HEDIS® PLUS PROVIDER TRAINING

With a focus on:

• 2020 LDH Incentive Based or Monitoring Measures,
• 2020 NCQA Accreditation Measures, and
• 2020 AmeriHealth Caritas Louisiana Quality Enhancement Program Measures
How to Use the HEDIS® PLUS Provider Training

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>2020 LDH Incentive Based Measure</td>
</tr>
<tr>
<td>M</td>
<td>2020 LDH Monitoring Measure</td>
</tr>
<tr>
<td>A</td>
<td>2020 NCQA Accreditation Measure</td>
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<tr>
<td>Q</td>
<td>2020 QEP Measure</td>
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</table>
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® 2021 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 Method** — Obtained from our claims database and supplemental data
- **Hybrid Method** — Obtained from our claims database and medical record reviews.
- **Survey Method** — Obtained from member surveys.
- **Electronic Clinical Data Systems (ECDS)**
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.

Administrative data and accurate coding help us to better understand and meet the health care needs of our members, your patients.
Standard Supplemental data are electronically generated files that come from service providers.

Providers can submit data electronically to the health plan using the approved EMR Supplemental Data layout.

Nonstandard supplemental data is used to capture missing service data not received through claims or encounters or in the standard electronically generated files described above.

- May be collected on an irregular basis (sometimes referred to as year round HEDIS).
- Providers can allow remote access to EMRs

Administrative Method: Supplemental Data
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

- Medical record requests are sent to providers.
- Requests include:
  - Member Name
  - Provider Name and
  - A description of the type of medical records and timeframes 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.
- Please let your Account Executive (AE) know if you use a record management company (CIOX/MRO).
Example of Medical Record Request

### HEDIS Measure

**(PPC) Prenatal and Postpartum Care**

- All Maternity Notes and Progress Notes Associated with Delivery Dates between November 6, 2017 and November 5, 2018, Prenatal Lab panel order, and results Prenatal Flow Chart
- Documentation of subsequent Postpartum Visit or PPV Completed Checklist

### Requested Chart Documentation

**All of the following:**

- 2018 Labs with results (A1c, Urinalysis)
- 2018 Progress Notes (BP, Medical Attn for Nephropathy)
- 2017 or 2018 Dilated Eye Exam (Presence or Absence of Diabetic Retinopathy including care coordination letter to PCP)
- Medication List

*Applicable labs and BP reading should be the last taken in 2018*
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.
What is CAHPS?

Consumer Assessment of Healthcare Providers and Systems Survey

The Health Plan CAHPS survey is used to measure member experience with their health plan, personal doctor, services they have received from specialists, and their overall general health over the last 6 months. The CAHPS survey consists of standardized questions and data collection protocols to ensure that information can be compared across healthcare settings.

A few of the measures in which provider performance can have an impact on:

• Annual Flu Vaccination
• Smoking Cessation
• Care Coordination
• How Well Doctors Communicate
• Access to Care and Getting Care Quickly
• Overall Rating of Personal Doctor, Specialist and Health Care
The CAHPS survey is conducted by an NCQA approved vendor, SPH Analytics. The survey is administered between March and June, beginning with surveys distributed by mail and concluding with telephone-assisted surveys for participants who have not responded.

CAHPS Health Plan results are shared with AmeriHealth Caritas Louisiana by August. Results will be published for your viewing in the September Providers Newsletter.
The ECDS reporting standard represents a step forward in adapting HEDIS to accommodate the expansive information available in clinical datasets for quality improvement.
2020 LDH MEASURES & TARGETS

