MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction

MPM Provider Quality
Newsletter

To access the materials referenced in this newsletter, go to:
www.medpointmanagement.com/provider-resources

> Click on "Quality Management Information" and then "2020 Quality Newsletters."

> All materials are listed in one PDF document.

> Please also note that MedPOINT's Reference Guides are available under "HEDIS Documents."

Patient Experience Management Reimagined

Feedtrail

As an alternative to paper surveys, MedPOINT Management is offering a new and innovative way to gather and track Patient Satisfaction Surveys for some of our groups FeedTrail is a text-based service that encourages and allows member feedback. Members are contacted via text after their office visit and are even given the option to request an immediate call back. This allows real time resolution for any potential issues and prevents future escalations.

How does FeedTrail work?
The platform is entirely web-based and there is no application download required. Patients will receive a survey link via text message after a visit to your office. All individuals with access to your organization's survey results can review real time results, respond to patient inquiries/concerns, and produce custom reports which can be exported into Excel for further analysis and potential process improvements.

Additional detailed information about this program and whether your IPA is participating can be obtained from your quality specialist. Please contact them directly or email us at **qualitymeasures@ medpointmanagement.com**.

What's Coming with Cozeva

MedPOINT Management is enthused about the opportunity to enhance providers' Quality Improvement efforts in partnership with Cozeva, a platform that is a recognized leader in the Healthcare Technology industry. We are in the process of implementing this exciting new platform and will continue to provide updates on our progress. With Cozeva, providers can look forward to real-time quality, risk adjustment information with an elevated user experience, and more robust analytic functionality. Our anticipated go live date is October 2021.

Please be aware that Cozeva is replacing our Interpreta platform. In-house reporting will be available by e-mail or sFTP access in the interim.

Have Questions? Please reach out to your Quality Specialist or email the Quality Measures team at **qualitymeasures@ medpointmanagment.com**.

HEDIS/STARS Measurement Monthly Targets

MedPOINT Management's Outreach Team will be targeting specific HEDIS/STARS Measures for the Month of August. Focus will be placed on **Diabetic Eye Exams (CDC-4)** and **Child (CISCMB10)** and **Adolescent Immunizations (IMACMB2)**. The Diabetic Eye Exam Measure will target members in both the Medi-Cal and Medicare lines of

business, while the immunizations will target members solely in the Medi-Cal line of business.

Some important reminders include making sure that when members come in for their eye exams, review their chart to see if there are other opportunities for points of care, such as if the patient is due for a HbA1c test or needs a blood pressure reading for the CBP (Controlling Blood Pressure) measure on file. It's also important to document proper codes when submitting patient encounters.

Vaccine appointments are also another opportunity to check if children or adolescents are due for Wellness Checks. Please remember to submit information to the CAIR registry (**https://cairweb.org/**) so the immunizations can be tracked. If you have any questions regarding HEDIS/STARS Measure(s), please do not hesitate to reach out to your HEDIS/STARS Quality Specialist to provide you with the needed information.

Controlling Blood Pressure

Learn how to improve your HEDIS rates by reviewing the attached tip sheets from Health Net, which provides key details about the Controlling High Blood Pressure (CBP) Measure, telehealth details, best practices, codes, ordering monitors and more! It is important to submit the following CPT II blood pressure codes with your encounters to close the HEDIS measures for Controlling Blood Pressure (CBP for hypertension) and Comprehensive Diabetes Care (CDC) Blood Pressure Control:

CPT II Codes:
- **3074F- Systolic <=129**
- **3075F- Systolic 130-139**
- **3077F- Systolic >=140**
- **3078F- Diastolic <=79 mm Hg**
- **3079F- Diastolic 80-89 mm Hg**
- **3080F- Diastolic >=90**

If you are using an EMR, consider automating these codes to ensure the data is consistently submitted for all your encounters.

August is National Immunization Awareness Month

Are you reminding parents on the importance of vaccinating their children? COVID-19 disrupted routine well-child visits for many children over the last year. As a result, many children have fallen behind on receiving recommended vaccines. It is imperative that children and adolescents keep their vaccinations up to date to protect them from serious diseases. Make sure that your practice is enrolled in California Immunization Registry (CAIR2) and that all immunizations are recorded. Please refer to the CDC's vaccine schedule for recommended immunizations for children and adolescents by going to **https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html**.

Resources

Medication Trend Updates and Preferred Drug List Changes- Health Net – Health Net has released an update for providers to review the changes that improve patient safety and encourages medication adherence. Please download this update on the MedPOINT website under Quality Management Information.

