

# Quality Metrics

# Care for Older Adults - HEDIS

Care for Older Adults (COA) includes a group of assessments intended to serve as additional preventive screenings for adults age 66 and over. First Choice VIP Care Plus tracks these services as part of our ongoing HEDIS Quality Improvement Program:

- ✓ Advance care planning
- ✓ Pain assessment
- ✓ Functional assessment
- ✓ Medication review/list

First Choice VIP Care Plus is able to assist providers in completing these assessments. These assessments are documented on a COA form and faxed to the PCP office. The form must be filed in the member records in order to satisfy the HEDIS requirement.

# Care for Older Adults - HEDIS

Providers may also satisfy the COA requirement by completing the assessments and documenting them on a claim using the following codes:

Code	Type	Measure	Description
99497	CPT	Advance Care Directive	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional; first 30 minutes, face-to-face with patients, member(s), and/or surrogate.
1157F	CPT II	Advance Care Directive	Advance care plan or similar legal document present in the medical record.
1158F	CPT II	Advance Care Directive	Advance care planning discussion documented in the medical record.
S0257	HCPCS	Advance Care Directive	Counseling and discussion regarding advance directives or end of life planning and decisions, with patient and/or surrogate.
1123F	CPT II	Advance Care Directive	Advance care planning discussed and documented; advance care plan or surrogate decision maker document in the medical record.
1124F	CPT II	Advance Care Directive	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
1159F	CPT II	Medication Review	Medication list documented in medical record.
1160F	CPT II	Medication Review	Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record.
1170F	CPT II	Functional Status Assessment	Functional status assessed.
1125F	CPT II	Pain Assessment	Pain severity quantified; pain present.
1126F	CPT II	Pain Assessment	Pain severity quantified; NO pain present.

Submitting appropriate codes may decrease the need for us to request medical records to review for this information.

# Influenza Vaccine – Consumer Assessment of Healthcare Provider and Systems Survey (CAHPS)

We ask for your help, as a provider, in helping to ensure your patients receive influenza vaccines. Your role in this effort is critical to help avert the considerable toll that influenza takes on the public's health each year.

Per the CDC, although people 65 years old and older can get any injectable influenza vaccine, there are two vaccines specifically designed for people 65 years old and older:

- The “high-dose vaccine” is designed specifically for people 65 years old and older and contains four times the amount of antigen as the regular flu shot. It is associated with a stronger immune response following vaccination (higher antibody production).
- The adjuvanted flu vaccine, Flud<sup>™</sup>, is made with MF59 adjuvant, which is designed to help create a stronger immune response to vaccination.

# Influenza Vaccine - CAHPS

Please be reminded that participating providers will be reimbursed 100% of the Medicare allowable for the influenza vaccines noted below, along with the administration code G0008 for your Medicare patients in our plan:

Code	Labeler Name	Drug Name
90653	Seqirus Inc	Fluad (2020/2021)
90694	Seqirus Inc	Fluad Quadrivalent (2020/2021)
90662	Sanofi Pasteur	Fluzone High-Dose Quadrivalent (2020/2021)
90672	AstraZeneca/MedImmune	FluMist Quadrivalent (2020/2021)
90674	Seqirus Inc	Flucelvax Quadrivalent (2020/2021) (Pres Free)
90682	Sanofi Pasteur	Flublok Quadrivalent (2020/2021)
90686	GlaxoSmithKline Sanofi Pasteur Seqirus Inc	Fluarix Quadrivalent (2020/2021) (Pres Free) & Flulaval Quadrivalent (2020/2021) (Pres Free) Fluzone Quadrivalent (2020/2021) (Pres Free) Afluria Quadrivalent (2020/2021) (Pres Free)
90688	Sanofi Pasteur Seqirus Inc	Fluzone Quadrivalent (2020/2021) Afluria Quadrivalent (2020/2021)
90756	Seqirus Inc	Flucelvax Quadrivalent (2020/2021)

# Controlling Blood Pressure - HEDIS

Our plan is assessed on how well our providers are controlling their patients' (our members') blood pressure through the HEDIS measure, Controlling High Blood Pressure. This measure determines the percentage of patients 60 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled during the measurement year, based on the following criteria:

- Patients 60 to 85 years of age with a diagnosis of diabetes whose BP was less than 140/90 mm Hg.
- Patients 60 to 85 years of age without a diagnosis of diabetes whose BP was less than 150/90 mm Hg.

Only about half of people with high blood pressure have it under control, which means they are at higher risk for heart disease and stroke. Another 1 in 5 adults don't even know they have high blood pressure.

# Controlling Blood Pressure - HEDIS

Before providers can begin to control high blood pressure, it is important to first obtain an accurate blood pressure. Even small inaccuracies of 5 – 10 mm Hg can have considerable consequences. Here are some factors that can affect the accuracy of a blood pressure measures and the magnitude of the discrepancies:

Factor	Magnitude of systolic/diastolic blood pressure discrepancy (mm Hg)
Talking or active listening	10/10
Distended bladder	15/10
Cuff over clothing	5–50/
Cuff too small	10/2–8
Smoking within 30 minutes of measurement	6–20/
Paralyzed arm	2–5/
Back unsupported	6–10/
Arm unsupported, sitting	1–7/5–11
Arm unsupported, standing	6–8/

# Controlling Blood Pressure - HEDIS

Beginning in 2018, the HEDIS measure Controlling Blood Pressure can be reported using CPT II codes. Below are the CPT II codes that correspond to particular systolic and diastolic blood pressure measurements.

