



HEDIS Benchmarks and Coding Guidelines for Quality Care

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<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

FLSMPLY-CR-016080-22 January 2023

CMS star ratings

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare Advantage beneficiaries' experiences with the delivery of their healthcare services. The ratings are posted on the CMS consumer website, [medicare.gov](https://www.medicare.gov), to help beneficiaries choose the Medicare Advantage plan that best meets their needs. This program is designed to promote improvement in healthcare quality while recognizing healthcare service providers' quality of performance.

Benefits to beneficiaries and providers:

- Improved health outcomes
- Improved beneficiary experience with their healthcare
- Encourages preventive medicine and early disease detection
- Supports chronic condition management
- Focuses on healthcare services, which match each beneficiary's individual needs

Measures that determine a health plan's star rating:

- Staying Healthy: Screenings, Tests, and Vaccines
- Managing Chronic Conditions
- Member Experience with Health Plan
- Member Complaints and Changes in the Health Plan's Performance
- Customer Service

Data used to determine a star rating:

- Healthcare Effectiveness Data and Information Set (HEDIS®):
 - Services provided and documented by beneficiaries' primary care providers (PCP):
 - Breast cancer screening
 - Medication review
 - Pain screening
 - Colorectal cancer screening
 - Controlling high blood pressure
 - Diabetes eye exam
 - Diabetes blood sugar control
 - Diabetes kidney function
 - Discharge medication reconciliation
 - Osteoporosis management
 - Cardiovascular disease statin management

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

- Prescription **Drug Event (PDE)**:
 - Prescription drugs with claims showing they had been filled:
 - Cholesterol medication adherence
 - Diabetes medication adherence
 - Accurate drug pricing on website
 - Hypertension medication adherence
 - Diabetes statin use
- Consumer **Assessment of Healthcare Providers and Systems (CAHPS®) survey**:

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- Survey of beneficiaries' perceptions of their healthcare services including:
 - Flu vaccine
 - Customer service
 - Getting appointments and care quickly
 - Rating of health plan
 - Rating of drug plan
 - Rating of healthcare quality
 - Getting needed care and seeing specialists
 - Care coordination
 - Getting needed prescription drugs
 - Experience with health plan
- Health **Outcomes survey (HOS)**:
 - Survey of beneficiaries' perception of their physical and mental health and the care they received including:
 - Improving or maintaining physical health
 - Monitoring physical activity
 - Improving bladder control
 - Improving or maintaining mental health
 - Reducing the risk of falling
- Other **data**:
 - Data gathered and reported by CMS and the health plan including:

<ul style="list-style-type: none">▪ Special needs plan care management▪ Complaints about the health and drug plan▪ Members choosing to leave the plan▪ Health plan quality improvement▪ Timeliness	<ul style="list-style-type: none">▪ Fairness of appeal decisions▪ Call center interpreter availability▪ Members choosing to leave the plan▪ Quality improvement▪ Medication
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Notes:

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

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Provider Dashboard report

CMS uses HEDIS and Part D (pharmacy) measures to assess the quality and effectiveness of the healthcare you deliver, which significantly impacts the goal of Simply Healthcare Plans, Inc. (Simply) of being a 5-star plan. HEDIS measures assess the quality of healthcare and services, while Part D measures assess medication compliance for specific conditions and specific medication safety issues.

Provider Dashboard reports are shared with providers on a regular basis. The report is based on HEDIS and Part D measure data. The purpose of the report is to provide you early identification of Medicare members who require specific care to satisfy HEDIS and Part D measure requirements.

The report includes scorecards summarizing each measure’s performance and a detailed list of the patients in your panels needing attention.

There is a scorecard for the practice as a whole and a separate scorecard for each provider. Each scorecard includes:

- Measure identifier — three-letter code identifying the measure
- Measure name — measure description
- Total members — number of members who meet the eligibility requirements for the measure
- Total compliant — number of members who received the healthcare necessary to be compliant
- Total non-compliant — number of members needing attention to become compliant
- Rate by measure — percentage of members who meet all the requirements of the measure

The Provider Dashboard also includes detailed lists of patients needing attention. There are separate lists for member level, practice location, and provider level information.

If you would like assistance with these reports, please contact your Provider Experience representative.

