

January 2022

<https://provider.amerigroup.com/NJ>

Provider Services: Medicaid: 800-454-3730

Medicare: Refer to your patient's member ID card



# Provider News

## Table of Contents

COVID-19 information — Medicaid   Medicare Advantage	Page 2
<b>Administration</b>	
Resources to support your diverse patient panel — Medicaid	Page 3
The <i>Consumer Assessment of Healthcare Providers and Systems Survey</i> — Medicaid	Page 4
2021 <i>CAHPS Survey</i> results — Medicaid	Page 5
Substance abuse with screening, brief intervention, and referral to treatment in action: improving patient lives — Medicaid	Page 6
Prediabetes education — Medicaid	Page 7
<b>Digital Tools:</b>	
Use Council for Affordable Quality Healthcare ProView for initial credentialing and recredentialing — Medicaid	Page 8
Get your payments faster when you sign up for electronic funds transfer — Medicaid   Medicare Advantage	Page 8
Availity Authorization app available to Amerigroup Community Care providers beginning 2022 — Medicaid   Medicare Advantage	Page 9
<b>Policy Updates</b>	
Medical step therapy updates — Medicare Advantage	Page 10
AIM Specialty Health <i>Radiation Oncology Clinical Appropriateness Guidelines</i> update — Medicare Advantage	Page 10
<b>Prior Authorization:</b>	
Amerigroup Community Care expands specialty pharmacy precertification list — Medicare Advantage	Page 11
Prior authorization updates for medications billed under the medical benefit — Medicaid	Page 11
<b>Products and Programs</b>	
<b>Behavioral Health:</b>	
The <i>Behavioral Health Areas of Expertise Profile</i> improves the referral process — Medicaid	Page 12
<b>Pharmacy</b>	
Botox update for Amerigroup Community Care members — Medicaid	Page 13
<b>Quality Management</b>	
Reducing the burden of medical record review and improving health outcomes with HEDIS ECDS reporting — Medicaid   Medicare Advantage	Page 14

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Submit your information to us using the QR code to the right or click [here](#).



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NJ-NL-0708-21



## COVID-19 information from Amerigroup Community Care

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our members and state partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the New Jersey Department of Health to help us determine what action is necessary on our part. Amerigroup will continue to follow New Jersey Department of Health guidance policies.

For additional information, reference the *COVID-19 News and Resources* section on the homepage of our [website](#).

NJPEC-2059-20

# Administration

Medicaid

## Resources to support your diverse patient panel

As patient panels grow more diverse and needs become more complex, providers and office staff need more support to address patients' needs. Amerigroup Community Care wants to help.

### Cultural competency resources

We have cultural competency resources available on our provider website. The resources available to you include but are not limited to:

- Caring for Diverse Populations toolkit
- MyDiversePatients website
- Provider newsletters
- Language support services

### Caring for Diverse Populations toolkit

This toolkit offers:

- Comprehensive information on working with diverse patients and effectively supporting culture, language, and disabilities in healthcare delivery.
- Tools and resources to help mitigate barriers, including materials that can be printed and made available for patients in your office.
- Regulations and standards for cultural and linguistic services.

### MyDiversePatients website

[MyDiversePatients.com](https://www.mypatients.com) has easy and free access to tools and resources that are accessible from any smartphone, tablet, or desktop. Providers will find continuing medical education courses that cover topics relevant to healthcare disparities and providing culturally competent care and services for diverse individuals:

- Enhanced content regarding culture, language, and various other social determinants of health and their impact on healthcare such as medication adherence
- Information regarding healthcare disparities and the role that providers play in reducing them
- A cultural competency continuum, which can help providers assess their level of cultural competency
- Working effectively with interpreters
- Comprehensive content on serving patients with disabilities

### Provider newsletters

Providers may find educational articles and information related to healthcare disparities and cultural competency in certain newsletters throughout the year. For example, the April 2021 newsletter included an article about African Americans having a higher rate and earlier onset of congestive heart failure when compared to white Americans. This article provides clinical guidance and recommends a combination of neurohormonal modifying agents, such as ACE inhibitors and beta-blockers, in the treatment of congestive heart failure in African American patients. Studies show that the use of neurohormonal modifying agents to treat heart failure in African Americans can reduce mortality rates.

