

# PATH TO 5 STARS

## 2024 REFERENCE GUIDE FOR QUALITY MEASUREMENTS

Medicaid, Medicare, Marketplace



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# SILVERSUMMIT HEALTHPLAN

At SilverSummit Healthplan (SSHP), our purpose is at the center of everything we do: Transforming the Health of the Community, One Person at a Time. SSHP has a proud history of serving Nevadans statewide through Medicare Advantage, Marketplace, and Medicaid health plans. SilverSummit is operated by Centene Corporation, a diversified multi-national Fortune 500 company. Centene provides a portfolio of services to government-sponsored healthcare programs, focusing on under-insured and uninsured individuals. For more information about SilverSummit and Centene, visit our website at [www.SilverSummitHealthplan.com](http://www.SilverSummitHealthplan.com) or Centene's website at [www.centene.com](http://www.centene.com).



Visit Wellcare At:

<https://wellcare.silversummithealthplan.com>

## Wellcare by Allwell

Wellcare by Allwell is a contracted Medicare Advantage Health Plan. Quality and performance metrics for Wellcare are identified by the Centers for Medicare & Medicaid Services (CMS) and are primarily associated with the Health Effectiveness Data and Information Set (HEDIS®) and Pharmacy Quality Alliance (PQA) specifications. Medicare quality performance scores are referred to as Stars Ratings. For more information about CMS visit the website: [www.cms.gov/Medicare](http://www.cms.gov/Medicare).

## Ambetter from SilverSummit

Ambetter from SilverSummit is a contracted Marketplace Health Plan. Quality performance metrics are also identified by CMS and are primarily associated with HEDIS and PQA specifications. However, Marketplace quality performance metrics are maintained under the Quality Rating System (QRS). For more information visit the QRS website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Quality-Rating-System/About-the-QRS>.

## SilverSummit Nevada Medicaid Plan

SSHP is a contracted state Medicaid plan with the Nevada Department of Health & Human Services Division of Health Care Financing and Policy (DHCFP). SilverSummit quality performance metrics are identified by DHCFP and are primarily aligned with the CMS Adult Core Set, CMS Child Core Set, and state chosen HEDIS® measures. For more information about DHCFP, visit the website: <http://www.medicaid.nv.gov>.



Visit Ambetter At:

<https://ambetter.silversummithealthplan.com>



Visit SSHP At:

<https://www.silversummithealthplan.com>

<http://www.facebook.com/SilverSummit-Healthplan>

<http://www.twitter.com/SilverSummitHP>

# QUALITY & PERFORMANCE MEASUREMENT

★ = Poor Performance

★★ = Below Average Performance

★★★ = Average Performance

★★★★ = Above Average Performance

★★★★★ = Excellent Performance

For at a glance understanding, SSHP has chosen to apply the Medicare 5 Star performance scale for all contracted health plans.

The identified goals throughout this guide are sourced as determined by the specified contractor and affiliated measure stewards.

## PERFORMANCE MEASUREMENT STEWARDS & SETS

Find the CMS Core Sets At:

[www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/index.html](http://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/index.html)

Find the HEDIS Set At:

<https://www.ncqa.org/hedis>

Find the PQA Set At:

<https://www.pqaalliance.org>

Find the QRS Sets At:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Quality-Rating-System/About-the-QRS>

Find the MIPS At:

<https://qpp.cms.gov/about/qpp-overview>

Find the UDS Set At:

<https://bphc.hrsa.gov/datareporting/index.html>

### CMS Core Sets

Center of Medicare & Medicaid Services (CMS) Core is comprised of two sets – one Adult and one Child. These sets hold the CMS identified quality and performance metrics for Medicaid plans. The CMS Child Core set was created in 2009 in response to the Children’s Health Insurance Program Reauthorization Act (CHIPRA) and the CMS Adult Core set was created in 2012.

### HEDIS®

Healthcare Effectiveness Data and Information Set (HEDIS®) is the gold standard in healthcare performance measurement. Specifications for HEDIS® measures are proprietary and must be purchased through the National Committee for Quality Assurance (NCQA).

### PQA

The Pharmacy Quality Alliance (PQA) was established in 2006 as partnership with CMS shortly after the implementation of the Medicare Part D Benefit. PQA is a nationally recognized quality measure organization.

### QRS

The Quality Rating System (QRS), part of the Affordable Care Act (ACA) requires Marketplaces to display QHP quality ratings on Marketplace websites to assist in consumer selection of QHPs. Based on this authority, CMS established standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Marketplace.

### MIPS

The Merit-based Incentive Payment System (MIPS) is a performance-based payment adjustment for Medicare patients based on quality performance data, advancing care information, and improvement activities.

### UDS

The Uniform Data System (UDS) is a standardized reporting system for Federally Qualified Health Centers (FQHC) and look-alikes to report quality performance data reflecting the Health Center Program impact.

# QUALITY & PERFORMANCE IMPROVEMENT

SilverSummit is committed to doing all we can to ensure your success in improving health outcomes for members. We have multiple ongoing interventions to support those outcomes across all lines of business. If you are interested in partnering with SilverSummit on interventions or performance improvement projects, please contact [NV\\_QIProviderOutreach@silversummithealthplan.com](mailto:NV_QIProviderOutreach@silversummithealthplan.com). Please reach out if you have any questions or would like more information regarding the tools for success.

## TOOLS FOR SUCCESS

### Coding for Quality

A reference guide with frequently used CPT-II & ICD-10 codes to assist in meeting quality performance measures administratively through claims. Find the most recent Coding for Quality Reference guide in the references below.

### SilverSummit Provider Portal

Used to verify member eligibility, manage claims & authorizations, and view patient lists. Contracted SilverSummit providers can register at any time. Non-contracted providers will be able to register after the first claim submission. Access the SSHP Provider Portal at <http://www.silversummithealthplan.com/providers.html>.

### SilverSummit Provider Analytics

A program to provide patient's open care gap information to assigned providers, Provider Analytics is accessible on the SilverSummit Provider Portal and offers real-time data needed for targeted outreach and gap closure.

## QUALITY INTERVENTIONS

### Member Gap Closure Outreach

Member outreach includes targeted campaigns such as Fluvention, Preventive Screenings, Disease Management, and Well-Care Visits. These are reoccurring campaigns and use a multi-prong outreach approach to all members comprising of mailers, emails, texts, warm calls, social media posts, and SSHP website postings.

### Community Partnerships

Working collaboratively with our community partners is vital to ensuring timely and comprehensive service delivery to our members. Key community partners include Puentes, Just One Project, R.E.A.C.H., Westcare, and Count the Kicks providing support services to members. As well as community radiology facilities aiding members in scheduling lifesaving screenings such as Breast Cancer Screenings and Bone Density Scans.

### Mail Order Testing

To meet members where they are, increase service delivery in rural areas, and reduce barriers in access to care, SSHP sends point of care testing kits in the mail directly to members' homes. This allows members to complete important preventive screenings, such as Hemoglobin A1c testing for Patients with Diabetes and Colorectal Cancer Screenings at their convenience.

## Strategic Collaborative Partnerships

SSHP is dedicated to building collaborative partnerships to drive innovative efforts aimed at keeping our members healthy. Strategic partner collaborations focus on improving quality outcomes within and outside the provider's offices for our members such as providing in-home visits to close quality care gaps. Below is a list of strategic partner collaborations and the counties they serve.

Line of Business	Strategic Partner	County Served
Medicaid & Medicare	Adobe Care & Wellness	Washoe & Clark (Medicaid Only)
	Arkos (USHS)	Clark
Medicaid	CenterWell	Clark
	P3	Clark

# BE A FIVE STAR PROVIDER

## Create a Culture of Quality

- Ensure every staff member within the practice receives education around quality interventions, documentation standards, and quality goals.
- Establish a cross-functional quality team to regularly review internal processes and procedures; track and trend quality interventions; and create action plans to increase quality performance.
- Create a process to verify that medical record documentation aligns with claims data submitted to SSHP.
- Implement daily huddles to improve patient experience, quality, and safety in the medical practice setting.

## Enhance the Provider & Patient Partnership

- Proactively reach out to patients requiring preventive screenings, annual wellness visits, or follow-up.
- Practice clear communication with patients to include care coordination activities with specialists and other providers, reconciliation, and verification of all medications, and ensure diagnostic understanding at every visit.
- Close the loop with every visit by ensuring the patient has received any results, followed-up with specialist, or is maintaining a new diagnostic protocol comfortably.

## Measure Quality Activities

- Utilize CPT-II coding and timely filing of claims to close care gaps administratively.
- Review health care gaps via the provider portal to pinpoint areas of focus for interventions.
- Evaluate progress and implement revisions as needed to the interventions within your action plan.
- Set up Supplemental Data System (SDS) feeds and/or Electronic Medical Record (EMR) access with the health plan to increase care gap performance and medical record review.

## Prioritize Member Experience

- Create a culture focused on Member Experience, through excellent customer service that incorporates quality and inclusivity.
- Proactively address wait times that will exceed 15 minutes using clear communication with members to avoid frustration. Posting provider wait times in the lobby for patient monitoring.
- Member concerns should be addressed in a timely manner. Prompt follow up on member concerns and/or messages. Refer members to SSHP who need additional resources or help to avoid complaints filed with CMS.
- When members require a specialist, take time to discuss options with the member. Discussion points should include multiple specialist options to ensure availability and access to care. In addition, provide members with your office protocol on lab/test results delivery and discuss preferred method of communication such as preferred language and pronouns.
- Provide member focused educational materials and resources guides on access to care (Urgent and follow up). For example, how quickly should they expect an urgent appointment with their primary provider and urgent care.
- Provide after visit summaries to members and confirm with the member they have clear understanding of the information provided about the care they received and next steps.
- Educate members on the differences between preventive and diagnostic services and include member benefit coverage/cost for diagnostic procedures to ensure member is aware of potential financial responsibility.
- Refer members to the health plan member services line on the back of their member ID card for any questions they have or if advising them to utilize their member of ancillary benefits such as Silver & fit, OTC, etc.

## Stay Connected with SilverSummit HealthPlan

- Meet regularly with your assigned Provider Quality Liaison for detailed quality reports and resources available to you. If you are not connected with your assigned Provider Quality Liaison, please outreach: [NV\\_QIProviderOutreach@silversummithealthplan.com](mailto:NV_QIProviderOutreach@silversummithealthplan.com).



# PROVIDER PARTNERSHIP PROGRAM

Our team of Provider Quality Liaisons is here to serve you. Utilizing the strategic partnerships, providers are outreached and offered collaboration and prioritization opportunities to improve Member Experience, care gap closure, as well as, discussion of quality performance, CPT II code education, education of member benefits, and Social Determinants of Health. Our commitment to supporting providers in delivering excellent care while enhancing best practice approaches to improve quality performance & Member Experience remain our top priority.

If you are interested in partnering with SSHP Quality Management in an intervention or Performance Improvement project, please contact [NV\\_QIProviderOutreach@silversummithealthplan.com](mailto:NV_QIProviderOutreach@silversummithealthplan.com).

## MEDICAL RECORD COLLECTION PROCESS

Year-round data is gathered through claims, supplemental data submissions and medical records to determine quality metrics for all lines of business: Medicare, Medicaid, and Marketplace. The SSHP HEDIS Audit Team conducts year-round medical record collection to reflect the rates of compliancy more accurately for performance measures. To reduce the burden to our providers and reflect a more accurate picture of quality performance metrics throughout the year, SSHP partners with providers to obtain medical records for this year-round review.

During the HEDIS Hybrid Season, Medical Records Requests and Reviews are done starting in January and ending in May each year. We understand how busy provider offices can be, especially during medical record review season. Therefore, we ask you to utilize the plan's "Coding for Quality" guide to help you reduce medical record requests as submitting codes via a claim will close those gaps electronically.

The plan manages patient Protected Health Information (PHI) in a careful and confidential manner. SSHP is covered by the Health Insurance Portability and Accountability Act (HIPAA). As defined by HIPAA, our role is a "Covered Entity," as such, we are ethically and legally bound to protect, preserve, and maintain the confidentiality of any PHI received from you.

## DATA COLLECTION METHODS

SSHP offers a variety of methods to submit needed medical record documentation. Providers can submit via an automatic data feed, submit directly to the plan, or even through direct access to EHR systems to reduce the need to utilize provider staff to collect, scan, email, or even print medical records.

SSHP will continue to accept records submitted via fax (1-855-872-1858), secured email ([NV\\_QIProviderOutreach@silversummithealthplan.com](mailto:NV_QIProviderOutreach@silversummithealthplan.com)), electronically in office via encrypted USB transfer or printed copies, and postal mail.

Automatic data feeds established with the health plan provide additional information such as diagnosis, lab results, immunization data, etc. This information might not be captured through administrative sources and provide more complete clinical data to support member-focused interventions while closing gaps in care. Establishing automatic feeds reduces the amount of medical record requests and provider abrasion.

If you are interested in setting up an automatic data feed, submitting medical records directly to the plan, or allowing plan access to your EHR system please reach out to the HEDIS® Operations Team at [NV\\_QIProviderOutreach@silversummithealthplan.com](mailto:NV_QIProviderOutreach@silversummithealthplan.com) or through Fax at 855-565-9517.

We thank you for partnering with us to improve the health of our community one person at a time.

# 2024 FOCUS MEASURES

SSHP will be putting extra focus on the measures listed below with additional interventions and monitoring. Please note that these are estimated Cut Points. Cut Points may vary by contract or agreement. Measures will be updated no more frequent than once per year, with notification of new measures required no later than March 31, except in the event of an unforeseen regulatory change. For more information or to review your performance, please reach out to our Provider Outreach team at [NV\\_QIProviderOutreach@silversummithealthplan.com](mailto:NV_QIProviderOutreach@silversummithealthplan.com).

## MEDICARE FOCUS MEASURES

	★★★	★★★★	★★★★★
Breast Cancer Screening (BCS)	63%	71%	79%
Care for Older Adults: Medication Review (COA-MR)	84%	93%	98%
Care for Older Adults: Pain Assessment (COA-PA)	83%	91%	96%
Colorectal Cancer Screening (COL)	61%	71%	80%
Controlling Blood Pressure (CBP)	68%	74%	82%
Eye Exam for Patients with Diabetes (EED)	65%	73%	81%
Follow-Up After ED Visit for Patients w/ Multiple Chronic Conditions (FMC)	53%	60%	68%
Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD)	72%	80%	87%
Kidney Health Evaluation for Patients with Diabetes (KED)	46%	56%	65%
Medication Adherence for Cholesterol (Statins) (STAT)	86%	88%	91%
Medication Adherence for Diabetes Medications (DIAB)	84%	88%	90%
Medication Adherence for Hypertension (RAS Antagonists) (RASA)	86%	89%	91%
Osteoporosis Management in Women who had a Fracture (OMW)	42%	55%	71%
Plan All-Cause Readmission (PCR): Observed/Expected / Percentage	11%	10%	8%
Statin Therapy for Patients with Cardiovascular Disease (SPC)	84%	86%	90%
Statin Use in Persons with Diabetes (SUPD)	86%	88%	92%
Transitions of Care Average (TRC)	52%	64%	78%
Patient Engagement After Inpatient Discharge	85%	90%	92%
Medication Reconciliation Post-Discharge	52%	68%	82%
Notification of Inpatient Admission*	22%	48%	72%
Receipt of Discharge Information*	16%	34%	54%

\*Measure data collection from HEDIS Hybrid audit only

## MARKETPLACE FOCUS MEASURES

	★★★	★★★★	★★★★★
Asthma Medication Ratio (AMR)	84.3%	87.8%	90.6%
Cervical Cancer Screening (CCS)	74.0%	77.7%	80.8%
Child and Adolescent Well-Care Visits (WCV)	56.4%	64.2%	72.1%
Chlamydia Screening in Women 16-24 years (CHL)	45.2%	51.8%	62.1%
Controlling High Blood Pressure (CBP)	63.7%	69.7%	74.0%
Eye Exam for Patients with Diabetes (EED)	50.1%	57.7%	64.2%
International Normalized Ratio Monitoring for Individuals on Warfarin (INR)	54.9%	64.3%	72.1%
Prenatal & Postpartum Care - Postpartum Care (PPC)	84.4%	89.5%	93.0%
Proportion of Days Covered: Diabetes (PDC-DR)	75.6%	79.6%	83.4%
Use of Imaging for Low Back Pain (LBP)	76.2%	80.0%	82.9%

## MEDICAID FOCUS MEASURES

	Medicaid ★★★★	NV Check Up ★★★★
Access to Preventive/Ambulatory Health Services (AAP) – 20-44 & 45-64 years	69.7%	--
Blood Pressure Control for Patients With Diabetes (BDP)	60.5%	--
Child & Adolescent Well-Care Visits (WCV) – all specified age ranges	42.7%	42.7%
Childhood Immunization Status – Combination 10 (CIS)	38.6%	48.2%
Controlling High Blood Pressure (CBP)	58.8%	--
Follow-Up After Emergency Department Visit for Substance Use – 7 Days (FUA)	27.7%	BMV
Follow-Up After Emergency Department Visit for Substance Use – 30 Days (FUA)	40.5%	BMV
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days (FUM)	47.9%	77.5%
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM)	56.8%	77.5%
Hemoglobin A1c Control for Patients with Diabetes (HBD)	50.8%	--
Immunizations for Adolescents – Combination 2 (IMA)	48.9%	57.3%
Initiation & Engagement of Substance Use Disorder Treatment (IET) – Initiation	47.6%	37.7%
Initiation & Engagement of Substance Use Disorder Treatment (IET) – Engagement	21.5%	12.8%
Plan All-Cause Readmission (PCR)*	11.3%	--
Prenatal & Postpartum Care (PPC): Timeliness of Prenatal Care	85.0%	--
Prenatal & Postpartum Care (PPC): Postpartum Care	74.1%	--

\*Lower rate indicates better performance

# ADULT PREVENTIVE CARE & TREATMENT





## Cut Points

### Medicaid Percentile



#### Ages 20-44

73.3                  82.9

#### Ages 45-64

82.8                  90.3

#### Ages 65+

84.8                  94.5

#### Total

76.6                  85.5

# ACCESS TO PREVENTIVE OR AMBULATORY HEALTH SERVICES (AAP)

Percentage of members aged 20 years and older with a preventative care or ambulatory visit during the measurement year. This measure is stratified by age and total:

- 20-44 years of age
- 45-64 years of age
- 65+ years of age
- Total is the sum of the age stratification results

## BEST PRACTICES

### Performance Improvement

- Set up an annual visit if seeing the member for a sick visit.

