Medicaid

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HEDIS measure

Chronic condition management and CAHPS (measurement year 2022)

Agenda

- **HEDIS® chronic condition management measures:**
  - Hemoglobin A1c Control for Patients With Diabetes (HBD)
  - Blood Pressure Control for Patients With Diabetes (BPD)
  - Eye Exam for Patients With Diabetes (EED)
  - Kidney Health Evaluation for Patients With Diabetes (KED)
  - Statin Therapy for Patients with Diabetes (SPD)
  - Controlling High Blood Pressure (CBP)
  - Statin Therapy for Patients with Cardiovascular Disease (SPC)
  - Pharmacotherapy Management of COPD Exacerbation (PCE)
  - Asthma Medication Ratio (AMR)
- CAHPS®

Continuing education credit

This training awards one continuing medical education unit approved by the American Academy of Family Physicians (AAFP). Healthcare providers should check with accrediting organizations to ensure that AAFP-approved medical education is accepted.

Coding guidance provided does not, nor is it intended to, replace the official coding guidelines or professional coding expertise. Providers should always ensure that documentation supports all codes submitted for conditions and services. Please contact Provider Services at **800-454-3730** for billing/claim-specific questions.

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Hemoglobin A1c Control for Patients With Diabetes (HBD)

Focus group	Service	Frequency
• Members ages 18 to 75 • Diagnosis of type 1 or 2 diabetes	• HbA1c	• Annually

HBD (cont.)

- HbA1C testing:
  - HbA1C should be done at least once during the year.
  - Documentation should include the date of the test and result.
  - Two rates are reported:
    - HbA1c control (< 8%)
    - HbA1c poor control (> 9%)
  - The last A1C test result of the year is captured.
  - American Diabetes Association testing recommendations are:
    - Twice per year for type 2.
    - Quarterly for type 1.

HBD (cont.)

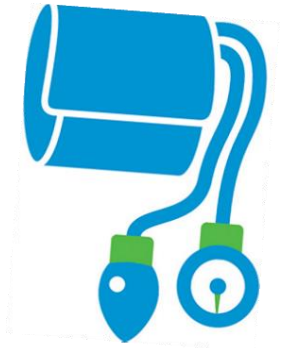
- NCQA changes:
  - This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care measure.
  - Removed the hemoglobin A1c (HbA1c) testing indicator.

Blood Pressure Control for Patients With Diabetes (BPD)

Focus group	Service	Frequency
• Members ages 18 to 75 • Diagnosis of type 1 or 2 diabetes	• Blood pressure	• Annually

BPD (cont.)

- Blood pressure (BP) monitoring:
  - The last BP of the year is captured.
  - For all patients, BP must be < 140/90.
  - BP readings from remote monitoring devices are allowed.
  - BP readings reported by members are allowed.
  - When more than one BP is done on the same date, the lowest systolic reading will be combined with the lowest diastolic reading.



Eye Exam for Patients With Diabetes (EED)

Focus group	Service	Frequency
• Members ages 18 to 75 • Diagnosis of type 1 or 2 diabetes	• Retinal eye exam	• Annually

EED (cont.)

- Retinal eye exam for either type 1 or 2 diabetes:
  - An exam by an optometrist or ophthalmologist in the measurement year is compliant, regardless of result.
  - A negative retinal exam in the previous year is compliant.
  - Bilateral eye enucleation is considered compliant.
  - Eye exams only for refraction do not count.
  - Fundus photography when interpreted by an optometrist or ophthalmologist is compliant.
  - Documentation must include who did the exam, the date of the exam and the results.

EED (cont.)