HEDIS® 2021 (Calendar Year 2020)
2020 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.
<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>54.26%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Ambulatory Care (AMB) – ED Visits</td>
<td>58.23</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Controlling High Blood Pressure (CBP)</td>
<td>61.01%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)-Hemoglobin A1c (HBA1c) Testing</td>
<td>88.56%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)-Eye Exam (Retinal)</td>
<td>58.88%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care (CDC)-Medical Attention for Nephropathy</td>
<td>90.15%</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
## 2020 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>43.41%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Continuation Phase</td>
<td>55.50%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness (FUH) - Within 30 Days of Discharge</td>
<td>46.22%</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>
</tbody>
</table>
## 2020 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>Prenatal and Postpartum Care (PPC)-Timeliness of Prenatal Care</td>
<td>83.76%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care (PPC)-Postpartum Care</td>
<td>65.69%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life (W15)</td>
<td>65.83%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Well- Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</td>
<td>72.87%</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CAHPS Health Plan Survey 5.0H, Adult</td>
<td>Measures members’ satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAHPS Health Plan Survey 5.0H, Child</td>
<td></td>
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</tr>
</tbody>
</table>
## 2021 Proposed LDH Measures

<table>
<thead>
<tr>
<th>LDH Measures</th>
<th>Steward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cesarean Rate for Low-Risk First Birth Women</td>
<td>TJC</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>NCQA</td>
</tr>
<tr>
<td>Childhood Immunization Status- Combo 3</td>
<td>NCQA</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>NCQA</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care- HbA1c Poor Control (&gt;9.0%)</td>
<td>NCQA</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>NCQA</td>
</tr>
<tr>
<td>Developmental Screening in the First Three Years of Life</td>
<td>OHSU</td>
</tr>
</tbody>
</table>
# 2021 Proposed LDH Measures

<table>
<thead>
<tr>
<th>LDH Measures</th>
<th>Steward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up After Emergency Department Visit for Mental Illness</td>
<td>NCQA</td>
</tr>
<tr>
<td>Follow-up After Hospitalization for Mental Illness</td>
<td>NCQA</td>
</tr>
<tr>
<td>Hepatitis C Virus Screening</td>
<td>State</td>
</tr>
<tr>
<td>HIV Viral Load Suppression</td>
<td>HRSA</td>
</tr>
<tr>
<td>Immunizations for Adolescents</td>
<td>NCQA</td>
</tr>
<tr>
<td>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</td>
<td>NCQA</td>
</tr>
<tr>
<td>Initiation of Injectable Progesterone for Preterm Birth Prevention</td>
<td>State</td>
</tr>
</tbody>
</table>
Medical Record Documentation:

- Visit with a PCP and date of service
- 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**
Z00.110, Z00.111, Z00.121, Z00.129, Z00.8

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

Members who turned 15 months old during the measurement year who had six or more well-child visits on different dates of service during their first 15 months of life
Bright Futures Periodicity Schedule

Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)
Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of many important health problems, and are growing and developing in a satisfactory fashion. Development, psychosocial, and environmental issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.


The recommendations in this statement do not indicate an exclusive course of treatment for standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2013 by the American Academy of Pediatrics; updated March 2015.

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### Table: Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

<table>
<thead>
<tr>
<th>AGE</th>
<th>HISTORY/BASIC PHYSICAL EXAMINATION</th>
<th>MEASUREMENTS</th>
<th>DEVELOPMENTAL/BEHAVIORAL HEALTH</th>
<th>PERSONNEL WELFARE</th>
<th>IMMUNIZATION</th>
<th>PHYSICAL EXAMINATION</th>
<th>PROPHYLAXIS</th>
<th>DENTAL/SPEECH</th>
<th>URINARY SYSTEM</th>
<th>AUTONOMOUS FUNCTION</th>
<th>GROWTH &amp; NUTRITION</th>
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<tbody>
<tr>
<td>INFANT</td>
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</table>

