

Positive Practice

NEWS AND EDUCATION FOR POSITIVE HEALTHCARE PROVIDERS

Issue 22 Fall 2021

i In this Issue

- HEDIS 2020 Performance Summary
- California PHC Results
- California PHP Results
- Florida PHP Results
- HIV Resistance Testing
- Post Discharge Medication Reconciliation Measure – Best Practices



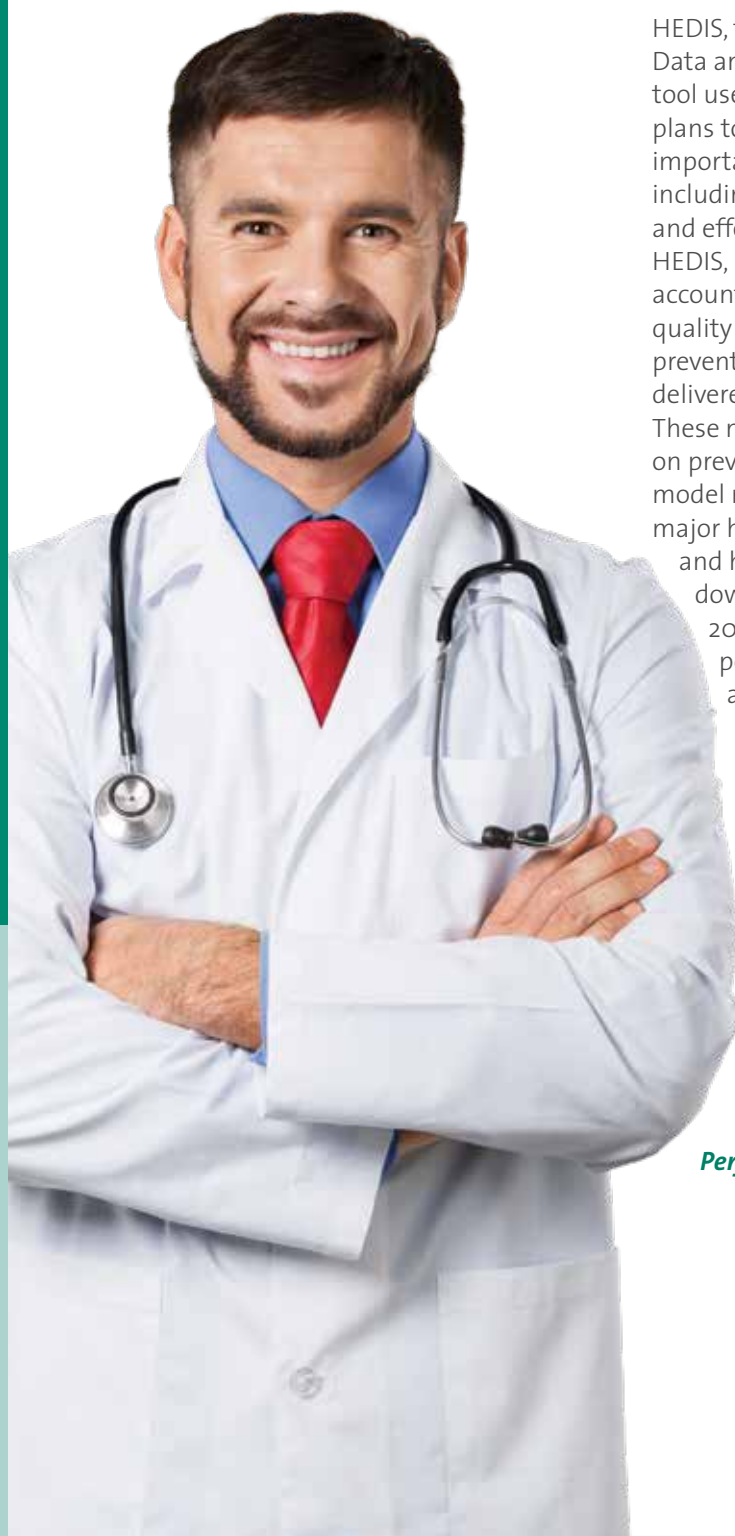
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HEDIS 2020 Performance Summary



HEDIS, the Healthcare Effectiveness Data and Information Set, is a tool used by most U.S. health plans to measure performance on important aspects of care and service including quality performance and effectiveness of care. Through HEDIS, NCQA holds AHF providers accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. These measures help providers focus on prevention. A prevention delivery model may reduce the number of major health issues among patients, and helps keep healthcare costs down. The following tables show 2020 measurement year (MY) performance rates by plan and how often a screening is required. Providers can use these measures as an indicator to help them identify AHF patient needs in the measurement year. Of course, the aim is for a rate of 100%, however any rate under 80% should give the provider a red flag to refocus their attention for members that require completion of the measure.

Performance tables inside

HIV Resistance Testing

The following is a synopsis of the presentation given at the AHF Provider Meetings by Dr. Ricky K. Hsu, M.D. National Medical Director of Clinical Standards, Policy, & Education; on HIV Resistance Testing.

Return to Care Patient Not on Meds with Elevated VL

- General Rules: restart meds before sending resistance test if patient off meds >3 months, otherwise patient's virus may have reverted to wild-type
- EXCEPTION to rule in using Archive testing when HIV PCR <500: If history of multiple resistance occurrence, can send Genosure archive (to see what historical ARCHIVED resistance may have been present)
 - o Although resistance picked up may not be viable virus, resistance testing may also MISS archived resistance as it is dependent on the sampling size of PBMC's (fill tubes to TOP).
 - o Best information is having entire HISTORY of patient's resistance (CALL!)

