

Provider Post

News and updates you need to know

Special Edition: HEDIS Spring 2021

Quality Topics:

Smoking Cessation

CPT CAT II Codes

Hepatitis C

Tips to Help Providers Achieve HEDIS[®] Measures

Smoking Cessation Reminder



Tobacco use is the leading cause of preventable death in the United States. Don't forget to ask your patients the following questions:

1. Do you smoke and would you like to quit?
2. Can I help you quit with different medications or different strategies offered by your health plan?

For a full list of smoking cessation strategies offered by AmeriHealth Caritas Louisiana, visit www.amerihealthcaritasla.com.

Supplement Your Reimbursement by Using CPT CAT II Codes When Care is Provided to Members with Diabetes or Hypertension

As a reminder, AmeriHealth Caritas Louisiana requests that providers use CPT CAT II codes when care is provided to members with diabetes or hypertension. A supplemental reimbursement will be paid when the following services are rendered and billed in conjunction with a diagnosis of diabetes or hypertension:

Description	CPT CAT II Codes	Supplemental Reimbursement	Age Limit	Frequency
Retinal Eye Exam Results*	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F	\$10	18 and over	Once per year
HbA1c Results*	3044F, 3046F, 3051F, 3052F	\$10	18 and over	Once per year
Blood Pressure Results	Systolic: 3074F, 3075F, 3077F Diastolic: 3078F, 3079F, 3080F	\$5	18 and over	Once per year

When billing these codes, providers will need to enter a charge of \$5 or \$10 to receive the full supplemental reimbursement. Reimbursement will not exceed your billed charges.

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that meet the criteria are also eligible for this supplement. When the above codes are billed according to the above criteria, the supplemental reimbursement will be paid in addition to the encounter rate.

***Note:** Diabetes diagnosis required.

Hepatitis C Virus Screening Awareness

<p>Hepatitis C virus (HCV) is the most common blood-borne disease and the leading cause for liver transplant in the United States (LDH, 2019a).</p> <p>As of April 2020, the Center for Disease Control and Prevention (CDC) now recommends universal hepatitis C screening at least once in a lifetime for all adults aged 18 and older, as well as screening all pregnant women during each pregnancy.</p>	<p>The CDC Also Recommends:</p> <ul style="list-style-type: none"> A one-time hepatitis C testing, regardless of age, for people with recognized conditions or exposures. (For a complete list of these recognized conditions or exposures, please refer to the CDC's ABCs for Health Professionals.) Routine periodic testing for people with ongoing risk factors and any person who requests Hepatitis C testing.
<p>Click to view the CDC's recommended testing sequence for identifying current hepatitis c virus infection and also the recommended interpretation of test results and further actions.</p>	
<p>Eplusa® As of summer 2019, Healthy Louisiana enrollees have access to safe and effective treatment for hepatitis C. The authorized generic (AG) to which they have access is Eplusa, which has proven effective in curing 95% of persons living with HCV (LDH, 2019a). Eplusa is the preferred direct-acting antiviral (DAA) and does not require prior authorization unlike other available treatment regimens.</p> <p>For more information regarding Eplusa, please view the Eplusa prescribing information here.</p>	

Tips to Help Providers Achieve HEDIS® Priority Measures

In an effort to improve the quality of care for our members, AmeriHealth Caritas Louisiana is offering tips on selected priority Health Effectiveness Data & Information Set (HEDIS®) metrics to highlight measure specifications and/or changes. HEDIS® metrics are used to measure performance on care and service and can assist in identifying and eliminating gaps in care for members. Additionally, HEDIS® performance can potentially impact provider revenue through various incentive programs.

Note: Logical Observation Identifiers Names and Codes (LOINC) and Systemized Nomenclature of Medicine (SNOMED) codes can be captured through electronic data submissions. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.

