



Quick Reference Guide HEDIS[®] MY 2024

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This guide has been updated with information from the release of the HEDIS® MY 2024 Volume 2 Technical Specifications by NCQA and is subject to change.

HEDIS[®] MY 2024 Quick Reference Guide

Updated to reflect NCQA HEDIS[®] MY 2024 Technical Specifications

Meridian, WellCare, and Ambetter from Meridian strive to provide quality healthcare to our membership as measured through HEDIS[®] quality metrics. We created the HEDIS[®] MY 2024 Quick Reference Guide to help you increase your practice's HEDIS[®] rates and to use to address care opportunities for your patients. Please always follow the State and/or CMS billing guidance and ensure the HEDIS[®] codes are covered prior to submission.



What is HEDIS[®]?

HEDIS[®] (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS[®] measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.



What are the scores used for?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS[®] rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS[®] rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS[®] score determines your rates for physician incentive programs that pay you an increased premium — for example Pay for Performance or Quality Bonus Funds.

To learn more about the Provider Incentive Programs offered by Meridian, Wellcare, and Ambetter from Meridian, please refer to the *2024 Provider Incentive Guidebook*.



How can I submit data to improve my HEDIS® scores?

✓ **Administrative claims**

- Submit claim/encounter data for each service rendered with appropriate billing codes
- Submit applicable codes when members should be excluded from HEDIS measures
- Accurate and timely submission of claims data is the most appropriate way to ensure all services are captured and accounted for

✓ **Supplemental Data**

• **EDI Feeds**

- Partner with our Supplemental Data team to get an Electronic Data Interchange (EDI) feed set up. This electronic method of data submission moves information directly from one computer application to another in a standard electronic format
- For information regarding set up and applicable HEDIS measures, please reach out to katherine.oughton@centene.com

• **EMR Access**

- Partner with our HEDIS Abstraction team to set up remote access to your EMR system for HEDIS gap closure. This access is utilized year-round to abstract and enter data for health plan prioritized HEDIS measures
- For information regarding set up and applicable HEDIS measures, please reach out to brittany.davis@mimeridian.com

• **Medical Record Submission**

- Fax medical record documentation to 833-667-1532
- Email medical record documentation to mihedis@mhplan.com





Questions?



mimeridian.com or **mmp.mimeridian.com**



833-667-1532



mihedis@mhplan.com

Providers and other healthcare staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary staff: Please check the tabular list for the most specific ICD-10 code choice.



For more information, visit www.ncqa.org

Contents

Adult Health

(AAP) Adults' Access to Preventive/Ambulatory Health Services	8
(ACP) Advance Care Planning	9
(AIS-E) Adult Immunization Status	11
(BPD) Blood Pressure Control for Patients With Diabetes	14
(CBP) Controlling High Blood Pressure	16
(COA) Care for Older Adults	19
(COL-E) Colorectal Cancer Screening	21
(EED) Eye Exams for Patients With Diabetes	24
(GSD) Glycemic Status Assessment for Patients With Diabetes	26
(KED) Kidney Health Evaluation for Patients With Diabetes	28
(PCE) Pharmacotherapy Management for COPD Exacerbation	31
(PCR) Plan All-Cause Readmissions	33
(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication	35
(TRC) Transitions of Care	36

Women's Health

(BCS-E) Breast Cancer Screening	39
(CCS) Cervical Cancer Screening	41
(CHL) Chlamydia Screening in Women	43
(OMW) Osteoporosis Management in Women Who Had a Fracture	44
(OSW) Osteoporosis Screening in Older Women	46
(PPC) Prenatal and Postpartum Care	48
(PRS-E) Prenatal Immunization Status	51
(PND-E) Prenatal Depression Screening and Follow-Up	54
(PDS-E) Postpartum Depression Screening and Follow-Up	59

Pediatric Health

(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication	64
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics	66
(CIS) Childhood Immunization Status	68
(IMA) Immunizations for Adolescents	72
(LSC) Lead Screening in Children	75
(OED) Oral Evaluation, Dental Services	77
(TFC) Topical Fluoride for Children	78
(WCV) Child and Adolescent Well-Care Visits	79
(W30) Well-Child Visits in the First 30 Months of Life	81
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	83

General Health

(AMR) Asthma Medication Ratio	86
(CWP) Appropriate Testing for Pharyngitis	88
(FUH) Follow-Up After Hospitalization for Mental Illness	90
(IET) Initiation and Engagement of Substance Use Disorder Treatment	93
(MI2.6) Timely Transmission of Care Transition Record to Health Care Professional	96
(MI5.6) Medication Review	97
(URI) Appropriate Treatment for Upper Respiratory Infection	98

Medication Adherence

(AMM) Antidepressant Medication Management	101
(PDC-DIA) Medication Adherence for Diabetes Medications	103
(PDC-RAS) Medication Adherence for Hypertension-RAS antagonists	105
(PDC-STA) Medication Adherence for Cholesterol (Statins)	107
(SPC) Statin Therapy for Patients with Cardiovascular Disease	108
(SPD) Statin Therapy for Patients with Diabetes	111

Adult Health



(AAP) Adults' Access to Preventive/ Ambulatory Health Services

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Description	Codes*
Ambulatory Visits	<p>CPT: 92002, 92004, 92012, 92014, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015</p>
Reason for Ambulatory Visit	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
Hospice Care	<p>HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182</p> <p>CPT: 99377, 99378</p>

*Codes subject to change

(continued)



(AAP) Adults' Access to Preventive/ Ambulatory Health Services *(continued)*

Action

- ✓ Complete an appointment with all assigned patients annually

Tips and Best Practices

- ✓ Address all preventive health screenings and tests at appropriate intervals
- ✓ Schedule next appointment at close of visit and offer flexible appointment availability, including evening, weekends, telehealth, and family appointments
- ✓ Provide appointment reminders

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(ACP) Advance Care Planning

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of adults 66-80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year.

(continued)



(ACP) Advance Care Planning *(continued)*

Description	Codes*
Advance Care Planning	CPT: 99483, 99497 CPT-CAT-II: 1123F, 1124F, 1157F, 1158F HCPCS: S0257
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Talk with patients about their decisions for resuscitation, life sustaining treatment, and end-of life-care
- ✓ Even if advance directive is already on file, it must be reviewed, addressed and updated every year

Tips and Best Practices

- ✓ Regularly encourage all patients to think about what goals they would have for care if they faced a life-threatening illness or injury; identify someone they would want to have decisions on their behalf if they did not have decision-making capacity; make their views known to their designated surrogate and to other family members
- ✓ Incorporate notes from the advance care planning discussion into the medical record
- ✓ Periodically review with the patient his or her goals, preferences, and chosen decision maker, which often change over time or with changes in health status
- ✓ Telephone visits, e-visits, or virtual check-ins are acceptable

(continued)



(ACP) Advance Care Planning *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members who receive palliative care any time during the measurement year
-



(AIS-E) Adult Immunization Status

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates the percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

(continued)



(AIS-E) Adult Immunization Status *(continued)*

Description	Codes*
Adult Influenza Immunization	CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 111, 149 CPT: 90630, 90653-90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756, 90660, 90672
Anaphylaxis Due To Influenza Vaccine	SNOMED: 471361000124100
Td Immunization	CVX: 09, 113, 115, 138, 139 CPT: 90714
Tdap Vaccine	CVX: 115 CPT: 90715
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED: 428281000124107, 428291000124105
Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED: 192710009, 192711008, 192712001
Herpes Zoster Vaccine	CVX: 121, 187 CPT: 90736, 90750
Anaphylaxis Due to Herpes Zoster Vaccine	SNOMED: 471371000124107, 471381000124105
Adult Pneumococcal Immunization	CVX: 33, 109, 133, 152, 215, 216 CPT: 90670, 90671, 90677, 90732 HCPCS: G0009
Anaphylaxis Due to Pneumococcal Immunization	SNOMED: 471141000124102
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

(continued)



(AIS-E) Adult Immunization Status *(continued)*

Action

Perform the following immunizations in the listed timeframe:

- ✓ Influenza
 - Annually
- ✓ Td/Tdap
 - Every ten years
- ✓ Pneumococcal
 - One dose, on or after patient's 19th birthday
- ✓ Zoster
 - If herpes zoster live vaccine, one dose on or after patient's 50th birthday
 - If herpes zoster recombinant vaccine, two doses at least 28 days apart on or after patient's 50th birthday

Tips and Best Practices

- ✓ If a member had anaphylaxis due to any of the required vaccines or encephalitis due to Td/Tdap, submit codes in the table above to count towards the measure
- ✓ Enter administered immunizations in the Michigan Care Improvement Registry (MCIR). Information regarding MCIR can be found here: <https://mcir.org/training-resources/healthcare-provider-mcir-resources/>
- ✓ Try to complete immunizations at scheduled annual exams to reduce the number of appointments
- ✓ Offer immunizations on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Educate patients on the diseases that are prevented with immunizations

(continued)



(AIS-E) Adult Immunization Status

(continued)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(BPD) Blood Pressure Control for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Description	Codes*
Diastolic Less Than 80	CPT-CAT-II: 3078F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/Equal To 90	CPT-CAT-II: 3080F
Systolic Less Than 130	CPT-CAT-II: 3074F
Systolic 130-139	CPT-CAT-II: 3075F
Systolic Greater Than/Equal To 140	CPT-CAT-II: 3077F
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