### Member Experience

- Educate members on necessity of completing annual well visits.



## Measure Steward

- HEDIS®

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Outpatient Visit Codes

CPT In Person Visit: 99212-99215, 99202-99205

Telephone Visit: 99441-99443

Virtual/Online Visit: 99457

---

HCPCS In Person Visit: G0438, G0439, G0463, T1015

---

Exclusions Hospice in MY

Members deceased during the MY.

*Refer to Appendix Table 1 for additional exclusion codes*



## Data Collection

- Administrative



### Cut Points

Medicaid Percentile



66.2      77.1

Marketplace Percentile



55.9      65.0

MIPS #116 No Decile

No Benchmark 2023



### Measure Steward

- HEDIS®



### Data Collection

- Administrative

# AVOIDANCE OF ANTIBIOTIC TREATMENT FOR BRONCHITIS (AAB)

Percentage of members aged 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

This measure is an inverse measure; a higher rate indicates appropriate acute bronchitis/bronchiolitis treatment.

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Table 2 for antibiotic medications compliant with this measure.
- Higher rate indicates appropriate acute bronchitis/bronchiolitis treatment.
- Avoid prescribing antibiotics for acute bronchitis/bronchiolitis.

### Member Experience

- Educate members on inappropriate use of antibiotic treatments.
- Educate members/caregivers on comfort measures, worsening symptoms and when to contact PCP

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis J209, J439

CPT In Person Visit: 99212-99215, 99201-99205

Telephone Visit: 99441-99443

Virtual/Online Visit: 99457, 99444

HCPCS In Person Visit: G0438, G0439, G0463, T1015

Exclusions Hospice in MY

Members deceased during the MY.

*Refer to Appendix Table 1 for additional exclusion codes*



# BREAST CANCER SCREENING (BCS)

## Cut Points

Medicaid Percentile



55.3                  63.4

Marketplace Percentile



76.9                  80.0

Medicare Percentile



>= 71                  >= 79

MIPS # 112 Decile 5

59.0 – 68.6

UDS

Table 6B Line 11a

80.3

Percentage of women aged 50 to 74 years who had a mammogram to screen for breast cancer.

## BEST PRACTICES

### Performance Improvement

- This measure evaluates primary screening only. This does not count biopsies, breast ultrasounds, or MRIs.
- Document the month and year mammogram was completed.
- Member reported results are acceptable if specific and include the date and procedure completed within medical records.
- Documentation for members with mastectomies should include the type of surgery performed.
- Mammogram completed after 10/1 counts for 27 months.
- Have a list of nearby mammogram locations to share with members.
- Member reported results are acceptable if specific and include the date and procedure completed within medical records.

### Member Experience

- Educate members about the importance of early detection and screening.
- Address any fears or concerns expressed and assist in overcoming barriers.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CPT 77067, 77063

HCPCS G0202, G0204, G0206, G9054, M1017

Exclusions Hospice in MY

Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period.

Members who have had a mastectomy on both the left and right side on the same or different dates of service.

Members 66 years of age and older by the end of the measurement period, with frailty and advanced illness. Members receiving palliative care.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- ECDS\*

*\*ECDS reporting for Marketplace line of business required.*



# CERVICAL CANCER SCREENING (CCS)

## Cut Points

Medicaid Percentile	
★★★★★	★★★★★★
53.4	66.5
Marketplace Percentile	
★★★★★	★★★★★★
77.7	80.8
MIPS # 309 Decile 10	
68.5	
UDS	
Table 6B Line 11	
79.2	



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Record
- ECDS\*

\*ECDS reporting optional for Marketplace line of business

The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.

## BEST PRACTICES

### Performance Improvement

- Medical record must include the date test performed and results.
- Biopsy is considered a diagnostic test and not a screening test.
- Documentation must state complete, total, or radical hysterectomy to meet exclusion criteria.
- "Unknown" is not considered a result/finding for medical record reporting.

### Member Experience

- Educate members on the importance of preventative screenings and early detection.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion CPT Codes	58571, 58552, 58150
CPT	88175, 87624
HCPCS	G0145, Q0091

- Exclusions**
- Hysterectomy with no residual cervix any time during the member's history through December 31 of the measurement year
  - Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
  - Members who die any time during the measurement year
  - Members receiving palliative care any time during the measurement year.
  - Members assigned Male at birth.

*Refer to Appendix Table 1 for additional exclusion codes.*





## Cut Points

### CCP Medicaid Percentile

Age ★★★★★ ★★★★★

#### M/M Within 3 Days

15-20	5.7	8.5
21-44	11.7	13.6

#### LARC Within 3 Days

15-20	3.1	4.9
21-44	2.1	3.0

#### M/M Within 60 Days

15-20	39.4	44.2
21-44	38.6	41.3

#### LARC Within 60 Days

15-20	15.3	18
21-44	11.7	13.9

### CCW Medicaid Percentile

Age ★★★★★ ★★★★★

#### M/M

15-20	26.3	29.3
21-44	23.9	25.9

#### LARC

15-20	3.4	4.7
21-44	4.3	5.8

# CONTRACEPTIVE CARE: POSTPARTUM (CCP) / ALL WOMEN (CCW)

## CCP

- Percentage of members aged 15 to 44 years who had a live birth and were provided a most effective or moderately effective method (M/M) of contraception within 3 and 60 days of delivery **or** were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

## CCW

- Percentage of members aged 15 to 44 years who were provided a most effective or moderately effective (M/M) method of contraception or provided a long-acting reversible method of contraception (LARC).

## BEST PRACTICES

### Performance Improvement

- Review birth control status at all visits including postpartum visit or at time of wound check.

### Member Experience

- Assist member in addressing any barriers to attending appointments or obtaining medications by educating members on the variety of interventions available.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis Z30016, Z3044, Z30017, J7307, O031,  
LARC - O80, O82

CPT 11981, 11983, 58300, 58600, 58605, 58611, 58670, 58671,  
59400, 58300, 59510

LARC - 11981, 11983, 58300, 58611, 58615, 58670, 58671,  
59400, 58300, 59514

HCPCS J1050, J7296 J7298, J7300, J7301, J7307, S4993

LARC - J1050, J7307, J7298. J7300

Exclusions Live births occurring during last two months of measurement year.

*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- CMS Child/Adult Core Set



## Data Collection

- Administrative



## Cut Points

### Medicaid Percentile



Ages 16-20

57.1          66.4

Ages 21-24

65.5          70.7

### Marketplace Percentile



51.8          62.1

### MIPS #310 Decile 10

61.9

# CHLAMYDIA SCREENING (CHL)

Percentage of women aged 16 – 24 years identified as sexually active and who had at least one test for chlamydia during the measurement year.

## BEST PRACTICES

### Performance Improvement

- Medical record should include date test was performed and the results.
- Sexually active members are identified by encounter and claim data for dispensed contraceptive prescriptions and sexual activity.
- Remember to code for Chlamydia when using global prenatal or postpartum visit as the screening may not be captured.

### Member Experience

- Educate members on the importance of screenings and early detection.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis    O80, O76

---

CPT    87491

---

Exclusion Codes    G0101, G0123, G0124, G0141, G0143 – G0145, Q0091  
HCPCS

---

Exclusions    Hospice in MY

Members who are deceased during MY

- *Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- Administrative



# CARE FOR OLDER ADULTS- MEDICATION REVIEW (COA)

## Cut Points

Medicare Percentile



>= 93



>= 98

Percent of members aged 66 and older whose doctor or clinical pharmacist reviewed a list of all the member's medications during the measurement year (applies to Special Needs Plans only).

## BEST PRACTICES

### Performance Improvement

- Medication list should include any prescription and non-prescription drugs, vitamins, herbal remedies, or supplements with dosage & frequency signed & dated by practitioner.
- Documentation that member is not taking any medication with date noted.
- The member does not need to be present for the medication review.
- Consider submitting a Supplemental Data Source feed to increase performance.
- CPT II codes must be utilized.
- Prescribing practitioners also include Physician Assistants (PA), Nurse Practitioners (NP), and Advance Practice Registered Nurses (APRN).



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes Z90.13, Z90.11, Z90.12

ICD-10 Diagnosis

---

CPT II 1159F & 1160F (both must be present to count)

---

Exclusions Hospice in MY  
Deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicare Percentile



>= 91



>= 96

# CARE FOR OLDER ADULTS - PAIN ASSESSMENT (COA)

Members aged 66 and older who had at least one pain assessment during the measurement year (applies to Special Needs Plans only).

## BEST PRACTICES

### Performance Improvement

- Pain management or treatment plan does not meet the criteria for this measure.
- Medical record must contain pain assessment and date completed.
- Pain Assessment must include one of the following:
  - Documentation that member was assessed for pain.
  - Result of assessment using a standardized pain assessment tool.
- Screening or documentation for chest pain alone does not meet the criteria.
- Pain assessment completed during a telephone or virtual visit meet measure criteria.
- Consider submitting a Supplemental Data Source feed to increase performance.
- CPT II codes must be utilized.

### Member Experience

- Provide educational materials, exercises, resources, and recommendations to improve physical activity.
- Provide physical therapy referrals to your patients to learn effective and safe exercises.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CPT II 1125F, 1126F

Exclusions Hospice in MY

Members who are deceased during the MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid



# COLORECTAL CANCER SCREENING (COL)

## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

Baseline Measurement  
Year

Marketplace Percentile

★★★★★ ★★★★★★

62.3 66.9

Medicare Percentile

★★★★★ ★★★★★★

>=71 >=80

MIPS #113 Decile 7

72.4-80.9

UDS

Table 6B Line 19

68.3

Members aged 45-75\* years who had an appropriate screening for colorectal cancer by a FOBT test or FIT immunoassay (good for 1 year), FIT-DNA (good for 3 years), Sigmoidoscopy or CT colonography (good for 5 years), or Colonoscopy (good for 10 years).

\*Medicare population specification is 50-75 years.

## BEST PRACTICES

### Performance Improvement

- Have standing orders and FIT Kits available in the office to increase compliancy.
- Test result is not required if the documentation is clearly a part of the medical history section of the record and includes date performed. At minimum, documentation should include month and year.
- Results and test type must be documented for FIT-DNA and iFOBT.
- Digital rectal exams do not count as FOBT tests or as samples collected for FOBT testing.
- Member reported colorectal cancer screenings are acceptable. If they were performed within the acceptable timeframe and documented within the medical record.

### Member Experience

- Educate members on the importance of preventative screening and early detection.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes ICD-10 C18.0 – C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

#### Diagnosis

CPT	FOBT Test - 82774 & G0328 FIT immunoassay (iFOBT) - 8227 Colonoscopy - 45380, 45385, 45378 FIT-DNA - 81528
HCPCS	FIT immunoassay (iFOBT) - G0328 Colonoscopy - G0121 FIT-DNA - G0464

#### Exclusions

Hospice in MY, Deceased during MY  
History of colorectal cancer and/or total colectomy  
Palliative Care  
Frailty and advance illness diagnosis  
*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Record, Documentation of specific testing & year performed.
- Test Results Required

Measure includes optional ECDS reporting



## Cut Points

Marketplace Percentile



80.0



82.9

# USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

Members aged 18 - 75 years with primary diagnosis of low back pain who did **NOT** have an imaging study (x-ray, MRI, CT scan) completed within 28 days of diagnosis.

This is an inverse measure; a higher score indicates appropriate treatment of low back pain.

## BEST PRACTICES

### Performance Improvement

- Avoid imaging studies for acute back pain if not medically indicated.

### Member Experience

- Provide educational materials, exercises, resources, and recommendations to improve physical activity.
- Provide physical therapy referrals to your patients to learn effective and safe exercises.
- Educate members on comfort measures, pain control and other alternative treatments.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	Trauma: S3992XA, S39012A Uncomplicated low back pain: M54.9, M54.16
CPT	Imaging Study: 72100, 72110, 72131, 72141, 72148 Osteopathic and Chiropractic: 98941, 98940

- Exclusions
- Hospice
  - Deceased in MY
  - Palliative Care
  - Frailty & advanced illness diagnosis
  - Members with cancer
  - Recent trauma
  - IV drug abuse
  - Neurologic impairment
  - HIV
  - Spinal infection
  - Major organ transplant
  - Prolonged use of corticosteroids
  - Osteoporosis
  - Fragility fracture
  - Lumbar surgery
  - Spondylopathy

*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- Administrative



## Cut Points

Medicare Percentile



>= 55

≥ 71

MIPS # 418 Decile 8

49.2 - 79.8



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Pharmacy Data

# OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

Women aged 67 - 85 years who have suffered a fracture and had either a bone mineral density (BMD) test or a prescription to treat osteoporosis in the 180 days (six months) after the fracture.

## BEST PRACTICES

### Performance Improvement

- Please review Appendix Table 3 for osteoporosis medication reference list.
- Consider ordering a DEXA scan or BMD screening on all women 65 years of age and older every two years. (SEXA test does not meet criteria).
- Appropriate testing or treatment for osteoporosis must be initiated within 180 days of fracture.

### Member Experience

- Provide educational materials, exercises, resources, and recommendations to improve physical activity.
- Provide physical therapy referrals to your patients to learn effective and safe exercises.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	G20, E0431
CPT	Bone Mineral Density: 77080
HCPCS	Radiology: J3489, J0897, J1740, J3111, G9054, M1017 Exclusion Codes - Osteoporosis therapy: J3489, J0897
Exclusions	Hospice in MY Deceased in MY Palliative Care Frailty & Advanced Illness Diagnosis Member received osteoporosis therapy or medication during PY. Member received bone mineral density test 24 months prior to episode date.

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicaid Percentile



80.8

84.6

Marketplace Percentile



89.5

93.0



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Record

# PRENATAL & POSTPARTUM CARE: POSTPARTUM CARE (PPC-PPC)

Percentage of live births where the member received a postpartum visit on or between 7 – 84 days after delivery.

## BEST PRACTICES

### Performance Improvement

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure and will reduce the need for medical record requests by SSHP.
- Postpartum visit, cervical cytology, and bundled service documenting date when postpartum care was rendered meet all criteria.
- Include the dates of service for all visits with the bundled charge.
- Medical record must include date, notation of postpartum care, and at least one of the following:
  - Pelvic exam (PAP test meets criteria).
  - Evaluation of weight, BP, breasts (or notation of breastfeeding), and abdomen.
  - Notation of postpartum care documented during the visit such as PP care, PP check, 6-week check, preprinted postpartum care form, or perineal or cesarean incision/wound check.
  - Documentation of any infant care, breastfeeding, family planning, sleep/fatigue, and/or resumption of physical activity and attainment of healthy weight.
  - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.

### Member Experience

- Schedule a postpartum visit at the time of discharge from the hospital. Provide educational materials, exercises, resources, and recommendations for Prenatal and Postpartum Care

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis O99.342, O26.813, O26.812, 10E0XZZ

CPT 59430, 59400 Cervical cytology: 88141

CPT II 0503F, 0502F

HCPCS G0101, G0463

Exclusions Hospice in MY  
Deceased in MY

*Refer to Appendix Table 1 for additional exclusion codes.*





## Cut Points

Medicaid Percentile



84.2 91.1

Marketplace Percentile



90.0 93.6

UDS

Table 6B Line 7

80.5

# PRENATAL & POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE (PPC-TOPC)

Percentage of live births where member received a prenatal care visit in the first trimester of the pregnancy or within 42 days of enrollment.

## BEST PRACTICES

### Performance Improvement

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure and will reduce the need for medical record requests by SSHP.
- Medical record documentation must include a pregnancy-related diagnosis code, the date of the prenatal care visit, name, and title of PB/GYN or PCP, and evidence of prenatal procedure.
- For multiple births by the same member in a measurement year, each delivery will be counted as an event/diagnosis.
- Prenatal visit must include at least one of the following:
  - Basic obstetrical exam that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or fundal height measurement
  - Obstetric panel screening
  - Ultrasound of pregnant uterus
  - TORCH antibody panel
  - Rubella antibody test AND ABO, Rh, or ABO/Rh test
- Consider implementing a process that captures pregnancy diagnosis codes to engage pregnant members as soon as possible.
- Notify the health plan to explore the option for receiving NOP reporting.
- Utilize the “Notice of Pregnancy” report found in Provider Analytics via the Provider Portal.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Record

## Member Experience

- Provide educational materials, exercises, resources, and recommendations for prenatal care.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	O99.981, O34.211, O480, O2683
CPT	59400
CPT II	0500F, 0501F, 0502F
HCPCS	G0463, T1015
Exclusions	Hospice in MY Deceased in MY <i>Refer to Appendix Table 1 for additional exclusion codes.</i>



# PRENATAL DEPRESSION SCREENING & FOLLOW-UP (PND-E)

## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

Screening

8.8 36.8

Follow up

★★★★★ ★★★★★★

60.7 69.0

Marketplace Percentile

★★★★★ ★★★★★★

Screening

1.1 5.7

Follow up

★★★★★ ★★★★★★

64.3 67.5

The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

- *Depression Screening.* The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- *Follow-Up on Positive Screen.* The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

## BEST PRACTICES

### Performance Improvement

- Screening Tool Examples: Patient Health Questionnaire (PHQ-9, PHQ-9M), Beck Depression Inventory-Primary Care Version (BDI-FS, BDI/BDI-II,PDI-PC), Center for Epidemiological Studies Depression Scale (EPDS), PROMIS Depression, Edinburgh Postnatal Depression Scale (EPDS), Duke Anxiety-Depression Scale (DUKE-AD),
- Follow-Up Plan – Documented follow-up for a positive depression screening must include one or more of the following: Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screening.

### Member Experience

- Provide educational materials, exercises, resources, and recommendations for prenatal care.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	O99.342, O26.813, O26.812, 10E0XZZ, F29, F39
CPT	99213, 99214
HCPCS	G0463
Exclusions	Hospice in MY Deceased in MY Deliveries that occurred less than 37 weeks gestation <i>Refer to Appendix Table 1 for additional exclusion codes.</i>



## Measure Steward

- HEDIS®



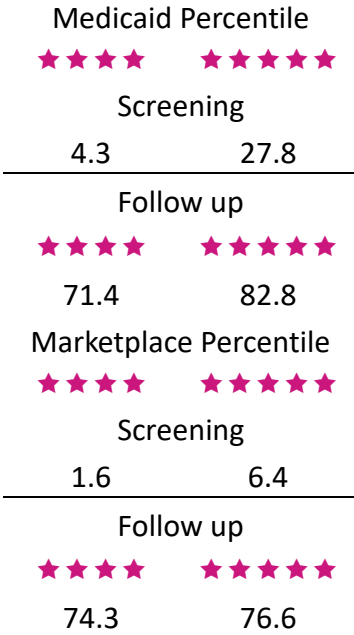
## Data Collection

- ECDS



# POSTPARTUM DEPRESSION SCREENING & FOLLOW-UP (PDS-E)

## Cut Points



The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

- *Depression Screening.* The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- *Follow-Up on Positive Screen.* The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

## BEST PRACTICES

### Performance Improvement

- Screening Tool Examples: Patient Health Questionnaire (PHQ-9, PHQ-9M), Beck Depression Inventory-Primary Care Version (BDI-FS, BDI/BDI-II, PDI-PC), Center for Epidemiological Studies Depression Scale (EPDS), PROMIS Depression, Edinburgh Postnatal Depression Scale (EPDS), Duke Anxiety-Depression Scale (DUKE-AD),
- Follow-Up Plan – Documented follow-up for a positive depression screening must include one or more of the following: Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screening.