Measurement Year (MY) 2021		
Measure	Measure Description	Documentation Required
CANCER SCREENINGS MEASURES		
CERVICAL CANCER SCREENING (CCS)	<p>Women 21–64 years of age who were screened for cervical cancer using the following criteria:</p> <ul style="list-style-type: none"> Age 21-64: At least one cervical cytology (Pap) test within the last 3 years Age 30-64: At least one cervical high-risk human papillomavirus (hrHPV) test performed within the last 5 years) Age 30-64: At least one cervical cytology (Pap test / high-risk human papillomavirus (hrHPV) co-testing in the last 5 years) 	<p>Documentation using either of the following criteria meet:</p> <ul style="list-style-type: none"> A note indicating the date when the cervical cytology was performed (ages 21-30) and the findings. A note indicating the date hrHPV test was performed and the findings. <p>Note: Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing.</p> <p>Do NOT Count:</p> <ul style="list-style-type: none"> Lab results that indicate the sample was inadequate or that “no cervical cells were present” is not a valid screening. Biopsies are diagnostic and are not valid as a primary cervical cancer screening.
COLORECTAL CANCER SCREENING (COL)	<p>The percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.</p>	<p>Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the “medical history” section of the record; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).</p> <ul style="list-style-type: none"> Colonoscopy in past 10 years (the MY and 9 years prior) Flexible Sigmoidoscopy in past 5 years (the MY and 4 years prior) CT Colonography in past 5 years (the MY and 4 years prior) FIT-DNA in past 3 years (the MY and 2 years prior) Fecal Occult Blood Test (FOBT) in the MY <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> FOBTs performed in an office setting. FOBTs performed on a sample collected via Digital Rectal Exam (DRE).

Measurement Year (MY) 2021

Measure	Measure Description	Documentation Required
IMMUNIZATIONS MEASURES		
IMMUNIZATIONS FOR ADOLESCENTS (IMA)	<p>Adolescents 13 years of age who have completed each:</p> <ul style="list-style-type: none"> • Meningococcal MCV (on or between 11th and 13th birthdays). • Tdap or TD (on or between 10th and 13th birthdays). <p>HPV (3 doses with different dates of service on or between 9th and 13th birthdays) or (2 doses with at least 146 days between the 1st and 2nd dose on or between 9th</p>	<p>Documentation:</p> <ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Immunizations administered outside of the appropriate timeframes. • PCP charts do not contain records if immunizations administered elsewhere (i.e. Health Departments, school clinics, Urgent Care Facility).
CHILDHOOD IMMUNIZATION STATUS (CIS)	<p>Children 2 years of age who had the following administered on or before their second birthday:</p> <ul style="list-style-type: none"> • 1 MMR, 1 VZV, 1 Hep A administered on or between the child's 1st and 2nd birthdays. • 3 HepB with different DOS before the 2nd birthday or history of the illness. One of the 3 can be newborn (DOB to 7 days after birth). • 3 IPV, 3 Hib, 4 PCV, 4 DTaP, 2 or 3 RV- Do not count a vaccinations administered prior to 42 days after birth. • 2 Influenza vaccines- Do not count vaccinations administered prior to 6 months (180 days) after birth. One of the two vaccinations can be LAIV administered ONLY on the child's 2nd birthday. 	<p>Documentation:</p> <ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. • Initial Hep B given "at birth" or "nursery/hospital" should be documented in the medical record or indicated on the immunization record as appropriate. • Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Immunizations administered after the 2nd birthday. • PCP charts do not contain immunization records if received elsewhere such as Health Departments or those given in the hospital at birth. • No documentation of Contraindications/Allergies. • Flu Mist only meets criteria when administered on the second birthday. • A note that "member is up to date" with all immunization does not constitute compliance due to insufficient data. • Parental refusal does not meet compliance.

Measurement Year (MY) 2021

Measure	Measure Description	Documentation Required
CHRONIC DISEASE MEASURES		
<p>COMPREHENSIVE DIABETES CARE (CDC) - HBA1C POOR CONTROL (>9%)</p>	<p>Members 18-75 years of age with diabetes (type 1 or type 2) who had a HbA1c test done in the Measurement Year:</p> <ul style="list-style-type: none"> HbA1c poor control (>9%) <p><i>A lower rate in Poor Control (>9%) indicates better performance.</i></p>	<p>Documentation:</p> <p>At a minimum, the documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or findings. Document MOST CURRENT COLLECTION date of service in the MY.</p> <p>Ranges and thresholds DO NOT meet criteria - a distinct numeric result is required.</p> <p>Terms below count with a note and result: A1c, Hemoglobin A1c, Glycated Hemoglobin, HbA1c, Glycohemoglobin A1c, Glycosylated Hemoglobin, HgA1c, Glycohemoglobin, Hb1c</p>
<p>CONTROLLING HIGH BLOOD PRESSURE (CBP)</p>	<p>Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the Measurement Year.</p>	<p>Documentation:</p> <ul style="list-style-type: none"> BP must be latest reading in the MY and must occur on or after the second diagnosis of HTN. Do not include BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests. Do not include BP readings taken during an inpatient stay or ED visit. When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. If no BP is recorded during the MY, the member is “not controlled.” <p>Recent Changes:</p> <ul style="list-style-type: none"> Services provided during a telephone visit, e-visit or virtual check-in are acceptable. Member reported data documented in medical record is acceptable if BP captured with a digital device.