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Medication Adherence for Cholesterol (ADH)

Measure description

Percentage of plan members who adhere to their cholesterol (statin) medication at least 80% of the time they are supposed to be taking the medication.

Measurement period

January 1 through December 31

Clinical rationale

The Pharmacy Quality Alliance says that in patients with dyslipidemia, adherence studies have shown a strong relationship between adherence to statins and reduced risk of CVD events, and lower overall health services utilization and costs.

Exclusions:

- In hospice or using hospice services during the measurement period.
- End-stage renal disease (ESRD).

Strategies for improvement:

- Talk with members about why they're on a statin medication, and how it's important to take their medication as prescribed and get timely refills.
- Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits and side effects.
- When clinically appropriate, consider writing 90-day prescriptions to help improve adherence and minimize frequent trips to the pharmacy.
- If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a mail order pharmacy.

Compliance information:

- Part D prescription claims.
- Please note that compliance requires prescription claims processed at the pharmacy under the Medicare Part D benefit

Notes:

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Medication Adherence for Diabetes (ADH)

Measure description

Percentage of plan members who adhere to their diabetes medications at least 80% of the time during the time they are supposed to be taking the medication.

Measurement period

January 1 through December 31

Clinical rationale

The American Diabetes Association suggests that patients need to achieve at least 80% adherence to derive the full benefits of their medications.

Exclusions:

- In hospice or using hospice services during the measurement period.
- End-stage renal disease (ESRD).
- One or more prescription claims for insulin.
- Members who died any time during the measurement year.

Strategies for improvement:

- Talk with members about why they're on diabetes medication, and how it's important to take their medication as prescribed and get timely refills.
- Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits and side effects.
- When clinically appropriate, consider writing 90-day prescriptions to help improve adherence and minimize frequent trips to the pharmacy.
- If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a mail order pharmacy.

Compliance information:

- Part D prescription claims.
- Please note that compliance requires prescription claims processed at the pharmacy under the Medicare Part D benefit.
- Included classes of medication:
 - Biguanide
 - Sulfonylurea
 - Thiazolidinedione
 - DPP-IV Inhibitor
 - Incretin Mimetic
 - Meglitinide
 - SGLT2 Inhibitor
 - Plan members who take insulin are not included.

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Medication Adherence for Hypertension (ADH)

Measure description

Percentage of members ages 18 or older who adhere to their hypertension medication at least 80% of the time they are supposed to be taking the medication.

Measurement period

January 1 through December 31

Clinical rationale

The American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines recommend angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARB) as first-line, monotherapy for the treatment of hypertension along with thiazide diuretics, and dihydropyridine calcium channel blockers (CCBs). According to these guidelines, medication nonadherence is a major contributor to poor control of hypertension and a key barrier to reducing mortality. Moreover, there are several studies showing improved clinical outcomes for patients who are adherent to their medications.

Exclusions:

- In hospice or using hospice services during the measurement period.
- End-stage renal disease (ESRD).
- One or more prescription claims for sacubitril/valsartan (Entresto).
- Members who died any time during the measurement year.

Strategies for improvement:

- Talk with members about why they're on hypertension medication, and how it's important to take their medication as prescribed and get timely refills.
- Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits and side effects.
- When clinically appropriate, consider writing 90-day prescriptions to help improve adherence and minimize frequent trips to the pharmacy.
- If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a mail order pharmacy.

Compliance data:

- Part D prescription claims.
- Please note that compliance requires prescription claims processed at the pharmacy under the Medicare Part D benefit.
- Hypertension medications:
 - ACE inhibitor
 - ARB
 - Direct renin inhibitor drug

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Statin Therapy for Patients with Diabetes (SPD)

Measure description

To lower their risk of developing heart disease, most people with diabetes should take cholesterol medication. This rating is based on the percent of members with diabetes who take the most effective cholesterol-lowering drugs.

Measurement period

January 1 through December 31

Clinical rationale

The American Diabetes Association and American College of Cardiology/American Heart Association guidelines congruently recommend moderate- to high-intensity statins to be used as a first line lipid-lowering agent for patients with diabetes ages 40 to 75 for prevention of cardiovascular disease. Statin use in diabetic patients decreases incidence of cardiovascular events and decreases mortality.

Exclusions:

- In hospice or using hospice services during the measurement period.
- End-stage renal disease (ESRD).
- Members who died any time during the measurement year.