### Member Experience

- Provide educational materials, exercises, resources, and recommendations for postpartum care.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	O99.342, O26.813, O26.812, 10E0XZZ, F29, F39
CPT	99213, 99214
HCPCS	G0463
Exclusions	Hospice in MY Deceased in MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- ECDS



# PRENATAL IMMUNIZATION STATUS – TDAP (PRS-E)

## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

Influenza

32.0 41.5

Tdap

★★★★★ ★★★★★★

67.5 75.0

Marketplace Percentile

★★★★★ ★★★★★★

Influenza

48.2 55.3

Tdap

★★★★★ ★★★★★★

79.7 84.2

The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

## BEST PRACTICES

### Performance Improvement

- Advisory Committee on Immunization Practices (ACIP) clinical guidelines recommend that pregnant women receive one dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

### Member Experience

- Educate member on the importance of vaccination during pregnancy.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	O99.342, O26.813, O26.812, 10E0XZZ, F29, F39
CPT	90686, 90715
CVX	171
Exclusions	Hospice in MY Deceased in MY Deliveries that occurred less than 37 weeks gestation <i>Refer to Appendix Table 1 for additional exclusion codes.</i>



## Measure Steward

- HEDIS®



## Data Collection

- ECDS

# CHILD & ADOLESCENT PREVENTIVE CARE & TREATMENT





# CHILDHOOD IMMUNIZATION STATUS (CIS)

## Cut Points

### Medicaid Percentile



#### Combo 3

64.0      74.0

#### Combo 7

59.1      65.7

#### Combo 10

35.0      45.3

### Marketplace Percentile



#### Combo 3

83.9      87.2

#### Combo 7

79.1      83.0

#### Combo 10

64.4      70.6

### MIPS #240 Decile 10

60.0

### UDS

### Table 6B Line 10

33.2

Percentage of members aged two years who have completed all required dosages for DTaP, IPV, MMR, HiB, VZV, PCV, Hep A, Hep B, RV, and flu vaccines or allowed combinations before or on their second birthday.

## BEST PRACTICES

### Performance Improvement

- Refer to the CDC website for current immunization schedules.
- Re-enroll in the VFC program annually during open enrollment period.
- Utilize Bright Future’s periodicity schedule.

### Member Experience

- Educate parents/caregivers of immunizations needed and the frequency requirement.
- Offer educational materials on vaccinations.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes ICD-10    T80.52XA, T80.52XD, T80.52XS  
 Diagnosis

CPT    DTaP - 90698, 90723, 90700; IPV - 90698, 90723; MMR - 90707, 90710; HiB - 90698, 90648, 90647; HepB – 90723; VZV - 90716, 90710; PCV – 90670; HepA – 90633; RV - 90681 (2 dose), 90680 (3 dose)

CVX    DTaP – 120; IPV - 120, 110; MMR - 03, 94; HiB – 120; HepB – 110; VZV - 31, 83, 85; PCV - 133, 152, 33; HepA - 31, 83, 85; RV - 122, 116 (3 dose), 119 (2 dose); Flu - 158, 150, 153

HCPCS    HepB - G0010; PCV - G0009; Flu - G0008

Exclusions    Hospice  
 Deceased MY  
 Members who had a contraindication to a childhood vaccine on or before their second birthday.  
*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection\*

- Administrative
- Hybrid

*\*Measure includes optional ECDS reporting for Marketplace line of business*



# IMMUNIZATIONS FOR ADOLESCENTS (IMA)

## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

Combo 1

83.9 89.1

Combo 2

38.9 48.8

Marketplace Percentile

★★★★★ ★★★★★★

Combo 1

88.7 92.0

Combo 2

38.9 46.2

MIPS # 394 Decile 10

45.6

Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

## BEST PRACTICES

### Performance Improvement

- The Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination for adolescents at age 11 or 12 years.
- CIP recommends a single dose of vaccine be administered at age 11 or 12 years.
- ACIP recommends routine vaccination with a quadrivalent meningococcal conjugate vaccine (MenACWY) for adolescents aged 11 or 12 years, with a booster dose at age 16 years.
- Submit all immunizations to ASIIS.
- Re-enroll in the VFC program annually during open enrollment period.
- Utilize Bright Future’s periodicity schedule.

### Member Experience

- Educate parents on the importance of vaccinations and provide the CDC recommended immunization schedule.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes T80.52XA, T80.52XD, T80.52XS

ICD-10 Diagnosis

CPT Meningococcal – 90734

Tdap – 90715

HPV – 90649-90651

CVX Meningococcal – 108, 114, 136, 147, 167

Tdap – 115

HPV – 62, 118, 137, 165

Exclusions Hospice in MY

Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid



## Cut Points

Medicaid Percentile



67.1



79.3



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Record

# LEAD SCREENING IN CHILDREN (LSC)

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

## BEST PRACTICES

### Performance Improvement

- Blood lead screening and testing is required for all Medicaid members at 12 months and 24 months of age.
- In the state of Nevada, lead exposure is a reportable condition by law. Per NRS 441A, reports of specified diseases, outbreaks, and extraordinary occurrences of illness MUST be made to the local health authority.
  - This law requires physicians, registered nurses, and directors of medical facilities to report lead exposure and blood lead levels above the CDC's BLRV as events of concern.
- Per NRS 442.700
  - ALL tests – both positive and negative, capillary, and venous – must be reported, including those conducted in your office or facility.
  - ALL lead tests must include the child's name, sex, race, ethnicity, date of birth, address and zip code, date of sample collection, type of sample collected, and the provider's name and contact information.
- "Unknown" is not considered a result/finding for medical record reporting.
- Please note that a questionnaire type screening does not meet criteria.

### Member Experience

- Ensure care coordination for members with elevated blood lead levels for timely follow-up and retesting.
- Refer members to Case Management immediately when blood lead levels exceed current CDC recommendations.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CPT	83655
LOINC	27129-6, 5671-3, 10368-9, 5674-7, 10912-4, 77307-7, 14807-2, 32325-3, 25459-9, 17052-2
SNOMED	8655006, 35833009
Exclusions	Hospice Deceased MY <i>Refer to Appendix Table 1 for additional exclusion codes.</i>





## Cut Points

Medicaid Percentile



43.2

49.4

Marketplace Percentile



Baseline Measurement  
Year

# ORAL EVALUATION, DENTAL SERVICES (OEV)

Percentage of children under the age of 21 who received a comprehensive or periodic oral evaluation during the measurement year.

## BEST PRACTICES

### Performance Improvement

- Utilize Bright Future’s periodicity schedule.
- A primary goal of dental or oral healthcare is to prevent tooth decay, also known as cavities, cause by dental caries.
- Refer members for regular dental screenings.
- Refer to the EPSDT Provider Resource Guide for best practices, links, and tools.
- The American Association of Pediatric Dentistry (AAPD) recommends that dental visits begin by age one.



## Measure Steward

- HEDIS®/CMS Child Core Set



## Data Collection

- Administrative

### Member Experience

- Schedule the next appointment while the member is still in office.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CDT D0120, D0150, and D0145

---

Exclusions *Marketplace only:*  
Hospice in MY  
Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

First Molar

46.4            57.3

All Four Molars

32.9            40.0

---

UDS

Table 6B Line 22

58.39

# SEALANT RECEIPT ON PERMANENT FIRST MOLARS (SFM)

Percentage of children who have ever received sealants on permanent first molar teeth with at least one sealant and all four molars sealed by their 10th birthdate.

## BEST PRACTICES

### Performance Improvement

- Utilize Bright Future’s periodicity schedule.
- Refer members for regular dental screenings.
- Two rates are calculated:
- At least one sealant on a permanent first molar by the 10th birthdate.
- All four permanent first molars sealed by the 10th birthdate.



## Measure Steward

- CMS Child Core Set



## Data Collection

- Administrative

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CDT D0602, D0603, D1351



# TOPICAL FLUORIDE FOR CHILDREN (TFL)

## Cut Points

Medicaid Percentile



19.3



23.3

Percentage of members 1–20 years of age who received at least two fluoride applications during the measurement year.



## Measure Steward

- CMS Child Core Set

## BEST PRACTICES

### Performance Improvement

- Utilize Bright Future’s periodicity schedule.
- Refer members for regular dental screenings.
- AAPD recommends topical fluoride treatments be provided every six months starting at age 12-24 months and into adolescence.
- Refer to the EPSDT Provider Resource Guide for best practices, links, and tools.



## Data Collection

- Administrative

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CDT/CPT D1206, D1208, and 99188



## Cut Points

Medicaid Percentile



15 Months

61.6          68.1

30 Months

69.4          77.8

Marketplace Percentile



15 Months

86.6          89.7

30 Months

92.1          95.2



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

# WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30)

Percentage of members who turned 15 months during the measurement year who received six or more well-child visits between 0-15 months.

**and**

Percentage of members who turned 30 months during the measurement year who received two or more well-child visits between 15-30 months.

## BEST PRACTICES

### Performance Improvement

- Utilize sick visits and sports physicals as an opportunity to complete screenings and immunizations as needed.
- Visit needs to be completed with a PCP but does not have to be completed with their assigned PCP.
- Visits with a nurse practitioner or physician assistant meet the measure.
- Consider offering telehealth wellness visits.
- Reference the EPSDT Provider Resource Guide for best practices, links & tips.
- Schedule next visit before the member leaves appointment.
- Utilize Bright Future’s periodicity schedule.

### Member Experience

- Educate parents/caregivers of screenings and immunizations needed and the frequency requirement.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	Z00.00, Z00.01, Z00.129
CPT	99381 – 99385, 99391-99395
Allowable Telehealth Modifiers	GT, 95, 02
HCPCS	G0438, G0439
Exclusions	Hospice in MY Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicaid Percentile



BMI

83.2            89.7

Nutrition

76.0            83.5

Physical

72.5            81.5

Marketplace Percentile



BMI

82.1            87.6

Nutrition

75.2            81.8

Physical

73.5            80.0

MIPS #239 Decile 10

66.6

UDS

Table 6B Line 12

69.8

# WEIGHT ASSESSMENT & COUNSELING FOR NUTRITION & PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

Percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- BMI Percentile documentation
- Counseling for Nutrition
- Counseling for Physical Activity.

## BEST PRACTICES

### Performance Improvement

- Documentation must include height, weight, and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source.
- Documentation of counseling for physical activity or referral for physical activity and documentation of counseling for nutrition or referral for nutrition education during the measurement year as identified by administrative data or medical record review must be included.
- Document BMI at the exact number, do not use a range.

### Member Experience

- Provide educational materials, exercises, resources, and recommendations for healthy nutrition and child and adolescent health.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis    BMI: Z68.53, Z68.54

Nutritional Counseling: Z71.3

Physical Activity: Z02.5

CPT    Nutritional Counseling: 97803

Telephone Visit: 99441-99443 (Does not include BMI)

Virtual/Online Visit: 99457, 99444 (Does not include BMI)

HCPCS    Nutritional Counseling: S9470

Physical Activity: G0447, S9451

Virtual/Online Visit: G2012 (Does not include BMI)

Exclusions    Hospice

Pregnancy in MY

Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Record



# CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

## Cut Points

Medicaid Percentile



48.1

61.2

Marketplace Percentile



64.2

72.1

Percentage of members aged 3 – 21 years who had at least one comprehensive well-care visit with a Primary Care Practitioner or an OB/GYN during the measurement year.

## BEST PRACTICES

### Performance Improvement

- Utilize sick visits and sports physicals as an opportunity to complete screenings and immunizations as needed.
- Visit needs to be completed with a PCP but does not have to be completed with their assigned PCP.
- Visits with a nurse practitioner or physician assistant meet the measure.
- Consider offering telehealth wellness visits.
- Reference the EPSDT Provider Resource Guide for best practices, links & tips.
- Schedule next visit before the member leaves appointment.
- Utilize Bright Future’s periodicity schedule.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

### Member Experience

- Provide educational materials, exercises, resources, and recommendations for healthy nutrition and child and adolescent health.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis Z00.00, Z00.01, Z00.129

CPT 99381 – 99385, 99391-99395

Allowable GT, 95, 02

Telehealth

Modifiers

HCPCS G0438, G0439

Exclusions Hospice in MY

Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*

# CHRONIC DISEASE MANAGEMENT





## Cut Points

Medicaid Percentile



## Measure Steward

- HEDIS®
- Hybrid/Medical Record
- Progress Notes



## Data Collection

- Administrative
- Hybrid/Medical Record

# BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

Members ages 18 - 75 years diagnosed with diabetes and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during measurement year.

Reminder: The last blood pressure reading of the measurement year determines compliancy.

## BEST PRACTICES

### Performance Improvement

- Member is considered uncontrolled if there is no BP reading in the record during the MY.
- Retake BP at least 20 minutes later if original BP taken is  $\geq 140/90$  and document results.
- Refer member to nephrology or cardiology if unable to achieve a lower blood pressure after repeated attempts.
- Consider submitting a Supplement data source feed to increase performance.
- CPT II codes must be utilized to capture range values and close the care gap.
- Allowing the Health Plan EMR access will decrease administrative burden and increase performance.
- Member reported blood pressures are acceptable using an electronic blood pressure cuff.

### Member Experience

- Proactively provide member educational materials around the importance of BPD and controlling it

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis E11.9, E11.65, E11.69

CPT II Systolic Blood Pressure: 3074F, 3075F, 3077F  
 Diastolic Blood Pressure: 3078F, 3079F, 3080F  
**\*Both Systolic and Diastolic must be billed.**

Exclusions Hospice in MY, Palliative Care  
 ESRD Diagnosis, Kidney Transplant, Dialysis or Nephrectomy in MY  
 Pregnancy in MY  
 Frailty, Advanced Illness  
 Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*





# CONTROLLING HIGH BLOOD PRESSURE (CBP)

## Cut Points

Medicaid Percentile	
★★★★★	★★★★★★
65.5	72.2
Marketplace Percentile	
★★★★★	★★★★★★
69.7	74.0
Medicare STARS	
★★★★★	★★★★★★
>= 74	>= 82
MIPS #236 Decile 8	
70.0 – 80.0	

Members ages 18 - 85 years diagnosed with hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during measurement year.

Reminder: The last blood pressure reading of the measurement year determines compliancy.

## BEST PRACTICES

### Performance Improvement

- Member is considered uncontrolled if there is no BP reading in the record during the MY.
- Retake BP at least 20 minutes later if original BP taken is  $\geq 140/90$  and document results.
- Refer member to nephrology or cardiology if unable to achieve a lower blood pressure after repeated attempts.
- Consider submitting a Supplement data source feed to increase performance.
- CPT II codes must be utilized to capture range values and close the care gap.
- Allowing the Health Plan EMR access will decrease administrative burden and increase performance.
- Member reported blood pressures are acceptable using an electronic blood pressure cuff.
- Promote member's use of OTC benefits to purchase an electronic cuff.



## Measure Steward

- HEDIS®
- Hybrid/Medical Record
- Progress Notes

### Member Experience

- Proactively provide member educational materials around the importance of CBP and controlling it



## Data Collection

- Administrative
- Hybrid/Medical Record

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	I10
CPT II	Systolic Blood Pressure: 3074F, 3075F, 3077F Diastolic Blood Pressure: 3078F, 3079F, 3080F <b>*Both Systolic and Diastolic must be billed.</b>

Exclusions	Hospice in MY, Palliative Care ESRD Diagnosis, Kidney Transplant, Dialysis or Nephrectomy in MY Pregnancy in MY Frailty, Advanced Illness Members deceased during MY <i>Refer to Appendix Table 1 for additional exclusion codes.</i>
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## Cut Points

Medicare Percentile



>= 60



>= 68

# FOLLOW-UP AFTER ED VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS (FMC)

Percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

## BEST PRACTICES

### Performance Improvement

- The following are eligible chronic condition diagnoses: COPD and asthma; Alzheimer's disease and related disorders; chronic kidney disease; Depression; Heart failure; Acute myocardial infarction; Atrial fibrillation; and Stroke and transient ischemic attack.
- Follow-up visits can include outpatient visits, telephone visits, case management visits, behavioral health visits, and partial hospitalizations.
- Consider utilizing home health, therapists, and telehealth visits if possible.
- If speaking to a caregiver instead of the member, document the member is unable to speak for themselves.
- Utilize the provider portal for notifications from the health plan on member admissions, transfers, and discharges.

### Member Experience

- Have a defined process for monitoring member admission and discharge notifications daily.
- Begin discharge planning at hospital admission.
- Assist members in resolving barriers to obtaining needed medications.
- Educate members on the appropriate use of the emergency department versus primary care or urgent care visits.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CPT 99443 (telephone)

---

Exclusions Hospice in MY  
ED visits resulting in an acute or nonacute inpatient stay on or within 7 days of ED visit.  
Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



# EYE EXAM FOR PATIENTS WITH DIABETES (EED)

## Cut Points

Marketplace Percentile



57.7                      64.2

Medicare STARS



>= 73                      >= 81

MIPS #117 Decile 2

48.3-95.7

Percentage of members ages 18 -75 years with diabetes (Type I & Type II) who had a retinal eye exam.

## BEST PRACTICES

### Performance Improvement

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure and will reduce the need for medical record requests by SSHP.
- Documentation must include who completed the procedure or reviewed the results, date of procedure, and results.
- Eye exams positive for retinopathy require an annual exam, otherwise exams are only needed every other year.
- Fundus photography must be interpreted by an eye care provider unless the camera utilizes artificial intelligence.
- Documentation of hypertensive retinopathy counts as POSITIVE result of retinopathy.
- Blindness is not an exclusion.
- Consider obtaining a desktop or mobile camera and contracting with an interpretation group.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Record
- Progress Notes
- Test Results

## Member Experience

- Proactively provide member educational materials around the importance of EED.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	E11.9, E11.65, E11.69
CPT II	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F
HCPCS	S0621
Exclusion Codes	E09.65, E09.9
ICD-10 Diagnosis	
Exclusions	Hospice in MY Palliative Care Frailty & Advanced Illness Did not have a diagnosis of diabetes in MY or prior MY and PCOS, Gestational, or Drug Induced Diabetes Members deceased during MY.

