HEDIS® PLUS PROVIDER TRAINING

With a focus on:

- 2018 LDH Incentive Based or Monitoring Measures,
- 2018 NCQA Accreditation Measures, and
- 2018 AmeriHealth Caritas Louisiana Quality Enhancement Program Measures
One to four symbols will be located on the left hand corner of each measure slide to indicate the type of the measures referenced.

Providers should use the following key:

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Type of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>2018 LDH Incentive Based Measure</td>
</tr>
<tr>
<td>M</td>
<td>2018 LDH Monitoring Measure</td>
</tr>
<tr>
<td>A</td>
<td>2018 Accreditation Measure</td>
</tr>
<tr>
<td>Q</td>
<td>2018 QEP Measure</td>
</tr>
</tbody>
</table>
HEDIS® PLUS Provider Training – Disclaimer

The codes and medical record documentation tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. State/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for applicable codes. Please note: The information provided is based on HEDIS® 2019 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for guidance.
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**Provider Tools & Resources**
HEDIS® is a performance measurement tool administered by the National Committee for Quality Assurance (NCQA).

- It is used by more than 90 percent of America's health plans.
- Managed care companies that are NCQA accredited perform HEDIS® reviews the same time each year.
Health plans use HEDIS® performance results to:

- Evaluate quality of care and services
- Evaluate provider performance
- Develop performance improvement initiatives
- Perform outreach to providers and members
- Compare performance with other health plans
HEDIS® data is collected in three ways:

- **Administrative data** — Obtained from our claims database.
- **Hybrid data** — Obtained from our claims database and medical record reviews.
- **Survey data** — Obtained from member surveys.
Claims / Encounter data is essential for measuring and monitoring quality, service utilization and differences in members’ health care needs.

Correct coding of claims is also very important. If a service or diagnosis is not coded correctly, the data may not be captured for HEDIS® and may not be reflected accurately in the resulting quality scores.

Encounter data and accurate coding help us to better understand and meet the health care needs of our members, your patients.
Medical Records – Some HEDIS® data cannot be collected through claims or historical data as our Medicaid population is transient. It is very important that providers document medical records appropriately as some HEDIS® data can be abstracted from provider medical records.
Medical Record Requests

EMR:

If you have an EMR and would be interested in electronic data submission, please contact your Clinical Quality Representative.

✓ Medical record requests are sent to providers.

✓ Requests include a list of your patients, our members, the assigned measures, and the medical records needed to close the HEDIS gaps.

✓ Data collection methods include: On-site visits, fax, secure email, electronic data collection (EMR), and AmeriHealth Caritas Louisiana secured mail.

✓ If you use a record management company like Ciox, IOD, MRO or MedSouth, please communicate that to your Account Executive (AE).
HIPAA Privacy Rule:

Data collection for HEDIS® is permitted and the release of this information requires no special patient consent or authorization.

AmeriHealth Caritas of Louisiana

Manages members’ personal health information in accordance with all applicable federal and state laws and regulations. Data is reported collectively without individual identifiers.
2018 LDH MEASURES & TARGETS

HEDIS® 2019 (Calendar Year 2018)
2018 LDH Measures & Targets

In an effort to improve the quality of care for Medicaid recipients in Louisiana, the Louisiana Department of Health (LDH) measures all Healthy Louisiana Plans on 13 individualized HEDIS® measures, 1 Non-HEDIS® measure, and 2 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures.
**2018 LDH Measures & Targets**

<table>
<thead>
<tr>
<th>LDH Measures</th>
<th>LDH Targets</th>
<th>Admin Measure</th>
<th>Hybrid Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Well Visit (AWC)</td>
<td>50.12%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ambulatory Care (AMB) – ED Visits</td>
<td>62.70%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Controlling High Blood Pressure (CBP)</td>
<td>56.93%</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)-Hemoglobin A1c (HBA1c) Testing</td>
<td>87.10%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)-Eye Exam (Retinal)</td>
<td>55.17%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)-Medical Attention for Nephropathy</td>
<td>90.27%</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
## 2018 LDH Measures & Targets

<table>
<thead>
<tr>
<th>LDH Measures</th>
<th>LDH Targets</th>
<th>Admin Measure</th>
<th>Hybrid Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Initiation Phase</td>
<td>44.80%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Continuation Phase</td>
<td>55.90%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness (FUH) - Within 30 Days of Discharge</td>
<td>65.42%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Initiation of injectable Progesterone for Preterm Birth Prevention 17-P (PTB)</td>
<td>20.65%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>LDH Measures</td>
<td>LDH Targets</td>
<td>Admin Measure</td>
<td>Hybrid Measure</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care (PPC)- Timeliness of Prenatal Care</td>
<td>83.56%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care (PPC)- Postpartum Care</td>
<td>64.38%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life (W15)</td>
<td>62.06%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Well- Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>72.45%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CAHPS Health Plan Survey 5.0H, Adult</td>
<td>Measures members satisfaction</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CAHPS Health Plan Survey 5.0H, Child</td>
<td>Measures members satisfaction</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
APPENDIX 1