### Language support services

Amerigroup makes the following no-cost language services available for our members with limited-English proficiency or hearing, speech, or visual impairments:

- Over-the-phone interpreter services are available by contacting Provider Services at **800-454-3730**.
- Members can request that an interpreter accompany them to a provider's appointment through their case manager.
- Interpretation is provided by professional oral interpretive services through phone language line or locally contracted interpreter service vendors.
- TTY for the hearing impaired is available.
- All written member materials are produced in English and Spanish and are translated into other languages as needed. Braille, large print, audio, and accessible electronic formats are also available for members upon request.

We encourage providers to use the available resources to improve quality of care for their patients — our members.

NJ-NL-0698-21

## The Consumer Assessment of Healthcare Providers and Systems Survey



The *Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey* is an annual survey and is sent to a random sample of eligible health plan members to measure satisfaction with the health plan and the healthcare they are receiving. Overall levels of satisfaction provide an indication of whether a health plan and its providers are meeting its members' expectations.

Amerigroup Community Care is committed to consistently improving our members satisfaction, and CAHPS results are used to drive new programs and interventions at Amerigroup to do so.

As participating providers, the care you give to our members' impacts their satisfaction with Amerigroup as well as with your service.

The following physician-related measures focus on provider satisfaction and provide opportunities for future improvement:

- Member satisfaction with personal PCPs
- Member satisfaction with specialists
- Getting care quickly
- Getting needed care
- Member satisfaction with the overall healthcare received
- Member satisfaction with coordination of care between providers and Amerigroup

Here are a few tips that may enhance your time with Amerigroup members and help to improve their healthcare experience:

- Be an active listener.
- Ask the member to repeat in their own words what instructions were given to them.
- Rephrase instructions if needed so they are easier to understand.
- Ask members to come prepared with questions prior to their appointment.
- Limit the use of acronyms and medical terminology.
- Be aware of cultural or language barriers.

We are consistently meeting with members and adding new enhancements and benefits to the health plan to improve their care experience.

The *CAHPS Survey* will be distributed again at the end of January 2022, and collection will continue through early May. Please encourage your members to participate and respond to the survey if they receive one.

*CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*

NJ-NL-0695-21



## 2021 CAHPS Survey results

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual standardized survey conducted between January and May to assess consumer experiences with their provider and health plan, received by a random sample of patients. We use the results to measure our performance against our goals and determine the effectiveness of actions implemented to improve.

2021 NCQA Health Plan Star Rating ★★★★☆			
Survey Measures	2021 Rate	2021 All Affiliates Adult Medicaid Average	2020 NCQA Quality Compass® National Average (All LOB)
<b>Getting Care</b>			
Getting Needed Care Composite (% Always or Usually)	80.48%	84.54%	82.96%
Ease of Getting Needed Care (% Always or Usually)	80.74%	86.26%	85.86%
Ease of Seeing a Specialist (% Always or Usually)	80.22%	82.83%	80.11%
Getting Care Quickly Composite (% Always or Usually)	80.77%	82.88%	82.35%
Ease of Getting Urgent Care (% Always or Usually)	83.58%	83.10%	85.03%
Ease of Getting a Check-Up or Routine Care (% Always or Usually)	77.95%	82.66%	79.82%
<b>Satisfaction with Plan Physicians</b>			
Rating of Personal Doctor (% 9 or 10)	60.54%	67.80%	69.24%
Rating of Specialist Seen Most Often (% 9 or 10)	69.32%	67.86%	69.47%
Rating of All Healthcare (% 9 or 10)	55.15%	57.70%	57.67%
Coordination of Care (Always or Usually)	74.03%	83.88%	85.14%
<b>Satisfaction with Plan Services</b>			
Rating of Health Plan (% 9 or 10)	59.20%	59.68%	62.23%

Providers directly affect over half of the questions used for scoring. Amerigroup Community Care offers an online course for providers and office staff designed to teach how to improve communication skills, build patient trust and commitment, and expand your knowledge of the CAHPS Survey. The *Improving the Patient Experience* course is available at no cost and is eligible for one continuing medical education (CME) credit by the American Academy of Family Physicians. Providers can access the course [online](#).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

NJ-NL-0700-21

## Substance abuse with screening, brief intervention, and referral to treatment in action: improving patient lives

### What is substance abuse with screening, brief intervention, and referral to treatment (SBIRT)?

SBIRT is an evidence-based approach to identifying patients who use alcohol and other drugs at dangerous levels. The goal of SBIRT is to reduce and prevent related health consequences, disease, accidents, and injuries. Risky substance use is a health issue that often goes undetected. By incorporating this evidence-based tool, demonstrated to be reliable in identifying individuals with risk for a substance use disorder, significant harm can be prevented.

