that a **discussion** took place is required.	**ICD-10** - **Z00.121 / Z00.129** - Encounter for routine child health examination **with / without** abnormal findings (age 0-17). Z02.5 - Sports Physical **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 **Best Practice:** Code the WCC measure with this visit.
Immunizations for Adolescents (IMA) **Age: Adolescents age 13 in 2020 who had immunizations before 13th birthday**	The percentage of adolescents who had: **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 **Combo 2** - includes above plus the following: • At least 2 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday (with 146 days between the first and second dose).	**Meningococcal Vaccine Administered CPT:** 90644, 90734 **Tdap Vaccine Administered CPT:** 90715 **HPV Vaccine Administered CPT:** 90649, 90650, 90651 **Exclusions** - Anaphalactic reaction codes: T80.52XA, T80.52XD, T80.52XS **Best Practice:** Always use CAIR2 - California Immunization Registry - cairweb.org
Chlamydia Screening in Women (CHL) **16-24 years as of 12/31/2020**	Women identified as sexually active who had at least one test for chlamydia during 2020. Two methods identify sexually active: pharmacy data (dispensed contraceptives during the measurement year) and claim/encounter data.	**CPT:** 87110, 87270, 87320, 87490 – 87492, 87810

HEDIS® Measure	Requirement and Documentation	Sample Codes
Childhood Immunization Status (CIS) **Age: 0-2 years**	Children 2 years of age in 2020 who received these vaccines on or before their second birthday: **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) **Combo 10** - includes above plus the following: 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq) 2 influenza vaccines **Exclusions:** Please refer to the 2020 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. **Best Practice:** Always use CAIR2 - California Immunization Registry - cairweb.org	**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 **RotaTeq CPT**: 90680 **Rubella**: 90706 **VZV CPT**: 90710, 90716

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)
 	
Age: 3-17 years as of 12/31/2020
 	
Please remember to code this measure with Adolescent and Well Child visits.
	One outpatient visit* with a PCP or OB/GYN in 2020 and evidence of the following documentation:
	
	1. **BMI Percentile** (**not** BMI value):
	Height, weight and BMI percentile or BMI percentile plotted on an age-growth chart.
	
	2. **Counseling for Nutrition**
	 (e.g. appetite or meal patterns, eating and dieting habits)
	A note indicating the date counseling occurred and at least one of the following:
	  a. Discussion of current nutrition behaviors (eating habits, dieting behaviors).
	  b. Checklist indicating nutrition was addressed.
	  c. Counseling or referral for nutrition education (WIC referral counts).
	  d. Educational materials on nutrition were provided during a face-to-face visit.
	  e. Anticipatory guidance for nutrition.
	  f. Weight/obesity counseling.
	
	3. **Counseling for Physical Activity**.
	(e.g. sports physical, sports participation/exercise, child rides tricycle, exercise routine)
	A note indicating the date counseling occurred and at least one of the following:
	  a. Discussion of current physical activity behaviors (e.g., exercise routine, participation in or exam for sports activities).
	  b. Checklist indicating physical activity was addressed.
	  c. Counseling or referral for physical activity.
	  d. Educational materials on physical activity provided during a face-to-face visit.
	  e. Anticipatory guidance specific to the child's physical activity.
	  f. Weight/obesity counseling.
		BMI Percentile ICD-10: Z68.51 - Z68.54
		
		BMI Percentile ICD-10:
		Z68.51 Body mass index pediatric, less than 5th percentile for age
		Z68.52 Body mass index pediatric, 5th % to less than 85th % for age
		Z68.53 Body mass index pediatric, 85th % to less than 95th % for age
		Z68.54 Body mass index pediatric, greater than or equal to 95th % for age
		
		Counseling Nutrition
		ICD-10: Z71.3
		
		Counseling Physical Activity:
		ICD-10: Z71.82
		ICD-10: Z02.5 - sports participation
		HCPCS: G0447, S9451
		
		Exclusion: Evidence in medical record of pregnancy diagnosis during measurement year.

HCC Coding Guidelines: Most Applicable Codes

Diabetes Mellitus (with)[1]

ICD-10	HCC	Description
E11.21	18	Nephropathy
E11.22	18	Chronic kidney disease
E11.36	18	Cataract
E11.40	18	Neuropathy
E11.42	18	Polyneuropathy
E11.51	18	Peripheral vascular disease[2]
+E11.65	18	Hyperglycemia (uncontrolled, poorly controlled)
+Z79.4	19	Long term use of insulin

Chronic Kidney Disease (CKD)[1]

ICD-10	HCC	Description
N18.3	138	CKD, stage 3
N18.4	137	CKD, stage 4
N18.5	136	CKD, stage 5
N18.6	136	End stage renal disease (ESRD)
+Z99.2	134	Dependence on renal dialysis
+Z91.15	134	Non-compliance with renal dialysis

Congestive Heart Failure (CHF)[1]

ICD-10	HCC	Description
I50.20	85	Unspecified *systolic*
I50.21	85	Acute *systolic*
I50.22	85	Chronic *systolic*
I50.23	85	Acute on chronic *systolic*

Psychiatry (Alcohol Dependence)

ICD-10	HCC	Description
F10.20	55	Alcohol Dependence / Alcoholism
F11.20	55	Opioid Dependence
F11.21	55	Opioid Dependence, In Remission
F13.20	55	Benzodiazepine Dependence

Do Not Use "History Of." Either condition is stable or in remission

Chronic Obstructive Pulmonary Disease[1]

ICD-10	HCC	Description
J44.1	111	COPD with (acute) exacerbation
J44.9	111	COPD

All listed diagnosis codes carry a value / Risk Adjust

Higher risk scores are associated with higher expected expenditures

Denotes higher risk scores (code first, if applicable)

[1] HCC Disease interactions (code first, if applicable)
[2] Combination code

Specified Heart Arrhythmias[1]

ICD-10	HCC	Description
I48.0	96	Paroxysmal atrial fibrillation
I48.11	96	Longstanding Persistent atrial fibrillation
I48.19	96	Other Persistent atrial fibrillation
I48.20	96	Chronic atrial fibrillation
I48.21	96	Permanent atrial fibrillation
I48.91	96	Unspecified atrial fibrillation

