

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."

QM Bulletin Board Question of the month -

Would you like to get input from other health centers in the HCLA network?

Post your question at <https://qualitypoint.medpointmanagement.com> and check out the other resources available to you!

Interpreta

Blood pressure readings are documented for patients but they are seldom reported on encounters. Check out how you are doing in these important measures in Interpreta by clicking on CBP (Controlling Blood Pressure) and CDC9 (Comprehensive Diabetes Care – Blood Pressure Control <140/90) on the right side of the webpage. If your compliance rate is low, it's time to review your workflows for the coding of CPT II diastolic and systolic values, along with a code for an outpatient, telephone or nursing facility visit, online assessment or remote blood pressure monitoring.

Please contact us at qualitymeasures@medpointmanagement.com, (818) 702-0100, ext. 1353, or contact your dedicated HEDIS/Stars Specialist to schedule a training or to review your measures.

2021 HEDIS/Stars Reference Guide is here!

The newly revised HEDIS/Stars Reference Guide has all the HEDIS measure updates you need, plus telehealth information, best practices and the most common codes used. Please share this Guide with your providers and staff!

Changes for 2021 include:

- New documentation requirement for point-of-care Colorectal FOBT/FIT testing.
- New WCV and W30 measures for children through young adulthood.
- New Transitions of Care (TRC) measure.
- New Kidney Health Evaluation for Patients with Diabetes (KED) and Osteoporosis Screening in Older Women (OSW) measures.

Please see the attached information and universal referral form. For information on enrolling qualified members, please contact your Provider Network Representative.

Health Net/Cal Viva New Telehealth Guide

The attached new Telehealth Tip Sheet from Health Net/CalViva is a great companion to the HEDIS/Stars Reference Guide. Please share this with staff as well.

New WCV Customizable Member Flyer - Educates Parents about Wellness Visits!

MedPOINT has created the attached customizable member educational flyer in English and Spanish to help educate parents that their child/adolescent/young adult need to see the doctor every year for a wellness visit. Please help spread this message to increase the new Child and Adolescent Well-Care Visits (WCV) HEDIS measure and improve the health of your patients.

Add your logo and phone number at the bottom of the flyer, adjust the wording if desired, and then post it in the reception, waiting and vitals rooms or use it as a mailer. Also, be sure to remind parents to bring their children in every year.



Resources:

Patient Experience Trainings!

- **Blue Shield** is offering educational opportunities with their new interactive module called “How you can impact CAHPS” and “How to get better CAHPS ratings.” Schedule the best time for you! Please see the attached information for details.
- **LA Care** is partnering with SullivanLuallin again this spring to offer a new series of patient satisfaction trainings for providers, managers and staff with new topics. Please see the attached schedule and register ASAP.

HEDIS/MCAS/Plan Updates Training

- Please see the attached details from **Health Net** regarding a new Training on “HEDIS® and the Managed Care Accountability Set & Health Plan Updates” (MCAS). This is being offered on four different dates in April. All quality staff should attend if possible.

Blood Pressure Information

- **Blood Pressure Monitors for Medi-Cal Members** – The attached Provider Update from Health Net is a reminder on how to avoid delivery delays when ordering medically necessary blood pressure monitors for Medi-Cal members.
- **Controlling Blood Pressure Tip Sheet** – Health Net has created the attached informative Tip Sheet on Controlling Blood Pressure that includes telehealth details and a checklist on how to get an accurate blood pressure reading. Please share this with your staff!

Molina JTF Incentive Notifications

- Please see the attached notifications from **Molina** regarding the end of the **Medi-Cal Wellness Services Bonus Program** as of 6/30/21, and the **Medi-Cal Encounter Data Bonus Program** as of 1/1/21 (both for Imperial, Riverside/San Bernardino, Los Angeles, Sacramento and San Diego), and payment adjustments in the 2020 Pay for Performance Program in the counties above except, Los Angeles.

Quest Appointment Scheduling

If you use **Quest** as your capitated laboratory, the attached flyer on appointment scheduling has details on how appointments are prioritized over walk-ins to decrease wait time and increase safety.

Pregnancy Notification Forms & Tip Sheet

- **Molina** – Please continue to use the attached Pregnancy Notification Form to let Molina know when a member is pregnant so they can track the prenatal and postpartum visits.
- **Blue Shield Promise** – The attached form, provider check list and details are provided by Blue Shield Promise. A \$50 gift card incentive is offered when a member registers for the Due Date Plus App, plus other programs and resources for mom.
- **Health Net** – Check out the attached Postpartum tips and best practices from Health Net, along with a Provider Update.

ACEs Aware Initiative

- **Blue Shield Promise** has provided the attached Overview and **Fact Sheet for the Adverse Childhood Experiences (ACEs) program** that screens for toxic stress in all ages and provides a \$29 Medi-Cal payment for each screening. Provider must complete a certified training. More information is available at <https://www.acesaware.org/>.
- **Health Net** is offering educational webinars on **Motivational Interviewing and Trauma Informed Care** in April and May that tie in with this initiative. Please see the attached “ACEs – Health Net Webinars” sheet for details.


Coming Up

April 1-7 – National Public Health Week

April 19-23 – Every Kid Healthy Week promote yearly wellness exams!

April 26-30 – Patient Experience Week – make every interaction a 10 experience!

April 26 – May 2 – National Infant Immunization Week



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HEDIS[®] /STARS REFERENCE GUIDE 2021

MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction

New changes are highlighted in yellow.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS				
Colorectal Cancer Screening (COL)	50-75 years as of 12/31/2021	Commercial, Medicare	<p>Members who had appropriate screening for colorectal cancer:</p> <ul style="list-style-type: none"> • Fecal occult blood test FOBT in 2021 • or Colonoscopy in past 10 years (2012-2021) <p>Also acceptable for this measure:</p> <ul style="list-style-type: none"> • Flexible Sigmoidoscopy (2017-2021) • FIT-DNA (Cologuard®) (covered by Medicare and select Commercial plans only and requires prior authorization) • Computed Tomography (CT) Colonography <p>Best Practices:</p> <ul style="list-style-type: none"> • Clearly document previous colonoscopy, including year. • Proof of service for point-of-care FOBT/FIT testing must specify "spontaneous bowel movement" or "not DRE." • If screening was done by another provider or in another country, document what type of test was done, the date screening was completed (month/year) and the result to submit as supplemental data. • If creating a lab requisition online, check if your contracted lab requires that the sample be submitted to the lab within 14 days of the requisition date to avoid rejection of the specimens. • If giving a FOBT kit, do not create an online requisition. 	<p>iFOBT/FIT - CPT: 82274 HCPCS: G0328 Colonoscopy: billed by Gastroenterologist</p> <p>Exclusions: Colorectal cancer or total colectomy, members age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia. Other exclusions apply.</p>
Controlling High Blood Pressure (CBP)	18-85 years and Hypertensive as of 12/31/2021	Commercial, Medi-Cal, Medicare	<p>Members with ≥ 2 diagnoses of hypertension between 1/1/20 - 6/30/21 whose last blood pressure of 2021 was <140/90.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Most recent BP value counts. • If there are multiple readings on the same date, the lowest values from both notations can be used. • Use CPT II outcome codes on encounters and consider automating codes in your EMR. • Retake BP at end of appointment if reading is high during initial vitals. • BP from non-medical providers can be used if they are using the medical provider's EMR (such as dentists and optometrists). <p>Telehealth:</p> <ul style="list-style-type: none"> • BP readings from patient digital BP monitoring device during telehealth visits are acceptable. • For Medicare, video should be used but still document reading if only audio is used. 	<p>CPT II Codes: 3074F - Systolic ≤ 129 3075F - Systolic = 130 - 139 3077F - Systolic ≥ 140 3078F - Diastolic ≤ 79 3079F - Diastolic = 80 - 89 3080F - Diastolic ≥ 90</p> <p>Exclusions: Members in hospice, with evident ESRD; kidney transplant, diagnosis of pregnancy; had a non-acute inpatient admission, all in 2021. Age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia. Other exclusions apply.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS - CONTINUED				
Transitions of Care (TRC) Includes MRP - Medication Reconciliation Post-Discharge - 1111F	Documentation for members age 18 and above with inpatient admission that includes notification of inpatient admission, discharge receipt, patient engagement, and medication reconciliation in 2021	Medicare	<p>Documentation of the following four rates:</p> <p>1. Notification of Inpatient Admission Documentation of receipt of notification with date of inpatient admission on the day of admission through 2 days after the admission (3 total days).</p> <ul style="list-style-type: none"> Medical record examples include phone call, email or fax, ER notification, electronic exchange, ADT alert system, shared EMR, health plan, PCP or care provider, specialist, orders for tests and treatments or planned inpatient admission. This component is determined by health plan medical record sample. <p>2. Receipt of Discharge Information Documentation of receipt of discharge information with date on the day of discharge through 2 days after the discharge (3 total days) via phone call, email or fax.</p> <ul style="list-style-type: none"> Medical record must include discharge summary or in EMR in structured fields, practitioner responsible during stay, procedures and treatments, diagnoses at discharge, current medication list, testing documentation and results, and post-care instructions. This component is determined by health plan medical record sample. <p>3. Patient Engagement After Inpatient Discharge Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.</p> <ul style="list-style-type: none"> Document either outpatient visit with office or home visit, telephone, real-time audio and video telehealth visit or e-visit, or virtual check-in (not real-time). This component is determined by encounter data. <p>4. Medication Reconciliation Post-Discharge Documentation of medication reconciliation by PCP, registered nurse or pharmacist on the date of discharge through 30 days after discharge (31 total days). Use CPT II code 1111F.</p> <ul style="list-style-type: none"> Document either that medications were reconciled, no changes, same, discontinued reviewed or member was seen post-discharge with reconciliation or review. This component is determined by encounter data. 	<p>CPT Codes for #3 and #4: 99495/99496 - Transitions of care management for moderate/high complexity.</p> <p>CPT II Code for MRP (#4): 1111F - Discharge medications reconciled with the current medication list in outpatient medical record.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> Add internal workflows to document notification of inpatient admission (#1) and discharge (#2) in the medical record as these components are validated through medical record review. The use of 99495 or 99496 for patient engagement (#3) and medication post discharge (#4) are compliant for both components without additional codes. Each submeasure is rated separately so meet as many components as possible. <p>More details are available in the 2020-2021 HEDIS Technical Specifications, which are available on the Interpretata online portal.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
CHILDREN & ADOLESCENTS				
Child and Adolescent Well-Care Visits (WCV) Includes former Adolescent Well Care age 12-21 (AWC) and Well Child age 3-6 (W34) measures.	3-21 years as of 12/31/2021	Commercial, Medi-Cal	<p>One comprehensive well-care visit with a PCP or OB/GYN in 2021 that documents the date of the visit and all of the following:</p> <ol style="list-style-type: none"> 1) Health history 2) Physical developmental history 3) Mental developmental history 4) Physical exam 5) Health education/anticipatory guidance. <p>Best Practices:</p> <ul style="list-style-type: none"> • NEW - If no labs or diagnostic procedures are ordered, record must indicate "no labs/procedures ordered." • Rate compliance is calculated from administrative data (encounters) and supplemental data, not chart review. • Proper coding is essential so make sure age specific CPT code is billed. • Refer to www.aap.org or www.Brightfutures.org for age appropriate guidance. • Well care can be done at sick visits by adding the age CPT code and the ICD-10 routine code to the list of diagnosis. • Be sure to also code for the Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) measure during this visit for ages 3-17 (see WCC guidelines below). <p>Telehealth:</p> <ul style="list-style-type: none"> • All components except physical exam can be completed by telehealth. • Use the wellness visit procedure code for the telehealth visit and include documentation in the record stating "in-person visit with physical exam planned by 12/31/21." The preventive visit procedure code should not be submitted again for the in-person physical exam. • Physical exams can be completed during sick visits. 	<p>ICD-10:</p> <p>Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17)</p> <p>Z00.00 or Z00.01 (age 18+)</p> <p>Z02.5 - Sports Physical</p> <p>CPT Preventive Codes:</p> <p>99382 - age 1-4, new patient</p> <p>99392 - age 1-4, established patient</p> <p>99383 - age 5-11, new patient</p> <p>99393 - age 5-11, established patient</p> <p>99384 - age 12-17, new patient</p> <p>99394 - age 12-17, established patient</p> <p>99385 - age 18+, new patient</p> <p>99395 - age 18+, established patient</p> <p>Note:</p> <ul style="list-style-type: none"> • CPT codes above include comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.
Childhood Immunization Status (CIS) (Combo 10)	Children age 2 years in 2021 who had all immunizations by their 2nd birthday	Commercial, Medi-Cal	<p>Children 2 years of age in 2021 who received these vaccines on or before their second birthday:</p> <ol style="list-style-type: none"> 4 DTaP 3 Polio (IPV) 1 MMR 3 Haemophilus Influenzae Type B (HIB) 3 Hepatitis B 1 Chicken pox (VZV) 4 Pneumococcal conjugate (PCV) 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTaq) 2 Influenza vaccines <p>Best Practices</p> <ul style="list-style-type: none"> • Always use CAIR2 -California Immunization Registry - cairweb.org. • Make sure 1 year olds are current with vaccines to avoid noncompliance next year. 	<p>Exclusions:</p> <p>Please refer to the HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphylactic reaction, Encephalopathy, Adverse Effects for DTaP, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency or Intussusception.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
CHILDREN & ADOLESCENTS - CONTINUED				
Immunizations for Adolescents (IMA) (Combo 2)	Adolescents age 13 in 2021 who had immunizations before 13th birthday	Commercial, Medi-Cal	The percentage of adolescents 13 years of age who had: <ul style="list-style-type: none"> • 1 dose of meningococcal conjugate vaccine (MCV) given between member's 11th and 13th birthday and • 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine given between 10th and 13th birthday • 2 or 3 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday. Two doses at least 146 days apart meets criteria. 	Exclusions - Please refer to the HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphalactic reaction, Encephalopathy and Adverse Effect of Tdap. The exclusion must have occurred on or before the member's 13th birthday. Best Practices: <ul style="list-style-type: none"> • Always use CAIR2 - California Immunization Registry - cairweb.org.
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)	3-17 years as of 12/31/2021	Commercial, Medi-Cal	Outpatient visit with PCP or OB/GYN with evidence of the following in 2021: <ol style="list-style-type: none"> 1) BMI percentile or age-growth chart with height and weight 2) Counseling for nutrition 3) Counseling for physical activity Best Practices: <ul style="list-style-type: none"> • Staying Healthy Assessment Forms are compliant for nutrition and physical activity if documented correctly (remember to code on an encounter). • Ensure templates include word "counseling." • Be specific about health education given and topics discussed. • Documentaton of "gave age appropriate Growing up Healthy brochure" counts for both nutrition and physical activity counseling. See: https://www.dhcs.ca.gov/formsandpubs/publications/pages/chdppubs.aspx. Telehealth: <ul style="list-style-type: none"> • All components can be done by telehealth, including BMI percentile with parent reported height and weight. • Also include components from WCV that are applicable. 	BMI Percentile ICD-10: Z68.51 - <5th percentile Z68.52 - 5th to <85th percentile Z68.53 - 85th to <95th percentile Z68.54 - >95th percentile Counseling for Nutrition ICD-10: Z71.3 - dietary counseling and surveillance Counseling for Physical Activity ICD-10: Z71.82 - exercise counseling Z02.5 - sports physical Note: <ul style="list-style-type: none"> • The WCC denominator is patients seen by a PCP or OB/GYN so the number of eligible members will be low at the beginning of the year and increase as visits increase. • If submitting supplemental data, only submit for age 3-17.
Well-Child Visits in the First 30 Months of Life (W30) Includes former W15 measures.	Turned 30 months old in 2021	Commercial, Medi-Cal	Members who turned 15 months old (W30A) and had 6 or more well-child visits with a PCP during their first 15 months of life, AND 2 more well child visits between 15 and 30 months (W30B) in 2021. <ol style="list-style-type: none"> 1) Health history 2) Physical developmental history 3) Mental developmental history 4) Physical exam 5) Health education/ anticipatory guidance Best Practices: <ul style="list-style-type: none"> • NEW - If no labs or diagnostic procedures are ordered, record must indicate "no labs/ procedures ordered." • It is important to make every visit a wellness visit. • When babies come in for vaccinations, complete all components of the visit, document and code correctly. • Visits must be at least 14 days apart. 	ICD-10: Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17) CPT Preventive codes: 99381 – age <1 year new patient 99391 - age <1 year established patient 99382 – age 1-4 new patient 99392 – age 1-4 established patient Note: <ul style="list-style-type: none"> • CPT codes above include comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE				
Comprehensive Diabetes Care (CDC) - HbA1c Control	18-75 years as of 12/31/2021 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Documentation of a hemoglobin A1c (HbA1c) blood test in 2021 with date and result.</p> <p>Includes:</p> <ol style="list-style-type: none"> 1) Control <8% - higher rate is better 2) Poor Control >9% - lower rate is better <ul style="list-style-type: none"> • Most recent reading during the year counts. 	<p>HbA1c Tests CPT: 83036 3044F - HbA1c Level <= 6.9 3051F - HbA1c Level = 7.0 - 7.9 3052F - HbA1c Level = 8.0 - 8.9 3046F - HbA1c Level >= 9.0</p> <p>Exclusions for all CDC components: Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia.</p> <p>NOTE: Do not use discontinued code 3045F.</p>
Comprehensive Diabetes Care (CDC) - HbA1c Testing	18-75 years as of 12/31/2021 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Documentation of a hemoglobin A1c (HbA1c) blood test in 2021 with date and result.</p>	<p>HbA1c Tests CPT: 83036 See CPT II Codes above.</p>
Comprehensive Diabetes Care (CDC) - Nephropathy	18-75 years as of 12/31/2021 (Type I or Type II Diabetics)	Medicare only	<p>Nephropathy screening or monitoring test or evidence of nephropathy during 2021.</p> <p>Includes: Microalbumin urine test or visit to nephrologist or at least one ACE inhibitor or ARB dispensing event or evidence of ESRD or nephrectomy/kidney transplant.</p>	<p>Evidence of Treatment for Nephropathy CPT II: 3060F - Positive microalbuminuria test result documented and reviewed 3061F - Negative microalbuminuria test result documented and reviewed 3066F - Documentation of treatment for nephropathy 4010F - ACE/ARB prescribed or currently being taken</p>
<p>Kidney Health Evaluation for Patients with Diabetes (KED)</p> <p>(First year measure and not tracked in Interpret until 2022)</p>	18-85 years as of 12/31/2021	Commercial, Medi-Cal, Medicare	<p>Members with diabetes (type 1 and type 2) who received both of the following:</p> <ul style="list-style-type: none"> • At least one eGFR (estimated glomerular filtration rate) blood test and • At least one uACR (urine albumin-creatinine ratio) urine test. <p>• Service dates must be 4 or less days apart. For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year.</p>	<p>Lab CPT codes: 82043 - Albumin; urine (eg, microalbumin), quantitative 82570 - Creatinine; urine 82565 - Creatinine; serum</p> <p>Exclusions: Evidence of ESRD, member in palliative care, enrolled in an institutional SNP or long term institution, have frailty and advanced illness.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE - CONTINUED				
Comprehensive Diabetes Care (CDC) - Retinal Eye Exam	18-75 years as of 12/31/2021 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist):</p> <ul style="list-style-type: none"> A retinal or dilated eye exam by an eye care professional during 2021. A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2020. <p>Best Practices:</p> <ul style="list-style-type: none"> Use CPT II codes in current measurement year to indicate "without retinopathy" for compliance in current and following year. CPT II code 3072F can be used to indicate no retinopathy in prior year. 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. 	<p>Diabetic Retinal Screening CPT: 67028 - 99245 - limited to eye care professionals</p> <p>Diabetic Retinal Screening Negative CPT II: 3072F (negative in 2020)</p> <p>Diabetic Retinal Screening done by Eye Care Professional and coded by any Provider type CPT II:</p> <p>2022F – Face to face dilated exam with interpretation documented & reviewed; with evidence of retinopathy. 2023F – Face to face dilated exam; without evidence of retinopathy.</p> <p>2024F – 7 standard photos with interpretation documented & reviewed; with evidence of retinopathy. 2025F – 7 standard photos; without evidence of retinopathy.</p> <p>2026F – Retinal telemedicine (e.g. EyePACS) eye imaging validated to match diagnosis from 7 standard field stereo-scopic photos; with evidence of retinopathy. 2033F – Retinal telemedicine (e.g. EyePACS) eye imaging validated to match diagnosis from 7 standard field stereo-scopic photos; without evidence of retinopathy</p>
Comprehensive Diabetes Care (CDC) - Blood Pressure Control	18-75 years as of 12/31/2021 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Members with diagnosis of diabetes whose blood pressure was <140/90 by the end of 2021.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> Most recent BP value counts. Use CPT II outcome codes to avoid Medi-Cal record requests. Retake BP at end of appointment if reading is high during initial vitals - lowest values count. Electronically submitted BP readings from patient monitoring devices are acceptable. <p>Telehealth:</p> <ul style="list-style-type: none"> BP readings from patient digital BP monitoring device during telehealth visits are acceptable. For Medicare, video should be used but still document reading if audio only. 	<p>CPT II Codes:</p> <p>3074F - Systolic <= 129 3075F - Systolic = 130-139 3077F - Systolic >= 140</p> <p>3078F - Diastolic <= 79 mm Hg 3079F - Diastolic = 80-89 mm Hg 3080F - Diastolic >= 90 mm Hg</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
SENIORS				
Care for Older Adults (COA)	66 years and older as of 12/31/2021	Medicare SNP (Special Needs Plan) and MMP (Medicare-Medicaid Plan)	<p>Members who had each of the following during 2021.</p> <ul style="list-style-type: none"> • Advance care planning • Medication review • Functional status assessment • Pain Assessment <p>Best Practice:</p> <ul style="list-style-type: none"> • Code for all 4 components above as there is a separate rate for each. • Documentation for Medication Review must include medication list and date it was reviewed, or note of no medications. • Complete Annual Wellness Exam (AWE) for all eligible patients and code for COA. • Functional Status documentation must specify "ADLs were assessed" or "IADLs were assessed" or reference the standardized tool used or display the questions with the answers. • 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 the medical record. <p>Telehealth:</p> <ul style="list-style-type: none"> • The COA measure can be completed during any medically-necessary visit including telephone visits. • The functional status and pain assessments can be conducted by phone by any care provider type, including registered nurses and medical assistants. • Medication review can be done by a prescribing clinician or clinical pharmacist, or a nurse practitioner signed by the clinician or pharmacist to document the list was reviewed (code both CPT II codes). • Take advantage of every phone call or visit to complete this measure. • More details are available on the "Care for Older Adults 2020-21 Coding and Documentation Guide." 	<p>Advanced Care Planning: Document Present CPT II: 1157F Discussion documented CPT II: 1158F</p> <p>Medication Review: CPT® II: 1160F Medication List: CPT® II: 1159F Both codes must be used.</p> <p>Functional Status Assessment: CPT® II: 1170F</p> <p>Pain Assessment: Pain Present CPT II: 1125F Pain not Present CPT II: 1126F</p>
Osteoporosis Screening and Management after Fracture (OMW)	Women 67-85 years as of 12/31/2021	Medicare	<p>Women with a fracture date between 7/1/2020 – 6/30/2021 and who had either a bone mineral density (BMD) test or dispensed prescription for a drug to treat osteoporosis in the 6 months (180 days) after the fracture.</p> <ul style="list-style-type: none"> • Does not include fractures to the fingers, toe, face or skull. 	<p>Medications: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid. Albandronate, Denosumab, Raloxifene, Romosozumab, Teriparatide.</p> <p>Exclusions: Members age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia or in palliative care (can be through telehealth encounters). Other exclusions apply.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
SENIORS - CONTINUED				
Osteoporosis Screening in Older Women (OSW) (First year measure and not tracked in Interpret until 2022)	Women age 66-75 years as of 12/31/2021	Medicare	<ul style="list-style-type: none"> Women who received one osteoporosis screening between their 65th birthday and 12/31 of the measurement year. There is no event/diagnosis for this measure. 	Osteoporosis screening test CPT codes: 76977, 77078, 77080, 77081, 77085 Exclusions: Members already diagnosed with osteoporosis, receiving palliative care, enrolled in an institutional SNP or long term institution, have frailty and advanced illness, dementia.
Use of High-Risk Medications in the Elderly (DAE)	67 years and older as of 12/31/2021	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	Medicare members age 67 and older who received at least: <ul style="list-style-type: none"> Two dispensing events for high-risk medications to avoid from the same drug class, or Two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnosis. 	List of medications available upon request on page 355 of the NCQA 2020-2021 Technical Specifications. Note: <ul style="list-style-type: none"> Some medication classes are considered high-risk in any amount, while others have a days supply or average daily dose threshold to be considered high-risk. A lower rate represents better performance.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY				
Breast Cancer Screening (BCS)	Women 50-74 years as of 12/31/2021	Commercial, Medi-Cal, Medicare	<p>Women who had a mammogram to screen for breast cancer between 10/1/2019 and 12/31/2021 (at least every 27 months).</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Do not count Biopsies, ultrasounds and MRIs. • Breast tomosynthesis does count. • Screen every other year. 	<p>CPTs: 77067, 77066, 77065</p> <p>Exclusions:</p> <p>Bilateral Mastectomy: Z90.13.</p> <ul style="list-style-type: none"> • Best practice is to code exclusions every year during any outpatient encounter submission, especially if the member changed health plans.
Cervical Cancer Screening (CCS)	Women 21-64 years as of 12/31/2021	Commercial, Medi-Cal	<p>Age 21-64 - cervical cancer screening in 2019, 2020 or 2021 (every 3 years). Document the date and results.</p> <p>– OR –</p> <p>Age 30-64 - HPV (hrHPV) testing every 5 years (2017-2021) with documented date and result.</p> <p>Best Practices for Over Age 30:</p> <ul style="list-style-type: none"> • HPV test alone will count for this measure. • If testing cytology and HPV, it is important to order Co-testing (cytology and HPV). • Do not order Reflex testing where HPV is only tested if the cytology result is positive - a HPV test is required for compliance. • Self reported screening from other provider or other countries that documents date (or month/year) and result in the medical record is acceptable. 	<p>Cervical Cytology only CPT: 88142</p> <p>HPV Test CPT: 87624</p> <p>HPV LOINC: 82675-0</p> <p>Exclusions: Documentation of total hysterectomy with absence of cervix, cervical agenesis or acquired absence of cervix.</p> <p>Z90.710 - Acquired absence of cervix and uterus</p> <p>Z90.712 - Acquired absence of cervix with remaining uterus (rare)</p> <p>Q51.5 - Agenesis and aplasia of cervix</p> <ul style="list-style-type: none"> • Document exclusions every year. • Document "TAH," "total (or complete or radical) hysterectomy" or "no cervix" or "vaginal hysterectomy" or exclusion will not count.
Chlamydia Screening in Women (CHL)	16-24 years as of 12/31/2021	Commercial, Medi-Cal	<p>Women identified as sexually active who had at least one test for chlamydia during 2021.</p> <p>Two methods identify sexually active:</p> <p>(1) Pharmacy data (dispensed contraceptives during the measurement year)</p> <p>(2) Encounter data</p>	<p>CPT: 87491</p> <p>Best Practice:</p> <ul style="list-style-type: none"> • Offer testing to all young women who turn 16 years or older by 12/31. • Chlamydia can be tested by urine or gynecological exam.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY - CONTINUED				
Prenatal Care, Timeliness of (PPC-Pre)	<p>Live births between 10/08/2020 - 10/07/2021</p> <p>Prenatal care visit in the first trimester or within 42 days of enrollment</p> <p>First trimester is defined as 280-176 days prior to delivery (or EDD).</p>	Commercial, Medi-Cal	<p>After pregnancy test is confirmed, PCP should code the visit as a Prenatal Visit and include the following:</p> <ul style="list-style-type: none"> • Diagnosis of pregnancy • Last menstrual period (LMP) or estimated date of delivery (EDD) or gestational age • Date of service <p>Best Practice:</p> <ul style="list-style-type: none"> • Documenting the prenatal care visit on same day of the positive pregnancy test helps meet the timing requirements of this measure. • Ensure that pregnant and recently delivered patients get priority for OB appointments. • Services may be provided by PCP, OBGYN, other family care practitioner or Midwife. • Physical requirements such as a basic physical or OB exam or pelvic exam or fundus height, OB panel, TORCH panel, blood typing test or ultrasound of pregnant uterus can also be done in person to close this measure. <p>Telehealth:</p> <ul style="list-style-type: none"> • Prenatal visits can be completed by telehealth by documenting the items above. 	<p>Procedure codes:</p> <p>Prenatal visit during first trimester CPT: 99201-99205, 99211-99215, 99241-99245</p> <p>CPT II: 0500F</p> <p>OB panel: 80055</p> <p>Prenatal ultrasound: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p> <p>NOTE: For E&M codes to count, they must be paired with a pregnancy diagnosis (e.g. Z34.90), ultrasound or labs.</p>
Postpartum Care (PPC-Post)	<p>Live births between 10/08/2020 - 10/07/2021</p> <p>Postpartum visit between 7 and 84 days after delivery.</p>	Commercial, Medi-Cal	<p>Documentation of a postpartum visit on or between 7 and 84 days after delivery and must include one of the following:</p> <ul style="list-style-type: none"> • The following notations are acceptable for this measure: "postpartum care," "PP care," "PPcheck," "6-week check." (other notations may apply). <p>Best Practices:</p> <ul style="list-style-type: none"> • Schedule both early (2nd week) and late (4-8 weeks) postpartum visits before mother and baby leave the hospital. • Offer home visit for postpartum. • Incision check for post C-section does not constitute a postpartum visit. • Physical requirements such as a basic physical or OB exam or pelvic exam or fundus height, OB panel, TORCH panel, blood typing test or ultrasound of pregnant uterus can also be done in person to close this measure. <p>Telehealth:</p> <ul style="list-style-type: none"> • Postpartum visit can be completed by telehealth with notations above. 	<p>Postpartum CPT II: 0503F</p> <p>Postpartum Visit ICD-10CM: Z39.2</p> <p>Note:</p> <ul style="list-style-type: none"> • Global CPT codes may not reflect when postpartum care was rendered. • Z39.2 is the preferred ICD10 code that can be attached to any E&M code. • CPSP (Comprehensive Perinatal Services Program) postpartum visit code Z1038 crosswalks to CPT II code 0503F. Best practice is to bill both codes. <p>Other Prenatal/Postpartum measures include:</p> <ol style="list-style-type: none"> (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
PHARMACY MEASURES				
<p>The Managed Care Accountability Sets (MCAS) 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). For 2021, health plans will not be held to the MPL (minimum performance level) for the following pharmacy measures but they are included below because they are reportable and may still be incentivized by the plans.</p> <p>TELEHEALTH - The following pharmacy measures are impacted by telehealth revisions: AMM, AMR and SSD.</p>				
Antidepressant Medication Management (AMM)	18 yrs as of 4/30/2021 and older	Commercial, Medi-Cal, Medicare	<p>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 5/1/2020 - 4/30/2021.</p> <p>Two rates are reported.</p> <ol style="list-style-type: none"> 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 12/31/2021	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.	<p>Pharmacy data determines this measure.</p> <p>Exclusions: Hospice, Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory conditions due to Fumes or Vapors, Cystic Fibrosis and Acute Respiratory Failure.</p>
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	18-64 years as of 12/31/2021	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 12/31/2021	Commercial, Medi-Cal	<p>The percentage of children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:</p> <ol style="list-style-type: none"> 1 The percentage of children and adolescents on antipsychotics who received <u>blood glucose</u> testing. 2 The percentage of children and adolescents on antipsychotics who received <u>cholesterol</u> testing. 3 The percentage of children and adolescents on antipsychotics who received <u>blood glucose and cholesterol</u> testing. 	Pharmacy data determines this measure.

