

HEDIS Tip Sheet 2019*

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*The specifications above are based on the HEDIS 2019 Volume 2 Technical Specifications for Health Plans

HEDIS MEASURE	MEASURE DESCRIPTION	REQUIRED DOCUMENTATION	CODING TIPS	TIPS TO IMPROVE PATIENT CARE/ HEDIS RATES
<p>Controlling high blood pressure (CBP)</p>	<p>The percent of members 18-85 years of age who had at least two diagnosis of hypertension (HTN) between 1/1/17 and 6/30/18, and whose blood pressure is adequately controlled (<140/90 mm Hg) during the measurement period</p> <p>Measurement Period: CY 2018</p> <p>Adequate BP control:</p> <ul style="list-style-type: none"> • BP < 140/90 mm Hg <p>If the member does not have a BP recorded, the member will be reported as “not controlled.”</p>	<p>The CBP measure requires collection of medical records for evidence of the following:</p> <p>Last BP reading (date and result) in the measurement period. If the BP is elevated, it is recommended to document all BP readings. This measure requires visit notes from two dates of service.</p>	<p>Submit a claim with the following codes:</p> <p>Hypertension diagnosis: ICD-10 Code: I10</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Members with evidence of end stage renal disease (ESRD) or a kidney transplant on or prior to December 31 of the measurement year • Diagnosis of pregnancy during the measurement year • All members who had a non-acute inpatient admission during the measurement year 	<p>Measure and record blood pressure (BP) at each visit. If BP is high, recheck before the patient leaves the office, and if improved, record this value.</p> <p>Educate patients on the BP goal, and the risks associated with high blood pressure.</p> <p>Remember to schedule and ensure follow up appointments for BP rechecks!</p> <p>Code for hypertension even if patient has well controlled HTN.</p> <p>BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p>

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<p>Comprehensive Diabetes Care (CDC):</p> <p>Hemoglobin A1C (HbA1c) Testing and Results</p>	<p>Percent of members 18-75 years old with diabetes who had a HbA1c testing during the measurement year.</p> <p>Measurement Period: CY 2018</p> <p>Members are classified as having diabetes if, in the measure year or the year prior, they have had two outpatient visits, observation visits or ED visits or a n o n a c u t e inpatient encounter on different date of service, with a diagnosis of diabetes or at least one acute inpatient encounter OR if they are dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis.</p>	<p>This measure requires collection of medical records for evidence of the following:</p> <ul style="list-style-type: none"> • A note with the date the HbA1c was performed, and the result • Automated laboratory data 	<p>Diabetes CPT II Hba1c result Codes:</p> <p>3044F: Less than 7.0 3045F: 7.0 – 9.0 3046F: Greater than 9</p> <p>HbA1c testing CPT Codes:</p> <p>83036 83037</p> <p>ICD – 10 Diabetes diagnosis codes:</p> <p>E10.XXX, E11.XXX</p> <p>Exclusion:</p> <p>Members who have a diagnosis of diabetes or gestational diabetes, or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year and have no other diagnosis of diabetes.</p>	<p>Ensure that poorly controlled diabetes have regular exams scheduled and that there is an office tracking system to assist in monitoring their follow up.</p> <p>Management Programs can assist in managing difficult to control diabetics.</p> <p>Remember to bill when HbA1c point of care testing is performed.</p>