Recurrent Viral Blips between 200-500

- Do not send if VL <200 – still fully suppressed and U=U applies
- Recurrent blips 200-500
- Occasionally Genotype may be successful (50-80%)
- Occasionally Genosure archive can detect archived resistance (50-80%)

Phenotypes Useful for the 2nd generation NNRTI's, PI's, and Integrase inhibitors if 3 or more mutations are present or the patient is on their 3rd/4th line of therapy

- Higher drug levels can OVERCOME resistance mutations
- Phenotypes interprets mutation-mutation interactions – whether increasing or decreasing resistance, even amongst different classes.

Genotype (for ART-naïve patients and 1st/2nd line viral failures)

- Genotype MG – NRTI, NNRTI, PI (NO Integrase Testing)
- Genotype Prime – Genotype MG PLUS Integrase Resistance (use in high risk contacts/urban risk)

Phenotype (for 3rd line+ viral failures, if a history or expected 3 or more NNRTI/ PI/ Integrase mutations – gives DEGREE of resistance)

- Phenosense – NRTI, NNRTI, PI Phenotype (NO integrase testing is included – must order separately)
- Phenosense Integrase – Integrase ONLY Phenotype
- Phenosense GT is a Genotype AND Phenotype
 - o No integrase, must order “Phenosense GT PLUS Integrase”, if needed

Entry Resistance Testing

- Trofile – to see if can use Maraviroc (Selzentry) an R5 co-receptor blocker
- R5 (Yes you can use) vs X4 or R5/X4 Dual/mixed tropic (cannot use)
- Phenosense ENTRY – Fuzeon (enfuvirtide) resistance testing (if viremic on Fuzeon >1 mo, >90% resist)
- NO resistance test available for Ibaluzimab or Fostemsavir

ARCHIVED Resistance Testing (for assessing if a history of resistance that may re-emerge in patients with fully suppressed virus <200c/mL or low level recurrent viremia)

- Genosure Archive (Make sure you FILL TUBE COMPLETELY!)– NRTI, NNRTI, PI, Integrase
 - o Generally PRIMARY mutations are “real” if present. However lack of presence does NOT guarantee lack of mutation
 - o The entire HISTORY of genotypes and Phenotypes will give you the MOST ACCURATE resistance picture



Post Discharge Medication Reconciliation Measure – Best Practices

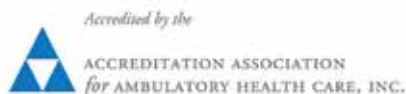
This measure calculates the percentage of patients 18 years and older who were discharged from January 1 to December 1 and had medications reconciled within 30 days from the date of discharge (31 days total) from a hospital or skilled nursing facility. The purpose is to reconcile the most recent outpatient medications list with the medications that were prescribed at discharge. Primary care physicians, nurse practitioners, physician assistants, registered nurses and clinical pharmacists can complete this reconciliation. This does not have to be done face to face. This can be done over the phone; patients do not have to come in for visits. Every time patients are discharged, they are eligible.

Best Practice includes a:

- Schedule appointments with primary care teams within the first seven days of discharge, or as soon as you are aware of discharge.
- Review discharge instructions and medications with patients and make sure they understand and are able to follow them in person or telehealth.
- Reconcile patients' discharged medications to their outpatient medications. (Have an RN or pharmacist do the reconciliation based on the discharge summary and give/send to the provider.)

Once a reconciliation is complete, record it in one of two ways.

1. On the claim encounter with one of the following CPT codes (no other documentation is required):
 - 1111F Discharge medications reconciled with the current medication list in outpatient medical record
 - 99495 Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)
 - 99496 Transitional care management services with high medical decision complexity (face-to-face visit within seven days of discharge)
 2. In the medical record and include:
 - A dated progress note stating, "Hospital (or skilled nursing facility) discharge medications were reconciled with the current outpatient medications"
 - A signed and dated current medication list
- Medication Reconciliation



California PHC HEDIS Rates Measurement Year (MY) 2020

Measure	Name of Screening	Gender and Age Range for Screening	How Often	PHC-CA Compliance Rates
Breast Cancer Screening	Mammography	Women 50 through 74 years of age	Every 2 Years	51.5%
Controlling Blood Pressure	Blood Pressure	All members 18 years of age and older	Last One Taken in Calendar Year	69.7%
Comprehensive Diabetes Care (CDC) - HgA1c Test	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	98%
CDC - HgA1c less than 8.0%	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	64%
CDC - HgA1c > 9.0%	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	22.00%*
CDC - Retinal Eye Exam	Dilated eye exam	All members 18-75 years of age with diabetes	Every year. May use prior year test if negative for retinopathy	46%*



California PHP HEDIS Rates Measurement Year (MY) 2020

Measure	Name of Screening	Gender and Age Range for Screening	How Often	PHP-CA Compliance Rates
Breast Cancer Screening	Mammography	Women 50 through 74 years of age	Every 2 Years	40.00%
Colo-Rectal Cancer Screening	Colonoscopy Or Cologuard	All members 50 through 75 years	Every 10 Years or Every 3 Years	64.72%
Controlling Blood Pressure	Blood Pressure	All members 18 years of age and older	Last One Taken in Calendar Year	77.12%
Comprehensive Diabetes Care (CDC) - HgA1c Test	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	95.87%
CDC - HgA1c less than 8.0%	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	71.90%
CDC - HgA1c >9.0%	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	17.36 %*
CDC- Retinal Eye Exam	Dilated eye exam	All members 18-75 years of age with diabetes	Every year. May use prior year test if negative for retinopathy	58.68 %
Kidney Health Evaluation for Patients with Diabetes (New measure starting 2020 MY)	At least one eGFR & At least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart.	All members 18-85 years of age with diabetes (Type I & Type II)	Every Year	56.00 %
Care for Older Adults (COA) -Advance Care Planning	Advance directive, five wishes, living will or surrogate decision maker	All members 66 years of age and older	Every Year	88.73%
COA - Pain Screening	Standardized pain assessment tool	All members 66 years of age and older	Every Year	98.12%
COA - Functional Status Assessment	Notation of Activities of Daily living (ADL)	All members 66 years of age and older	Every Year	97.18%
COA -Medication Review	Medication review conducted by a prescribing practitioner.	All members 66 years of age and older	Every Year	97.18%
Transition of Care (TRC) - Notification of Inpatient Admission	Documentation in the medical record on the day of admission through 2 days after	Members 18 years of age and older	Every admission in MY	61.64%
TRC - Receipt of Discharge Information	Documentation on the day of discharge through	Members 18 years of age and older	Every discharge in Year	13.70%
TRC - Patient Engagement after Inpatient Discharge	Documentation of provision of office visits, home visits, telehealth	Members 18 years of age and older	With in 20 days after every discharge in MY	80.82%
TRC - Medication reconciliation	Medication review conducted by a prescribing practitioner.	Members 18 years of age and older	On the date of discharge through 30 days after every discharge in Year	69.86%

