Medicare Advantage Plans ★★★★★

2024 HEDIS AND FIVE-STAR QUALITY MEASURES REFERENCE GUIDE

HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Annual Wellness Exam Measure ID: AHA, PPE, COA Description: *One Annual Wellness Visit documented* **Documentation Requirements:** Measurement Year **Lines:** Medicare **Age: 18yrs & Older**	Medicare: One or more ambulatory or preventive care visits during the measurement year.	**NEW PATIENTS** 99385 (Age 18-39) 99386 (Age 40-64) 99387 (Age 65 +) **ESTABLISHED PATIENTS** 99395 (Age 18-39) 99396 (Age 40-64) 99397 (Age 65 +) Initial NEW to Medicare: **G0402** Annual Wellness: **G0438, G0439** ICD-10: **Z00.00, Z00.01**
Blood Pressure Control Measure ID: CBP or CDC9 Description: *BP reading taken in the office. Compliant BP of Systolic >140, Diastolic>90 for hypertensive &* **Documentation Requirements:** EVERY VISIT **Star Weight: 3** ★ ★ ★ **Lines:** Medicare **Age: 18yrs - 75yrs**	Taken during: •Outpatient visit •Telephone visit •E-visit or virtual check-in •Remote monitoring event •Documented on Progress notes and or Vitals sheet Exclusions: • Hospice or palliative care • 81+ frailty only • 66–80 frailty and advanced illness • 66+ I-SNP or institutionalized • Dispensed dementia Rx	**Systolic <130** **3074F** **Systolic 130-139** **3075F** Systolic >=140 3077F **Diastolic <80** **3078F** **Diastolic 80-89** **3079F** Diastolic >=90 3080F Telephone Visit: 98966-68, 99441-43
Statin Use in Persons with Diabetes (SUPD) Description: Patients with diabetes are at high risk for cardiovascular disease, statin therapy should be considered in all patients with diabetes **Lines:** Medicare **Age: 40yrs - 75yrs**	Prescribe a statin in patients with diabetes according to American College of Cardiology/American Heart Association (ACC/AHA) guidelines	**Exclusions** • ESRD • Hospice • Rhabdomyolysis (M62.82), myopathy (G72.9), myositis (M60.9) • Cirrhosis (K74.6) • Polycystic Ovary Syndrome (E28.2) • Pregnancy, Lactation, and Fertility • Pre-Diabetes (R73.03, R73.09)
Annual Flu Vaccines **Lines:** Medicare **Age: All patients**	• Remind patients to get flu shot; have standing orders for receiving flu shot during flu season. • Maintain vaccine in all offices. • Provide take-home materials for patients' records.	CPT/CPTII: - 90630, 90653, 90654, 90656, **90658**, 90661, 90662, 90673, 90774, 90682, 90686, 90688, 90689, 90694, 90756 - Q2035-Q2039 HCPCS: - G0008, G8482: Influenza (Yearly) - G8483, G8484: Influenza immunization not administered - G0009, 4040F: Pneumococcal (1 per life)
Care for Older Adults **MEDICATION REVIEW & LISTING** Measure ID: COA Description: *Medication list must be signed and listed* **Documentation Requirements:** Measurement Year **Star Weight: 1** ★ **Lines:** Medicare **Age: 66yrs & Older**	• Health history & physical • Medication list • Progress notes • SOAP notes Documentation that the medications aren't tolerated isn't an exclusion Member does not need to be present for Med Review.	**To close the HEDIS GAP, you must submit both codes 1159F: Medication Listing AND 1160F: Medication Review** **Med Review CPT:** **99605, 99606, 90863, 99483** **HCPCS: G8427**