Malignant Neoplasm - Breast

ICD-10	HCC	Description
C50.911	12	Breast cancer, unsp site, right breast
C50.912	12	Breast cancer, unsp site, left breast
C50.919	12	Breast cancer, unsp site, unsp breast

Other Cardiovascular Disease

ICD-10	HCC	Description
I42.0	85	Dilated cardiomyopathy
I42.9	85	Cardiomyopathy, unspecified
I27.0	85	Primary pulmonary hypertension
I27.2	85	Other secondary pulmonary hypertension
I21.3	86	STEMI of unspecified site
I21.4	86	NSTEMI
I21.A1	86	Myocardial infarction type 2

Morbid obesity and BMI

ICD-10	HCC	Description
E66.01	22	Morbid obesity d/t excess calories
Z68.41	22	BMI 40.0-44.9, adult
Z68.42	22	BMI 45.0-49.9, adult
Z68.43	22	BMI 50.0-59.9, adult
Z68.44	22	BMI 60.0-69.9, adult
Z68.45	22	BMI 70 or greater, adult

Chronic kidney disease, Hypertension, & Heart failure (HF)

ICD-10	HCC	Description
I12.0	136	Hypertensive CKD stage 5 or ESRD[2]
I13.11	136	Hypertensive CKD stage 5 or ESRD, w/o HF[2]
I13.0	85	Hypertensive CKD stage 1-4, with HF[2]
I13.2	85	Hypertensive CKD stage 5 or ESRD, w/ HF[2]

Protein-Calorie Malnutrition

ICD-10	HCC	Description
E43	021	Uns.severe protein-calorie malnutrition
E44.0	021	Moderate protein-calorie malnutrition
E44.1	021	Mild protein-calorie malnutrition

Sequela of Stroke – Dominant side

ICD-10	HCC	Description
I69.331	104	Monoplegia (upper) – Right
I69.341	104	Monoplegia (lower) – Right
I69.351	104	Hemiplegia/Hemiparesis – Right
I69.332	104	Monoplegia (upper) – Left
I69.342	104	Monoplegia (lower) – Left
I69.352	104	Hemiplegia/Hemiparesis – Left

Sequela of Stroke – Non-Dominant side

ICD-10	HCC	Description
I69.333	104	Monoplegia (upper) – Right
I69.343	104	Monoplegia (lower) – Right
I69.353	104	Hemiplegia/Hemiparesis – Right
I69.334	104	Monoplegia (upper) – Left
I69.344	104	Monoplegia (lower) – Left
I69.354	104	Hemiplegia/Hemiparesis – Left

Other applicable codes

ICD-10	HCC	Description
B18.2	29	Chronic viral hepatitis C
B20	1	HIV disease
D69.3	48	Immune thrombocytopenic purpura
D69.6	48	Thrombocytopenia, unspecified
F20.9	57	Schizophrenia, unspecified
F31.9	58	Bipolar, disorder, unspecified
F32.1	58	MDD, single episode, moderate
F33.1	58	MDD, recurrent, moderate
G20	78	Parkinson's disease
G35	77	Multiple sclerosis
G40.909	79	Epilepsy/Seizure disorder
G80.9	74	Cerebral palsy, unspecified
I73.9	108	Peripheral vascular disease, unsp
K50.90	35	Crohn's disease
K74.60	28	Unspecified cirrhosis of liver
M06.9	40	Rheumatoid arthritis, unspecified
M32.9	40	Systemic lupus erythematosus
R56.9	79	Unspecified convulsion/Seizure

Dementia (new HCC)

ICD-10	HCC	Description
G30.9	52	Alzheimer's disease, unsp.
F01.50	52	Vascular Dem. without behavioral disturbance
F03.90	52	Uns. Dementia without behavioral disturbance
F03.91	51	Uns. Dementia with behavioral disturbance
F01.51	51	Vascular Dem. with behavioral disturbance
G30.0	52	Alzheimer's disease with early onset
G30.01	52	Alzheimer's disease with late onset
G31.83	52	Dementia with Lewy Bodies

MedPOINT MANAGEMENT

2020 HEDIS Coding Guide *(codes listed below are SAMPLES codes. This is not a complete list of all HEDIS measures.)*

Health Care LA

Left column

DEFINITION	ICD-10	CPT	
AGE 21 and UNDER			
Childhood Immunizations (CIS) *0 – 1.99 years*		**Combo 3:** **DTaP CPT:** 90698, 90700, 90721, 90723; **IPV** (Inactive Polio Vaccine)**:** 90698, 90713, 90723; **Measles:** 90705; **MMR:** 90707; **MMR, VZV:** 90710; **Measles/Rubella:** 90708; **Mumps:** 90704; **Rubella:** 90706; **HiB CPT:** 90644-90648, 90698, 90721, 90748; **Hep B CPT:** 90723, 90740, 90744, 90747, 90748; **HCPCS:** G0010; **VZV CPT:** 90710, 90716. **Combo 10 - previous vaccines plus the following:** **PCV** (pneumococcal) **CPT:** 90669, 90670; **HCPCS:** G0009; **Hep A CPT:** 90633; **Rotavirus Rotarix CPT:** 90681; **RotaTeq CPT:** 90680; **Influenza CPT:** 90630, 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90688; **HCPCS:** G0008.	
Full Series of Vaccines (Combo 10)			
Submit All Immunizations to CAIR2			
Adolescent Immunizations (IMA2) *9 – 13 years*			
Menningococcal		90734	
Tdap		90715	
HPV – types 6,11,16,19, quadrivalent, 3 dose schedule, for intramuscular use *or*		90649	
HPV – types 16,18, bivalent, 3 dose schedule, for intramascular *or*		90650	
HPV – types 6,11,16,18,31,33,45,52,58, nonavalent		90651	

Adolescent Well Care (AWC) *12 – 21 years*		NEW	ESTABLISHED
		age 12 - 17	
Routine Health Exam – without/with abnormal findings	Z00.129 / Z00.121	99384	99394
		age 18 - 39	
General Adult Exam – without/with abnormal findings	Z00.00 / Z00.01	99385	99395
Sports Physical	Z02.5		
Other General Exam – not symptomatic	Z00.8		