Sample retinal exam

RetinaVue® Care Delivery Model
Professional Medical Service

Retinal Diagnostic Report

Member name, DOB

DOS

Patient Information

[redacted]

Referring Physician: [redacted]
Referring Clinic: [redacted]

Exam Date: [redacted]
Submission Date: 09/03/2019
Report Date: 9/4/2019
Exam ID: 545967

Retinal Image Assessment and Management Plan

Fundus Photograph of Left Eye (OS):

Fundus Photograph of Right Eye (OD):

Left Eye (OS) Diagnosis:
No diabetic retinopathy

Right Eye (OD) Diagnosis:
No diabetic retinopathy

Diagnosis

ICD-10 Diagnosis Codes:
E11.9 Type 2 diabetes mellitus without complications, E11.9 Type 2 diabetes mellitus without complications

Recommendation and Management Plan:
Follow up photographs in 12 months.

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EED (cont.)

Sample retinal exam (cont.)

[redacted]

Exam and diagnosis

	Right	Left
Vitreous	Normal	Normal

Fundus Exam

	Right	Left
Disc	No neovascularization	No neovascularization
C/D Ratio	0.35 round	0.35 round
Macula	No clinically significant macular edema	No clinically significant macular edema, RPE defect nasal
Vessels	Normal	Normal
Periphery	No diabetic retinopathy	No diabetic retinopathy

[redacted]

- Diagnosis of *diabetes with no complications* is not specific enough.
- There must be assessment of the presence or absence of retinopathy.

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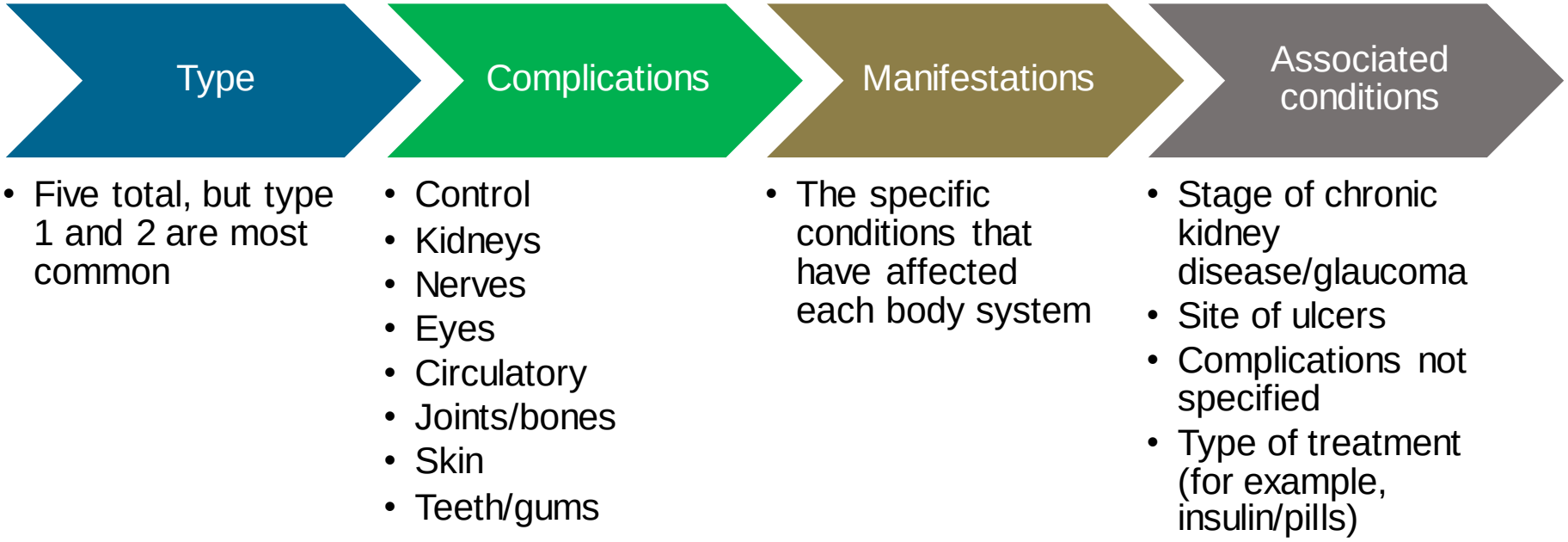
Coding diabetes

Understand coding:

- ICD-10-CM classifies diabetes based on:



Coding diabetes (cont.)