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Care for Older Adults **PAIN ASSESSMENT** Measure ID: COA Description: *Notation of "no pain" or "no pain" in the medical record* **Documentation Requirements:** Measurement Year **Star Weight: 1** ★ **Lines:** Medicare **Age:** **66yrs & Older**	• Health history & physical • Home health records • Occupational therapy notes • Pain assessment forms • Physical therapy notes • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes	**1125F = Pain** **1126F = No Pain** **Telephone Visit:** **98966-68, 99441-43**
Medication Reconciliation Post-Discharge (Transitions of Care) Measure ID: MRP Description: *Medication reconciliation documented* **Documentation Requirements:** Visit within 30 days of Hospital discharge *TELEHEALTH ENCOURAGED* **Star Weight: 1** ★ **Lines:** Medicare **Age:** **18yrs - 75yrs**	• **Progress Notes must clearly state that <u>discharge and current medications were reconciled</u>** • Follow up Visit must be held within 30 days from date of discharge. **<u>Patient Engagement After Inpatient Discharge</u> - Office Visit such as Evaluation and Management codes - Office Visit, visit to the home or Telehealth visit.**	**CPT/CPTII:** **- 1111F MRP/TRC and Follow up visit encounter code** **- PATIENT ENGAGEMENT -** **Outpatient Visits: 99213**, 99202-99205, 99212-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397,99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 **Telephone Visits: 98966**, 98967, 98968, 99441, 99442, 99443 **Online Assessments:** 98969, 98970, 97971, 98972, 99421, 99422, 99423, 99444, 99458 **- or -** **Submit completed and signed MRP form** *TELEHEALTH/TELEPHONIC ENCOURAGED*
Comprehensive Diabetes Care **HbA1c Control** Measure ID: CDC Description: *Diabetes Monitoring - **<u>Complete Lab Requisition form</u>** and **<u>refer to Lab</u>*** **Documentation Requirements:** Measurement Year **Star Weight: 3** ★★★ **Lines:** Medicare **Age:** **18yrs - 75yrs**	• A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • Hemoglobin A1c The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.	**HbA1c CPT/CPTII:** **Testing: 83036** **Result Values:** **Less than 6.9% = 3044F** **Between 7.0-7.9% = 3051F** **Between 8.0-9.0% = 3052F** ***Greater than 9.1% = 3046F*** **>9.1% = NOT in-control**
Comprehensive Diabetes Care **Kidney Health Evaluation for Patients with Diabetes** **Measured ID: (KED) - Complete Lab Requisition form and refer to Lab** **Documentation Requirements:** **Measurement Year** **Star Weight: 1** ★ **Lines:** Medicare **Age:** **18yrs - 75yrs**	Percentage of members ages 18-85 with diabetes (Type 1 or type 2) who received a kidney health evaluation, defined by eGFR and uACR in the measurement year. <u>The uACR test are required on same or with service dates four or less days apart.</u>	**CPT/CPTII:** **80047, 80048, 80050, 80053, 80069, 82565, 82043, 82570** **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**