Code	Type	Measure	Description
3074F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure less than 130 mm Hg
3075F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure 130-139 mm Hg
3077F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure less than 80 mm Hg
3079F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure 80-89 mm Hg
3080F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure greater than or equal to 90 mm Hg



# Adult BMI - HEDIS

Providers treating our members may report completed Adult BMI Assessments (ABA) using ICD-10-CM codes. This is an important indicator which can be used to screen for weight categories that may lead to health problems.

Submitting appropriate ICD-10-CM codes helps inform us that you have provided the service, and may decrease the need for the health plan to request medical records from your office. However, please note, if medical records are requested, a provider's documentation of BMI is only valid for health plan data collection purposes if the weight and BMI are from the same data source and are recorded in the medical record during the measurement year or year prior to the measurement year.

# Adult BMI HEDIS Guidelines

Below are the ICD-10-CM codes that correspond to particular BMI ranges:

ICD-10-CM Code	BMI Range	ICD-10-CM Code	BMI Range
<b>Z68.1</b>	19.9 or Less	Z68.32	32.0—32.9
<b>Z68.20</b>	20.0—20.9	Z68.33	33.0—33.9
<b>Z68.21</b>	21.0—21.9	Z68.34	34.0—34.9
<b>Z68.22</b>	22.0—22.9	Z68.35	35.0—35.9
<b>Z68.23</b>	23.0—23.9	Z68.36	36.0—36.9
<b>Z68.24</b>	24.0—24.9	Z68.37	37.0—37.9
<b>Z68.25</b>	25.0—25.9	Z68.38	38.0—38.9
<b>Z68.26</b>	26.0—26.9	Z68.39	39.0—39.9
<b>Z68.27</b>	27.0—27.9	Z68.41	40.0—44.9
<b>Z68.28</b>	28.0—28.9	Z68.42	45.0—49.9
<b>Z68.29</b>	29.0—29.9	Z68.43	50.0—59.9
<b>Z68.30</b>	30.0—30.9	Z68.44	60.0—69.9
<b>Z68.31</b>	31.0—31.9	Z68.45	70.0 or greater

# Medication Reconciliation Post Discharge - HEDIS

CMS understands the importance of providing Transitional Care Management (TCM) with Medication Reconciliation Post-discharge (MRP) in order to provide quality care for your patients. Therefore, CMS adopted the MRP HEDIS measure and has also designated it as a Star measure. Medication reconciliation is a review in which the discharge medications are reconciled with the most recent medication list in the outpatient record.

Documentation must be in the outpatient medical record and include evidence of medication reconciliation; the date when it was performed by the prescribing practitioner, registered nurse or clinical pharmacist; and the provider signature.

# Medication Reconciliation Post Discharge - HEDIS

If coding guidelines are met, MRP is reimbursed through two Transitional Care Management service codes 99495 and 99496; otherwise, it can be reported with a non-reimbursable CPT Category II code 1111F. The two TCM codes generally have the same requirements, with the primary difference being the level of decision-making involved, whether it is moderate or high complexity. In order to report these services, the following must be met:

1. The **initial direct contact** with the patient and/or caregiver (includes telephone/electronic) must occur within **2 days** of discharge.
2. The patient **must be seen** within **14 days** of discharge (99495) for those with moderate complexity and within **7 days** of discharge (99496) for those with high complexity.
3. **Medication reconciliation** must be performed and documented within **30 days** of discharge. Other necessary follow-up, such as reviewing labs and scheduling additional services, should also be performed within the 30 days.

We realize not all patients discharged from the hospital require the complex decision making required by TCM services, however it is still important to perform MRP within 30 days. If you perform MRP without TCM, please document this service and submit claims using the appropriate CPT code.

# Urinary Incontinence – Health Outcomes Survey (HOS)

One way CMS monitors the quality of care of beneficiaries enrolled in Medicare Advantage plans is through the Health Outcomes Survey (HOS). One area of inquiry on the HOS survey is urinary incontinence (UI), which can be associated with decreased quality of life. UI affects up to 30% of elderly people; and 85% of long-term care facility residents will suffer with UI. However, the true incidence of this disorder may be underestimated due to the social stigma of UI or the assumption that UI is a normal part of aging.

On the HOS survey, beneficiaries are asked the following questions about UI:

1. Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?
2. During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?
3. ***Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?***
4. ***There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?***

# Urinary Incontinence - HOS

As you can see, questions **3** and **4** ask about conversations beneficiaries have had with their doctors. Because UI is often a sensitive and embarrassing topic for many patients, they may not initiate the discussion if they are experiencing issues with UI.

Therefore, we are looking to our providers to start these conversations with our members, which in turn may help them feel more comfortable discussing these issues. **Simply ask them, “Have you ever leaked urine?”** This simple question may be all it takes to reduce their risk of getting UTIs, suffering from depression, or being institutionalized, and may just result in their having an overall better quality of life.

# Other Quality Measures

- ✓ Breast Cancer Screening
- ✓ Colorectal Cancer Screening
- ✓ Diabetes -
  - Medication Adherence; Eye Exam; Kidney Disease Monitoring; HbA1c Control
- ✓ Plan All-Cause Readmission
- ✓ Follow-up after Hospitalization for Mental Illness
- ✓ Improving or Maintaining Physical and Mental Health
- ✓ Osteoporosis Management in Women who had a Fracture (OMW)
- ✓ Rheumatoid Arthritis Management (ART)

 **FirstChoice**  
**VIP CARE PLUS**  
by Select Health of South Carolina

Healthy Connections   
**PRIME**