Pediatric & Adolescent Measures
Medical Record Documentation:

- Visit with PCP and date
- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Coding:

**CPT**
99381, 99382, 99391, 99392, 99461

**ICD-10**
Z00.1, Z00.110, Z00.11, Z700.12, Z00.121, Z00.129, Z00.8, Z02.89

W15 – Well Child Visits in the First 15 Months of Life

Members who turned 15 months of age during the measurement year who had 6 or more well-child visits
W34 - Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Members 3-6 years old who had one or more well-child visits during the measurement year

Medical Record Documentation:

- Visit with PCP and date
- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Coding:

CPT
99382, 99383, 99392, 99393

ICD-10
Z700.7-71, Z00.8, Z00.12, Z700.121, Z700.129
AWC—Adolescent Well Care

Members 12-21 years old in the measurement year that have at least ONE comprehensive well-care visit

Medical Record Documentation:

- Visit with PCP and date
- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Coding:

CPT
99383, 99384, 99385, 99393, 99394, 99395

ICD-10
Z700.3, Z700.7-71, Z00.8, Z00.12, Z700.121, Z700.129
1. **A health history.** Health history is an assessment of the member’s history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.

2. **A physical developmental history.** Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.

3. **A mental developmental history.** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.

4. **A physical exam.**

5. **Health education/anticipatory guidance.** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.
MODIFIER -25 Usage

A Preventative Medicine CPT or HCPCS code and problem-oriented E/M CPT code may both be submitted for the same patient by the Same Specialty Physician or Other Health Care Professional on the same date of service. If the E/M code represents a significant, separately identifiable service is submitted with modifier 25 appended, AmeriHealth Caritas Louisiana will reimburse the Preventative Medicine code plus the problem-oriented E/M code.

AmeriHealth Caritas Louisiana will not reimburse a problem oriented E/M code that does not represent a significant, separately identifiable service that is not submitted with modifier 25 appended. Medical records must have documentation to justify both services.
Medical Record Documentation:

**BMI Percentile**
- BMI Percentile date and value
  - Age growth chart(s) with plotted BMI
- Weight date and value
- Height date and value

BMI Value, BMI Percentile ranges and thresholds does not meet the criteria for this measure.

**Counseling for Nutrition**
- Date and discussion of diet and nutrition, or counseling on nutrition or weight/obesity

**Counseling for Physical Activity**
- Date and discussion of current physical activities or counseling for physical activity or weight/obesity

**Note:** Documentation of services rendered for obesity or eating disorders may be used to meet criteria for the ‘Counseling for Nutrition’ and ‘Counseling for Physical Activity’ components.
WCC-
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

**Coding:** Apply with the appropriate outpatient visit E/M code.

**BMI**
Z68.51, Z68.52, Z68.53, Z68.54

**Counseling for Physical Activity**
Z02.5, Z71.82

**Counseling for Nutrition**
Z71.3
### CIS - Childhood Immunization Status

Members who had all of the required immunizations completed by their 2<sup>nd</sup> birthday

### Medical Record Documentation

<table>
<thead>
<tr>
<th>4 each:</th>
<th>DTaP, PCV (Pneumococcal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 each:</td>
<td>Hep B, HIB, IPV</td>
</tr>
</tbody>
</table>
| 2 or 3 Rotavirus/RV | Rotarix = 2 dose  
                     | Rota Teq = 3 dose |
| 2 each: | Influenza                |
| 1 each: | Hep A, MMR, VZV or has had chickenpox |

#### If missing any immunizations, please include:
- Documentation of parental refusal
- Documentation of request for delayed immunization schedules
- Documentation of Immunizations given at health departments
- Documentation Immunizations given in the hospital at birth.
- Documentation of contraindications or allergies.
Caritas “Care” Tips:

- Immunizations must be received on or before 2\textsuperscript{nd} birthday
- DTaP and IPV - Does not count if the vaccination is administered prior to 42 days after birth.
- Flu Vaccine after 6 months of age
- Flu Mist does NOT count toward flu vaccination completion.
- Document all immunization in LINKS database
IMA - Immunizations for Adolescents

Adolescents turning 13 years of age during the measurement year who had Meningococcal, Tdap/TD & HPV immunizations

Medical Record Documentation:

• **Meningococcal** - One dose on or between 11\(^{th}\) and 13\(^{th}\) birthday.

• **Tdap/TD** - One dose on or between patient’s 10\(^{th}\) and 13\(^{th}\) birthday.