SBIRT can be performed in a variety of settings, and screening does not have to be performed by a physician. SBIRT incorporates screening for all types of substance use with brief, tailored feedback, and advice. Simple feedback on risky behavior can be one of the most critical influences on changing patient behavior.

### Why use SBIRT?

SBIRT is an effective tool for identifying risky behavior and providing appropriate intervention.

By screening for high-risk behavior, healthcare providers use evidence-based brief interventions focusing on health and consequences, and preventing future problems.

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

- SBIRT reduces costly healthcare utilization.
- SBIRT is reimbursable through Medicaid.
- SBIRT is appropriate for any patient, regardless of age, gender, or health status.

You can find resources on SBIRT on the provider website under [Training Academy](#) > SBIRT Toolkit.

NJ-NL-0697-21





Medicaid

## Prediabetes education

According to the Centers for Disease Control and Prevention (CDC), approximately 88 million American adults — more than one in three — have prediabetes. Of those with prediabetes, more than 84% are unaware they have it. Screening for this condition is important because prediabetes can be reversed if caught early enough. Providers who counsel and support their patients in making healthy lifestyle choices, including improving dietary choices, incorporating exercise, addressing smoking, and reducing alcohol use, can prevent the further development of diabetes.

Additionally, behavioral health providers should screen for prediabetes in patients taking antipsychotic medications. Antipsychotic medications increase the risk of diabetes directly by adversely affecting insulin sensitivity and secretion.

Amerigroup Community Care recommends using a tool such as the [Take the Risk Test](#) to screen patients for prediabetes. Providers can also ask similar questions to determine their patients' risk factors. To support you in the care of our members, Amerigroup has care coordination programs where nurse case managers can help to coordinate care for members with prediabetes and diabetes. Referrals can be made directly by contacting Amerigroup at **800-452-7101, ext. 106-134-2111**, contacting your Provider Experience associate, or by visiting the [Contact Us page](#) on our [provider website](#) for up-to-date contact information.

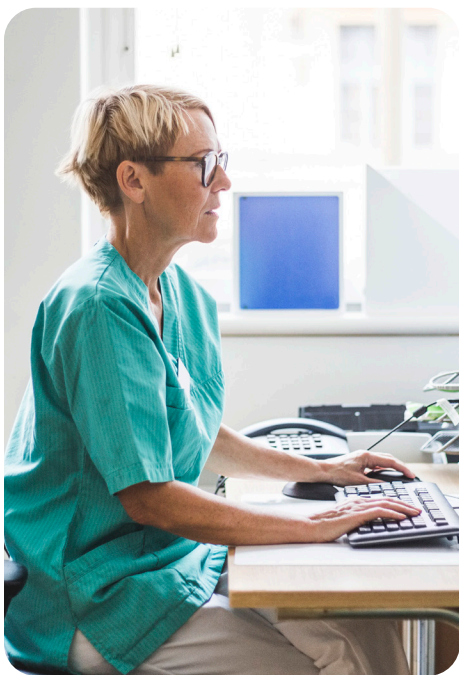
**Amerigroup also uses claims reports to identify members who may need care coordination. When screening members for prediabetes, be sure the following codes are submitted on your claims:**

- ICD-10 code Z13.1 — Encounter for screening for diabetes mellitus
- ICD-10 code R73.03 — Prediabetes

We value our partnership with you and look forward to our continued collaboration so we can ensure quality care and outcomes for our members.

NJ-NL-0702-21





## Medicaid

### Use Council for Affordable Quality Healthcare ProView for initial credentialing and recredentialing

We encourage providers to use the Council for Affordable Quality Healthcare (CAQH) **ProView application** for both initial credentialing and recredentialing.