PLEASE NOTE

Information above is subject to change.

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

Please refer to HEDIS 2020-2021 Volume 2 Technical Specifications for Health Plans and NCQA's HEDIS Value Set Directory for a complete list.

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

MedPOINT Information

HEDIS/STARS Quality Department

QualityMeasures@medpointmanagement.com
818-702-0100, ext. 1353

Interpreta Portal

<https://portal.interpreta.com>

MedPOINT Quality Management Discussion Board

<https://qualitypoint.medpointmanagement.com>



Children / Adolescents / Young Adults Need a Wellness Exam **EVERY YEAR** **up to age 21** to stay Healthy!

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- Monitor growth.
- Receive needed vaccines.
- Ask your health questions about nutrition, school, growth and other topics important to you.
- Receive important health information according to age.
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We're here to help!

Plan your appointment the same month every year!

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¡Niños / Adolescentes / Adultos Jóvenes Necesitan un Examen de Bienestar **TODOS LOS AÑOS**

hasta los 21 años para mantenerse Saludables!

- Ayudarían a prevenir enfermedades.
 - Identificar los problemas de salud a tiempo.
 - Examen Físico y pruebas de laboratorio.
 - Revisión de comportamiento y salud mental.
 - Monitorear el crecimiento.
 - Recibir las vacunas necesarias.
- Puede hacer sus preguntas de salud sobre nutrición, educación, crecimiento y otros temas importantes para usted.
 - Reciba información de salud importante según la edad.
 - Telemedicina o en persona.

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¡Planifique su cita el mismo mes todos los años!

Llámenos al **818-000-0000** para más información.

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Creating a Positive Patient Experience

Spring 2021

Online Training Series



L.A. Care
HEALTH PLAN®

For All of L.A.



SullivanLuallin
Group

L.A. Care Health Plan is offering a customer service and patient experience training program provided by SullivanLuallin Group as part of the Plan's commitment to improve member experience.

The webinar series will include sessions for providers, managers, and staff to establish a culture of patient-centered care and exceptional service.

For those who attended the 2020 series, we have added **four new topics** to the series.

The **full training schedule** can be found on the following page.

Register here or at
www.lacare.org/QI-webinars

Questions? Email quality@lacare.org.



L.A. Care
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Training Schedule

For Providers	
<i>Strategies for a Great Care Experience</i> <i>*Highly recommended overview course*</i> April 6th 5:00 p.m. – 6:00 p.m. OR April 14th 12:00 p.m. – 1:00 p.m.	<i>Efficient and Effective Office Visits</i> April 20th 12:00 p.m. – 1:00 p.m.
<i>Educating to Be Understood</i> <i>*NEW Topic*</i> April 23rd 12:00 p.m. – 1:00 p.m.	<i>Negotiating with Patients</i> May 4th 12:00 p.m. – 1:00 p.m. OR May 11th 5:00 p.m. – 6:00 p.m.
<i>Motivating Behavior Change</i> May 21st 12:00 p.m. – 1:00 p.m.	<i>Setting Limits with Patients</i> <i>*NEW Topic*</i> May 27th 5:00 p.m. – 6:00 p.m. OR June 1st 12:00 p.m. – 1:00 p.m.
<i>Challenging Situations with Patients</i> June 8th 5:00 p.m. – 6:00 p.m. OR June 18th 12:00 p.m. – 1:00 p.m.	<i>Thriving in a Busy Practice</i> <i>*NEW Topic*</i> June 24th 12:00 p.m. – 1:00 p.m.

For Managers and Staff
<i>A Better Care Experience with AIM</i> <i>*NEW Topic*</i> April 9th 12:00 p.m. – 1:00 p.m. OR April 29th 12:00 p.m. – 1:00 p.m.
<i>Managing for Telephone Service Excellence</i> May 7th 12:00 p.m. – 1:00 p.m. OR May 18th 12:00 p.m. – 1:00 p.m.
<i>Handling Patient Complaints with HEART</i> June 9th 12:00 p.m. – 1:00 p.m. OR June 22nd 12:00 p.m. – 1:00 p.m.

For some sessions, multiple timeslots will be available to accommodate different schedules. Sessions may go over the allocated time to respond to questions.

Register at www.lacare.org/QI-webinars

Training Descriptions



For All of L.A.

Provider Topics:

Strategies for a Great Care Experience – the foundational program that explains the main drivers of a positive patient care experience and provides strategies for each of these drivers: connection, active listening, empathy, educating, and ending on a note of partnership and hope.

Efficient and Effective Office Visits – strategies to maximize the flow of a patient encounter, including controlling the encounter agenda and using summarization and signposting to positively limit the time for an encounter, while accepting the reality that time limitations are a part of all health care work.

Educating to Be Understood and Improve Adherence – addresses the challenge of communicating in an emotional and time limited environment. Strategies are provided to maximize the efficiency of communicating the clinical diagnosis and treatment plan to patients. Special emphasis is on educating to improve adherence to treatment regimens.

Negotiating with Patients – a negotiation model to align differing patient and clinician expectations. It provides help with dealing with unrealistic patient expectations and requests, a common challenge in practice.

Motivating Behavior Change in Patients – new strategies on how to approach patient motivation to change behaviors. It explains the role of emotion in most decision making and how to use that to improve outcomes.

Setting Limits and “Saying No,” While Maintaining a Positive Patient Relationship – strategies for limit setting for unwelcomed patient requests and “inappropriate” behavior. Learning how to say “no” as positively as possible and how to deescalate conflict situations with patients.

How to Succeed with Challenging Situations with Patients – strategies to deal with common patient encounter challenges, including late patients, angry patients, patients with multiple complaints, and patients with challenging personality disorders.

Thriving in a Busy Practice – strategies to deal with stress and frustration in the health care work place, and skills to avoid burn out. It focuses on acceptance of work realities and changing what you can change while developing strategies to cope with what you cannot.

Training Descriptions



For All of L.A.

Manager and Staff Topics:

A Better Care Experience with AIM – Managers and staff members will learn how to:

- **ASSESS:** Evaluating the Patient Experience. Learn why assessing the care experience is vital.
- **IMPROVE:** Gain effective techniques to improve patient engagement. Learn tips and techniques to address key drivers of patient engagement.
- **MANAGE:** Action Plans for long-term success. Learn how the C.L.E.A.R. service protocols help manage staff toward higher patient satisfaction and engagement.