Strategies for improvement:

- Talk with members about why they're on hypertension medication, and how it's important to take their medication as prescribed and get timely refills.
- Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits and side effects.
- When clinically appropriate, consider writing 90-day prescriptions to help improve adherence and minimize frequent trips to the pharmacy.
- If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a mail order pharmacy.

Compliance information:

- Dispensed at least two diabetes medication fills and received a statin medication fill during the measurement period.
- Unlike the HEDIS measure Statin Use for Patients with Cardiovascular Disease (SPC), the SUPD measure **does not allow** for exclusions for myalgia, myositis, or rhabdomyolysis.

Notes:

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Breast Cancer Screening (BCS)

Measure description

This HEDIS measure looks at women 50 to 74 years of age who had a mammogram to screen for breast cancer within the past two years.

Record your efforts:

- Include documentation of all types and methods of mammograms including:
 - Screening.
 - Diagnostic.
 - Film.
 - Digital.
 - Digital breast tomosynthesis.
- In establishing health history with new members, please make sure you ask about when members last Mammogram was performed, document at a minimum, year performed in your health history.
- Gaps in care are not closed by the following, as they are performed as an adjunct to mammography:
 - Breast ultrasounds.
 - MRIs.
 - Biopsies.

Exclusions

Women who had a bilateral mastectomy or unilateral mastectomy with a bilateral modifier (must be from the same procedure):

- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who have received a dispensed dementia medication
- Members who died any time during the measurement year

Dementia medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Compliance codes:

Description	CPT®/HCPCS
Mammography	CPT: 77061-76063, 77065-77067 HCPCS:LOINC: 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4,

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Controlling High Blood Pressure (CBP)

Measure description

This HEDIS measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Record your efforts

Document blood pressure and diagnosis of HTN. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension:
 - If no BP is recorded during the measurement year, assume that the member is not controlled.

What does not count?

- If taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen
- On or one day before the day of the test or procedure with the exception of fasting blood tests
- Taken during an acute inpatient stay or an ED visit
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Exclusions:

- ESRD
- Kidney transplant
- Pregnancy
- Non acute inpatient stay
- Members ages 66 to 80 with frailty and advanced illness
- Members 81 and above with frailty
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who have received a dispensed dementia medication
- Members who died any time during the measurement year

Dementia medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

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Eye Exam for Patients With Diabetes (EED)

Measure description

This HEDIS measure looks at the percentage of members 18 to 75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Record your efforts:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in 2023.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2022 or 2023.
- Bilateral eye enucleation any time during the member’s history through December 31 of 2023.

Exclusions:

- Members who do not have a diagnosis of diabetes
- Members in hospice or using hospice services anytime in 2023.
- Members receiving palliative care
- Members who have received a dispensed dementia medication
- Members who died any time during the measurement year

Dementia medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Compliance codes:

Unilateral eye enucleation left

ICD10PCS
08T1XZZ

Unilateral eye enucleation right

ICD-10-PCS
08TOXZZ

Services	CPT
Diabetic retinal screenings	CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 9222792228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000

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Hemoglobin A1c Control for Patients with Diabetes (HBD)

Measure description

The percentage of members 18 to 75 years of age with diabetes (types 1 or 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c control (< 8.0%)
- HbA1c poor control (> 9.0%)

Strategies for improvement:

- Refer Simply members to Labcorp.
 - If labs were conducted in-house, include the CPT II results in the claim or fax the records
- Document the date when the HbA1c test was performed and the result

Exclusions:

- Members who do not have a diagnosis of diabetes
- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care
- Members who have received a dispensed dementia medication
- Members who died any time during the measurement year

Dementia medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Compliance codes

Services	Codes
HbA1c Level Less Than 7	CPT-CAT II: 3044F
HbA1c level greater than or equal to 7 or less than 8	CPT-CAT II: 3051F
HbA1c Level greater than or equal to 8 or less than 9	CPT-CAT II: 3052F
HbA1c level greater Than 9	CPT-CAT II: 3046F
HbA1c Lab Test (Need Results)	CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2

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Kidney Health Evaluation for Patients with Diabetes (KED)

Measure description

Members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Record your efforts:

- Document the results of at least one eGFR
- Document the results of at least one uACR

Exclusions:

- Members with evidence of ESRD
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who have received a dispensed dementia medication
- Members who died any time during the measurement year

Dementia medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Compliance codes

Description	CPT/ICD-10/LOINC
Estimated glomerular filtration rate lab test	CPT: 80047, 80048, 80050, 80053, 80069, 82565 LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1
Urine albumin creatinine ratio lab test	LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Urine creatinine lab test	CPT: 82570 LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Quantitative Urine Albumin Lab Tests	CPT®: 82043 LOINC: 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7

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Care for Older Adults — Functional Status Assessment (COA)

Measure description

Percentage of adults ages 66 and older who had at least one functional status assessment during the measurement year.