ProView, a free online service, allows healthcare providers to fill out one application to meet credentialing data needs for multiple organizations. If you are unable to use ProView, you can download the **NJ Universal Physician Credentialing Form**.

NJ-NL-0696-21

## Medicaid | Medicare Advantage

### Get your payments faster when you sign up for electronic funds transfer

Update: Effective November 1, 2021, EnrollSafe will replace CAQH Enrollhub® as the electronic funds transfer (EFT) enrollment website for Amerigroup Community Care providers. As of November 1, 2021, CAQH Enrollhub will no longer offer EFT enrollment to new users.

When you sign up for EFT through <https://enrollsafe.payeehub.org>, the new enrollment website, you'll receive your payments up to seven days sooner than through the paper check method. Not only is receiving your payment more convenient, so is signing up for EFT. What's more, it's easier to reconcile your direct deposits.

### EnrollSafe is safe, secure and available 24 hours a day

Beginning November 1, 2021, log onto the **EnrollSafe enrollment hub** to enroll in EFT. You'll be directed through the EnrollSafe secure portal to the enrollment page, where you'll provide the required information to receive direct payment deposits.

### Already enrolled in EFT through CAQH Enrollhub?

If you're already enrolled in EFT through CAQH Enrollhub, no action is needed unless you are making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.

If you have changes to make, after October 31, 2021, use <https://enrollsafe.payeehub.org> to update your account.

### Electronic remittance advice (ERA) makes reconciling your EFT payment easy and paper-free

Now that you are enrolled in EFT, using the digital ERA is the very best way to reconcile your deposit. You'll be issued a trace number with your EFT deposit that matches up with your ERA on the Availity\* Portal. To access the ERA, log onto [availity.com](https://www.availity.com) and use the *Claims and Payments* tab. Select **Send and Receive EDI Files**, then select **Received Files Folder**. When using a clearinghouse or billing service, they will supply the 835 ERA for you. You also have the option to view or download a copy of the *Remittance Advice* through the Remittance Inquiry app.

\* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

NJ-NL-0631-21/NJ-NL-0699-21



## Availity Authorization app available to Amerigroup Community Care providers beginning 2022

### Submitting prior authorizations is now easier and multi-payer

We know how much easier it is when you have access to digital apps that streamline your work. Thousands of providers already use the Availity\* Authorization app to submit prior authorizations for other payers. Now, we want to make it easier to submit prior authorization requests to Amerigroup by making the app available in 2022 to our providers as well.

### ICR is still available

If you need to refer to an authorization that was submitted through the Interactive Care Reviewer (ICR), you still have access to that information. We have developed a pathway for you to access your ICR dashboard — You simply follow the prompts provided through the Availity Authorization app.

### Innovation in progress

While we grow the Availity Authorization app to provide even greater functionality and to expand Amerigroup-specific prior authorizations, we have provided access to ICR for:

- Appeals
- Behavioral health authorizations
- Federal Employee Program authorizations
- Medical specialty pharmacy authorizations

Notices in the Availity Authorization app will guide you through the process for accessing ICR for these Alternate Authorization/ Appeal functions.

### Begin submitting digital prior authorizations through the Authorization app in 2022

If you aren't already familiar with the Availity Authorization app, live training and recorded webinars are available:

Date	Time (All training sessions are one hour)
Wednesday, January 5, 2022	11 a.m. ET
Tuesday, January 11, 2022	3 p.m. ET
Thursday, January 20, 2022	Noon ET
Tuesday, January 25, 2022	Noon ET
Wednesday, January 26, 2022	3 p.m. ET

You can always log onto [availity.com](https://www.availity.com) to view the webinars at your convenience. From *Help & Training*, select **Get Trained** to access the Availity Learning Center. Select the **Session** tab to see all upcoming live webinars.

**Tip:** To find the authorization training faster, use keyword **AvAuthRef** in the search field.

### Now, give it a try

Eliminate the time and costs associated with faxing prior authorizations by using the Availity Authorization app. It's easy, convenient, and available when you are, 24/7.

Get access by logging onto [availity.com](https://www.availity.com). Under the *Patient Registration* tab, select **Authorizations & Referrals**. The app is easy to navigate with intuitive functions that walk you through the submission.