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<p>Comprehensive Diabetes Care: (CDC) Eye Exam</p>	<p>Percent of members ages 18-75 years with diabetes (type 1 and type 2) who had an eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (1/1/18 – 12/31/18) or a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. Measurement Period: CY 2018</p>	<p>This measure requires collection of medical records for evidence of the following:</p> <ul style="list-style-type: none"> Documentation (note or letter) of a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) during the measurement year (1/1/18 - 12/31/18), including the date and the results. Documentation (note or letter) of a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year (1/1/17 - 12/31/17), including the date and the results. 	<p>Diabetes ICD-10 Codes: E10.XXX, E11.XXX</p> <p>CPT Codes: 67030-67031 67040-67043 99203-99205</p> <p>CPTII Codes: 3072F 2022F 2024F 2026F</p> <p>HCPCS Codes: S3000 S0620-S0621</p>	<p>Refer members to an optometrist or ophthalmologist for dilated retinal eye exam annually. These codes must be billed by an eye care provider to be complaint for the measure.</p>
<p>Comprehensive Diabetes Care (CDC) Medical Attention for Nephropathy</p>	<p>The percentage of members ages 18-75 years with diabetes (types 1 and type 2) who had a nephropathy screening or monitoring test or evidence of nephropathy the following during the measurement year. Measurement Period: CY 2018</p>	<p>This measure requires collection of medical records for evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> Urine test for albumin or protein Evidence of treatment for nephropathy or ACE/ARB therapy (from pharmacy claims or the medical record) Documentation of receiving medical treatment for: diabetic nephropathy/ESRD/CRF/CKD/renal insufficiency/proteinuria/albuminuria/ARF/ hemodialysis or peritoneal Evidence of stage 4 chronic kidney disease, ESRD or kidney transplant A note indicating that the member had a visit with a nephrologist during the measurement period 	<p>Monitoring for nephropathy Urine protein test CPT code: 81005 81000-81003 82042-82044</p> <p>Diabetes ICD-10 codes: H54.XX E10.XXX, E11.XXX</p> <p>CPTII Codes: 3044F-3046F</p>	<p>Document history of chronic kidney disease, or history of kidney transplant (if appropriate) in medical record. Submit diagnosis code of appropriate level of kidney disease on a yearly basis (if present) for all members with diabetes. Refer patients for appropriate lab screening if not on treatment.</p> <p>Members who are filling their medications through their AllWays Health Partners benefits will have pharmacy claims identified automatically.</p>

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<p>Comprehensive Diabetes Care: (CDC)</p> <p>Blood Pressure (BP) Control (<140/90)</p>	<p>The percentage of members ages 18-75 years of age with diabetes (type 1 and type 2) who had the following during the measurement year.</p> <p>Measurement Period: CY 2018</p>	<p>This measure requires medical record review for evidence of blood pressure (BP) control in members with diabetes. The most recent blood pressure documented during the measurement period is required.</p> <p>The member is numerator compliant if the BP is <140/90 mm Hg</p>	<p>Comprehensive Diabetes: CPTII BP result codes: 3044F-3046F</p> <p>Exclusionary diagnosis codes ICD-10: O24.XXX</p> <p>Diagnosis codes ICD-10: E11.XXX E10.XXX</p>	<p>Ensure that members with diabetes have their blood pressure measured and documented at each visit. If BP is high, recheck before the patient leaves the office and record the value. Educate patients on their BP goal and the risk associated with high blood pressure.</p>
<p>Post-Partum Care (PPC)</p>	<p>The percentage of deliveries that received postpartum care visit to OB/GYN practitioner or PCP between 21 and 56 days after delivery.</p> <p>Measurement Period: 11/6/17-11/5/18</p>	<p>This measure requires medical record review for an evidence that includes a dated note indicating one of the following:</p> <ul style="list-style-type: none"> • Pelvic exam • Evaluation of weight, BP, breasts and abdomen, breastfeeding status • Notation of postpartum care • Documentation needs to include name or initials of provider that saw member (MD/PA/CNM/NP) 	<p>Post-Partum Care: ICD-10: Z01.411 Z30.430 Z39.1-Z39.2 Z01.419-Z01.42</p> <p>PPC Visit CPT: 57170 58300 59430 99501</p> <p>PPC Visit CPTII: 0503F</p> <p>PPC Visit HPCS: G0101</p> <p>Exclusion: Non-live births</p>	<p>If care begins after 25 weeks, bill prenatal and postpartum visits (PPV) individually as required by AllWays Health Partners payment guidelines.</p> <p>Partner with OBs to ensure the PPV is being performed in a timely manner.</p> <p>Partner with pediatricians seeing the newborns to encourage mom to make and keep their PPV.</p> <p>If a C section is performed, the two-week staple removal/incision check does not meet this measure nor does any visit performed prior to the 21st day after delivery.</p>