Measurement period

January 1 through December 31

Clinical rationale

As the population ages, physical function can decline. Screening of elderly patients is effective in identifying functional decline. This measure ensures that older adults receive the care they need to optimize quality of life.

Exclusions:

- In hospice or using hospice services during the measurement period.
- Members who died any time during the measurement year

Strategies for improvement:

- Clearly document the date of service of a functional status assessment.
- Functional status assessment conducted in an acute inpatient setting will not meet compliance.
- Use a standardized functional assessment tool.

Compliance information

Documentation in the medical record must include one of the following:

- Notation that activities of daily living (ADL) were assessed or that at least five of the following were assessed:
 - Bathing
 - Dressing
 - Eating
 - Transferring (such as, getting in and out of chairs)
 - Using toilet
 - Walking
- Notation that instrumental activities of daily living (IADL) were assessed or at least four of the following were assessed:
 - Shopping for groceries
 - Driving or using public transportation
 - Using the telephone
 - Meal preparation
 - Housework
 - Home repair
 - Laundry
 - Taking medications
 - Handling finances
- Result of assessment using a standardized functional status assessment tool:

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Care for Older Adults — Medication Review (COA)

Measure description

Percentage of adults ages 66 and older who had a medication review by a clinical pharmacist or prescribing practitioner and the presence of a medication list in the medical record in the measurement year.

Measurement period

January 1 through December 31

Clinical rationale

Older adults may have more complex medication regimens. Medication review can identify problems for action by the prescriber, patient, or both but can also be regarded as an educational intervention to support patient knowledge and adherence. This measure ensures that older adults receive the care they need to optimize quality of life.

Exclusions:

- In hospice or using hospice services during the measurement period.
- Members who died any time during the measurement year

Strategies for improvement:

- Presence of a medication list in the medical record.
- Clearly document that a medication review was signed and dated by a licensed prescriber.
- Review medications at every visit.

Compliance information:

- A member does not need to be present for a medication review to be completed.
- If a member is not prescribed any medications, document a dated clinician's note that says the member is not taking any medications.
- Medication list must be included in the medical record and medication review must be completed by a prescribing provider or clinical pharmacist.
- Medication review conducted in an acute inpatient setting will not meet compliance.
- Medication review:
 - CPT — 90863, 99483, 99605, 99606
 - CPT II — 1160F
- Medication list:
 - CPT II — 1159F
 - HCPCS — G8427
- Transitional care management services during the measurement year:
 - CPT — 99495, 99496

Notes:

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Care for Older Adults — Pain Assessment (COA)

Measure description

Percentage of adults ages 66 and older who were assessed for pain in the measurement year.

Measurement period

January 1 through December 31

Clinical rationale

As the population ages, pain becomes more prevalent. This measure ensures that older adults receive the care they need to optimize quality of life.

Exclusions:

- In hospice or using hospice services during the measurement period.
- Members who died any time during the measurement year

Strategies for improvement:

- Pain scales — such as numbers or faces — are an acceptable form of pain assessment and meet compliance.
- Clearly document date of service which includes a pain assessment.

Compliance data:

- A pain assessment may be conducted over the phone by any care provider type including registered nurses and medical assistants.
- A pain assessment related to a single body part, with the exception of chest, meets compliance.

Compliance codes:

- Pain assessment:
 - CPT/CPT II — 1125F, 1126F

Notes:

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Colorectal Cancer Screening (COL)

Measure description

Percentage of members ages 50 to 75 who had an appropriate screening for colorectal cancer.

Measurement period

January 1 through December 31

Clinical rationale

Treatment for colorectal cancer in its earliest stage can lead to a 90% survival rate after five years. However, more than a third of adults ages 50 to 75 do not get recommended screenings. Colorectal cancer screening of asymptomatic adults in that age group can catch polyps before they become cancerous or detect colorectal cancer in its early stages, when treatment is most effective.

