

HEDIS measures

Adult prevention and screening
(HEDIS measurement year [2023])



Agenda

Adult screening and prevention measures ([50] minutes):

- Chlamydia Screening in Women (CHL)
- Cervical Cancer Screening (CCS and CCS-E)
- Colorectal Cancer Screening (COL and COL-E)
- Breast Cancer Screening (BCS and BCS-E)
- Prenatal And Postpartum Care (PPC)
- Prenatal Depression Screening and Follow-up (PND-E)
- Postpartum Depression Screening and Follow-up (PDS-E)
- Flu Vaccinations For Adults Ages 18 To 64 (FVA)
- Flu Vaccinations For Adults Ages 65 And Older (FVO)
- Adult Immunization Status (AIS-E)

CAHPS® resources ([10] minutes):

- Question and answer session
- Patient resources
- Provider resources



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 **833-731-2274**, Monday through Friday, 8 a.m. to 5 p.m. PT, if you have billing or claim-specific questions.



Chlamydia Screening in Women (CHL)

Focus group

- Women ages [16 to 24]
- Sexually active in the measurement year

Service

- A chlamydia test

Frequency

- At least [one] test during the measurement year



CHL (cont.)

Tips:

- Urine screen for chlamydia for members [16 years] and older can be done during adolescent well-care visits.
- Testing should be done yearly.
- Sexual history of adolescent members should be noted.
- If chlamydia testing is not done by your providers, refer members to an OB/GYN and have results sent to you.
- Documentation must contain the date of the test and the results.



CHL (cont.)

Understand the codes that apply to the CHL measure:

[CPT®]	LOINC*
87110, 87270, 87320, 87490-87492, 87810	14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6]

* LOINC — Logical Observation Identifiers Names and Codes

This chart is informational only and is not a guarantee of reimbursement.

Refer to Wellpoint billing guides for allowable codes.



Cervical Cancer Screening (CCS and CCS-E)

Focus group

Women ages [24 to 64] as of [December 31] of the measurement year

Service

Cervical cytology

High-risk HPV testing

Cervical cytology/hrHPV cotesting

Frequency

Ages [21 to 64] — cervical cytology every three years

Ages [30 to 64] — cervical high-risk HPV testing every five years

Ages [30 to 64] — cervical cytology/hrHPV cotesting every five years



SPECIMEN SOURCE: A. THIN LAYER PAP (SurePath) with HPV Regardless, Cervical/ Endocervical
PROVIDED INFORMATION:

FINAL DIAGNOSIS

CYTOLOGIC INTERPRETATION:
Negative for intraepithelial lesion or malignancy.

MOLECULAR PATHOLOGY RESULTS:
HPV DNA Probe High Risk - Negative

MOLECULAR PATHOLOGY COMMENT:
No high-risk HPV DNA is detected in the current testing.

The Cervista HPV HR test is an in vitro diagnostic test for the qualitative detection of DNA from the 14 high-risk Human Papillomavirus (HPV) types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) in cervical specimens. The Cervista HPV HR test cannot determine the specific HPV type present.

SPECIMEN ADEQUACY:
Satisfactory for evaluation.
Endocervical and/or benign metaplastic cells absent.

TECHNICAL NOTES:
This specimen was received in a vial of liquid-based fixative and was processed using thin layer Pap technology.

The Pap smear is a screening test designed to aid in the detection of premalignant conditions of the uterine cervix. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Both false-positive and false-negative reports do occur.

This document contains private and confidential health information by state and federal law. If you have received in error, please call 888-814-6277.

FDA GUIDELINES NOTE:
The HPV test was performed using Surepath Liquid-Based Cytology media. Performed testing was internally validated. FDA approval is not required for Cervista HPV HR Invader when proper internal validation studies have been completed. This test was performed at InCyt Diagnostics, 13103 E. Mansfield Ave., Spokane Valley, WA 99216 using the Cervista HPV HR Invader chemistry, a signal amplification method for detection of specific nucleic acid sequences.



CCS (cont.)

SPECIMEN DESCRIPTION: ThinPrep Imaged Liquid Pap Test

Test type

CLINICAL INFORMATION: Date Previous Pap: 5 years

DATE OF LAST MENSTRUAL PERIOD: 07/03/2019

PAP INTERPRETATION:

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

SPECIMEN ADEQUACY:

Satisfactory for evaluation. Endocervical/transformation zone component present.

Result

NOTES:

ThinPrep specimen imaged unsuccessfully requiring manual screening.

[ThinPrep Imager Duo. Hologic, Inc, Marlborough, MA]

MOLECULAR RESULTS

NEGATIVE for High Risk HPV.