Managing for Telephone Service Excellence – In this session managers will learn how to coach and motivate staff to understand the importance of proper telephone etiquette and how to use the CLEAR protocol for telephone communication. Tools to help manage and engage teams without overtaxing busy schedules will be provided.

Handling Patient Complaints with HEART – Managers and staff members will:

- **ADOPT** powerful strategies that result in employees who are fully engaged, proud of the organization, and passionate about the work they do for patients.
- **LEARN** how to manage for the C.L.E.A.R. and H.E.A.R.T. service “protocols” taught in the staff workshop to ensure consistent, outstanding service in every department.
- **GAIN** proven techniques for rewarding top-performers and coaching low-performers.
- **APPLY** useful, practical tools for monitoring staff member performance between surveys.
- **CREATE** a useful Action Plan for reaching goals and ensuring team success.

FAQs



L.A. Care
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For All of L.A.

Who should attend these trainings?

Anyone with patient interaction will find relevant content in this series! The sessions are designed for specific audiences like providers and managers, but are open to all. We also encourage IPAs/MSO staff who work with providers and/or patients to attend.

I attended the trainings in 2020. Should I register for the 2021 sessions?

If you attended the previous training series, the spring sessions can serve as a valuable refresher of successful strategies. We have also added four new topics to the series.

Some sessions have multiple dates – should I attend both?

Some sessions will be offered more than once to accommodate different schedules – you only need to attend one session per topic.

Do I have to attend each topic?

You are free to attend as many sessions that are interesting to you. There is no required attendance, however we strongly encourage providers to attend one of the “Strategies for a Great Care Experience” sessions as an introduction to the series.

Why should I attend these sessions?

With an industry-wide shift toward clinical excellence and value-based payment, patient satisfaction is more important than ever. If you’re wondering how to improve your patient survey results while empowering and motivating your patients, this training series is for you.

What should I do to prepare for the trainings?

Come with questions and an open mind! We also suggest that you begin logging in about 5 minutes prior to the training start time. Some trainings utilize videos as a learning tool – please enable your computer audio (not phone) to view these.

I can’t make the scheduled sessions. Will more trainings be scheduled?

We hope to offer additional trainings in 2021, based upon the success of this series. If you have scheduling requests, please contact us.

Who do I contact with questions?

Email any questions about the trainings to quality@lacare.org.

Meet the Consulting Team



L.A. Care
HEALTH PLAN®

For All of L.A.

Andrew Golden, M.D.



A leader in the field of physician-patient communication, Dr. Golden has dedicated much of his extensive career to educating physicians on how to make the most of their interactions with patients. Dr. Golden is a graduate of the University of Rochester School of Medicine where he completed his M.D. and a residency in family medicine. Dr. Golden joined Kaiser Permanente (KP) in 1978 where he worked until his retirement in 2015. During his time at KP, Dr. Golden served in many senior roles including Education Chairman, Chief of Family Practice and Director of Service Quality. Over the last 15 years, Dr. Golden has been responsible for developing curriculum and delivering communication skills training to thousands of KP physicians in southern California which has resulted in outstanding year-on-year communication performance scores.



Thomas P. Jeffrey



Tom currently serves as President of SLG and has been part of the organization for over a decade. Tom presently oversees all sales and marketing aspects of SLG's survey and assessment resources. These include patient, insider and referring physician satisfaction surveys, peer-to-peer surveys, client satisfaction surveys, and mystery patient shopping.

Prior to assuming the role of President, Tom served as Director of the Survey Division. In this role Tom also worked closely with the information technology division to design SLG's powerful data collection and reporting tools. During the past decade Tom has become a trusted advisor to many of SLG's largest clients through his successful implementation of patient measurement programs leading to operational transformation. Tom has an undergraduate degree in economics and a master's degree in public health. Tom honorably served four years in the United States Army, 101st Airborne Division.



From: Health Net LLC <partnersinperformance@healthnet.ccsend.com>

On Behalf Of Health Net LLC

Sent: Wednesday, March 24, 2021 11:08 AM

To: Diane Baxter <DBaxter@medpointmanagement.com>

Subject: HEDIS® Training for the Medi-Cal Provider

Please join Health Net for an educational webinar on:

HEDIS® and the Managed Care Accountability Set & Health Plan Updates

**Learn how to improve your HEDIS® performance
with helpful tips and best practices.**

Who should attend?

The webinar is open to all clinical and non-clinical staff that actively work to improve HEDIS® results.

- **All providers**
- **All clinical staff**
- **All office staff, billers and coders**

When:

- Friday, April 2, 2021 9:00 a.m. to 10:30 a.m.
- Friday, April 9, 2021 9:00 a.m. to 10:30 a.m.
- Thursday, April 15, 2021 12:00 p.m. to 1:30 p.m.
- Friday, April 23, 2021 9:00 a.m. to 10:30 a.m.

About the webinar:

The HEDIS® and the Managed Care Accountability Set (MCAS) Training is an important part of quality improvement. It is vital to keep up with the latest health care trends and best practices.

What topics will the webinar cover?

- **HEDIS[®] and MCAS Measures**
 - Pediatric
 - Women's Health
 - Chronic Conditions
- **Improvement Strategies**
 - What works
 - Barriers to closing gaps in care
 - Telehealth
- **Health Plan Updates**
 - Medical Record Collection
 - Initial Health Assessment
 - COVID-19 Vaccine Webinar Series
 - Transportation Services
 - Medi-Cal State Pharmacy Plan

After attending the webinar, we will be send a copy of the material presented and additional resources.

Registration:

- At the end of the registration process, you will be given the option to add the webinar to your calendar.
- While viewing the webinar, you can access the audio portion of the presentation through a call-in number or directly through your computer's audio.

Click Ctrl and this link to
[Register for the webinar](#)

Questions?

For questions about this webinar, please email: [Provider Relations](#)

Health Net, LLC | [HealthNet.com](#)

Improve Access to Care for Your Patients through Telehealth



What is telehealth?

Telehealth is a two-way interaction between you and your patients through telecommunication devices. It is an alternative approach to in-person visits for qualified providers to deliver care and services to patients.

Who can provide telehealth?

- Physicians
- Physician assistants
- Certified registered nurse anesthetists
- Nurse midwives
- Clinical psychologists
- Clinical social workers
- Physical and occupational therapists
- Speech-language pathologists
- Registered dietitians or nutrition professionals

Understand the types of telehealth and when it's appropriate

Telehealth may be used to give evaluation and management (E/M) services, mental health counseling and preventive care screenings. Telehealth may not be right for services that require the patient to be in person, such as:

- Sampling of tissue,
- Insertion or removal of medical devices,
- Direct examination of body structures, or
- When in operating room and the patient is under anesthesia.

Use the correct codes for claims and encounters

When submitting claims, be sure to use correct procedural codes for the covered service or benefit given to patients.



Telehealth types

SYNCHRONOUS TELEHEALTH: These visits are “real-time” face-to-face, *audio-visual* contact between you and patients to communicate through teleconferences, webcams, smartphones or tablets.

Example: A doctor having a videoconference on Zoom with a patient to talk to them about their diabetes and discuss their blood sugar levels.

SYNCHRONOUS TELEPHONE: These “real time” audio-only visits are considered synchronous visits but do not include video interaction. These visits are used for patients who do not have access to, or choose not to use video or web access.



Coding guidance

Use the appropriate office visit E/M code (99201–99205, 99211–99215) or preventive service code (99381–99385, 99391–99395)

Place of service (POS): 02¹

Telehealth modifier: 95, GT²

Originating site: Q3014



Transmission fee: T1014

Audio only codes: 98966–98968 (non-physicians), 99441–99443 (as of May 13, 2020)

Apply the applicable ICD-10 codes for billing diagnosis



(continued)

Improve Access to Care with Your Patients through Telehealth (continued)

 Telehealth types	 Coding guidance
<p>ASYNCHRONOUS TELEPHONE: These visits are not “real-time” and you are exchanging information without video or audio to diagnose, treat, assess or consult with your patients on their health.</p> <p>Example: A doctor or clinician uses secure email, text messaging or online patient portal (e-visit) to communicate with their patient on existing symptoms.</p>	<p>Use appropriate code for online assessment (<i>e-visits or virtual check-ins</i>):</p> <p>CPT 98969–98972, 99421–99423, 99444, 99541,^{1,3} 99458; ICD-10 G0071, G2010, G2012, G2061–G2063</p> <p>POS: 02¹</p> <p>Modifier: GQ (store and forward)</p> <p>Originating site: Q3014</p> <p>Apply the applicable ICD-10 codes for billing diagnosis</p>

Identify when telehealth can be used for HEDIS® measures

BILL THE APPLICABLE CODES BASED ON THE SERVICE RENDERED

 Measure	 Services conducted through telehealth and billable codes
Antidepressant Medication Management	<ul style="list-style-type: none"> Medication management: ordering refills, medication reminders Follow-up visits Major depression diagnosis (can be completed through asynchronous telehealth)
Asthma Medication Ratio	<ul style="list-style-type: none"> Asthma observations/assessments Order medication refills Review medications (1160F) Advanced illness diagnosis (can be completed through asynchronous telehealth)
Breast Cancer Screening	<ul style="list-style-type: none"> Order screening mammogram Review reports and past medical history for service Advanced illness diagnosis (can be completed through asynchronous telehealth)
Comprehensive Diabetes Care	<ul style="list-style-type: none"> Review of labs within 14 days of service being completed to capture A1c results (3044F, 3051F, 3052F, 3046F) Blood pressure vitals taken by a digital blood pressure monitor⁴ (remote blood pressure monitoring: 99457; diastolic: 3078F, 3079F, 3080F; systolic: 3074F, 3075F, 3077F) (can also be completed through asynchronous telehealth) Review of retinal eye exam (2022F, 2023F, 2024F, 2025F, 2026F, 2033F) Ordering labs Diabetes diagnosis (can be completed through asynchronous telehealth) Advanced illness diagnosis (can be completed through asynchronous telehealth)
Controlling High Blood Pressure	<ul style="list-style-type: none"> Blood pressure vitals taken by a digital blood pressure monitor⁴ (remote blood pressure monitoring: 99457; diastolic: 3078F, 3079F, 3080F; systolic: 3074F, 3075F, 3077F) (can be completed through asynchronous telehealth) Advanced illness diagnosis (can be completed through asynchronous telehealth)
Depression Screening	<ul style="list-style-type: none"> Screenings (PHQ2 or PHQ9) (G8431, G8510) Follow-up visits for positive screening Depression diagnosis
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	<ul style="list-style-type: none"> Screenings Order lab tests Follow-up visits Diabetes diagnosis (can be completed through asynchronous telehealth)

(continued)

Improve Access to Care with Your Patients through Telehealth (continued)

 Measure	 Services conducted through telehealth and billable codes
Diabetes Monitoring for People with Diabetes and Schizophrenia	<ul style="list-style-type: none"> Screenings Order lab tests Follow-up visits
Follow-up Care for Children Prescribed ADHD Medication	<ul style="list-style-type: none"> Medication management: order refills, medication reminders Follow-up visit
Postpartum Care	<ul style="list-style-type: none"> Blood pressure vitals taken by a digital blood pressure monitor⁴ (remote blood pressure monitoring: 99457; diastolic: 3078F, 3079F, 3080F; systolic: 3074F, 3075F, 3077F) (can be completed through asynchronous telehealth) Weight check Lactation consulting Wound incision through pictures of the wound Evaluation of postpartum depression (G8431, G8510) Discussion of family planning Postpartum visit (Z39.2)
Timeliness of Prenatal Care	<ul style="list-style-type: none"> Risk assessments Order labs and confirm pregnancy with pregnancy diagnosis (i.e., O09 or Z34) Fundus height measurement Blood pressure vitals taken by a digital blood pressure monitor⁴ (remote blood pressure monitoring: 99457; diastolic: 3078F, 3079F, 3080F; systolic: 3074F, 3075F, 3077F) (can be completed through asynchronous telehealth) Weight check Order ultrasound Monitor for conditions, like diabetes and hypertension Documentation of last menstrual period (LMP), estimated due date (EDD) and obstetrical history Pregnancy diagnosis
Statin Therapy for Patients with Cardiovascular Disease	<ul style="list-style-type: none"> Order and review medications (1160F) Advanced illness diagnosis (can be completed through asynchronous telehealth)
Statin Therapy for Patients with Diabetes	<ul style="list-style-type: none"> Order and review medications (1160F) Advanced illness diagnosis (can be completed through asynchronous telehealth)
Weight Assessment and Counseling for Nutrition and Physical Activity	<ul style="list-style-type: none"> Vitals⁴ (BMI percentiles, blood pressures) (remote blood pressure monitoring: 99457; diastolic: 3078F, 3079F, 3080F; systolic: 3074F, 3075F, 3077F) (can be completed through asynchronous telehealth) Staying Health Assessments Anticipatory guidance
Well-Child and Adolescents Well-Care Visits	<p>Some elements of a well-care visit can be captured:</p> <ul style="list-style-type: none"> Initial/interval history Developmental surveillance Developmental screening (9 months, 18 months, 30 months) (standardized screening: 96110) Anticipatory guidance Psychosocial behavioral assessment Depression screenings (ages 12–21) (G8431, G8510) Preventive E/M code (99381–99385, 99391–99395) <p>The member will need to complete the physical portion of the exam by the end of the measurement year with the provider. Submission of claims or encounters is evidence that a wellness visit took place</p>

The table above is not an all-inclusive list of HEDIS measures that are eligible for telehealth.