Exclusions (exclusion codes below):

- In hospice or using hospice services during the measurement period.
- Using palliative care services.
- Total colectomy.
- Colorectal cancer.
- Enrolled in an Institutional SNP (I-SNP)
- Living long term in an institution.
- Ages 66 or older with advanced illness and frailty (see details in the **Advanced illness and frailty exclusion** section).
- Members who have received a dispensed dementia medication
- Members who died any time during the measurement year

Dementia medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Strategies for improvement

Physicians, nurse practitioners, and physician assistants can provide the kit to members during their routine office visits. Members can then collect the sample at home and send the specimen and requisition form directly to the laboratory services vendor in a postage-paid envelope.

Compliance information:

- Colonoscopy during measurement year or nine years prior:
 - CPT — 44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398
 - HCPCS — G0105, G0121
- FOBT (gFOBT or FIT) during measurement year:

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- CPT — 82270, 82274
- HCPCS — G0328
- LOINC - 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7,
- 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
- FIT-DNA (Cologuard®) during measurement year or the two years prior to measurement year:
 - CPT: 81528
 - HCPCS – G0464
 - LOINC - 77353-1, 77354-9
- Flexible sigmoidoscopy during measurement year or the four years prior to measurement year:
 - CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45336, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
 - HCPCS: G0104
- CT colonography during the measurement year or the four years prior to measurement year:
 - CPT: 74261, 74262, 74263
 - LOINC - 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
- Exclusion codes:
 - Colorectal cancer:
 - ICD-10 — Z85.038, Z85.048, C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5
 - Total colectomy:
 - CPT — 44150-44153, 44155-44158, 44210-44212

Medical Record:

- Resulted lab and pathology reports
- Health history and physical

Notes:

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Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Measure description

Members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within seven days of the ED visit. Each qualifying ED in the Measurement Period (MP) is measured. ED visits that result in an inpatient stay or that are followed by admission to acute or nonacute inpatient care within seven days are excluded.

Chronic Conditions include:

- COPD and Asthma
- Alzheimer’s Disease and related disorders (Dementia, Frontotemporal Dementia).
- Chronic Kidney Disease.
- Major Depression.
- Dysthymic Disorder.
- Heart Failure and Chronic Heart Failure.
- Acute Myocardial Infarction.
- Atrial Fibrillation.
- Stroke and Transient Ischemic Attack.

Required Exclusions

Members who meet any of the following criteria are excluded from the measure:

- In hospice or using hospice services any time in the MY.
- Members who died any time during the measurement year

Compliance codes:

Description	CODES
Outpatient	CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Telephone Visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Transitional Care Management Services <ul style="list-style-type: none"> • <i>The only time we could use TCM for FMC, is if the member went from ER to inpatient within 7 days of discharge from the hospital.</i> 	CPT: 99495, 99496

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<ul style="list-style-type: none"> • <i>Providers need to take caution and read all of the TCM guidelines before submitting for reimbursement.</i> • https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/transitional-care-management-services-fact-sheet-icn908628.pdf 	
Case Management Encounter	CPT: 99366 HCPCS: T1016, T1017, T2022, T2023
Complex Care Management Services	CPT: 99439, 99487, 99489, 99490, 99491 HCPCS: G0506
Visit Setting Unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
with	(with)
Outpatient POS	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient	CPT: 98960, 98961, 98962, 99078, 99492, 99493, 99494, 99510
Visit Setting Unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
with	(with)
Partial Hospitalization POS	POS: 52
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
with	(with)

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Community Mental Health Center POS	POS: 53
Electroconvulsive Therapy	CPT: 90870 ICD10PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
with	(with)
Ambulatory Surgical Center POS	POS: 24
Community Mental Health Center POS	POS: 53
Outpatient POS	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Partial Hospitalization POS	POS: 52
Visit Setting Unspecified Value Set	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
with	(with)
Telehealth POS	POS: 02, 10
Observation	CPT: 99217, 99218, 99219, 99220
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Online Assessments	CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063

Notes:

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Osteoporosis Management in Women Who Had a Fracture (OMW)

Measure description

The percentage of women 67 to 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Clinical rationale

Osteoporosis is a serious disease affecting mostly older adults that can impact their quality of life. Osteoporosis is a bone disease characterized by low bone mass, which leads to bone fragility and increased susceptibility to fractures of the hip, spine and wrist. Osteoporotic fractures, particularly hip fractures, are associated with chronic pain and disability, loss of independence, decreased quality of life and increased mortality. With appropriate screening and treatment, the risk of future osteoporosis-related fractures can be reduced.