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<p>Timeliness of Prenatal Care (PPC)</p>	<p>The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment. Measurement Period: 11/6/17-11/5/18</p>	<p>This measure requires medical record review for documentation of a note/ACOG flowsheet that a prenatal visit occurred along with one of the following:</p> <ul style="list-style-type: none"> • Prenatal visit with pelvic exam with obstetric observations, fundal height, or fetal heart rate documented • Prenatal office visit with Obstetrics panel/TORCH antibody panel/Rubella with ABO/Rh blood typing/ultrasound • Documentation needs to include name or initials of a provider that saw member (MD/PA/CNM/NP) 	<p>Timeliness of Prenatal Care: ICD-10 Codes: Z01.411 Z30.430 Z39.1-Z39.2 Z01.419-Z01.42</p> <p>CPT Codes: 57170 58300 59430 99501</p> <p>Exclusion: Non-live births</p>	<p>If care begins after 25 weeks bill prenatal and postpartum visits individually as required by AllWays Health Partners payment guidelines.</p> <p>It is important to have at least one prenatal visit within the first trimester.</p>

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<p>Well Child Visits: (0-15 months) W15</p>	<p>The percentage of children who turned 15 months old during the measurement year and who have had at least 6 well-child visits prior turning 15 months. Measurement Period: From birth to 15 months</p>	<p>This measure requires medical note or document of following in a well child visits</p> <ul style="list-style-type: none"> • A health history-if none, document “No PMH” • Physical developmental history (age appropriate) such as “raises head”, “crawls” • Mental developmental history (age appropriate) such as “responds to sounds”, “babbling” • A physical exam • Health education /anticipatory guidance 	<p>Well Child Visit (0-15 months): ICD-10 Codes: Z00.00 Z00.129 Z00.8 Z02.1 Z02.89 Z00.110-Z00.111</p> <p>CPT Codes: 99391-99395 99381-99385</p>	<p>Bill initial newborn as well as visit (if allowed by AllWays Health Plan). If a patient is booked as a well child visit and is sick, remember to reschedule the well child visit if not performed. If performed, bill the well child visit code. Remember to administer the age appropriate vaccines and include the antigens on the claim in order to capture the immunizations properly (even if State supplied vaccine is used) and perform lead screening if required. Establish a tracking system for the recall of patients for their well child visits or schedule each subsequent WCC before member leaves the office.</p>

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<p>Well Child Visits (3-6 years): W34</p>	<p>The percentage of children 3-6 years of age who have had one or more well-child visits with a PCP during the measurement year Measurement Period: CY 2018</p>	<p>This measure requires medical record or note include the date for following in a well child visit</p> <ul style="list-style-type: none"> • A health history-if none, document “No PMH” • Physical developmental history (age appropriate such as “walks up steps”, “balances on one foot” • Mental developmental history (age appropriate) such as “stacks 2-3 blocks”, “engages in imaginary play” • A physical exam • Health education/anticipatory guidance • The well-child visit must occur with a PCP 	<p>Well Child Visits (3-6 months): ICD-10 Codes: Z00.00 Z00.8 Z02.1 Z02.89 Z00.129 Z00.110-Z00.111</p> <p>CPT Codes: 99461 99381-99385 99391-99395</p>	<p>Educate parents to follow health education/ anticipatory guidance. Establish a tracking system to recall patients for their yearly well child visits.</p>

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Adolescent Well Care Visits (AWC)	<p>The percentage of members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.</p> <p>Measurement Period: CY 2018</p>	<p>This measure requires medical record review for an evidence for following in a well child visit:</p> <ul style="list-style-type: none"> • A health history-if none, document “No PMH” • Physical developmental history (age appropriate)-such as “tanner stage documentation” • Mental developmental history (age appropriate) such as “forms caring and supportive relationship with peers” or “exhibits resiliency when faced with stressors” • A physical exam • Health education/anticipatory guidance 	<p>Adolescent Well Care Visit: ICD-10 Codes: Z00.00 Z00.8 Z02.1 Z02.89 Z00.129 Z00.110-Z00.111</p> <p>CPT Codes: 99461 99381-99385 99391-99395</p>	<p>Educate parents to follow health education/anticipatory guidance.</p> <p>Establish a tracking system to recall patients for their yearly well visit.</p>
Appropriate Testing for Children with Pharyngitis (CWP)	<p>The percentage of children 2-18 years of age diagnosis with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test.</p> <p>Measurement Period: 7/1/17 – 6/30/18</p>	<p>A rapid strep test or throat culture performed within three days before or three days after the antibiotic prescription date.</p> <p>Any co-morbid dx code will exclude patient from the denominator.</p>	<p>Appropriate testing for children: ICD-10 Codes: J02.x J03.xx</p> <p>CPT Codes: 99201-99205 99217-99220 87070-87081</p>	<p>If rapid strep test and/or throat culture is negative, educate parents that an antibiotic is not necessary for viral infections. Test for strep when you are considering treating unless a co-morbid condition (i.e acute otitis media) is also present which necessitates antibiotic treatment</p>
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	<p>The percentage of children 3 months – 18 years of age diagnosis with upper respiratory infection (URI) and were not dispensed an antibiotic prescription.</p> <p>Measurement Period: 7/1/17 – 6/30/18</p>	<ul style="list-style-type: none"> • Patients not prescribed an antibiotic when there is only a URI diagnosis • Co-morbid diagnosis codes that apply would exclude patient from the measure; document and code for these at the time of the visit if present 	<p>Appropriate Treatment for Children with URI: ICD-10 Codes: A07.X, N30.XX, N41.X J01.XX, J02.X, J03.XX, J04.XX</p> <p>CPT Codes: 99217-99220 99201-99205</p>	<p>Educate patients on the treatment of common viral infections and the appropriate use of antibiotics to treat bacterial infections.</p>