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Comprehensive Diabetes Care Eye Exam Measure ID: CDC, DRE Description: *Diabetes Monitoring - **Refer to Optometrist or Opthalmalogist*** **Documentation Requirements:** Positive for Retinopathy = Annually Negative for Retinopathy = Every 2yrs **Star Weight: 1** ★ **Lines:** **Age:** Medicare **18yrs - 75yrs**	• Bilateral eye enucleation or acquired absence of both eyes • Dilated or retinal eye exam • Fundus photography •Note: the presence or absence of retinopathy must be documented. • The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in. Exclusion: • Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement yr. • Members receiving pallative care	**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, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245** **CPTII w/Retinopathy: 2022F, 2024F, 2026F** **Negative for Retinopathy: 2023F, 2025F, 2033F, 3072F** **Fundus Photography: 92250**
Breast Cancer Screening Measure ID: BCS Description: *Cancer prevention screening* **Documentation Requirements:** **Mammogram -Refer to Imaging Center** between Oct. 1, 2022, and Dec. 31, 2024 **Star Weight: 1** ★ **Lines:** **Age:** Medicare **50yrs - 74yrs**	• Diagnostic reports • Health history and physical • Radiology Report Exclusion: • Bilateral Masectomy • Two unilateral mastectomies • Absence of right or left brest • 66+ Advanced illness and Frailty • Hospice or palliative care	**Mammography: CPT 77061–77063, 77065–77067; HCPCS G0202, G0204, G0206**
Colorectal Cancer Screening Measure ID: COL Description: *Cancer prevention screening.* **Documentation Requirements:** Colonoscopy = **10yrs** CT Colonography/Sigmoidoscopy = **5yrs** FIT-DNA test = 3**yrs (LAB Test)** FOBT = **Every Year (LAB Test)** **Star Weight: 1** ★ **Lines:** **Age:** Medicare **45yrs - 75yrs**	• Consultation reports • Diagnostic reports • Health history & physical • Lab reports • Pathology reports Exclusion: • Diagnosis of Colorectal Cancer or total Colectomy • Advanced illness and Frailty • Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement year. • Members receiving pallative care	**CPT/CPTII: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398** **Fit-DNA Test: 81528, G0464** **FOBT: 82270, 82274, G0328** **Sigmoidoscopy: 45330-45335, 45337-45342, 45346-45347, 45349-45350, G0104**

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Osteoporosis Management in Women who Had a Fracture Measure ID: OMW <u>Description:</u> *Women ages 67–85 who suffered a fracture & who had a bone mineral density **DEXA Scan or prescription drug to treat osteoporosis within 6 months of fracture** .* <u>**Documentation Requirements:**</u> Within 6 months of Fracture **Star Weight: 1** ★ **Lines:** Medicare **Age:** **Women 67yrs - 85yrs**	• BMD Test • Osteoporosis therapies identified through pharmacy data • Lab results • Medication list To comply with this measure, a member must be prescribed at least one of the following medications within 180 days of their discharge for a fracture: • Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid • Abaloparatide • Calcitonin • Denosumab • Raloxifene • Teriparatide	**CPT/CPTII:** **Dexa: 76977, 77078, 77080-77082, 77085-77086** **Sexa: G0130** **Pharmacologic Therapy: 4005F** **Medications: J0897, J1740, J3489, J0630, J0897, J3110, J3489** **ICD-10 Diagnosis: M84.40XA**
Medication Adherence **Diabetes, Cholesterol, Hypertension** **Star Weight: 3** ★★★ <u>Description:</u> *Ask patients they must pick up their prescribed maintenance medications for their Diabetes, Cholesterol or Hypertension from the Pharmacy.* <u>***To close the HEDIS GAP the prescription must be filled a the Pharmacy with their Health Plan card.***</u> **Lines:** Medicare **Age:** **18yrs & Older**	**At each visit** **• Provide Extended supply of maintenance medications 100 days.** **• Request Pharmacy to provide Home delivery.** • Prescribe generic and Formulary medications • Suggest auto-refill, refill reminder and medication synchronization programs at the pharmacy, if available • Educate patients on side effects and proper use • Reduce polypharmacy • Simplify regimen by prescribing extended-release formulations for once daily dosing and combination drugs to reduce pill burden	**At each Visit** **• Prescribe maintenance medications for diabetes, cholesterol, and hypertension from the Medicare Advantage Health Plan $0 copay list** **• Provide extended-days' supply to patients on stable doses of medications 90 - to 100-day supply x 3 at each annual visit to prevent refill gaps** **• Work with Pharmacies that provide Home Delivery services.**

HEALTHSMART MANAGEMENT SERVICES ORGANIZATION, INC.

HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Patient Experience - CAPHS Care Coordination **CAPHS Question:** • In the last six months, when you needed care right away, how often did you get care as soon as you needed? • In the last six months, how often did you get an appointment for a check-up or routine care as soon as you needed? • In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time? **Lines:** Medicare **Age:** **All patients**	• Discuss lab results, prescription medications and recommendations from specialists in a timely manner • Encourage patients to use patient portal, if available • Train staff to communicate expectations to patients about lab results	**Referring Provider Needs to understand:** • Who to refer patients to • How long is the wait to be seen • What information is needed for any prior authorizations • Medical group referral - Direct Referral - Instant approval • Medical group referral - Standard Referral - Urgent and Retro Referrals • How to follow up on referrals **The Patient Needs to agree:** • The referral is the best treatment option **The Patient Needs to know:** • What they need to do • Find their own specialist? • Schedule their own appointment? • Work with their Health Plan to get prior authorization **Specialist Needs to have a process for:** • Getting referrals • Getting information back to the referring provider **Specialist Need to assure:** • Prior authorizations have been complete **Specialist Need a process for:** • Scheduling an appointment with provider and/or additional services
Patient Experience - CAPHS Getting Appointments and Care Quickly **CAPHS Question:** • In the last six months, when you needed care right away, how often did you get care as soon as you needed? • In the last six months, how often did you get an appointment for a check-up or routine care as soon as you needed? • In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time? **Lines:** Medicare **Age:** **All patients**	• Assist patients in scheduling appointments and offer alternate ways to schedule, such as patient portal and after-hour phone numbers • Triage calls from patients to identify those who require office visits and those whose needs can be addressed virtually • Support patients during the referral and authorization process. Provide additional support for patients with multi referrals and multi authorizations • Ensure patients receive staff attention if provider is delayed beyond 15-minute timeframe—measure vitals, address falls, urinary incontinence, mental health, physical activity, etc	**Essential Behaviors** • Empathy - Acknowledge concerns, demonstrate caring • Compassion - I hear you and this is what I can do. • Listen - Invite questions and actively listen • Manage Anxiety - Recognize anxiety and mitigate • Offer Options - Empowerment through choice and autonomy **Processes and Operations** • Expectations - Set patient expectations by creating responses and assist front office staff to discuss delays, walk-ins and scheduling patients • Open Schedule - Dedicated space for scheduled appointments and walk-ins • Extended Hours - Before 8:00 am and after 5:00 pm some days during the week and weekends • Provide Options - Other physicians, offices, advanced practitioner, etc. • Tele-triage Nurses - Manage urgent calls and situations

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Patient Experience - CAPHS Getting Needed Care **CAPHS Question:** • In the last six months, when you needed care right away, how often did you get care as soon as you needed? • In the last six months, how often did you get an appointment for a check-up or routine care as soon as you needed? • In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time? **Lines:** Medicare **Age:** **All patients**	• Ensure timely referrals to specialists and appointments for tests and treatments • Train staff to set expectations and communicate referral process with new and existing patients	**Group Best Practices** • Train staff to set expectations and communicate referral process with new and existing patients. • Notify patients of referral authorization status and expiration via phone or online portal in a timely manner. • Ensure timely referrals to specialists and appointments for tests and treatments by identifying urgent and non-urgent referral requests. • Create open access and auto approve referrals, when appropriate. • Actively monitor specialist availability and take action, when needed.
Follow- up After Emergency Room Visit **Emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.** **Lines:** Medicare **Age:** **All patients**	**• Schedule follow-up appointments with members to manage and track their health status. At each visit, provide an opportunity for them to ask questions.** • Create early intervention processes to help prevent complications and address exacerbations of ACSCs including diabetes, COPD, asthma and congestive heart failure. • Make sure hospitalists you partner with are familiar with this measure.	**CPT/CPTII:** **Outpatient and Telehealth Visits:** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483, **Transitional Care Management:** 99495, 99496 **Case Management Visits:** 99366 **Complex Care Management:** 99439, 99487, 99489, 99490, 99491 **Outpatient or Telehealth Behavioral Health Visit:** 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 **Outpatient or Telehealth Behavioral Health Visit:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **Intensive Outpatient Encounter or Partial Hospitalization:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255