Florida PHP HEDIS Rates Measurement Year (MY) 2020

Measure	Name of Screening	Gender and Age Range for Screening	How Often	PHP-FL Compliance Rates
Breast Cancer Screening	Mammography	Women 50 through 74 years of age	very 2 Years	67.80%*
Colo-Rectal Cancer Screening	Colonoscopy Or Cologuard	All members 50 through 75 years	Every 10 Years or Every 3 Years	63.50%
Controlling Blood Pressure	Blood Pressure	All members 18 years of age and older	Last One Taken in Calendar Year	68.40%
Comprehensive Diabetes Care (CDC) - HgA1c Test	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	93.70 %
CDC - HgA1c less than 8.0%	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	70.20 %
CDC - HgA1c greater than 9.0%	Glycated hemoglobin & glycosylated hemoglobin test	All members 18-75 years of age with diabetes	Every Year	22.88 %*
CDC - Retinal Eye Exam	Dilated eye exam	All members 18-75 years of age with diabetes	Every year. May use prior year test if negative for retinopathy	56.70 %
Kidney Health Evaluation for Patients with Diabetes (New Measure starting 2020 MY)	At least one eGFR & At least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart.	All members 18-85 years of age with diabetes (Type I & Type II)	Every Year	34.03 %
Care for Older Adults (COA) -Advance Care Planning	Advance directive, five wishes, living will or surrogate decision maker	All members 66 years of age and older	Every Year	89.50%
COA - Pain Assessment	Standardized pain assessment tool	All members 66 years of age and older	Every Year	98.10%
COA - Functional Status Assessment	Notation of Activities of Daily living (ADL)	All members 66 years of age and older	Every Year	94.70%
COA - Medication Review	Medication review conducted by a prescribing practitioner.	All members 66 years of age and older	Every Year	94.90%
Transition of Care (TRC) - Notification of Inpatient Admission	Documentation in the medical record on the day of admission through 2 days after	Members 18 years of age and older	Every admission in MY	52.52%
TRC - Receipt of Discharge Information	Documentation on the day of discharge through	Members 18 years of age and older	Every discharge in Year	7.10%
TRC - Patient Engagement after Inpatient Discharge	Documentation of provision of office visits, home visits, telehealth	Members 18 years of age and older	Within 20 days after every discharge in MY	84.89%
TRC - Medication reconciliation	Medication review conducted by a prescribing practitioner.	Members 18 years of age and older	On the date of discharge through 30 days after every discharge in Year	72.30%

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HEDIS Quick Reference Guide

AHF HEDIS Measure Specification for Medicare:

To be compliant for a HEDIS® measure, valid specific criteria must be followed.

Please use this guide as a reference for meeting health plan-specific HEDIS® measures and apply criteria as applicable.

Domain of Care		Measure	Notes	Codes (To Include in Claims)	
Effectiveness of care	Prevention and Screening	Breast Cancer Screening (BCS)	Female members 50-74 years of age are compliant if they had 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. Exclusions: <ul style="list-style-type: none">• Members who have had a bilateral mastectomy• Members in Hospice care• Members in palliative care	CPT	77055-77057; 77061-77063; 77065-77067 Exclusions: Unilateral Mastectomy - 19180, 19200, 19220, 19240, 19303-19307 With a Bilateral Modifier - 50
				ICD-10	Exclusions: Bilateral Mastectomy – OHTV0ZZ, Z90.13
		Colorectal Cancer Screening (COL)	Members 50-75 years of age are compliant if they had one or more of the following screenings: <ul style="list-style-type: none">• Colonoscopy in past 10 years (2012-2021)• Flexible sigmoidoscopy in past 5 years (2017-2021)• CT Colonography (e.g., virtual colonoscopy) in the past 5 years (2017-2021)• FIT-DNA (e.g., Cologuard) test in the past 3 years (2019-2021)• Fecal occult blood test (iFOBT or gFOBT) annually (2021) Exclusions: Diagnosis of colorectal cancer or total colectomy Members in Hospice care • Members in palliative care	CPT	FOBT: 82270; 82274 FIT-DNA: 81528 Flexible Sigmoidoscopy: 45330-45335; 45337-45342; 45345-45347; 45349-45350 CT Colonography: 74261-74263 Colonoscopy: 44388-44394; 44397; 44401-44408; 45355; 45378-45393; 45398
				ICD-10	Colorectal Cancer: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 Total Colectomy: ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ

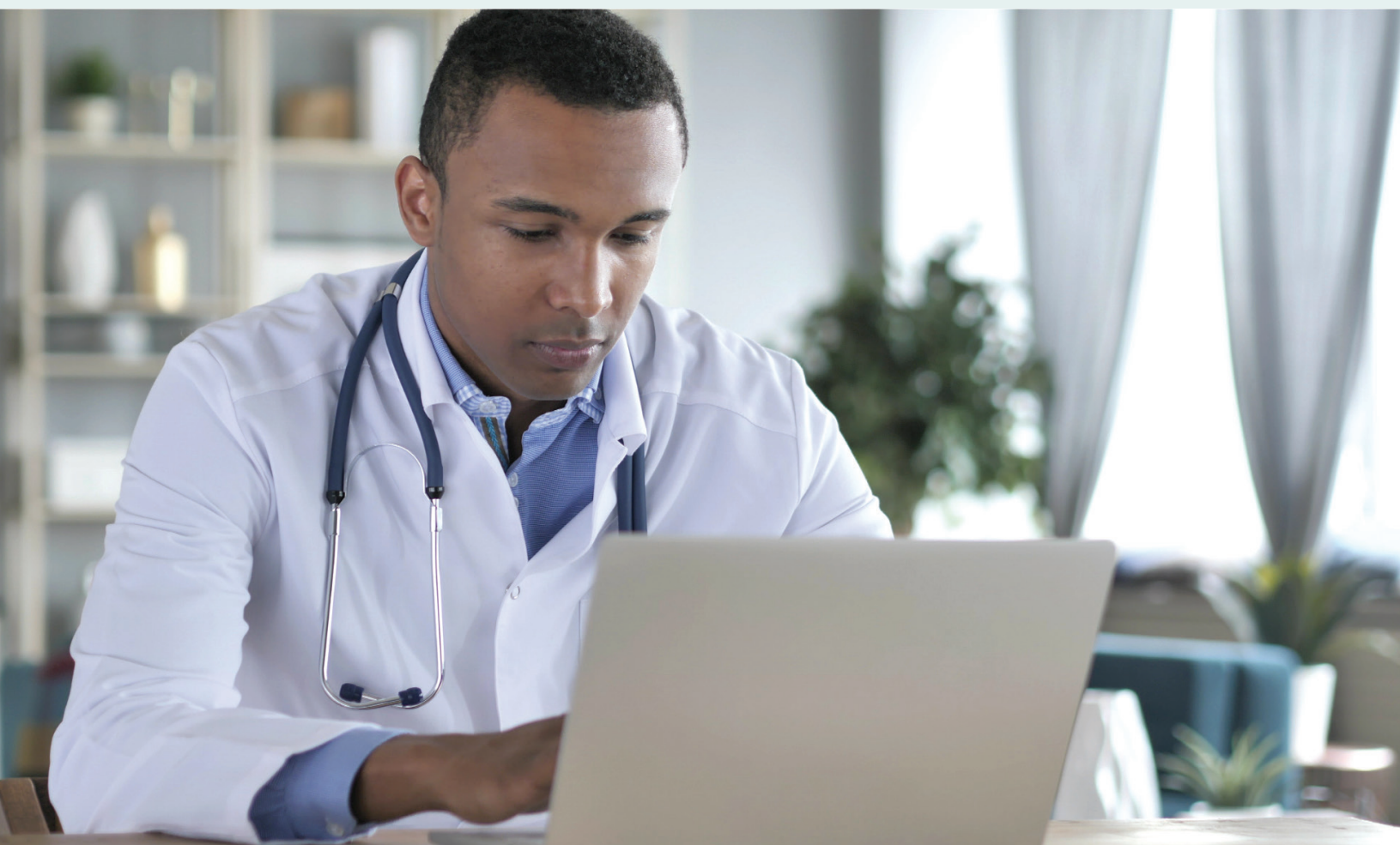


Domain of Care		Measure	Notes	Codes (To Include in Claims)	
Effectiveness of care	Respiratory Conditions	Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) (SPR)	Members 40 years of age or older are compliant if they had a: <ul style="list-style-type: none"> • Diagnosis of new, or newly active, COPD between July 1, 2020-June 30, 2021 and • Spirometry testing to confirm the diagnosis in the 2 years prior through 6 months after the diagnosis. Exclusion: Members in Hospice care	CPT	94010; 94014-94016; 94060; 94070; 94375; 94620
		Pharmacotherapy Management of COPD Exacerbation (PCE)	Members 40 years of age and older are compliant if they were: <ul style="list-style-type: none"> • Discharged from an acute inpatient admission or an ED visit with a primary diagnosis of COPD on or between January 1 – November 30, 2021 and • Dispensed (or already had an active prescription for) both: 1. A systemic corticosteroid within 14 days of the event 2. A bronchodilator within 30 days of the event Exclusion: Members in Hospice care	ICD-10	J44.0; J44.1; J44.9
	Cardio-vascular Conditions	Controlling High Blood Pressure 18-85 Years (CBP)	Adequate control is defined as: <140/90 <ul style="list-style-type: none"> • Diagnosis of hypertension • Most recent blood pressure reading in the medical record for 2021. Exclusions: Evidence of any of the following during 2021: <ul style="list-style-type: none"> • End Stage Renal Disease (ESRD), or dialysis • Kidney transplant • Pregnancy • Nonacute inpatient admission • Members in Hospice care 	CPT II	Systolic Less than 140: 3074F, 3075F Systolic Greater then/Equal to 140: 3077F Diastolic Less than 80: 3078F Diastolic 80-89: 3079F Diastolic Greater than/Equal to 90: 3080F
				ICD-10 Note: These are inclusion criteria codes	I10
		Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge. Exclusion: Members identified as having an intolerance or allergy to beta-blocker therapy. Any of the following any time during the member's history through the end of the continuous enrollment period meet criteria: • Asthma • COPD • Obstructive chronic bronchitis <ul style="list-style-type: none"> • Chronic respiratory conditions due to fumes and vapors • Hypotension, heart block >1 degree or sinus bradycardia • A medication dispensing event indicative of a history of asthma • Intolerance or allergy to beta-blocker therapy • Member in Hospice care 	Prescription	Beta Blocker Medications: Noncardioselective betablockers, Cardioselective betablockers, Antihypertensive combinations
		Statin Therapy for Patients with Cardiovascular Disease (SPC)	Male members 21-75 years of age and female members 40-75 years of age identified as having clinical atherosclerotic cardiovascular disease (ASCVD). Two rates are reported: 1. Received Statin Therapy: Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year (2020). 2. Statin Adherence 80%: Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period (from prescription date through end of year). Exclusions: <ul style="list-style-type: none"> • Female members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year • In vitro fertilization in the measurement year or year prior to the measurement year • Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year • ESRD or dialysis during the measurement year or the year prior to the measurement year • Cirrhosis during the measurement year or the year prior to the measurement year • Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year • Members receiving palliative care Moderate or high-intensity statin therapy: <ul style="list-style-type: none"> • Atorvastatin: 10-80mg • Amlodipine-atorvastatin: 10-80mg • Rosuvastatin: 5-40mg • Simvastatin: 20-80mg • Ezetimibe-simvastatin: 20-80mg • Pravastatin: 40-80mg • Lovastatin: 40mg • Fluvastatin 40-80mg 	ICD-10	Myalgia/Myositis/Myopathy: G72.0; G72.2; G72.9; M60.80-M60.812; M60.819; M60.821-M60.822; M60.829; M60.831-M60.832; M60.839; M60.841-M60.842; M60.849; M60.851-M60.852; M60.859; M60.861-M60.862; M60.869; M60.871-M60.872; M60.879; M60.88-M60