(continued)



(BPD) Blood Pressure Control for Patients With Diabetes *(continued)*

Description	Codes*
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Take member's blood pressure at each outpatient visit
- ✓ Indicate in the medical record all recorded blood pressure measurements, blood pressure results taken by the patient at home and reviewed via telehealth, or member-reported blood pressure readings

Tips and Best Practices

- ✓ If BP result is >140/90 mmHg, recheck the BP at end of the visit and document
- ✓ Ensure you are coding from the chart above for both the systolic and diastolic values
- ✓ Member-reported blood pressure readings and blood pressure readings collected via telehealth are acceptable. Remote monitoring device not required to prove readings
- ✓ Follow the American Medical Association's seven simple tips to get an accurate blood pressure reading at:
www.ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading
- ✓ Your patient may be eligible for automatic home blood pressure monitor through their standard Over-the-Counter benefits when supplied through in-network durable medical equipment provider

(continued)



(BPD) Blood Pressure Control for Patients With Diabetes *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year



(CBP) Controlling High Blood Pressure

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

(continued)



(CBP) Controlling High Blood Pressure

(continued)

Description	Codes*
Diastolic Less Than 80	CPT-CAT-II: 3078F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/ Equal To 90	CPT-CAT-II: 3080F
Systolic Less Than 130	CPT-CAT-II: 3074F
Systolic 130-139	CPT-CAT-II: 3075F
Systolic Greater Than/ Equal To 140	CPT-CAT-II: 3077F
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378
Members With a Diagnosis or Procedure That Indicates ESRD	CPT: 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548, 90935, 90937, 90945, 90947, 90997, 90999, 99512, 50240, 50360, 50365, 50380 HCPCS: G0257, S9339 ICD-10: N18.5, N18.6, Z99.2, Z94.0 ICD-9: 585.5, 585.6, V45.11, V42.0
Pregnancy Diagnosis	ICD-10: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.91, Z34.92, Z34.93

*Codes subject to change. List does not include all codes for pregnancy, due to amount.

Action

- ✓ Take member's blood pressure at each outpatient visit
- ✓ Indicate in the medical record all recorded blood pressure measurements, blood pressure results taken by the patient at home and reviewed via telehealth, or member-reported blood pressure readings

(continued)



(CBP) Controlling High Blood Pressure

(continued)

Tips and Best Practices

- ✓ If BP result is $>140/90$ mmHg, recheck the BP at end of the visit and document
- ✓ Ensure you are coding from the chart above for both the systolic and diastolic values
- ✓ Member-reported blood pressure readings and blood pressure readings collected via telehealth are acceptable. Remote monitoring device not required to prove readings
- ✓ Follow the American Medical Association's seven simple tips to get an accurate blood pressure reading at:
www.ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading
- ✓ Your patient may be eligible for automatic home blood pressure monitor through their standard Over-the-Counter benefits when supplied through in-network durable medical equipment provider

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year
- ✓ Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant any time during member's history
- ✓ Members with a diagnosis of pregnancy any time during the measurement year





(COA) Care for Older Adults

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of adults 66 years and older who had each of the following:

- ✓ Medication review
- ✓ Functional status assessment
- ✓ Pain assessment

Description	Codes*
Medication Review (codes must be submitted for both Medication List AND Medication Review for credit)	Medication List - CPT-CAT-II: 1159F HCPCS: G8427 Medication Review - CPT-CAT-II: 1160F CPT: 90863, 99605, 99606, 99483
Functional Status Assessment	CPT: 99483 CPT-CAT-II: 1170F HCPCS: G0438, G0439
Pain Assessment	CPT-CAT-II: 1125F, 1126F
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378

*Codes subject to change

(continued)



(COA) Care for Older Adults

(continued)

Action

✓ Medication review

- Perform an annual review of the patient's medications, including prescription medications, over-the-counter medications and herbal or supplemental therapies. This must be completed by a prescribing provider or a clinical pharmacist

✓ Functional status assessment

- Assess the patient's ability to perform daily tasks and identify any functional decline
- This can be documented through assessing ADLS, IADLS, or using a standardized functional status assessment tool

✓ Pain assessment

- Perform an annual comprehensive pain assessment to screen the patient for the presence of pain and to assess pain intensity
- This can be documented through the use of a standardized pain assessment tool or documentation that the patient was assessed for pain and the date it was performed

Tips and Best Practices

- ✓ If member is not taking any medication, document this in the record to count for medication review
- ✓ No specific setting or provider specialty is required for functional status assessment and pain assessment. Telephone visit, e-visit or virtual check-in meet criteria
- ✓ Complete medication review, functional status assessment, and pain assessment in the same visit when able. Annual wellness visits are a great opportunity for this

(continued)



(COA) Care for Older Adults

(continued)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(COL-E) Colorectal Cancer Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates the percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.

Description	Codes*
Colonoscopy	CPT: 44388–44394, 44401–44408, 45355, 45378–45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261–74263
sDNA Fit Lab Test (Cologuard)	CPT: 81528
Flexible Sigmoidoscopy	CPT: 45330–45335, 45337–45342, 45346, 45347, 45349, 45350 HCPCS: G0104

(continued)



(COL-E) Colorectal Cancer Screening

(continued)

Description	Codes*
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378
Colorectal Cancer	ICD-10: C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 ICD-9: 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 197.5, V10.05, V10.06
Total Colectomy	CPT: 44150–44158, 44210–44212

*Codes subject to change

Action

Inform your patient that while a colonoscopy needs to be done the least frequently, there are multiple options for colorectal cancer screenings:

- ✓ Colonoscopy: during the measurement year or nine years prior
- ✓ Stool DNA (sDNA) with FIT Test or Cologuard®: during the measurement year or two years prior
- ✓ Fecal occult blood test (FOBT): during the measurement year
- ✓ Flexible sigmoidoscopy: during the measurement year or four years prior
- ✓ CT colonography: during the measurement year or four years prior

(continued)



(COL-E) Colorectal Cancer Screening

(continued)

Tips and Best Practices

- ✓ Member-reported screenings are acceptable if documented in chart as part of member's history
- ✓ Support colonoscopy scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality Improvement or Provider Network Management Representative to find out if your patient received a FIT home test kit from the health plan

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members who receive palliative care any time during the measurement year
 - ✓ Members who had colorectal cancer any time during the member's history
 - ✓ Members who had a total colectomy any time during the member's history
-



(EED) Eye Exam for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)
- ✓ Wellcare by Allwell (Medicare)

Description

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a dilated or retinal eye exam.

Description	Codes*
Eye Exam with Evidence of Retinopathy	CPT: 2022F, 2024F, 2026F
Eye Exam Without Evidence of Retinopathy	CPT: 2023F, 2025F, 2033F
Automated Eye Exam	CPT: 92229
Diabetic Retinal Screening (must be billed by eye care professional and only counts for measurement year; add a code from Diabetes Mellitus Without Complications set below to last for two years)	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, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245 HCPCS: S0620, S0621, S3000
Diabetes Mellitus Without Complications	ICD-10: E10.9, E11.9, E13.9
Diabetic Retinal Screening Negative in Prior Year	CPT: 3072F

(continued)



(EED) Eye Exam for Patients With Diabetes

(continued)

Description	Codes*
Unilateral Eye Enucleation With a Bilateral Modifier (must add CPT Modifier: 50 if two enucleations occurred more than 14 days apart)	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Refer your diabetic members to an eye care professional annually to complete a retinal or dilated eye exam or complete in office and send exam to ophthalmologist or optometrist for review and sign off
- ✓ If patient tests negative for retinopathy, eye exam can be performed every other year

Tips and Best Practices

- ✓ Conduct outreach to diabetic population about yearly Dilated Retinal Exams
- ✓ Remind patients concerned with costs of Dilated Retinal Exams that it's a covered medical benefit
- ✓ Support exam scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality or Provider Network Management Representative to find out about retinal camera rental or if your patient is eligible for in-home retinal screening

(continued)



(EED) Eye Exam for Patients With Diabetes

(continued)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year



(GSD) Glycemic Status Assessment for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status was at the following levels during the measurement year:

- ✓ HbA1c or glucose management indicator control (<8.0%)
- ✓ HbA1c or glucose management indicator poor control (>9.0%)

(continued)



(GSD) Glycemic Status Assessment for Patients With Diabetes *(continued)*

Description	Codes*
HbA1c Level Less Than 7	CPT-CAT-II: 3044 F
HbA1c Level Greater Than/ Equal to 7 and Less Than 8	CPT-CAT-II: 3051F
HbA1c Level Greater Than/ Equal to 8 and Less Than/ Equal to 9	CPT-CAT-II: 3052F
HbA1c Greater Than 9	CPT-CAT-II: 3046F
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Perform at least one HbA1c test annually or monitor your patient with a Continuous Glucose Monitoring system
- ✓ For results >8%, repeat the test later in the measurement year

Tips and Best Practices

- ✓ Member-reported HbA1c results are acceptable if documented in chart with test date and value
- ✓ Discuss the importance of HbA1c/blood glucose control in patients with diabetes and long-term effects of elevated blood glucose
- ✓ Offer referrals to Diabetes Education, Endocrinologist, and/or Dietician
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders

(continued)



(GSD) Glycemic Status Assessment for Patients With Diabetes *(continued)*

- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received a HbA1c home test kit from the health plan
- ✓ For patients taking diabetes medication, encourage adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts
- ✓ Your patient may be eligible for diabetes education services through an approved in network provider

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year



(KED) Kidney Health Evaluation for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)



(KED) Kidney Health Evaluation for Patients With Diabetes *(continued)*

Description

The percentage of members 18–85 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.