• **HPV** – At least two HPV vaccines with different dates of service (at least 146 days between doses) on or between the member’s 9\(^{th}\) and 13\(^{th}\) birthdays OR
  - At least three HPV vaccines with different dates of service on or between the member’s 9\(^{th}\) and 13\(^{th}\) birthdays.

**Documentation should include:**

• A note indicating the name of the specific antigen and the date of service, **or**

• A certificate of immunization prepared by an authorized health care provider or agency including all information listed above.
IMA-
Immunizations for Adolescents

Adolescents turning 13 years of age during the measurement year who had Meningococcal, Tdap/TD & HPV immunizations

Caritas “Care” Tips:

• Ensure that Immunizations are administered during appropriate timeframes (member ages)
• Document all immunizations in LINKS State registry
• PCP charts contain the member’s complete immunization history (school, health unit etc.)
• Complete HPV series

If immunizations are missing please include either:
• Documentation of parental refusal
• Health department records
• Patient contraindications/allergies
Measure Details:

- **Initiation phase** - The first 30 days after the medication was dispensed.

- **Continuation phase** - For patients who remain on the medication at least 210 days, the continuation phase is 270 days after the initiation phase ends.

Compliance includes:

- At least one follow-up visit during the 30-day initiation phase and two additional visits within the next nine months or during the continuation phase.

- When a member has a negative 120 day (4 month) medication period and is restarted on an ADHD medication, HEDIS considers this as a qualifying "initiation" and will require a follow up appointment within 30 days.

Note: If a member has a Negative Medication History (ADHD medication non-compliance for 120 consecutive days) and is restarted on an ADHD medication, the Initiation Phase is restarted and the member will require a follow up appointment within 30 days.

Coding:

99201-99205, 99211-99215, 99217-99220, 99383-99384, 99293-99394
PCP Treatment Guidelines:

- Prescribe parent or teacher evidence-based behavior management training as the first line of treatment.

- Prescribe a stimulant if behavior interventions do not provide significant improvement and there is moderate-to-severe continuing disturbance in the child’s function.

ADD—Follow-Up Care for Children Prescribed ADHD Medication

For preschool aged children (4-5 years old)
APPENDIX 2
Adult Measures
AAP — Adult Access to Preventive/Ambulatory Health Services

Members 20 years of age and older who had at least one ambulatory or preventive care visit in the measurement year.

Administrative Measure Requirements:

• Preventive (Well) Visit or Ambulatory (Outpatient) Visit reported on members 20 years of age and older in the measurement year.

Caritas “Care” Tips:

• Ensure that all panel members 20 years of age or and older receive a well visit each year.

Coding:

Ambulatory/Outpatient Visits
99201-99205 and 99211-99215

Preventive Care Visit
99385-99387 and 99395-99392
ABA —
Adult BMI Assessment

Members 18-74 years of age who had an outpatient visit and whose BMI was documented during the measurement year.

Medical Records Documentation:
• For members 20 years and older on the date of service, documentation in the medical record must indicate the weight and BMI value.
• For members younger than 20 years on the date of service, documentation in the medical record must indicate the height, weight and BMI percentile.

Caritas “Care” Tips:
• Ensure that EMRs are capturing members BMI Percentile as well as the BMI value.
• Submit BMI Values and Percentile through claims using appropriate ICD-10 diagnosis codes.

HEDIS Numerator Codes:

Members 20 & Older
Z68.1, Z68.20 – Z68.29, Z68.30- Z68.39, Z68.41- Z68-45

Members 18-19
Z68.51- Z68.54
CDC — Comprehensive Diabetes Care

Hemoglobin A1c (HbA1c) Testing

Members 18-75 years of age with diabetes (type 1 and 2) who had a Hemoglobin A1c (HbA1c) test during the measurement year.

Medical Records Documentation:
- HbA1c Test Collection Date and
- HbA1c Value

Caritas “Care” Tips:
Use CPT CATII codes to report HbA1c values.
- HbA1c poor control (>9.0%) 3046F
- HbA1c control (<8.0%) 3045F
- HbA1c control (<7.0%)

Coding:
83036
Members 18-75 years of age with diabetes (type 1 and type 2) who had a eye exam (retinal or dilated) performed during the measurement year or the year prior to the measurement year.

**Medical Records Documentation:**

- A note or letter prepared by an Ophthalmologist, Optometrist, PCP or other health care professional indicating that a Ophthalmoscopy exam was completed by an eye care professional with the date and result.
- Chart or Photograph indicating the date when the fundus photograph was performed and evidence that an eye care professional reviewed the results.
- Evidence that the member had a bilateral enucleations or acquired absence of both eyes.
- Documentation of a negative retinal or dilated eye exam by an eye care provider in the prior year were the results indicate retinopathy was not present.