1. It is highly recommended that the first state point on the schedule, or any other item that is not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A general well-child examination provides an opportunity to offer screening, counseling, and immunizations to all children who are brought to the health care provider. All children, regardless of age, should have a general well-child examination performed at least every 6 months. Children who are evaluated by primary care providers will have periodic health supervision, including periodic health supervision, at intervals consistent with the periodic health supervision schedule. This is the periodic health supervision recommended by the American Academy of Pediatrics for children and adolescents. The periodic health supervision schedule is outlined in Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2011. The periodic health supervision schedule is recommended for all children, regardless of age, who are brought to the health care provider. All children, regardless of age, should have a general well-child examination performed at least every 6 months. Children who are evaluated by primary care providers will have periodic health supervision, including periodic health supervision, at intervals consistent with the periodic health supervision schedule. This is the periodic health supervision recommended by the American Academy of Pediatrics for children and adolescents. The periodic health supervision schedule is outlined in Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2011.
3. Newborns should be evaluated at the initial visit and breastfeeding should be encouraged and monitored and support should be offered.
4. Newborns should have an evaluation at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
5. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
6. Screening should occur per AAP/ACCP Guidelines for Screening and Management of High-Level Pneumonia in Children and Adolescents. (http://pediatrics.aappublications.org/content/136/1/e371.full.pdf). Screen for pneumonia in infants and children 2 to 5 years of age who have a cough or who have a history of a cough. Children aged 6 months to 5 years of age with pneumonia should be evaluated by a health care provider.
7. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
8. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
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10. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
11. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
12. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
13. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
14. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
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16. Newborns should be evaluated at 1 week of age and within 3 to 5 weeks after discharge from the hospital to include examination for jaundice and feeding. Newborns should be evaluated at each visit for the first year of life to include examination for jaundice and feeding.
Members 3-6 years of age who had one or more well-child visits during the measurement year

Medical Record Documentation:

- Visit with a PCP and date of service
- 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**
Z00.121, Z00.129, Z00.8
AWC- Adolescent Well Care

Members 12-21 years of age who had at least one comprehensive well-care visit during the measurement year

Medical Record Documentation:

- Visit with a PCP or an OB/GYN practitioner and date of service
- 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
Z00.00, Z00.01, Z00.121, Z00.129, Z00.8
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 and an assessment of whether the adolescent is developing skills to become a healthy adult.

3. **A mental developmental history.** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children and adolescents 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 the member and/or parents or guardians in anticipation of emerging issues that the member 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.

Billing a Well-Child Visit and a Sick-Child Visit on the Same Date of Service
WCC—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the three specific components in the measurement year

Medical Record Documentation:

BMI Percentile
• BMI Percentile Documentation date
• Value (e.g. 85th percentile) or
• Plotted on an age-growth chart
• Weight date and value
• Height date and value

Counseling for Nutrition
• Date
• Discussion of diet and nutrition, counseling on nutrition, weight/obesity, or eating disorders

Counseling for Physical Activity
• Date
• Discussion of current physical activities, counseling for physical activity, weight/obesity, or eating disorders
## CIS—Childhood Immunization Status

Members who had all of the required immunizations completed by their 2\textsuperscript{nd} birthday

<table>
<thead>
<tr>
<th>Vaccines Required</th>
<th>Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Four Vaccines</strong></td>
<td>• Diphtheria, Tetanus, and Acellular Pertussis (DTaP)*</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal Conjugate (PCV)*</td>
</tr>
<tr>
<td><strong>Three Vaccines</strong></td>
<td>• Hepatitis B (HepB)*</td>
</tr>
<tr>
<td></td>
<td>• Haemophilus Influenza Type B (HIB)*</td>
</tr>
<tr>
<td></td>
<td>• Polio (IPV)*</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus (RV) Rota Teq</td>
</tr>
<tr>
<td><strong>Two Vaccines</strong></td>
<td>• Influenza (FLU)</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus (RV) Rotarix</td>
</tr>
<tr>
<td><strong>One Vaccine</strong></td>
<td>• Hepatitis A (HepA)</td>
</tr>
<tr>
<td></td>
<td>• Measles, Mumps and Rubella (MMR)*</td>
</tr>
<tr>
<td></td>
<td>• Chicken Pox (VZV)*</td>
</tr>
</tbody>
</table>
IMA - Immunizations for Adolescents

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

**Meningococcal**

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

**Tdap**

One dose on or between patient’s 10\(^{th}\) and 13\(^{th}\) birthday.

