Medicare Advantage Plans

HS HEALTHSMART MANAGEMENT SERVICES ORGANIZATION, INC.

2026 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, AWE

Description:

One Annual Wellness Visit documented

Documentation Requirements:

Measurement Year

Lines: Medicare

Age: **18yrs & Older**

Medicare Annual Wellness Visit

Routine Annual Physical Exam

Medicare: One or more ambulatory or preventive care visits during the measurement year.

Annual Wellness visits (AWV)

- Unique to Medicare
- One visit per calendar year
- Interview visit that includes HRA (Health Risk Assessment)
- Includes:
  - Update medical record demographic information, family history and other treating providers
  - Conduct a Social Determinants of Health assessment
  - Discuss Advanced Care planning
  - Screen for cognitive impairment, including
  - Document functional assessments; fall and safety care
  - Assess bladder leakage and care options
  - Schedule appointments and refer members for preventive screenings related to cancer and chronic conditions
  - Check routine measurements: height, weight, blood pressure, etc.
  - Medication review

Routine Physical Exam (RPE)

- Additional benefit for Medicare Advantage members - one visit per calendar year
- Well/preventive care visit will close APV
- Includes:
  - Comprehensive physical and system exam
  - Self and family health history
  - Schedule appointments and refer members for preventive screenings
  - Administration of recommended immunizations

SUBMIT BOTH AWV and ROUTINE PHYSICAL CODES

Annual Wellness visit:

Annual Wellness: G0438, G0439
Initial NEW to Medicare: G0402

ICD-10: Z00.00, Z00.01

Preventive Visit Routine Physical:

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 +)

For Telehealth use the Place of Service:

02: Telehealth Provided Other than in Patient's Home

10: Telehealth Provided in Patient's Home

The use of Telehealth was extended to 12.31.2027 by CMS.

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Blood Pressure Control Measure ID: CBP or BPD Description: *BP reading taken in the office. Compliant BP of Systolic >140, Diastolic>90 for hypertensive & diabetic patients.* **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 ***For Telehealth use the Place of Service:*** **02**: Telehealth Provided Other than in Patient's Home **10**: Telehealth Provided in Patient's Home **The use of Telehealth was extended to 12.31.2027 by CMS.**	**Both Diastolic & Systolic Codes must be reported** **Systolic <130 3074F** **Systolic 130-139 3075F** Systolic >=140 3077F Non Compliant **Diastolic <80 3078F** **Diastolic 80-89 3079F** Diastolic >=90 3080F Non Compliant Telephone Visit: 98966-68, 99441-43
Annual Flu Vaccines Measure ID: AIS-E Description: Adult Immunization Status **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. • Added a hepatitis B immunization indicator for ages 19-59 years of age. • compliance = • 3 doses of childhood vaccine • 2-3 doses of adult vaccine • Anaphylaxis due to Hep B vaccine • History of Hep B illness • Hep B test with a positive finding • No 14-day duplication of immunizations • Herpes Zoster • Single dose live vaccine is no longer complaint (only 2 dose recombinant) • Changed minimum date for two dose vaccine to on or after October 1, 2017, through the end of the measurement period. • Pneumococcal • Age range includes 65+ now (previously 66+)	CPT/CPTII: - 90630, 90653, 90654, 90656, **90658**, 90661, 90662, 90673, 90774, 90682, 90686, 90688, 90689, 90694, 90756 - Q2035-Q2039 HCPCS: - G0008: Influenza (Yearly) - G8483, G8484: Influenza immunization not administered - G0009, 4040F: Pneumococcal (1 per life)