*Refer to Appendix Table 1 for additional exclusion codes*



## Cut Points

### Medicaid Percentile



In Control (<8.0%)

55.7      62.3

Poor Control (>9.0%)

33.5      29.4

### Marketplace Percentile



Poor Control (>9.0%)

23.6      20.4

### Medicare STARS



In Control (<8.0%)

>= 80      >= 87

MIPS #001 Decile 9

20.0 - 10.0



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Record
- Test results
- Progress notes
- Lab reports

# HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (HBD)

Members aged 18 – 75 years with diabetes (Type I & II) whose last HbA1c test of the measurement year was <8.0% (In Control) or >9.0% (Poor Control). A lower rate for Poor Control (>9.0%) indicates higher performance as the measure is inverted. A higher rate for In Control (<8.0%) indicates higher performance.

Reminder: The last HbA1c result of the measurement year determines compliancy

## BEST PRACTICES

### Performance Improvement

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure and the need for medical record requests by SSHP.
- A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9% indicate better care).
- Work with members who's HbA1c results are high (assess/adjust medications, enroll in a disease management program, etc.) and retest every three months.
- Medical record must include the HbA1c test date and results.
- Utilize of point of care testing during office visits or in-home testing kits.
- Consider setting up a Supplemental data source feed or allowing EMR access to increase performance.
- Member-reported results in a medical history portion / HPI of the progress note from a PCP or appropriate specialist (e.g., "HPI: Member reports A1c level was 5.5 on 3/28/20MY") contained within the medical record is acceptable.

### Member Experience

- Proactively provide member educational materials around the importance of A1C monitoring.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	E11.9, E11.65, E11.69
CPT	83036, 83037
CPT II	3044F (<7.0%), 3046F (>9.0%), 3051F (7.0% - 8.0%), 3052F (8.0% - 9.0%)
Exclusion Codes	E09.65, E09.9, E28.2, O24.410
ICD-10 Diagnosis	
Exclusions	Hospice in MY, Deceased in MY, Palliative Care, Frailty & Advanced Illness, Members who did not have a diagnosis of diabetes, PCOS, Gestational, or Steroid-induced diabetes diagnosis in MY and prior MY.

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Marketplace Percentile



48.7



55.9

Medicare STARS



>=56



>=65

# KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), during the measurement year.

## BEST PRACTICES

### Performance Improvement

- At least once a year, assess urinary albumin (e.g., spot urinary albumin-to-creatinine ratio) and estimated glomerular filtration rate in patients with type 1 diabetes, in all patients with type 2 diabetes, and in all patients with comorbid hypertension.
- Providers should make sure they are ordering both lab components for this measure. This includes an eGFR (Blood Test) and a uACR (Urine Test for Albumin & Creatinine reported as a ratio).

### Member Experience

- Encourage members to work with their care management team to ensure care coordination/continuity of care.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CPT Estimated Glomerular Filtration Rate Lab (eGFR): 80053, 80048, 80050  
 Quantitative Urine Albumin Lab test: 82043  
 Urine Creatinine Lab Test: 82570

---

Exclusions Hospice in MY  
 Members deceased during MY  
 Members who did not have a diagnosis of diabetes during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes, in any setting during the MY or the year prior to the MY  
 ESRD or dialysis any time during member's history on or prior to December 31 of the MY  
 Palliative care  
 Frailty and advanced illness  
*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- Administrative



# TRANSITIONS OF CARE (TRC)

The percentage of discharges for members 18 years of age and older who had each of the following. Four sub-measures are totaled for an average rate:

## Cut Points

Medicare Percentile



Average

>=64      >=78

RDI

>=34      >=54

EID

>=90      >=92

MRP

>=68      >=82

- **Notification of Inpatient Admission (NIA).** Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
- **Receipt of Discharge Information (RDI).** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
- **Patient Engagement After Inpatient Discharge (EID).** Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- **Medication Reconciliation Post-Discharge (MRP).** Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

## BEST PRACTICES

### Performance Improvement

- Documentation of notification of admission/discharge must include evidence of receipt including earliest date received by the office.
- Documentation can include communication between inpatient providers or emergency staff and PCP such as a phone call, email, or fax; automated admission, or discharge and transfer alert; communication via health information exchange or shared EMR systems; or communication from member's health plan.
- Follow-up care can include office, home, and telehealth visits.
- Medication reconciliation documentation must include a list of current medications with a notation that the provider reconciled the current and discharge medications or a notation that no medications were prescribed or ordered upon discharge.
- Utilize the HIE for notifications of admission, transfer, and discharge of members.
- Utilize the provider portal for notifications from the health plan on member admissions, transfers, and discharges.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Hybrid/Medical Records

### Member Experience

- Have a defined process for monitoring member admission and discharge notifications daily.
- Assist members in resolving barriers to obtaining needed medications.
- Refer members to chronic condition management.
- Educate members on the importance of taking part in preventative care and keeping their primary care appointments.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CPT II

Medication Reconciliation: 1111F

Exclusions

Hospice in MY, Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*

# BEHAVIORAL HEALTH





## Cut Points

Medicaid Percentile



39.0



51.0

# METABOLIC MONITORING FOR YOUTH ON ANTIPSYCHOTICS (APM)

Percentage of members ages 1 – 17 years who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

## BEST PRACTICES

### Performance Improvement

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure and will reduce the need for medical record requests by SSHP.
- Both blood glucose (HbA1c) and cholesterol (LCL-C) metabolic tests are required for compliance. Perform these tests annually to meet compliance.
- Consider using “Point of Care” testing in office and submitting a corresponding claim with the results of the test or pre-scheduling lab and follow-up visits when writing new prescriptions and refilling medications.

### Member Experience

- Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression.
- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CPT HbA1c: 83036, 83037, 80053

LDL-C: 80061, 83721

---

CPT II HbA1c: 3044F (<7.0%), 3046F (>9.0%), 3051F (7.0%-8.0%), 3052F (8.0%-9.0%)

LDL-C: 3049F, 3050F, 3048F

---

Exclusions Hospice in MY

Membered deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*





## Cut Points

Medicaid Percentile



63.9



73.9

# USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APP)

Percentage of members ages 1 -17 years who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as a first-line treatment.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

## BEST PRACTICES

### Performance Improvement

- Refer member for individual, family or group therapy while monitoring symptoms.
- Identify and remove barriers such as transportation to member attending therapy or follow-up appointments.

### Member Experience

- Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression.
- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis F31.32, F31.2, F20.9, F25.0, F25.9, F22

---

CPT In Person Visit: 98966-98968, 99212-99215, 99201-99205

Telephone Visit: 99441-99443

Virtual/Online Visit: 99457, 99444

---

HCPCS In Person Visit: G0463, H0004

Virtual/Online Visit: G2012

---

Exclusions Hospice in MY

Members deceased during MY

Members for whom first-line antipsychotic medications may be clinically appropriate: members with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service during the measurement year.

*Refer to Appendix Table 1 for additional exclusion codes,*



## Cut Points

Medicaid Percentile



7 Day

27.7                      38.2

30 Day

40.5                      53.4



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

# FOLLOW-UP AFTER ED VISIT FOR SUBSTANCE USE: 7 DAYS & 30 DAYS (FUA)

Percentage of emergency department (ED) visits for members aged 13 years and older principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow-up visit for SUD within seven days and within 30 days after ED visit.

## BEST PRACTICES

### Performance Improvement

- Follow-up appointments within seven days of discharge are key to reducing readmissions.
- Schedule the first follow-up visits within 5 days to allow rescheduling flexibility to meet the 7-day requirement.
- If the member is not seen within 7 days after discharge, ensure a follow-up appointment occurs within 30 days of discharge.
- Include the AOD diagnosis during outpatient visit to meet the criteria.

### Member Experience

- Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression.
- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis    F10.10, F10.20, F15.20

---

CPT    In Person Visit: 99212-99215, 99201-99205

Telephone Visit: 99441-99443

Virtual/Online Visit: 99457, 99444

---

HCPCS    In Person Visit: G0402, G0438, G0439, G0463, T1015

Virtual/Online Visit: G2012

---

Exclusions    Hospice in MY

Deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



### Cut Points

Medicaid Percentile



7 Day

52.9                  59.9

30 Day

63.5                  72.8

Marketplace Percentile



7 Day

54.6                  61.5

30 Day

76.3                  80.5

MIPS #391 No Decile

# FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS: 7 DAYS & 30 DAYS (FUH)

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 and 30 days.

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Table 4 for mental health provider (MHP) definitions.
- Follow-up appointments within seven days of discharge are key to reducing readmissions.
- Schedule the first follow-up visits within 5 days to allow for rescheduling flexibility.
- If the member is not seen within 7 days after discharge, ensure a follow-up appointment occurs within 30 days of discharge.
- Visits occurring on the date of discharge do not count towards measure compliance.
- Include the mental health diagnosis during outpatient visit to meet the criteria.
- Consider appointment reminders to help member keep follow up appt.

### Member Experience

- Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression.
- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	F99, F29, F33.1, F419, F250, F411, F4320
CPT	In Person Visit: 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015 Virtual/Online: G2012
Exclusions	Hospice in MY Members deceased during the MY

*Refer to Appendix Table 1 for additional exclusion codes.*



### Measure Steward

- HEDIS®



### Data Collection

- Administrative



### Cut Points

Medicaid Percentile



7 Day

37.3                      53.7

30 Day

57.9                      71.3

# FOLLOW-UP AFTER HIGH-INTENSITY CARE FOR SUBSTANCE USE DISORDER: 7 DAYS & 30 DAYS (FUI)

Percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for members aged 13 years and older with a principal diagnosis of substance use disorder, who had a follow-up visit for substance use within 7 and 30 days after visit or discharge.



### Measure Steward

- HEDIS®



### Data Collection

- Administrative

## BEST PRACTICES

### Performance Improvement

- Follow-up appointments completed within seven days of discharge are key to reducing readmissions.
- If the member is not seen within 7 days after discharge, ensure a follow-up appointment occurs within 30 days of discharge.
- Include the mental health diagnosis during outpatient visit to meet the criteria.
- Consider reminder calls for appointments.

### Member Experience

- Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression.
- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis    F1120, F1020, F1520, F1010, F1220, F1510

CPT    In Person Visit: 99201-99205

Telephone Visit: 99441-99443

Virtual/Online Visit: 99457, 99444

HCPCS    In Person Visit: G0402, G0438, G0439, G0463, T1015

Virtual/Online: G2012

Exclusions    Hospice in MY

Members deceased during the MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicaid Percentile



7 Day

51.3

61.7

30 Day

60.1

73.3



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

# FOLLOW-UP AFTER ED VISIT FOR MENTAL ILLNESS: 7 DAYS & 30 DAYS (FUM)

Percentage of emergency department (ED) visits for members aged 6 years and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 and 30 days after ED visit.

## BEST PRACTICES

### Performance Improvement

- Follow-up appointments completed within seven days of discharge are key to reducing readmissions.
- Follow up visit completed same day of ED discharge meets the criteria.
- If the member is not seen within 7 days after discharge, ensure a follow-up appointment occurs within 30 days of discharge.
- Include the mental health diagnosis during outpatient visit to meet the criteria.
- Consider reminder calls for appointments.

### Member Experience

- Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression.
- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis F99, F29, F33.1, F419, F250, F411, F4320

CPT In Person Visit: 99201-99205

Telephone Visit: 99441-99443

Virtual/Online Visit: 99457, 99444

HCPCS In Person Visit: G0402, G0438, G0439, G0463, T1015

Virtual/Online: G2012

Exclusions Hospice in MY

ED visits that result in inpatient stays.

*Refer to Appendix Table 1 for additional exclusion codes.*



### Cut Points

Medicaid Percentile



70.6

77.0

# DIABETES CARE FOR PEOPLE WITH SERIOUS MENTAL ILLNESS - POOR CONTROL (HBA1C >9.0%) (HPCMI)

Percentage of members ages 18 – 75 years with a serious mental illness and diabetes (Type I & Type II) whose most recent hemoglobin A1c (HbA1c) is > 9.0%.

A lower rate indicates better performance.



### Measure Steward

- HEDIS®



### Data Collection

- Administrative
- Hybrid

## BEST PRACTICES

### Performance Improvement

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure and will reduce the need for medical record requests by SSHP.
- A lower rate indicates better performance for this measure.
- A member is considered to have poor control if:
  - HbA1c test result is >9.0%
  - HbA1c test is not complete
  - HbA1c test date or result is missing
- Utilize point of care testing during office visits or in-home testing kits.
- Implement a process to retest the member after 90 days.

### Member Experience

- Encourage the member to utilize SSHP assistance by contacting the Customer Care Center and asking for Care Management at 1-844-366-2880 (TTY: 711).

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis Schizophrenia: F20.9, F25.0, F25.9  
 Bipolar Disorder: F31.32, F31.2  
 Other Bipolar Disorders: F31.81, F31.89, F31.9

---

CPT 83036, 83037

---

CPT II In Person Visit: G0438, G0439, G0463, T1015  
 3044F (<7.0%), 3046F (>9.0%), 3051F (7.0% - 8.0%), 3052F (8.0% - 9.0%)

---

Exclusions Hospice in MY  
 Members deceased during MY  
 Palliative care

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

Initiation

46.9 55.2

Engagement

16.9 24.4

Marketplace Percentile

★★★★★ ★★★★★★

Initiation

40.4 45.0

Engagement

16.5 18.6

MIPS #305 Decile 10

10.2



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

# INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT (IET)

Percentage of members aged 13 years and older with a new episode of substance use disorder (SUD) that result in treatment initiation and engagement. Two rates are reported:

- **Initiation of SUD Treatment.** The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days.
- **Engagement of SUD Treatment.** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Table 9a and 9b for MAT reference lists.
- A new episode of AOD abuse or dependence is determined by:
- An outpatient visit, telehealth, intensive outpatient visit, or partial hospitalization with primary diagnosis of AOD abuse or dependence within 14 days of discharge.
- Detoxification visit, ED visit, acute or non-acute inpatient discharge, telephone visit, or online assessment; with one of the following: Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence.
- Consider using motivational interviewing to discuss treatment options.

### Member Experience

- Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression.
- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis F10.20, F10.10, F11.23, F11.20, F15.20

CPT In Person Visit: 99212-99215, 99201-99205

Telephone Visit: 99441-99443

Virtual/Online Visit: 99457, 99444

HCPCS In Person Visit: G0402, G0438, G0439, G0463

Virtual/Online Visit: G2012

Exclusions Hospice in MY

Members deceased during the measurement year.

*Refer to Appendix Table 1 for additional exclusion codes.*



### Cut Points

Medicaid Percentile



# DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)

Percentage of members ages 18 – 64 years with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.



### Measure Steward

- HEDIS®

## BEST PRACTICES

### Performance Improvement

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure and will reduce the need for medical record requests by SSHP.
- Ensure utilization of appropriate diagnostic codes.
- Consider standing lab orders to increase compliance.

### Member Experience

- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.



### Data Collection

- Administrative

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	Schizophrenia: F20.9, F25.0, F25.9, F3.19 Bipolar Disorder: F31.32, F31.2
CPT	80048, 80050, 80053, 80069, 82947, 82950, 83036, 83037
CPT II	3044F (<7.0%), 3046F (>9.0%), 3051F (7.0% - 8.0%), 3052F (8.0% - 9.0%)
HCPCS	G0438, H0004, H0031, H2010, H2014, H2019
Exclusions	Hospice in MY Diabetes diagnosis Deceased in MY <i>Refer to Appendix Table 1 for additional exclusion codes.</i>





## Cut Points

Medicaid Percentile



Baseline Measurement  
Year

UDS

Table 6B Line 21

70.0



## Measure Steward

- CMS Child & Adult Core Set



## Data Collection

- Administrative

# SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (CDF)

Percentage of members aged 12 years and older screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

## BEST PRACTICES

### Performance Improvement

- Screening Tool Examples: Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI/BDI-II, PDI-PC), Mood Feeling Questionnaire (MFQ), Patient Health Questionnaire (PHQ-9), Pediatric Symptom Checklist (PSC-17), PRIME (MD-PHQ2).
- Follow-Up Plan – Documented follow-up for a positive depression screening must include one or more of the following:
  - Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screening.
  - Pharmacological interventions
  - Refer to the EPSDT Provider Resource Guide for AHCCCS Requirements, links, and tools.

### Enhanced Member Experience

- Provide Appointment Availability standards to member to ensure timely and appropriate follow up for continued continuity of care.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis F29, F39, F22, F41.1, F33.1

HCPCS G8431, G8510

Exclusions Active diagnosis of depression or bipolar disorder  
*Refer to Appendix Table 1 for additional exclusion codes.*

# MEDICATION MANAGEMENT





## Cut Points

Medicaid Percentile



Initiation

46.7      54.3

Continuation

57.9      63.9

MIPS #366 No Decile



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- ECDS\*

*\*Optional ECDS Reporting but not confirmed from CMS Core set.*

# FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

Percentage of members ages 6 – 12 years newly prescribed an attention-deficit/hyperactivity disorder (ADHD) medication with at least three follow-up care visits within a 10-month period, one within 30 days of when the first ADHD medication was dispensed.

## Initiation Phase

The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

## Continuation and Maintenance (C&M) Phase

The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Table 8 for ADHD medication reference list.
- Schedule a follow-up appointment within 30 days for all children who are dispensed new ADHD medication at time of initial visit.
- The American Academy of Child and Adolescent Psychiatry (AACAP) recommends that comprehensive treatments plans be reviewed regularly and modified if symptoms do not respond.

### Member Experience

- Encourage members to utilize SSHP for assistance by calling the Customer Care Center and asking for Care Management at 1-844-366-2880 (TTY: 711).

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis F90.0, F90.2, F90.9, F11.20, F99, F419

CPT 96152, 96150

HCPCS H2010, S9485, H2012, G2012, S9484

Exclusions Hospice in MY  
Deceased in MY  
Narcolepsy diagnosis

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

Acute

60.8 74.2

Continuation

46.7 58.1

Marketplace Percentile

★★★★★ ★★★★★★

Acute

80.9 83.3

Continuation

65.4 69.2



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

# ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

Percentage of members ages 18 years and older with a diagnosis of major depression treated with and remained on an antidepressant medication treatment.