Well Child Visits (W34) *3 – 6 years*		NEW	ESTABLISHED
		age 1 - 4	
Routine health Exam – without/with abnormal findings	Z00.129 / Z00.121	99382	99392
		age 5 - 11	
Other General Exam – not symptomatic	Z00.8	99383	99393
Sports Physical	Z02.5		

Weight Assessment & Counseling for Nutrition and Physical Activity (WCC) *3 – 17 years*			
Weight – BMI Percentile – Members 20 and Younger (2-20 Years)	**Cannot be Primary**		
Less than 5th percentile (%) for age	Z68.51		
5th % to less than 85th % for age	Z68.52		
85th % to less than 95th % for age	Z68.53		
95th % for age	Z68.54		
Counseling for Nutrition	Z71.3		
Counseling for Physical Activity	Z71.82		

Annual Wellness Visit (65 and older, Medicare)

HCPCS	Description
G0402	AWE – Welcome to Medicare
G0438	AWE – Initial Visit
G0439	AWE – Subsequent Visit

Right column

DEFINITION	ICD-10	CPT	CPT II
AGE 21 and OVER			
Adult BMI Assessment (ABA) *21 – 74 years*			
See laminated BMI coding guide for ranges	Z68.1 – Z68.29		
Providers must code obesity	Z68.30 – Z68.45		
Breast Cancer Screening (BCS) *50 – 74 years*			
Exclusion – Bilateral Mastectomy (document yearly)	Z90.13		
Screening Mammo results documented and reviewed			3014F
Cervical Cancer Screening (CCS) *21 – 64 years*			
Exclusion – Total Hysterectomy (document yearly)	Z90.710		
Cervical results documented and reviewed			3017F
Colorectal Cancer Screening (COL) *50 – 75 years*			
Point of Care – iFOBT or FIT Kit – Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations		82274	
Medication Reconciliation Post-Discharge (MRP) *18+*			
Discharge meds reconciled			1111F
Transitional care mgmt. – moderate/high complexity		99495 / 99496	
Diabetes Care for age *18 – 75 years*			
Comprehensive Diabetes Care (CDC) – HbA1c Testing			
Hemoglobin; Glycosylated (A1C)		83036	
CPT II Result – A1c < 6.9			3044F
CPT II Result – A1c 7 – 7.9			3051F
CPT II Result – A1c 8 – 8.9			3052F
CPT II Result – A1c > 9			3046F
Comprehensive Diabetes Care (CDC) – Eye Exam *18 – 75 years*			
Use in current year to show "Low risk for retinopathy in Prior Year"			3072F
Face to face dilated exam with interpretation doc. & reviewed *with* evidence of retinopathy			2022F
Face to face dilated exam; *without* evidence of retinopathy			2023F
7 standard photos with interpretation documented & reviewed; *with* evidence of retinopathy			2024F
7 standard photos; *without* evidence of retinopathy			2025F
Retinal telemedicine (e.g. EyePACS) eye imaging validated to match diagnosis from 7 standard field stereoscopic photos; *with* evidence of retinopathy			2026F
Retinal telemedicine (e.g. EyePACS) eye imaging validated to match diagnosis from 7 standard field stereoscopic photos; *without* evidence of retinopathy			2033F
Care for Older Adults *(AWE, 65 and older)*			
Functional Assessment			1170F
Pain Assessment *(present)*			1125F
Pain Assessment *(not present)*			1126F
Medication List and Reconciliation			1159F, 1160F
Advance Directive *(in chart)*			1157F
Advance Directive *(discussed)*			1158F

NOTES:
1. CPT – II codes should be submitted together with ICD-10 diagnosis and CPT procedure codes.
2. CPT – II codes for BCS, CCS, and COL do not count for HEDIS but maybe useful for flagging encounters for chart abstraction.

CDC Eye – Comprehensive Diabetes Care
Retinal Eye Exam Coding Guide 2020

Changes to retinal exam codes:

- 2023F, 2025F and 2033F were added to indicate "without evidence of retinopathy."
- 2022F, 2024F and 2026F have been redefined to include "with evidence of retinopathy."

Using the new codes that indicate "without evidence of retinopathy" provides the opportunity to make the member compliant for two years in the current year.

*** Please be sure your billers and providers are aware of the new codes and definitions.

The Comprehensive Diabetes Care (CDC) Eye Exam HEDIS measure is for diabetic members (Type I or II) age 18 to 75 years who had one of the following with an Optometrist or Ophthalmologist:

- A retinal or dilated eye exam by an eye care professional every year (positive for retinopathy or non-negative result).
- A negative retinal or dilated eye exam by an eye care professional every 2 years (negative for retinopathy).

Blindness is not an exclusion for this measure (except for bilateral eye enucleation).

<u>Any provider can use CPT-II codes to report results of a retinal exam by an eye care professional:</u>

Diabetic Retinal Screening with Eye Care Professional (face to face)	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy**
Diabetic Retinal Screening with Eye Care Professional (face to face)	**2023F**	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy**
Diabetic Retinal Screening with Eye Care Professional	2024F	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy**
Diabetic Retinal Screening with Eye Care Professional	**2025F**	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy**
Diabetic Retinal Screening with Eye Care Professional (retinal telemedicine, i.e. EyePACS)	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed; **with evidence of retinopathy**
Diabetic Retinal Screening with Eye Care Professional (retinal telemedicine, i.e. EyePACS)	**2033F**	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **without evidence of retinopathy**
Diabetic Retinal Screening Negative	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

The date of service for first six CPT-II codes should be the same year as the retinal exam. The date of service for 3072F should be the year following the retinal exam to indicate that no eye exam is needed in the current year because the prior year result was negative. Once prior year exams are captured with this code, it is recommended to switch to 2022F-2033F going forward.

