

Quality Metrics



Plan Intervention:

Care for Older Adults (COA) includes a group of assessments intended to serve as additional preventive screenings for adults age 66 and over.

Advance care planning
Pain assessment

Functional assessment
Medication review/list

AmeriHealth Caritas VIP Care is able to assist providers in completing these assessments:

- ✓ Care management is contacting members to complete COA assessments including – pain, advanced directives and functional status.
- ✓ Pharmacy department is conducting care for older adults medication reviews.
- ✓ Completed COA assessment forms are sent to members PCP's and must be filed in the member records in order to satisfy the HEDIS requirement.

Providers may access blank COA forms for their use on our website under Provider> Resources. A good time to complete these assessments is during the Annual Wellness Visit.

Provider Guidelines - Providers may also satisfy the COA requirement by completing the assessment form or documenting the assessment on a claim using the following codes :

<p>Care for Older Adults (COA)</p> <ul style="list-style-type: none"> • Advance Care Planning • Functional Status Assessment • Pain Assessment • Medication Review 	<p>Members 66 years and older who had each of the following during the measurement year:</p> <p>Advance care planning - Evidence of advance care planning during the measurement year (i.e., advance directive, actionable medical orders, living will, surrogate decision maker).</p> <p>Functional status assessment - At least one functional status assessment during the measurement year (i.e., ADL, IADL, result of assessment using a standardized functional assessment tool).</p> <p>Pain assessment – Documentation of at least one pain assessment during the measurement year.</p> <p>Medication review – any of the following:</p> <ul style="list-style-type: none"> • Both of the following on the same date of service during the measurement year: <ul style="list-style-type: none"> ○ At least one medication review conducted by a prescribing practitioner or clinical pharmacist. ○ The presence of a medication list in the medical record. 	<p>CPT/HCPCS/ICD10CM Codes:</p> <p>Advance Care Planning: 99483, 99497, 1123F, 1124F, 1157F, 1158F, S0257, Z66</p> <p>Functional Status Assessment: 99483, 1170F, G0438, G0439</p> <p>Pain Assessment: 1125F, 1126F</p> <p>Medication Review: 90863, 99483, 99605, 99606, 1160F</p> <p>Medication List: 1159F, G8427</p> <p>Transitional Care Management: 99495, 99496</p>
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Influenza Vaccine – Consumer Assessment of Healthcare Provider and Systems Survey (CAHPS)

Plan Interventions:

Member incentives, reminder postcards, automated call and text blasts, Care Management Team calls, and partner with providers for flu clinics.

Provider Guidelines:

We ask for your help, as a provider, in helping to ensure your patients receive influenza vaccines. Your role in this effort is critical to help avert the considerable toll that influenza takes on the public's health each year.

Per the CDC, although people 65 years old and older can get any injectable influenza vaccine, there are two vaccines specifically designed for people 65 years old and older:

- The “high-dose vaccine” is designed specifically for people 65 years old and older and contains four times the amount of antigen as the regular flu shot. It is associated with a stronger immune response following vaccination (higher antibody production).
- The adjuvanted flu vaccine, Flud[™], is made with MF59 adjuvant, which is designed to help create a stronger immune response to vaccination.

Influenza Vaccine - CAHPS

Please be reminded that participating providers will be reimbursed 100% of the Medicare allowable for the influenza vaccines noted below, along with the administration code G0008 for your Medicare patients in our plan:

Code	Labeler Name	Drug Name
90653	Seqirus Inc	Fluad (2020/2021)
90694	Seqirus Inc	Fluad Quadrivalent (2020/2021)
90662	Sanofi Pasteur	Fluzone High-Dose Quadrivalent (2020/2021)
90672	AstraZeneca/MedImmune	FluMist Quadrivalent (2020/2021)
90674	Seqirus Inc	Flucelvax Quadrivalent (2020/2021) (Pres Free)
90682	Sanofi Pasteur	Flublok Quadrivalent (2020/2021)
90686	GlaxoSmithKline Sanofi Pasteur Seqirus Inc	Fluarix Quadrivalent (2020/2021) (Pres Free) & Flulaval Quadrivalent (2020/2021) (Pres Free) Fluzone Quadrivalent (2020/2021) (Pres Free) Afluria Quadrivalent (2020/2021) (Pres Free)
90688	Sanofi Pasteur Seqirus Inc	Fluzone Quadrivalent (2020/2021) Afluria Quadrivalent (2020/2021)
90756	Seqirus Inc	Flucelvax Quadrivalent (2020/2021)

Plan Interventions:

Our plan is assessed on how well our providers are controlling their patients' (our members') blood pressure through the HEDIS measure, Controlling High Blood Pressure. This measure determines the percentage of patients 60 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled during the measurement year, based on the following criteria:

- Patients 60 to 85 years of age with a diagnosis of diabetes whose BP was less than 140/90 mm Hg.
- Patients 60 to 85 years of age without a diagnosis of diabetes whose BP was less than 150/90 mm Hg.