- Understand codes that count toward the measure:
  - Follow ICD-10-CM coding guidelines.
  - Document type 1 diabetes (E10).
  - Document type 2 diabetes (E11).
  - Document presence or absence of retinopathy (E10.9, E11.9).
  - Document CPT® II codes (CPT II: 2022F, 3072F).
- Use as many codes as needed.
- Code uncontrolled diabetes as a complication (hyperglycemia).

Body system	Kidney	Eye	Neurological	Circulatory	Other specified	Unspecified	Without complication
Type 1	E10.2	E10.3	E10.4	E10.5	E10.6	E10.8	E10.9
Type 2	E11.2	E11.3	E11.4	E11.5	E11.6	E11.8	E11.9

This is informational only and is not a guarantee of reimbursement.
Refer to Amerigroup Washington, Inc. billing guides for allowable codes.

Coding diabetes (cont.)

Codes to identify

Service	CPT
HbA1c	83036, 83037
Eye exams	92002-92014, 92018, 92019, 92134, 92225 to 92226, 92230, 92235, 92240, 92250, 92260, 99203 to 99205, 92213-99215, 99242-99245
Nephropathy screening	82042, 82043, 82044, 84156
Evidence of treatment for nephropathy	36800, 50300, 50320, 36810, 50340, 36815, 36818, 50360, 50365, 36819-36821, 50370, 50380, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999
Urine micro-albumin test	81000-81003, 81005

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Refer to Amerigroup billing guides for allowable codes.

CPT II codes

CPT II codes for BPD and EED measures

Service	CAT CPT II
BP systolic ≥ 140	3077F
BP systolic < 140	3074F, 3075F
BP diastolic < 80	3078F
BP diastolic 80-89	3079F
BP diastolic ≥ 90	3080F
Diabetic retinal screening negative	3072F
Diabetic retinal screening with eye care — professional	2022F, 2024F, 2026F
Urine micro-albumin test	81000-81003, 81005

This is informational only and is not a guarantee of reimbursement.
Refer to Amerigroup billing guides for allowable codes.

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CPT II codes (cont.)

CPT II codes for HBD measure

Service	CAT CPT II
HbA1C < 7.0	3044F
HbA1C > 9.0	3046F
HbA1C ≥ 7.0 to < 8.0	3051F
HbA1C ≥ 8.0 to ≤ 9.0	3052F

Kidney Health Evaluation For Patients with Diabetes (KED)

Focus group	• 18 to 85 years of age • Diagnosis of type 1 or 2 diabetes
Required testing	• eGFR – estimated glomerular filtration rate AND • uACR – based on a urine creatinine test + a quantitative urine albumin test
Frequency	• Both tests are to be done at least annually

Note: Sample, Calibri size 11.

Statin Therapy for Patients with Diabetes (SPD)

Focus group	Service	Frequency
• Members ages 40 to 75 with diabetes diagnosis who do not have atherosclerotic cardiovascular disease (ASCVD) diagnosis	• Received statin therapy during the measurement year • Statin adherence	• Dispensed at least one statin medication of any intensity • Remained on a statin of any intensity for 80% of the treatment period

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SPD (cont.)

High- and moderate-intensity statin medications

Description	Prescription	
High-intensity statin therapy	• Atorvastatin 40 to 80 mg • Amlodipine-atorvastatin 40 to 80 mg • Ezetimbe-simvastatin 80 mg	• Rosuvastatin 20 to 40 mg • Simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10 to 20 mg • Amlodipine-atorvastatin 10 to 20 mg • Rosuvastatin 5 to 10 mg • Simvastatin 20 to 40 mg • Ezetimbe-simvastatin 20 to 40 mg	• Pravastatin 40 to 80 mg • Lovastatin 40 mg • Fluvastatin 40 to 80 mg mg bid • Pitavastatin 1 to 4 mg

SPD (cont.)