**HPV**

At least two HPV vaccines with dates of service at least 146 days apart 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.
Immunizations

- A note indicating the name of the specific antigen and the date of service
- PCP charts contain the member’s complete immunization history. A certificate of immunization prepared by an authorized health care provider or agency
- Documentation of parental refusal
- Ensure that immunizations are administered during appropriate timeframes
- Document all immunizations in LINKS State registry
- Complete HPV series
- 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.
- Documentation of request for delayed immunization schedules
- Documentation of immunizations given in the hospital at birth.
- Documentation of contraindications or 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.
APPENDIX 2

Adult Measures
AAP —
Adult Access to Preventive/Ambulatory Health Services

Members 20 years and older who had an ambulatory or preventive care visit during the measurement year

Caritas “Care” Tips:

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

• Use all visits to document health history.
ABA — Adult BMI Assessment

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

• Use ICD-10 codes to report BMI results
  • BMI Less than 5th Percentile, Z68.51
  • BMI 5th Percentile to less than 85th Percentile, Z68.52
  • BMI 85th Percentile to less than 95th Percentile, Z68.53
  • BMI greater than or equal to 95th Percentile, 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 CAT II codes to report HbA1c values.
• HbA1c poor control (>9.0%) 3046F
• HbA1c control (≥8.0% and ≤9.0%) 3052F
• HbA1c control (≥7.0% and <8.0%) 3051F
• HbA1c control (<7.0%) 3044F
Medical Records Documentation:

- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional with the date and results.

- A chart or photograph indicating the date when the fundus photography 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 professional in the year prior year to the measurement year, where results indicate retinopathy was not present.
Members 18-75 years of age with diabetes (type 1 and type 2) who had a eye exam (retinal) performed during the measurement year or the year prior to the measurement year.

Caritas “Care” Tips:

- Use CPT CAT II codes to report the results of an eye exam.
  - Dilated retinal eye exam with evidence of retinopathy 2022F
  - Dilated retinal eye exam without evidence of retinopathy 2023F
  - 7 standard field stereoscopic photos with evidence of retinopathy 2024F
  - 7 standard field stereoscopic photos without evidence of retinopathy 2025F
  - Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results with evidence of retinopathy 2026F
  - Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results without evidence of retinopathy 2033F
  - Low risk for retinopathy (no evidence of retinopathy in the prior year) 3072F
Medical Records Documentation:

- Evidence of a nephropathy screening or monitoring test or evidence of nephropathy:
  - A urine test for albumin or protein, the date the urine test was performed and the result or finding.
  - Documentation of a visit to the nephrologist.
  - Documentation of a renal transplant.
  - Documentation of medical attention for ESRD, CRF, CKD, ARF, Renal insufficiency, Renal dysfunction, etc.
  - Evidence of ACE inhibitor/ARB therapy.

Caritas “Care” Tips:

- Update problem lists and medication lists with most recent information.
- Use CPT CAT II codes to report the member receiving:
  - ACE or ARB therapy (prescribed or being taken) 4010F,
  - Treatment for nephropathy 3066F, or
  - Positive microalbuminuria test 3060F or negative microalbuminuria test 3061F
  - Positive macroalbuminuria test 3062F

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.
Members 18-75 years of age with diabetes (type 1 and type 2) 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 and the results.

Caritas “Care” Tips:
• Recheck elevated blood pressures and document the results
• Use CPT CAT II codes to report BP results
  • Systolic: 3074F, 3075F, 3077F
  • Diastolic: 3079F, 3078F, 3080F
CBP — Controlling High Blood Pressure

Members 18-85 years of age 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 and the results.
- The BP reading must occur on or after the date when the second diagnosis of hypertension occurred.