Documentation of the eye exam results must be present in the legal medical record that is signed and dated by a provider. *Example: Retinal eye exam completed by Dr. John Doe, OD, with no evidence of retinopathy, 6/2/17.*

Optometrists and Ophthalmologists can report retinal exam results in the following additional ways:

Intravitreal injection (67028); Discission of vitreous strands (67030, 67031); Vitrectomy (67036, 67039-67043); Repair of retinal detachment (67101, 67105, 67107, 67108, 67110, 67113); Removal of implanted material (67121); Prophylaxis of retinal detachment (67141, 67145);
Destruction of localized lesion of retina/choroid (67208, 67210, 67218, 67220, 67221); Destruction of extensive or progressive retinopathy (67227, 67228); Ophthalmological examination and evaluation (92002, 92004, 92012, 92014, 92018, 92019, S0620-S0621); Scanning computerized ophthalmic diagnostic imaging (92134); Ophthalmoscopy (92225-92226); Remote imaging for retinal disease (92227-92228); Angiography (92230, 92235, 92240); Fundus photography with interpretation and report (92250); Moderate to high complexity office visit or consultation (99203-99205; 99213-99215; 99242-99245); Diabetic indicator; retinal eye exam (S3000)

Eye Care Providers can document negative retinopathy outcomes for diabetic members by simply submitting their encounter with one of the "diabetes without complications" ICD10 codes below. This is highly recommended.

Measure Component	Code	Description
Diabetes – no evidence of retinopathy	E10.9	Type 1 diabetes mellitus without complications
Diabetes – no evidence of retinopathy	E11.9	Type 2 diabetes mellitus without complications
Diabetes – no evidence of retinopathy	E13.9	Other specified diabetes mellitus without complications

Fundus photography must be coded by an Ophthalmologist or Optometrist to count for HEDIS. CPT code 92250-TC, which is sometimes coded by PCP's to track the technical component of retinal photos, does not meet the measure.

CPT II Code Tips:
1. The new CPT II codes eliminate most scenarios which previously required supplemental data.
2. In contrast to CMS quality reporting programs in which the CPT II code is expected to be on the same claim as a "denominator event," for the purposes of HEDIS, a CPT II code can have any date of service in the measurement year and can be the only code on an encounter.
3. Best practice is to submit the CPT II code with the date of service of the exam once the exam is reviewed by a provider.
4. Appropriately trained staff can code provider-reviewed exams in accordance with clinic policies and procedures.

Supplemental Data Tips:
1. EHR extracts and medical records are the most common types of supplemental data submitted for this measure.
2. Supplemental data is subject to increased audit scrutiny and not every health plan accepts it.
3. Clinics must provide medical records for validation of EHR extracts on request.
4. Supplemental data must contain all the information (member identifiers, date of service, type of exam, result and responsible provider) that would be needed to code the encounter.
5. To be compliant for two years, medical records must state "normal retinal exam" or "no retinopathy." In contrast to encounter data, the presence of ICD 10 codes E10.9, E11.9 or E13.9, or notation of "diabetes without complications" in the medical record does not equate to a normal exam.
6. Patient-reported results are permitted if documented by the PCP in the medical record during the measurement year.

California Department of Health Care Services

Medi-Cal Managed Care Accountability Set
updated December 31, 2019

Managed Care Accountability Set (MCAS) for Medi-Cal Managed Care Health Plans (MCPs)
Measurement Year 2020 | Reporting Year 2021

Based on Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets for Reporting Year 2020

	MEASURE Total Number of Measures = 36 (14 Hybrid and 22 Administrative)	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
1	Adolescent Well-Care Visits	AWC	Hybrid	Yes
2	Adult Body Mass Index (BMI) Assessment	ABA	Hybrid	Yes
3	Antidepressant Medication Management: Acute Phase Treatment	AMM-Acute	Administrative	Yes
4	Antidepressant Medication Management: Continuation Phase Treatment	AMM-Cont	Administrative	Yes
5	Asthma Medication Ratio[ii]	AMR	Administrative	Yes[iii]
6	Breast Cancer Screening	BCS	Administrative	Yes
7	Cervical Cancer Screening	CCS	Hybrid	Yes
8	Childhood Immunization Status: Combination 10	CIS-10	Hybrid	Yes
9	Chlamydia Screening in Women[ii]	CHL	Administrative	Yes[iii]
10	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	CDC-H9	Hybrid	Yes
11	Controlling High Blood Pressure	CBP	Hybrid	Yes

MEASURE Total Number of Measures = 36 (14 Hybrid and 22 Administrative)		MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
12	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD	Administrative	Yes
13	Immunizations for Adolescents: Combination 2	IMA-2	Hybrid	Yes
14	Metabolic Monitoring for Children and Adolescents	APM	Administrative	Yes
15	Prenatal and Postpartum Care: Postpartum Care	PPC-Pst	Hybrid	Yes
16	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-Pre	Hybrid	Yes
17	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents	WCC-BMI	Hybrid	Yes
18	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	WCC-N	Hybrid	Yes
19	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	WCC-PA	Hybrid	Yes
20	Well-Child Visits in the First 15 Months of Life: Six or More Well-Child Visits	W15	Hybrid	Yes
21	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	W34	Hybrid	Yes
22	Ambulatory Care: Emergency Department (ED) Visits	AMB-ED[i]	Administrative	No
23	Concurrent Use of Opioids and Benzodiazepines	COB	Administrative	No
24	Contraceptive Care—All Women: Long Acting Reversible Contraception (LARC)[ii]	CCW-LARC	Administrative	No

	MEASURE Total Number of Measures = 36 (14 Hybrid and 22 Administrative)	MEASURE ACRONYM	MEASURE TYPE METHODOLOGY	HELD TO MPL?
25	Contraceptive Care—All Women: Most or Moderately Effective Contraception [ii]	CCW-MMEC	Administrative	No
26	Contraceptive Care—Postpartum Women: LARC—3 Days [ii]	CCP-LARC3	Administrative	No
27	Contraceptive Care—Postpartum Women: LARC—60 Days [ii]	CCP-LARC60	Administrative	No
28	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—3 Days [ii]	CCP-MMEC3	Administrative	No
29	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—60 Days [ii]	CCP-MMEC60	Administrative	No
30	Developmental Screening in the First Three Years of Life	DEV	Administrative	No
31	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase	ADD-C&M	Administrative	No
32	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Initiation Phase	ADD-Init	Administrative	No
33	Human Immunodeficiency Virus (HIV) Viral Load Suppression	HVL	Administrative	No
34	Plan All-Cause Readmissions	PCR [i]	Administrative	No
35	Screening for Depression and Follow-Up Plan [ii]	CDF	Administrative	No
36	Use of Opioids at High Dosage in Persons Without Cancer	OHD	Administrative	No

2019 Novel Coronavirus (2019-nCoV) Physician Check List: Managing patients who may have (2019-nCoV) infection

The purpose of this checklist is to provide you with step-by-step guidance when evaluating patients who may have 2019 Novel Coronavirus (2019-nCoV) infection, with the goal of preventing the spread infection and expediting investigation with the Los Angeles County Department of Public Health (LAC DPH) and testing through the Public Health Laboratory (PHL).