Domain of Care	Measure	Notes	Codes (To Include in Claims)	
Effective-ness of care	Diabetes			
	Comprehensive Diabetes Care (CDC) -HbA1c testing -HbA1c adequate control -HbA1c poor control	Members 18-75 years of age with diabetes (type 1 and 2) using most recent A1c test during the measurement year is used for compliance. HbA1c < 8.0 % = control • HbA1c > 9.0 % = poor control Exclusions: • Members in Hospice care • Members receiving palliative care Members without a diagnosis of diabetes in any setting, but did have: • Gestational diabetes; • Steroid-induced diabetes; or • Polycystic ovarian syndrome (during 2020 or 2021)	ICD-10	Codes to identify Diabetes: E10.10-E10.9; E11.00-E11.9; E13.00-E13.9
	Comprehensive Diabetes Care (CDC) -Eye Exam	Members 18-75 years of age with diabetes (type 1 and 2) with a retinal/dilated eye exam (most recent date and result from 2020 or 2021) or bilateral eye enucleation any time through 2021. Exclusions: • Members in Hospice care • Members receiving palliative care Members without a diagnosis of diabetes in any setting, but did have: • Gestational diabetes; • Steroid-induced diabetes; or Polycystic ovarian syndrome (during 2020 or 2021)	ICD-10 CPT II	Codes to identify Diabetes: E10.10-E10.9; E11.00-E11.9; E13.00-E13.9 Systolic Less than 140: 3074F, 3075F Systolic Greater than/Equal to 140: 3077F Diastolic Less than 80: 3078F Diastolic 80-89: 3079F Diastolic Greater than/Equal to 90: 3080F
	Comprehensive Diabetes Care (CDC) - BP Control	Members 18-75 years of age with diabetes (type 1 and 2) using the most recent BP reading taken during the measurement year is used for compliance. The member is not compliant if the BP reading is $\geq 140/90$, if there is no BP reading during the year, or if the reading is incomplete (e.g., the systolic or diastolic level is missing). Exclusions: • Members in Hospice care • Members receiving palliative care Members without a diagnosis of diabetes in any setting, but did have: • Gestational diabetes; • Steroid-induced diabetes; or • Polycystic ovarian syndrome (during 2020 or 2021)	ICD-10 CPT II	Codes to identify Diabetes: E10.10-E10.9; E11.00-E11.9; E13.00-E13.9 Systolic Less than 140: 3074F, 3075F Systolic Greater than/Equal to 140: 3077F Diastolic Less than 80: 3078F Diastolic 80-89: 3079F Diastolic Greater than/Equal to 90: 3080F
	Kidney Health Evaluation for Patients With Diabetes (KED)	Members 18-85 years of age with: • Diagnosis of diabetes (type 1 and type 2) • Received a kidney health evaluation, defined by: • an estimated glomerular filtration rate (eGFR) and • A urine albumin-creatinine ratio (uACR) Exclusions: • ESRD • Dialysis • Members in Hospice care • Members receiving palliative care	CPT	eGFR: 80047-80048; 80050; 80053; 80069; 82565 uACR: 82043; 82570
	Statin Therapy for Patients With Diabetes (SPD)	Members 40-75 years of age identified as having diabetes who do not have ASCVD (clinical atherosclerotic cardiovascular disease) who met the following criteria: Two rates are reported: 1. Received Statin Therapy: Members who were dispensed at least one statin medication of any intensity during the measurement year (2020). 2. Statin Adherence 80%: Members who remained on a statin medication of any intensity for at least 80% of the treatment period (from prescription date through end of year). Exclusions: • Myalgia, myositis, myopathy or rhabdomyolysis (in 2021) • Any of the following (in 2020 or 2021): Polycystic ovarian syndrome; Pregnancy/IVF ; Prescribed clomiphene; ESRD or dialysis; Cirrhosis • Members in Hospice care • Members receiving palliative care	ICD-10	Myalgia/Myositis/ Myopathy: G72.0; G72.2; G72.9; M60.80-M60.812; M60.819; M60.821-M60.822; M60.829; M60.831-M60.832; M60.839; M60.841-M60.842; M60.849; M60.851-M60.852; M60.859; M60.861- M60.862;M60.869; M60.871-M60.872; M60.879; M60.88-M60