## Effective Acute Phase Treatment

The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

## Effective Continuation Phase Treatment

The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

## BEST PRACTICES

### Performance Improvement

- Reference Appendix Table 6 for Antidepressant medication reference list.
- Measure includes monitoring of acute phase (12 weeks) and continuation phase (6 months).
- Review member's antidepressant therapy regimen to ensure medication adherence. Discuss with member the importance of taking the prescribed medication for at least 6 months, even when they start to feel better. Discuss the risks of stopping the prescribed medication before 6-month mark.
- PHQ-9 should be repeated 4-8 months after initial elevated PHQ-9.
- Share resources on depression and distribute patient education materials.

### Member Experience

- Encourage members to have discussions about their antidepressant medication side effects and how they are feeling on the medication to ensure adherence and understanding.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0463 Virtual/Online Visit: G2012

Exclusions Hospice in MY  
Members deceased during the MY  
Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the Index Prescription Start Date (IPSD), through the IPSD and the 60 days after the IPSD.

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicaid Percentile



36.0



25.0

# ANNUAL MONITORING FOR PERSONS ON LONG-TERM OPIOID THERAPY (AMO)

Percentage of members 18 years and older who are prescribed long-term opioid therapy and have not received a drug test at least once during the measurement year.

A lower rate indicates better performance.



## Measure Steward

- PQA

## BEST PRACTICES

### Performance Improvement

- A lower rate indicates better performance on this measure.
- Utilize SSHP for assistance by calling the Customer Care Center and asking for the Care Management and/or Pharmacy department at 1-844-366-2880 (TTY 711).

### Member Experience

- Encourage members to participate in treatment conversations and alternative care options.
- Ask members for a list of their support system to encourage collaboration/reminders to follow through on testing and treatment.



## Data Collection

- Administrative

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes C61, C20, C73

---

Exclusions Hospice in MY

Cancer diagnosis

*Refer to Appendix Table 1 for additional exclusion codes.*



# ASTHMA MEDICATION RATIO (AMR)

## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

69.4 75.9

Marketplace Percentile

★★★★★ ★★★★★★

87.8 90.6

Percentage of members ages 5 - 64 years identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Table 7 for Asthma Controller & Reliever medication reference list.
- Appropriate monitoring of asthma medication ratio can assist with a decrease in asthma related ED visits and inpatient hospitalizations.
- Encourage regular and consistent use of controller medication to help decrease use of rescue medications for breakthrough occurrence.

### Member Experience

- Encourage members to utilize SSHP for assistance by calling the Customer Care Center and asking for Care Management or Pharmacy: For SSHP (Medicaid) Members: 1-844-366-2880 (TTY: 711) For Ambetter (Marketplace) Members: 1-866-263-8134 (TTY 1-855-868-4945).



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	J45.41, J45.901, J45.909
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0463 Virtual/Online Visit: G2012
Exclusion Codes	J42, J96.00, J43.9
Exclusions	Hospice in MY Members deceased during the measurement year Members who had no asthma controller or reliever medications dispensed during MY Members with acute respiratory failure, chronic respiratory conditions due to fumes/vapors, COPD, cystic fibrosis, obstructive chronic bronchitis, or emphysema <i>Refer to Appendix Table 1 for additional exclusion codes.</i>



## Cut Points

Medicaid Percentile



# CONCURRENT USE OF OPIOIDS & BENZODIAZEPINES (COB)

Percentage of members aged 18 years and older with concurrent use of prescription opioids and benzodiazepines.



## Measure Steward

- PQA



## Data Collection

- Administrative

## BEST PRACTICES

### Performance Improvement

- A lower rate indicates better performance for this measure.
- Refer to Appendix Table 14 for Opioids and Benzodiazepines reference list.
- Consider referral to MAT programs and/or Pain Clinic as clinically indicated.
- Maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient.

### Member Experience

- Provide education on risks of medications and alternative non-medications therapies to address issue.
- Encourage members to utilize SSHP for assistance by calling the Customer Care Center and asking for Care Management or Pharmacy: For SSHP (Medicaid) Members: 1-888-788-4408 (TTY: 711) .

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes C61, C20, C73

Codes

---

Exclusions Hospice in MY  
Cancer diagnosis  
Sickle Cell Disease diagnosis

*Refer to Appendix Table 1 for additional exclusion codes.*



## Cut Points

Medicaid Percentile



# USE OF OPIOIDS HIGH DOSAGE (HDO)

The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME]  $\geq 90$ ) for  $\geq 15$  days during the measurement year.

A lower rate indicates better performance.



## Measure Steward

- HEDIS®

## BEST PRACTICES

### Performance Improvement

- Centers of Disease Control (CDC) prescribing guidelines for opioid use for chronic, non-malignant pain recommend the use of additional precautions when prescribing dosages greater than 50 MME or to carefully justify dosages greater than 90 MME.
- If clinically indicated, consider MAT treatment options.
- Explain in a non-judgmental manner the risks and benefits of high-dosage opioids and encourage members to taper to a lower, safer dose.
- Educate on alternative non-opioid medications for pain relief and alternative therapies.



## Data Collection

- Administrative
- Pharmacy Data

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes Z51.5

ICD-10 Diagnosis

---

Exclusion Codes M1017, G9054

HCPCS

---

Exclusions Hospice in MY

Cancer diagnosis

Sickle Cell Disease diagnosis

Palliative Care

Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*





# RISK OF CONTINUED OPIOIDS USE (COU)

## Cut Points

### Medicaid Percentile

Age ★★★★★ ★★★★★★

### 15 Days/30 Days

18-64	4.1	1.6
65+	11.6	3.2
Total	4.2	1.6

### 31 Days/62 Days

18-64	2.4	0.8
65+	6.1	0.0
Total	2.5	0.8

The percentage of members 18 years of age and older a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported with age stratifications of 18-64 years, 65 years & older and total:

## Fifteen Days/Thirty Days

The percentage of members with at least 15 days of prescription opioids in a 30-day period.

## Thirty-One Days/Sixty-Two Days

The percentage of members with at least 31 days of prescription opioids in a 62-day period.

A lower rate indicates better performance for both reported rates.

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Table 14 for Opioids reference list.
- Centers of Disease Control (CDC) prescribing guidelines for opioid use for chronic, non-malignant pain recommend the use of additional precautions when prescribing dosages greater than 50 MME or to carefully justify dosages greater than 90 MME.
- If clinically indicated, consider MAT treatment options.
- Explain in a non-judgmental manner the risks and benefits of high-dosage opioids and encourage members to taper to a lower, safer dose.
- Educate on alternative non-opioid medications for pain relief and alternative therapies.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes Z51.5

ICD-10 Diagnosis

Exclusion Codes M1017, G9054

HCPCS

Exclusions Hospice in MY  
 Cancer diagnosis  
 Sickle Cell Disease diagnosis  
 Palliative Care  
 Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- Administrative
- Pharmacy Data



## Cut Points

Medicaid Percentile



# PHARMACOTHERAPY FOR OPIOID USE DISORDER (POD)

Percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members aged 16 years and older with a diagnosis of OUD and a new OUD pharmacotherapy event. This measure is stratified into the following rates:

- 16-64 years
- 65+
- Total

Members can have multiple treatment period start dates and treatment periods during the measurement year. Treatment periods can overlap.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

## BEST PRACTICES

### Performance Improvement

- Refer the member to a provider who can prescribe MAT medications.
- Utilize SSHP for assistance by calling the Customer Care Center and asking for the Care Management and/or Pharmacy department at 1-844-366-2880 (TTY: 711).

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis F11.2, F11.23, F11.10, J2315, J0571-4

HCPCS H0020, S0109, H0033, G2067, G2078

Exclusions Hospice in MY  
Members deceased during MY



## Cut Points

Medicaid Percentile

★★★★★      ★★★★★★

73.1                      78.0

MIPS #338 Decile 2

57.3-81-7

# HIV VIRAL LOAD SUPPRESSION (HVL)

Percentage of members ages 18 years and older with a diagnosis of Human Immunodeficiency Virus (HIV) and who had an HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurement year.



## Measure Steward

- CMS Adult Core Set

## BEST PRACTICES

### Performance Improvement

- Refer members to an infectious disease specialist if viral load continues to increase.
- Educate member on the need to stay compliant with prescribed medications.



## Data Collection

- Administrative

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis    B20, Z21

Exclusions    Hospice in MY

*Refer to Appendix Table 1 for additional exclusion codes.*



### Cut Points

Marketplace Percentile



64.3



72.1



### Measure Steward

- PQA



### Data Collection

- Administrative

# INTERNATIONAL NORMALIZED RATIO MONITORING FOR INDIVIDUALS ON WARFARIN (INR)

Percentage of members 18 years and older who had at least one 56-day interval of warfarin therapy and who received at least one (INR) monitoring test during each 56-day interval with active warfarin therapy.

## BEST PRACTICES

### Performance Improvement

- Higher rate indicates better performance.
- Remember to inquire about medication changes including over-the-counter drugs, and herbal and natural remedies.
- Educate member on the importance of keeping testing appointments and follow up.

### Member Experience

- Educate the member on the need for medication adherence and to advise all health care providers (including dental) that they are actively taking the medication.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

INR Test 3555F, 85610

Exclusion Codes INR 93792, 93793, G0248, G0249, G0250

Home Monitoring

Exclusions Member with INR home monitoring during MY

*Refer to Appendix Table 1 for additional exclusion codes*



# MEDICATION ADHERENCE (MED-AD)

## Cut Points

Medicare STARS



Cholesterol (Statins)

>= 88      >= 91

Diabetes

>= 88      >= 90

Hypertension (RAS Antagonists)

>= 89      >= 91

## MA for Cholesterol (Statins)

Members aged 18 years and older who have been prescribed a cholesterol medication and who fill their prescriptions at least 80% of the time they are supposed to be taking it.

## MA for Diabetes

Members aged 18 years and older with diabetes who are prescribed medication to manage their diabetes and who fill their prescriptions at least 80% of the time they are supposed to be taking it.

## MA for Hypertension (RAS Antagonists)

Members aged 18 years and older who have been prescribed a blood pressure medication who fill their prescriptions at least 80% of the time they are supposed to be taking it.

## BEST PRACTICES

### Performance Improvement

- Utilize RxEffect platform for target medication adherence member outreaches (Medicare Only).
- Weekly Medication Adherence Reports can be sent to PCP offices, when requested.

### Member Experience

- Encourage members to utilize SSHP for assistance by calling Customer Care and asking for Care Management or Pharmacy at 1-833-854-4766(TTY: 711).
- Remind members that medication home delivery is available through Express Scripts. Additional details can be found at: <https://wellcare.silversummithealthplan.com/drug-pharmacy/mail-order.html>.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes    ESRD Diagnosis: N18.6, Z99.2

Exclusions

**For All:**

- Hospice
- ESRD diagnosis

**For Diabetes Only:**

- Members who filled an insulin prescription

**For Hypertension Only:**

- Members with prescription for Sacubital/Valstartan.



## Measure Steward

- PQA



## Data Collection

- Administrative
- Pharmacy Data



# PROPORTION DAYS COVERED BY MEDICATION (PDC)

## Cut Points

Marketplace Percentile



PDC-RASA

83.5                      86.6

PDC-DR

79.6                      83.4

PDC\_STA

81.3                      84.2

Percentage of members 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for:

- Renin Angiotensin System Antagonists (PDC-RASA)
- Diabetes All Class (PDC-DR)
- Statins (PDC-STA)

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Tables 10 – 12 for medication specific reference lists.
- Write prescriptions for 90-day supply and encourage members to request a 90-day supply from the pharmacy.

### Member Experience

- Encourage member to utilize SSHP for assistance by calling Customer Care and asking for Pharmacy at 1-866-263-8134 (TTY 1-855-868-4945).
- Remind members that medication home delivery is available through Express Scripts. More information at <https://ambetter.silversummithealthplan.com/resources/pharmacy-resources.html>.



## Measure Steward

- PQA



## Data Collection

- Administrative
- Pharmacy Data

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes    ESRD Diagnosis: N18.6, Z99.2

Exclusions    **For All:**

- Hospice
- ESRD diagnosis

**For Diabetes Only:**

- Members who filled an insulin prescription

**For Hypertension Only:**

- Members with prescription for Sacubital/Valstartan.

*Refer to Appendix Table 1 for additional exclusion codes.*



### Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

64.9 72.6

MIPS #383 Decile 2

81.5-95.7

# ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

Percentage of members ages 18 years and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period\* during the MY.

*\*Treatment Period is the time from first medication fill date through end of MY.*

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Table 5 for list of Antipsychotic medications to meet compliance.
- Consider using long-acting injections versus oral medication to increase compliance.
- Provide education to members about the importance of taking their prescribed medication, the side effects, and to keep their follow-up appointments.

### Member Experience

- Create a positive therapeutic relationship with the member to increase adherence.
- Encourage members to utilize SSHP for assistance by calling the Customer Care Center and asking for Care Management or Pharmacy at 1-844-366-2880 (TTY: 711).



### Measure Steward

- HEDIS



### Data Collection

- Administrative
- Pharmacy Data

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	F20.9, F25.0, F25.9
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0463 Virtual/Online Visit: G2012
Exclusion Codes ICD-10 Diagnosis	Dementia: G30.9, F03.90, F03.92
Exclusions	Hospice in MY, Frailty and advanced illness <b>Did Not</b> have at least two antipsychotic medication dispensing events. Deceased members during MY, Dementia Diagnosis (do not use a laboratory claim) <i>Refer to Appendix Table 1 for additional exclusion codes.</i>



## Cut Points

Medicare STARS

- ★★★★ >=86
- ★★★★★★ >=90

# STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

The percentage of males 21-75 years of age and female members aged 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication during the measurement year.



## Measure Steward

- HEDIS



## Data Collection

- Administrative
- Pharmacy Data

## BEST PRACTICES

### Performance Improvement

- Pre-schedule follow-up and lab visits when writing/dispensing new medications.
- Educate members that statin therapy can reduce the risk of heart attack and stroke.

### Member Experience

- Encourage members to utilize SSHP for assistance by calling Customer Care and asking for Pharmacy at: Allwell (Medicare) Members: 1-833-854-4766(TTY: 711) SSHP (Medicaid) Members: 1-844-366-2880 (TTY: 711).

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	1214, I25118, I25.10, I25.810
CPT	33533, 33518, 33519, 92928, 92920, 99214, 99213, 89457, 99232, 90999, 99391, 99220, 99441
HCPCS	G0257, G9045, G9054

- Exclusions
- Pregnancy
  - In vitro fertilization
  - Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year
  - Cirrhosis during the measurement year or the year prior to the measurement year
  - Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year.
  - Frailty and advanced illness

*Refer to Appendix Table 1 for additional exclusion codes.*





# STATIN USE IN PERSONS WITH DIABETES (SUPD)

## Cut Points

Medicare STARS

★★★★ >=88      ★★★★★ >=92

The percentage of members 40-75 years old who were dispensed at least two diabetes medication fills on unique dates of service **and** received a statin medication fill during the measurement period.

A higher rate indicates better performance.



## Measure Steward

- PQA

## BEST PRACTICES

### Performance Improvement

- Refer to Appendix Table 11 for Statin medications.
- Write prescriptions for 90-day supply when possible and encourage members to request a 90-day supply from the pharmacy.

### Member Experience

- Encourage members to utilize SSHP for assistance by calling Customer Care and asking for Pharmacy at: Allwell (Medicare) Members: 1-833-854-4766(TTY: 711).



## Data Collection

- Administrative
- Pharmacy Data

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusion Codes    ESRD Diagnosis: N18.6, Z99.2

#### ICD-10 Diagnosis

- 
- Exclusions    Hospice
  - ESRD diagnosis or dialysis coverage dates
  - Rhabdomyolysis and myopathy
  - Pregnancy
  - Lactation and fertility
  - Liver disease
  - Pre-Diabetes
  - Polycystic Ovary Syndrome

*Refer to Appendix Table 1 for additional exclusion codes.*

# UTILIZATION MANAGEMENT



# PROVIDER IMPACT ON UTILIZATION MEASURES

Monitoring Utilization Measures keeps a finger on the pulse of the served population. Utilization rates are commonly inverse rates, which means the goal is to reduce the rates to meet goals. Keeping utilization low helps validate that members are receiving needed services before the necessity of using inpatient (acute/observation) or emergency department interventions.

Measure	Description	
Asthma in Younger Adults Admissions Medicaid: Ages 18 - 39 years	Members with inpatient admission(s) for asthma.	Medicaid: <2.2
Chronic Heart Failure Admission Rate Medicaid: Ages 18 years & older	Members with inpatient hospital admission for heart failure.	Medicaid: <17.1
COPD or Asthma in Older Adults Medicaid: Ages 40 years & older	Members with inpatient hospital admission(s) for COPD or asthma.	Medicaid: <23.2
Diabetes Admissions: Short Term Complications Medicaid: Ages 18 years & older	Members with inpatient hospital admission(s) for short-term complications of diabetes.	Medicaid: <13.6
Ambulatory Care: Emergency Department (ED) Utilization Medicaid: Ages 0 - 19 years	Children & Adolescents with an ED visit(s). Does not include mental health or chemical dependency services.	Medicaid: <26.0

*Measure steward(s) referenced: AHRQ / HEDIS*

## BEST PRACTICES FOR IMPROVEMENT

- Have a defined process for monitoring member admission and discharge notifications daily.
- Begin discharge planning at hospital admission.
- Assist member in setting up follow-up appointments and transportation, if needed, prior to discharge.
- Coordinate with member's care team to provide wrap around services, including medication reconciliation.
- Assist members in resolving barriers to obtaining needed medications.
- Refer members to chronic condition management programs as needed.
- Encourage members to follow chronic condition care plans, including diet and exercise recommendations.
- Educate members on the appropriate use of the emergency department versus primary care or urgent care visits.
- Establish alternative treatment plans for members with frequent emergency department visits.
- Ensure members attend timely follow-up appointments after inpatient discharge.
- Educate members on the importance of taking part in preventative care and keeping their primary care appointments.
- Utilize the HIE for notifications of admission, transfer, and discharge of members.
- Utilize the provider portal for notifications from the health plan on member admissions, transfers, and discharges.