PPC In-Home Services- L.A. County – See the attached flyer for information on the L.A. County Home Visiting Program for your perinatal patients who, if eligible, may benefit from this no-cost program.

2021 Pay-For-Performance/HEDIS® Performance Bonus Guide- Molina – The attached notification details the updates that participating P4P providers in L.A. County need to be aware of for this calendar year. If you would like to request the update for San Diego, please contact Quality Measures.

2020 & 2021 Risk Adjustment Data Collection-Molina The attached notification is for all California network providers and details MHC's needed data for them to facilitate a medical record review, with contact beginning June 28, 2021.

QM Bulletin Board

Have a question and need input from other health centers in the MedPOINT network? Post your question at **https://qualitypoint.medpointmanagement.com** and check out the other resources available to you! We are anxious to make this a collaborative quality resource for all of us.

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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
  X125682

San Diego County
  X121735

Imperial County
  X125682

2020 & 2021 RISK ADJUSTMENT DATA COLLECTION

This is an advisory notification to Molina Healthcare of California (MHC) network providers and office managers.

The Centers for Medicare & Medicaid Services (CMS) uses Risk Adjustment diagnosis codes and demographic data to appropriately report and produce complete and accurate diagnosis and the health status of Medicare enrollees.

MHC, with your assistance, will facilitate medical record review and begin collecting and compiling **Risk Adjustment data**. MHC staff will contact you, beginning **June 28, 2021** to arrange a convenient collection method of required medical record information.

In order to provide adequate time to prepare the requested information, a member list with required medical record information will be provided and communicated to you. We welcome you to send records fast, quick and secure by utilizing our Secure Email: MHCHEDISDepartment@MolinaHealthCare.Com. MHC can also coordinate site visits to access medical records as well, please contact us at **1-888-562-5442, extension 129578.**

As a reminder, providers must follow all HIPAA, State, and Plan contractual requirements when submitting member records that contain PHI electronically via email.

We appreciate your cooperation and professional courtesy to Molina Healthcare Quality Improvement staff, as they begin this year's medical record review process.

Thank you for your assistance in this effort and for your continued work to improve the health of our members and communities.

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.

2021 PAY-FOR-PERFORMANCE/HEDIS® PERFORMANCE BONUS PROGRAM

This is an advisory notification to Molina Healthcare of California (MHC) network providers of updates to the Medi-Cal Pay-For-Performance/ HEDIS® Performance Bonus Program (P4P Program).

- Effective 6/30/2021, MHC will be retiring the legacy Medi-Cal Wellness Services Bonus (CHDP) program. The HEDIS P4P program is being enhanced to incorporate the services that previously had incentives in the Medi-Cal Wellness Service Bonus (CHDP) program.

- Effective 1/1/2021, MHC will be issuing HEDIS P4P payments following bi-annual schedule.

- Effective 1/1/2021, MHC is adding submission of Pregnancy Notification Form incentive to this program.

- Effective 1/1/2021, MHC has removed the Prenatal, Postpartum, Well Child Visit (W34) and Initial Health Assessment/SHA incentives from this program.

- Effective 1/1/2021, MHC is launching Medi-Cal OBGYN Partner Bonus Program.

- Effective 1/1/2021, MHC has retired Marketplace Quality Partner Bonus Program.

Reminders:

- Federally Qualified Health Centers and Rural Health Centers in Los Angeles continue to be eligible for this program.

- Effective 1/1/2020, PCP must have at least 200 Medi-Cal Members assigned at the close of the measurement period to qualify for: Cervical Cancer Screening and A1C Control performance bonus.

Please review the updated Medi-Cal P4P HEDIS Metrics and Bonus Amounts below:
(Effective 7/1/2021)