Low-intensity statin medications

Description	Prescription	
Low-intensity statin therapy	• Ezetimbe-simvastatin 10 mg • Fluvastatin 20 mg • Lovastatin 10 to 20 mg	• Pravastatin 10 to 20 mg • Simvastatin 5 to 10 mg

Controlling High Blood Pressure (CBP)

Focus group	Service	Frequency

• Members ages 18 to 85
• Diagnosis of hypertension on at least two visits between January 1 of the prior year and June 30 of the measurement year
	• BP is regularly monitored and controlled at a level < 140/90	• BP readings on or after second diagnosis at all visits
		• Visit types:
		  • Outpatient
		  • Telehealth
		  • Telephone
		  • E-visit or virtual check-in

CBP (cont.)

- Documentation:
  - Inclusion of administrative supplemental data is accepted.
  - Member reported readings are now allowed.
  - BP readings from a remote device may be used.
  - Threshold for all ages is now < 140/90.
  - The last BP of the year is captured.
  - Monitor BP at each visit:
    - If the reading is over target range, retest later in the visit.
  - When more than one BP is done on the same date, the lowest systolic reading will be combined with the lowest diastolic reading.

CBP (cont.)

- Educate staff regularly on proper BP technique.
- Make multiple sizes of cuffs available for more accurate readings.
- Educate members and their caregivers about elements of a healthy lifestyle such as:
  - Heart healthy eating.
  - Smoking cessation and avoiding secondhand smoke.
  - The benefits of regular exercise.
  - The importance of taking prescribed medications as ordered.
  - Identifying and addressing barriers to adherence.

CBP (cont.)

Diagnoses	ICD-10	CPT Category II codes
Essential (primary) hypertension includes: • High blood pressure • Hypertension (arterial, benign, essential, malignant, primary, systemic)	I10	3074F: systolic BP < 130 3075F: systolic BP 130-139 3077F: systolic BP ≥ 140 3078F: diastolic BP < 80 3079F: diastolic BP 80-89 3080F: diastolic BP ≥ 90

Procedure/service	CPT codes
Outpatient office visits	99202-99205, 99211-99215, 99381-99383, 99391-9393

This is informational only and is not a guarantee of reimbursement.
Refer to Amerigroup billing guides for allowable codes.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Focus group	Service	Frequency
• Males ages 21 to 75 and females 40 to 75 years of age • Identify as having clinical ASCVD	• Receive statin therapy • Statin adherence	• Dispensed at least one high- or moderate-intensity statin medication during measurement year • Remained on the statin for at least 80% of the treatment period

SPC (cont.)

High- and moderate-intensity statin medications

Description	Prescription	
High-intensity statin therapy	• Atorvastatin 40 to 80 mg • Amlodipine-atorvastatin 40 to 80 mg • Ezetimbe-simvastatin 80 mg	• Rosuvastatin 20 to 40 mg • Simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10 to 20 mg • Amlodipine-atorvastatin 10 to 20 mg • Rosuvastatin 5 to 10 mg • Simvastatin 20 to 40 mg • Ezetimbe-simvastatin 20 to 40 mg	• Pravastatin 40 to 80 mg • Lovastatin 40 mg • Fluvastatin 40 to 80 mg bid • Pitavastatin 2 to 4 mg