Exclusions:

- Exclude Episode Dates where any of the following are met:
 - Members who had a BMD test (Bone Mineral Density Tests Value Set) during the 730 days (24 months) prior to the Episode Date.
 - Members who had a claim/encounter for osteoporosis therapy (Osteoporosis Medication Therapy Value Set) during the 365 days (12 months) prior to the Episode Date.
 - Members who received a dispensed prescription or had an active prescription to treat osteoporosis (Osteoporosis Medications List) during the 365 days (12 months) prior to the Episode Date.
- Members who received palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) during the intake period through the end of the measurement year.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Members who have received a dispensed dementia medication
- Members who died any time during the measurement year

Dementia medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Strategies for improvement:

- Educate patients about the importance of appropriate screening and treatment
- Together, identify and resolve member-specific adherence barriers or concerns.
- Recommend mail order and 90-day prescription of treatment drugs.

Compliance information:

Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:

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- A BMD test (Bone Mineral Density Tests Value Set), in any setting, on the IESD or in the 180-day (6-month) period after the IESD.
- If the IESD was an inpatient stay, a BMD test (Bone Mineral Density Tests Value Set) during the inpatient stay.
- Osteoporosis therapy (Osteoporosis Medication Therapy Value Set) on the IESD or in the 180-day (6-month) period after the IESD.
- If the IESD was an inpatient stay, long-acting osteoporosis therapy (Long-Acting Osteoporosis Medications Value Set) during the inpatient stay.
- A dispensed prescription to treat osteoporosis (Osteoporosis Medications List) on the IESD or in the 180-day (6-month) period after the IESD.

Osteoporosis medications:

Description	Prescription
Bisphosphonates	<ul style="list-style-type: none"> • Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid
Other agents	<ul style="list-style-type: none"> • Abaloparatide • Denosumab • Raloxifene • Romosozumab • Teriparatide

Compliance codes:

- Bone Mineral Density Tests:
 - CPT: 76977, 77078, 77080, 77081, 77085, 77086
- Medication Therapy:
 - HCPCS: J0897, J1740, J3110, J3111, J3489
- Long-Acting Osteoporosis Medications:
 - HCPCS: J0897, J1740, J3489

Notes:

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Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure description

This HEDIS measure looks at the percentage of males 21 to 75 years of age and females 40 to 75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- Received statin therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- Statin adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Pregnancy
- In vitro fertilization
- At least one prescription for clomiphene
- ESRD
- Cirrhosis
- Myalgia, myositis, myopathy or rhabdomyolysis
- Members 66 years or older with frailty or advanced illness
- Members receiving palliative care
- Members who have received a dispensed dementia medication
- Members who died any time during the measurement year

Dementia medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

High- and Moderate-Intensity Statin Medications

Description	Prescription	Medication List
High-intensity statin therapy	Atorvastatin 40-80 mg	Atorvastatin High-Intensity Medications List
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High-Intensity Medications List
High-intensity statin therapy	Rosuvastatin 20-40 mg	Rosuvastatin High-Intensity Medications List
High-intensity statin therapy	Simvastatin 80 mg	Simvastatin High-Intensity Medications List
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High-Intensity Medications List

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Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg	Rosuvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Pitavastatin 1-4 mg	Pitavastatin Moderate Intensity Medications List

Notes:

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Transitions of Care (TRC)

Measure description

Assesses four key points of transition for Medicare beneficiaries 18 years of age and older after discharge from an inpatient facility:

- Notification of inpatient admission.
- Receipt of discharge information.
- Patient engagement after inpatient discharge.
- Medication reconciliation post-discharge.

Measurement period

January 1 through December 31

Clinical rationale

Transition from the hospital setting back to home often results in poor care coordination, including communication lapses between inpatient and outpatient providers; intentional and unintentional medication changes; incomplete diagnostic work-ups and inadequate patient, caregiver and provider understanding of diagnoses, medication, and follow-up needs.