Caritas “Care” Tips:

- Recheck elevated blood pressures and document the results.
- Use CPT CAT II codes to report BP results:
  - Systolic: 3074F, 3075F, 3077F
  - Diastolic: 3079F, 3078F, 3080F
APPENDIX 3

Women's Health Measures
CHL-
Chlamydia Screening in Women

Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year

Administrative evidence must include:
• The following are methods meet chlamydia guidelines:
  • A chlamydia culture taken during Pap smear.
  • A urine sample

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

Caritas “Care” Tips:
• Use correct CPT codes to report chlamydia testing
  • 87110, 87270, 87320, 87490-87492, 87810
Administrative evidence must include:

- One or more mammograms any time on or 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 the appropriate codes to report if a member had a bilateral mastectomy any time during the member's history through December 31 of the measurement year. The following meet the criteria:
  - History of a bilateral mastectomy,
  - Unilateral mastectomy with service dates 14 days or more apart, or
  - Absence of left and right breasts
CCS –
Cervical Cancer Screening

Women 21-64 years of age who had cervical cytology performed within the last 3 years.

Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.

Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years.

Medical Record Documentation:
• Date and result of cervical cytology -or-
• Date and result of hrHPV test -or-
• 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.
• Use appropriate codes to report a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history through December 31 of the measurement year.
Timeliness of Prenatal Care

The percentage of deliveries of live births (on or between October 8 of the year prior to the measurement year and October 7 of the measurement year) that received a prenatal care visit in the first trimester

Medical Record Documentation:

A note indicating the date when the prenatal care visit occurred and 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 standard 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, or
  - TORCH antibody panel alone, or
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
  - Ultrasound of the pregnant uterus.

- Documentation of LMP, EDD or gestational age in conjunction with either of the following:
  - Prenatal risk assessment and counseling/education.
  - Complete obstetrical history.
PPC—Prenatal and Postpartum Care

Postpartum Care

The percentage of deliveries of live births (on or between October 8 of the year prior to the measurement year and October 7 of the measurement year) that had a postpartum visit on or between 7 and 84 days after delivery

**Medical Record Documentation:**

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.
  - Perineal or cesarean incision/wound check.
  - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
  - Glucose screening for women with gestational diabetes.
  - Documentation of any of the following topics:
    - Infant care or breastfeeding.
    - Resumption of intercourse, birth spacing, or family planning.
    - Sleep/fatigue.
    - Resumption of physical activity and attainment of healthy weight
PTB—
Initiation of Injectable Progesterone for Preterm Birth Prevention

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

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
Follow-up After Hospitalization for Mental Illness

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

Measure Details

Two Rates are Reported:

1. **30-Day Follow-Up**: The percentage of discharges for which the member received follow-up within 30 days after discharge.

2. **7-Day Follow-Up**: The percentage of members for which the members received follow-up within 7 days after discharge.

Caritas “Care” Tips:

- Follow-up visit cannot occur on the date of discharge.
- Telehealth visits count as a follow-up with a mental health provider
Follow-Up After Emergency Department Visit for Mental Illness

Members 6 years of age and older who had an emergency department visit with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Measure Details

Two Rates are Reported:

1. **30-Day Follow-Up**: The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

2. **7-Day Follow-Up**: The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Caritas “Care” Tips:

- Follow-up visit can occur on the date of discharge.
- Follow-up visit can occur with a PCP.
- Telehealth visits count as a follow-up with a mental health provider.
Measure Details

There are two rates that are reported:

1. **Initiation of AOD Treatment** – The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis.

2. **Engagement of AOD Treatment** - The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.
AMM—
Antidepressant Medication Management

Measure Details:

• **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 at least 180 days (6 months).

Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment.
SSD — Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Members 18-64 years of age with schizophrenia, schizoaffective disorder 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:

- Date and
- The result of the diabetic screening test performed
  - Glucose Test
  - HbA1c Test
Measure Definitions

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

2. **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.
PROVIDER TOOLS & RESOURCES
ACL A Provider Posts

To: AmeriHealth Caritas Louisiana RHC and FQHC Providers

Date: April 19, 2019

Subject: New Alternate Payment Methodology for Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Providers

Summary: AmeriHealth Caritas Louisiana will be implementing the new alternate payment methodology established by the Louisiana Department of Health (LDH).

The APM allows reimbursement for behavioral health services equal to the all-inclusive prospective payment system rate on file for the date of services. This reimbursement will be in addition to any all-inclusive prospective payment system (PPS) rate on the same date for medical and dental services.

FQHC and RHC providers will use HCPCS Code H2020 for reimbursement of the behavioral health APM rate. FQHC and RHC providers may bill the T1015, D0999, and H2020 on the same day of service and be reimbursed for all three HCPCS codes at the clinics’ PPS rate on file for the date of service. Providers must submit the HCPCS Code H2020 on the first line of the claim and include detailed lines for all services rendered along with the usual or customary charges or zero.

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.

2. What are the benefits?

- Receive on-demand reporting (Gap in Care)
- Check member eligibility
- Pop-up alerts that indicate when a member is due to receive a service
## Provider Group Summary Report

### Plan Summary

**Measurement Period:**
- Start Date: 07/01/2019
- End Date: 07/31/2019

**Data Source(s):** Inovalon

**Primary Care Provider(s) Included:** 2

**Total members attributed:** 559

The following data shows metrics for HEDIS and other standardized quality measures that indicate a potential care opportunity for all AmeriHealth Caritas of Louisiana members.

### Current Reporting Period

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Eligible</th>
<th>Received the Service or Achieved Outcome</th>
<th>Care Opportunity (Have not yet received service or achieved)</th>
<th>Rate</th>
<th>Quality 50th Percentile Target</th>
<th>Meets or Exceeds Target</th>
<th>Estimated Number of Patients to Meet Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>W15: Well Child in the First 15 Mths of Life - 6+ visits</td>
<td>9</td>
<td>3</td>
<td>6</td>
<td>33.33%</td>
<td>66.23%</td>
<td>NO</td>
<td>3</td>
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<tr>
<td>W34: Well-Child in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>45</td>
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<td>27</td>
<td>40.00%</td>
<td>73.86%</td>
<td>NO</td>
<td>16</td>
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<tr>
<td>AWC: Adolescent Well Care Visit</td>
<td>130</td>
<td>52</td>
<td>78</td>
<td>40.00%</td>
<td>54.57%</td>
<td>NO</td>
<td>19</td>
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<tr>
<td>ADD: Follow-up For Children Pres. ADHD Med - Initiation</td>
<td>20</td>
<td>10</td>
<td>10</td>
<td>50.00%</td>
<td>45.00%</td>
<td>YES</td>
<td>0</td>
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<tr>