> **Medical providers, for assistance with diagnosis and infection control, please call:**
> **LAC DPH Acute Communicable Disease Control (ACDC)**
> **(213) 240-7941** (8:00am – 5:00pm Monday to Friday)
> **(213) 974-1234** (After Hours Emergency Operator)

☐ **Step 1. Identify patients who may have respiratory illness caused by 2019-nCoV.**

    ☐ Place visible signage requesting visitors with a fever and recent international travel to immediately notify a healthcare staff.

    (2019 nCoV travel alert poster: English / Chinese-Simplified / Chinese-Traditional)

☐ **Step 2. Does the patient have:[1]**

    1. Fever (T >100.4☐ F or >38☐C) [2]
    2. Respiratory symptoms (e.g., cough, shortness of breath), **AND**
    3. Travel to Wuhan City, China <14 days prior to illness?

IF NO and patient does not meet all three (3) criteria then **STOP** 🛑 here and continue evaluation for alternative diagnosis as clinically indicated.

IF YES and patient meets all three (3) criteria, then immediately isolate patient:

    ☐ 2a. Place surgical mask on patient
    ☐ 2b. Place patient in private room with door closed (ideally negative pressure airborne isolation room).

☐ **Step 3. Implement following infection control procedures for healthcare workers:**

    ☐ 3a. Standard precautions
    ☐ 3b. Contact precautions (gloves, gown)
    ☐ 3c. Eye protection
    ☐ 3d. Airborne precautions (e.g., N95 mask or PAPR)

☐ **Step 4. Immediately contact and report patient to the LAC DPH ACDC:**
(213)240-7941 from 8:00am- 5:00pm Monday to Friday and (213)974-1234 (After Hours Emergency Operator)

    ☐ LAC DPH will advise on the next steps.
    ☐ **DO NOT send specimen to PHL until case is discussed with and testing is approved by DPH.**

☐ **Step 5. Collect specimens for laboratory diagnosis via the PHL.**
Collect one specimen from each category (lower respiratory, upper respiratory and serum) *for a minimum of three (3) specimens* as soon as possible regardless of symptom onset.

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[1] Although CDC criteria for testing also include contact with a known or suspected case of novel coronavirus infection, this is unlikely since there are no cases in Los Angeles and contacts to cases outside of LA are being followed by CDC.

[2] Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

Los Angeles County Department of Public Health   Page 1 of 2
publichealth.lacounty.gov/acd/nCorona2019.htm
Revised 1/24/20

☐ 5a. *Lower Respiratory*
   - **Bronchoalveolar lavage or tracheal aspirate:** 2-3 mLin a sterile, leak- proof, screw-cap sputum collection cup or sterile dry container.
   - **Sputum:** Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

☐ 5b. *Upper Respiratory*
   - **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)** Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swab in a sterile tube with 2-3 ml of viral transport media Do NOT combine NP/OP swab specimens; keep swabs in separate viral transport media collection tubes.
   - **Nasopharyngeal wash/aspirate or nasal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

> **NOTE:**
> - It is imperative that NP and OP swabs are placed in <u>viral transport</u> media, such as ones used to collect specimen NP swabs for influenza testing (see figure to the right).
> - Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.

☐ 5c. *Serum*
   - Children and adults: Collect 1 tube (5-10 mL) of whole blood in a serum separator tube.
   - Infant: A minimum of 1 mL of whole blood is needed for testing pediatric patients. If possible, collect 1 mL in a serum separator tube.

If indicated Public Health may request the additional following specimens:

☐ 5d. *Stool*
   - Collect and place in a sterile, screw-cap, leak-proof container without preservative.

☐ 5e. *Urine*
   - Collect a minimum of 10mL in a sterile, screw-cap, leak proof container without preservative.

> **TRANSPORT INFORMATION**
> - Refrigerate specimens at 2-8°C and transport on cold pack.
> - Complete a PHL H-3021 Test Requisition form for *each specimen*. A LAC DPH test request form created for 2019-nCoV testing is available.
> - Upon approval by LAC DPH, the PHL will assist with courier pick up. Specimens that arrive at PHL without prior DPH approval may experience significant delays in testing. **If specimens cannot be collected at the clinic, do <u>not</u> refer the patient to another facility to obtain specimens** (i.e., commercial lab, other medical clinic). **Notify Public Health.**

☐ **Step 6. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia asclinically indicated.**

All patients with suspected nCoV-2019 infection may also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing. PHL can assist with rapid molecular respiratory pathogen testing if needed.**

☐ **Step 7. Do not discharge patient without prior approval from LAC DPH.**

Continue patient isolation and infection control procedures as above.

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publichealth.lacounty.gov/acd/nCorona2019.htm
Revised 1/24/20

COUNTY OF LOS ANGELES
Public Health

LAC DPH Health Advisory:
First Case of 2019 Novel Coronavirus (2019-nCoV) in Los Angeles County. Clinical Guidance.
January 26, 2020

This message is intended for all healthcare providers.
Please distribute as appropriate.

Key Messages

- The Los Angeles County Department of Public Health (LAC DPH) has confirmed its first case of 2019 novel coronavirus (2019-nCoV) in Los Angeles County in a non-resident traveler from China. Currently, there are five confirmed cases in the U.S.

- Providers should immediately report any patients that meet the criteria for patients under investigation (PUI) for 2019-nCoV to LAC DPH Acute Communicable Disease Control (ACDC).

- ACDC approval is required before specimens can be submitted for 2019-nCoV testing.

- This LAHAN communication provides updated guidance on 2019-nCoV testing and supersedes the January 17, 2020 LAHAN. Additional guidance to evaluate PUI will be provided via LAHAN as soon as it becomes available from the CDC.