# PLAN ALL-CAUSE READMISSIONS (PCR)

## Cut Points

Medicaid Percentile

★★★★★ ★★★★★★

0.944 0.831

Marketplace Percentile

★★★★★ ★★★★★★

0.507 0.444

Medicare STARS

★★★★★ ★★★★★★

<= 10 <= 8

Percentage of members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

## BEST PRACTICES

### Performance Improvement

- A high rate of patient readmissions may indicate inadequate quality of care in the hospital and/or a lack of appropriate post-discharge planning and care coordination.
- Unplanned readmissions can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management.
- Denominator for this measure is based on discharges and include all acute inpatient stay discharges.

### Member Experience

- Educate members on the importance of taking part in preventive care and keeping their primary care appointments.
- Assist members in resolving barriers to obtaining needed medications.



## Measure Steward

- HEDIS®



## Data Collection

- Administrative

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Exclusions

Hospice in MY

*Refer to Appendix Table 1 for additional exclusion codes*

# MEMBER EXPERIENCE



# MEMBER SURVEYS

Our priority at SilverSummit is our members experience with their overall healthcare. Positive Member Experience is pivotal to ensure successful engagement and high quality of care. Member survey results are utilized to create Member Experience focused actions for improvement at both the health plan and provider levels. Encourage members to participate in the surveys outlined below if selected.

## MEDICARE CAHPS SURVEY

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is sent to members of the health plan during the spring to evaluate their experiences with their healthcare services in various setting over the last 6 months. CAHPS focuses on measurable aspects of Member Experience based on the member's interaction with healthcare providers, services, and facilities. Member Experience is the sum of all interactions of a plan's culture that influence member perception across the continuum of care.

- The Medicare CAHPS survey is worth **22%** of Star Ratings in 2024. Medicare Stars and CAHPS are performance driven and primarily concerned with the plan's ability to effectively manage care based on industry standards and Best Practices. For more information on the CAHPS Survey, visit [www.ahrq.gov/cahps/surveys-guidance/hp/index.html](http://www.ahrq.gov/cahps/surveys-guidance/hp/index.html).

## MEDICARE HOS SURVEY

The Medicare Health Outcomes Survey (HOS) measures the quality of life and functional health status of our Medicare beneficiaries. HOS is an important vehicle for collecting data because it provides insight about the member's perception of both their physical and emotional health status. HOS evaluates members ages 65 and older. Each survey year includes a baseline measurement, and a follow up measurement. Baseline measurement is the initial data collection and follow up takes place 2 years after the baseline. This process is to measure the change in health over time. This data is used to determine changes in the member's perception of their own health. For more information on the HOS Survey, visit [www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS](http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS).

## MARKETPLACE QHP ENROLLEE SURVEY

The Qualified Health Plan (QHP) Enrollee Experience Survey is based on the CAHPS survey and is sent to Marketplace members. The QHP Enrollee Survey evaluates the health plan's Member Experiences with healthcare services in various settings. The survey focuses on measurable aspects of Member Experience based on the member's interaction with healthcare providers, services, and facilities. For more information on the QHP Survey, visit [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Consumer-Experience-Surveys/Surveys-page](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Consumer-Experience-Surveys/Surveys-page).

## MEDICAID CAHPS SURVEY

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) or HEDIS CAHPS survey is sent to the Medicaid member population to evaluate their experiences with healthcare services in various settings over the last 6 months. CAHPS focuses on measurable aspects of Member Experience based off the member's interaction with healthcare providers, services, and facilities. For more information on the CAHPS Survey, visit [www.ahrq.gov/cahps/surveys-guidance/hp/index.html](http://www.ahrq.gov/cahps/surveys-guidance/hp/index.html).

# CAHPS SURVEY QUESTIONS

Medicaid, Medicare, Marketplace





## Cut Points

Medicaid Percentile



83.1

86.5

Marketplace Percentile



86.2

88.8

Medicare STARS



>=81

>=83



## Measure Steward

- CAHPS



## Data Collection

- Survey

# GETTING NEEDED CARE

Access to medical care, including primary care, specialist appointments and appointment access are key elements of quality care.

This measure assesses the ease with which patients received care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.

## CAHPS Survey Questions

- In the last 6 months, how often was it easy to get appointments with specialists?
- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last 6 months, how often did you see the doctor you were scheduled to see within 15 minutes of your appointment time?

## BEST PRACTICES

- Reduce time in the waiting room to no more than 15 minutes from appointment time.
- Office staff should help coordinate specialty appointments for urgent cases.
- Encourage patients and caregivers to view results on the patient portal when available.
- Inform patients of what to do if care is needed after hours.
- Offer appointments or refills via text and/or email.
- Follow up with members after referral to specialists to ensure care is coordinated.
- Review medications with your patients.
- Offer to schedule specialist and lab appointments while your patient is in the office.
- Remind your patients about annual flu shots and other immunizations.
- Make sure your patients know you also are collaborating with specialists on their care.
- Ensure you receive notes from specialists about the patient's care and reach out to specialists if you have not gotten consultation notes. Tell your patient the results of all tests and procedures. Share decision making with patients to help them manage their care.
- Contact your patients to remind them when it is time for preventive care services such as annual wellness exams, recommended cancer screenings, and follow-up care for ongoing conditions such as hypertension and diabetes.





# GETTING CARE QUICKLY

## Cut Points

Medicaid Percentile



83.8

86.9

Marketplace Percentile



85.3

88.5

Medicare STARS



>=78

>=80

Assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.

## CAHPS Survey Questions

- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last 6 months, how often did you see the doctor you were scheduled to see within 15 minutes of your appointment time?



## Measure Steward

- HEDIS®



## Data Collection

- Survey

## BEST PRACTICES

- Ensure ample appointments each day are available to accommodate urgent visits.
- Offer appointments with a nurse practitioner or physician assistant for short notice appointments.
- Maintain an effective triage system to ensure that frail and/or sick patients are seen right away or provided alternate care via phone and urgent care.
- Keep patients informed if there is a longer wait time than expected and give them an option to reschedule.
- Address the 15-minute wait time frame by ensuring patients are receiving staff attention.
- Advise SSHP members that Teledoc is available to them through their health plan.
- Post wait times publicly in the lobby to advise patients of approximate wait times for each provider.
- Assist patients with finding alternative specialists or facilities to ensure prompt scheduling is available.
- Consider offering extended hours, telehealth services, or afterhours on-call service.
- Provide the member with a printed referral that they can bring with them to a specialist, if it is not received electronically or if they need to seek a different specialist.



## Cut Points

Medicaid Percentile	
★★★★★	★★★★★★
86.7	89.0
Marketplace Percentile	
★★★★★	★★★★★★
86.5	88.5
Medicare STARS	
★★★★★	★★★★★★
>=86	>=87



## Measure Steward

- HEDIS®



## Data Collection

- Survey

# CARE COORDINATION

Coordination of care requires proactively identifying the patient's needs, organizing care, and communicating vital information at the right time to the right people.

This measure assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications.

## CAHPS Survey Questions

- In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- In the past 6 months, did you get the help you needed from your personal doctor's office to manage your care among different providers and services?

## BEST PRACTICES

- Ensure there are open appointments for patients recently discharged from a facility.
- Integrate PCP and specialty practices through EMR, Health Information Exchange, or fax to get reports promptly.
- Ask patients if they have seen any other providers; discuss visits to specialty care as needed.
- Encourage patients to bring in their medications to each visit.
- Tell your patient when to expect results and deliver them on time.
- Assist in arranging care with other practitioners and services.
- Follow-up on referrals and discuss your patient's current specialist care.
- Obtain relevant medical records prior to appointments and review with your patients.
- Regularly discuss and update your patient's current prescription medications.
- Remind your patients about important prevention measures, such as regular flu shots.
- Ensure appropriate follow-up care is in place after your patient's hospitalization or emergency care.
- Ensure your patient knows how to receive care when your office is closed.
- Encourage patients to ask questions and express their needs and priorities; discuss and monitor your patient's perception of physical and emotional health yearly.



## Cut Points

Medicaid Percentile



93.6

95.1

Marketplace Percentile



96.5

97.4



## Measure Steward

- HEDIS®



## Data Collection

- Survey

# HOW WELL DOCTORS COMMUNICATE

Assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information.

## CAHPS Survey Questions

- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did your personal doctor spend enough time with you?

## BEST PRACTICES

- Utilize the teach-back method for communication.
- Return member messages timely and document in the medical record.
- Provide an after-visit summary that clearly communicates the care received and next steps for the patient.

## What is Teach-Back?

- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.
- A way to ensure you – the healthcare provider - have explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain, and check again.

## Teach-Back Techniques

- Use a caring tone of voice and attitude.
- Display comfortable body language and make eye contact.
- Use plain language.
- Ask the patient to explain back, using their own words.
- Use non-shaming, open-ended questions.
- Avoid asking questions that can be answered with a simple yes or no.
- Emphasize that the responsibility to explain is clearly on you, the provider.
- If the patient is not able to teach back correctly, explain again and re-check.
- Use reader-friendly print materials to support learning.
- Document use of patient response to teach-back.



# RATING OF HEALTH CARE QUALITY

## Cut Points

Medicaid Percentile

★★★★	★★★★★
76.5	79.9

Marketplace Percentile

★★★★	★★★★★
79.3	83.1

Medicare STARS

★★★★	★★★★★
>=87	>=88

The CAHPS survey asks patients to rate the overall quality of their health care on a 0-10 scale.

## CAHPS Survey Questions

- What number would you use to rate all your health care in the last 6 months?
- What number would you use to rate your personal doctor?
- What number would you use to rate the specialist you saw most often in the last 6 months?



## Measure Steward

- HEDIS®

## BEST PRACTICES

- Encourage patients to make their routine appointments for checkups or follow up visits as soon as they can – weeks or even months in advance.
- Ensure that open care gaps are addressed during each patient visit.
- Make use of the provider portal when requesting prior authorizations.

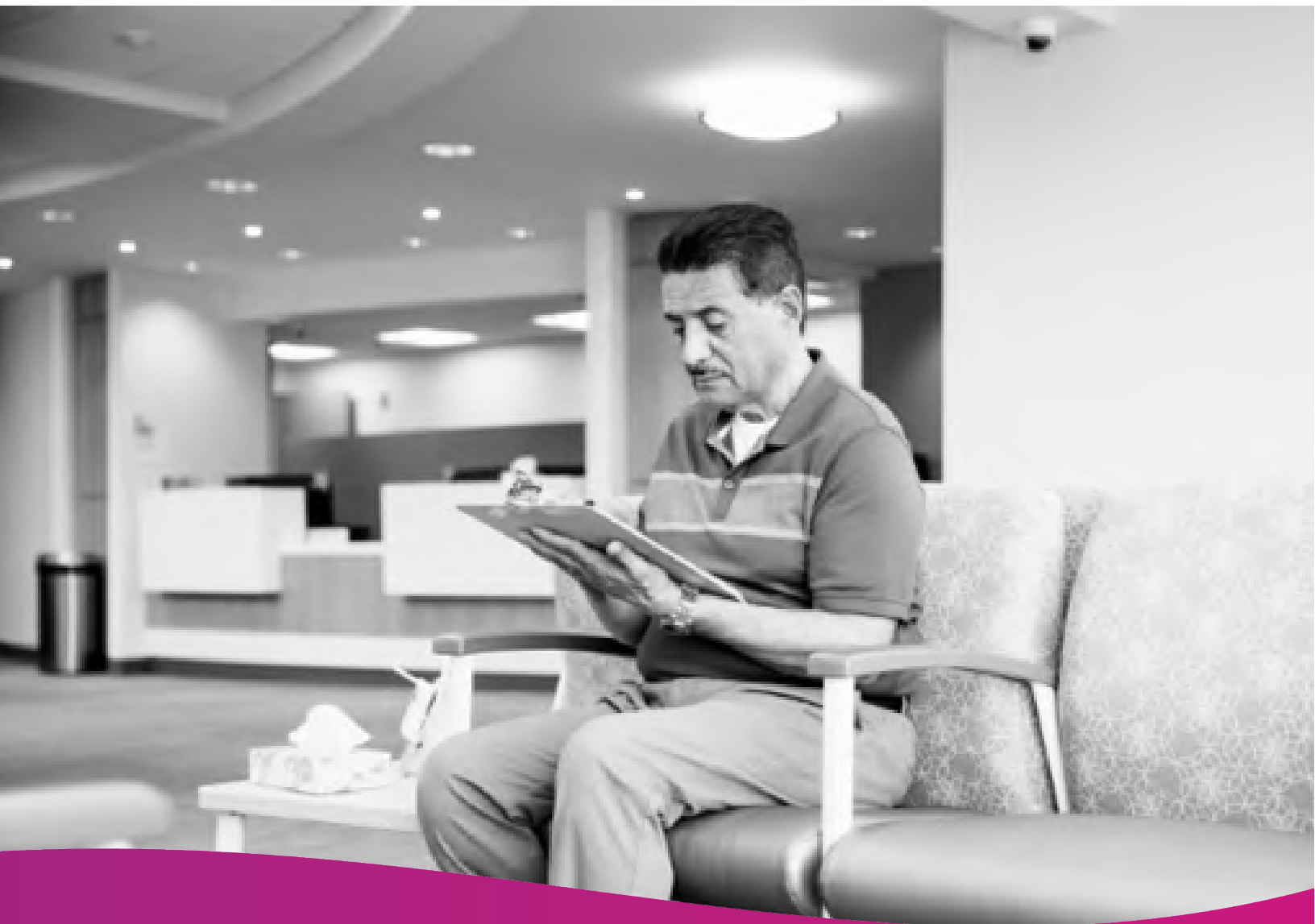


## Data Collection

- Survey

# HOS SURVEY QUESTIONS

Medicare





## Cut Points

Medicare STARS



>=47



>=51



## Measure Steward

- HEDIS®



## Data Collection

- Survey

# MANAGEMENT OF URINARY INCONTINENCE IN OLDER ADULTS

Assesses the percentage of patients who:

- Reported having urine leakage in the past six months and who discussed their urinary leakage problem with a healthcare provider.
- Reported having urine leakage in the past six months and who discussed treatment options for their urinary incontinence with a healthcare provider.
- Reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

## HOS Survey Question

- Many people experience leakage of urine, also called urinary incontinence. In the past six months have you experienced leaking of urine?

## BEST PRACTICES

- Assess problems with UI in the last six months and document discussion.
- Assess the severity of the condition and the impact of UI on patients' quality of life. Involve patients in decisions about treatment options that best work for them. These options include behavioral (such as bladder training and pelvic muscle rehabilitation), pharmacological, and surgical therapies.
- Have informative brochures and materials visible and available as discussion starters.

Connect with your patients by asking:

- Have you experienced urine leakage in the past six months?
- How often and when do the leakage problems occur?
- Does urinary incontinence affect your daily life (such as leading to social withdrawals, depression, or sleep deprivation)?

## ENHANCE MEMBER EXPERIENCE

- Provide education to your patient on treatment options based on severity, such as bladder training.
- Routinely evaluate issues with urinary incontinence and document ongoing discussion for patient with a checklist.



## Cut Points

Medicare STARS



>=53



>=58



## Measure Steward

- HEDIS®



## Data Collection

- Survey

# PHYSICAL ACTIVITY IN OLDER ADULTS

Assesses the percentage of patients who:

- Had a doctor's visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity.
- Had a doctor's visit in the past 12 months and who received advice to start, increase, or maintain their level of exercise or physical activity.

## HOS Survey Question

- In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity?

## BEST PRACTICES

- Assess your patients' current physical activity level.
- Discuss health benefits and advise patients to start, maintain or increase physical activity as appropriate for their individual health status.
- Develop physical activity plans with patients that match their abilities.
- Refer patients with limited mobility to physical therapy to learn safe and effective exercises.
- Encourage participation in a gym, fitness and exercise programs, and local community resources.

Connect with your patients by asking:

- What is your daily activity level?
- What activities do you enjoy?
- Do you feel better when you are more active?

## ENHANCE MEMBER EXPERIENCE

- Perform an Annual Wellness visit to address and review results of health assessments as needed with your patient.



## Cut Points

Medicare STARS



Display Measure

# IMPROVING OR MAINTAINING PHYSICAL HEALTH

Assesses the percentage of patients whose physical health is the same or better after two years.

## HOS Survey Question

- Has your doctor or other health provider done anything to help prevent falls or treat problems with balance and walking?



## Measure Steward

- HEDIS®



## Data Collection

- Survey

## BEST PRACTICES

- Assess your patients' pain and functional status using standardized tools.
- Provide interventions to improve physical health, such as disease management, pain management, physical therapy, or care management.
- Promote self-management support strategies, such as goal setting, action planning, problem solving, and follow-up to help patients take an active role in improving their health.

## Connect With Your Patients by Asking:

- How far can you walk?
- Do you have any trouble climbing up or down stairs?
- Are you able to shop for and cook your own food?
- Does pain limit your activities?

## ENHANCE MEMBER EXPERIENCE

- Provide educational materials, exercises, resources, and recommendations to improve physical activity.
- Provide physical therapy referrals to your patients to learn effective and safe exercises.





## Cut Points

Medicare STARS

- ★★★★ >=60
- ★★★★★★ >=70



## Measure Steward

- HEDIS®



## Data Collection

- Survey

# FALL RISK MANAGEMENT

Assesses the percentage of patients who:

- Were seen by a doctor in the past 12 months and who discussed falls or problems with balance or walking with their current doctor.
- Had a fall or had problems with balance or walking in the past 12 months, who were seen by a doctor in the past 12 months, and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current doctor.

## HOS Survey Question

- Has your doctor or other health provider done anything to help prevent falls or treat problems with balance and walking?

## BEST PRACTICES

- Assess fall risk by asking patients about falling, gait, and balance problems.
- Provide fall prevention interventions, such as promoting regular exercise, strengthening and balance activities (tai chi, yoga), promoting regular eye exams, and providing appropriate educational materials.
- Promote home safety, such as removal of throw rugs and clutter to reduce tripping; installing handrails on stairs and grab bars in bathrooms; use of non-slip mats in the tub or shower; and use of night lights to heel halls well lit.

## Connect With Your Patients by Asking:

- Have you had a fall in the past year?
- What were the circumstances of the fall?
- How do you think a fall could have been prevented?
- Have you felt dizzy, or had problems with balance or walking in the past year?
- Do you have any vision problems? Have you had a recent eye exam?

## ENHANCE MEMBER EXPERIENCE

- Complete a fall risk assessment and provide resources and treatment as needed, including a social worker referral.
- Recommend patient to complete a vision or hearing test.
- Suggest patient to participate in an exercise or physical therapy program.
- Perform medication reconciliation with appropriate usage; alter prescriptions to reduce the risk of falling.