Measure	Performance Bonus	Panel Requirement	Bonus Frequency
Cervical Cancer Screening	$25 per screening/ up to one payment per eligible member per year	Minimum 200 Medi-Cal Members	All qualifying 2021 dates of service will be paid out following bi-annual payment cycle below.
Comprehensive Diabetes Care: HbA1c Control	$100 per HbA1c control test result less than 8.0 /one-time payment in Q4 Reporting Period per member per year	Minimum 200 Medi-Cal Members	2021 annual bonus will be issued in 4th Reporting Period.
Pregnancy Notification Form	$75 per form/ up to one payment per pregnancy	No minimum panel requirement	All qualifying form submission bonuses will be issued in 2nd Reporting Period.
Childhood Immunization Status – Combination 10	$25 for timely completion of a vaccine series timely (8 series) $50 for timely completion of rotavirus and flu series $50 for timely compliance of Combo10 *must be completed by 2nd birthday to be considered timely	No minimum panel requirement	All qualifying 2021 dates of service will be paid out following bi-annual payment cycle below.
Blood Lead Screening	$25 for blood lead screening (0-6 years)/ up to two payments per eligible member (1st at 12 months, 2nd at 24 months) If member has not received blood lead screening, $25 for completing between 2 and 6 years	No minimum panel requirement	All qualifying 2021 dates of service will be paid out following bi-annual payment cycle below.
Well Child Visits	$50 for well child visit (3-21 years)/ up to one payment per eligible member per year	No minimum panel requirement	All qualifying 2021 dates of service will be paid out following bi-annual payment cycle below.
Well Child Counseling	$10 for completed BMI percentile $10 for completed counseling for nutrition $10 for completed counseling for physical activity / up to $30 total per eligible member per year (3-17 years)	No minimum panel requirement	All qualifying 2021 dates of service will be paid out following bi-annual payment cycle below.
Well Child 30 months	$35 for well child visits (0-15 months)/ up to 6 payments per eligible member $35 for well child visits (15-30 months)/ up to 2 payments per eligible member	No minimum panel requirement	All qualifying 2021 dates of service will be paid out following bi-annual payment cycle below.

Payments will be made directly to rendering, credentialed PCPs, FQHCs and RHCs. Selected services require a minimum of 200 assigned Medi-Cal members to qualify.

Please review the Medi-Cal P4P HEDIS Bonus Payout Timeline below:

Reporting Period	Months Under Evaluation	Payment Type	Payment Dates
1st Reporting Period	January 1 – June 30	Per Service	December
2nd Reporting Period	July 1 – December 31	Per Service	June

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 on page one.

Effectiveness of Care Measure

Controlling Blood Pressure

Learn how to improve your HEDIS® rates. This tip sheet gives key details about the Controlling High Blood Pressure (CBP) measure, best practices, codes and more resources.

Measure	The percentage of patients ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90) during the measurement year. **Note:** Patients must have at least two visits on different dates of services with a diagnosis of HTN on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. Visit type does not need to be the same for the two visits.
Exclusions	The measure excludes patients who meet the following criteria: • Patients ages 66 and older enrolled in an institutional Special Needs Plan (I-SNP) or living long-term in an institution. • Ages 66–80 with frailty and advanced illness. • Ages 81 and older with frailty. • In hospice care. • Received palliative care in the measurement year. • Have evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant. • Have a diagnosis of pregnancy. • Had nonacute, inpatient admission.
Telehealth-specific changes	• Removed the restriction that only one of the two visits with a HTN diagnosis be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis. • Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion. • Added telephone visits, e-visits, and virtual check-ins as appropriate settings for BP readings. • Requirements for remote monitoring were removed to allow BPs to be taken by any digital device.
Best practices	• Determine the representative blood pressure (BP): – Identify the most recent BP reading noted during the measurement year on or after the second diagnosis of HTN. – If multiple BP readings were recorded on a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

(continued)

Coverage for every stage of life™

Best practices (continued)

- If no BP is recorded during the measurement year or if the reading is incomplete, assume that the patient is "not controlled."
- Bill BP CPT II codes on each office visit claim along with a HTN condition.
- Remote measurements by any digital device are acceptable.
- The BP reading cannot be used if:
  - Taken during an acute inpatient stay or emergency department visit.
  - Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
  - Taken by a patient using a non-digital device, such as a manual blood pressure cuff and a stethoscope.
- Instruct staff to take a repeat reading if abnormal BP is obtained.
- Educate patient about the risks of HTN and encourage lifestyle changes.
- Initiate proper pharmacologic treatment to lower BP.
- Promote the use of proper technique by staff taking BP readings if indicated (See *Tips to Get an Accurate Blood Pressure Reading*).
- Data files will require an outpatient visit on same date of service with provider's National Provider Identifier (NPI) when submitting BPs.