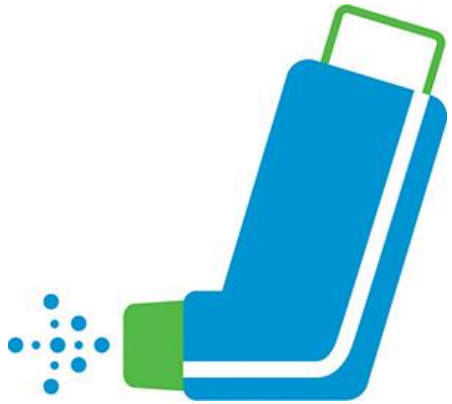
Pharmacotherapy Management of COPD Exacerbation (PCE)

Focus group	Service	Frequency

• Members ages 40 and older with a diagnosis of:
  • Chronic obstructive pulmonary disease (COPD)
  • Chronic bronchitis
  • Emphysema
	• Appropriate medications were dispensed following an acute inpatient discharge or emergency department (ED) visit for COPD exacerbation	• Systemic corticosteroid within 14 days of inpatient discharge or ED visit
		• Bronchodilator within 30 days of inpatient discharge or ED visit

PCE (cont.)

- Review discharge medications for **both** systemic corticosteroid and bronchodilator.
- Schedule regular follow-up visits to review medication adherence.
- Include in the record all discussions and education about the COPD process, including:
  - Medication management along with proper use of inhalers.
  - Member barriers to adherence.
  - Smoking cessation assistance as needed.



PCE (cont.)

Systemic corticosteroid medications

Description	Prescription	
Glucocorticoids	• Cortisone-acetate • Dexamethasone • Hydrocortisone	• Methylprednisolone • Prednisolone • Prednisone

PCE (cont.)

Bronchodilator medications

Description	Prescription	
Anticholinergic agents	• Aclidinium bromide • Ipratropium	• Tiotropium • Umeclidinium
Beta-2 agonists	• Albuterol • Arformoterol • Formoterol • Indacaterol • Levalbuterol	• Metaproterenol • Salmeterol • Olodaterol hydrochloride • Olodaterol-tiotropium
Bronchodilator combinations	• Albuterol-ipratropium • Budesonide-formoterol • Dyphylline-guaifenesin • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol • Formoterol-aclidinium	• Formoterol-glycopyrrolate • Formoterol-mometasone • Idacaterol-glycopyrrolate • Umeclidinium-vilanterol

PCE (cont.)

CPT	
ED visits	99281-99285

ICD-10	
Chronic bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0-J43.2, J43.8 J43.9
COPD	J44.0, J44.1, J44.9

This is informational only and is not a guarantee of reimbursement.
Refer to Amerigroup billing guides for allowable codes.

Asthma Medication Ratio (AMR)

Focus group	Service	Frequency

• Members 5 to 64 years of age with persistent asthma	• Visit types with a principal diagnosis of asthma:
	  • ED
	  • Acute inpatient
	  • At least four outpatient, telephone, e-visits, or virtual check-ins
		• Rate of asthma controller medications dispensed versus total asthma medications of 0.50 during the measurement year

AMR (cont.)

- The member must be diagnosed with persistent asthma:
  - **Mildly persistent:** symptoms two or more days per week and wake up three to four nights per month
  - **Moderate persistent:** symptoms every day and wake up one or more nights per week
  - **Severely persistent:** symptoms during the day and wake up every night

- Intermittent asthma does not apply: symptoms less than twice per week and wake up less than two nights per month.

AMR (cont.)

- The ratio is based on the patient being prescribed both an asthma controller and a relief (rescue) medication.
- The calculation is based upon the number of times (units) each prescription is filled within the measurement year.
- A unit of medication is a 30-day fill of one medication.
- The calculation equals the total number of units of controller medications divided by the total units of all asthma medications.

$$\frac{\text{Units of controller medications}}{\text{Units of total asthma medications}}$$

- The goal is for .50 or 50% of fills to be for controller medications.

AMR (cont.)