Current situation

The first cases of 2019-nCoV in LA County and Orange County have been confirmed in travelers from Wuhan City, China. Both presented for care after feeling unwell. They did not have any contact with each other in California and appear to be unrelated. The LA County case is currently hospitalized in LA County. LAC DPH is working to identify persons who may have had close personal contact with this individual, to monitor them for signs and symptoms of illness and to take measures to prevent transmission. This individual was a non-resident traveler, and there is currently no evidence of person-to-person transmission in LA County.

LAC DPH is working closely with the Centers for Disease Control and Prevention (CDC) and other federal, state and local agencies to monitor 2019-nCoV.

Actions Requested of Providers

- Report to ACDC immediately any patients that meet the criteria for patients under investigation (PUI) for 2019-nCoV [see Criteria]. **Approval from Acute Communicable Disease Control is required before specimens can be submitted to the LAC PHL for testing.** All 2019-nCoV laboratory testing is currently performed by the CDC.

- Review the specimen collection instructions carefully to ensure correct and adequate samples are collected to increase the likelihood of detecting infection [see Laboratory/Specimen Collection]. Specimens that are not collected properly or transported in correct media will not be viable and will not be accepted.
- Obtain a detailed travel history from the patient including cities and provinces if they recently traveled to China.

Infection Control Guidelines

- A patient under investigation (PUI) should wear a surgical mask and be evaluated in a private room with door closed (ideally an airborne infection isolation room if available).
- Healthcare personnel should use standard precautions, contact precautions, airborne precautions, and use eye protection.
- The facility's infection control personnel should be notified immediately. https://www.cdc.gov/coronavirus/2019-ncov/infection-control.html

Criteria to Guide Evaluation of Patients under Investigation (PUI) for 2019-nCoV

Fever (>38°C/100.4°F) **and** symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. *–or –* In the last 14 days before symptom onset, close contact with a person who is under investigation for 2019-nCoV while that person was ill.
Fever (>38°C/100.4°F) **or** symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact with an ill laboratory-confirmed 2019-nCoV patient.

Laboratory/Specimen Collection

Collection of upper respiratory and lower respiratory specimens for testing is recommended. Specimens should be collected as soon as possible once a PUI is identified regardless of symptom onset. Proper infection control measures should be used when collecting specimens. ACDC can assist with referral to hospital if specimens cannot be collected in the outpatient setting. A laboratory test request form prefilled for 2019-nCoV testing is available at http://publichealth.lacounty.gov/acd/nCorona2019.htm.

A. Upper respiratory tract specimens

- **1 nasopharyngeal (NP) swab AND 1 oropharyngeal (OP) swab**

  Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that

inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of **viral transport media**.

NP and OP specimens **MUST** be kept in separate viral transport media vials. Refrigerate specimens at 2-8°C.

Nasopharyngeal swab: Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas with the same swab. Place swab directly in viral transport media.

Oropharyngeal swab (e.g., throat swab): Swab the posterior pharynx, avoiding the tongue. Place swab directly in viral transport media.

− *Or* −

- **Nasopharyngeal wash/aspirate or nasal aspirate**

  Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C.

B. Lower respiratory tract specimens from patients with productive cough

- **Sputum**

  Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C.

  − *Or* −

- **Bronchoalveolar lavage, tracheal aspirate**

  Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C.

For more information on specimen collection, handling and testing view the CDC interim guidelines at https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html.

For information on biosafety guidelines for handling and processing specimens associated with 2019-nCoV, visit https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html.

Reporting

Los Angeles County DPH Acute Communicable Disease Control:

- Weekdays 8:30am–5pm: call 213-240-7941.
- After-hours: call 213-974-1234 and ask for the physician on call.

Long Beach Health and Human Services:

- Weekdays 8am-5pm: call 562-570-4302.
- After hours: call the Duty Officer at 562-500-5537.

Pasadena Public Health Department:

- Weekdays 8am-5pm (closed every other Friday): call 626-744-6089.
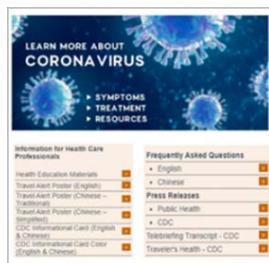- After hours: call 626-744-6043.

Additional Resources

CDC Coronavirus main website
https://www.cdc.gov/coronavirus/2019-ncov/index.html

LAC DPH Coronavirus website
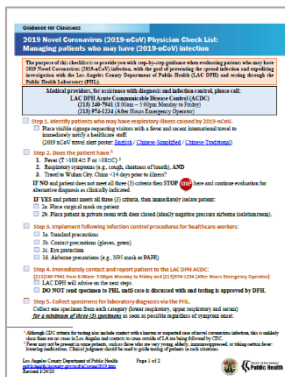http://www.ph.lacounty.gov/media/Coronavirus/

Includes:
- FAQs for patients in multiple languages
- Press releases
- Additional resources

LAC DPH Coronavirus webpage for Health Professionals
http://publichealth.lacounty.gov/acd/nCorona2019.htm

Includes
- Travel alert posters in multiple languages
- Provider checklist for managing nCoV Patient Under Investigation (PUI)
- LAC DPH Public Health Laboratory Test Request Form —Prefilled for 2019-nCoV Testing
- CDC Interim 2019-nCoV PUI Form

This communication was sent by Sharon Balter, MD, Director, Division of Communicable Disease Control and Prevention, Los Angeles County Department of Public Health

To view this and other communications or to sign-up to receive LAHANs, please visit
http://publichealth.lacounty.gov/lahan

MOLINA HEALTHCARE®

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:
☒ Imperial
☒ Riverside/San Bernardino
☒ Los Angeles
☐ Orange
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:
☐ Molina Medi-Cal Managed Care
☒ Molina Medicare Options Plus
☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:
☒ **Medical Group/ IPA/MSO**
  Primary Care
☒ IPA/MSO
☐ Directs
  Specialists
☐ Directs
☒ IPA
☒ **Hospitals**
  Ancillary
☐ CBAS
☐ SNF/LTC
☐ DME
☐ Home Health
☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:
(888) 562-5442, Extension:

Los Angeles/Orange Counties
  X123017

Riverside/San Bernardino Counties
  X120613

Sacramento County
  X121599

San Diego County
  X121735

Imperial County
  X125682

Change in Transportation Provider for Molina Healthcare Medicare Members

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Change in Transportation Provider for Molina Healthcare Medicare Members.