Follow best practices for using telehealth

- Make sure the communication venue is secure and compliant with the Health Insurance Portability and Accountability Act (HIPPA) Security Rule and Health Information Technology for Economic and Clinical Health Act (HITECH).
- Find out which telehealth method to use depending on the services conducted and what telecommunication devices are available to the patient.
- Ask if your patient needs help prior to telehealth visit (i.e., language translator, privacy).
- Obtain and record patient, parent or caregiver's verbal or written consent that the use of telehealth is an acceptable method to deliver health care to the patient.
- During a real-time telehealth visit, confirm the patient's identity and ask if the patient has the privacy they need prior to starting.
- Maintain documentation on telehealth health discussions in the patient's medical record with dates of service.
- Plan for technical issues or interruptions that may occur during visits.



Refer to the following resources for additional telehealth guidance

- Follow the American Medical Association (AMA) and/or American Academy of Pediatrics (AAP) billing guidelines for telehealth:
 - AMA coding for telehealth:
 - » www.ama-assn.org/system/files/2020-05/covid-19-coding-advice.pdf
 - » www.ama-assn.org/system/files/2020-05/telehealth-services-covered-by-Medicare-and-included-in-CPT-code-set.pdf
 - AAP coding for telehealth: www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf
- Follow separate telehealth billing requirements for Federally Qualified Health Clinics (FQHCs), Rural Health Clinics (RHCs) or Indian Health Service (IHS) providers:
 - Department of Health Care Services (DHCS) telehealth guidance:
 - » www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx
 - » files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part2/ruralcd.pdf
- Refer to the COVID-19 Updates & Alerts for Providers web page at www.healthnet.com/content/healthnet/en_us/covid-19-updates/providers.html

Telehealth terminology and codes were referenced from the NCQA HEDIS MY 2020 and 2021 Volume 2 Technical Specifications, ama-assn.org, and dhcs.ca.gov. The information in this tip sheet is for educational purposes and is not meant to replace professional coding standards or guidelines. Codes are subject to change and coverage is not guaranteed. Providers are required to follow the plan's payment policies and state and federal requirements, laws, and regulations on rendering and billing telehealth services.

¹Codes are not applicable to FQHCs, RHCs or IHS. Some payers have recommended billing telehealth codes for rural clinics under HCPCS G0071, G2025, revenue code 052X, modifier 95, CG.

²Use modifier GT for Medi-Cal specialty mental health.

³Use e-consult code for Medi-Cal. Refer to files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf.

⁴Member-reported services (biometric values: BMI, BMI percentiles, height, weight and blood pressures) at telehealth visits can be utilized for HEDIS when the following criteria are met: information is collected by a primary care practitioner or specialist if specialist is providing primary care service related to condition being assessed while taking the patient's history. Information must be documented, dated and maintained in the member's legal health record.

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.



Upcoming Educational Webinars

Join Health Net's educational webinars and earn Continuing Education (CE) hours. Add these trainings on Adverse Childhood Experience, Social Determinants of Health, Trauma Informed Care and Motivational Interviewing to your 2021 calendar.

The webinars are open to all staff who work directly with Health Net members and includes, but is not limited to, physician, case managers, nurses, and clinic staff.

NOTE: Use "Ctrl" when clicking on all registration links below.

Motivational Interviewing, Level 1, Part 1

Tuesday, April 6th from 8:00-10:30am PT

Click [HERE](#) to Register

Trauma Informed Care

Thursday, April 8th from 12:00-1:30pm PT

Click [HERE](#) to Register

Motivational Interviewing, Level 1, Part 2

Thursday, April 22nd from 12:00-2:30pm PT

Click [HERE](#) to Register

Motivational Interviewing, Level 1, Part 1

Wednesday, May 3rd from 11:00-1:30pm PT

Click [HERE](#) to Register

Trauma Informed Care

Thursday, May 13th from 12:00-1:30pm PT

Click [HERE](#) to Register

Motivational Interviewing, Level 1, Part 2

Thursday, May 18th from 8:00-10:30am PT

Click [HERE](#) to Register

Check Out More ACEs Trainings to Better Equip You in Your Practice

ACEs Aware offers a variety of trainings on ACEs and Trauma Informed Care. To access and view existing trainings or register for future trainings to support your work with ACEs, visit the ACE Aware site [HERE](#).

ACEs Peer-to-Peer Webinar Series for Los Angeles County Providers

This series, hosted by First 5 LA and the American Academy of Pediatrics California Chapter 2 (AAP-CA2), helps promote the ACEs Aware Initiative among the Medi-Cal provider community in Los Angeles County.

Learn how you can address adverse childhood experiences (ACEs) and how it affects your practice. Also, find new ways to help children and families cope with stress during the COVID-19 pandemic.

Who should attend: Primary care and family medicine physicians are encouraged to attend.

Cost: Free

Credits: Continuing Medical Education (CME) and Maintenance of Certification (MOC) Part 2 will be available for these lectures.

When: Monthly 90-minute webinar sessions through Zoom. **Register today!**

April 22: Session 4 – Beyond the screen: What does it mean to be trauma-informed?

Please visit the [First 5 LA ACEs Aware](#) to register for the last session and to view the speaker line up.

Videos of the sessions will be made available if you miss attending a session.

Questions?

For questions, please email [Melen Vue](#) or [Lupe Wong](#).
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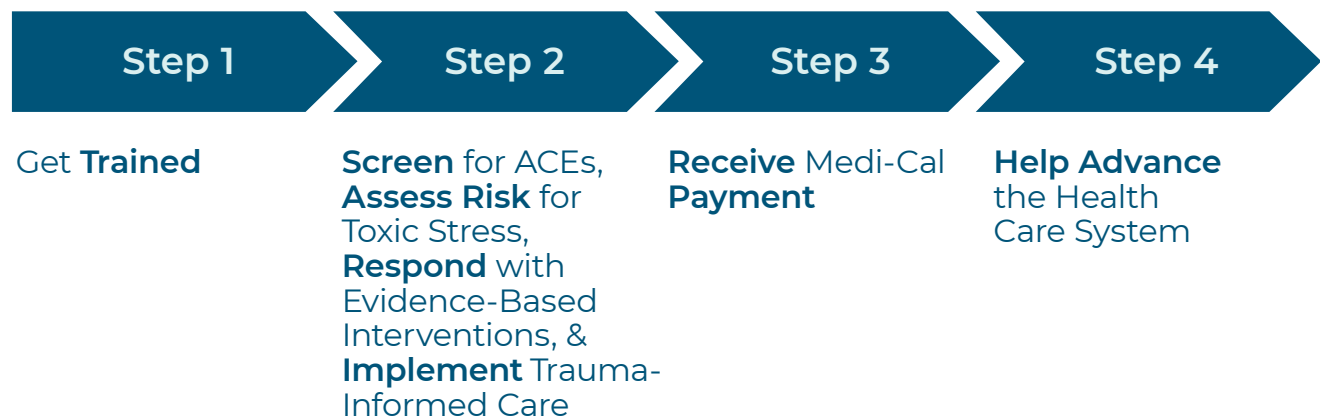


Medi-Cal Certification and Payment

This fact sheet explains how Medi-Cal providers can participate in the ACEs Aware initiative by getting trained, screening patients for Adverse Childhood Experiences (ACEs), assessing risk for toxic stress physiology, responding with evidence-based interventions, providing trauma-informed care, and receiving payment.

Steps for Providers

Providers should follow these steps to receive Medi-Cal payment from the Department of Health Care Services (DHCS) for ACE screenings:



Step 1 Get Trained

Providers can take a free, two-hour [ACEs Aware online training](https://www.acesaware.org/training) at [training.ACEsAware.org](https://www.acesaware.org/training). Providers will receive 2.0 Continuing Medical Education (CME) credits and 2.0 Maintenance of Certification (MOC) credits upon completion. Additional trainings will be certified in 2020. A [list of certified trainings](https://www.acesaware.org/training) will be posted at [ACEsAware.org/training](https://www.acesaware.org/training).

Step 2 Screen for ACEs, Assess for Risk of Toxic Stress, Respond to Evidence-Based Interventions, and Implement Trauma-Informed Care

Providers screen patients using a qualified ACE screening tool depending upon the patient's age – find the [ACE screening tools](#) at [ACEsAware.org/screening-tools](https://www.acesaware.org/screening-tools).

Toxic stress risk assessment and management should be pursued according to the ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions. These clinical resources explain how to apply patient ACE scores and toxic stress risk assessment to target evidence-based interventions to buffer toxic stress, including making appropriate referrals to specialists and community resources. Find [ACE Screening Workflows, Risk Assessment and Treatment Algorithms, ACE-Associated Health Conditions and other clinical resources](#) at [ACEsAware.org/assessment-and-treatment](https://www.acesaware.org/assessment-and-treatment).

a. Screening Tools

An ACE screening evaluates children and adults for ACEs experienced by age 18. The following screening tools qualify providers to receive payment for screenings:

For Children and Adolescents (Ages 0–19)

The Pediatric ACEs and Related Life-Events Screener (PEARLS) was developed by the [Bay Area Research Consortium on Toxic Stress and Health \(BARC\)](#).

Providers receive Medi-Cal payment if the adolescent or their caregiver completes the tool. However, the best practice is for both the adolescent and the caregiver to each complete a tool.

In circumstances when this gives rise to two answers, the higher score should be used for billing and treatment planning.

For Adults (Ages 18 and Older)

The **ACE Questionnaire for Adults** was adapted from the work of Kaiser Permanente and the Centers for Disease Control and Prevention (CDC). If an alternative version of the ACE Questionnaire for Adults is used, it must contain questions on the 10 original categories of ACEs to qualify for Medi-Cal payment. For the [ACE Questionnaire for Adults](#) recommended by the Office of the California Surgeon General and the Department of Health Care Services, visit [ACEsAware.org/screening-tools](https://acesaware.org/screening-tools).

For 18- and 19-year-olds, either the adolescent PEARLS or the ACE Questionnaire for Adults may be used. For patients 20 years and older, the adolescent self-report version of the PEARLS tool is also acceptable.

b. Screening Frequency

Medi-Cal payment is available for ACE screenings based on the following schedule:

Children and Adolescents: Under Age 21

Permitted for periodic ACE rescreening as determined appropriate and medically necessary, not more than once per year, per provider (per managed care plan).

Adults: Age 21 through 64

Permitted once per adult lifetime (through age 64), per provider (per managed care plan). Screenings completed while the person is under age 21 years do not count toward the one screening allowed in their adult lifetime.

For information on assessing for risk of toxic stress physiology and intervening appropriately, visit the "[Clinical Response to Adverse Childhood Experiences and Toxic Stress](#)" fact sheet at [ACEsAware.org/toolkit/clinical-response](https://acesaware.org/toolkit/clinical-response).

Step 3 Receive Medi-Cal Payment

a. Attest to Completing Training

Beginning on July 1, 2020, Medi-Cal providers must self-attest to completing certified ACE training to continue receiving payment for screening. Providers can find and submit an [ACE Training Attestation Form](#) at [ACEsAware.org/certification-payment](https://acesaware.org/certification-payment).

b. Receive Medi-Cal Payment

Qualified Medi-Cal providers will receive a \$29 payment for providing qualifying screenings to patients up to age 65 with full-scope Medi-Cal. Payment is not available for patients age 65 and older or for those who are dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D).

Qualifying ACE screenings are eligible for payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service or to a network provider of a Medi-Cal managed care plan.

Medi-Cal Managed Care

Network providers will receive payment from managed care plans in addition to whatever the provider is paid by the managed care plan for the accompanying office visit.

Fee-for-Service

Payments will follow the typical process and will be paid directly to the provider submitting the claim.

Federally qualified health centers (FQHCs), rural health clinics (RHCs), and Indian Health Service (IHS) are also eligible for the \$29 payment.

Find information on the [Medi-Cal provider types that are eligible to receive payment](#) for conducting a qualifying ACE screen at [ACEsAware.org/FAQ](https://acesaware.org/FAQ).

Medi-Cal Billing Codes

The following Healthcare Common Procedure Coding System (HCPCS) should be used to bill Medi-Cal based on ACE screening results.

HCPCS	Definition	Notes
G9919	Screening performed: Result indicates patient is at high risk for toxic stress; education and evidence-based interventions (as necessary) provided.*	Providers must bill this HCPCS when the patient's ACE score is 4 or greater (high risk) .
G9920	Screening performed: Result indicates patient is at lower risk for toxic stress; education and evidence-based interventions (as necessary) provided.*	Providers must bill this HCPCS when the patient's ACE score is between 0-3 (lower risk) .