**Screening or monitoring for diabetic retinal eye exam. This includes diabetics who had one of the following:**

- A retinal or dilated eye exam by an eye care professional in the measurement year (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.
- Bilateral eye enucleation anytime during the members history through December 31 of the measurement year.
Members 18-75 years of age with diabetes (type 1 and type 2) who had a eye exam (retinal or dilated) performed during the measurement year or the year prior to the measurement year.

**Comprehensive Diabetes Care – Eye Exam**

**LDH Measure**

**Caritas “Care” Tips :**

- Report category CPT II codes when members have had a retinal or dilated eye exam by an eye care professional.
  - Report if a member had a negative retinal eye exam (no retinopathy) 3072F
  - Report if a member have had a diabetic retinal eye exam with a eye care professional 2022F, 2024F and 2026F

**HEDIS Numerator Codes :**

67028, 67030, 67031, 67036, 67037, 67040, 67041, 670742, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92004, 92002, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92230, 92235, 92240, 92250, 92260
CDC — Comprehensive Diabetes Care - Medical Attention for Nephropathy

Members 18-75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening, monitoring test, or evidence of nephropathy during the measurement year.

Medical Records Documentation:
- Documentation of a nephropathy screen: urine protein test
- Documentation of evidence of treatment for nephropathy; ACE/ARB therapy
- Documentation that the member has stage 4 chronic kidney disease, ESRD, or kidney transplant
- Evidence that the member visited a nephrologist

Caritas “Care” Tips:
- Update the problem list with all past and present diagnosis
- Update the members medication list with all past, recent and current medication
- Report category CPT CATII codes if the member is receiving:
  - ACE or ARB therapy 4010F,
  - Provider has documentation that the member is receiving treatment for nephropathy 3066F, or
  - Report status of a microalbuminuria test is positive 3060F or negative 3061F
CDC — Comprehensive Diabetes Care - Medical Attention for Nephropathy

Members 18-75 years of age with diabetes (type 1 and type 2) Nephropathy screening or monitoring test or evidence of nephropathy during the measurement year.

Coding:

Urine Protein Test
81000, 81001, 81002, 81003, 81005, 82042, 82045, 82044, 84156

Evidence of Nephropathy Treatment
E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N00.9, N01.1- N01.9, N02.0-N02.9, N03.0-N03.9, N04.1-N04.9, N05.1-N05.9, N06.1-N06.9, N07.0-N07.9, N08, N14.0-N14.4, N17.0, N17.4, N17.2, N17.9, N18.1-N18-9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.9, R80.0-E80.9
Medical Records Documentation:
- Blood Pressure Results and
- Date of Service

Measure Compliance
Most recent blood pressure that is <140/90 taken during an outpatient visit or during a non-acute inpatient encounter of the provider who is managing the members diabetes.

Caritas “Care” Tips:
- Document all BP’s captured during an outpatient encounter
- Recheck elevated blood pressures during outpatient encounters
- Use CPT CATII codes to report BP results during every outpatient visit
  - Systolic: 3074F, 3075F
  - Diastolic: 3079F, 3078F
CBP — Controlling High Blood Pressure

Members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year

Medical Records Documentation:

- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension.

Caritas “Care” Tips:

- Recheck elevated blood pressures during outpatient encounters
- Document all BP performed during a visit
- Update problem list with all diagnoses
- Ensure that the date(s) of hypertension is clear in the medical record
- Use CPT CATII codes to report BP during every outpatient visit
  - Systolic: 3074F, 3075F
  - Diastolic: 3079F, 3078F
A supplemental reimbursement will be paid when the following services are rendered and billed in conjunction with a diagnosis of diabetes or hypertension:

<table>
<thead>
<tr>
<th>CPT CAT II Code</th>
<th>Description</th>
<th>Supplemental Reimbursement</th>
<th>Age Limit</th>
<th>Frequency</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3044F*</td>
<td>Most recent HbA1c level less than 7.0%</td>
<td>$10</td>
<td>18 and over</td>
<td>Once per 90 days</td>
<td>October 1, 2017</td>
</tr>
<tr>
<td>3045F*</td>
<td>Most recent HbA1c level between 7.0 - 9.0%</td>
<td>$10</td>
<td>18 and over</td>
<td>Once per 90 days</td>
<td>October 1, 2017</td>
</tr>
<tr>
<td>3046F*</td>
<td>Most recent HbA1c level greater than 9.0%</td>
<td>$10</td>
<td>18 and over</td>
<td>Once per 90 days</td>
<td>October 1, 2017</td>
</tr>
<tr>
<td>3072F*</td>
<td>Low risk for retinopathy (no evidence of retinopathy in the prior year)</td>
<td>$10</td>
<td>18 and over</td>
<td>Once per year</td>
<td>October 1, 2015</td>
</tr>
<tr>
<td>3074F</td>
<td>Most recent systolic blood pressure &lt;130 mm Hg</td>
<td>$5</td>
<td>18 and over</td>
<td>One pair per 90 days</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>3075F</td>
<td>Most recent systolic blood pressure 130 - 139 mm Hg</td>
<td>$5</td>
<td>18 and over</td>
<td>One pair per 90 days</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>3077F</td>
<td>Most recent systolic blood pressure &gt;=140 mm Hg</td>
<td>$5</td>
<td>18 and over</td>
<td>One pair per 90 days</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>3078F</td>
<td>Most recent diastolic blood pressure &lt;80 mm Hg</td>
<td>$5</td>
<td>18 and over</td>
<td>One pair per 90 days</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>3079F</td>
<td>Most recent diastolic blood pressure 80-89 mm Hg</td>
<td>$5</td>
<td>18 and over</td>
<td>One pair per 90 days</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>3080F</td>
<td>Most recent diastolic blood pressure &gt;=90 mm Hg</td>
<td>$5</td>
<td>18 and over</td>
<td>One pair per 90 days</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>