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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.	**Both codes must be reported:** **1159F: Medication Listing AND** **1160F: Medication Review** **Med Review CPT:** **99605, 99606, 90863, 99483** **HCPCS: G8427**
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, TRC Description: *Medication reconciliation documented* **Documentation Requirements:** Visit within 30 days of Hospital discharge *TELEHEALTH ENCOURAGED* **Star Weight: 1** **Lines:** Medicare **Age:** **18yrs - 75yrs** ***TELEHEALTH/TELEPHONIC ENCOURAGED***	• Progress Notes must clearly state that discharge and current medications were reconciled • **Follow up Visit must be held within 30 days from date of discharge.** Patient Engagement After Inpatient Discharge - Office Visit such as Evaluation and Management codes - Office Visit, visit to the home or Telehealth visit. **For Telehealth use the Place of Service:** **02:** Telehealth Provided Other than in Patient's Home **10:** Telehealth Provided in Patient's Home **The use of Telehealth was extended to 12.31.2027 by CMS**	**CPT/CPTII: TWO CODES REQUIRED** **- 1111F MRP/TRC** **AND** **- ONE PATIENT ENGAGEMENT CODE-** **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**
Glycemic Status Assessment for Patients with Diabetes HbA1c Control Measure ID: GSD Description: *Diabetes Monitoring - **Complete Lab Requisition form** and **refer to Lab*** **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: Both Testing and Results are needed** **Testing: 83036, 83037** **AND** **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***

HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
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 blood and uACR urine tests, **BOTH are required** in the measurement year. The uACR test are required on same or with service dates four or less days apart.	**TWO SEPARATED TEST REQUIRED CPT/CPTII:** **1. (eGFR) Blood Test - 80047, 80048, 80050, 80053, 80069, 82565** **AND** **2. (uACR) Urine Test - 82043 AND 82570**
Eye Exam for Patients with Diabetes Measure ID: EED Description: *Diabetes Monitoring - **Refer to Opthometrist or Opthalmologist*** **Documentation Requirements:** Positive for Retinopathy = Annually Negative for Retinopathy = Every 2yrs **Star Weight: 1** **Lines:** Medicare **Age:** **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 palliative 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, 2024, and Dec. 31, 2026** **Star Weight: 1** **Lines:** Medicare **Age:** **40yrs - 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**

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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:** Medicare **Age:** **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**
Osteoporosis Management in Women who Had a Fracture Measure ID: OMW Description: *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*** . **Documentation Requirements:** Within 6 months of Fracture **Star Weight: 1** **Lines:** Medicare **Age:** **Women 67yrs - 85yrs**	• **Order a BMD Test (DEXA) Scan** • 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: J0892** **Medications: J0897, J1740, J3489, J0630, J0897, J3110, J3489** **ICD-10 Diagnosis: M84.40XA**
Depression Screening and Follow-Up for Adolescents and Adults Measure ID: DSF-E Description: Screen all members annually for depression and follow up with necessary treatment recommendations. Members ages 12 and over as of January 1 of the measurement year **Documentation Requirements:** Measurement Year **Lines:** Medicare **Age:** **12yrs & Older**	• Documented result of depression in the measurement year using a age-appropriate standardized instrument such as PHQ2, PHQ9. • Upon documentation of a positive depression screening, members receive follow-up (medication or treatment) within 30 days of the positive screening	**PHQ9 CPT/CPTII: G0444, G8510 and G8431** **Behavioral Health Encounter: CPT/CPTII:** **90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846,90847,90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880,90887, 99484, 99492, 99493**

HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Medication Adherence **Diabetes,** **Cholesterol,** **Hypertension** **Star Weight: 1** Description: *Ask patients they must pick up their prescribed maintenance medications for their Diabetes, Cholesterol or Hypertension from the Pharmacy.* ***To close the HEDIS GAP the prescription must be filled a the Pharmacy with their Health Plan card.*** **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 **Exclusion:** SPC/SPD - myalgia/muscular reaction to stains	**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.**
Follow- up After Emergency Room Visit Measure ID: FMC Description: **Emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions who had a follow-up service within <u>7 days of the ED visit.</u>** **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. **<u>For Telehealth use the Place of Service:</u>** **02:** Telehealth Provided Other than in Patient's Home **10:** Telehealth Provided in Patient's Home **The use of Telehealth was extended to 12.31.2027 by CMS.**	**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

HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Social Determinants of Health Measure ID: SDOH Description: Percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if screened positive. **Lines:** Medicare **Age:** **18yrs & Older**	**Exclusions:** Member in Hospice. Member living in Long Term institution. Submit the Gcode G0136 plus one of the SDOH ICD10 codes as appropiate.	**CPT/CPTII: G0136** **ICD 10:** Z55.0, Z55.1, Z55.8, Z55.9, Z56.0-Z56.6, Z56.81, Z56.89, Z56.9, Z58.6, Z59.0, Z59.10, Z59.11, Z59.12, Z59.19, Z59.2, Z59.3, Z59.41, Z59.48, Z59.5-Z59.7, Z59.81, Z59.82, Z59.86, Z59.87, Z59.89, Z60.0, Z60.2-Z60.9, Z63.0, Z63.1, Z63.32, Z63.4-Z63.6, Z63.72, Z63.8, Z63.9, Z65.9
Concurrent Use of Opioids and Benzodiazepines Measure ID: COB Description: This measure evaluates the percentage of patients at least 18 years old with concurrent use of prescription opioids and benzodiazepines for at least 30 cumulative days. **Star Weight: 1** **Lines:** Medicare **Age:** **18yrs & Older**	**Exclusions:** • Hospice or palliative care • Cancer diagnosis • Sickle cell disease • Injectable formulations of opioids or benzodiazepines • Products with buprenorphine as a single agent or in combination products • Fentanyl transdermal patch	**Strategies for Rate Improvement** • Educate patients about the risk of COB (e.g. falls, respiratory depression) • If concurrent therapy is medically necessary, limit medication use to the shortest duration (<30 days) at the lowest effective dose • Consider alternative medications or safer, non-pharmacologic therapies such as cognitive behavioral therapy or physical therapy • Coordinate care with all of the patient's treating providers • Follow CMS's 5 principles for co-prescribing Benzodiazepines (BZDs) and opioids: • Avoid initial combination by offering alternative approaches such as cognitive behavioral therapy or other medication classes • If new prescriptions are needed, limit the dose and duration. Taper long-standing medications gradually and, whenever possible, discontinue • Continue long-term co-prescribing only when necessary and monitor closely • Provide rescue medication (for example, naloxone) to high-risk patients and their caregivers as co-prescribing places the patient at a high risk of opioid overdose • When initiating opioid therapy, prescribe immediate-release opioids rather than extended-release or long-acting (ER/LA) opioids • The lowest effective dosage should be prescribed when opioids are initiated for opioid-naïve patients • Evaluate the benefits and risks with patients within 1–4 weeks of starting opioid therapy or of dosage escalation. Regularly reevaluate benefits and risks of continued opioid therapy

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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.
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 over 40 years of age **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)
Plan All-Cause Readmissions Measure ID: PCR Description: Members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. **Star Weight: 3** **Lines:** Medicare **Age:** **18yrs - 64 yrs**	**Exclusions:** Members who use hospice services or elect to use a hospice benefit any time during the measurement year	• Work the four elements of the Transitions of Care (TRC) measure: 1) Medication Reconciliation Post Discharge, 2) Notification of Inpatient Admission, 3) Patient Engagement After Inpatient Discharge, and 4) Receipt of Discharge Information. • Keep in mind that PCR is an event-based measure that patients can be in multiple times for each admission/discharge. • Ensure a follow-up appointment is made before the patient leaves the hospital and is scheduled within 7 days of discharge. Contact Molina Case Management if assistance is needed to obtain a follow-up appointment. • Review medications with patients (and/or parent/caregiver as appropriate) to ensure they understand the purpose and appropriate frequency and method of administration. • Ensure accurate dates are documented for hospital discharge, scheduled outpatient appointments, and kept appointments.