<td>ADD: Follow-up For Children Pres. ADHD Med - Continuation &amp; Maint</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>50.00%</td>
<td>57.09%</td>
<td>NO</td>
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<tr>
<td>CBP: Controlling High Blood Pressure</td>
<td>38</td>
<td>2</td>
<td>36</td>
<td>5.26%</td>
<td>58.64%</td>
<td>NO</td>
<td>21</td>
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<tr>
<td>CDC: Hemoglobin A1c Testing</td>
<td>14</td>
<td>6</td>
<td>8</td>
<td>42.86%</td>
<td>87.83%</td>
<td>NO</td>
<td>7</td>
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<td>CDC: Diabetic Eye Exams</td>
<td>14</td>
<td>3</td>
<td>11</td>
<td>21.43%</td>
<td>57.89%</td>
<td>NO</td>
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<td>CDC: Diabetic Attention for Nephropathy</td>
<td>14</td>
<td>13</td>
<td>1</td>
<td>92.86%</td>
<td>90.51%</td>
<td>YES</td>
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<td>PPC: Prenatal and Post Partum Care - Timeliness of Prenatal Care</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>71.43%</td>
<td>83.21%</td>
<td>NO</td>
<td>1</td>
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<tr>
<td>PPC: Prenatal and Post Partum Care - Postpartum Care</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>42.86%</td>
<td>65.21%</td>
<td>NO</td>
<td>2</td>
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<td>FHU: Follow-up after Hospitalization for Mental Illness - within 30 days of discharge</td>
<td>8</td>
<td>1</td>
<td>7</td>
<td>5.00%</td>
<td>58.80%</td>
<td>NO</td>
<td>4</td>
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<tr>
<td>AMB: Ambulatory Care - ED visits (ED Visits/Member months*1000) - lower scores are better</td>
<td>6195</td>
<td>277</td>
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<td>44.71</td>
<td>60.48</td>
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<tr>
<td>ABA: Adult BMI Assessment</td>
<td>161</td>
<td>81</td>
<td>80</td>
<td>50.31%</td>
<td>88.47%</td>
<td>NO</td>
<td>62</td>
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<tr>
<td>BCS: Breast Cancer Screening</td>
<td>22</td>
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<td>11</td>
<td>50.00%</td>
<td>58.06%</td>
<td>NO</td>
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<td>CCS: Cervical Cancer Screening</td>
<td>141</td>
<td>59</td>
<td>82</td>
<td>41.84%</td>
<td>60.10%</td>
<td>NO</td>
<td>26</td>
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<tr>
<td>CDC: Blood Pressure Control (&lt;140/90)</td>
<td>14</td>
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<td>14</td>
<td>0.00%</td>
<td>63.26%</td>
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<tr>
<td>CDC: Hemoglobin A1c Control (&lt;8%)</td>
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<td>14</td>
<td>0.00%</td>
<td>51.40%</td>
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<tr>
<td>CIS: Childhood Immunization Status - Combo 1</td>
<td>12</td>
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<td>0.00%</td>
<td>35.28%</td>
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<td>COL: Colorectal Cancer Screening</td>
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<td>17</td>
<td>21</td>
<td>44.74%</td>
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<tr>
<td>IMA: Immunizations for Adolescents - Combination 2</td>
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<td>8</td>
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</tbody>
</table>
The HEDIS Documentation and Coding Guidelines can be used as a resource to better understand the measure description and documentation requirements.