* Billing and coding are based solely on the total ACE score. The ACE score refers to the total reported categories of exposure from among the 10 ACEs, indicated in the ACE Questionnaire for Adults or Part 1 of the pediatric PEARLS. ACE scores range from 0 to 10.

Providers must document all of the following:

- The screening tool that was used;
- That the completed screen was reviewed;
- The results of the screen;
- The interpretation of results; and
- What was discussed with the patient and/or family.

This documentation must remain in the patient's medical record, and be available upon request.

Step 4 Help Advance the Health Care System

ACEs Aware is hosting a series of activities to promote shared learning and quality improvement among Medi-Cal providers in implementing ACE screenings and providing evidence-based care. For [information about upcoming events](#), visit ACEsAware.org/educational-events.

ACE Aware is also providing grants to extend the reach and impact of the initiative. For [information on grants](#), visit ACEsAware.org/request-for-proposals.

Additionally, the California ACEs Learning and Quality Improvement Collaborative (CALQIC) will run an 18-month statewide effort among at least 50 diverse pediatric and adult clinics across five regions. CALQIC will identify promising evidence-informed practices, tools, resources, and partnerships that will inform future phases of the ACEs Aware initiative.

Not a Medi-Cal provider? The \$29 payment for ACE screenings is funded by Prop. 56 and is only available to Medi-Cal providers.

You can still get trained and use the [ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions](#) at ACEsAware.org/assessment-and-treatment.

If you are interested in becoming a Medi-Cal provider, visit the [DHCS Provider Enrollment web page](#) at bit.ly/providerenrollment.



Visit ACEsAware.org and join us as we launch a movement — led by the Office of the California Surgeon General and the California Department of Health Care Services — to ensure everyone is ACEs Aware.

ACEs Aware Initiative: Overview



This fact sheet explains Adverse Childhood Experiences (ACEs), the impact of ACEs and toxic stress on health, and steps for providers to screen for ACEs and receive Medi-Cal payment.

The term Adverse Childhood Experiences (ACEs) comes from the landmark 1998 study by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. It describes 10 categories of adversities in three domains experienced by age 18 years: abuse, neglect, and/or household dysfunction (Figure 1).¹

Data show that 62% of California residents have experienced at least one ACE and 16% have experienced four or more ACEs.²

Figure 1: 10 Categories of Adverse Childhood Experiences (ACEs)

Abuse: physical, emotional, and sexual abuse

Neglect: physical and emotional neglect

Household dysfunction: parental incarceration, mental illness, substance use, parental separation or divorce, and intimate partner violence

ACEs cross ethnic, socioeconomic, gender, and geographic lines. Children are uniquely vulnerable to the effects of an overactive stress response due to ACEs because their brains and bodies are still developing.

A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during critical and sensitive periods of development, is a root cause to some of the most harmful, persistent, and expensive health challenges facing our state and nation, including at least 9 of the 10 leading causes of death in the United States.

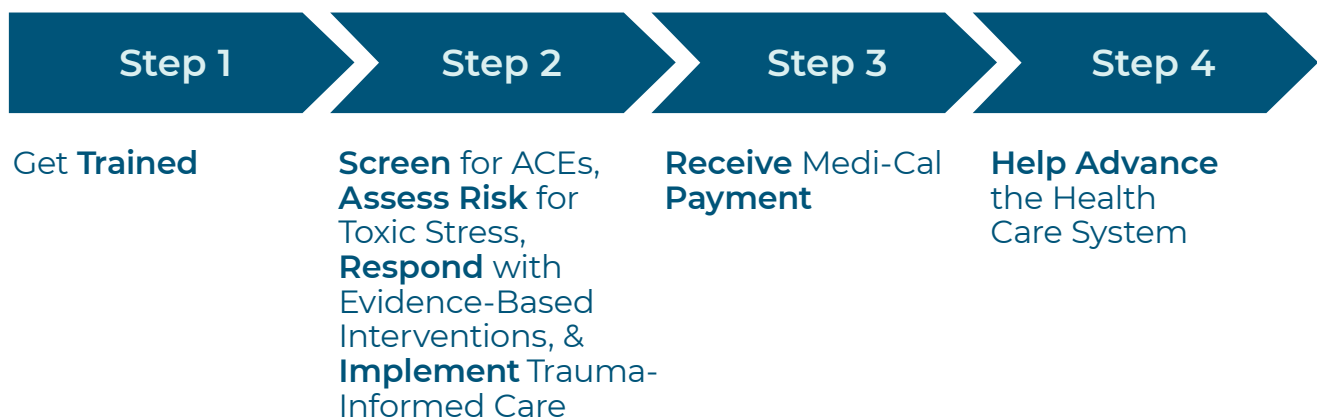
ACEs Aware in California

The ACEs Aware initiative offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs. Screening for ACEs, assessing for toxic stress, and responding with evidence-based interventions can significantly improve the health and well-being of individuals and families.

- Effective January 1, 2020, qualified Medi-Cal providers are eligible for a **\$29 payment** for screening patients up to age 65 with full-scope Medi-Cal using a qualified screening tool.
- Beginning July 1, 2020, to receive payment, providers must have **completed a certified training and self-attested** to completing it.

Steps for Providers

Providers should follow these steps to receive Medi-Cal payment for conducting ACE screenings:



For more information, visit the [ACEs Aware website](https://www.acesaware.org) at [ACEsAware.org](https://www.acesaware.org).

References

- 1 Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med 1998; 14: 245–58.
- 2 California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017.

Visit [ACEsAware.org](https://www.ACEsAware.org) and join us as we launch a movement — led by the Office of the California Surgeon General and the California Department of Health Care Services — to ensure everyone is ACEs Aware.

The Science of ACEs and Toxic Stress



This fact sheet explains Adverse Childhood Experiences (ACEs) and the impact of ACEs and toxic stress on health.

The term Adverse Childhood Experiences (ACEs) comes from the landmark 1998 study by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. It describes 10 categories of adversities in three domains experienced by age 18 years: abuse, neglect, and/or household dysfunction (Figure 1).¹

Data show that 62% of California residents have experienced at least one ACE and 16% have experienced four or more ACEs, using 2011-2017 Behavioral Risk Factor Surveillance System (BRFSS) data from a random-digit-dialed telephone survey.²

Figure 1: 10 Categories of Adverse Childhood Experiences (ACEs)

Abuse: physical, emotional, and sexual abuse

Neglect: physical and emotional neglect

Household dysfunction: parental incarceration, mental illness, substance use, parental separation or divorce, and intimate partner violence

Key findings of the ACE Study and subsequent body of research include:

- **ACEs are highly prevalent.** Two thirds of respondents in the Kaiser Permanente/CDC study reported at least one ACE and one in eight reported four or more ACEs.^{1,3,4} Subsequent studies have shown a rate of four or more ACEs that is closer to one in six.^{5,6}
- **ACEs are strongly associated, in a dose-response fashion, with some of the most common and serious health conditions** facing our society today, including at least nine of the 10 leading causes of death in the U.S. (Figure 2). Find the ACE-Associated Health Conditions as part of the [ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions](#) at ACEsAware.org/assessment-and-treatment.
- **ACEs affect all communities.** The original ACE Study was conducted among a population that was mostly Caucasian, middle class, employed, college educated, and privately insured.^{1,3,4} Subsequent studies have found higher prevalence rates of ACEs in people who are low-income, of color, justice-involved, and/or part of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community.⁵⁻¹⁰

Figure 2: Leading Causes of Death in the U.S.

	Leading Causes of Death in the U.S., 2017	Odds Ratios for ≥ 4 ACEs (relative to no ACEs)
1	Heart disease	2.1
2	Cancer	2.3
3	Accidents (unintentional injuries)	2.6
4	Chronic lower respiratory disease	3.1
5	Stroke	2.0
6	Alzheimer's or dementia	11.2
7	Diabetes	1.4
8	Influenza and pneumonia	Risk unknown
9	Kidney disease	1.7
10	Suicide (attempts)	37.5

Source of **causes of death**: CDC, 2017.¹¹

Sources of **odds ratios**: Hughes *et al.*, 2017 for 1, 2, 4, 7, 10.¹²

Petrucelli *et al.*, 2019 for 3 (injuries with fracture), 5.^{3,5,13}

Center for Youth Wellness, 2014 for 6 (Alzheimer's or dementia).¹⁴

Center for Youth Wellness, 2014 and Merrick *et al.*, 2019 for 9.^{5,14}

Toxic Stress

Several decades of scientific research have identified the biological mechanisms by which early adversity leads to increased risk of negative health and social outcomes through the life course.

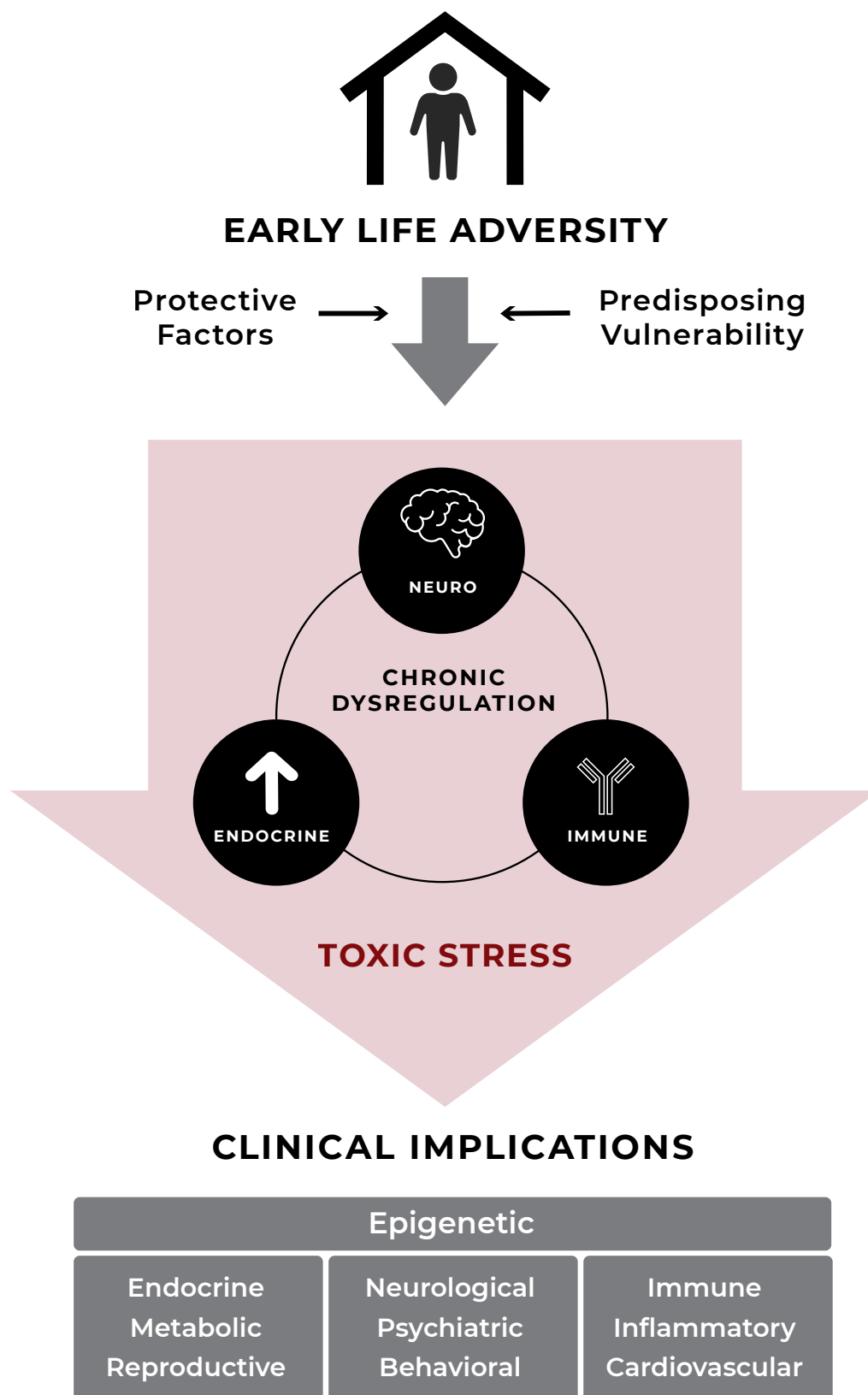
Repeated or prolonged activation of a child's stress response, without the buffering protections of trusted, nurturing caregivers and safe, stable environments, leads to long-term changes in the structure and functioning of the developing brain, metabolic, immune, and neuroendocrine responses, and even the way DNA is read and transcribed. This is known as the **toxic stress response** (Figure 3).¹⁵⁻¹⁸

These biological changes play an important role in the clinical progression from ACE exposure to negative short- and long-term health and social outcomes. Further, both the disrupted biology and the associated negative outcomes demonstrate a pattern of high rates of intergenerational transmission. Development of the toxic stress response is influenced by a combination of cumulative adversity, buffering or protective factors, and predisposing vulnerability.