Measurement Year (MY) 2021

Measure	Measure Description	Documentation Required
BEHAVIORAL HEALTH MEASURES		
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)	Percentage of discharges for 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 visit with a mental health provider.	<p>Documentation: An outpatient visit, with a mental health provider within 7 and 30 days after discharge. Do not include visits that occur on the date of discharge.</p> <ul style="list-style-type: none"> • A visit with a mental health provider in any of the following settings: <ul style="list-style-type: none"> ○ Outpatient ○ Behavioral Health Outpatient ○ Telehealth Visit ○ Telephone Visit ○ Observation Visit ○ Transitional Care Management Visit • A visit in any of the following settings: <ul style="list-style-type: none"> ○ Intensive Outpatient/Partial Hospitalization ○ Community Mental Health Center ○ Electroconvulsive Therapy Visit ○ Behavioral Healthcare Setting
FOLLOW UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)	<p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). 	<p>Documentation: A follow up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 and 30 days after ED visit.</p> <p>Include visits in the following settings:</p> <ul style="list-style-type: none"> • Outpatient • Behavioral Healthcare • Intensive Outpatient/Partial Hospitalizations • Community Mental Health Center • Electroconvulsive Therapy Visits • Telehealth Visits • Observation visits <ul style="list-style-type: none"> • Includes visits that occur on the date of the ED visit. • Telephone visits, e-visits and virtual check-ins are acceptable.
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA)	<p>The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). 	<p>Documentation: A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Includes visits that occur on the date of the ED visit.</p> <p>A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.</p>

**Non-HEDIS Measures
Measurement Year (MY) 2021**

Measure and Description	Goal
<p>CESAREAN RATE FOR LOW-RISK FIRST BIRTH WOMEN</p> <p>The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions).</p> <p><i>Note: A lower rate indicates better performance.</i></p>	<p>Annual 2% Decrease</p> <ul style="list-style-type: none"> AmeriHealth Caritas Louisiana currently has a Maternity Quality Improvement Workgroup aimed at improving maternal health outcomes among Medicaid recipients in our state. The Maternity Workgroup is collaborating with The Managed Care Organizations Advisory Sub-Committee to the Louisiana Perinatal Quality Collaborative for better health outcomes. AmeriHealth Caritas Louisiana is focusing on identifying barriers and interventions to reduce the plan’s rate for the Cesarean section measure, as this measure is identified as a priority measure by LDH.
<p>HIV VIRAL LOAD SUPPRESSION</p> <p>The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200.</p>	<p>Annual 2% Increase</p> <ul style="list-style-type: none"> AmeriHealth Caritas Louisiana currently has an Interdepartmental HIV Workgroup aimed at improving HIV viral load suppression and medication adherence among Medicaid recipients in our state. AmeriHealth Caritas Louisiana is focusing on identifying barriers and interventions to reduce the plan’s rate for the HIV measure, as this measure is identified as a priority measure by LDH.

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Providers can access the HEDIS MY 2021 Documentation and Coding Guidelines through the provider portal NAVINET or contact your Provider Account Executive. The measure 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.

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Online Resources

Here’s a look at what’s new or recently updated on our website at www.amerihhealthcaritasla.com:

- [COVID-19 Updates](#)
- [Newsletters and Updates](#)
- [Provider Handbook](#)
- [Claims Filing Instructions](#)
- [Account Executive List](#)
- [Provider Trainings](#)

Questions

If you have questions about any of the content in this provider update, please contact your [Provider Account Executive](#), or call Provider Services at 1-888-922-0007.