**Note:** When billing these codes, providers will need to enter a charge of $5.00 or $10.00 to receive the full supplemental reimbursement. Reimbursement will not exceed your billed charges.
APPENDIX 3
Women's Health Measures
Administrative evidence must include:

- At least one chlamydia test during the measurement year for women ages 16-24 who are identified as sexually active.
- The following are methods that meet chlamydia guidelines:
  - A chlamydia culture taken during Pap smear.
  - A urine sample

Note: Medical records MUST include the collection date and the result.

Coding:

87110, 87270, 87320, 87490, 87491, 87492, 87810
Administrative evidence must include:

- One or more mammograms between October 1 two years prior to the measurement year and December 31 of the measurement year.
  - Biopsies, breast ultrasounds or magnetic resonance imaging (MRI), or diagnostic screenings are not appropriate methods for primary breast screenings.

**Caritas “Care” Tips :**

- Use claims to report if a member has a history of a bilateral mastectomy, unilateral mastectomy with service dates 14 days or more apart, or absence of left and right breasts anytime during the member's history through December 31 of the measurement year.

**Coding:**

77061, 77062, 77063, 77065, 77066, 77067
Cervical Cancer Screening

Women 21-64 years of age who were screened for cervical cancer using either of the following criteria:
- Women 21-64 years of age who had a cervical cytology performed every 3 years.
- Women 30-64 years of age who had a cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Medical Record Documentation:
- Date and result of cervical cancer screening test
- Date and result of cervical cancer screening test and date of HPV testing on the same date of service
- Evidence of hysterectomy with no residual cervix

Caritas “Care” Tips:
- Documentation of “complete”, “total”, or “radical” abdominal or vaginal hysterectomy in the medical record
- Documentation of hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.
- Report and document in the medical record if the member does not have both a cervix/uterus Z90.710 or if the member does not have a cervix but has remaining uterus Z90.712.

Coding:
- **Cervical Cytology**: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88175
- **HPV Testing**: 87624, 87625
Medical Record Documentation:

Documentation in the medical record must include a note indicating the date when the prenatal visit occurred and evidence of one of the following:

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or
  - TORCH antibody panel alone, or
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
  - Echography of a pregnant uterus.

Documentation of LMP or EDD in conjunction with either:

- Prenatal risk assessment and counseling/education; or
- Complete obstetrical history
PPC—Prenatal and Postpartum Care

Postpartum Care

The percentage of deliveries of live births (on or between November 6 of the year prior to the measurement year and November 5 of the measurement year) that had a postpartum visit on or between 21 and 56 days after delivery

Medical Record Documentation:

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen
  - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- Notation of postpartum care, including, but not limited to:
  - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check -
  - A preprinted “Postpartum Care” form in which information was documented during the visit.

Caritas “Care” Tips:

- Documentation of an Incision check alone does not qualify as a postpartum visit .
- Documentation notated as C-section 4 week, C-section 6 week check is not proper documentation per NCQA to support a postpartum visit.
- If the provider performed a pelvic exam this should be documented in the medical record.
- Providers can use CPT Category II codes to report prenatal and postpartum visits.
PPC—Prenatal and Postpartum Care

The percentage of deliveries of live births (on or between November 6 of the year prior to the measurement year and November 5 of the measurement year) that had a postpartum visit on or between 21 and 56 days after delivery

**Category II Codes**

Providers can report the below CATII codes per the below events:

- 0500F- Initial Prenatal Visit
- 0501F- Prenatal Flowsheet
- 0501F- Subsequent Prenatal Visit
- 0503F- Postpartum Visit

Codes are not limited to OB Providers

**Coding:**

- Postpartum: 59430
- Prenatal: E/M visits (99201-99215) with Pregnancy dx code
PTB—
Initiation of Injectable Progesterone for Preterm Birth Prevention Non-HEDIS