In addition to ACEs, social determinants of health (SDOH), such as poverty, discrimination, and housing and food insecurity, are associated with health risks and may also be risk factors for toxic stress. While validated odds ratios are available in large, population-based studies utilizing the 10 standardized ACE criteria, the strengths of associations between SDOH and health outcomes have not been similarly standardized.



Figure 3: Toxic Stress Response



Adapted from *Bucci et al., 2016*¹⁶

The Impact of ACEs and Toxic Stress on Health

ACEs are associated with increased risk of a wide range of negative health conditions in both pediatric and adult populations. The life expectancy of individuals with six or more ACEs is 19 years shorter than that of individuals with none.²⁰ Find a list of ACE-Associated Health Conditions for pediatrics and adults as part of the [ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions](#) at [ACESAware.org/assessment-and-treatment](https://www.acesaware.org/assessment-and-treatment).

Pediatric Health

The effects of toxic stress are detectable as early as infancy. In babies, high doses of adversity are associated with failure to thrive, growth delay, sleep disruption, and developmental delay. School-aged children may have increased risk of viral infections, pneumonia, asthma, and other atopic diseases, as well as difficulties with learning and behavior.

Among adolescents with high ACEs, somatic complaints — including headache and abdominal pain, increased engagement in high-risk behaviors, teen pregnancy, teen paternity, sexually transmitted infections (STIs), mental health disorders, and substance use — are common.

Adult Health

As noted above, ACEs are associated with some of the most common and serious health conditions facing our communities. Learn more about [ACE-Associated Health Conditions for adults](#) at: [ACESAware.org/assessment-and-treatment](https://www.acesaware.org/assessment-and-treatment).

Mental and Behavioral Health

The higher the ACE score, the greater the likelihood an individual may experience mental health disorders such as depression, post-traumatic stress disorder, anxiety, and sleep disorders, and engage in risky behaviors such as early and high-risk sexual behaviors and substance use.^{5,12,13} High doses of childhood adversity are associated with increased risk of engaging in high-risk behaviors that can lead to negative health outcomes.

However, even in the absence of health-damaging behavior, strong associations between cumulative childhood adversity and increased risk of serious health conditions persist. Evidence suggests that the toxic stress response likely plays a role in mediating both behavior-related and non-behavior-related pathways.

Cost of ACEs in California

Considering just five ACE-Associated Health Conditions (asthma, arthritis, COPD, depression, and cardiovascular disease) and three health risk factors (lifetime smoking, heavy drinking, and obesity), the **annual total cost of these health-related impacts of ACEs in California is \$112.5 billion**. This includes direct healthcare expenditures (\$10.5 billion), and the cost in disability and years of productive life lost to ACEs (\$102 billion).^{21,22}

In sum, ACEs are common, highly consequential for health and well-being, and very costly—and thus constitute a major and under-addressed public health crisis of our era.

For information on the clinical response to ACEs, see the "[Clinical Response to Adverse Childhood Experiences and Toxic Stress](#)" fact sheet at ACEsAware.org/toolkit/clinical-response.

References

- 1 Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998; 14: 245–58.
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- 8 Liu SR, Kia-Keating M, Nylund-Gibson K, Barnett ML. Co-Occurring Youth Profiles of Adverse Childhood Experiences and Protective Factors: Associations with Health, Resilience, and Racial Disparities. *American Journal of Community Psychology* 2019; published online Sept 6. DOI:10.1002/ajcp.12387.

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22 Miller TR, Waehrer GM, Oh DL, et al. Adult Health Burden and Costs in California During 2013 Associated with Prior Adverse Childhood Experiences. PLoS ONE 2020; 15: e0228019.

Visit [ACEsAware.org](https://www.ACEsAware.org) and join us as we launch a movement — led by the Office of the California Surgeon General and the California Department of Health Care Services — to ensure everyone is ACEs Aware.

PROVIDERUpdate



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NEWS & ANNOUNCEMENT

NOVEMBER 30, 2020

UPDATE 20-918

2 PAGES

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

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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.

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	<p>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.</p> <p>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.</p>
Exclusions	<p>The measure excludes patients who meet the following criteria:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Determine the representative blood pressure (BP): <ul style="list-style-type: none"> – 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)

Controlling Blood Pressure (continued)

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

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

Effectiveness of Care Measure



Postpartum Care

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates.

Measure



The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Timing of the measurement year: The deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.

Scheduling – access to care



Make sure patients are scheduled for postpartum visits:

- During one of the last prenatal care visits.
- Prior to discharge from the hospital after delivery.
- Offer flexible appointment times or telehealth visits as appropriate.

Best practices



Talk about the importance of postpartum care with patients during prenatal care visits.

- Screen patients for depression in the postpartum period (7 to 85 days following the delivery date).
- Complete a Pap smear if not performed during the prenatal visit.
- Discuss and provide long term options for contraception during postpartum visit.
- Remind parents to schedule a well-child visit and immunize their infant.
- Ask patients about cultural considerations, such as quarantines after childbirth.
- Ask patients if they are vaping or smoking and refer them to the free resources at California Smokers Helpline.
 - 1-800-NO-BUTTS English
 - 1-800-45-NO-FUME Spanish
 - 1-800-838-8917 Mandarin & Cantonese
 - 1-800-556-5564 Korean
 - 1-800-778-8440 Vietnamese
- Send frequent appointment reminders by phone or text messaging.
- Visit the American College of Obstetricians and Gynecologists (ACOG) website at www.acog.org. Enter Postpartum Toolkit in the Search bar for more about best practices.
- Request delivery summary from hospitals in preparation for postpartum appointment.
- Help members arrange transportation if needed.
 - Health Net (ModivCare, formerly LogistiCare): 1-855-253-6863
 - L.A. Care (Call the Car): 1-866-522-2736
 - Anthem (ModivCare, formerly LogistiCare): 1-877-931-4755
 - Blue Shield Promise (Member Services): 1-800-605-2556
 - Molina Healthcare (Secure Transportation): 1-844-292-2688

Documentation



Enter the date of the postpartum visit in the patient's chart, and document one of the following:

- Pelvic exam.
- Evaluation of weight, blood pressure, breasts and abdomen – note can include breastfeeding for the evaluation of breasts.
- Notation of postpartum care, such as postpartum care, PP care, PP check or six-week check.
- A preprinted postpartum care form filled out during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or pre-existing behavioral health disorders.
- Glucose screening for patients with gestational diabetes.
- Notes on topics about:
 - Infant care or breastfeeding.
 - Waiting period for intercourse, birth spacing or family planning.
 - Sleep/fatigue.
 - When to start physical activity and reaching a healthy weight.

(continued)

Billing

Postpartum care – Any of the following meet the criteria for postpartum care:

- Bundled service – Provide dates for postpartum visits. Bundled service codes are used on the date of delivery, not on the date of the postpartum visit. These codes may be used only if the claim form indicates when postpartum care was given.
- Postpartum visit.
- Cervical cytology.

National Provider Identifier (NPI) – The individual NPI must be used. Do not use the clinic NPI.

Coding¹

The table below lists the appropriate codes to use when billing postpartum claims.

Services		Codes ²			
	Modifiers	CPT	CPT Cat II	HCPCS	ICD-10 diagnosis ³
Postpartum visits		57170, 58300, 59430, 99501	0503F	G0101	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1–Z39.2
Postpartum bundled		59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622		H1005	
Cervical cytology		88141–88143, 88147, 88148, 88150–88154, 88164–88167, 88174, 88175			
Telehealth	95, GT, 02	99441–99443, ¹ 98966–98968, 99444, 99212–99215			

¹Review and confirm the service reimbursement agreement to determine whether the coding is for bundled or unbundled services. Must include ICD-10 codes.

²Use a CPT, CPT II or HCPCS code.

³ICD-10 – Due to numerous code options, all have not been documented. Refer to the current American Academy of Professional Coders (AAPC) ICD-10 code book.

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Postpartum Care Tip Sheet Can Help with Timely Patient Care

Applying the scheduling and best practices tips to improve HEDIS® rates

The Postpartum Care tip sheet, originally faxed on February 2, 2021, is being resent to you with a correction. Under Best Practices, the first bullet that states 'Screen patients for depression in the postpartum period (7 to 85 days following the delivery date)' has been corrected to show '...(7 to 84 days following the delivery date).'

As part of a program to share information about pregnancy and postpartum matters, we have teamed up with other Medi-Cal health plans in Los Angeles County. They include LA Care, Anthem Blue Cross, Blue Shield of California and Molina Healthcare.

The tip sheet offers sections to support patient care such as:

- Scheduling appointments
- California Smokers Helpline telephone numbers based on language to help patients who vape or smoke
- Transportation – telephone numbers for each health plan to help patients arrange transportation

There are also sections on documentation and billing and coding that can support your practice.

Take time to read the tip sheet and refer to it often.

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

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1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Go to the online COVID-19 alerts page for info about COVID-19 vaccines!

At provider.healthnet.com > **COVID-19 Updates** > **Health Net Alerts**, you will find information about COVID-19 vaccines. This includes COVID-19 vaccine coverage details, how to enroll to administer the COVID-19 vaccine, and COVID-19 vaccine reporting and coding requirements. Also, access key tips you can use to help talk with and answer questions from your patients about the COVID-19 vaccine, especially those who are hesitant to receive it.

Effectiveness of Care Measure



Timeliness of Prenatal Care

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates.

Measure



The percentage of deliveries or live births with a prenatal care visit in the first trimester:

- on or before the enrollment start date, or
- within 42 days of enrollment into the health plan.

Timing of the measurement year: Deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.

Scheduling – access to care



Ensure appointment availability for patients who think they may be pregnant.

- Schedule within one week of calling the primary care physician (PCP) or OB/GYN office.
- Offer flexible appointment times or telehealth visits as appropriate.
- DO NOT send patients to urgent care.

Best practices



PCP offices should do the following:

- Schedule a prenatal visit with the provider before the patient leaves the office.
- Send the patient for follow-up within 30 days if initial depression screening is positive.
- Ask patients if they are vaping or smoking and refer them to the free resources at California Smokers Helpline.
 - 1-800-NO-BUTTS English
 - 1-800-45-NO-FUME Spanish
 - 1-800-838-8917 Mandarin & Cantonese
 - 1-800-556-5564 Korean
 - 1-800-778-8440 Vietnamese
- Document the OB/GYN practitioner's name and the date of the first prenatal visit in the patient's chart.
- Request delivery summary from hospitals in preparation for postpartum appointment.
- Have your patients call their health plan to coordinate their transportation.
 - Health Net (ModivCare, formerly LogistiCare): 1-855-253-6863
 - L.A. Care (Call the Car): 1-866-522-2736
 - Anthem (ModivCare, formerly LogistiCare): 1-877-931-4755
 - Blue Shield Promise (Member Services): 1-800-605-2556
 - Molina Healthcare (Secure Transportation): 1-844-292-2688

Documentation



Include the following data in the patient's medical record:

- Diagnosis of pregnancy, if exam is done by a PCP.
- Date of prenatal visit even if confirming pregnancy only.
- One of the following:
 - Documentation indicating the woman is pregnant, such as:
 - » use of a standardized prenatal flow sheet, or
 - » last menstrual period (LMP), estimated due date (EDD) or gestational age, or
 - » a positive pregnancy test, or
 - » gravidity and parity, or
 - » a complete OB history, or prenatal risk assessment and counseling/education.
 - A basic physical OB exam that uses a standardized prenatal flow sheet.
 - Evidence that a prenatal care procedure was done, such as:
 - » a complete OB panel,
 - » TORCH antibody panel alone,
 - » a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
 - » an ultrasound of a pregnant uterus.

(continued)

Billing

Prenatal visit – When the practitioner is an OB/GYN, other prenatal care practitioner or PCP, any of the following meet the criteria for a prenatal visit:

- Bundled service – Date of service for the timely prenatal visit must be indicated on the claim.
- Prenatal care visit – OB/GYN only.
- Prenatal care visit – PCPs must include pregnancy-related diagnosis code.

National Provider Identifier (NPI) – The individual NPI must be used. Do not use the clinic NPI.

Coding

A primary diagnosis of pregnancy must be included with the procedure codes when billing for services.

The table below lists the appropriate codes to use when billing prenatal claims.

Services	Codes ¹					
	Modifiers	CPT	CPT Cat II	HCPCS	UB revenue	ICD-10 diagnosis ²
Prenatal visits – first trimester		99201–99205, 99211–99215, 99241–99245		G0463, T1015	0514	
Prenatal bundled		59400, 59425, 59426, 59510, 59610, 59618				009.x, Z34.x
Standalone		99500	0500F–0502F			
Telehealth services	95, GT, 02	99441–99443, 98966–98968, 99444, 99212– 99215				

¹Use a CPT, CPT II or HCPCS code, or the UB revenue code.