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Childhood Immunization Status (CIS) Combo	<p>The percentage of children 2 years of age who had all immunizations Combo 10 during measurement year.</p> <p>Measurement Period: From birth to 2nd birthday</p>	<p>This measure requires medical record review for an evidence of immunization to be completed by their 2nd birthday.</p> <ul style="list-style-type: none"> • 4 DTaP • 3 IPV polio) • 1 MMR • 3 HiB • 3 Hep B • 1VZV (chicken pox) • 4 PCV • 1 Hep A • 2 or 3 Rotavirus (If 2 dose, vaccine series must be Rotarix) must be • 2 Influenza 	<p>Childhood Immunization Status:</p> <p>CPT Codes: 90698 90700 90721 90723 90644-90648</p> <p>A complete list of CIS CPT codes available by contacting our Quality Improvement department.</p> <p>Exclusion: Children who have a contraindication for a specific vaccine.</p>	<p>Submit a bill for all antigens given with the appropriate modifier, if applicable (even if State supplied vaccine is used).</p> <p>Document exclusions and vaccine refusal in the medical record. Visit https://www.cdc.gov/vaccines/schedules/index.html for the most up-to- date immunization schedules and catch-up recommendations.</p>
Follow-up Care for Children Prescribed Attention- Deficit/ Hyperactivity Disorder (ADHD): Initiation Phase	<p>The percentage of children 6-12 years of ages as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase</p> <p>Measurement Period: 3/1/16 – 2/28/17</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> • First ADHD medication was dispensed • One follow-up visit with practitioner with prescribing authority during the 30-day of prescription 	<p>ADHD Initiation Phase: ICD-10 Codes: G47.411 F03.XX, F10.XXX, F11.XXX, F90.X, F91.X, F93.X</p> <p>CPT Codes: 99221-99223 96150-96154 90791-90792</p> <p>Exclusion: Members who had an acute inpatient encounter for mental health or chemical dependency during 30 days after IPSD</p>	<p>Schedule a follow-up visit within 30 days to assess how medication is working.</p> <p>Develop tracking system to ensure these children are followed.</p>

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<p>Follow-up Care for Children Prescribed Attention- Deficit/ Hyperactivity Disorder (ADHD): Continuation and Maintenance Phase</p>	<p>The percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 120 days and who, in addition to visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after Initiation Phase ended.</p> <p>Measurement Period: 3/1/16 - 2/28/17</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> • Prescription for ADHD medication continued for at least a 210 days period • Follow-up visits during a 270 days period 	<p>ADHD Continuation Phase: ICD-10 Codes: G47.411 F03.90-F03.91 F10.120-F10.121</p> <p>CPT Codes: 99221-99223 96150-96154 90791-90792</p> <p>Exclusion: Members who had an acute inpatient encounter for mental health or chemical dependency during 300 days after IPSD</p>	<p>Help patients to schedule two more visits during 270 days (9 months) after the first 30 days in order to continue monitor patients progress.</p>