Exclusions:

- In hospice or using hospice services during the measurement period.
- Members who died any time during the measurement year

Strategies for improvement:

- Clearly document that a medication review was signed and dated by a prescribing practitioner, clinical pharmacist or registered nurse.
- Monitoring hospital inpatient admit and discharge notifications.
- Documenting inpatient admits and discharges in patient chart.
- Obtaining discharge summaries and attaching to patient chart.
- Calling patient within 48 hours of discharge to schedule the transitions of care appointment within seven to 14 days post discharge.

Compliance information:

- Notification of inpatient admission:
 - Documentation in the medical record of receipt of notification of inpatient admission on the day of admission through two days after admission.
- Receipt of discharge information:
 - Documentation in the medical record of receipt of discharge information on the day of discharge through two days after the discharge.
- Patient engagement after inpatient discharge:
 - Evidence of patient engagement (such as, office visits, visits to the home, telehealth) provided within 30 days after discharge.
 - Compliance codes:

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Description	CODES
Online assessments	CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	CPT — 98966, 98967, 98968, 99441, 99442, 99443
Transitional Care Management Services	CPT: 99495, 99496

Notes:

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Advanced illness and frailty exclusion for BCS, COL, SPC, and CDC Measures

This exclusion only applies to the stars measures shown below with designated age group:

- Ages 66 or older with frailty and advanced illness:
 - Breast cancer screening
 - Colorectal cancer screening
 - Statin therapy for members with cardiovascular disease
 - Comprehensive diabetes care (HbA1c control, diabetes eye exam, nephropathy screening)
- Ages 66 to 80 with frailty and advanced illness:
 - Controlling High Blood Pressure
- Ages 81 or older with frailty:
 - Controlling High Blood Pressure

Measurement period

January 1 through December 31

Advanced illness

Diagnosis of advanced illness during measurement year or year prior to measurement year found in:

- Two outpatient visits.
- Observation visit.
- ED visit or non-acute inpatient encounter on different dates of service with an advanced illness diagnosis:
 - Or one acute inpatient encounter with an advanced illness diagnosis.
 - Or dispensed dementia medication (donepezil, galantamine, rivastigmine, memantine).
- Advanced illness codes:
 - Creutzfeldt-Jakob disease (A81.00-01, A81.09)
 - Malignant neoplasm of pancreas (C25.0-4,7-9)
 - Malignant neoplasm of brain, unspecified (C71.0–C71.9)
 - Secondary and unspecified malignant neoplasm of lymph nodes (C77.0-C77.5, C77.8-C77.9):
 - Unspecified lung (C78.00–C78.02)
 - Mediastinum (C78.1)
 - Pleura (C78.2)
 - Other respiratory organs (C78.30, C78.39)
 - Small intestine (C78.4)
 - Large intestine and rectum (C78.5)
 - Retroperitoneum and peritoneum (C78.6)
 - Liver and intrahepatic bile duct (C78.7)
- Secondary malignant neoplasm of other digestive organs (C78.80, C78.89):
 - Unspecified kidney and renal pelvis (C79.00 – C79.02)
 - Bladder (C79.10, C79.11)
 - Other urinary organs (C79.19)

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- Skin (C79.2)
- Brain (C79.31)
- Cerebral meninges (C79.32)
- Other parts of nervous system (C79.40, C79.49)
- Bone (C79.51)
- Bone marrow (C79.52)
- Unspecified ovary (C79.60-C79.62)
- Unspecified adrenal gland (C79.70)
- Malignant neoplasm of right adrenal gland (C79.71)
- Malignant neoplasm of left adrenal gland (C79.72)
- Breast (C79.81)
- Genital organs (C79.82)
- Neoplasm of other specified sites (C79.89)
- Neoplasm of unspecified site (C79.9)
- Leukemia not having achieved remission (C91.00, C92.00, C93.00, C93.90, C93.Z0, C94.30):
 - In relapse (C91.02, C92.02, C93.02, C93.92, C93.Z2, C94.32)
- Dementia (F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F10.27, F10.97, G31.83):
 - Amnestic disorder due to known physiological condition (F04)
 - Alcohol-induced persisting amnestic disorder (F10.96)
- Alzheimer's disease (G30.0, G30.1, G30.8, G30.9)
- Huntington's disease (G10):
 - Amyotrophic lateral sclerosis (G12.21)
- Parkinson's disease (G20)
- Pick's disease (G31.01):
 - Other frontotemporal dementia (G31.09)
- Heart failure (I09.81, I11.0, I13.0, I13.2, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9)
- Chronic kidney disease, stage 5 (I12.0, I13.11, I13.2, N18.5)
- Left ventricular failure, unspecified (I50.1)
- Emphysema (J43.0, J43.1, J43.2, J43.8, J43.9, J98.2, J98.3)
- Chronic respiratory conditions due to chemicals, gases, fumes and vapors (J68.4)
- Pulmonary fibrosis (J84.10, J84.112, J84.17)
- Respiratory failure (J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92)
- Alcoholic hepatic disease (K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9)
- Hepatic disease (K74.0, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69); ESRD (N18.6)