## Cut Points

Medicare STARS



Display Measure

# IMPROVING OR MAINTAINING MENTAL HEALTH

Assesses the percentage of patients whose mental health is the same or better after two years.

## HOS Survey Question

- During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities?



## Measure Steward

- HEDIS®

## BEST PRACTICES

- Assess your patients' symptoms of depression with the PHQ-2 and, when appropriate, PHQ-9.
- Refer patients to behavioral health services or manage depression and anxiety treatment as indicated.
- Promote web-based programs, such as [mystrength.com](http://mystrength.com), that provide a range of evidence-based behavioral health self-care resources.
- Use motivational interviewing to improve treatment engagement and behavioral and physical health outcomes.



## Data Collection

- Survey

## Connect With Your Patients by Asking:

- Describe your energy level.
- Do you get out to socialize?

## ENHANCE MEMBER EXPERIENCE

- Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression.
- Regularly assess if emotional problems, such as addiction, anxiety, or depression, interfere with your patients social or daily activities.

# NEW MEASURES





# ADULT IMMUNIZATION STATUS (AIS-E)

## Cut Points

Marketplace Percentile



Influenza

28.9      34.6

Td/Tdap

45.9      54.7

Zoster

21.1      26.9

The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal.

## BEST PRACTICES

### Performance Improvement

- Refer to CDC Adult Immunization Schedule for recommended vaccinations by age.

### Member Experience

- Remind your patients about annual flu shots and other immunizations.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

CVX Influenza: 88, 135, 140, 141, 144, 150, 153, 155, 166, 168, 171, 185, 186, 197, 205  
 TD Immunization: 09, 113, 115, 138, 139  
 Tdap: 115  
 Zoster: 121, 187  
 Pneumococcal: 121, 187

CPT Influenza: 90672, 90660  
 TD Immunization: 908718, 90714  
 Tdap: 90715  
 Zoster: 90736  
 Pneumococcal: 90670, 90671, 90677, 90732

HCPS Pneumococcal: G0009

SNOMED Influenza: 787016008  
 TD Immunization: 866227002, 866161006, 395181003, 417211006, 868267006, 866185003, 416591003, 395178008, 417384007, 868266002, 866184004, 417615007, 395179000, 868268001, 870668008, 416144004, 395180002, 312869001, 866186002, 73152006, 632481000119106, 414619005, 871828004, 870670004, 870669000  
 Tdap: 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105  
 Zoster: 871898007, 871899004, 90750, 722215002  
 Pneumococcal: 12866006, 394678003, 871833000, 1119366009, 1119367000, 1119368005, 434751000124102

Exclusions Hospice in MY  
 Members deceased during MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Measure Steward

- HEDIS®



## Data Collection

- ECDS required



# SOCIAL NEEDS SCREENING AND INTERVENTION (SNS-E)

## Cut Points

Marketplace Percentile



Baseline Measurement Year

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

Measure has been proposed for Marketplace line of business but has not been finalized.



## Measure Steward

- HEDIS®

## BEST PRACTICES

### Performance Improvement

- Focus on surveillance for risk factors related to social determinants of health during all encounters.
- Assess food insecurity, housing insecurity/homelessness, financial barriers, and social capital/social community support to inform treatment decisions, with referral to appropriate local community resources.
- Intervention may include any of the following intervention categories: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision, or referral within 30 days after the first positive screening.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

Screening Tools, Codes and Positive Finding Codes

Please review the 2024 QRS Technical Specifications, Pages 254-261. <https://www.cms.gov/files/document/2024-qrs-measure-technical-specifications.pdf>

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Exclusions Hospice in MY

*Refer to Appendix Table 1 for additional exclusion codes.*



## Data Collection

- ECDS required



Measure specification change from HBD to GSD is not confirmed to be adopted by CMS for any program at this time.



### Measure Steward

- HEDIS®



### Data Collection

- Administrative
- Hybrid/Medical Record
- Test results
- Progress notes
- Lab reports

# GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD)

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status >9.0%.

## BEST PRACTICES

### Performance Improvement

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure and reduce the need for medical record requests by SSHP.
- A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9% indicate better care).
- Medical record must include the HbA1c test date and results.
- Utilization of point of care testing during office visits or in-home testing kits.
- Consider setting up a Supplemental Data Source feed or allowing EMR access to increase performance.
- Member-reported results in a medical history portion / HPI of the progress note from a PCP or appropriate specialist (e.g., "HPI: Member reports A1c level was 5.5 on 3/28/20MY") contained within the medical record.

### Member Experience

- Proactively provide member educational materials around the importance of A1C monitoring.

## COMMON CODES & EXCLUSIONS

*Codes below are examples only and not recommendations.*

### Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	E11.9, E11.65, E11.69
CPT	83036, 83037
CPT II	3044F (<7.0%), 3046F (>9.0%), 3051F (7.0% - 8.0%), 3052F (8.0% - 9.0%)
Exclusion Codes	E09.65, E09.9, E28.2, O24.410
ICD-10 Diagnosis	
Exclusions	Hospice in MY, Members deceased during MY, Palliative care, Frailty & Advanced Illness, Over age 65 and in a SNP or LTI anytime in the MY, Members who did not have a diagnosis of diabetes, PCOS, Gestational, or Steroid-induced diabetes diagnosis in MY

*Refer to Appendix Table 1 for additional exclusion codes*

# REFERENCES

Medicaid, Medicare, Marketplace



# 2024 CODING FOR QUALITY

## CLOSING CARE GAPS FOR QUALITY HEALTHCARE

SilverSummit Healthplan presents this reference guide to assist you in the automation of reporting quality metrics such as test results and other events with a high impact on member care. By following guidance as provided by CMS, usage of the codes listed below when appropriate will reduce medical records requests and allow us to work together in improving member health. To contact a member of our Quality team, send an email to:

[NV\\_QIProviderOutreach@silversummithealthplan.com](mailto:NV_QIProviderOutreach@silversummithealthplan.com).

*\*Please note these codes are for informational purposes only and not coding recommendations. For a complete list of CPT and ICD-10 codes, visit the American Medical Association website: [ama-assn.org](http://ama-assn.org).*

### Frailty & Advanced Illness Exclusions

#### Medicare Plans Only

Advanced Illness and Frailty Exclusions were developed to remove members diagnosed from specified measures in order to focus on those that can benefit from those services. **Please note:** BOTH frailty and advanced illness codes must be documented to comply with exclusion criteria.

#### Medicare Measures with Exclusions

- Breast Cancer Screening (BCS)
- Colorectal Cancer Screening (COL)
- HbA1c Diabetes (HBD)
- Eye Exam Diabetes (EED)
- Kidney Evaluation Diabetes (KED)
- Controlling High Blood Pressure (CBP)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Statin Therapy for Patients with Cardiovascular Disease (SPC/SPD)
- Statin Use in Persons with Diabetes (SUPD)

#### Frailty Examples (at least two indications)

- 99509 – Home Visits
- E0100 – Cane, includes canes of all materials
- R54 – Age related physical disability
- R62.7 – Adult failure to thrive
- R26.89 – Other abnormalities of gait and mobility
- Z91.81 – History of falling
- Z74.1 – Need for assistance with personal care

#### Advanced Illness Examples (at least two indications)

- G30.1 – Alzheimer's disease with late onset
- F03.90 – Other dementia
- G20 – Parkinson's Disease
- I11.0 – Hypertensive heart disease with heart failure
- I50.9 – Heart failure, unspecified

*\*Advanced illness diagnosis must come from an acute inpatient encounter/discharge*

### Diabetes Care

Members may be included in this measure due to two outpatient visits with a diagnosis of diabetes or one acute inpatient visit within two years

#### Diabetes Exclusions

- E09.65 – Drug induced diabetes
- E09.9 – Drug induced diabetes

#### Eye Exam Diabetes (EED)

- 2026F – Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented
- HbA1c (HBD)
- 3044F – HbA1c results less than 7.0%
- 3046F – HbA1c results greater than 9.0%
- 3051F – HbA1c results greater than or equal to 7.0% and less than 8.0%
- 3052F – HbA1c results greater than or equal to 8.0% and less than or equal to 9.0%

### Controlling High Blood Pressure (CBP)

Members may be included in the measure when diagnosed with hypertension in the year prior or first six months of the measurement year. Must be taken in an outpatient setting.

#### Blood Pressure Reading

Reminder that 'In Control' is < 140/90, and both systolic and diastolic CPT II codes must be billed

- 3074F – Systolic is less than 130 mm Hg
- 3075F – Systolic is between 130-139 mm Hg
- 3077F – Systolic is greater than or equal to 140 mm Hg
- 3078F – Diastolic is less than 80 mm Hg
- 3079F – Diastolic is between 80 – 89 mm Hg
- 3080F – Diastolic is greater than or equal to 90 mm Hg



# 2024 CODING FOR QUALITY

## CLOSING CARE GAPS FOR QUALITY HEALTHCARE

### Colorectal Cancer Screening (COL)

- 81528 – FIT DNA Test
- G0464 – FIT DNA Test
- 82270 – FOBT test
- 82274 – FIT test immunoassay
- G0328 – FOBT test

### Transition of Care (TRC)

Notification of Admission and Receipt of Discharge Information have no administrative code and must be documented in the medical record or supplemental data.

### Patient Engagement after Discharge\*

- 99495 – Transition of Care including Telehealth or Electronic Communication
- 99496 – Transition of Care including Telehealth (video not required)
- G0439 – Annual Wellness Visit, Subsequent Visit (can be completed via telephone without video)

### Medication Reconciliation Post-Discharge\*

- 1111F – Discharge medications reconciled with the current medication list in outpatient medical record
- 99496 – Transition of Care including Telehealth

*\*Completed during outpatient visit within 30 days of discharge*

### Prenatal and Postpartum Care (PPC)

#### Prenatal Care

- 0500F – Initial prenatal care visit
- 0501F – Prenatal flow sheet documented in medical record by first prenatal visit
- 0502F – Subsequent prenatal visit
- 99201 – Initial visit when used with pregnancy diagnosis
- Z34.91 – Encounter for supervision of normal pregnancy
- 59400 – Antepartum bundled visit\*

#### Postpartum Care

- 0503F – Postpartum care visit
- 88143 – Cervical cytology
- 59430 – Six weeks postpartum visit
- 59400 – Antepartum bundled visit\*

*\*When using the Antepartum bundled visit code, the claim form must include a prenatal/postpartum code and matching date of service to meet compliance.*

### Care for Older Adults (COA)

*Medicare Special Needs Plans Only*

#### Medication List

- 1159F – Medication list documented in medical record
- G8427 – Clinician updated current medication list

#### Medication Review

- 1159F – Medication list documented in medical record (COA)
- 99483 – Cognitive Assessment and Care Planning
- 99605 – Medication Therapy Management by Pharmacist

*\*BOTH codes for Medication Review & Medication List must be billed during the same visit to meet compliance.*

#### Pain Assessment

- 1125F – Pain present
- 1126F – No pain present

#### Functional Status Assessment

- 1170F – Functional status assessed COA (RA)
- G0438 – Annual Wellness Visit includes a personalized prevention plan of service initial visit
- G0439 – Annual Wellness Visit includes a personalized prevention plan of service subsequent visit

#### Advanced Care Planning

- 1123F – Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in medical record
- 1124F – Advance Care Planning discussed and documented in the medical record
- 1157F – Advance care plan or similar legal document present in medical record
- 1158F – Advance care planning discussion documented in medical record
- 99497 – Advance Care Planning

# MEDICAID ADULT ANNUAL WELLNESS CHECKLIST

## ADULT ANNUAL WELLNESS EXAM

Ensure clear documentation in the EHR each of the following has been completed and/or discussed:

- Full Set of Vitals
- Pain Assessment
- Review Past Medical History
- Review & Update Medication List
- Discuss Contraceptive Use, Education on Available Options
- Social Determinants of Health Screening
- Mental Health Screening
- Substance Use Screening
- Tobacco Use Screening, Discuss of Desire to Quit and Cessation Medications
- Assess Physical Activity
- Review Healthy Eating
- Assess Feeling Safe at Home
- Assess and Documentation of Any and All Risk Factors

## PREVENTIVE SCREENINGS

Encourage and educate member on preventative screenings as appropriate or as clinically indicated. Document date of preventive screening and the provider who completed the screening if completed elsewhere.

- Colorectal Cancer Screening (45-75 years)
  - Coloscopy, once every 10 years
  - FIT/DNA/Cologuard, once every 3 years
  - FOBT, once every year
  - Flexible Sigmoidoscopy, once every 5 years
- Diabetic Screenings, if Applicable
  - Kidney Health Evaluation, including eGFR and uACR
  - Retinal Eye Exam
  - HbA1C Testing
- Breast Cancer Screening (women 50-74 years)
- Cervical Cancer Screening (women 21-64 years)
- Chlamydia Screening (women 16-24 years)
- Vaccines including, but not limited to:
  - Influenza
  - Pneumococcal

List any current patient care providers, including behavioral health providers that provide regular medical care.

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# MEDICAID WELL WOMAN PREVENTIVE CARE VISIT CHECKLIST

## WELL-WOMAN PREVENTIVE CARE VISIT

An annual well-woman preventive care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes.

Ensure clear documentation in the EHR each of the following has been completed and/or discussed:

- Physical exam (Well Exam) that assesses overall health
- Clinical Breast Exam
- Pelvic exam (as necessary, according to current recommendations and best standards of practice)
- Thyroid Function test
- Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors
- Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
  - Proper nutrition
  - Physical activity
  - Elevated BMI indicative of obesity
  - Tobacco/substance use, abuse, and/or dependency
  - Depression screening
  - Interpersonal and domestic violence screening, that includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems
  - Sexually transmitted infections
  - Human Immunodeficiency Virus (HIV)
  - Family Planning Services and Supplies
- Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
  - Reproductive history and sexual practices
  - Healthy weight, including diet and nutrition, inclusive of nutritional supplements and folic acid intake
  - Physical activity or exercise
  - Oral health care
  - Chronic disease management
  - Emotional wellness
  - Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drugs
  - Recommended intervals between pregnancies
- Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.

List any current patient care providers, including behavioral health providers that provide regular medical care.

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# MEDICAID CHILD ANNUAL WELLNESS CHECKLIST

## CHILD ANNUAL WELLNESS EXAM

If documenting in chart, ensure clear documentation for each of the following at every visit:

- Full Set of Vitals
- Document Height, Weight, and BMI percentile
- Family/Social History
- Assess Physical Activity
- Review Healthy Eating
- Developmental Surveillance
- Social-Emotional Health, Appropriate to Age
- Social Determinants of Health Screening
- Comprehensive Physical Exam
- Immunizations, Provided According to Periodicity Schedule
- Assess Feeling Safe at Home
- Assess and Document for Any and All Risk Factors
- Anticipatory Guidance Provided
- Nutritional Screening
- Vision/ Hearing/ Speech Screening
- Documentation of Referrals, if Applicable

## ASSESSMENTS AND SCREENINGS BY AGE:

- General Developmental Screening (9, 18 & 30 months)
- Autism-Specific Developmental Screening (18 & 24 months)
- Blood Lead Screening (12 & 24 months)
- Oral Health Screening (6 months – 20 years)
- Adolescent Suicide Screening (10-20 years)
- Alcohol and Drug Use Assessment (11-20 years)
- Adolescent Substance Use Screening (12-20 years)

List any current patient care providers, including behavioral health providers that provide regular medical care.

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# MEDICARE ANNUAL WELLNESS CHECKLIST

## WELLNESS EXAM

Ensure clear documentation in the EHR each of the following has been completed and/or discussed:

- Documentation of Advance Directives Discussion
- Full Set of Vitals
- Pain Assessment
- Review and Update Medication List, including Medication Adherence
- Assess Compliance with Taking Medications
- Past Medical History, Including Hospitalizations
- Mental Health Screening
- Substance Use Screening
- Tobacco Use Screening, Discuss Desire to Quit & Cessation Medications
- Review Physical Activity
- Review Healthy Eating
- Assess Urinary Incontinence & Treatment Options, if Applicable
- Assess Feeling Safe at Home
- Assess and Document for Any and All Risk Factors
- Social Determinants of Health Screening
- Assess ADL's and Document any Identified Challenge with Completing any of the Following:
  - Grocery Shopping
  - Driving, Use of Public Transportation
  - Housework
  - Meal Preparation
  - Taking Medications
  - Handling Finances
- Complete Functional Assessment Including:
  - Bathing
  - Dressing
  - Eating
  - Transferring
  - Toileting
  - Walking
- Complete Fall Assessment & Discuss Fall Prevention
  - Ensure Appropriate Follow Up if a Fall Has Occurred

## PREVENTIVE SCREENINGS

Encourage and educate member on preventative screenings as appropriate or as clinically indicated. Document date of preventive screening and the provider who completed the screening if completed elsewhere.

- Colorectal Cancer Screening (50-75 years)
  - Coloscopy, once every 10 years
  - FIT/DNA/Cologuard, once every 3 years
  - FOBT, once every year
  - Flexible Sigmoidoscopy, once every 5 years
- Diabetic Screenings, if Applicable
  - Kidney Health Evaluation, Including eGFR and uACR
  - Retinal Eye Exam
  - HbA1C Testing
- Breast Cancer Screening (women 50-74 years)
- Bone Mineral Density Test (women 67-85 years)
- Vaccines including, but not limited to: Influenza, Pneumococcal & Shingles

List any current patient care providers, including behavioral health providers that provide regular medical care.

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# MARKETPLACE ANNUAL WELLNESS CHECKLIST

## ADULT ANNUAL WELLNESS EXAM

Ensure clear documentation in the EHR each of the following has been completed and/or discussed:

- Full Set of Vitals
- Pain Assessment
- Review Past Medical History
- Review and Update Medication List, including Medication Adherence
- Review & Update Medication List
- Discuss Contraceptive Use, Education of Available Options
- Mental Health Screening
- Substance Use Screening
- Tobacco Use Screening, Discuss Desire to Quit and Cessation Medications
- Review Physical Activity
- Review Healthy Eating
- Assess Feeling Safe at Home
- Assess and Document for Any and All Risk Factors
- Social Determinants of Health Screening

## PREVENTIVE SCREENINGS

Encourage and educate member on preventative screenings as appropriate or as clinically indicated. Document date of preventive screening and the provider who completed the screening if completed elsewhere.