²ICD-10 – Due to numerous code options, all have not been documented. Refer to the current American Academy of Professional Coders (AAPC) ICD-10 code book.

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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 Measurement Year Pay-for-Performance Programs

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the **2020 Measurement Year Pay-for-Performance programs**.

As a result of extenuating circumstances caused by the Public Health Emergency due to COVID-19, Molina launched the **Achieving Equity in Care Program (AECAP)** to comprehensively focus on reducing known health disparities. The goals of the program are to: 1) achieve or exceed the target thresholds for selected preventive and chronic care measures per region, and 2) to reduce targeted health disparities by 3%. The program entails a five-prong approach which includes:

1. **Improve Data Collection:** Systematically support the collection of health data to accurately assess the true rates of health indicators and health disparities to target and monitor interventions.
2. **Data Analysis:** Survey and monitor key indicators of health engagement and chronic care management outcomes to identify health disparities for collective focus.
3. **Member Engagement:** Use and evaluate various outreach techniques to promote and reinforce preventive services and empower chronic care management.
4. **Provider Support:** Support our community of providers who are the heart of the connection between our members and their healthcare choices.
5. **Pilot Innovations:** Seek and support coordinated opportunities with community providers to pilot new methods to connect with our members to reduce health disparities.

As part of Molina's AECAP program, objective #4 **Provider Support**, Molina wants to support our providers who continued to deliver high quality care to our members during the public health emergency. To recognize your commitment to our members, we will be adjusting final payments for our Measurement Year 2020 Pay-for-Performance programs. Due to the unprecedented events of 2020, this program is a one-time program to support our Achieving Equity in Care Program objectives. Adjustments to Pay-for-Performance programs are as follows:

- **Medi-Cal HEDIS® Provider Performance Bonus:** We understand your 2020 payments may have been significantly impacted by COVID-19. **Molina will triple Quarter 4 2020 payments to eligible providers.** Payment will be issued in June 2021. We understand that this funding helps to support your continued work to provide our members with high quality care. We will continue to work with you in 2021 to increase the provision of needed services to our members/your patients. *Excludes Los Angeles.

- **Medi-Cal Wellness Services Bonus (CHDP):** We understand your 2020 payments may have been significantly impacted by COVID-19. Molina will **double Quarter 4 2020 payments to eligible providers**. Payment will be issued in June 2021. *Excludes Los Angeles.
- **Medi-Cal FQHC Partner Award Program:** Molina will waive the NCOA 2020 Thresholds/Goals for the 2020 FQHC Partner Award Program. **Payments will be made at the maximum stated PMPM dollar amount, using the number of Medicaid members assigned to FQHC/RHC on December 31st, 2020.** *Excludes Los Angeles.

We greatly appreciate your commitment to our members, especially during the challenges we faced in providing needed services to our members in 2020. We are glad to partner with you and look forward to working together to better understand where our true health disparities exist and in achieving target thresholds for preventive and chronic care measures in 2021.

Sincerely,
Molina Healthcare of California
Quality Improvement Department

HEDIS® is a registered trademark of the National Committee for Quality Assurance.

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.

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:

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Riverside/San Bernardino Counties

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Sacramento County

X125682

San Diego County

X121735

Imperial County

X125682

Medi-Cal Encounter Data Bonus Program

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the ***Medi-Cal Encounter Data Bonus Program***.

Dear Provider Partner,

To better align with industry standards regarding value-based incentive payments, Molina Healthcare of California has retired the legacy Medi-Cal Encounter Data Bonus Program effective January 1, 2021.

Remaining 2020 dates of services will continue to be paid out following payment schedule below:

Months Under Evaluation	Payment Type	Payment Dates
January 1 – March 31	Per Service	September
April 1 – June 30	Per Service	December
July 1 – September 30	Per Service	March
October 1 – December 31	Per Service	June

Molina will be reaching out to highly engaged provider partners to extend invitations into 2021 preferred provider programs. For questions about participation, please see contacts below.

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.

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COUNTIES:

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LINES OF BUSINESS:

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- ☐ Molina Medicare Options Plus
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- ☐ Molina Marketplace (Covered CA)

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 - Primary Care**
 - ☒ IPA/MSO
 - ☒ Directs
 - Specialists**
 - ☒ Directs
 - ☒ IPA
- ☐ **Hospitals**
 - Ancillary**
 - ☐ CBAS
 - ☐ SNF/LTC
 - ☐ DME
 - ☐ Home Health
 - ☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:
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Medi-Cal Wellness Services Bonus Program

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the ***Medi-Cal Wellness Services Bonus Program (formerly known as CHDP)***.

Dear Provider Partner,

Effective June 30, 2021, Molina Healthcare of California will be sunsetting the legacy Medi-Cal Services Bonus Program- formerly known as the CHDP incentive program.

Remaining 2020 through Q2 2021 dates of services will continue to be paid out following payment schedule below:

Months Under Evaluation	Payment Type	Payment Dates
January 1 – March 31	Per Service	September
April 1 – June 30	Per Service	December
July 1 – September 30	Per Service	March
October 1 – December 31	Per Service	June

To ease this transition, Molina will be offering additional incentive opportunities through:

- Adjusting funding in 2020 Pay-for-Performance Programs (including the Medi-Cal Services Bonus Program and HEDIS® P4P Program).
- Offering additional funding through Molina's Achieving Equity in Care Program (AECAP) for CHDP providers who utilize the California Immunization Registry (CAIR). Please reach out to your provider service representative.

Providers enrolled in the legacy Medi-Cal Services Bonus Program are automatically enrolled in the HEDIS® P4P program. This program is currently being adjusted and will be communicated once finalized.

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.



Do you have a Blue Shield of California Promise Health Plan Medi-Cal member who is newly pregnant?

Consider implementing the Member Pregnancy Notification Form (PNF) into your clinic workflow.

The Blue Shield of California Promise Health Plan Medi-Cal line of business has a program in place to make it easy for you to notify us when one of your patients is newly pregnant. The Member Pregnancy Notification Form (PNF) is a provider-facing form that is completed by your office. All sections of the form need to be complete, then sent via secure fax to the Blue Shield of California Promise Health Plan Quality Improvement Team.

Once received, the forms are sent to a high touch Blue Shield Promise department specifically trained for member outreach. Blue Shield Promise quickly begins to provide support, through education and important reminders, as members prepare for childbirth. Other member benefits include, but are not limited to, introduction to the Due Date Plus App (plus a \$50 gift card incentive when a member registers), a Maternal Care Program option, pediatrician selection, baby enrollment, prenatal and postpartum care navigation, and other resources. Together, we can help members have healthy pregnancies, healthy babies, and healthy transitions to parenthood.

The provider benefits include maternal care support to your members and an opportunity to improve your HEDIS rates specific to the PPC Measure for Prenatal and Postpartum care. There is a simple Provider Checklist to help integrate the Member Pregnancy Notification Form into your office workflow.

If you are interested in implementing the Member Pregnancy Notification Form into your workflow, please contact Patti Kicak, RN, Clinical Program Manager, Blue Shield Promise Health Plan Quality Improvement Team, at patti.kicak@blueshieldca.com, for assistance and next steps.

**Blue Shield of California Promise Health Plan
Member Pregnancy Notification Form**

The purpose of this form is to make it easy for you to notify us when one of your patients with Blue Shield of California Promise Health Plan Medi-Cal coverage is newly pregnant. Please notify us promptly so that we can quickly begin to provide support, through education and important reminders, as our member prepares for childbirth.

Please complete all of the sections below and fax the form to Blue Shield Promise at (888) 619-3594 within seven (7) days of the member's first prenatal visit and/or positive pregnancy test.

Please keep this form in the member's chart. If you have any questions, the best way to contact the Blue Shield Promise Quality Improvement team is via email at **QIMediCal@blueshieldca.com**.

Member's name:	Member's plan ID:	Member's date of birth (DOB):
Member's street address:	City:	ZIP code
Member's phone number:	Alternate phone number:	Member's preferred language:
Date of last pregnancy test:	Date of member's last period:	Member's ethnicity:

Known high-risk condition(s): Please check all that apply.

<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Mental, behavioral health condition, e.g., depression
<input type="checkbox"/>	Excessive nausea and vomiting	<input type="checkbox"/>	Multiple gestation
<input type="checkbox"/>	Diabetes pre-term labor	<input type="checkbox"/>	No problems with current pregnancy
<input type="checkbox"/>	Substance use, e.g., smoking, alcohol, recreational drugs, misuse of prescription drugs	<input type="checkbox"/>	Other (please explain):

Section 2: OB/GYN care provider

OB/GYN practitioner's name:	Phone number:	Date of member's first prenatal appointment:
Referring practitioner's name:	Phone number:	

Medi-Cal Member Pregnancy Notification Provider Checklist

Thank you for partnering with the Blue Shield of California Promise Health Plan Medi-Cal Quality Improvement Team to help us provide support to our newly pregnant Medi-Cal plan members.

We have designed this form as a convenient checklist for you to use in establishing your internal workflow and processes for notifying Blue Shield Promise when one of your patients with Blue Shield Promise Medi-Cal coverage is newly pregnant. This checklist reminds you of the steps leading to completion and submission of Blue Shield Promise's Pregnancy Notification Form.

	Step/Action	Completed/ In Place
1	Receive education from Blue Shield Promise for using the form and checklist review.	
2	<p>Download a fillable PDF form from our website at your convenience. You can go directly to the page where the form is: Forms for authorization, referrals and more. The form is listed under "Other patient care forms" and is titled "Pregnancy Notification Form."</p> <p>If you ever need to navigate to the website, go to blueshieldca.com/promise, and navigate to the page where you can download the form: Click I am a provider>I am interested in policies & guidelines>Forms for authorization, referrals and more. Look in the section titled "Other patient care forms" to find the Pregnancy Notification Form.</p>	
3	Identify the providers and staff who will be responsible for the form completion, workflow, tracking and faxing to Blue Shield Promise.	
4	Develop a process on accessing the form by downloading it from our website or keeping copies at your office to fill out and send. We recommend downloading the form regularly from our website to ensure you always have the most current form.	
5	Determine who will complete which sections of the form. For example, the MD only completes the "Known High-Risk Conditions" section and office staff completes all other areas of the form.	
6	Complete the form in its entirety when a member is newly pregnant.	
7	Develop a system to send completed form(s) via secure fax to Blue Shield Promise every seven (7) days. Fax Number: (888) 619-3594.	
8	Determine who will be the main point of contact overseeing the clinical workflow, completion and faxing of the form.	
9	Send any questions you may have to the Blue Shield Promise Quality Improvement Team via email: QIMediCal@blueshieldca.com .	



Pregnancy Notification Form

Upon confirmation of a positive pregnancy test, please complete the form including how you met the first prenatal visit requirements. Fax toll free to (855) 556-1424. If you have questions or need help, call (877) 665-4628.

Member Information

Today's Date: _____

Member's Name: _____ Member ID/CIN: _____ Member DOB: _____

Preferred Language: _____ Phone #: _____ Alternate Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Pregnancy Diagnosis: LMP: _____ EDC: _____

☐ Z34.91 – Normal pregnancy, first trimester

☐ Z34.90 – Normal pregnancy, unspecified trimester

Prenatal Visit

1st Trimester Documentation (please fill out boxes below)*

☐ Complete obstetric history
 G: _____ P: _____ A: _____

☐ Prenatal risk assessment w/ education

☐ Fundal height: _____

Additional Services completed

- ☐ Pelvic exam w/ OB observations
- ☐ Echo of pregnant uterus
- ☐ OB Panel (OB/GYN use only)
- ☐ TORCH panel (PCP or OB/GYN)
- ☐ Rubella antibody test w/ Rh incompatibility

**PCPs need to include a pregnancy related diagnosis code with one of the above*

High Risk Conditions (Check all that apply)

Current Pregnancy

- ☐ Hypertension
- ☐ Gestational Diabetes
- ☐ Excessive Nausea/Vomiting
- ☐ 17 P Candidate (If +PTD)
- ☐ Pre-term Labor
- ☐ Multiple Gestation
- ☐ N/A
- ☐ Other: _____

Past Pregnancy History

- ☐ N/A
- ☐ Gestational Diabetes
- ☐ Pre-term labor
- ☐ Pre-term delivery
- ☐ Fetal Demise
- ☐ Pre-eclampsia or Toxemia
- ☐ N/A
- ☐ Other: _____

Provider Information

Practitioner's Name: _____ Practitioner's NPI: _____

Practitioner's Address: _____ Phone # _____

Referred to OB/GYN Practitioner: _____ Phone #: _____

☐ I confirm that this document is also filed with the member's legal health/outpatient record.

Provider Signature: _____

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- They can also stay in our waiting rooms, which require face masks and are set up for social distancing.



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