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Creatinine Lab Test	CPT: 82570
Quantitative Urine Albumin Lab Test	CPT: 82043
Urine Albumin Creatinine Ratio Lab Test	LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
ESRD Diagnosis	ICD: N18.5, N18.6, Z99.2
Dialysis Procedure	CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS: G0257, S9339
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Perform both eGFR and uACR testing annually for patients with diabetes. UACR testing can be either of the following:
 - Urine Albumin Creatinine Ratio Lab Test
 - Both a quantitative urine albumin lab test and a urine creatinine test with service dates four days or less apart

(continued)



(KED) Kidney Health Evaluation for Patients With Diabetes *(continued)*

Tips and Best Practices

- ✓ Member-reported results are acceptable if documented in chart with test date and value
- ✓ This is not a measure where the results of the tests will affect compliance. The intent is that the services were completed
- ✓ Encourage members to have annual testing for appropriate identification, staging, monitoring and treatment of kidney disease
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Your patient may be eligible for diabetes education services through an approved in network provider
- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received an eGFR and uACR home test kit from the health plan

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year
- ✓ Members who have evidence of ESRD or dialysis any time during the member's history





(PCE) Pharmacotherapy Management of COPD Exacerbation

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department visit on or between January 1-November 30 of the measurement year and who were dispensed one of the following appropriate medications or had evidence of an active prescription:

1. A systemic corticosteroid within 14 days of inpatient discharge or ED visit
2. A bronchodilator within 30 days of inpatient discharge or ED visit

Description	Codes*
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

Systemic Corticosteroid Medications		
Description	Prescriptions	
Glucocorticoids	<ul style="list-style-type: none"> • Cortisone • Dexamethasone • Hydrocortisone 	<ul style="list-style-type: none"> • Methylprednisolone • Prednisolone • Prednisone

(continued)



(PCE) Pharmacotherapy Management of COPD Exacerbation *(continued)*

Bronchodilator Medications		
Description	Prescriptions	
Anticholinergic agents	<ul style="list-style-type: none">• Acclidinium bromide• Ipratropium	<ul style="list-style-type: none">• Tiotropium• Umeclidinium
Beta 2-agonists	<ul style="list-style-type: none">• Albuterol• Arformoterol• Formoterol• Indacaterol	<ul style="list-style-type: none">• Levalbuterol• Metaproterenol• Olodaterol• Salmeterol
Bronchodilator combinations	<ul style="list-style-type: none">• Albuterol-ipratropium• Budesonide-formoterol• Fluticasone-salmeterol• Fluticasone-vilanterol• Fluticasone furoate-umeclidinium-vilanterol• Formoterol-aclidinium• Formoterol-glycopyrrolate	<ul style="list-style-type: none">• Formoterol-mometasone• Glycopyrrolate-indacaterol• Olodaterol-tiotropium• Umeclidinium-vilanterol

Action

- ✓ Schedule a follow-up appointment after discharge and confirm that the patient has been prescribed the appropriate medication and had it filled

Tips and Best Practices

- ✓ Reconcile patients' medications with those prescribed at discharge when you receive the discharge summary
- ✓ Ask the patient if they have any barriers that prevent them from filling their prescriptions
- ✓ Provide a COPD action plan for the patient, including daily medications, trigger avoidance, and what to do when flare-ups occur. This resource from the American Lung Association can be referenced: <https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/copd-management-tools>

(continued)



(PCE) Pharmacotherapy Management of COPD Exacerbation *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(PCR) Plan All-Cause Readmissions

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

For 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 with 30 days and the predicted probability of an acute readmission.

Description	Codes*
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

(continued)



(PCR) Plan All-Cause Readmissions *(continued)*

Action

- ✓ Coordinate care from the hospital to home and ensure a follow-up visit with the primary care physician to help your patients avoid a readmission

Tips and Best Practices

- ✓ Implement a post-discharge process to track, monitor and follow up with patients
- ✓ Provide transitional care management for patients who are at high-risk for readmissions
- ✓ Keep a few open appointments available so patients who are discharged from the hospital can be seen within 7 days of discharge
- ✓ Discuss the discharge summary with your patients and ask if they understand the instructions and filled new prescriptions

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
-



(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

DESCRIPTION	CODES*
HbA1c Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3046F, 3051F, 3052F, 3044F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82951, 82950
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378
Diabetes	ICD-10: E10.8, E10.9, E11.8, E11.9 **list does not include all codes for diabetes, due to amount
Antipsychotic Medications	HCPCS: J0401, J01631, J1943, J1944, J2358, J2426, J2680, J2794, J2798

*Codes subject to change

Action

- ✓ Ensure patients who have one or more antipsychotic prescriptions have HbA1c testing or glucose testing completed in the measurement year

(continued)



(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication *(continued)*

Tips and Best Practices

- ✓ Educate patients on risks of hyperglycemia associated with antipsychotic medication treatment
- ✓ Address concerns regarding side effects and how to manage them
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members with diabetes
 - ✓ Members who had no antipsychotic medications dispensed during the measurement year
-



(TRC) Transitions of Care

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

(continued)



(TRC) Transitions of Care (continued)

Description

Measure evaluates percentage of discharges for members 18 years of age and older who had each of the following:

- ✓ Notification of Inpatient Admission: Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission
- ✓ Receipt of Discharge Information: Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge
- ✓ Patient Engagement After Inpatient Discharge: Documentation of patient engagement provided within 30 days after discharge
- ✓ Medication Reconciliation Post-Discharge: Documentation of medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge

DESCRIPTION	CODES*
Medication Reconciliation	CPT: 99483, 99495, 99496 CPT-CAT-II: 1111F
Outpatient and Telehealth (for Patient Engagement)	CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015
Transitional Care Management Services (for Patient Engagement)	CPT: 99495, 99496, 96156, 96160, 96161
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change



(TRC) Transitions of Care *(continued)*

Action

- ✓ Document in the member's medical record the date the PCP was notified of the member's in-patient hospital admission
- ✓ Obtain discharge summaries from inpatient facilities within 3 days of discharge
- ✓ Reach out to member immediately after you receive notification that they have been discharged to set up a follow-up visit within 30 days. This can be an office visit, home visit, phone call or telehealth visit
- ✓ During follow-up visit, review all of member's current medications compared to medications prior to admission

Tips and Best Practices

- ✓ Investigate and implement a process to receive auto alerts when a member is admitted to or discharged from an inpatient facility
- ✓ Date and time stamp the receipt of notification admission in the member's medical record
- ✓ Date and time stamp the receipt of the discharge summary in the member's medical record
- ✓ Schedule follow-up appointment with primary care provider within the first seven days of discharge, to allow time for rescheduling if needed
- ✓ Reconcile the patient discharge medications to his or her outpatient medications at follow-up visit

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



Women's Health



(BCS-E) Breast Cancer Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates the percentage of members 50-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Description	Codes*
Mammography	CPT: 77061-77063, 77065-77067
History of Bilateral Mastectomy	ICD-10: Z90.13
Bilateral Mastectomy	ICD-10: OHTVOZZ ICD-9: 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy with Bilateral Modifier (add CPT Modifier code 50 if bilateral done in same procedure)	CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307
Absence of Left Breast	ICD-10: Z90.12
Absence of Right Breast	ICD-10: Z90.11
Gender-Affirming Chest Surgery	CPT: 19318
Gender Dysphoria	ICD-10: F64.1, F64.2, F64.8, F64.9, Z87.890

(continued)



(BCS-E) Breast Cancer Screening *(continued)*

Palliative Care	HCPCS: G9054, M1017
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Make sure your patient completes a mammogram at least every two years

Tips and Best Practices

- ✓ Member-reported screenings are acceptable if documented in chart with date and results
- ✓ Support mammogram scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Identify barriers to getting mammogram, such as transportation

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who received palliative care during the measurement year
- ✓ Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history
- ✓ Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history



(CCS) Cervical Cancer Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

This measure demonstrates the percentage of members 21-64 years of age who were recommended for routine cervical cancer screening and were screened using any of the following criteria:

- ✓ Members 21-64 years of age who had cervical cytology performed within the last 3 years.
- ✓ Members 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- ✓ Members 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

Description	Codes*
Cervical Cytology Lab Test (21-64)	CPT: 88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30-64)	CPT: 87624, 87625 HCPCS: G0476
Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CPT: 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 59856, 59135 ICD-10: Q51.5, Z90.710, Z90.712
Members with Sex Assigned at Birth of Male	LOINC: 76689-9 and LA2-8
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5



(CCS) Cervical Cancer Screening *(continued)*

Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378
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*Codes subject to change

Action

- ✓ Offer cervical cancer screening in office if possible or support scheduling with accessible in-network provider during patient visits and have referrals easily accessible or standing orders.

