

## MPM Provider Quality Newsletter

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

- > Click on "Quality Management Information" and then "2021 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

**MedPOINT Management (MPM) wants to hear from you!** Please visit our discussion board at [www.qualitypoint.medpointmanagement.com](http://www.qualitypoint.medpointmanagement.com) and give your feedback to this month's question:

**What is your office doing to close care gaps before the end of the year? What have been some of your successes and challenges?**

If you have other questions and would like input from other providers/ health centers in MedPOINT managed groups, you can post your question using the same link above. Check out the other resources available to you while you're there. We look forward to some great discussions!

### Cozeva Implementation

MedPOINT is very excited to announce the rollout of Cozeva as our new NCQA certified HEDIS platform. We are in the final stages of reviewing the configuration and data that has been put together for us. Although we may bring up a few external users earlier for additional testing, we anticipate widespread release during the first week of November. As part of the rollout, we are putting together a series of group level, practice level and individual training sessions that will match your specific needs.

Cozeva is well recognized in the QM space and allows end users to review real time data pertaining to HEDIS and STARs scores, HCC trending and care gap information. There are many different views and reports available to provide this information and we think you will find it extremely helpful. The information will integrate nicely with your existing initiatives and workflows and will also give you an opportunity to establish new ones if you have not already done so. Depending on your EHR system, there may be integration options there as well.

MedPOINT has also chosen to track some custom measures through this new interface. Measures include Initial Health Assessments (IHA), Staying Healthy Assessments (SHA), Medicare Annual Wellness Visits (AWV) and COVID vaccines.

Additionally, Health Net is currently using the platform and LA Care along with some of the other health plans will be using this platform as their HEDIS engine in the very near future. Cozeva supports a bridge program so this will allow us to move data seamlessly between our organizations.

We appreciate your patience over the last several months but are confident that you will find the Cozeva solution very helpful in our overall strategy to provide quality care while at the same time improving IPA HEDIS/STARs scores on a proactive actionable basis.

In preparation for our rollout, please request a login by e-mailing [cozevasupport@medpointmanagement.com](mailto:cozevasupport@medpointmanagement.com). Your HEDIS/STARs specialist will be in contact with you soon thereafter to arrange a training session. We will also be announcing some general trainings and support materials that will be available to make this a successful experience. We look forward to sharing this new collaboration with all of you.

## General Tips to Improve HEDIS Scores

Closing care gaps is essential to the early detection of disease and effective care management. As the measurement year ends, we wanted to remind you about some recommended ways to improve scores. Some of these may be easily integrated into your current workflow and should be considered year-round.

- Whenever possible, use HEDIS specific billing codes. These codes can be found on several MedPOINT and health plan reference tools. They will also be available in various contexts on the Cozeva platform.
- Document medical and detailed surgical history with dates and use of appropriate coding
- Utilize current gaps in care reports. With Cozeva, you will have the ability to customize these by measure, health plan, line of business, etc. In the interim, MedPOINT can provide combined reporting for you to utilize.
- Use every opportunity possible to provide care and close gaps. Depending on the acuity of the patient, there may be other needed services (e.g., well care visits, preventive care services) that can take place during a sick visit.
- Avoid missed opportunities. Since patients may not return to the office for preventive care, make every effort to schedule follow-up visits before the patients leave the office.
- Provide member education on disease process and rational for tests.
- Educate schedulers to review for needed screenings, test and referrals.

We recognize that each practice is different which may impact the practicality and effectiveness of some of these tips. However, in all cases patient and provider engagement is key to success so ways to achieve this goal is central to all performance improvement programs. We appreciate all your efforts to provide these services to your patients and are looking forward to sharing information about your successes.