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Immunization for adolescents (IMA)	<p>The percentage of members 13 years of age, who received one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and the human papillomavirus (HPV) vaccine series by their 13th birthdays.</p> <p>Measurement Period: End on 13th birthday</p>	<p>This measure requires medical record review for an evidence of:</p> <ul style="list-style-type: none"> • One meningococcal vaccine • One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine • At least two HPV vaccines, with different dates of service on or between the member's 9th and 13th birthdays. <p>For the 2 dose series, there must be at least 146 days between the first and second dose of the HPV vaccine. For Example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be after July 25.</p> <p>OR</p> <p>At least three HPV vaccines (HPV Vaccine Administered Value Set) with different dates of services on or between the member's 9th and 13th birthdays.</p>	<p>Immunization for Adolescents: CPT Codes:</p> <p>90715 90644 90734 90649-90651</p> <p>Exclusion: Adolescents who had a contraindication for a specific vaccine.</p> <p>ICD 10 Codes measure exclusion:</p> <p>T80.52XA T80.52XS T80.52XD</p>	<p>Educate parents on the benefits of getting immunizations for their children.</p> <p>Bill all antigens and appropriate modifies provided in accordance with the AllWays Health Partners payment guidelines (even if State supplied vaccine is used).</p> <p>Visit: https://www.cdc.gov/vaccines/schedules/index.html for the most up to date immunization schedules and catch up recommendations.</p> <p>Document exclusions and vaccine refusal in the medical record.</p>

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Lead Screening in Children (LSC)	<p>The percentage of children, who turn 2 years old and had one or more capillary or venous lead blood test for lead poisoning by their second birthday.</p> <p>Measurement Period: From birth to 2nd birthday</p>	<p>This measure requires medical record review for an evidence of:</p> <ul style="list-style-type: none"> • A note indicating the date the test was performed • The result or finding 	<p>Lead Screening In Children: ICD-10 Codes:</p> <p>CPT Codes: 83655</p>	<p>Educate parents about the dangers of lead poisoning. Provide testing for lead screening by 2nd birthday.</p>
Asthma Medication Ratio (AMR)	<p>The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p> <p>Measurement Period: CY 2018</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> • Inhaler dispensing event: all inhalers (e.g., canisters) of the same medication dispensed on the same day are count as one dispensing event. Medications with different Drug IDs dispensed on the same day are counted as different dispensing events. • Injection dispensing events: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events. • Units of medications: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication. 	<p>Asthma Medication Ratio: ICD-10 Codes: 45.20-J45.22 J45.30-J45.32 J45.40-J45.42 J45.50-J45.52</p> <p>CPT Codes: 99221-99223</p> <p>Exclusion: Members who had any diagnosis from following:</p> <ul style="list-style-type: none"> • Emphysema • Other Emphysema • COPD • Obstructive Chronic Bronchitis • Chronic Respiratory Condition due to Fumes/Vapors • Cystic Fibrosis • Acute Respiratory Failure 	<p>Educate patients to take their medications as prescribed or fill their prescription, even if they are feeling better.</p> <p>Evaluate their prescribing patterns of rescue inhalers.</p>

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<p>Medication Management for people with Asthma (MMA)</p>	<p>The percentage of members 5-64 years of age who were identified as having persistent asthma and who were dispensed an asthma controller medication during the measurement year. Patients are in the measure if they meet at least one of the following during both the measurement year and the year prior. Measurement Period: CY 2018</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> Members also on asthma controller medication for 75% of their treatment period 	<p>Medication Management for People with Asthma (MMA): ICD-10 Codes: J45.20-J45.22 J45.30-J45.32 J45.40-J45.42 J45.50-J45.52</p> <p>CPT Codes: 99221-99223</p> <p>Exclusion: Members who had any diagnosis from following:</p> <ul style="list-style-type: none"> Emphysema Other Emphysema COPD Obstructive Chronic Bronchitis Chronic Respiratory Condition due to Fumes/Vapors Cystic Fibrosis Acute Respiratory Failure 	<p>Educate Patients on how to use asthma medications. Provide a written Asthma Action Plan to all members with asthma and educate them on signs and symptoms of concern.</p>