Beginning January 1, 2020, Access2Care will be the primary Non-Emergency Medical Transportation (NEMT) / Non-Emergency Transportation (NET) Services vendor for Molina Healthcare of California's Medicare Line of Business for all applicable counties. There is no change to the transportation service provider for Cal MediConnect, Marketplace and Medi-Cal lines of business as Secure Transportation will continue to provide transportation for Molina Healthcare of California's Cal MediConnect, Marketplace and Medi-Cal lines of business.

Hospitals/Facilities employees that need to arrange transportation services for Medicare Line of Business Members only:

  Please contact Access2Care's Facility Line at (877) 299-4811.

*Please Note: Access2Care's Facility Line Number is for internal use only by Hospitals / Facilities and not to be disseminated to members.

To make an appointment for transportation services, Medicare Line of Business Members may contact Access2Care's Reservation Line at no cost at (888) 994-4833, Monday through Friday, 8 A.M. – 8 P.M. Local Time.

To make an appointment for transportation services, Medi-Cal, Cal MediConnect and Marketplace Lines of Business Members may contact Secure Transportation Reservation Line at no cost at (844) 292-2688, 24 hours a day, 7 days a week.

You may contact Molina Healthcare of California's Member Services Department at (800) 665-0898 for any concerns or questions.

QUESTIONS
If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (888) 562-5442. Please refer to the extensions to the left.

Provider Services Alert
TOOLS AND INFORMATION TO PROMOTE HEALTHIER LIVES.

Please see the attached schedule for the 2020 Health Net Provider Educational Webinars presented by the Health Net Quality Improvement Department. The webinars are available to physicians, case managers, nurses, pharmacists, and other staff who work with Health Net members. Each session is eligible for Continuing education (CE) hours are offered for nurses.[1] 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.

If you would like to be added to the distribution list to be alerted when registration for each session opens please email cqi_medicare@healthnet.com. Registration links are sent out 2 weeks prior to each session.

Check out the topics, dates and times

Add these to your 2020 calendar. (This schedule is subject to change.)

Topic	Date	Time
Fighting the Lady Killer with Prevention: Updates in Women's Cardiovascular Health	February, 19, 2020	12:00 pm–1:00 p.m.
Reducing Unnecessary Cesareans – What works?	March 18, 2020	12:00 pm–1:00 p.m.
Evidence-based Communication Strategies for Promoting Vaccination and Addressing Vaccine Hesitancy	May 20, 2020	12:00 pm–1:00 p.m.
Cardiovascular Disease and Diabetes	June 17, 2020	12:00 pm–1:00 p.m.
Solving for Quality – HEDIS® 2021	August 19, 2020	12:00 pm–1:30 p.m.
Strategies to Prevent, Treat and Manage Opioid Use Disorder and Overdose	October 21, 2020	12:00 pm–1:00 p.m.

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

[2] Application for CME credit has been filed with the American Academy of Family Physicians (AAFP). Determination of credit is pending.

2020 National Webex™ Documentation and Coding Education

Optum offers a variety of coding and documentation educational sessions for Medicare Advantage. Courses are applicable to providers, billers, coders and others involved in documentation and quality improvement best practices. Please see the calendar below.

CEU and CME information

See presentation listing for details on which courses have been preapproved for CEUs and/or CMEs. CEUs have been preapproved by AAPC and are applicable to certified coding professionals; CMEs have been preapproved by ACCME and are applicable to physicians, nurse practitioners and physician assistants. To receive credit for sessions having both CME and CEU approval, you must pass a post-assessment questionnaire to generate your certificate. Further instructions will be given during the session.

Registration

1. Click on the link below for the session you would like to attend. Choose your time zone and click "OK."
2. A new window will open. Scroll to the bottom of the invitation and fill out the registration form. Select "Register."
3. You will receive a confirmation email with instructions for joining the session. To add this session to your Outlook calendar, scroll down to the bottom of your confirmation email and click on the link.

Each registration confirmation link is unique to the participant; *multiple users cannot share a link,* as the system will only allow one user to log in.

Troubleshooting information for those who do not receive a registration confirmation link

1. Check with your IT administrator to ensure that your "spam" filter will allow emails from the following two addresses:
mda.webex.com and *.webex.com
2. **Call Webex tech support at 866-569-3239.** Once these filters have been changed you can ask them to resend the confirmation email.

Troubleshooting information for those unable to access the Webex via computer

1. Go to https://www.webex.com/test-meeting.html to test your computer for compatibility with Webex. Install additional programs if needed.
2. **Call Webex tech support at 866-569-3239** if you are still unable to access the training. You will need to provide the session ID number, which is located in the registration link or confirmation you receive via email. It is not located on this sheet.

Recorded/On-demand sessions

Some of our courses are available on demand, 24/7. Please ask your Optum representative for a copy of these courses and for instructions on how to access these recorded sessions.

To listen to the Webex, you must be listening with a telephone. The sound will not come through the computer.

Optum representative	Email

Date/Time	Course Information
Fiscal Year 2020 ICD-10-CM Coding Updates 60 minute sessions with CEU credits available	
MARCH 03, 2020 - TUESDAY 11 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t00fe21ef0463318d95fad2ba3871b242 Dial-in #: 1-844-767-5679 Access code: 1174636
APRIL 15, 2020 - WEDNESDAY 12 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t5e12b1441e0eced71b4f686c6922b357 Dial-in #: 1-844-767-5679 Access code: 1174636
MAY 19, 2020 - TUESDAY 8 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=td595109de73d48cccec46c4251dd99c6 Dial-in #: 1-844-767-5679 Access code: 1174636
Introduction to Medicare Advantage Risk Adjustment 30 minute sessions with CEU and CME credits available	
MARCH 24, 2020 - TUESDAY 10:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t3365bf25575e4aedaf6a72349c3290af Dial-in #: 1-844-767-5679 Access code: 1174636
JUNE 3, 2020 - WEDNESDAY 12:30 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=taddf0895855483901fbea94a05618866 Dial-in #: 1-844-767-5679 Access code: 1174636
SEPTEMBER 9, 2020 - WEDNESDAY 8:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=tb0d4f580d71587d002c2b0ffed16d20a Dial-in #: 1-844-767-5679 Access code: 1174636
Understanding the Medicare Annual Wellness Visit 60 minute sessions with CEU and CME credits available	
MARCH 4, 2020 - WEDNESDAY 10 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t0ad4cb0cb4cf9ce79aa97d03dcbe5472 Dial-in #: 1-844-767-5679 Access code: 1174636
JUNE 4, 2020 - THURSDAY 9 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=te12df84dcc24a967ecee6314caef58bd Dial-in #: 1-844-767-5679 Access code: 1174636
SEPTEMBER 10, 2020 - THURSDAY 2 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=teeec8ca3a3ebe47134f77deea38fa137 Dial-in #: 1-844-767-5679 Access code: 1174636