## Supplemental Data Season is Here

We all know encounters are the best way to submit HEDIS data; however, there are circumstances where only medical records or data extractions will make members measure compliant. There are two ways to submit supplemental data:

1. **Cozeva Portal** – where medical records can be uploaded for individual members. MedPOINT's Cozeva portal is coming soon! In the meantime, you can upload medical records using Health Net's or LA Care's Cozeva portal. Please contact the MedPOINT's quality team for instructions on how to register for the health plan portals at [qualitymeasures@medpointmanagement.com](mailto:qualitymeasures@medpointmanagement.com).
2. **Excel Templates for Medical or Lab** – data extractions from your EHR in bulk, such as BMI or blood pressure.
  - **Type 1** – Standard Data – EHR extract that require no corrections or changes. No medical records are initially required to be sent.
  - **Type 2** – Non-Standard Data – data has been manually altered. Medical records are required to be submitted with the file.

**The most common data submitted as supplemental data include:**

1. **BCS and CCS** – Exclusions for total hysterectomy and bilateral mastectomy or member reported screenings that are noted on medical records that include date (or year), where it was done and result.
2. **Child and Adolescent visits (W30, WCV, W15 and WCC)** – where age-specific CPT codes and codes for child BMI percentile, counseling for nutrition and physical activity were missed.
3. **CIS and IMA** – immunizations that are noncompliant.
4. **Point-of-Care Labs** – A1c, Microalbumin, FOBT, with results.
5. **COA** – where one component was coded, and others were not.
6. **Eye Exams** – Negative for retinopathy in 2020 (3072F).
7. **Blood Pressure** – CPT II codes.
8. Services completed at the clinic under a different insurance coverage or program.

## October is Health Literacy Month

Personal health literacy, as defined by Healthy People 2030, is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others. Up to 80% of patients forget what their doctor tells them as soon as they leave the

doctor's office and nearly 50% of what patients do remember is recalled incorrectly. Limited health literacy (LHL) affects all patients, no matter their race, ethnicity, or education level. Be sure to visit the Provider Resources section of MedPOINT's website for the full Health Literacy Resource Guide.

### Who's most at risk for LHL?

- Older adults
- Racial and ethnic minorities
- People with less than a high school degree or GED certificate
- People with low-income levels
- Non-native English speakers
- People with compromised health status

### What communication strategies can be used to help bridge the gap?

- Look for verbal and non-verbal communication cues about the patient's health literacy.
- Skip clinical jargon when possible.
- Give your patients a chance to express how they feel and to tell the story of their illness.
- Explain procedures and ask permission during examinations.
- Use alternate forms of communication, such as video and audio media.
- Use written information to support verbal communication.
- Speak slowly, do not raise your voice, and give information in chunks.

## Resources

- **Blue Shield Promise Incentive Program** – The attached flyer from Blue Shield Promise details the program's provider and HEDIS measurement criteria to earn the corresponding incentive payment(s) for MY 2021.
- **FeedTrail Access Checklist** – The attached checklist provides a step by step guide on how to set up a FeedTrail account to see member satisfaction results in real time and respond to member requests.
- **HEDIS Tip Sheets for Prenatal and Postnatal Care** – The two attached HEDIS Tip Sheet flyers provide suggestions for improving Timeliness of Prenatal Care and Postpartum Care.
- **LA County COVID-19 Home Tests** – Please visit <https://covid19.lacounty.gov/la-county-holiday-home-test-collection-program/> for more information to share with your patients regarding who qualifies, instructions, and FAQs regarding the LA County Home Test Collection program.



## REPLYING TO MEMBER REQUESTS FOR FEEDBACK

# IN FEEDTRAIL

### Step One



#### LOG INTO FEEDTRAIL

Log into FeedTrail using your username and password. If you do not have a username and/or password, please contact us at [feedtrail@medpointmanagement.com](mailto:feedtrail@medpointmanagement.com) or 818-702-0100 ext. 2220 to get access.



### Step Two

#### CLICK ON THE "ANALYZE" TAB

After logging in, navigate to the Analyze screen by clicking the Analyze button located in the top right-hand corner of the FeedTrail page. This will take you to the Analytics Summary page.