Domain of Care		Measure	Notes	Codes (To Include in Claims)	
Effective-ness of care	Musculo-skeletal Conditions	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). Exclusions: <ul style="list-style-type: none">• A diagnosis of HIV (Optional)• Pregnancy• Members in Hospice care	HCPCS	A dispensed DMARD medication or HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310, Q5102-Q5104
		Osteoporosis Management in Women Who Had a Fracture (OMW)	Female members 67-85 years of age who suffered a fracture and had one of the following in the 6 months after the fracture: <ul style="list-style-type: none">• Abonemineraldensity (BMD) test or• A prescription for a drug to treat osteoporosis Exclusions: <ul style="list-style-type: none">• Members who had a BMD test during the 730 days (24 months) prior to the Episode Date• Members who had a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the Episode Date• Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the Episode Date.• Members in Hospice care• Members receiving palliative	CPT	To identify BMD test: 76977; 77078; 77080-77081; 77085-77086
				HCPCS	Osteoporosis Medications: J0897; J1740; J3110; J3489
	Behavioral Health	Antidepressant Medication Management (AMM)	Members 18 years of age and older who: <ul style="list-style-type: none">• Were treated with antidepressant medication• Had a diagnosis of major depression and• Remained on antidepressant medication treatment. Two rates are reported: 1. Effective acute phase: remained on an antidepressant medication for at least 84 days (12weeks) 2. Effective continuation phase: remained on an antidepressant medication for at least 180 days (6 months) Exclusion: Members in Hospice care	ICD-10 Note: These are inclusion criteria codes	Major Depression: F32.0-F32.4; F32.9; F33.0- F33.3; F33.41; F33.9
		Follow-Up after Hospitalization for Mental Illness (FUH)	Members 6 years of age and older who were: <ul style="list-style-type: none">• Hospitalized for treatment of selected mental illness or intentional self-harm and• One follow-up outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health provider. Two rates are reported: 1. Follow-up visit within 7 days of discharge 2. Follow-up visit within 30 days of discharge Exclusion: Members in Hospice care	CPT II	Visit setting unspecified value set with partial hospitalization POS with Mental Health Practitioner: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 – 99255 BH Outpatient Visit with Mental Health provider: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 – 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483
		Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Members 6 years of age and older who had: <ul style="list-style-type: none">• ED visit with a principal diagnosis of mental illness or intentional self-harm• Follow-Up visit with any practitioner, with a principal diagnosis of a mental health disorder Two rates are reported: 1. Follow-up visit within 7days of discharge 2. Follow-up visit within 30 days of discharge Exclusion: Members in Hospice care	CPT II	7-day follow-up indicator: 99496 BH Outpatient Visit with Mental Health Provider: 99495
		Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Members 13 years of age and older who had: <ul style="list-style-type: none">• ED visit with principal diagnosis of Alcohol or Other Drug (AOD) Abuse/Dependence• Follow-Up visit with any practitioner with a principal diagnosis of AOD Two rates are reported: 1. Follow-up visit within 7days of discharge 2. Follow-up visit within 30 days of discharge Exclusion: Members in Hospice care	CPT II	7-day follow-up indicator: 99496 30-day follow-up indicator: 99495
		Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	Members 18 years of age and older who had: <ul style="list-style-type: none">• Diagnosis of Schizophrenia/ schizoaffective disorder• Been dispensed an antipsychotic medication and• Remained on the medication for at least 80% of their treatment period (days between the earliest prescription fill in 2021 and the end of the year) Exclusions: <ul style="list-style-type: none">• Diagnosis of dementia• Did not have at least two antipsychotic medication dispensing events• Members in Hospice care	Prescription	N/ADementia Medication: Donepezil, Galantamine, Rivastigmine, Memantine Antipsychotic Medications: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Amitriptylineperphenazine, Thiothixene Long acting injections: Risperidone, Aripiprazole, Fluphenazine decanoate, Haloperidol deconoate, Olanzapine Paliperidone palmitate

Domain of Care		Measure	Notes	Codes (To Include in Claims)	
Effective-ness of care	Medication Management and Care Coordination	Transitions of Care (TRC)	<p>Members 18 years of age and older with documentation in the PCP record of the following in 2021:</p> <ul style="list-style-type: none"> • Notification of Inpatient Admission on the day of admission through 2 days after • Receipt of Discharge Information on the day of discharge through 2 days after • Patient Engagement After Inpatient Discharge (e.g., office visits, home visits, telehealth) provided within 30 days after discharge • Medication Reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (documentation of review of both a list of the member's current outpatient medications and the discharge medications, or notation that no medications were prescribed upon discharge). <p>Exclusion: Members in Hospice care</p>	CPT	Transitional Care Management Services and Medication Reconciliation: 99483, 99495, 99496, 1111F
		Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)	<p>Members 18 years of age and older with:</p> <ul style="list-style-type: none"> • ED Visit • Multiple (2 or more different) high-risk chronic conditions (e.g., COPD/asthma; dementia; CKD; major depression; heart failure; MI; atrial fibrillation; stroke) • Follow-Up service within 7 days of the ED visit <p>Exclusion: Members in Hospice care</p>	ICD10CM	COPD Diagnosis: J41.0, J41.1, J41.8, J42, J43.0 – J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J47.0, J47.1, J47.9 Dementia: F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1 G30.8, G30.9, G31.83
				CPT	Complex Care Management Services: 998487-99491 ED Procedure Codes: Over 4,000+ Procedure Starting at 10004-10012, 10021, 10022, 10030, and ending at 69990
	Over-use/ Appropriate-ness	Non-Recommended PSA-Based Screening in Older Men (PSA)	<p>Male members 70 years of age and older who were screened unnecessarily for prostate cancer.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Prostate cancer diagnosis • Dysplasia of the prostate • A PSA test during the year prior to the measurement year (2020) where laboratory data indicate an elevated result or abnormal finding • Dispensed prescription for a 5-alpha reductase inhibitor during the measurement year (2021) • Members in Hospice care 	CPT	PSA-based Screening: 84152-84154