Frailty

Frailty coded once during the measurement year

- Frailty codes:
 - Home visit for mechanical care (99504)
 - Home visit procedures (99509)
 - Cane (E0100, E0105)
 - Walker (E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149)

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- Commode chair (E0163, E0165, E0167, E0168, E0169, E0170, E0171)
- Hospital bed (E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290-E0297, E301-E0304)
- Oxygen (E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440-E0444)
- Rocking bed (E0462)
- Home ventilator (E0465, E0466)
- Respiratory assist device (E0470-E0472)
- Humidifier used with positive airway pressure device (E0561-E0562)
- Wheelchair (E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298)
- Skilled registered nurse services related to home health/hospice setting (G0162, G0299, G0300, G0493, G0494, S9123, S9124, T1000–T1005, T1019–T1022, T1030, T1031)
- Physician management of member home care, hospice (S0271)
- Comprehensive management (S0311)
- Pressure ulcer (L89.000-L89.004, L89.006, L89.009-L89.014, L89.016, L89.019-L89.024, L89.026, L89.029, L89.100-L89.104, L89.106, L89.109-L89.114, L89.116, L89.120-L89.124, L89.126, L89.129-L89.134, L89.136, L89.140-L89.144, L89.146, L89.150-L89.154, L89.156, L89.200-L89.204, L89.206, L89.210-L89.214, L89.216, L89.219-L89.224, L89.226, L89.229, L89.300-L89.304, L89.306, L89.310-L89.314, L89.316, L89.319-L89.324, L89.326, L89.329, L89.40-L89.46, L89.500-L89.504, L89.506, L89.509-L89.514, L89.516, L89.519-L89.524, L89.526, L89.529, L89.600-L89.604, L89.606, L89.609-L89.614, L89.616, L89.619-L89.624, L89.626, L89.629, L89.810-L89.814, L89.816, L89.819, L89.890-L89.894, L89.896, L89.899, L89.90-L89.96)
- Muscle wasting and atrophy, not elsewhere classified, unspecified site (M62.50)
- Muscle weakness (generalized) (M62.81)
- Sarcopenia (M62.84)
- Ataxic gait (R26.0)
- Paralytic gait (R26.1)
- Difficulty in walking, not elsewhere classified (R26.2)
- Other abnormalities of gait & mobility (R26.89)
- Unspecified abnormalities of gait & mobility (R26.9)
- Age-related cognitive decline (R41.81)
- Weakness (R53.1)
- Other malaise (R53.81)
- Other fatigue (R53.83)
- Age-related physical debility (R54) Adult failure to thrive (R62.7)
- Abnormal weight loss (R63.4)
- Underweight (R63.6)
- Cachexia (R64)
- Fall (W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA,

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- W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS)
- Unspecified place in other specified residential institution as the place of occurrence of the external cause (Y92.199)
- Problems related to living in residential institution (Z59.3)
- Limitation of activities due to disability (Z73.6)
- Bed confinement status (Z74.01)
- Other reduced mobility (Z74.09)
- Need for assistance with personal care (Z74.1)
- Need for assistance at home and no other household member able to render care (Z74.2)
- Need for continuous supervision (Z74.3)
- Other problems related to care provider dependency (Z74.8)
- Problem related to care provider dependency, unspecified (Z74.9)
- History of falling (Z91.81)
- Dependence on respirator ventilator status (Z99.11)
- Dependence on wheelchair (Z99.3)
- Dependence on supplemental oxygen (Z99.81)
- Dependence on other enabling machines and devices (Z99.89)

Notes:

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