CPT codes

ESSENTIAL HYPERTENSION DIAGNOSIS ICD-10 CODE: I10

Blood pressure CPT® II codes

Description	CPT II Code
Diastolic < 80 mm Hg	3078F
Diastolic between 80–89 mm Hg	3079F
Diastolic ≥ 90 mm Hg	3080F
Systolic < 130 mm Hg	3074F
Systolic between 130–139 mm Hg	3075F
Systolic ≥ 140 mm Hg	3077F

Remote blood pressure monitoring CPT codes:
93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

Tips to Get an Accurate Blood Pressure Reading

Follow these recommendations for obtaining accurate blood pressure measurements:

- ☐ Ask the patient not to smoke, exercise, or drink caffeinated beverages or alcohol for at least 30 minutes before measurement.
- ☐ Have patient empty their bladder.
- ☐ Have the patient rest calmly in a chair, for at least five minutes with arm resting comfortably on a flat surface at heart level.
- ☐ Ensure patient is sitting upright with back supported and feet flat on the floor (legs uncrossed).
- ☐ Patient's arm should be bare. Use proper cuff size and make sure the bottom of the cuff is placed directly above the bend of the elbow.
- ☐ Do not talk to the patient while taking their blood pressure.
- ☐ Take at least two readings. If the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit. Consider switching arms for subsequent readings.

Resources
- Centers for Disease Control and Prevention: www.cdc.gov/bloodpressure/index.htm.
- American Heart Association: www.heart.org/en/health-topics/high-blood-pressure.
- National Committee for Quality Assurance (NCQA). HEDIS® Measurement Year 2020 & Measurement Year 2021 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2020

Avoid Delivery Delays When Ordering Blood Pressure Monitors for Medi-Cal Members

Follow these guidelines when placing orders.

Digital blood pressure cuffs for home use are a covered benefit for Health Net* Medi-Cal members. Health Net has made special arrangements with Western Drug Medical Supply, a durable medical equipment (DME) supplier, to stock and provide these items, which are not easily available from other DME suppliers.

What you need to know before placing an order.

- Blood pressure cuffs are a Medi-Cal covered benefit for any ICD-10-CM diagnosis code that justifies medical necessity.

- Members are limited to one digital blood pressure cuff per member every five years. Units are provided with instructions and batteries.

- Members must select an automated digital device to support quality improvement reporting.

- A prescription is not required but would be helpful to ensure the correct item is selected.

- Prior authorization is not required. However, providers are required to submit a written DME order.

- The order should include the following:

  - Patient's name
  - Date of birth
  - Member identification (ID) number
  - Member address
  - Member telephone number
  - Diagnosis
  - The provider's full name and signature
  - HCPCS code: A4670-NU Automatic Blood Pressure Monitor
  - Date of service

- Missing information will delay the delivery of the DME.

THIS UPDATE APPLIES TO
CALIFORNIA PROVIDERS:
- Physicians
- Participating Physician Groups
○ Hospitals
○ Ancillary Providers

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

PROVIDER SERVICES
provider_services@healthnet.com
EnhancedCare PPO (IFP)
1-844-463-8188
provider.healthnetcalifornia.com
EnhancedCare PPO (SBG)
1-844-463-8188
provider.healthnet.com
Health Net Employer Group HMO, POS, HSP, PPO, & EPO
1-800-641-7761
provider.healthnet.com
IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO
1-888-926-2164
provider.healthnetcalifornia.com
Medicare (individual)
1-800-929-9224
provider.healthnetcalifornia.com
Medicare (employer group)
1-800-929-9224
provider.healthnet.com
Medi-Cal – 1-800-675-6110
provider.healthnet.com

PROVIDER COMMUNICATIONS
provider.communications@
healthnet.com

How to place an order.

A written DME order or prescription must be signed by a licensed provider and faxed or emailed to:

Attention: Celeste Melgoza
Western Drug Medical Supply
Phone: 1-818-956-6691
Fax: 1-818-956-6695 or 1-818-551-9612
E-mail: celeste@westerndrug.com

A fax cover sheet must accompany all fax transmissions of Protected Health Information. The cover sheet must be labeled "PROTECTED HEALTH INFORMATION."

Members will receive their equipment 24-48 hours after the DME supplier verifies the member's eligibility and confirms the mailing address. Members who have questions or who have defective equipment can call Western Drug Medical Supply directly at 1-800-891-3661.

Additional Information

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.

L.A. County Home Visiting Programs

May-June 2021

Your perinatal patients might be eligible for a no-cost home visiting program. Most programs span from the first/second trimester of pregnancy to nine months post-delivery and include nine engagement points with a parent coach, hospital liaison, and a registered nurse.

As you assess the clinical needs of your patients, please consider these programs.

Eligibility: Individuals who are pregnant, have recently delivered, or have young children. Eligibility criteria varies by available program.

Referrals: Route patients to the eDirectory of L.A. County Home Visiting Programs where they will be able to identify local programs by completing a short questionnaire.