Tips and Best Practices

- ✓ Member-reported screenings are acceptable if documented in chart with date and results
- ✓ Provide cervical cancer screening reminder at the time of appointment scheduling so the patient is aware and prepared for the exam during the visit
- ✓ Offer support to patients that are fearful of the exam and be mindful of barriers related to trauma history

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who received palliative care during the measurement year
- ✓ Members who had a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member's history
- ✓ Members with Sex Assigned at Birth (LOINC code 76689-9) of Male (LOINC code LA2-8) at any time in the member's history



(CHL) Chlamydia Screening in Women

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia.

Description	Codes*
Chlamydia Tests	CPT: 87110, 87270, 87320, 87490–87492, 87810
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Perform chlamydia screening each year on every 16 to 24-year-old female identified as being sexually active

Tips and Best Practices

- ✓ Chlamydia screening can be completed via urine specimen, clinician-collected vaginal swab or self-collected vaginal swab. Providing options to patient may ease fear
- ✓ Include chlamydia screening as a part of routine clinical preventive care, walk-in visits, pregnancy testing, and emergency contraception counseling visits
- ✓ Meet with teens and young adults separately from their parents to allow open conversation
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders

(continued)



(CHL) Chlamydia Screening in Women

(continued)

- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received a chlamydia home test kit from the health plan

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(OMW) Osteoporosis Management in Women Who Had a Fracture

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates the percentage of women 67-85 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.

Description	Codes*
Bone Mineral Density Tests	CPT: 76977, 77078, 77080, 77081, 77085, 77086
Osteoporosis Medication Therapy	HCPCS: J0897, J1740, J3110, J3111, J3489

(continued)



(OMW) Osteoporosis Management in Women Who Had a Fracture *(continued)*

Long-Acting Osteoporosis Medications during Inpatient Stay	HCPCS: J0897, J1740, J3489
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

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 • Romosozumab • Denosumab • Teriparatide • Raloxifene

Action

- ✓ Make sure that all women ages 65-75 receive a routine osteoporosis screening with a BMD test. For women who have suffered a fracture, complete a BMD test or fill a medication for osteoporosis treatment within six months.

Tips and Best Practices

- ✓ Appropriate testing or treatment for osteoporosis after the fracture is defined by any of the following criteria:
 - A BMD test on the date of fracture or in the 6-month period after fracture
 - Osteoporosis therapy on the date of fracture or in the 6-month period after the fracture
 - A dispensed prescription to treat osteoporosis on the date of fracture or in the 6-month period after the fracture

(continued)



(OMW) Osteoporosis Management in Women Who Had a Fracture *(continued)*

- ✓ Support BMD scheduling with accessible in-network provider during patient visit
- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient is eligible for an in-home BMD

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who received palliative care during the measurement year



(OSW) Osteoporosis Screening in Older Women

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

The percentage of women 65-75 years of age who received osteoporosis screening.

Description	Codes*
Osteoporosis Screening Tests	CPT: 76977, 77078, 77080, 77081, 77085
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5



(OSW) Osteoporosis Screening in Older Women *(continued)*

Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378
Osteoporosis Medication Therapy	HCPCS: J0897, J1740, J3110, J3111, J3489

*Codes subject to change

Action

- ✓ Make sure that all women ages 65-75 receive a routine osteoporosis screening with a BMD test

Tips and Best Practices

- ✓ Support BMD scheduling with accessible in-network provider during patient visit and have referrals easily accessible or standing orders
- ✓ BMD tests are the most effective method for determining bone health, identifying osteoporosis, determining risk for fractures, and assessing response to osteoporosis treatment
- ✓ Review osteoporosis risk factors and long-term effects to reinforce importance of routine screening
- ✓ Provider tool kit and additional resource trainings are available through the Bone Health & Osteoporosis Foundation (BHOFF) website at www.bonehealthandosteoporosis.org/

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(continued)



(OSW) Osteoporosis Screening in Older Women *(continued)*

- ✓ Members who received palliative care during the measurement year
 - ✓ Members who had a dispensed prescription to treat osteoporosis any time between three years prior to the measurement year through December 31 of the year prior to the measurement year
-



(PPC) Prenatal and Postpartum Care

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- ✓ **Timeliness of Prenatal Care:** percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization
- ✓ **Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

(continued)



(PPC) Prenatal and Postpartum Care

(continued)

Description	Codes*
Prenatal Visits (must also include pregnancy related diagnosis code)	<p>CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>AND</p> <p>Pregnancy Diagnosis Code: ICD-10: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.91, Z34.92, Z34.93</p> <p>*list does not include all codes for pregnancy, due to amount</p>
Prenatal Bundled Services	<p>CPT: 59400, 59425, 52426, 59510, 59610, 59618</p> <p>HCPCS: H1005</p>
Postpartum Visits	<p>CPT: 57170, 58300, 59430, 99501</p> <p>CPT-CAT-II: 0503F</p> <p>HCPCS: G0101</p> <p>ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p>
Cervical Cytology	<p>CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p>
Postpartum Bundled Services	<p>CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p>
Hospice Care	<p>HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182</p> <p>CPT: 99377, 99378</p>
Non-Live Births	<p>ICD-10: 000.00, 000.01, 000.101, 000.102, 000.109, 000.111, 000.112, 000.119, 000.201, 000.202, 000.209</p>

*Codes subject to change

(continued)



(PPC) Prenatal and Postpartum Care

(continued)

Action

- ✓ **For postpartum care**, send a note indicating the date of the visit with a physician, physician’s assistant, nurse practitioner, or certified nurse midwife, and at least one of the following:
 - Notation of “postpartum” care
 - Evaluation of weight, blood pressure, breasts, and abdomen
 - Perineal or cesarean incision/wound check
 - Screening for depression, anxiety, tobacco use, substance use, or preexisting mental health disorders
 - Glucose screening for women with gestational diabetes
 - Documentation of topics such as infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, or resumption of physical activity and healthy weight
- ✓ **For prenatal care**, send a note indicating the date of the visit with an OB/GYN, Midwife, PCP, Family Medicine, Family Practice, Nurse Practitioner, or Physician Assistant, and at least one of the following:
 - Diagnosis of pregnancy or reference to pregnancy
 - Documentation of LMP, EDD, or Gestational Age
 - Documentation of gravidity and parity
 - Positive pregnancy test
 - Basic OB exam that includes one of the following: auscultation for fetal heart tones, pelvic exam with OB observations or measurement of fundal height

Tips and Best Practices

- ✓ Telehealth visits, telephone visits, e-visits and virtual check-ins are acceptable for both prenatal and postpartum care
- ✓ Schedule postpartum visits prior to discharge after delivery

(continued)



(PPC) Prenatal and Postpartum Care

(continued)

- ✓ Prenatal visits may occur inpatient as long as they are not the same admission as the delivery
- ✓ Make the most of the visit by providing other services that may be necessary during OB visit, such as chlamydia screening or cervical cancer screening

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Fetal demise/no live birth in the allowable time frame



(PRS-E) Prenatal Immunization Status

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of deliveries in the measurement year in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

Description	Codes*
Adult Influenza Immunization	CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 111, 149

(continued)



(PRS-E) Prenatal Immunization Status

(continued)

Anaphylaxis Due To Influenza Vaccine	SNOMED: 471361000124100
Tdap Vaccine	CVX: 115 CPT: 90715
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED: 428281000124107, 428291000124105
Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED: 1927100009, 1927110008, 192712001
Gestational Age Assessment <37 Weeks	SNOMED: 412726003
Gestational Age Diagnosis	Z3A.01, Z3A.08-Z3A.36
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

Perform the following immunizations in the listed timeframe:

✓ Influenza

- Between July 1st of the year prior to the measurement year and the delivery date

✓ Tdap

- During the pregnancy, including on the delivery date

Tips and Best Practices

- ✓ If a member had anaphylaxis due to either of the required vaccines or encephalitis due to Tdap, submit codes in the table above to count towards the measure

(continued)



(PRS-E) Prenatal Immunization Status

(continued)

- ✓ Enter administered immunizations in the Michigan Care Improvement Registry (MCIR). Information regarding MCIR can be found here: <https://mcir.org/training-resources/healthcare-provider-mcir-resources/>
- ✓ Offer to administer immunizations at each prenatal visit until completed
- ✓ Offer immunizations on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Refer to the following website for ACIP vaccine recommendations and clinical guidelines: https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fschedules%2Fhcp%2Fadult.html

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Deliveries that occurred at less than 37 weeks gestation
 - ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
-



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

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of deliveries in the measurement year in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

Two rates are reported:

1. Depression Screening: percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument
2. Follow-Up on Positive Screen: percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding



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

Description	Codes*
<p>Follow-Up Visit (must have diagnosis of depression or other behavioral health condition)</p>	<p>Follow-Up Visit CPT: 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>AND</p> <p>Depression or other BH Condition ICD10CM: F01.51, F06.4, F11.188, F12.180, F12.980, F13.180, F14.180, F16.180, F20.0, F25.9, F31.3 *list does not include all codes for BH conditions, due to amount</p>
<p>Depression Case Management Encounter (must document assessment for symptoms of depression or dx of depression or other BH condition)</p>	<p>Depression Case Management Encounter CPT: 99366, 99492, 99493, 99494 HCPCS: G0512, T1016, T1017, T2022, T2023</p> <p>AND</p> <p>Depression or other BH Condition ICD10CM: F01.51, F06.4, F11.188, F12.180, F12.980, F13.180, F14.180, F16.180, F20.0, F25.9, F31.3 *list does not include all codes for BH conditions, due to amount</p>