HPV Result



Exceptions:

Mandatory exceptions:

- Palliative care
- Notation of *hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix*
- Members who died during the measurement year

Hysterectomy exceptions that apply:

- Complete, total, or radical hysterectomy (abdominal, vaginal, or unspecified)
- Hysterectomy plus vaginal PAP smear
- Vaginal hysterectomy (new this year)
- Documentation of hysterectomy and PAP smear is no longer required



CCS (cont.)

Understand the codes that apply to the CCS measure:

Cervical cytology codes

CPT	ICD-10	LOINC
88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

HPV codes*

CPT	LOINC
87624	21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0

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



Colorectal Cancer Screening (COL and COL-E)

Focus group

The percentage of members [45 to 75] years of age who had appropriate screening for colorectal cancer

Service

Defined screenings:

FOBT/FIT testing

Flexible sigmoidoscopy

Colonoscopy

CT colongraphy

Frequency

Dependent on screening type



COL (cont.)

COL screening	Frequency
FOBT	During the measurement year
Flexible Sigmoidoscopy	During the measurement year or the four years prior to the measurement year
Colonoscopy	During the measurement year or the nine years prior to the measurement year
CT colonography	During the measurement year or the four year prior to the measurement year
Stool DNA (sDNA) with FIT test	During the measurement year or the two years prior to the measurement year



COL (cont.)

Understand the codes that apply to the COL measure:

Description	CPT/HCPCS
Colonoscopy	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378, 45379, 45380-45393, 45398 HCPCS: G0105, G0121
FOBT lab test	CPT: 82270, 82274 HCPCS: G0328
CT colonography	CPT: 74261-74263
Fit DNA lab test	CPT: 81528 HCPCS: G0464
Flexible sigmoidoscopy	CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS: G0104
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443



Note: The codes listed are informational only; this information does not guarantee reimbursement.

COL (cont.)

Understand the codes that apply to the COL measure:

Description	CPT/HCPCS
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino]

Note: The codes listed are informational only; this information does not guarantee reimbursement.



Exclusions:

- Members who had colorectal cancer or a total colectomy anytime during the member's history through [December 31] of the measurement year.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died any time during the measure.
- Members receiving palliative care anytime during the measurement year.



Breast Cancer Screening (BCS and BCS-E)

Focus group: Women ages [52 to 74] as of [December 31] of the measurement year

Service: Mammogram or digital breast tomosynthesis

Frequency: [One] or more tests — [October 1] [two] years prior through [December 31] of measurement year

Not counted for HEDIS[®]: biopsies, MRIs, ultrasounds



Tips:

- Digital breast tomosynthesis is an approved method of screening:
 - Provides 3-D imaging ([11] images) of the breast compared to [two] views of the breast with a traditional mammogram
 - More comfortable as it requires less compression pressure to hold the breast tissue in place
 - Check for availability at radiology centers
 - Palliative care a required exclusion



BCS (cont.)

Reason For Exam

Screening

Report

Exam: Bilateral mammogram

TEST



Breast tomosynthesis was performed. Images are viewed using a high-resolution digital screen. The results of the Hologic computer-aided detection were incorporated in the final assessment.

Comparison studies 5/17/2017, 1/20/2016, 8/21/2013, 8/29/2011, 8/31/2009, 8/27/2029

Bilateral Breast Findings:

The breasts are mostly scattered fibroglandular tissue. Loose grouping of calcifications left breast stable. No significant masses, calcifications or other abnormalities are seen.

Impression:

Bilateral breasts, BI-RADS category 2:

Benign, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

Overall assessment: Benign.



BCS (cont.)

Tips:

- Reach out to members to schedule screenings prior to their annual exam visits.
- Include a schedule for breast screening on a preventive medicine chart in the medical record.
- If breast screening is done by another provider, request a copy of the test.
- Discuss the need for testing with patients.
- Ask about patient's previous experiences to determine likelihood of complying with testing.



BCS (cont.)

- Understand the codes that apply to the BCS measure.
- Digital breast tomosynthesis has been added to coding below:

Procedure	CPT codes
Unilateral mammogram with CAD*	77065
Bilateral mammogram with CAD	77066
Bilateral screening with CAD	77067
Digital breast tomosynthesis, unilateral	77061
Digital breast tomosynthesis, bilateral	77062
Screening digital breast tomosynthesis, bilateral	77063

*Computer-aided detection (CAD) no longer needs to be coded separately.