**Tips:** You will need to have the Authorization Role assignment in order to access the app and to submit prior authorizations. Your organization's Availity administrator can assign the role to you.

If you have questions, please reach out to Availity at **800-282-4548**.

\* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

NJ-NL-0653-21/NJ-NL-0716-21/AGPCRNL-0216-21/AGPCRNL-0385-21

# Policy Updates

## Medicare Advantage

### Medical step therapy updates

Effective February 1, 2022, the following medications will be included in the Part B medical step therapy precertification review. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving nonpreferred medications listed below.

Clinical Criteria	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0075	Rituxan Riabni	Ruxience Truxima
ING-CC-0167	Rituxan Riabni	Ruxience Truxima

*Clinical Criteria* are publicly available on the provider website. Visit the [Clinical Criteria website](#) to search for specific criteria.

AGPCRNL-0382-21

## Medicare Advantage

### AIM Specialty Health Radiation Oncology Clinical Appropriateness Guidelines update

Effective for dates of service on and after March 13, 2022, the following update will apply to the AIM Specialty Health®\* *Radiation Therapy and Proton Beam Therapy Clinical Appropriateness Guidelines*. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

- Removed the Eastern Cooperative Oncology Group (ECOG) status as definition for performance status throughout guidelines.

#### As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access the AIM [ProviderPortal<sub>SM</sub>](#) directly.
  - Online access is available 24/7 to process orders in real time and is the fastest and most convenient way to request authorization.
- Access AIM via the [Availity\\* Portal](#).
- Call AIM directly with provider inquiries at **800-252-2021** from 9 a.m. to 6 p.m. ET.

You may access and download a copy of the current and upcoming guidelines [online](#).

If you have questions related to the guidelines, contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com).

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Community Care. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

AGPCRNL-0370-21

# Policy Updates — Prior Authorization

## Medicare Advantage

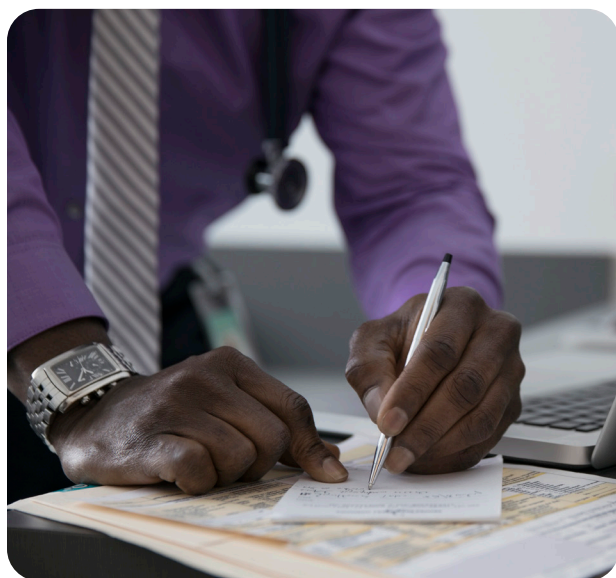
### Amerigroup Community Care expands specialty pharmacy precertification list

Effective for dates of service on and after April 1, 2022, the specialty Medicare Part B drugs listed in the table below will be included in our precertification review process.

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

HCPSC or CPT® code	Medicare Part B drugs
J3490, J3590	Saphnelo
J3490, J3590	Ryplazim
J3590	Rylaze

AGPCARE-1148-21/AGPCARE-1148-21



## Medicaid

### Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after March 1, 2022, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

<i>Clinical Criteria</i>	HCPSC or CPT® code(s)	Drug
ING-CC-0116	J9036	Belrapzo
ING-CC-0161	J9227	Sarclisa
ING-CC-0104	J0642	Khapzory

NJ-NL-0707-21/NJPEC-2879-21

<i>Clinical Criteria</i>	HCPSC or CPT code(s)	Drug
ING-CC-0183	J3590	Sogroya®
ING-CC-0184	J9348	Danyelza®
ING-CC-0185	C9074, J0224	Oxlumo™
ING-CC-0186	J9353	Margenza™
ING-CC-0187	Q2054	Breyanzi®
ING-CC-0188	J3490, J3590	Imcivree™
ING-CC-0189	J1426	Amondys 45™
ING-CC-0190	J3490, J3590, C9399	Nulibry™

NJ-NL-0703-21/NJPEC-2880-21

Note, inclusion of a national drug code on your medical is necessary for claim processing of drugs billed with a not otherwise classified (NOC) code.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria*.