- Colorectal Cancer Screening (45-75 years)
  - Colonoscopy, once 10 years
  - FIT/DNA/Cologuard, once every 3 years
  - FOBT, once every year
  - Flexible Sigmoidoscopy, once every 5 years
- Diabetic Screenings, if Applicable
  - Kidney Health Evaluation, Including eGFR and uACR
  - Retinal Eye Exam
  - HbA1C Testing
- Breast Cancer Screening (women 50-74 years)
- Vaccines including, but not limited to:
  - Influenza
  - Pneumococcal
  - Shingles

List any current patient care providers, including behavioral health providers that provide regular medical care.

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# APPENDIX



## COMMON EXCLUSION CODES

**Table 1**

EXCLUSION	ICD-10 DIAGNOSIS	CPT	HCPCS	
Hospice	N/A	99378	G0182	Q5006
Palliative Care	Z51.5	N/A	M1017	G9054
Frailty & Advanced Illness	G20	N/A	T1003	T1019

\*Must occur on at least two different dates of service.

## AAB ANTIBIOTIC MEDICATION LIST

**Table 2**

DRUG CATEGORY	MEDICATIONS	
Aminoglycosides	<ul style="list-style-type: none"> <li>• Amikacin</li> <li>• Gentamicin</li> </ul>	<ul style="list-style-type: none"> <li>• Streptomycin</li> <li>• Tobramycin</li> </ul>
Aminopenicillins	<ul style="list-style-type: none"> <li>• Amoxicillin</li> </ul>	<ul style="list-style-type: none"> <li>• Ampicillin</li> </ul>
Beta-lactamase Inhibitors	<ul style="list-style-type: none"> <li>• Amoxicillin-clavulanate</li> <li>• Ampicillin-sulbactam</li> </ul>	<ul style="list-style-type: none"> <li>• Piperacillin-tazobactam</li> </ul>
Cephalosporins: First Generation	<ul style="list-style-type: none"> <li>• Cefadroxil</li> <li>• Cefazolin</li> </ul>	<ul style="list-style-type: none"> <li>• Cephalexin</li> </ul>
Cephalosporins: Second Generation	<ul style="list-style-type: none"> <li>• Cefaclor</li> <li>• Cefotetan</li> <li>• Cefoxitin</li> </ul>	<ul style="list-style-type: none"> <li>• Cefprozil</li> <li>• Cefuroxime</li> </ul>
Cephalosporins: Third Generation	<ul style="list-style-type: none"> <li>• Cefdinir</li> <li>• Cefixime</li> <li>• Cefotaxime</li> </ul>	<ul style="list-style-type: none"> <li>• Cefpodoxime</li> <li>• Ceflazidime</li> <li>• Ceftriaxone</li> </ul>
Cephalosporins: Fourth Generation	<ul style="list-style-type: none"> <li>• Cefepime</li> </ul>	
Lincomycin Derivatives	<ul style="list-style-type: none"> <li>• Clindamycin</li> </ul>	<ul style="list-style-type: none"> <li>• Lincomycin</li> </ul>
Macrolides	<ul style="list-style-type: none"> <li>• Azithromycin</li> <li>• Clarithromycin</li> </ul>	<ul style="list-style-type: none"> <li>• Erythromycin</li> </ul>
Miscellaneous Antibiotics	<ul style="list-style-type: none"> <li>• Aztreonam</li> <li>• Chloramphenicol</li> <li>• Dalfopristin-quinupristin</li> <li>• Daptomycin</li> </ul>	<ul style="list-style-type: none"> <li>• Linezolid</li> <li>• Metronidazole</li> <li>• Vancomycin</li> </ul>
Natural Penicillin	<ul style="list-style-type: none"> <li>• Penicillin G Benzathine</li> <li>• Penicillin G Benzathine-procaine</li> <li>• Penicillin G Potassium</li> </ul>	<ul style="list-style-type: none"> <li>• Penicillin G Procaine</li> <li>• Penicillin G Sodium</li> <li>• Penicillin V Potassium</li> </ul>
Penicillinase Resistant Penicillin	<ul style="list-style-type: none"> <li>• Dicloxacillin</li> <li>• Nafcillin</li> </ul>	<ul style="list-style-type: none"> <li>• Oxacillin</li> </ul>
Quinolones	<ul style="list-style-type: none"> <li>• Ciprofloxacin</li> <li>• Gemifloxacin</li> <li>• Levofloxacin</li> </ul>	<ul style="list-style-type: none"> <li>• Moxifloxacin</li> <li>• Ofloxacin</li> </ul>
Rifamycin Derivatives	<ul style="list-style-type: none"> <li>• Rifampin</li> </ul>	
Sulfonamides	<ul style="list-style-type: none"> <li>• Sulfadiazine</li> </ul>	<ul style="list-style-type: none"> <li>• Sulfamethoxazole-trimethoprim</li> </ul>



Tetracyclines	<ul style="list-style-type: none"> <li>• Doxycycline</li> <li>• Minocycline</li> </ul>	<ul style="list-style-type: none"> <li>• Tetracycline</li> </ul>
Urinary anti-infectives	<ul style="list-style-type: none"> <li>• Fosfomycin</li> <li>• Nitrofurantoin</li> </ul>	<ul style="list-style-type: none"> <li>• Nitrofurantoin Macrocrystals-monohydrate</li> <li>• Trimethoprim</li> </ul>

## OMW OSTEOPOROSIS MEDICATION LIST

Table 3

DRUG CATEGORY	MEDICATIONS	
Bisphosphonates	<ul style="list-style-type: none"> <li>• Alendronate</li> <li>• Alendronate-cholecalciferol</li> <li>• Ibandronate</li> </ul>	<ul style="list-style-type: none"> <li>• Risedronate</li> <li>• Zoledronic acid</li> </ul>
Other agents	<ul style="list-style-type: none"> <li>• Abaloparatide</li> <li>• Denosumab</li> <li>• Raloxifene</li> </ul>	<ul style="list-style-type: none"> <li>• Romosozumab</li> <li>• Teriparatide</li> </ul>

## DEFINITIONS OF MENTAL HEALTH PROVIDERS (FUH)

Table 4

A provider who delivers mental health services and meets any of the following criteria:

- An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice.
- An individual who is licensed as a psychologist in their state of practice, if required by the state of practice.
- An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker's Clinical Register; or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice.
- A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master's degree in nursing with a specialization in psychiatric/ mental health and 2 years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse if required by the state of practice.
- An individual (normally with a master's or a doctoral degree in marital and family therapy and at least 2 years of supervised clinical experience) who practices as a marital and family therapist and is licensed as a certified counselor by the state of practice, or, if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.
- An individual (normally with a master's or doctoral degree in counseling and at least 2 years of supervised clinical experience) who practices as a professional counselor and is licensed or certified to do so by the state of practice, or, if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors.
- A physician assistant who is certified to practice psychiatry by the National Commission on Certification of Physician Assistants.
- A certified community mental health center (CMHC), or the comparable term (e.g., behavioral health organization, mental health agency, behavioral health agency) used in the state of location, or a Certified Community Behavioral Health Clinic (CCBHC).

## SAA ANTIPSYCHOTIC MEDICATION LIST

Table 5

DRUG CATEGORY	MEDICATIONS	
Miscellaneous antipsychotic agents (oral)	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Asenapine</li> <li>• Brexpiprazole</li> <li>• Cariprazine</li> <li>• Clozapine</li> <li>• Haloperidol</li> <li>• Iloperidone</li> <li>• Loxapine</li> </ul>	<ul style="list-style-type: none"> <li>• Lumateperone</li> <li>• Lurasidone</li> <li>• Molindone</li> <li>• Olanzapine</li> <li>• Paliperidone</li> <li>• Quetiapine</li> <li>• Risperidone</li> <li>• Ziprasidone</li> </ul>
Phenothiazine antipsychotics (oral)	<ul style="list-style-type: none"> <li>• Chlorpromazine</li> <li>• Fluphenazine</li> <li>• Perphenazine</li> </ul>	<ul style="list-style-type: none"> <li>• Prochlorperazine</li> <li>• Thioridazine</li> <li>• Trifluoperazine</li> </ul>
Psychotherapeutic combinations (oral)	<ul style="list-style-type: none"> <li>• Amitriptyline-perphenazine</li> </ul>	
Thioxanthenes (oral)	<ul style="list-style-type: none"> <li>• Thiothixene</li> </ul>	
Long-acting injections	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Aripiprazole lauroxil</li> <li>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> </ul>	<ul style="list-style-type: none"> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Risperidone (Perseris®)</li> </ul>

## AMM ANTIDEPRESSANT MEDICATION LIST

Table 6

DRUG CATEGORY	MEDICATIONS	
Miscellaneous antidepressants	<ul style="list-style-type: none"> <li>• Bupropion</li> <li>• Vilazodone</li> </ul>	<ul style="list-style-type: none"> <li>• Vortioxetine</li> </ul>
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> <li>• Isocarboxazid</li> <li>• Phenelzine</li> </ul>	<ul style="list-style-type: none"> <li>• Selegiline</li> <li>• Tranylcypromine</li> </ul>
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> <li>• Nefazodone</li> </ul>	<ul style="list-style-type: none"> <li>• Trazodone</li> </ul>
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>• Amitriptyline-chlordiazepoxide</li> <li>• Amitriptyline-perphenazine</li> </ul>	<ul style="list-style-type: none"> <li>• Fluoxetine-olanzapine</li> </ul>
SNRI antidepressants	<ul style="list-style-type: none"> <li>• Desvenlafaxine</li> <li>• Duloxetine</li> </ul>	<ul style="list-style-type: none"> <li>• Levomilnacipran</li> <li>• Venlafaxine</li> </ul>
SSRI antidepressants	<ul style="list-style-type: none"> <li>• Citalopram</li> <li>• Escitalopram</li> <li>• Fluoxetine</li> </ul>	<ul style="list-style-type: none"> <li>• Fluvoxamine</li> <li>• Paroxetine</li> <li>• Sertraline</li> </ul>
Tetracyclic antidepressants	<ul style="list-style-type: none"> <li>• Maprotiline</li> </ul>	<ul style="list-style-type: none"> <li>• Mirtazapine</li> </ul>
Tricyclic antidepressants	<ul style="list-style-type: none"> <li>• Amitriptyline</li> <li>• Amoxapine</li> <li>• Clomipramine</li> <li>• Desipramine</li> </ul>	<ul style="list-style-type: none"> <li>• Doxepin (&gt;6mg)</li> <li>• Imipramine</li> <li>• Nortriptyline</li> <li>• Protriptyline</li> <li>• Trimipramine</li> </ul>

## AMR ASTHMA CONTROLLER & RELIEVER MEDICATION LIST

**Table 7**

DRUG CATEGORY	MEDICATIONS	
Antibody inhibitors	• Omalizumab	
Anti-interleukin-4	• Dupilumab	
Anti-interleukin-5	• Benralizumab • Mepolizumab	• Reslizumab
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol	• Fluticasone-vilanterol • Formoterol-mometasone
Inhaled corticosteroids	• Beclomethasone • Budesonide • Ciclesonide	• Flunisolide • Fluticasone • Mometasone
Leukotriene modifiers	• Montelukast • Zafirlukast	• Zileuton
Methylxanthines	• Theophylline	
Short-acting, inhaled beta-2 agonists	• Albuterol	• Levalbuterol

## ADD MEDICATION LIST

**Table 8**

DRUG CATEGORY	MEDICATIONS	
CNS Stimulants	• Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine	• Methylphenidate • Methamphetamine
Alpha-2 Receptor Agonists	• Clonidine	• Guanfacine
Misc. ADHD Medications	• Atomoxetine	

## MAT FOR ALCOHOL ABUSE OR DEPENDENCE MEDICATION LIST

**Table 9A**

DRUG CATEGORY	MEDICATIONS
Aldehyde Dehydrogenase Inhibitor	• Disulfiram (oral)
Antagonist	• Naltrexone (oral & injectable)
Other	• Acamprosate Calcium (oral; delayed-release tablet)

# MAT FOR OPIOID ABUSE OR DEPENDENCE MEDICATION LIST

**Table 9B**

DRUG CATEGORY	MEDICATIONS	
Antagonist	<ul style="list-style-type: none"> <li>• Naltrexone (oral &amp; injectable)</li> </ul>	
Partial Agonist	<ul style="list-style-type: none"> <li>• Buprenorphine (sublingual tablet injection, and implant)</li> </ul>	<ul style="list-style-type: none"> <li>• Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</li> </ul>
Agonist	<ul style="list-style-type: none"> <li>• Methadone</li> </ul>	

## ACE INHIBITOR & ARB MEDICATION LIST

**Table 10**

DRUG CATEGORY	MEDICATIONS	
Angiotensin converting enzyme inhibitors	<ul style="list-style-type: none"> <li>• Benazepril</li> <li>• Captopril</li> <li>• Enalapril</li> <li>• Fosinopril</li> <li>• Lisinopril</li> </ul>	<ul style="list-style-type: none"> <li>• Moexipril</li> <li>• Perindopril</li> <li>• Quinapril</li> <li>• Ramipril</li> <li>• Trandolapril</li> </ul>
Angiotensin II inhibitors	<ul style="list-style-type: none"> <li>• Azilsartan</li> <li>• Candesartan</li> <li>• Eprosartan</li> <li>• Irbesartan</li> </ul>	<ul style="list-style-type: none"> <li>• Losartan</li> <li>• Olmesartan</li> <li>• Telmisartan</li> <li>• Valsartan</li> </ul>
Antihypertensive combinations	<ul style="list-style-type: none"> <li>• Amlodipine-benazepril</li> <li>• Amlodipine-hydrochlorothiazide-valsartan</li> <li>• Amlodipine-hydrochlorothiazide-olmesartan</li> <li>• Amlodipine-olmesartan</li> <li>• Amlodipine-perindopril</li> <li>• Amlodipine-telmisartan</li> <li>• Amlodipine-valsartan</li> <li>• Benazepril-hydrochlorothiazide</li> <li>• Candesartan-hydrochlorothiazide</li> <li>• Captopril-hydrochlorothiazide</li> <li>• Enalapril-hydrochlorothiazide</li> </ul>	<ul style="list-style-type: none"> <li>• Hydrochlorothiazide-irbesartan</li> <li>• Hydrochlorothiazide-lisinopril</li> <li>• Hydrochlorothiazide-losartan</li> <li>• Hydrochlorothiazide-moexipril</li> <li>• Hydrochlorothiazide-olmesartan</li> <li>• Hydrochlorothiazide-quinapril</li> <li>• Hydrochlorothiazide-telmisartan</li> <li>• Hydrochlorothiazide-valsartan</li> <li>• Trandolapril-verapamil</li> </ul>

# STATIN MEDICATION LIST

Table 11

DRUG CATEGORY	MEDICATIONS	
Statins	<ul style="list-style-type: none"> <li>• Atorvastatin</li> <li>• Amlodipine-atorvastatin</li> <li>• Ezetimibe-simvastatin</li> <li>• Fluvastatin</li> <li>• Lovastatin</li> </ul>	<ul style="list-style-type: none"> <li>• Pitavastatin</li> <li>• Pravastatin</li> <li>• Rosuvastatin</li> <li>• Simvastatin</li> </ul>

# RENIN ANGIOTENSIN SYSTEM ANTAGONIST MEDICATION LIST

Table 12

DRUG CATEGORY	MEDICATIONS	
Direct Renin Inhibitors	<ul style="list-style-type: none"> <li>• Aliskiren</li> </ul>	<ul style="list-style-type: none"> <li>• Aliskiren-Hydrochlorothiazide</li> </ul>
ARB Medications & Combinations	<ul style="list-style-type: none"> <li>• Azilsartan</li> <li>• Azilsartan-Chlorthalidone</li> <li>• Candesartan</li> <li>• Candesartan-Hydrochlorothiazide</li> <li>• Eprosartan</li> <li>• Eprosartan-Hydrochlorothiazide</li> <li>• Irbesartan</li> <li>• Irbesartan-Hydrochlorothiazide</li> <li>• Losartan</li> <li>• Losartan-Hydrochlorothiazide</li> </ul>	<ul style="list-style-type: none"> <li>• Olmesartan</li> <li>• Olmesartan-Amlodipine</li> <li>• Olmesartan-Hydrochlorothiazide</li> <li>• Telmisartan</li> <li>• Telmisartan-Amlodipine</li> <li>• Telmisartan-Hydrochlorothiazide</li> <li>• Valsartan</li> <li>• Valsartan-Amlodipine</li> <li>• Valsartan-Hydrochlorothiazide</li> </ul>
ACE Inhibitors & Combinations	<ul style="list-style-type: none"> <li>• Benazepril</li> <li>• Benazepril-Amlodipine</li> <li>• Benazepril-Hydrochlorothiazide</li> <li>• Captopril</li> <li>• Captopril-Hydrochlorothiazide</li> <li>• Enalapril</li> <li>• Enalapril-Hydrochlorothiazide</li> <li>• Fosinopril</li> <li>• Fosinopril-Hydrochlorothiazide</li> </ul>	<ul style="list-style-type: none"> <li>• Lisinopril</li> <li>• Lisinopril-Hydrochlorothiazide</li> <li>• Moexipril</li> <li>• Moexipril-Hydrochlorothiazide</li> <li>• Perindopril</li> <li>• Perindopril-Amlodipine</li> <li>• Quinapril</li> <li>• Quinapril-Hydrochlorothiazide</li> <li>• Ramipril</li> <li>• Trandolapril-Verapamil</li> </ul>

# OPIOID & BENZODIAZEPINE MEDICATION LIST

Table 13

DRUG CATEGORY	MEDICATIONS	
Opioids	<ul style="list-style-type: none"> <li>• Benzhydrocodone</li> <li>• Buprenorphine (transdermal patch and buccal film)</li> <li>• Butorphanol</li> <li>• Codeine</li> <li>• Dihydrocodeine</li> <li>• Fentanyl</li> <li>• Hydrocodone</li> <li>• Hydromorphone</li> <li>• Levorphanol</li> </ul>	<ul style="list-style-type: none"> <li>• Meperidine</li> <li>• Methadone</li> <li>• Morphine</li> <li>• Opium</li> <li>• Oxycodone</li> <li>• Oxymorphone</li> <li>• Pentazocine</li> <li>• Tapentadol</li> <li>• Tramadol</li> </ul>
Benzodiazepines	<ul style="list-style-type: none"> <li>• Alprazolam</li> <li>• Chlordiazepoxide</li> <li>• Clonazepam</li> <li>• Clorazepate</li> <li>• Diazepam</li> <li>• Estazolam</li> </ul>	<ul style="list-style-type: none"> <li>• Flurazepam</li> <li>• Lorazepam</li> <li>• Midazolam</li> <li>• Oxazepam</li> <li>• Quazepam</li> <li>• Temazepam</li> <li>• Triazolam</li> </ul>