Fundamental E/M for Providers 30 minute sessions with CEU and CME credits available	
APRIL 22, 2020 - WEDNESDAY 11:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=taa5ba0abaa4ca891a3f8f3be479f5016 Dial-in #: 1-844-767-5679 Access code: 1174636
JULY 30, 2020 - THURSDAY 9:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t765c2ecb492efe31965639511f1b1060 Dial-in #: 1-844-767-5679 Access code: 1174636
OCTOBER 14, 2020 - WEDNESDAY 2:30 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t85b9bf42ab238b1e82f15f3683993502 Dial-in #: 1-844-767-5679 Access code: 1174636
Quality Reporting for Medicare Advantage 30 minute sessions with CEU and CME credits available	
APRIL 21, 2020 - TUESDAY 11:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t18e7e1da85baf54b94e2a6fe6b9d7944 Dial-in #: 1-844-767-5679 Access code: 1174636
AUGUST 5, 2020 - WEDNESDAY 2:30 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t13227d67229ad86a4fac35d755d77177 Dial-in #: 1-844-767-5679 Access code: 1174636
OCTOBER 6, 2020 - TUESDAY 9:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t4e601a2bf688f88ce1935c7eb114d940 Dial-in #: 1-844-767-5679 Access code: 1174636
Provider Documentation: Focus on Diabetes and Vascular Disease for Medicare Advantage 30 minute sessions with CEU and CME credits available	
MARCH 25, 2020 - WEDNESDAY 9:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t136492e49c5663e9f56855f010745730 Dial-in #: 1-844-767-5679 Access code: 1174636
JUNE 9, 2020 - TUESDAY 12:30 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t979824565990802ecdeac3b7c3a939b8 Dial-in #: 1-844-767-5679 Access code: 1174636
SEPTEMBER 29, 2020 - TUESDAY 11:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t22633fcea54b986da78f05b90d5dcc0d Dial-in #: 1-844-767-5679 Access code: 1174636
Provider Documentation: Focus on CKD and HTN for Medicare Advantage 30 minute sessions with CEU and CME credits available	
MARCH 26, 2020 - THURSDAY 12:30 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t870d57198bca5ce1dfa020d440627f92 Dial-in #: 1-844-767-5679 Access code: 1174636
JUNE 10, 2020 - WEDNESDAY 8:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t649209dc58e926c662dac992a2017ba9 Dial-in #: 1-844-767-5679 Access code: 1174636
SEPTEMBER 30, 2020 - WEDNESDAY 11:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=tcfc34bee36e7be4ade7d72c2168c7dff Dial-in #: 1-844-767-5679 Access code: 1174636
Provider Documentation: Focus on COPD and Depression for Medicare Advantage 30 minute sessions with CEU and CME credits available	
APRIL 14, 2020 - TUESDAY 10:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t5437a17b0f6ebcd874773726e4a5a604 Dial-in #: 1-844-767-5679 Access code: 1174636
JULY 28, 2020 - TUESDAY 8:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=tbaaeb81dab01bae2db2f33f55642d907 Dial-in #: 1-844-767-5679 Access code: 1174636
OCTOBER 15, 2020 - THURSDAY 12:30 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t9e76518640b59cec6164959a2c259525 Dial-in #: 1-844-767-5679 Access code: 1174636
Provider Documentation: Focus on Obesity and Protein-Calorie Malnutrition for Medicare Advantage 30 minute sessions with CEU and CME credits available	
APRIL 16, 2020 - THURSDAY 10:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=tacbbf30d85cfee3dc1b70834a39fe5c4 Dial-in #: 1-844-767-5679 Access code: 1174636
JULY 29, 2020 - WEDNESDAY 8:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t6dd6e15eddd0e62f972c10496421c9ae Dial-in #: 1-844-767-5679 Access code: 1174636
OCTOBER 8, 2020 - THURSDAY 2:30 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t7973d9d4c8030cea42b8142357afcdeb Dial-in #: 1-844-767-5679 Access code: 1174636
Provider Documentation: Focus on CHF and Arrhythmias for Medicare Advantage 30 minute sessions with CEU and CME credits available	
MAY 20, 2020 - WEDNESDAY 9:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t5dc8658407f33ee2a94704dd09d8b6d9 Dial-in #: 1-844-767-5679 Access code: 1174636
AUGUST 12, 2020 - WEDNESDAY 10:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t869b1ce7577654f118bcb3125b0727ce Dial-in #: 1-844-767-5679 Access code: 1174636
NOVEMBER 5, 2020 - THURSDAY 8:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t39a5202f01587dba07049107a0b5d818 Dial-in #: 1-844-767-5679 Access code: 1174636
Provider Documentation: Focus on Dementia and Stroke for Medicare Advantage 30 minute sessions with CEU and CME credits available	
MAY 28, 2020 - THURSDAY 11:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t778212b71f653a6fa4f5a79da50250fb Dial-in #: 1-844-767-5679 Access code: 1174636
AUGUST 13, 2020 - THURSDAY 2:30 p.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=tfd84eca7a84612ac9fa99753acbdb6a9 Dial-in #: 1-844-767-5679 Access code: 1174636
NOVEMBER 6, 2020 - FRIDAY 9:30 a.m. CST	To register: https://optum.webex.com/optum/k2/j.php?MTID=t47ca70165442bf5abcb25c11d866856c Dial-in #: 1-844-767-5679 Access code: 1174636