Women 15-45 years of age with evidence of a previous pre-term singleton birth who received at last one Progesterone Injection between the 16th and 24th week of gestation

Administrative evidence must include:

Member receiving at least one Progesterone Injection between the 16th thru 24th week of gestation

Caritas “Care” Tips:

• Submit Notice of Pregnancy form to the health plan so that ACLA is able to identify high risk members
• Educate members on the benefit of getting a 17-P injection
• No Authorization is required to receive the 17-P injection

Coding:
J1725, J2676-TH, J3490-TH
APPENDIX 4

Behavioral Health Measures
FUH – Follow-up After Hospitalization for Mental Illness

Members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up with a mental health practitioner

Measure Compliance

Two Rates are Reported:

1. FUH 30 Day - The percentage of discharges for which the member received follow-up care within 30 days after discharge

2. FUH 7 Day - The percentage of members for which the members received follow-up care within 7 days after discharge

Caritas “Care” Tips:

• Visits performed same day of discharges do not count
• PCP Follow-up visits do not count towards measure compliance
• Telehealth visits count as a follow-up with a mental health provider
Follow-up After Hospitalization for Mental Illness

Members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up with a mental health practitioner

**Coding:**


**FUH Visits Group 1 with POS:**

POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

Visits: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90867, 90869, 90870, 90875, 90876

**FUH Visits Group 2 with POS:**

POS: 02, 52, 53

Visits: 99221-99223, 99231-99233
IET —
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependency Treatment

Members 13 years of age and older who had a new episode of alcohol or other drug (AOD) abuse or dependence that received AOD treatment

Measure Compliance

There are two rates that are reported:

1. Initiation of AOD Treatment - Percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of diagnosis.

2. Engagement of AOD Treatment - Percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.

Caritas “Care” Tips:

- Initiation and Engagement Treatment can be performed via telehealth
SSD – Diabetes Screening for people with Schizophrenia or Bipolar Disorder Who Are using Antipsychotic Medication

Members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year.

Medical Record Documentation

Documentation in the medical record must include the date and the result of the diabetic screening test performed in the measurement year.

Caritas “Care” Tips:

- Providers should screen members annually for this measure

Coding:

Glucose Test: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

A1c Testing- 83036 and 83037
SSA –
Adherence to Antipsychotic Medications for individual's With Schizophrenia

Members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Measure Definitions

**Treatment Period** - The period of time beginning on the IPSD (Index Prescription Start Date) through the last day of the measurement period.

**PDC** - Portion of days covered, The number of days a member is covered by at least one antipsychotic medication prescription, divided by the number of days in the treatment period.

Measure Compliance

The number of members who achieve a PDC of 80% during the measurement year.
ACLA Provider Posts

To: AmeriHealth Caritas Louisiana Primary Care Providers

Date: April 25, 2018

Subject: Updates to Primary Care Providers (PCP) Quality Enhancement Program (QEP)

Summary: AmeriHealth Caritas is making changes to the PCP QEP program for the 2018 evaluation cycle. Changes include realignment of quality measures to meet Louisiana Department of Health (LDH) expectations and addition of an incentive for remote access to provider electronic health records.

New QEP measures include:

- Adolescent Well Care Visit
- ADHD initiation
- Well Child visits 3-6 years
- Well Child visits first 15 months
- Childhood immunization (combo 10)
- Immunizations for adolescents
- Weight assessment and counseling for nutrition and physical activity (child)

- Comprehensive Diabetes: HbA1c
- Comprehensive Diabetes: Eye
- Controlling BP (Not a HEDIS® measure)
- Chlamydia screening in women
- Adult BMI
- Adults Access to Preventive/ Ambulatory Health Services

You can find this Provider Post and other resources on the ACLA Website using the following link: http://www.amerihealthcaritasla.com/provider/newsletters-and-updates/index.aspx
1. How can you use NAVINET to identify ACLA members?

- Go to www.navinet.net and highlight the Report Inquiry option, then choose Clinical Reports
- If you do not have a username and password, contact your Provider Network Management Account Executive. A current list of AEs can be accessed at (provide website link)

2. What are the benefits?

- Receive on-demand reporting (GIC)
- Check member eligibility
- Pop-up alerts that indicate when a member is due to receive a service
## HEDIS Performance Measure Summary