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<p>Antidepressant Medication Management (AMM):</p> <p>Acute & Continuation Phase</p>	<p>The percentage of members 18 years of age and older who were diagnosis with major depression and were treated with an antidepressant.</p> <p><u>Acute Phase Treatment:</u> Members who remained on antidepressant medication for at least 84 days (3 months)</p> <p><u>Continuation Phase Treatment:</u> Members who remained on antidepressant medication for at least 184 days (6 months)</p> <p>Measurement Period: 5/1/17 – 4/30/18</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> • Diagnosis of major depression • Dispensed an antidepressant medication • Acute phase for at least 84 days • Continuation phase for at least 120 days 	<p>AMM – Acute and Continuation Phase:</p> <p>ICD-10 Code:</p> <p>F32.9 F33.9 F33.41 F32.0-F32.4 F33.0-F33.3</p> <p>CPT Codes:</p> <p>90791-90792 98960-98962</p> <p>Exclusion: Members who didn't have a diagnosis of major depression in an inpatient/ outpatient, ED, intensive outpatient or partial hospitalization setting during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD.</p>	<p>Educate your patients on continuing to take their antidepressant medication as prescribed even though they may be improving.</p> <p>Discuss common side effects of medications ahead of time in order to prevent patient compliance issues.</p>

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Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)	<p>The percentage of children 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during the measurement year.</p> <p>Measurement Period: CY 2018</p>	<p>This measure requires medical record review for an evidence of height/weight/BMI percentile</p> <ul style="list-style-type: none"> • BMI percentile – documented as value or plotted on a growth chart, (ranges not acceptable) • Height and weight • Nutrition: Documentation of discussion of current diet/nutrition, checklist indicating nutrition was addressed, referral to nutritionist, anticipatory guidance for nutrition, evidence member received educational material on nutrition, anticipatory guidance for nutrition, or weight/obesity counseling.-Looking for “what child is eating” (i.e., eats 3 fruits/vegetables a day, “advise decrease soda,” “switch to skim milk”). Documentation related to member’s “appetite” does not meet criteria. • Physical activity: Documentation of discussion of current physical activities, checklist indicating physical activity was discussed, counseling regarding physical activity, evidence member received educational materials on physical activity, anticipatory guidance for physical activity, weight/obesity counseling (e.g., “30 minutes of exercise per day,” documentation of sport participation) 	<p>BMI: Z68.xx</p> <p>ICD-10 Codes: Z71.3-nutrition counseling</p> <p>ICD-10 Codes: Z02.5-sports physical</p> <p>CPT Codes: 97802-97804</p>	<p>Within yearly physical exam, make sure to capture: dated height/weight/BMI %, (either as a percentile or plotted on a growth chart, documentation related to nutrition and discussion related to current physical activities. Remember to document the specifics around provider encouragement for physical activities as opposed to comments such as "advise to decrease screen time". Anticipatory guidance around safety, although important, does not satisfy this metric requirement.</p> <p>Some EMRs will automatically calculate BMI and BMI percentiles when the Height and Weight are captured in a visit, check to ensure yours does, and if not document accordingly.</p>

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<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p>	<p>The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.</p>	<p>At least one test for blood glucose or HbA1c. At least one test for LDL-C or cholesterol.</p>	<p>Cholesterol Tests Other Than LDL 82465, 83718, 84478</p> <p>Glucose Tests: CPT Codes: 80047 80048 80050 80053 80069 82947 82950 82951</p>	<p>Encourage members’ parents/guardians to share contact information for all Medical, Behavioral, or Substance Use Providers</p> <p>Facilitate coordination of care between Medical and Behavioral Health Providers to ensure tests are administered and results shared in a timely manner.</p> <p>Engage members’ parents/guardians in treatment discussions explaining the importance of having these tests administered.</p> <p>Create a HbA1c testing reminder in your EHR for each member under 18 who is taking antipsychotic medications. Remember to bill when HbA1c point of care testing is performed.</p>

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Follow-Up After Hospitalization for Mental Illness (FUH)	<p>The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of members who received follow-up within 7 days of discharge • The percentage of members who received follow-up within 30 days of discharge 	<p>A follow-up visit with a mental health practitioner within 2 to 7 or 30 days after acute inpatient discharge. Do not include visits that occur on the date of discharge.</p> <p>Documented reason patient was not able to complete 7 or 30 day follow-up from acute inpatient setting discharge (i.e., patient death prior to follow-up visit, patient non-compliance for visit follow-up)</p> <p style="text-align: center;">Visits on the day of discharge do not count towards this metric.</p>	<p>Visit with Mental Health Practitioner CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p>TCM 7 Day-CPT: 99496</p> <p>TCM 14 Day-CPT: 99495 (qualifying visit is IDEALLY completed by the 7th day; if not completed by the 7th day, visits through the 14th day will be compliant)</p>	<p><u>Outpatient Providers:</u></p> <p>Ensure flexibility when scheduling appointments for patients who are being discharged from acute care; the appointment should be scheduled within seven days of discharge. Visits on the day of discharge do not count towards this metric.</p> <p>Review medications with patients to ensure they understand the purpose and appropriate frequency and method of administration</p> <p>Partner with inpatient facilities to ensure you receive proper notification of inpatient visits.</p>