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



Prenatal and Postpartum Care (PPC)

Focus group

Who: pregnant member whose deliveries resulted in a live birth

When: on or between [October 8] of the previous year and [October 7] of the measurement year

Prenatal care

What: a prenatal care visit

When: In the first trimester on or before the enrollment start date or within [42 days] of enrollment

Postpartum care

What: a postpartum care visit

When: On or between [7 to 84 days] after delivery



PPC: types of prenatal care visits

A visit with a diagnosis of pregnancy by [one] of the following:

- Documentation in a standard prenatal flow sheet
- Last menstrual period (LMP), estimated date of delivery (EDD), or gestational age
- Positive pregnancy test result
- Gravity and parity
- Complete OB history
- Prenatal risk assessment and counseling/education

A basic OB exam including [one] of the following:

- Auscultation for fetal heart tone
- Pelvic exam with OB observations
- Measurement of fundus height



PPC: types of prenatal care visits (cont.)

Evidence that a prenatal care visit was performed by [one] of the following:

- Obstetric panel that must include:
 - Hematocrit.
 - Differential white blood cell (WBC).
 - Platelet count.
 - Hepatitis B surface antigen.
 - Rubella antibody.
 - Syphilis test.
 - Red blood cell (RBC) antibody screen.
 - Rh and ABO blood typing.
- TORCH antibody panel.
- Rubella antibody titer and (ABO/Rh) blood typing.
- Echography (ultrasound) of the uterus.



PPC: documentation example

Example of documentation for a prenatal care visit in a prenatal flowsheet including:

- Estimated gestational age at [10] weeks.
- Ultrasound result.

Prenatal Flowsheet														
Fundus	Pres	FHR	FM	PLS	Cervix Exam	BP	Wt	Edema	Glucose	Blood	Protein	Albumin	Ketones	Nitrite
09/11/2017	10 wks 1 days	kkleiderer												
10 wks						100/60 sitting	121 lbs							
Comments: Kelsey and Joshua present today for new ob visit. Pt has limited time - opts for labs today and PE next visit. Nausea, coping. Reviewed sonogram. Pt's mother had "half a uterus." Discussed genetic screening options, pt declines.														



PPC: documentation example

A prenatal visit with LMP (or EDD) and complete OB history.

GYN History

Reviewed GYN History
 Duration of Flow (days): 6.
 Date of LMP: 07/23/2017.
 Menses Monthly: N.
 LMP: Approximate.
 Flow: Heavy.
 Frequency of Cycle (Q days): 28.
 Age at First Child: 20.
 Age at Menarche: 12.
 Current Birth Control Method: Pregnant.
 On BCP's at Conception?: N.
 Sexually Active?: Y.

Obstetric History

Reviewed Obstetric History

TOTAL	FULL	PRE	AB. I	AB. S	ECTOPICS	MULTIPLE	LIVING
9	4		1	2			4

Past Pregnancies

Date	# Fetuses	GA Wks	Labor Length	Birth Weight	Sex	Delivery Type	Outcome	Anesthesia	Delivery Place	Preterm Labor	Notes	Source
2002	1	40		6 7 lbs. oz.	M	NSVD						historical
2003	1	40		6 13 lbs. oz.	M	NSVD						historical
2010	1	40		8 4 lbs. oz.	M	NSVD						historical
02/23/2017	1	41.5		9 3 lbs. oz.	F	NSVD	Full Term Birth		Deaconess N Medical Center		NCx1 apgars 8/9 at 1257 cord inserted @edge of	episode



PPC: postpartum care visit

- Postpartum visits can occur within seven to [84 days] ([1 to 12 weeks]) after delivery with an OB/GYN, CNM, or PCP.
- A postpartum visit may include [one] of the following:
 - Pelvic exam
 - Evaluation of weight, blood pressure, abdomen, and breasts (Documentation of breastfeeding is acceptable.)
 - Notation of postpartum care:
 - *Postpartum* care or *PP* care
 - *PP* check or [six-week] check
 - *Postpartum Care* form
- Perineal or cesarean incision/wound check



PPC: postpartum care visit (cont.)

A postpartum visit may also include [one] of the following:

- Screening for the following:
 - Depression or anxiety
 - Tobacco use or substance use disorder
 - Pre-existing mental health disorder
- Glucose screening for member with gestational diabetes
- Documentation of any of the following:
 - Infant care or breastfeeding
 - Resumption of intercourse or family planning
 - Sleep or fatigue
 - Resumption of physical activity and return to healthy weight



PPC: postpartum care visit (cont.)

A postpartum visit.

Example: Elements of a postpartum exam (along with weight and BP).

Physical Exam

Patient is a 27-year-old female.