(continued)



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

Behavioral Health Encounter	<p>CPT: 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H002, H004</p> <p>*list does not include all codes for BH encounters, due to amount</p>
Gestational Age Assessment <37 Weeks	SNOMED: 412726003
Gestational Age Diagnosis	Z3A.01, Z3A.08-Z3A.36
Hospice Care	<p>HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182</p> <p>CPT: 99377, 99378</p>

Depression Screening Instruments		
Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS) [®]	89208-3	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17

(continued)



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

Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T Score) ≥ 60

Depression Screening Instruments		
Instruments for Adolescents (18+years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS) [®]	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II) [®]	89209-1	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD) [®]	90853-3	Total score ≥ 30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥ 10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

*Codes subject to change

(continued)



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

Action

- ✓ Screen all pregnant members for clinical depression using one of the standardized depression screening assessments in the table above
- ✓ For any positive screenings, follow-up within 30 days with one of the following:
 - Outpatient, telehealth, telephone, e-visit, or virtual-check in with a diagnosis of depression or other behavioral health condition
 - Depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
 - A behavioral health encounter, including assessment, therapy, collaborative care or medication management
 - Prescribe antidepressant medication
 - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument

Tips and Best Practices

- ✓ If using a brief screening instrument (such as PHQ-2) results in a positive screen, immediately follow up with a full-length instrument (such as PHQ-9). If there are negative findings, this will be considered the follow-up
- ✓ Perform any of the specified prenatal depression screening tools at the first prenatal visit as part of your standard initial prenatal exam



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

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Deliveries that occurred at less than 37 weeks gestation
 - ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
-



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

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of deliveries in the measurement year in which members were screened for clinical depression during the postpartum period, and, if screened positive, received follow-up care.

Two rates are reported:

1. Depression Screening: percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period
2. Follow-Up on Positive Screen: percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding

(continued)



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

DESCRIPTION	CODES*
<p>Follow-Up Visit (must have diagnosis of depression or other behavioral health condition)</p>	<p>Follow-Up Visit CPT: 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>AND</p> <p>Depression or other BH Condition ICD10CM: F01.51, F06.4, F11.188, F12.180, F12.980, F13.180, F14.180, F16.180, F20.0, F25.9, F31.3 *list does not include all codes for BH conditions, due to amount</p>
<p>Depression Case Management Encounter (must document assessment for symptoms of depression or dx of depression or other BH condition)</p>	<p>Depression Case Management Encounter CPT: 99366, 99492, 99493, 99494 HCPCS: G0512, T1016, T1017, T2022, T2023</p> <p>AND</p> <p>Depression or other BH Condition ICD10CM: F01.51, F06.4, F11.188, F12.180, F12.980, F13.180, F14.180, F16.180, F20.0, F25.9, F31.3 *list does not include all codes for BH conditions, due to amount</p>

(continued)



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

DESCRIPTION	CODES*
Behavioral Health Encounter	<p>CPT: 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H002, H004</p> <p>*list does not include all codes for BH encounters, due to amount</p>
Hospice Care	<p>HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182</p> <p>CPT: 99377, 99378</p>

*Codes subject to change

Depression Screening Instruments		
Instruments for Adolescents (<17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS) [®]	89208-3	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T Score) ≥ 60

(continued)



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

Depression Screening Instruments		
Instruments for Adolescents (18+years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS) [®]	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II) [®]	89209-1	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD) [®]	90853-3	Total score ≥ 30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥ 10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

Action

- ✓ Screen all members within 7-84 days after delivery for clinical depression using one of the standardized depression screening assessments in the table above

(continued)



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

- ✓ For any positive screenings, follow-up within 30 days with one of the following:
 - Outpatient, telehealth, telephone, e-visit, or virtual-check in with a diagnosis of depression or other behavioral health condition
 - Depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
 - A behavioral health encounter, including assessment, therapy, collaborative care or medication management
 - Prescribe antidepressant medication
 - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument

Tips and Best Practices

- ✓ If using a brief screening instrument (such as PHQ-2) results in a positive screen, immediately follow up with a full-length instrument (such as PHQ-9). If there are negative findings, this will be considered the follow-up
- ✓ Perform any of the specified postpartum depression screening tools as part of your standard postpartum exam

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
-

Pediatric Health



(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow up care visits with a practitioner with prescribing authority:

- ✓ At least one follow-up visit within 30 days of prescription dispense date
- ✓ At least two follow-up visits 1-9 months after prescription dispense date

Description	Codes*
BH Outpatient Visit	<p>CPT: 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0468, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014–H2020, T1015</p>
Visit with unspecified setting (must also include POS code)	<p>CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>AND</p> <p>POS: 02, 03, 05, 07, 09, 10, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72</p>

(continued)



(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication *(continued)*

Description	Codes*
Health and Behavior Assessment or Intervention	CPT: 96156, 96158, 96159, 96164, 96168, 96170, 96171
Intensive Outpatient Encounter or Partial Hospitalization	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telephone Visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
E-visit or virtual check-in	CPT: 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Narcolepsy	ICD10CM: G47.411, G47.419, G47.421, G47.429
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Schedule a follow-up appointment within one month for patients newly prescribed ADHD medication. Schedule a follow-up visit while your patient is still in the office
- ✓ Schedule two or more visits in the nine months after the initial follow-up visit to continue to monitor your patient's progress

Tips and Best Practices

- ✓ Offer flexible appointment availability including evening, weekends, and telehealth options

(continued)



(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members with a diagnosis of narcolepsy any time during the member's history
-



(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates reported:

- 1 Percentage of children and adolescents on antipsychotics who received blood glucose testing
- 2 Percentage of children and adolescents on antipsychotics who received cholesterol testing
- 3 Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

(continued)



(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics *(continued)*

Description (Need either A1c or Glucose and LCL-C or Cholesterol)	Codes*
HbA1c Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F
Cholesterol Lab Tests	CPT: 82465, 83718, 83722, 84478
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Ensure patients who had two or more antipsychotic prescriptions have the following testing completed in the measurement year have:
 - A blood glucose test or HbA1C
 - At least one cholesterol or LDL-C test
- ✓ These tests can be on the same or different dates of service

Tips and Best Practices

- ✓ Provide members/caregivers with lab orders for HbA1c or glucose and cholesterol or LDL-C to be completed yearly
- ✓ Educate the member and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow up care

(continued)



(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics *(continued)*

- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visits and have referrals easily accessible or standing orders

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
-



(CIS) Childhood Immunization Status

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of children who turned two during the measurement year and completed the following immunizations on or before their second birthday:

- ✓ 4 DTAP (diphtheria, tetanus, and acellular pertussis) **or** anaphylaxis **or** encephalitis due to DTAP
- ✓ 3 IPV (polio) **or** anaphylaxis due to IPV
- ✓ 1 MMR (measles, mumps and rubella) **or** history of measles illness, mumps illness, and rubella illness **or** anaphylaxis due to MMR
- ✓ 3 Hib (haemophilus influenza type B) **or** anaphylaxis due to Hib
- ✓ 3 HepB (hepatitis B) **or** anaphylaxis due to HepB **or** history of HepB illness

(continued)



(CIS) Childhood Immunization Status

(continued)

- ✓ 1 VZV (chicken pox) **or** history of chicken pox illness **or** anaphylaxis due to VZV
- ✓ 4 PCV (pneumococcal conjugate) **or** anaphylaxis due to PCV
- ✓ 1 HepA (hepatitis A) **or** history of HepA illness **or** anaphylaxis due to HepA
- ✓ 2 or 3 RV (rotavirus) **or** anaphylaxis due to RV
- ✓ 2 FLU (influenza) **or** anaphylaxis due to FLU vaccine

Description	Codes*
DTAP Immunization	CPT: 90697, 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120, 146
Anaphylaxis Due to DTAP	SNOMED: 428281000124107, 428291000124105
Encephalitis Due to DTAP	SNOMED: 1927100009, 1927110008, 192712001
HIB Immunization	CPT: 90644, 90647, 90648, 90697, 90698, 90748 CVX: 17, 46-51, 120, 146, 148
Anaphylaxis due to HIB	SNOMED: 433621000124101
Hep B Immunization	CPT: 90697, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146 HCPCS: G0010
Newborn Hep B Vaccine Administered	ICD10PCS: 3E0234Z ICD9PCS: 99.55
Hep B Illness	ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
Anaphylaxis due to HepB	SNOMED: 428321000124101
IPV Immunization	CPT: 90697, 90698, 90713, 90723 CVX: 10, 89, 110, 120, 146
Anaphylaxis due to IPV	SNOMED: 471321000124106
MMR Immunization	CPT: 90707, 90710 CVX: 03, 94
Anaphylaxis due to MMR	SNOMED: 471331000124109

(continued)



(CIS) Childhood Immunization Status

(continued)