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<p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</p>	<p>Initiation of AOD Treatment: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.</p> <p>Engagement of AOD Treatment: The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.</p>	<p>Admin measure:</p> <p>Initiation of AOD Dependence Treatment: Initiation of AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the index episode start date.</p> <p>Engagement of AOD Treatment: Initiation of AOD treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive).</p>	<p>AOD Services/Treatment Codes CPT: 98960-98962 99078 99201-99205 99211-99215 99217-99220 99241-99245 99341-99345 99347-99350 99384-99387 99394-99397 99401-99404 99408 99409 99411 99412 99510</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p>Comprehensive diagnostic cohort lists available by contacting Quality Improvement at AllWays Health Plan.</p>	<p>Early identification of substance abuse issues can help your patients avoid future drug-related illnesses and deaths, improving quality of life. Here are some recommendations:</p> <p>Screen: Make sure to incorporate substance use screening upon intake and upon yearly treatment plan review, at a minimum.</p> <p>Document: If a substance abuse concern is identified, be sure to document it and code it on any claims submitted. Often, practitioners are reluctant to use a substance abuse diagnosis for fear of stigmatizing a patient who has discussed his or her struggles with substances.</p> <p>Follow-up: When a substance abuse concern is identified, it's very important to schedule appropriate follow-up treatment. For newly diagnosed patients, in particular, it is recommended that you schedule 3 follow-up appointments within the first 30 days.</p> <p>Educate: It's important to educate patients on the effects of substance abuse and educate them on the treatment options that exist for them in their community.</p>

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<p>Emergency Department Utilization (EDU)</p>	<p>For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.</p>	<p>Not applicable</p>	<p>Not applicable</p>	<p>Adoption of electronic system to exchange ED information.</p> <p>If a follow up visit is appropriate, assist patients in visiting PCP within 72-96 hours of the ED Visit.</p> <p>Monitor monthly utilization reports from frequent ED users on the Provider Portal</p> <p>Disseminate member educational materials regarding when to use other resources than the ED when the condition is urgent but not life-threatening such as Urgent Care Facilities, Walk in Clinics, and Telemedicine. Identify Urgent Care Centers near your practice to which you can refer and develop a communication plan so that you will be notified when members are seen there. Ensure these sites are within the AllWays Health Partners network.</p>

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<p>Follow-Up After Emergency Department for Mental Illness (FUM)</p>	<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. Two rates are reported:</p> <p>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</p> <p>The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</p>	<p>Not applicable.</p>	<p>Not applicable</p>	<p>Schedule a follow-up appointment as soon as you get notification of the ED visit.</p> <p>Appropriate outpatient follow-up as soon after mental illness exacerbations is best practice to reduce future hospital visits.</p>

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All-Cause Readmissions (PCR)	<p>For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:</p> <ul style="list-style-type: none"> • Count of Index Hospital Stays (IHS) (denominator). • Count of Observed 30-Day Readmissions (numerator). • Count of Expected 30-Day Readmissions. 	<p>Not applicable</p>	<p>Not applicable</p>	<p>Follow up with members within 7 days of their discharge from an inpatient stay.</p> <p>Ensure that members filled their new prescriptions post-discharge. Explore having a medication reconciliation post-discharge.</p> <ul style="list-style-type: none"> •Develop a discharge plan that includes a post-discharge phone call to discuss question regarding the following: <p>Understanding of discharge and medications instructions.</p> <ul style="list-style-type: none"> • Importance of filling all prescriptions. • Importance of scheduling follow-up appointment. Help member to schedule it (if needed). Help arrange transportation (if needed) <p>AllWays Health Partners has Care managers available to assist members who need help managing their illness(es). Call or visit our website for more information.</p>