Only about half of people with high blood pressure have it under control, which means they are at higher risk for heart disease and stroke. Another 1 in 5 adults don't even know they have high blood pressure.

As a plan we offer member incentives, education and a blood pressure cuff benefit. Review medications for compliance and educate members on 90-day refills. Offer to take blood pressure at member events.

Controlling Blood Pressure - HEDIS

Provider Guidelines:

Before providers can begin to control high blood pressure, it is important to first obtain an accurate blood pressure. Even small inaccuracies of 5 – 10 mm Hg can have considerable consequences. Here are some factors that can affect the accuracy of a blood pressure measures and the magnitude of the discrepancies:

Factor	Magnitude of systolic/diastolic blood pressure discrepancy (mm Hg)
Talking or active listening	10/10
Distended bladder	15/10
Cuff over clothing	5–50/
Cuff too small	10/2–8
Smoking within 30 minutes of measurement	6–20/
Paralyzed arm	2–5/
Back unsupported	6–10/
Arm unsupported, sitting	1–7/5–11
Arm unsupported, standing	6–8/

Controlling Blood Pressure - HEDIS

Beginning in 2018, the HEDIS measure Controlling Blood Pressure can be reported using CPT II codes. Below are the CPT II codes that correspond to particular systolic and diastolic blood pressure measurements.

Code	Type	Measure	Description
3074F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure less than 130 mm Hg
3075F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure 130-139 mm Hg
3077F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure less than 80 mm Hg
3079F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure 80-89 mm Hg
3080F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

Comprehensive Diabetes Care - HEDIS

Plan Intervention:

Diabetic members are being offered in-home diabetic testing including HbA1C, urine and eye imaging when approved by treating provider. Sending letters to providers and members when tests are missing. Offer HbA1c testing at member events.

Provider Guidelines:

<p>Comprehensive Diabetes Care (CDC)</p> <ul style="list-style-type: none"> HgbA1c Testing HgbA1c Result: Control vs. Poor Control 	<p>Members 18–75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test during the measurement year.</p> <ul style="list-style-type: none"> Documentation in the medical record must include a note indicating the date when the HgbA1c test was performed and the result or finding. <p><i>Members who meet any of the following criteria are excluded from the measure:</i></p> <ul style="list-style-type: none"> <i>In hospice or using hospice services any time in the MY.</i> <i>Receiving palliative care any time in the MY.</i> <i>Deceased in the MY.</i> 	<p>CPT Codes:</p> <ul style="list-style-type: none"> HbA1c Testing: 83036, 83037 HbA1c <7.0: 3044F HbA1c Level >= To 7.0 and < 8.0: 3051F HbA1c Level >= To 8.0 and <= To 9.0: 3052F HbA1c >9.0: 3046F
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Comprehensive Diabetes Care - HEDIS

<p>Comprehensive Diabetes Care Eye Exam</p>	<p>Members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam performed by an eye care professional during the measurement year.</p> <ul style="list-style-type: none"> • A retinal eye exam performed the year prior to the measurement year is acceptable if the exam was negative for retinopathy. • Documentation of bilateral eye enucleation anytime during the member’s history through December 31 of the measurement year is acceptable. 	<p><u>Diabetic Retinal Screening Eye Exam CPT/HCPCS/CPT-CAT-II Codes:</u> 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245, S0620, S0621, S3000, 3072F, 2022F, 2023F, 2024F, 2025F, 2026F, 2033F</p>
<p>Comprehensive Diabetes Care Monitoring for Nephropathy</p>	<p>Members 18–75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy as follows:</p> <ul style="list-style-type: none"> • Nephropathy screening/monitoring test or evidence of nephropathy including: nephropathy screening or monitoring test, ACE/ARB therapy, evidence of stage 4 CKD, ESRD, kidney transplant, visit with a nephrologist or at least one ACE inhibitor or ARB dispensing event. 	<p><u>Urine Protein CPT/CPT-CAT-II Codes:</u> 81000, 81001, 81002, 81003, 81005, 82042, 82043, 82044, 84156, 3060F, 3061F, 3062F</p> <p><u>Nephropathy Treatment CPT-CAT-II Codes</u> 3066F, 4010F</p> <p><u>Kidney Transplant CPT/ HCPCS Codes:</u> 50360, 50365, 50380, S2065</p>

Colorectal Cancer Screening - HEDIS

Plan Intervention:

Working with lab vendors to offer members in-home screening kits.