Description	Codes*
Measles, Mumps, and Rubella Illness	<p>Measles, ICD-10: B05.0-B05.4, B05.81, B05.89, B05.9</p> <p>Mumps, ICD-10: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9</p> <p>Rubella, ICD-10: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9</p>
PCV Immunization	<p>CPT: 90670, 90671</p> <p>CVX: 109, 133, 152, 215</p> <p>HCPCS: G0009</p>
Anaphylaxis due to PCV	SNOMED: 471141000124102
VZV Immunization	<p>CPT: 90710, 90716</p> <p>CVX: 21, 94</p>
VZV (Chicken Pox) Illness	ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Anaphylaxis due to VZV	SNOMED: 471341000124104
Hep A Immunization	<p>CPT: 90633</p> <p>CVX: 31, 83, 85</p>
HepA Illness	ICD-10: B15.0, B15.9
Anaphylaxis due to HepA	SNOMED: 471311000124103
Influenza Immunization	<p>CPT: 90655, 90657, 90661, 90673, 90685-90689, 90674, 90756</p> <p>CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186</p> <p>HCPCS: G0008</p>
Anaphylaxis due to Influenza	SNOMED: 471361000124100
Rotavirus 2-Dose Immunization	<p>CPT: 90681</p> <p>CVX: 119</p>

(continued)



(CIS) Childhood Immunization Status

(continued)

Description	Codes*
Rotavirus 3-Dose Immunization	CPT: 90680 CVX: 116, 122
Anaphylaxis due to Rotavirus	SNOMED: 428331000124103
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

Perform the following immunizations in listed timeframe:

- ✓ **From birth through second birthday**
 - Hepatitis B
- ✓ **From 42 days after birth through second birthday**
 - DTAP, IPV, HIB, PCV, Rotavirus
- ✓ **From 6 months through second birthday**
 - Influenza
- ✓ **From first birthday through second birthday**
 - MMR, VZV, Hepatitis A

Tips and Best Practices

- ✓ Enter administered immunizations in the Michigan Care Improvement Registry (MCIR). Information regarding MCIR can be found here: <https://mcir.org/training-resources/healthcare-provider-mcir-resources/>
- ✓ If newborn Hep B vaccination is administered, ensure it is coded in the child's record

(continued)



(CIS) Childhood Immunization Status

(continued)

- ✓ Rotavirus can be administered in a 2 dose (RotaTeq or RV5) or 3 dose (Rotarix or RV1) series. 1 dose of RV5 and 2 doses of RV1 can combine to count towards compliance for the 3 dose series
- ✓ Parent/caregiver reported vaccines are acceptable if documented in chart with vaccine name and administration date
- ✓ Try to complete immunizations at scheduled well-exams to reduce the number of appointments
- ✓ If you are not currently offering immunizations at your office, check out the Vaccines for Children Program and how to get vaccines at no cost to your office! Contact your local health department or visit the Michigan VFC resource guide for details at **www.Michigan.gov/VFC**
- ✓ Educate patients and parents/guardians on the diseases that are prevented with immunizations
- ✓ Address concerns and fears that parents may have regarding vaccination
- ✓ Recommend the following reputable health resources for parent-friendly information and answers to common questions
 - Centers for Disease Control & Prevention (CDC) website at **www.cdc.gov/vaccines/parents/index.html**
 - Michigan Department of Health and Human Services (MDHHS) website at **ivaccinate.org/answering-your-questions**



(IMA) Immunizations for Adolescents

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

(continued)



(IMA) Immunizations for Adolescents

(continued)

Description

Measure evaluates the percentage of adolescents who turned 13 during the measurement year and completed the following immunizations on or before their 13th birthday:

- ✓ 1 Meningococcal **or** anaphylaxis due to Meningococcal
- ✓ 1 Tdap (tetanus, diphtheria toxoids and acellular pertussis) **or** anaphylaxis **or** encephalitis due to Tdap
- ✓ 2 or 3 HPV (human papillomavirus) **or** anaphylaxis due to HPV

Description	Codes*
Meningococcal Immunization	CPT: 90619, 90733, 90734 CVX: 32, 108, 114, 136, 147, 167, 203
Anaphylaxis due to Meningococcal Vaccine	SNOMED: 428301000124106
Tdap Immunization	CPT: 90715 CVX: 115
Anaphylaxis due to Tdap Vaccine	SNOMED: 428281000124107, 428291000124105
Encephalitis due to Tdap Vaccine	SNOMED: 192710009, 192711008, 192712001
HPV Immunization	CPT: 90649-90651 CVX: 62, 118, 137, 165
Anaphylaxis due to HPV Vaccine	SNOMED: 428241000124101
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

(continued)



(IMA) Immunizations for Adolescents

(continued)

Action

Perform the following immunizations in listed timeframe:

✓ **From 9th through 13th birthday**

- HPV

✓ **From 10th through 13th birthday**

- Tdap

✓ **From 11th through 13th birthday**

- Meningococcal

Tips and Best Practices

- ✓ Enter administered immunizations in the Michigan Care Improvement Registry (MCIR). Information regarding MCIR can be found here: <https://mcir.org/training-resources/healthcare-provider-mcir-resources/>
- ✓ If HPV vaccines are administered less than 146 days apart, 3 doses will be needed rather than 2
- ✓ Parent/caregiver reported vaccines are acceptable if documented in chart with vaccine name and administration date
- ✓ Try to complete immunizations at scheduled well-exams to reduce the number of appointments
- ✓ If you are not currently offering immunizations at your office, check out the Vaccines for Children Program and how to get vaccines at no cost to your office! Contact your local health department or visit the Michigan VFC resource guide for details at www.Michigan.gov/VFC
- ✓ Advise that the HPV vaccination is preventive. Although their child may not currently be sexually active, it is important to receive the HPV vaccination now to prevent their child from getting HPV in the future

(continued)



(IMA) Immunizations for Adolescents

(continued)

- ✓ Recommend the following reputable health resources for parent-friendly information and answers to common questions:
 - Centers for Disease Control & Prevention (CDC) website at **www.cdc.gov/vaccines/parents/index.html**
 - Michigan Department of Health and Human Services (MDHHS) website at **ivaccinate.org/answering-your-questions**

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(LSC) Lead Screening in Children

Product Lines

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of children who turned 2 during the measurement year who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Description	Codes*
Lead Tests	CPT: 83655 LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7



(LSC) Lead Screening in Children *(continued)*

Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378
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*Codes subject to change

Action

- ✓ Perform capillary or venous blood lead screening for all children on or before their second birthday

Tips and Best Practices

- ✓ While HEDIS only requires one test prior to 24 months of age, providers should test at 12 and 24 months to be adherent to Michigan regulatory requirements and guidance
- ✓ Member-reported lead screenings are acceptable when documented in chart with test date and result
- ✓ Offer testing on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Enter lead screening results in the Michigan Care Improvement Registry (MCIR)
- ✓ Reach out to your Quality or Provider Network Management Representative to find out about Point of Care Lead Analyzers for your office
- ✓ For more information about blood lead testing, state guidance, and how to support patients with high blood lead levels, please visit www.michigan.gov/mileadsafe/professionals/healthcare-providers

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(OED) Oral Evaluation, Dental Services

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Description	Codes*
Oral Evaluation	CDT: D0120, D0145, D0150
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Dental practitioner should perform dental visit at least once per year to prevent disease, reverse disease processes, prevent progression of caries, and reduce incidence of future lesions
- ✓ Dental practitioner is defined as:
 - Doctor of Dental Surgery (DDS)
 - Doctor of Dental Medicine (DMD)
 - Certified and Licensed Dental Hygienist

Tips and Best Practices

- ✓ Encourage new patients to establish a dental home with your practice to ensure good routine oral healthcare and follow ups
- ✓ Send parents reminders every six months to schedule for periodic exams, prophylaxis (cleanings), and fluoride treatments

(continued)



(OED) Oral Evaluation, Dental Services

(continued)

- ✓ Provide local primary care practitioners with your practice’s contact information for easy member referral
- ✓ Remind expectant mothers to make dental appointments for the baby either at the eruption of the first tooth or by the age of one

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(TFC) Topical Fluoride for Children

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of members 1-4 years of age who received at least two fluoride varnish applications during the measurement year.

Description	Codes*
Application of Fluoride Varnish	CPT: 99188 CDT: D1206
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change



(TFC) Topical Fluoride for Children *(continued)*

Action

- ✓ Dental practitioner should provide at least two fluoride varnish applications each year to prevent tooth decay

Tips and Best Practices

- ✓ Encourage new patients to establish a dental home with your practice to ensure good routine oral healthcare and follow ups
- ✓ Send parents reminders every six months to schedule for periodic exams, prophylaxis (cleanings), and fluoride treatments
- ✓ Provide local primary care practitioners with your practice's contact information for easy member referral

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
-



(WCV) Child and Adolescent Well-Care Visits

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

(continued)



(WCV) Child and Adolescent Well-Care Visits *(continued)*

Description	Codes*
Well-Care Visits	<p>CPT: 99381–99385, 99391–99395, 99461</p> <p>HCPCS: G0438, G0439, S0302, S0610, S0612, S0613</p> <p>ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</p>
Hospice Care	<p>HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182</p> <p>CPT: 99377, 99378</p>

*Codes subject to change

Action

- ✓ Perform annual checkups to evaluate physical, developmental, behavioral, and emotional well-being.
- ✓ Conduct periodic Health Care Transition readiness/self-care skills assessments and provider anticipatory guidance and health education to assist members gain needed self-care skills

Tips and Best Practices

- ✓ When a child is in your office for a sick visit or back-to-school/sports physical, also conduct a well-child visit if appropriate. Simply add the modifier 25 to the sick visit or physical visit and bill for the appropriate well-visit
- ✓ Well-care visits can be completed via telehealth
- ✓ Screening and counseling for obesity should occur at these visits by calculating a child’s Body Mass Index (BMI) percentile for gender and age or plotting the value on a growth curve. Discuss physical activity and nutrition at every visit
- ✓ While a patient is in your office for a well-child visit, administer required vaccinations and testing