### Step Three

#### CLICK ON THE "ANSWER NEEDED" TAB

After reaching this page, click on the "Taken into Processing" Tab located on the second row from the top. Once on the Processing screen, make sure your filters are set to the correct timeframe to see all member requests for feedback.



### Step Four

#### CLICK "VIEW" ON THE RIGHT OF ONE OF THE SURVEYS

After clicking the green "View" button, the page will allow you to see more details about the survey on the left side of the screen, and allow you to respond on the right side of the screen under "Process the Feedback Request."



### Step Five

#### REACH OUT AND LEAVE A COMMENT

Reach out to the member regarding their concerns. After the conversation with the member, be sure to put the results of your follow-up as a comment under the "Process the Feedback Request" section. This must be completed in order to move the request from "Processing" to "Completed."



# HEDIS Quality Improvement Program (HQIP)

## Rewarding Blue Shield's HMO Network

### Measurement Year 2021



Updated and revised: October 8, 2021

The National Committee for Quality Assurance (NCQA) states that the Healthcare Effectiveness Data and Information Set (HEDIS) is one of healthcare's most widely used performance improvement tools. Health plans that report HEDIS performance, including Blue Shield of California (Blue Shield), cover over 191 million people nationally.

In alignment with the HEDIS industry standard for performance improvement, the Blue Shield HEDIS Quality Improvement Program (HQIP) will reward contracted commercial HMO providers for achieving high-quality Measurement Year 2021 (MY 2021) outcomes across a specified set of HEDIS measures. By achieving percentile performance in these measures against national NCQA benchmarks for Measurement Year 2021 (MY 2021), provider organizations can earn a new financial incentive. HQIP includes HEDIS measures that have been selected by assessing largest declines in preventive care in 2021 throughout our commercial HMO network. The measure set and payment structure are subject to change after MY 2021. Future measurement year opportunities will be communicated through regularly circulated Program Descriptions when available.

To uphold Blue Shield's mission of providing care worthy of our family and friends, we are asking our commercial HMO network provider organizations to focus on these measures and submission of data to achieve outcomes in 2021. Blue Shield team members are ready and available to support these efforts. Please see page 2 for contact information.

### Program Methodology

Program measurement is based upon final, annual measurement year (MY) HEDIS results for each provider organization as evidenced in Blue Shield data systems. Payment methodology for Measurement Year 2021 is outlined in the table below. Each measure's eligible HEDIS population (denominator) will be multiplied by a flat fee amount associated with percentile performance achievement. This can also be viewed as a Per Member Per Year (PMPY) based on eligible HEDIS population by measure. Annual NCQA benchmarks are available for purchase at <https://my.ncqa.org>. Blue Shield will use the most recent NCQA published benchmarks for MY 2021 when calculating payments.

### Measurement Year 2021 Performance Opportunity – Per Member per Year Reward

Measurement Year 2021	
NCQA's National Percentile Benchmarks	Eligible HEDIS Population x Percentile Achievement
Small Denominator Less than 30 (<30)	\$ -
5 <sup>th</sup> Percentile & Below	\$ -
10 <sup>th</sup> Percentile	\$ -
25 <sup>th</sup> Percentile	\$0.50
33.33 <sup>rd</sup> Percentile	\$0.75
50 <sup>th</sup> Percentile	\$1.00
66.67 <sup>th</sup> Percentile	\$1.25
75 <sup>th</sup> Percentile	\$1.75
90 <sup>th</sup> Percentile & Above	\$2.50

## Measurement Year 2021 (MY 2021) – Measure Set for HMO Performance Opportunity

MY 2021	Acronym
1. Breast Cancer Screening	BCS
2. Cervical Cancer Screening	CCS
3. Childhood Immunization Status - Combo 10	CIS-10
4. Chlamydia Screening in Women (Total)	CHL
5. Colorectal Cancer Screening	COL
6. Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	CDC-CBP
7. Comprehensive Diabetes Care - Eye Exams	CDC-EYE
8. Controlling High Blood Pressure	CBP
9. Immunizations for Adolescents - Combo 2	IMA-2
10. Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (Total)	SPC
11. Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (Total)	SPC
12. Statin Therapy for Patients with Diabetes - Received Statin Therapy	SPD
13. Statin Therapy for Patients with Diabetes - Statin Adherence 80%	SPD