<table>
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<tr>
<th>Physician Name</th>
<th>Quality Measure</th>
<th>Eligible</th>
<th>Received the Service or Achieved Outcome</th>
<th>Care Opportunity (Have not yet received service or achieved outcome)</th>
<th>Rate</th>
<th>Quality Target</th>
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<tr>
<td>Provider 1</td>
<td>AWC: Adolescent Well Care Visit</td>
<td>125</td>
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<td>73</td>
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<td>Provider 1</td>
<td>ABA: Adult BMI Assessment</td>
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<td>12</td>
<td>6</td>
<td>66.67%</td>
<td>88.47%</td>
</tr>
<tr>
<td>Provider 1</td>
<td>BCS: Breast Cancer Screening</td>
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<td>0</td>
<td>1</td>
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<td>58.08%</td>
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<td>Provider 2</td>
<td>AWC: Adolescent Well Care Visit</td>
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<td>ABA: Adult BMI Assessment</td>
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<td>BCS: Breast Cancer Screening</td>
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<td>10</td>
<td>52.38%</td>
<td>58.08%</td>
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</tbody>
</table>
## Member Adherence Legend

- N/A: Not eligible for the measure
- C: Compliant for the measure
- N: Non-compliant for the measure

*Quality Measure 13 shows count of ED Visits*

### Quality Measure 14: Adult BMI Assessment

<table>
<thead>
<tr>
<th>Quality Measure 2</th>
<th>Quality Measure 3</th>
<th>Quality Measure 4</th>
<th>Quality Measure 5</th>
<th>Quality Measure 13</th>
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<tr>
<td>Well-Child in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>Adolescent Well Care Visit</td>
<td>Follow Up Care for children Prescribed ADHD Medication-Initiation Phase</td>
<td>Follow Up Care for children Prescribed ADHD Medication-Continuation phase</td>
<td>Ambulatory Care - ED visits</td>
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<tr>
<th>Quality Measure 15: Breast Cancer Screening</th>
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<td>Quality Measure 16: Cervical Cancer Screening</td>
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<td>Quality Measure 17: Blood Pressure Control (&lt;140/90)</td>
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<td>Quality Measure 18: HbA1c Control (&lt;8%)</td>
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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 providers?
• Provider Group Summary Report
• 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 a Quality Representative.
LDH Medical Record Review (MRR)
Medical record reviews (MRR) as required by our contract with the Louisiana Department of Health (LDH). As part of our Quality Management (QM) process, all Primary Care Providers’ practice sites (may include both an individual office and a large group facility site) with fifty (50) or more linked members must undergo an MRR, of a minimum of five (5) randomly selected records, every two (2) years. Additional reviews will be completed for large group practices or when additional data is necessary in specific instances.
MRR Process

1. Send request to Provider’s office
2. Receive Requested Records
   - *Reach back out if additional information is necessary
3. ACLA’s Quality Dept. audits records and provides a score
4. Add results to Provider’s recredentialing folder
5. Report results to Provider’s office
Requested Information

- Medical record for Date of Service
  - Only one DOS is requested
- Consent forms
- Updated Problem List
- Demographical Data
  - Examples: language, need for interpreter, ethnicity
- Immunization Records/Status
  - Members: 21 and younger
- Referrals
  - Ex: Continuation of care such as speech therapy
- Consultation Results
- Living will or Advanced Directive
  - Members: 65 and older
- Updated Medication List
Scoring MRR Medical Records

Sending all information from the requested form increases the provider score.

- Passing score: 90%
- One DOS

**Process:**

- Individual providers are scored
- A group score is determined
- All scores are reported at the group level
Next Review Date

Passed

- MRR occurs every 2 years
  - Provider specific
  - Real time updates with linked providers

Failed

- Follow up review is in six (6) months of the initial review.
  - Provider specific
Quality Representatives

<table>
<thead>
<tr>
<th>Quality Management Staff</th>
<th>Region/SME Topics</th>
</tr>
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<tbody>
<tr>
<td>LaKaley Tillery</td>
<td>Data Exchange</td>
</tr>
<tr>
<td>225.300.9142 (Office)</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:ltillery@amerihealthcaritasla.com">ltillery@amerihealthcaritasla.com</a></td>
<td></td>
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<tr>
<td>Kenya Dixon</td>
<td>MRR</td>
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<tr>
<td>225.300.9626 (Office)</td>
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<tr>
<td><a href="mailto:kdixon@amerihealthcaritasla.com">kdixon@amerihealthcaritasla.com</a></td>
<td></td>
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<tr>
<td>Agnes Robinson</td>
<td>South Louisiana</td>
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<tr>
<td>225.300.9236 (Office)</td>
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<tr>
<td><a href="mailto:arobinson@amerihealthcaritasla.com">arobinson@amerihealthcaritasla.com</a></td>
<td></td>
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<tr>
<td>Jana Blaylock</td>
<td>North Louisiana</td>
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<tr>
<td>318.816.9074 (Cell)</td>
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<tr>
<td><a href="mailto:jblaylock@amerihealthcaritasla.com">jblaylock@amerihealthcaritasla.com</a></td>
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<tr>
<td>Alicia Smith</td>
<td>New Orleans and surrounding areas</td>
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<tr>
<td>225.317.2156 (Cell)</td>
<td></td>
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<tr>
<td><a href="mailto:asmith2@amerihealthcaritasla.com">asmith2@amerihealthcaritasla.com</a></td>
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More than 35 YEARS of making care the heart of our work.