Domain of Care		Measure	Notes	Codes (To Include in Claims)	
Effective-ness of care	Over-use/ Appropriate-ness	Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)	<p>Medicare members 65 years of age and older with:</p> <ul style="list-style-type: none"> Evidence of an underlying disease, condition or health concern Dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis <p>Three rates are reported:</p> <ol style="list-style-type: none"> A history of falls and a prescription for antiepileptics, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, or antidepressants (SSRI's, tricyclic antidepressants, SNRI's) Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents. Chronic kidney disease and a prescription for Cox-2 Selective NSAIDs or non-aspirin NSAIDs <p>NOTE: A lower rate represents better performance for all rates.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder or seizure disorder Members in Hospice care Members receiving palliative care 	ICD10 CM	Any fall or hip fracture ICD10 or CPT code pulls the member into this measure. Dementia: F01.5, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83 Chronic Kidney Disease Stage 4: N18.4
		Use of High-Risk Medications in Older Adults (DAE)	<p>Medicare members 67 years of age and older who received at least two dispensing events for high-risk medications to avoid from the same drug class (except for appropriate diagnoses).</p> <p>NOTE: A lower rate represents better performance.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Members in Hospice care Members receiving palliative care 	Prescription	Members who had two dispensing events for the same high-risk medication
		Use of Opioids at High Dosage (HDO)	<p>Members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90mg) for ≥ 15 days during measurement year (2021)</p> <p>NOTE: Reported as the rate per 1,000. A lower rate indicates better performance.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Cancer Sickle cell disease Members in Hospice care Members receiving palliative care 	Prescription	Members who received prescription opioids at high dosage for ≥ 15 days
		Use of Opioids from Multiple Providers (UOP)	<p>Members 18 years of age and older who received prescription opioids for ≥ 15 days during 2021. Three rates are reported: Above prescriptions received from and/or filled at:</p> <ul style="list-style-type: none"> Multiple Prescribers (four or more different prescribers) Multiple Pharmacies (four or more different pharmacies) Multiple Prescribers and Multiple Pharmacies (both four or more prescribers and four or more pharmacies) <p>Exclusions: Methadone for the treatment of opioid use disorder is excluded from this measure.</p> <ul style="list-style-type: none"> Members in Hospice care 	Prescription	Receiving prescription opioids at high dosage for ≥ 15 days, received from multiple providers 1. Multiple prescribers (four or more prescribers) 2. Multiple pharmacies (four or more pharmacies) 3. Multiple prescribers & pharmacies (both four or more prescribers and four or more pharmacies)
Access/ Availability of Care		Adults' Access to Preventative/ Ambulatory Health Services (AAP)	<p>Members ≥ 20 years with an ambulatory or preventive care visit</p> <ul style="list-style-type: none"> in the measurement year (2021) for Medicaid and Medicare members in the measurement year or two years prior (2019-2021) for Commercial members <p>Exclusion: Members in Hospice care</p>	CPT	98966-98968, 99441 99443, 92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429
		Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	<p>Members with a new episode (60 days negative diagnosis history) of alcohol or other drug (AOD) abuse or dependence</p> <ul style="list-style-type: none"> Initiate treatment within 14 days of the diagnosis through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication-assisted treatment (MAT) Receive at least 2 additional AOD services or MAT within 34 days of the initiation visit <p>Exclusion: Members in Hospice care</p>	CPT	AOD visits: 98960- 98962; 99078; 99201-99205; 99211-99215; 99241-99245; 99341-99345; 99347-99350; 99384-99387; 99394-99397; 99401-99404; 99408-99409; 99411-99412; 99483; 99510