### Program Requirements

To participate in the program, provider organizations must meet HEDIS measurement criteria and have an active and valid contractual agreement with Blue Shield throughout the entire measurement year and at the time of the incentive payout. To receive payout, if earned, provider organizations must also sign a Letter of Agreement (LOA) which was distributed along with this Program Description. LOAs should be returned to the Provider Quality Incentives team: [ProviderIncentives@blueshieldca.com](mailto:ProviderIncentives@blueshieldca.com).

### Program Reporting

If you are engaged with our clinical teams, an assigned Clinical Program Manager will work with you to provide regular HEDIS performance reporting (care gap reporting also known as Clinical Action Registry (CAR) reporting). Your HEDIS performance reporting will help you understand the number of eligible members by measure to be included in this program.

### Program Payment

Payment will be distributed on or before August 31<sup>st</sup> for the previous measurement year (i.e. MY2021 payment will be distributed by August 31<sup>st</sup>, 2022). Payment will be distributed at the Blue Shield contract level, typically Independent Practice Associations (IPAs).

### Questions

For general and operational questions, please contact our Provider Quality Incentives team inbox: [ProviderIncentives@blueshieldca.com](mailto:ProviderIncentives@blueshieldca.com).

T12131 (10/21)

Date Sent: October 8, 2021

**Subject: HEDIS Quality Improvement Program (HQIP)**

Dear Valued Provider Organization,

This Letter of Agreement confirms \_\_\_\_\_ ("Provider")'s participation in the HEDIS Quality Improvement Program (the "Program") described herein and in the attached description of the Program ("Attachment"), which is hereby incorporated by reference into this Letter of Agreement. Briefly, as the Attachment sets forth in detail, participation in the Program can lead to incentive payments intended to support providing care to Blue Shield of California members.

Participation in the Program does not include any reductions in reimbursements; it can, however, result in increased payments, as described in the Attachment. Both Blue Shield of California and Provider shall comply with all applicable laws and regulations in the implementation of the Program. If Provider's underlying provider agreement with Blue Shield of California should terminate for any reason, this Letter of Agreement shall terminate at the same time.

The incentive payment under the Program will be based on HEDIS measure performance as compared to national benchmarks and your organization's total Blue Shield HEDIS population by measure. If your organization is engaged with a Clinical Program Manager or Provider Partnerships representative, they will share reporting to help you track your HEDIS population.

The Program Description for the HEDIS Quality Improvement Program was updated, revised and circulated on October 8<sup>th</sup>, 2021.

Please return this signed Letter of Agreement to [providerincentives@blueshieldca.com](mailto:providerincentives@blueshieldca.com).

Sincerely,

Alyson Spencer  
Senior Director, Quality Improvement



\_\_\_\_\_  
[Provider Signature]

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## 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 84 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](http://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): 1-888-839-9909 (TTY 711)
  - 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.

## Coding<sup>1</sup>

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

Services		Codes <sup>2</sup>			
	Modifiers	CPT	CPT Cat II	HCPCS	ICD-10 diagnosis <sup>3</sup>
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, <sup>1</sup> 98966–98968, 99444, 99212–99215			

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

<sup>2</sup>Use a CPT, CPT II or HCPCS code.

<sup>3</sup>ICD-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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## 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): 1-888-839-9909 (TTY 711)
  - 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.

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## 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	Modifiers	Codes <sup>1</sup>				
		CPT	CPT Cat II	HCPCS	UB revenue	ICD-10 diagnosis <sup>2</sup>
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				

<sup>1</sup>Use a CPT, CPT II or HCPCS code, or the UB revenue code.

<sup>2</sup>ICD-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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