Provider Guidelines:

<p>Colorectal Cancer Screening (COL)</p>	<p>Members 50-75 years of age who had appropriate screening for colorectal cancer, which includes:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement year. • Flexible sigmoidoscopy or CT Colonography during the measurement year or four years prior to the measurement year. • Colonoscopy during the measurement year or nine years prior to the measurement year. • FIT-DNA test during the measurement year or two years prior to the measurement year. <p>Note: Digital rectal exams (DRE) and FOBT tests performed in an office setting or performed on a sample collected via DRE do not meet measure specifications.</p>	<p><u>Flexible Sigmoidoscopy CPT/HCPCS Codes:</u> 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350, G0104</p> <p><u>Colonoscopy CPT/HCPCS Codes:</u> 44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398, G0105, G0121</p> <p><u>CT Colonography CPT Codes:</u> 74261, 74262, 74263</p> <p><u>FIT-DNA CPT/HCPCS Codes:</u> 81528, G0464</p> <p><u>FOBT Lab Test CPT/HCPCS Codes:</u> 82270, 82274, G0328</p>
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Breast Cancer Screening - HEDIS

Plan Intervention:

Receive orders for non-compliant members and do member outreach campaigns to assist members scheduling mammograms. Send out reminder postcards.

Provider Guidelines:

Breast Cancer Screening (BCS)	Women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or the two years prior to the measurement year. <ul style="list-style-type: none">• Based on claim for mammography only. Biopsies, breast ultrasounds and MRIs are not included.• Excludes women with documented mastectomy.	Mammography CPT/HCPCS Codes: 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067, G0202, G0204, G0206
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Osteoporosis Management in Women Who Had a Fracture - HEDIS

Plan Intervention:

Letters to providers on members who are high-risk for falls. Encouraging Bone Mineral Density testing and/or medication prior to the 6 month post fracture date - going out to new members monthly. Meet with Pharmacy to review/discuss each member in the measure and outreach to non-compliant members.

Provider Guidelines:

<p>Osteoporosis Management in Women Who Had a Fracture (OMW)</p>	<p>Women 67-85 years of age who suffered a fracture and who had either a bone or mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture (fractures of finger, toe, face and skull are not included in this measure)</p> <p><i>Members who meet any of the following criteria are excluded from the measure:</i></p> <ul style="list-style-type: none"> • <i>In hospice or using hospice services in the measurement year (MY).</i> • <i>Receiving palliative care any time in the MY.</i> • <i>Deceased in the MY.</i> 	<p>HEDIS rates are based on pharmacy (medication) claims or Bone Mineral Density Tests.</p> <p>Medications:</p> <ul style="list-style-type: none"> • Abaloparatide • Alendronate • Alendronate-cholecalciferol • Denosumab • Ibandronate • Raloxifene • Risedronate • Romosozumab • Teriparatide • Zoledronic acid <p><u>Bone Mineral Density Tests CPT Codes:</u> 76977, 77078, 77080, 77081, 77085, 77086</p>
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Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis - HEDIS

Plan Intervention:

Letters and outreach calls to providers for members identified with rheumatoid arthritis who are not seeking treatment.

Provider Guidelines:

<p>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)</p>	<p>Members 18 years and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).</p> <p><i>Members who meet any of the following criteria are excluded from the measure:</i></p> <ul style="list-style-type: none"> <i>In hospice or using hospice services in the measurement year (MY).</i> <i>Receiving palliative care any time in the MY.</i> <i>Deceased in the MY.</i> 	<p>HEDIS rates are based on pharmacy claims for the following medications:</p> <ul style="list-style-type: none"> Abatacept Adalimumab Anakinra Auranofin Azathioprine Baricitinib Certolizumab pegol Cyclophosphamide Cyclosporine Etanercept Golimumab Hydroxychloroquine 	<ul style="list-style-type: none"> Infliximab Leflunomide Methotrexate Minocycline Mycophenolate mofetil Mycophenolic acid Penicillamine Rituximab Sarilumab Sulfasalazine Tocilizumab Tofacitinib Upadacitinib
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Medication Reconciliation Post Discharge - HEDIS

CMS understands the importance of providing Transitional Care Management (TCM) with Medication Reconciliation Post-discharge (MRP) in order to provide quality care for your patients. Therefore, CMS adopted the MRP HEDIS measure and has also designated it as a Star measure.

- Medication reconciliation is a review in which the discharge medications are reconciled with the most recent medication list in the outpatient record.
- Documentation must be in the outpatient medical record and include evidence of medication reconciliation; the date when it was performed by the prescribing practitioner, registered nurse or clinical pharmacist; and the provider signature.

Medication Reconciliation Post Discharge - HEDIS

If coding guidelines are met, MRP is reimbursed through two Transitional Care Management service codes 99495 and 99496; otherwise, it can be reported with a non-reimbursable CPT Category II code 1111F. The two TCM codes generally have the same requirements, with the primary difference being the level of decision-making involved, whether it is moderate or high complexity. In order to report these services, the following must be met:

1. The **initial direct contact** with the patient and/or caregiver (includes telephone/electronic) must occur within **2 days** of discharge.
2. The patient **must be seen** within **14 days** of discharge (99495) for those with moderate complexity and within **7 days** of discharge (99496) for those with high complexity.
3. **Medication reconciliation** must be performed and documented within **30 days** of discharge. Other necessary follow-up, such as reviewing labs and scheduling additional services, should also be performed within the 30 days.