(continued)



(WCV) Child and Adolescent Well-Care Visits *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(W30) Well Child Visits in the First 30 Months of Life

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members who turned 15 or 30 months old during the measurement year and who had:

- ✓ **15 months:** 6 or more well-child visits between the ages of 0-15 months
- ✓ **30 months:** two or more well-child visits between the ages of 15-30 months

(continued)



(W30) Well Child Visits in the First 30 Months of Life *(continued)*

Description	Codes*
Well-Care Visits	CPT: 99381–99385, 99391–99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Complete appointments with all assigned patients according to the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care Periodicity Schedule

Tips and Best Practices

- ✓ When a child is in your office for a sick visit, also conduct a well-child visit if appropriate. Simply add the modifier 25 to the sick visit and bill for the appropriate well-visit
- ✓ Well-care visits can be completed via telehealth
- ✓ While a patient is in your office for a well-child visit, administer required vaccinations and testing
- ✓ Schedule next appointment at close of visit and offer flexible appointment availability including evening, weekends, telehealth, and family appointments

(continued)



(W30) Well Child Visits in the First 30 Months of Life *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
-



(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

- ✓ BMI Percentile documentation
- ✓ Counseling for Nutrition
- ✓ Counseling for Physical Activity

(continued)



(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents *(continued)*

Description	Codes*
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54
Nutrition Counseling	CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10: Z71.3
Physical Activity Counseling	HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82
Pregnancy Diagnosis	ICD-10: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.91, Z34.92, Z34.93 *list does not include all codes for pregnancy, due to amount
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Complete a BMI percentile assessment at any visit for patients between 3 and 17 years of age. BMI percentile should be calculated or plotted on an appropriate age-growth chart
- ✓ Complete a nutrition and physical activity assessment followed by counseling or anticipatory guidance at any visit for patients 3 to 17 years of age

Tips and Best Practices

- ✓ This measure couples well with well-child visits. Both measures will benefit from one visit. Please ensure correct coding when billing for both measures
- ✓ Utilize sick visits and sports physicals to also complete this measure. Include and document all three measure components during a sick visit for a compliant WCC record

(continued)



(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents *(continued)*

- ✓ When counseling for nutrition, discuss appropriate food intake, healthy eating habits, issues including body image and eating disorders, etc.
- ✓ When counseling for physical activity, discuss organized sports, activities, and document age-appropriate activity such as “rides bike for 30 minutes a day”
- ✓ Member-reported values for height, weight, and BMI percentile are acceptable when documented in chart

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members who have a diagnosis of pregnancy during the measurement year
-

General Health



(AMR) Asthma Medication Ratio

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater.

Asthma Reliever Medications		
Description	Prescriptions	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Inhalation

Asthma Controller Medications		
Description	Prescriptions	Route
Antibody inhibitors	Omalizumab	Injection
Anti-interleukin-4	Dupilumab	Injection
Anti-interleukin-5	Benralizumab	Injection
Anti-interleukin-5	Mepolizumab	Injection
Anti-interleukin-5	Reslizumab	Injection
Inhaled steroid combinations	Budesonide-formoterol	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Inhalation
Inhaled corticosteroids	Beclomethasone	Inhalation

(continued)



(AMR) Asthma Medication Ratio *(continued)*

Asthma Controller Medications		
Description	Prescriptions	Route
Inhaled corticosteroids	Budesonide	Inhalation
Inhaled corticosteroids	Ciclesonide	Inhalation
Inhaled corticosteroids	Flunisolide	Inhalation
Inhaled corticosteroids	Fluticasone	Inhalation
Inhaled corticosteroids	Mometasone	Inhalation
Leukotriene modifiers	Montelukast	Oral
Leukotriene modifiers	Zafirlukast	Oral
Leukotriene modifiers	Zileuton	Oral
Methylxanthines	Theophylline	Oral

*Codes subject to change

Action

- ✓ Prescribe controller medications and evaluate treatment plan regularly to assess effective and rescue inhaler over-utilization

Tips and Best Practices

- ✓ Educate your patients with asthma on the importance of adherence to controller medications to avoid asthma attacks
- ✓ Explain the differences between controller and rescue inhalers and their therapeutic importance
- ✓ Monitor and follow up with your patients regarding their prescription refills
- ✓ Address any barriers to medication adherence, such as access to prescription refills
- ✓ Talk to your patients about common side effects, how long they may last, and how to manage them
- ✓ Encourage adherence by providing 90-day prescriptions
- ✓ Your patient may be eligible for prescription delivery by mail through Express Scripts

(continued)



(AMR) Asthma Medication Ratio *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members who had no asthma controller or reliever medications dispensed during the measurement year
 - ✓ Members who had a diagnosis that requires a different treatment approach than members with asthma any time during the member's history
-



(CWP) Appropriate Testing for Pharyngitis

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

This measure demonstrates the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

(continued)



(CWP) Appropriate Testing for Pharyngitis

(continued)

Description	Codes*
Group A Strep Tests	CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics.

Tips and Best Practices

- ✓ Educate patients that an antibiotic is not necessary for viral infections, if rapid strep test and/or throat culture is negative
- ✓ Offer non-antibiotic symptom relief options that can provide comfort for viral infections
- ✓ The Center for Disease Control and Prevention’s Be Antibiotics Aware campaign offers many resources and trainings to help educate patients on appropriateness of antibiotic use on their website at www.cdc.gov/antibiotic-use/index.html

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Member who use hospice services any time during the measurement year
- ✓ Member who die any time during the measurement year



(continued)



(FUH) Follow-Up After Hospitalization for Mental Illness

Product Lines

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

Two rates are reported:

- 1 Discharges for which the member received follow-up within 30 days after discharge**
- 2 Discharges for which the member received follow-up within 7 days after discharge**

Description	Codes*
BH Outpatient Visit	<p>CPT: 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015</p>

(continued)



(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Description	Codes*
Visit with unspecified setting (must also include POS code)	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 AND POS: 02, 03, 05, 07, 09, 10, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72
Telephone Visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Psychiatric Collaborative Care Management	CPT: 99492-99494 HCPCS: G0512
Transitional Care Management	CPT: 99495, 99496
Electroconvulsive Therapy	CPT: 90870
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Schedule the seven-day follow up visit within five days to allow flexibility in rescheduling. Involve the patient's caregiver regarding the follow-up plan after inpatient discharge
- ✓ If the patient's appointment does not occur within the first seven days post-discharge, please schedule the appointment to occur within 30 days

(continued)



(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Tips and Best Practices

- ✓ Schedule follow-up appointments prior to discharge and include the date and time on discharge instructions
- ✓ Support follow up scheduling with accessible in-network behavioral health provider during patient visit and have referrals easily accessible
- ✓ Follow-up with mental health provider can be completed via telehealth visit
- ✓ Follow-up visit should not be completed on the date of discharge
- ✓ Contact Meridian for assistance locating a mental health provider
- ✓ Identify barriers for the patient and address their concerns
- ✓ Review when to schedule office appointments versus seek urgent care and emergency department care
- ✓ Educate members on appropriate emergency department utilization and transition of care

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
-



(IET) Initiation and Engagement of Substance Use Disorder Treatment

Product Lines

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Two rates are reported:

- 1 Initiation of SUD Treatment:** percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days
- 2 Engagement of SUD Treatment:** percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation

(continued)



(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Description	Prescription
Initiation and Engagement/Treatment	<p>CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408–99409, 99411–99412, 99510, 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 99483, 99217–99220</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409–G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H2000, H2001, H2010–H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p>
Hospice Care	<p>HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182</p> <p>CPT: 99377, 99378</p>

*Codes subject to change

Action

- ✓ Offer SUD treatment option on-site or support treatment scheduling with accessible in-network treatment facility during patient visit and have referrals easily accessible

Tips and Best Practices

- ✓ Schedule the initial 14-day treatment visit within 10 days of new SUD episode to allow flexibility in rescheduling
- ✓ At the end of the initial appointment, schedule two more appointments to occur within 34 days of the initial appointment
- ✓ When treating a patient for issues related to SUD, code that diagnosis on every claim

(continued)



(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

- ✓ Contact Meridian for assistance locating SUD treatment provider, if needed
- ✓ Not all medications may be covered. For a list of covered medications, refer to the drug formulary at **mimeridian.com** or **www.wellcare.com**

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who were treated for SUD within the previous 194 days

*For the follow-up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation, and management consultation or counseling service.



(MI2.6) Timely Transmission of Care Transition Record to Health Care Professional

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)

Description

Measure evaluates the percentage of members for whom a transition record was transmitted to the facility, primary physician, or other health professional designated for follow-up care on the day of discharge through two days after discharge

Action

- ✓ Discharging facility should send primary care or ongoing care provider a copy of the patient's discharge summary within two days of discharge

Tips and Best Practices

- ✓ Investigate and implement a process to receive auto alerts when a patient is discharged from an inpatient facility
- ✓ Discharging facility should date and time stamp when the discharge summary was sent to outpatient care provider
- ✓ Outpatient provider should date and time stamp when the discharge summary was received in the member's medical record

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table below or medical record documentation:

- ✓ Members who died during the inpatient stay or during hospice care
- ✓ Members who left against medical advice or discontinued care

Description	Codes*
Left against Medical Advice or Discontinued Care	Discharge Status: 07
Member Expired	Discharge Status: 20, 40, 41, 42

*Codes subject to change



(MI5.6) Medication Review

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)

Description

Measure evaluates the percentage of members who had at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record.