### Prevention & Screening

<table>
<thead>
<tr>
<th>Measure</th>
<th>Num</th>
<th>Den</th>
<th>2018 YTD Provider Rate</th>
<th>2017 Provider Rate</th>
<th>NCQA 50th Pctl</th>
<th>Visits Needed for 2018 Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult BMI Assessment</td>
<td>119</td>
<td>219</td>
<td>54.3%</td>
<td>52.1%</td>
<td>86.2%</td>
<td>70</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>28</td>
<td>37</td>
<td>75.7%</td>
<td>77.5%</td>
<td>69.0%</td>
<td>Met</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>213</td>
<td>348</td>
<td>61.2%</td>
<td>60.3%</td>
<td>59.4%</td>
<td>Met</td>
</tr>
<tr>
<td>Childhood Immunization Status - Combo 10</td>
<td>1</td>
<td>18</td>
<td>5.6%</td>
<td>5.0%</td>
<td>33.1%</td>
<td>5</td>
</tr>
<tr>
<td>Childhood Immunization Status - Influenza</td>
<td>7</td>
<td>18</td>
<td>38.9%</td>
<td>40.0%</td>
<td>45.7%</td>
<td>2</td>
</tr>
<tr>
<td>Chlamydia Screening in Woman - Total</td>
<td>50</td>
<td>70</td>
<td>71.4%</td>
<td>73.0%</td>
<td>56.6%</td>
<td>Met</td>
</tr>
<tr>
<td>Immunizations for Adolescents - Combination 2</td>
<td>9</td>
<td>27</td>
<td>33.3%</td>
<td>31.0%</td>
<td>19.8%</td>
<td>Met</td>
</tr>
<tr>
<td>Weight Assess and Counsel for Nutrit and Phys Activity for Child/Adol - BMI Percentile (Total)</td>
<td>14</td>
<td>243</td>
<td>5.8%</td>
<td>5.7%</td>
<td>72.2%</td>
<td>162</td>
</tr>
<tr>
<td>Weight Assess and Counsel for Nutrit and Phys Activity for Child/Adol + Counsel for Nutrit (Total)</td>
<td>9</td>
<td>243</td>
<td>3.7%</td>
<td>3.8%</td>
<td>68.0%</td>
<td>157</td>
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</table>

### Utilization

<table>
<thead>
<tr>
<th>Measure</th>
<th>Num</th>
<th>Den</th>
<th>2018 YTD Provider Rate</th>
<th>2017 Provider Rate</th>
<th>NCQA 50th Pctl</th>
<th>Visits Needed for 2018 Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Well-Care Visits*</td>
<td>137</td>
<td>258</td>
<td>53.1%</td>
<td>50.0%</td>
<td>50.1%</td>
<td>Met</td>
</tr>
<tr>
<td>Well Child Visits 1st 15 Months of Life ≥ 6 visits*</td>
<td>13</td>
<td>23</td>
<td>56.5%</td>
<td>60.0%</td>
<td>62.1%</td>
<td>2</td>
</tr>
<tr>
<td>Well Child Visits in the 3rd/4th/5th and 6th Years of Life*</td>
<td>50</td>
<td>76</td>
<td>65.8%</td>
<td>62.7%</td>
<td>72.5%</td>
<td>6</td>
</tr>
</tbody>
</table>

### Diabetes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Num</th>
<th>Den</th>
<th>2018 YTD Provider Rate</th>
<th>2017 Provider Rate</th>
<th>NCQA 50th Pctl</th>
<th>Visits Needed for 2018 Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Diabetes Care - Blood Pressure Control (&lt;140/90)</td>
<td>2</td>
<td>78</td>
<td>2.6%</td>
<td>3.3%</td>
<td>60.6%</td>
<td>46</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - Eye Exam*</td>
<td>34</td>
<td>78</td>
<td>43.6%</td>
<td>42.4%</td>
<td>55.2%</td>
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<tr>
<td>Comprehensive Diabetes Care - HbA1c Control (&lt;3%)</td>
<td>35</td>
<td>78</td>
<td>44.9%</td>
<td>43.5%</td>
<td>48.9%</td>
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<tr>
<td>Comprehensive Diabetes Care - HbA1c Testing*</td>
<td>62</td>
<td>78</td>
<td>79.5%</td>
<td>78.3%</td>
<td>87.1%</td>
<td>6</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care - Medical Attention for Nephropathy*</td>
<td>73</td>
<td>78</td>
<td>93.6%</td>
<td>90.2%</td>
<td>90.3%</td>
<td>Met</td>
</tr>
<tr>
<td>Statin Therapy for Patients w/ Diabetes Received Statin Therapy</td>
<td>19</td>
<td>27</td>
<td>70.4%</td>
<td>65.6%</td>
<td>61.5%</td>
<td>Met</td>
</tr>
<tr>
<td>Statin Therapy for Patients w/ Diabetes Statin Adherence 80%</td>
<td>13</td>
<td>19</td>
<td>68.4%</td>
<td>76.2%</td>
<td>59.7%</td>
<td>Met</td>
</tr>
</tbody>
</table>

### Access/Availability of Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>Num</th>
<th>Den</th>
<th>2018 YTD Provider Rate</th>
<th>2017 Provider Rate</th>
<th>NCQA 50th Pctl</th>
<th>Visits Needed for 2018 Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults’ Access to Preventive/Ambulatory Health Services (Total)</td>
<td>455</td>
<td>600</td>
<td>75.8%</td>
<td>74.7%</td>
<td>82.2%</td>
<td>39</td>
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</table>