Controller medications

Description	Antiasthmatic combinations	Antibody inhibitors	Anti-interleuken-5	Anti-interleukin-4
Prescription	Dyphylline-guaifenesin	Omalizumab	Benralizumab Mepolizumab Reslizumab	Dupilumab

Description	Inhaled steroid combinations	Inhaled corticosteroids	Leukotriene modifiers	Methylxanthines
Prescription	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone	Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone Mometasone	Montelukast Zafirlukast Zileuton	Theophylline

AMR (cont.)

Asthma reliever medications — short-acting bronchodilators:

- Albuterol
- Levalbuterol

Medical Assistance with Smoking and Tobacco Use Cessation (MSC)

MSC (cont.)

- Smoking cessation and tobacco use are assessed through survey responses from members as part of the CAHPS survey.

- Three components of this measure are assessed during the measurement year from a rolling average of smokers/tobacco users ages 18 and older:
  1. A percentage of those who received advice on quitting
  2. A percentage of those who discussed or were recommended cessation medications
  3. A percentage of those who discussed or were recommended cessation methods or strategies

MSC (cont.)

- The recent survey of smokers showed:
  - 35% reported never being advised to quit.
  - 55% reported never having a discussion about cessation medications.
  - 57% reported never having a discussion about cessation strategies.

- Based on these numbers, we need to do more to support smokers quitting.

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MSC (cont.)

- Vaping is growing among teens and young adults as well as people who use vaping to withdraw from tobacco products:
  - Problems related to vaping:
    - Nicotine addiction
    - Lung damage from some vaping products
- According to the CDC, vaping rates in 2019 were 27.5% of high school students and 10.5% of middle school students.
- Washington Department of Health (DOH) is gathering information from providers regarding health issues related to vaping. Use the form found here: https://www.doh.wa.gov/Portals/1/Documents/1500/WA_EVALI_Evaluation%20worksheet_11_4_19.pdf.

MSC (cont.)

- DOH information for providers and patients including current investigation of vaping injury, apps, and other resources: https://www.doh.wa.gov/Emergencies/VapingAssociatedLungInjury

- CDC information on vaping for parents and providers: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

MSC (cont.)

ICD-10
F17.2 — nicotine dependence
F17.22 — nicotine dependence, chewing tobacco
F17.29 — nicotine dependence, other tobacco product
F17.20 — nicotine dependence, unspecified
F17.21 — nicotine dependence, cigarettes

CPT
99407 — intensive smoking cessation counseling > 10 minutes (limited to one per day)

HCPCS
T1016 — referral for tobacco cessation

This is informational only and is not a guarantee of reimbursement.
Refer to Amerigroup billing guides for allowable codes.

MSC (cont.)

- Refer patients who are ready to explore quitting:
  - Washington State Tobacco Quitline:
    - https://2morrowhealth.net/WADOH#waquitline
    - **1-800-QUIT-NOW** (**1-800-784-8669**)
  - Amerigroup members ages 13 and older may enroll in Quit for Life, the state's smoking cessation program:
    - https://www.quitnow.net
    - **1-866-QUIT-4-LIFE** (**1-866-784-8454**)

MSC (cont.)

- Amerigroup provides additional resource information and local tobacco cessation program promotion via collaborative partnerships.

- Amerigroup also pays PCPs for smoking cessation referral evaluations, smoking cessation prescription evaluation and face-to-face counseling for all members ages 18 years and older:
  - Intensive smoking cessation counseling:
    - (Procedure 99407 for greater than 10 minutes) limited to one per day.
  - Two cessation counseling attempts (or up to eight sessions) are allowed every 12 months. An attempt is defined as up to four cessation counseling sessions.