## Medicaid

### **The *Behavioral Health Areas of Expertise Profile* improves the referral process**

The *Behavioral Health Areas of Expertise Profile (BHAEP)* is designed to highlight behavioral health provider services, cultural preferences, race, languages spoken, and other specialties to our members through the enhancement of our online provider directory. The goal is to help our members find the right behavioral health provider to fit their unique needs.

Contracted Medicaid providers are asked to answer a brief online survey on their clinical areas of expertise, demographics, modalities, and accessibility. The data collected provides insight into our behavioral health providers' capabilities, which assists in member referral, and provider network strategy development. Completion of the *BHAEP* does not affect a provider's credentialing materials/status or contract.

#### **By capturing this information, we are able to:**

- Improve identification of specific services and/or specialties.
- Improve the referral process by better identifying provider capabilities.
- Align with competitors that provide this data in their online provider directories.

Currently, the *BHAEP* is being administered in your market. The local health plan completes provider outreach. While data gathered through this tool has proven to be helpful to members, providers, and the health plan, response rates remain low.

View your State's *BHAEP* survey [online](#).

NJ-NL-0689-21

# Products and Programs — Pharmacy

Medicaid

## Botox update for Amerigroup Community Care members

Effective January 1, 2022, CVS Specialty Pharmacy\* and IngenioRx Specialty Pharmacy\* will no longer distribute the brand name drug Botox®, but it will still be available to Amerigroup Community Care members either through buy and bill or through an available retail pharmacy.

### Please note:

- This is not a change in member benefits. This is a change in the Botox vendor only.
- If the member is not using CVS Specialty Pharmacy or IngenioRx Specialty Pharmacy to obtain Botox, no action is needed.



### For Botox managed under a member's medical benefit

Effective January 1, 2022, you will need to buy this drug and bill Amerigroup.

If you have questions regarding a member's medical specialty pharmacy benefits, call Provider Services at **800-454-3730**.

### For Botox managed under a member's pharmacy benefit

Effective January 1, 2022, members who currently obtain Botox through IngenioRx Specialty Pharmacy using their pharmacy benefit must change to another in-network pharmacy that distributes Botox.

If you have questions regarding a member's pharmacy benefit, call Pharmacy Member Services at **833-207-3115**.

*\* CVS is an independent company providing pharmacy services on behalf of Amerigroup Community Care. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care.*

NJ-NL-0690-21

# Quality Management

Medicaid | Medicare Advantage

## Reducing the burden of medical record review and improving health outcomes with HEDIS ECDS reporting

The HEDIS® Electronic Clinical Data Systems (ECDS) reporting methodology encourages the exchange of the information needed to provide high-quality healthcare services.

The ECDS Reporting Standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.

### Benefits to providers:

- Reduced burden of medical record review for quality reporting
- Improved health outcomes and care quality due to greater insights for more specific patient-centered care

ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures.

Learn more about NCQA's digital quality system and what it means to you and your practice [online](#).

### ECDS measures

The first publicly reported measure using the HEDIS ECDS Reporting Standard is the Prenatal Immunization Status (PRS) measure. In 2022, NCQA will include the PRS measure in Health Plan Ratings for Medicaid and Commercial plans for measurement year 2021.

### For HEDIS measurement year 2022, the following measures can be reported using ECDS:

- Childhood Immunization Status (CIS-E)\*
- Immunizations for Adolescents (IMA-E)\*
- Breast Cancer Screening (BCS-E)
- Colorectal Cancer Screening (COL-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)\*
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E) (Accreditation measure for 2021)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)

\* Indicates that this is the first year that the measure can be reported using ECDS

Of note, NCQA added the ECDS reporting method to three existing HEDIS measures: Breast Cancer Screening, Colorectal Cancer Screening, and Follow-Up Care for Children Prescribed ADHD Medication. Initially, the ECDS method will be optional, which provides health plans an opportunity to try out reporting using the ECDS method before it is required to transition to ECDS only in the future.

\* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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