### Behavioral Health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Num</th>
<th>Den</th>
<th>2018 YTD Provider Rate</th>
<th>2017 Provider Rate</th>
<th>NCQA 50th Pctl</th>
<th>Visits Needed for 2018 Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant Medication Management - Effective Acute Phase Treatment</td>
<td>13</td>
<td>19</td>
<td>68.4%</td>
<td>70.0%</td>
<td>51.9%</td>
<td>Met</td>
</tr>
<tr>
<td>Antidepressant Medication Management - Effective Continuation Phase Treatment</td>
<td>9</td>
<td>19</td>
<td>47.4%</td>
<td>45.0%</td>
<td>36.2%</td>
<td>Met</td>
</tr>
<tr>
<td>Follow-up For Children Pres. ADHD Med - Continuation &amp; Maint</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>100.0%</td>
<td>55.9%</td>
<td>Met</td>
</tr>
<tr>
<td>Follow-up For Children Pres. ADHD Med - Initiation</td>
<td>6</td>
<td>12</td>
<td>50.0%</td>
<td>36.4%</td>
<td>44.0%</td>
<td>Met</td>
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</table>
The HEDIS Coding Guidelines can be used as a resource to better understand the measure description and documentation requirements.
HEDIS® Performance Measure Summary

**HEDIS Performance Measure Summary**

**Tax ID:**

**Group:**

Group Panel Count: 1445  
Group Panel Age: Newborn - 86 Years  

**Provider:**

Provider Panel Count: 232  
Provider Panel Age: 2 - 86 Years

---

HEDIS Non-Compliant Member List

<table>
<thead>
<tr>
<th>Member Name</th>
<th>DOB</th>
<th>Medicaid ID #</th>
<th>Required HEDIS Service</th>
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<tbody>
<tr>
<td></td>
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<td><strong>Adolescent Well-Care Visits</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Adults' Access to Preventive/Ambulatory Health Services (Total)</strong></td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Adult BMI Assessment</strong></td>
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<td><strong>Statin Therapy for Patients w/ Diabetes Received Statin Therapy</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Comprehensive Diabetes Care - HbA1c Control (&lt;8%)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Comprehensive Diabetes Care - Blood Pressure Control (&lt;140/90)</strong></td>
</tr>
</tbody>
</table>
Supplemental Data Submission

- Submit data electronically to the health plan using the approved EMR Supplemental Data layout.
- Designate a time and date for a Clinical Quality Representative to abstract medial records onsite.
ACLA has the ability to collect non-standard supplemental HEDIS® data throughout the year which can help to improve providers HEDIS® rates.

Providers can allow ACLA remote access to their EMR or designate a time and date for a Clinical Quality Representative to abstract medial records onsite.
How can I improve scores for HEDIS measures?
• Use correct diagnosis and procedure codes.
• Submit claims and encounters in a timely way.
• Ensure the presence of ALL components in the medical record documentation.

How are HEDIS rates communicated to physicians?
• HEDIS Summaries
• For many measures, reporting is available via our free, online provider portal (NaviNet).

Where can I get more information about NCQA and HEDIS?
• Visit www.ncqa.org

Who do I contact if I have questions about HEDIS requests?
• Each medical record request includes contact information to help you reach your assigned Clinical Quality Representative.
Clinical Quality Representatives

<table>
<thead>
<tr>
<th>Quality Management Staff</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnes Robinson</td>
<td>Baton Rouge</td>
</tr>
<tr>
<td>225.678.2376 (Cell)</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:arobinson@amerihealthcartiasla.com">arobinson@amerihealthcartiasla.com</a></td>
<td></td>
</tr>
<tr>
<td>Mike Pizzolatto</td>
<td>South Central</td>
</tr>
<tr>
<td>225.397.6960 (Cell)</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:mpizzolatto@amerihealthcaritasla.com">mpizzolatto@amerihealthcaritasla.com</a></td>
<td></td>
</tr>
<tr>
<td>Charlotte Ware</td>
<td>Northern</td>
</tr>
<tr>
<td>225.317.5909 (Cell)</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:cware@amerihealthcaritasla.com">cware@amerihealthcaritasla.com</a></td>
<td></td>
</tr>
<tr>
<td>LaKaley Tillery</td>
<td>New Orleans/As Needed</td>
</tr>
<tr>
<td>225.317.1887 (Cell)</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:ltillery@amerihealthcaritasla.com">ltillery@amerihealthcaritasla.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Account Executives

Use the following link to find your designated AE:

More than 35 YEARS of making care the heart of our work.

AmeriHealth Caritas
Louisiana