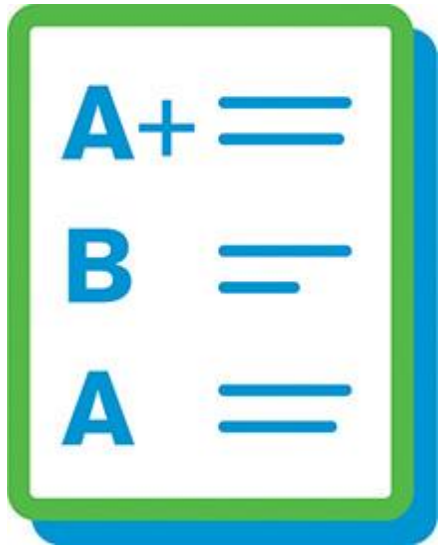
CAHPS: feedback from Apple Health members

Consumer Assessment of Healthcare Providers and Systems (CAHPS):

- CAHPS is a survey that is done at the same time as the HEDIS project in the first part of each year.
- The survey is designed to get feedback from our members about their level of satisfaction with our services.
- The survey results are reported for each health plan and national rates for the responses.

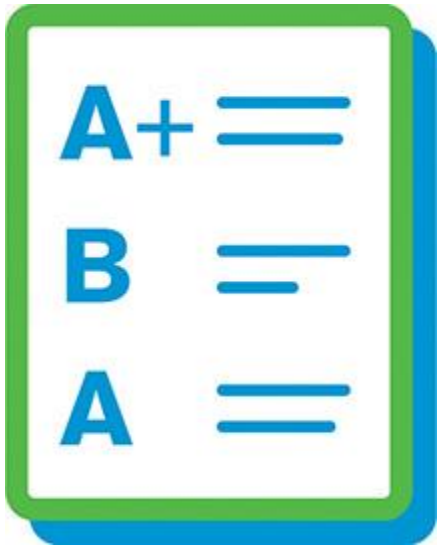
CAHPS (cont.)

- Coordination of care
- Global rating of overall satisfaction:
  - All healthcare
  - Health plan
  - Personal doctor
  - Specialists
- Responses in key areas:
  - Getting needed care
  - Getting care quickly
  - How well doctors communicate
  - Customer service



CAHPS (cont.)

Getting Care Quickly tips:



- Offer weekend/evening appointments to accommodate your patients' schedules.
- Consider assigning staff dedicated to preliminary work-up activities.
- If possible, leave a few appointments available each day for urgent visits.
- Offer visits to members to see nurse practitioners or physician assistants.
- Remind patients they can call the 24/7 NurseLine, located on the back of their member ID card, available seven days a week for health-related questions.
- Remind patients when you are not able to accommodate appointments that Amerigroup covers visits to Live Health Online (LHO*) telemedicine at no cost to them. Visit www.livehealthonline.com to sign up.

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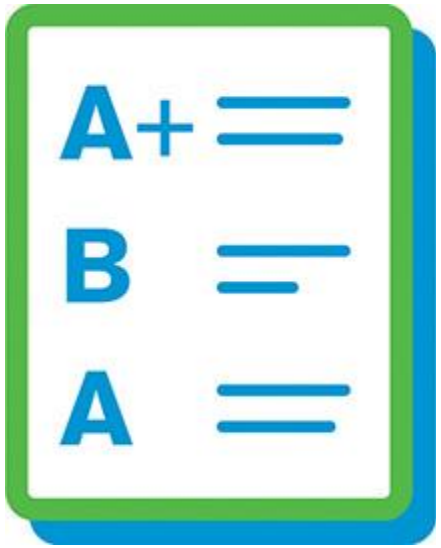
CAHPS (cont.)