General Appearance: General Appearance: healthy-appearing, well-nourished, and no acute distress.

Psychiatric: Orientation: to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Skin: Appearance: no rashes or lesions.

Neck: Thyroid: no enlargement or nodules and non-tender. Lymph Nodes: no enlarged nodes.

Lungs: Auscultation: no wheezing, rales/crackles, or rhonchi.

Cardiovascular System: Auscultation: RRR and no murmur.

Breast: Inspection/Palpation: **deferred; just stopped nursing.**

Abdomen: Auscultation/Inspection/Palpation: no hepatomegaly, splenomegaly, masses, tenderness (no guarding, no rebound), or CVA tenderness and soft and non-distended.



PPC: postpartum care visit (cont.)

- Incision checks after cesarean delivery count if [seven days] or more after birth.

For example:

“Pt here today for incision check s/p c-section on December 26, 2016, states incision pain is 5/10. Pt would also like to discuss using Depo Provera for birth control. RN discussed continuing to not have any sex and have a pregnancy test the day before her postpartum appointment. Dressing removed, no new drainage noted on steri-strips, no drainage on dressing.”



PPC: postpartum care visit (cont.)

Additional tips:

- Advise the patient of need for a postpartum visit seven to [84 days] after delivery.
- Schedule the postpartum visit prior to leaving the hospital after delivery.
- Use of the American College of Obstetricians and Gynecologists forms for documentation assists in capturing needed elements of visits.
- Use of CPT II codes for prenatal and postpartum visits may reduce record requests during HEDIS season.
- **Required exclusion: Members who died during the measurement year.**



PPC: prenatal care visit

Understand the codes for the PPC measure, prenatal care:

Description	CPT codes	CPT II codes	ICD-10 codes
Prenatal care visit	99202-99205, 99211-99215, 99241-99245	0500F, 0501F, 0502F	
OB panel	80055, 80081		
Prenatal ultrasound	76801, 76805, 76811, 76813, 76815-76821, 76825-76828		BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
Toxoplasma antibody	86777, 86778		
Rubella antibody	86762		
Cytomegalovirus antibody	86644		
Herpes simplex antibody	86694-86696		
ABO	86900]



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

PPC: postpartum care visit

Understand the codes for the PPC measure, postpartum care:

Description	CPT codes	CPT II codes	ICD-10 codes
Postpartum care visit	57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622	0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2, G0101]

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Prenatal Depression Screening and Follow-Up (PND-E)

Focus group:

- Deliveries during the measurement year
- Deliveries with a positive screening

Testing dates:

- Delivery [January 1] to [December 31], test between pregnancy start and delivery date
- Delivery [December 2] to [December 31], test between pregnancy start and [December 1]

Rates:

- Percent that were screened during pregnancy
- Follow-up care within [30] days of positive screen



PND-E (cont.)

- The U. S. Preventive Services Task Force (USPSTF) recommends screening for adolescents and adults, including pregnant and postpartum women.
- American College of Obstetricians and Gynecologists (ACOG) also advises screening for depression in the prenatal and postpartum periods.
- The testing should be performed using a validated instrument.



PND-E (cont.)

Instruments for Depression Screening by Age Grouping			
Instrument	Positive Finding	Adolescents (12-17 years)	Adults (18+ years)
Patient Health Questionnaire (PHQ-9) [®]	Total Score ≥ 10	X	X
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	Total Score > 10	X	
Patient Health Questionnaire-2 (PHQ-2) ^{®,2}	Total Score ≥ 3	X	X
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®,1,2}	Total Score ≥ 8	X	X
Beck Depression Inventory (BDI-II)	Total Score ≥ 20		X
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥ 17	X	X
Duke Anxiety-Depression Scale (DADS) ^{®,1}	Total Score ≥ 30		X
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥ 10	X	X
My Mood Monitor (M-3) [®]	Total Score ≥ 5		X
PROMIS Depression	Total Score ≥ 60	X	X
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥ 31		X
¹ Proprietary; may be cost or licensing requirement associated with use. ² Brief screening instrument. All other instruments are full-length.			



PND-E (cont.)

- A positive result for depression screening requires follow-up within [30 days] after the screening was performed.
- Types of follow-up:
 - An outpatient, telephone, e-visit, or virtual check-in
 - A depression case management encounter that documents assessment for symptoms of depression
 - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management
 - A dispensed antidepressant medication



PND-E (cont.)

Another option that qualifies as follow-up:

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (for example, a negative screen) on the same day as a positive screen on a brief screening instrument.

Example: If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.