We realize not all patients discharged from the hospital require the complex decision making required by TCM services; however, it is still important to perform MRP within 30 days. If you perform MRP without TCM, please document this service and submit claims using the appropriate CPT code.

High Risk Drugs for the Elderly - HEDIS

Are your providers prescribing high-risk medications for your patients over age 65?

High-risk medications are those identified by American Geriatric Society (AGS) Beers Criteria which tend to cause adverse drug events in older adults due to their pharmacologic properties and the physiologic changes of aging.

Prescription drug use by the elderly can often result in adverse drug events that contribute to:

- ✓ Hospitalization
- ✓ Increased duration of illness
- ✓ Nursing home placement
- ✓ Falls and fractures

Potentially inappropriate medications continue to be prescribed for and taken by older adults despite the recognition of increased likelihood of adverse drug events and evidence of poor outcomes in elderly patients.

A printable pocket guide of these medications is available from AGS at:

[Beers Criteria Printable Pocketcard - American Geriatrics Society](#)

Potentially Harmful Drug-Disease Interactions in the Elderly and Use of High-Risk Medication in the Elderly

<p>Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)</p>	<p>Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.</p> <ul style="list-style-type: none"> • A history of falls and a prescription for anticonvulsants, SSRI's, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, or tricyclic antidepressants. • Dementia and prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents. • Chronic kidney disease and prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs. 	<p>HEDIS rates are based on Diagnosis + Medications/ Pharmacy Claims.</p>
<p>Use of High-Risk Medication in the Elderly (DAE)</p>	<p>The percentage of Medicare members 67 years of age and older who had at least two dispensing events for the same high-risk medication.</p> <ul style="list-style-type: none"> • The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class. • The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses. 	<p>HEDIS rates are based on Diagnosis + Medications/ Pharmacy Claims</p>

Medicare Stars Medication Adherence Measures - Non-HEDIS - continued

Medication Adherence for Cholesterol (statins)	<p>Percentage of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication during the measurement year.</p>	<p><u>Includes Cholesterol (Statin) Medications</u></p> <ul style="list-style-type: none"> • Atorvastatin • Fluvastatin • Lovastatin • Pitavastatin • Pravastatin • Rosuvastatin • Simvastatin
Statin Use in Persons With Diabetes (SUPD)	<p>Percentage of plan members with diabetes who take the most effective cholesterol-lowering (statin) drugs. Members who have a prescription for at least two diabetes medication fills and who received a statin medication fill during the measurement year.</p>	<p><u>Includes Cholesterol (Statin) Medications</u></p> <ul style="list-style-type: none"> • Atorvastatin • Fluvastatin • Lovastatin • Pitavastatin • Pravastatin • Rosuvastatin • Simvastatin

Urinary Incontinence – Health Outcomes Survey (HOS)

UI, which can be associated with decreased quality of life, affects up to 30% of elderly people; and 85% of long-term care facility residents. However, the true incidence of this disorder may be underestimated due to the social stigma of UI or the assumption that UI is a normal part of aging. On the HOS survey beneficiaries are asked four questions about UI. Two questions asked are about conversations beneficiaries have had with their doctors:

- 1. Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?*
- 2. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?*

Because UI is often a sensitive and embarrassing topic for many patients, they may not initiate the discussion if they are experiencing issues with UI. Therefore, we are looking to our providers to start these conversations with our members, which in turn may help them feel more comfortable discussing these issues. **Simply ask them, “Have you ever leaked urine?”** This simple question may be all it takes to reduce their risk of getting UTIs, suffering from depression, or being institutionalized, and may just result in their having an overall better quality of life.

Other Plan Interventions

- **Member Outreach Campaigns** -
 - Phone Messaging Blasts – Flu, Pneumonia, Screenings
 - Postcard Reminders - Flu, Pneumonia, Screenings
 - Health Fairs offering flu shots and screenings
- **Provider Performance Reports** – Sent to all PCPs who have members assigned to them
- **Record Collection** – Accessing internal member records to meet Care Gaps

Our **Quality Management** department has many ongoing initiatives to improve health outcomes for our members, including notifying providers of at risk members.

- ✓ If you would like to work with Quality Management or have any questions about **HEDIS or any other Star** measures, please contact our Quality Department directly by phone at 215-937-8115 or email at VIPQuality@amerihealthcaritas.com.

More than
30 YEARS
of making
care the heart
of our **work.**



Coverage by AmeriHealth First.