Getting Needed Care tips:

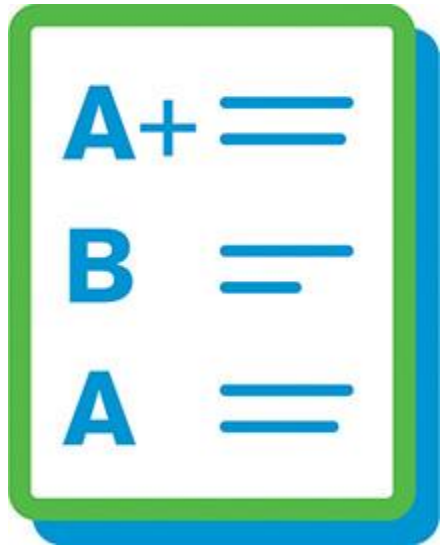
- Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
- Write down details regarding visits and referrals to a specialist for the patient.
- If possible, leave a few appointments available each day for urgent visits.
- Review all available treatment options for the patient in their language.
- Avoid using medical terms that could confuse the patient.
- Provider offices should schedule follow-up appointments for needed screenings, tests, treatments and exams for patients while they are in the office for their visit.



CAHPS (cont.)

Coordination of Care tips:

- Regularly talk to your patients about any specialists or other physicians they have seen. Ask about the care they received and if they were given any reports or notes.
- Consider implementing a reminder in the medical record to request test results or follow-up reports. This will ensure appropriate follow-up for the patient.
- Keep an open dialogue with your patient and discuss their previous medical history.
- Set an expectation for the patient so they know when they will receive a follow-up call or test results. If this process is not part of the office protocol, make sure the patient is aware so they understand how they can obtain their results or follow-up.



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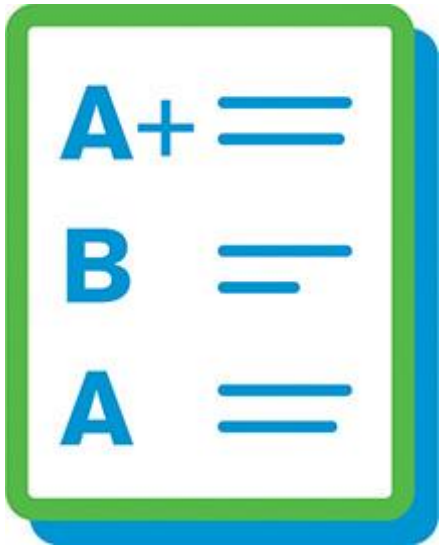
CAHPS (cont.)

How Well Providers Communicate tips:



- Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
- Ensure there is enough time for each patient's appointment to allow time for communication between physician and patient. Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit.
- Listen to your patient's needs. Avoid using terms that could confuse the patient.
- Take feedback from your patients by providing short survey cards to see how the office can improve.
- Offer a visit summary to the patient that includes any treatment, goals or action plans that were discussed, and prescriptions and what the medications are for, including side effects.
- Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit.

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CAHPS (cont.)

- **Most common concerns regarding providers:**
  - "*The provider did not listen to me.*"
  - "*The provider did not review my medical record and history.*"
  - "*The appointment felt rushed.*"
  - "*The provider did not seem to care about me.*"

CAHPS (cont.)

- Focus on responding to patients and their needs.
- Take time to listen.
- Effective communication with providers leads to:
  - Better adherence to medical care.
  - Lower ED and hospitalization rates.
  - Positive outcomes.

Resources for your patients

- Washington Recovery Help Line:
  - **866-789-1511**
  - https://www.warecoveryhelpline.org

- Homelessness: ICD-10-CM code Z590:
  - Dial **211**
  - http://wliha.org/resources/find-affordable-housing

Additional resources

- Refer patients who are ready to explore quitting:
  - Washington State Tobacco Quitline:
    - https://2morrowhealth.net/WADOH#waquitline
    - **800-QUIT-NOW** (**800-784-8669**)

  - Amerigroup members ages 13 and older may enroll in Quit for Life, the state's smoking cessation program:
    - https://www.quitnow.net
    - **866-QUIT-4-LIFE** (**866-784-8454**)

Additional resources

- NCQA HEDIS quality measure information: https://www.ncqa.org/hedis/reports-and-research/ncqas-health-plan-ratings-2021

- CAHPS: https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/index

Questions?

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* LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Amerigroup Washington, Inc.

https://provider.amerigroup.com