Postpartum Depression Screening and Follow-Up (PDS-E)

Focus group:

- Deliveries from [September 8] of the prior year through [September 7] of the measurement year
- Deliveries with a positive screening

Testing dates:

- Depression screening during the postpartum follow-up [7] to [84 days] after delivery

Rates:

- Percent that were screened for depression during the postpartum period
- Follow-up care within [30 days] of positive screen



PDS-E (cont.)

Instruments for Depression Screening by Age Grouping			
Instrument	Positive Finding	Adolescents (12-17 years)	Adults (18+ years)
Patient Health Questionnaire (PHQ-9) [®]	Total Score ≥ 10	X	X
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	Total Score > 10	X	
Patient Health Questionnaire-2 (PHQ-2) ^{®,2}	Total Score ≥ 3	X	X
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®,1,2}	Total Score ≥ 8	X	X
Beck Depression Inventory (BDI-II)	Total Score ≥ 20		X
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥ 17	X	X
Duke Anxiety-Depression Scale (DADS) ^{®,1}	Total Score ≥ 30		X
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥ 10	X	X
My Mood Monitor (M-3) [®]	Total Score ≥ 5		X
PROMIS Depression	Total Score ≥ 60	X	X
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥ 31		X
¹ Proprietary; may be cost or licensing requirement associated with use.			
² Brief screening instrument. All other instruments are full-length.			



PDS-E (cont.)

Follow-up for a positive result may include:

- An outpatient, telephone, or e-visit or virtual check-in follow-up visit.
- A depression case management encounter that documents assessment for symptoms of depression.
- A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
- A dispensed antidepressant medication.



Another option that qualifies as follow-up:

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (for example, a negative screen) on the same day as a positive screen on a brief screening instrument.

Example: If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.



Flu Vaccinations for Adults Ages 18 to 64 (FVA) and Adults Ages 65 and Older (FVO)

Focus group

Members
ages [18 to
64]

Members
ages [65
and older]

Service

Influenza
vaccine

High-dose
fluzone

Frequency

Annually
beginning
[July 1]

Annually
beginning
[July 1]



FVA and FVO (cont.)

Tips:

- Encourage all adults to get flu vaccines.
- Provide vaccines for your office staff.
- If your office does not provide flu vaccines, have a list of locations where vaccines are offered.
- Identify your high-risk patients and reach out to them to get immunized:
 - Prenatal and postpartum patients
 - Patients with respiratory and other chronic conditions
 - Patients [65] and older



FVA and FVO (cont.)

Understand the codes that apply for flu vaccines:

- 90682: influenza virus vaccine, quadrivalent (RIV4)
- G0008: for administration of vaccine



Adult Immunization Status (AIS-E)

Focus group

The percentage of members [19 years] of age and older who are up to date on recommended routine vaccines

Service

Influeza

Tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap)

Zoster

Pneumococcal

Frequency

Measurement period is [January 1 to December 31]

Exclusion

Members in hospice or using hospice services any time during the measurement period



CAHPS: feedback from Apple Health members

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 care quickly
 - Getting needed care
 - 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 Wellpoint covers visits to LiveHealth Online* telemedicine at no cost to them. Visit [www.livehealthonline.com] to sign up.



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:

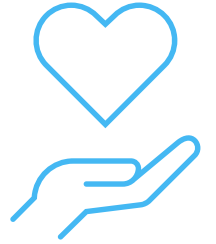
- Regularly talk to your patients about any specialists or other physicians they have seen. Ask about the care they received and if they were given any reports or notes.
- Consider implementing a reminder in the medical record to request test results or follow-up reports. This will ensure appropriate 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.



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, 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.



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 — Z590, Dial 211:
 - [<http://wliha.org/resources/find-affordable-housing>]
- NCQA Quality Measures for HEDIS:
 - [<https://www.ncqa.org/hedis/measures>]
- Consumer Assessment of Healthcare Providers & Systems (CAHPS®):
 - [<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>]

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



Additional resources

- Refer patients who are ready to explore quitting:
 - EX Program Tobacco Cessation for Wellpoint:
EX Program is a digital quit-tobacco program
 - [<https://go.theexprogram.com/amerigroupwa>]
 - Washington State Tobacco Quitline:
 - [<https://2morrowhealth.net/WADOH#waquitline>]
 - [800-QUIT-NOW (800-784-8669)]
 - Wellpoint 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

- Wellpoint provides additional resource information and local tobacco cessation program promotion via collaborative partnerships.
- Wellpoint also pays PCPs for smoking cessation referral evaluations, smoking cessation prescription evaluation, and face-to-face counseling for all members ages [13 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.



Questions?

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