Description	Codes*
Medication Review (codes must be submitted for both Medication List and Medication Review for credit)	<p>Medication List- CPT-CAT-II: 1159F HCPCS: G8427</p> <p>Medication Review- CPT-CAT-II: 1160F CPT: 90863, 99605, 99606, 99483</p>
Transitional Care Management Services	CPT: 99495, 99496
Hospice Care	<p>HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182</p> <p>CPT: 99377, 99378</p>

*Codes subject to change

Action

- ✓ Perform an annual review of the patient’s medications, including prescription medications, over-the-counter medications and herbal or supplemental therapies. This must be completed by a prescribing provider or a clinical pharmacist.

(continued)



(MI5.6) Medication Review *(continued)*

Tips and Best Practices

- ✓ If member is not taking any medication, document this in the record to count towards this measure
- ✓ Medication review cannot come from an acute inpatient setting, but is acceptable from an emergency department visit
- ✓ Medication review must be comprehensive, not limited to side effects for a single medication at the time of prescription

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year



(URI) Appropriate Treatment for Upper Respiratory Infection

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

(continued)



(URI) Appropriate Treatment for Upper Respiratory Infection *(continued)*

Description

Measure evaluates the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Description	Codes*
Hospice Care	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Evaluate each patient with upper respiratory infection to determine if antibiotics are needed. Avoid inappropriately prescribing, which can lead to antibiotic resistance

Tips and Best Practices

- ✓ Provide handouts explaining that viruses, not bacteria, cause colds and flu. CDC resource found here: www.cdc.gov/antibiotic-use/week/toolkit.html#anchor_1538595518
- ✓ If patients have comorbid or competing diagnoses, submit claims for these diagnoses to remove patient from the HEDIS measure. Most common competing and comorbid diagnoses are:
 - COPD
 - Emphysema
 - Sickle cell disease
 - Cystic fibrosis
 - Acute pharyngitis
 - Acute tonsillitis
 - Acute or chronic sinusitis
 - Pneumonia
 - UTI

(continued)



(URI) Appropriate Treatment for Upper Respiratory Infection *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



Medication Adherence



(AMM) Antidepressant Medication Management

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

- ✓ Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- ✓ Percentage of members who remained on an antidepressant medication for at least 180 days (six months)

Antidepressant Medications	
Description	Prescription
Miscellaneous antidepressants	• Bupropion • Vortioxetine • Vilazodone
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine • Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	• Nefazodone • Trazodone

(continued)



(AMM) Antidepressant Medication Management *(continued)*

Antidepressant Medications			
Description	Prescription		
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Fluoxetine-olanzapine • Amitriptyline-perphenazine		
SNRI antidepressants	• Desvenlafaxine • Venlafaxine	• Duloxetine • Levomilnacipran	
SSRI antidepressants	• Citalopram • Fluvoxamine	• Escitalopram • Paroxetine	• Fluoxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Desipramine • Nortriptyline	• Amoxapine • Doxepin (>6 mg) • Protriptyline	• Clomipramine • Imipramine • Trimipramine

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence

Tips and Best Practices

- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts
- ✓ Discuss how to take antidepressants, how they work, the benefits, and how long to take them
- ✓ Tell your patients how long they can expect to be on the antidepressant before they start to feel better
- ✓ Stress the importance of taking the medication even if they begin feeling better
- ✓ Talk about common side effects, how long they may last, and how to manage them

(continued)



(AMM) Antidepressant Medication Management *(continued)*

- ✓ Monitor for signs and symptoms of serotonin syndrome, suicidal thoughts, allergic reactions, mania, and seizures. Educate patients on proper actions to take if any of these are observed
- ✓ When doses are being adjusted or if therapy is being discontinued, please remember to titrate medication accordingly
- ✓ Let your patients know what to do if they have questions or concerns
- ✓ Monitor with scheduled follow-up appointments

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year



(PDC-DIA) Medication Adherence for Diabetes Medications

Product Lines:

- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

(continued)



(PDC-DIA) Medication Adherence for Diabetes Medications *(continued)*

Description

Measure evaluates percentage of Medicare Part D members 18 years and older with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

Diabetes Medications	
Biguanide Drugs	GLP-1 Receptor Agonists
Sulfonylurea Drugs	Meglitinide Drugs
Thiazolidinedione Drugs	Sodium Glucose Cotransporter 2 (SGLT2) Inhibitors
DiPeptidyl Peptidase (DPP)-4 Inhibitors	

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence
- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

Tips and Best Practices

- ✓ Talk with patients about why they're on diabetes medications and why it's important to take their medication as prescribed and get refills promptly
- ✓ Encourage patients to use a pillbox to organize their medications and to set an alarm on their smartphone or clock to remind them to take their medications
- ✓ Encourage patients to sign up for refill reminders at their pharmacy
- ✓ Monitor with scheduled follow-up appointments

(continued)



(PDC-DIA) Medication Adherence for Diabetes Medications *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with a diagnosis of ESRD or dialysis coverage dates
- ✓ Members with one or more prescriptions for insulin



(PDC-RAS) Medication Adherence for Hypertension - RAS antagonists

Product Lines:

- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of Medicare Part D members 18 years and older with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

Hypertension Medications	
Angiotensin Converting Enzyme Inhibitors (ACEI)	Angiotensin Receptor Blockers (ARB)
Direct Renin Inhibitor Medications	

(continued)



(PDC-RAS) Medication Adherence for Hypertension - RAS antagonists *(continued)*

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence
- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

Tips and Best Practices

- ✓ Talk with patients about why they're on hypertension medication and why it's important to take their medication as prescribed and get refills promptly
- ✓ Encourage patients to use a pillbox to organize their medications and to set an alarm on their smartphone or clock to remind them to take their medications
- ✓ Encourage patients to sign up for refill reminders at their pharmacy
- ✓ Monitor with scheduled follow-up appointments

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members with a diagnosis of ESRD or dialysis coverage dates
 - ✓ Members with one or more prescriptions for sacubitril/valsartan
-



(PDC-STA) Medication Adherence for Cholesterol (Statins)

Product Lines:

- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of Medicare Part D members 18 years and older with a prescription for a cholesterol medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence
- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

Tips and Best Practices

- ✓ Talk with patients about why they're on cholesterol medication and why it's important to take their medication as prescribed and get refills promptly
- ✓ Encourage patients to use a pillbox to organize their medications and to set an alarm on their smartphone or clock to remind them to take their medications
- ✓ Encourage patients to sign up for refill reminders at their pharmacy
- ✓ Monitor with scheduled follow-up appointments

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

(continued)



(PDC-STA) Medication Adherence for Cholesterol (Statins) *(continued)*

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members with a diagnosis of ESRD or dialysis coverage dates
-



(SPC) Statin Therapy for Patients with Cardiovascular Disease

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of males 21-75 years of age and females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.

Two rates are reported:

- ✓ **Received Statin Therapy:** Percentage of members who were dispensed at least one high-intensity or moderate intensity statin medication during the measurement year.
- ✓ **Statin Adherence 80%:** Percentage of members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

(continued)



(SPC) Statin Therapy for Patients with Cardiovascular Disease *(continued)*

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

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence

(continued)



(SPC) Statin Therapy for Patients with Cardiovascular Disease *(continued)*

Tips and Best Practices

- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts
- ✓ Talk about common side effects, how long they may last, and how to manage them
- ✓ Monitor with scheduled follow-up appointments

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
 - ✓ Members who die any time during the measurement year
 - ✓ Members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year
 - ✓ Members who had in vitro fertilization in the measurement year or the year prior
 - ✓ Members with a diagnosis of ESRD or who had dialysis during the measurement year or the year prior
 - ✓ Members with cirrhosis during the measurement year or the year prior
 - ✓ Members with myalgia, myopathy or rhabdomyolysis during the measurement year
-



(SPD) Statin Therapy for Patients with Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)
- ✓ WellCare by Allwell (Medicare)

Description

Measure evaluates percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

- ✓ **Received Statin Therapy:** Percentage of members who were dispensed at least one statin medication of any intensity during the measurement year.
- ✓ **Statin Adherence 80%:** Percentage of members who remained on a statin medication of any intensity for at least 80% of the treatment period.

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

(continued)



(SPD) Statin Therapy for Patients with Diabetes *(continued)*

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

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence

Tips and Best Practices

- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts
- ✓ Talk about common side effects, how long they may last, and how to manage them
- ✓ Monitor with scheduled follow-up appointments

(continued)



(SPD) Statin Therapy for Patients with Diabetes *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year
- ✓ Members who had in vitro fertilization in the measurement year or the year prior
- ✓ Members with a diagnosis of ESRD or who had dialysis during the measurement year or the year prior
- ✓ Members with cirrhosis during the measurement year or the year prior
- ✓ Members with myalgia, myopathy or rhabdomyolysis during the measurement year
- ✓ Members who had at least one encounter with a diagnosis of IVD during both the measurement year and the year prior to the measurement year