Domain of Care	Measure	Notes	Codes (To Include in Claims)	
Measures Collected Using Electronic Clinical Data Systems	Breast Cancer Screening (BCS-E)	Female members 50-74 years of age are compliant if they had 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. Exclusions: • Members who have had a bilateral mastectomy • Members in Hospice care • Members in palliative care	CPT	77055-77057; 77061-77063; 77065-77067
	Colorectal Cancer Screening (COL-E)	Members 50-75 years of age are compliant if they had one or more of the following screenings: • Colonoscopy in past 10 years (2012-2021) • Flexible sigmoidoscopy in past 5 years (2017-2021) • CT Colonography (e.g., virtual colonoscopy) in the past 5 years (2017-2021) • FIT-DNA (e.g., Cologuard) test in the past 3 years (2019-2021) • Fecal occult blood test (iFOBT or gFOBT) annually (2021) Exclusions: • Diagnosis of colorectal cancer or total colectomy. • Members in Hospice care. • Members in palliative care.	CPT	FOBT: 82270; 82274 FIT-DNA: 81528 Flexible Sigmoidoscopy: 45330-45335; 45337-45342; 45345-45347; 45349-45350 CT Colonography: 74261-74263 Colonoscopy: 44388-44394; 44397; 44401-44408; 45355; 45378-45393; 45398
	Depression Screening and Follow-Up for Adolescents and Adults (DSF)	Members 12 years of age and older who were: • Screened for depression using a standardized tool • If screening was positive, received follow-up care within 30 days (e.g., an outpatient or telephone follow-up visit; a depression case management encounter; a behavioral health encounter; dispensed antidepressant medication) Exclusions: • Members with bipolar disorder in the year prior to the Measurement Period. • Members with depression that starts during the year prior to the Measurement Period. • Members in hospice care	ICD 10 CM	Depression or Other Behavioral Health Conditions:F01.51, F20.0-F20.5, F20.81, F20.89, F20.9
	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)	Members 12 years of age and older who have a: • Diagnosis of major depression or dysthymia and • Had a PHQ-9 or PHQ-A tool administered during an outpatient encounter at least once during a four-month period Two rates are reported: 1. Inclusion in ECDS Rate: The percentage of members 12 and older with a diagnosis of major depression or dysthymia, who are included in an electronic clinical data system(ECDS). 2. Utilization of PHQ-9 Rate: The percentage of PHQ utilization. Members with a diagnosis of major depression or dysthymia who are covered by an ECDS and, if they had an outpatient encounter, have a PHQ-9 score present in their record. Exclusions: • Bipolar disorder • Personality disorder • Psychotic disorder • Pervasive Developmental disorder • Members in Hospice care	ICD-10	Major Depression and Dysthymia: F32.0-F32.5; F32.9; F33.0-F33.3; F43.40-F43.42; F33.9; F34.1
			CPT	Interactive Outpatient Encounters: 90791; 90792; 90832; 90834; 90837; 98960-98962; 99078; 99201-99205; 99211-99215; 99217-99220; 99241-99245; 99341-99345; 99347-99350; 99381-99387; 99391-99397; 99401-99404; 99411-99412; 99483; 99510
			LOINC	PHQ administered: 44261-6; 89204-2
	Depression Remission or Response for Adolescents and Adults (DRR)	Members 12 years of age and older with: • Diagnosis of major depression or dysthymia • An elevated PHQ-9 (total score >9) • Evidence of response or remission within 4-8 months of the elevated score Four rates are reported: 1. ECDS Coverage: Health plan can receive any electronic clinical quality data 2. Follow-Up PHQ-9 within 4-8 months of the elevated score 3. Depression Remission: PHQ-9 score of <5 4. Depression Response: a PHQ-9 score reduction of at least 50% Exclusions: • Bipolar disorder • Personality disorder • Psychotic disorder • Pervasive Developmental disorder • Members in Hospice care	ICD-10 CPT	Major Depression and Dysthymia: F32.0-F32.5; F32.9; F33.0-F33.3; F43.40-F43.42; F33.9; F34.1 Interactive Outpatient Encounters: 90791; 90792; 90832; 90834; 90837; 98960-98962; 99078; 99201-99205; 99211-99215; 99217-99220; 99241-99245; 99341-99345; 99347-99350; 99381-99387; 99391-99397; 99401-99404; 99411-99412; 99483; 99510
	Unhealthy Alcohol Use Screening and Follow-Up (ASF)	Members 18 years of age and older screened for unhealthy alcohol use using a standardized tool (AUDIT, Single-Question Screen). • If screening was positive, received brief counseling or other follow-up care within 2 months (e.g., feedback on alcohol use and harms; identification of high-risk situations for drinking and coping strategies; development of a personal plan to reduce drinking; documentation of receiving alcohol misuse treatment). Exclusions: • Members with history of dementia • Members in Hospice care • Members with alcohol use disorder that starts during the year prior to the Measurement Period.	LOINC	Alcohol Use Disorders identification TEST(AUDIT) screening instrument:75624-7 Single Question Screen: 88037-7;75889-6
	Adult Immunization Status (incorporates the former Pneumococcal Vaccination Coverage for Older Adults (PVC) measure) (AIS)	Members 19 years of age and older who recieved recommended routine vaccines: • Influenza vaccine on or between July 1, 2020 - June 30, 2021 • Td or Tdap on or between January 1, 2012-December 31, 2021 • Zoster (one dose of herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine, at least 28 days apart) anytime on or after the member's 50th birthday • Pneumococcal vaccine on or after the member's 60th birthday Exclusions: • Members in hospice care • Members with active chemotherapy • Members with bone marrow transplant • Members with history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks	CPT	Influenza: 90655; 90657; 90661; 90673; 90685- 90689 Td or Tdap: 90714-91705; 90718 Zoster: 90736 Pneumococcal: 90732

HEDIS Quick Reference Guide

AHF HEDIS Measures for AHF Special Needs (HIV) Medicare Plan - PHP Members:

To be compliant for a HEDIS® measure, valid specific criteria must be followed.

Please use this guide as a reference for meeting health plan-specific HEDIS® measures and apply criteria as applicable.

Domain of Care		Measure	Notes	Codes (To Include in Claims)	
Effective-ness of care	Preven-tion and Screen-ing	Care for Older Adults (COA) - Advance Care Planning	Members 66 years of age and older with: <ul style="list-style-type: none"> The presence of an advance care plan in the medical record. Annual documentation of an advance care planning discussion with the provider including if a patient declines. Notation that the member previously executed an advance care plan. Exclusion: Members in Hospice care	CPT/CPT II	99483, 99497, 1123F-24F, 1157F-58F
				HCPCS	S0257
				ICD-10	Z66
				SNOMED	310301000, 310302007, 310303002, 310305009, 423606002, 425392003, 425393008, 425394002, 425395001, 425396000, 425397009, 699388000, 713058002, 713580008, 713581007, 713600001, 713602009, 713603004, 713662007, 713665009, 714361002, 714748000, 715016002, 718637005, 719238004, 719239007, 719240009, 011000175104, 3021000175108, 3031000175106, 3041000175100, 3061000175101, 4921000175109, 87691000119105
		Care for Older Adults (COA) - Functional Status Assessment	Members 66 years of age and older with: <ul style="list-style-type: none"> Notation that Activities of Daily Living (ADL) were assessed: bathing, dressing, eating, using toilet, walking OR Notation that Instrumental Activities of Daily Living (IADL) were assessed: shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances OR Result of assessment using a standardized pain assessment tool Exclusion: Members in Hospice care	CPT/CPT II	1170F, 99483
				HCPCS	G0438-39
				SNOMED	304492001, 385880002
		Care for Older Adults (COA) - Medication Review	Members 66 years of age and older with both of the following on the same date of service during the measurement year: <ul style="list-style-type: none"> At least one medication review conducted by a prescribing practitioner or clinical pharmacist The presence of a medication list in the medical record 	CPT/CPT II	Medication List: 1159F Medication Review: 99605-06, 90863, 99483, 1160F Transitional Care Management: 99495-96
				HCPCS	G8427
				SNOMED	Medication List: 428191000124101, 432311000124109 Medication Review: 719327002, 719328007, 719329004, 461651000124104
		Care for Older Adults (COA) - Pain Assessment	Members 66 years of age and older with: <ul style="list-style-type: none"> Documentation that the patient was assessed for pain (which may include positive or negative findings for pain) OR Result of assessment using a standardized pain assessment tool 	CPT/CPT II	1125F-26F