### HEDIS® PLUS PROVIDER TRAINING

#### With a focus on:

- 2020 LDH Incentive Based or Monitoring Measures,
- 2020 NCQA Accreditation Measures, and
- 2020 AmeriHealth Caritas Louisiana
   Quality Enhancement Program Measures





### How to Use the HEDIS® PLUS Provider Training



One to four symbols will be located on the left hand corner of each measure slide to indicate the type of the measures referenced.

Providers should use the following key:

Symbol	Type of Measure
\$	2020 LDH Incentive Based Measure
M	2020 LDH Monitoring Measure
А	2020 NCQA Accreditation Measure
Q	2020 QEP Measure

### HEDIS® PLUS Provider Training – Disclaimer



The codes and medical record documentation tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. State/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for applicable codes. Please note: The information provided is based on HEDIS® 2021 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare& Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for guidance.

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# What is HEDIS®?

<u>H</u>ealthcare

<u>E</u>ffectiveness

Data and

<u>I</u>nformation

<u>S</u>et

HEDIS® is a performance measurement tool administered by the National Committee for Quality Assurance (NCQA).

- It is used by more than 90 percent of America's health plans.
- Managed care companies that are NCQA accredited perform HEDIS® reviews the same time each year.



## Purpose of HEDIS® Results

#### **Health plans use HEDIS® performance results to:**

- Evaluate quality of care and services
- Evaluate provider performance
- Develop performance improvement initiatives
- Perform outreach to providers and members
- Compare performance with other health plans





# HEDIS® Data Collection Methods

#### HEDIS® data is collected in three ways:

- Administrative Method Obtained from our claims database and supplemental data
- Hybrid Method Obtained from our claims database and medical record reviews.
- Survey Method Obtained from member surveys.
- Electronic Clinical Data Systems (ECDS)



# Administrative Method

<u>Claims / Encounter data</u> is essential for measuring and monitoring quality, service utilization and differences in members' health care needs.

Correct coding of claims is also very important. If a service or diagnosis is not coded correctly, the data may not be captured for HEDIS® and may not be reflected accurately in the resulting quality scores.

Administrative data and accurate coding help us to better understand and meet the health care needs of our members, your patients.



# Administrative Method: Supplemental Data

**Standard Supplemental data** are electronically generated files that come from service providers.

Providers can submit data electronically to the health plan using the approved EMR Supplemental Data layout.

Nonstandard supplemental data is used to capture missing service data not received through claims or encounters or in the standard electronically generated files described above.

- May be collected on an irregular basis (sometimes referred to as year round HEDIS).
- Providers can allow remote access to EMRs

# Hybrid Method

Medical Records – Some HEDIS® data cannot be collected through claims or historical data as our Medicaid population is transient. It is very important that providers document medical records appropriately as some HEDIS® data can be abstracted from provider medical records.



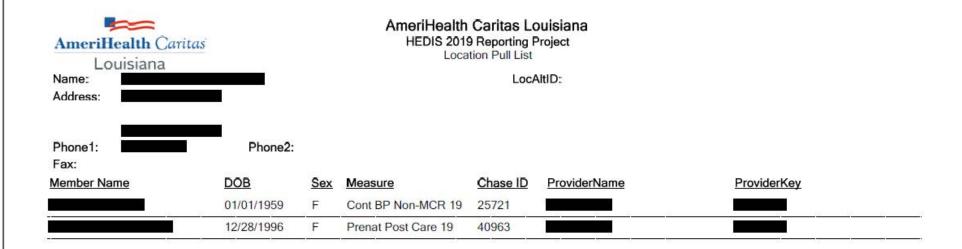
### Medical Record Requests

- Medical record requests are sent to providers.
- Requests include:
  - Member Name
  - Provider Name and
  - A description of the type of medical records and timeframes needed to close the HEDIS gaps.
- Data collection methods include: On-site visits, fax, secure email, electronic data collection (EMR), and AmeriHealth Caritas Louisiana secured mail.
- Please let your Account Executive (AE) know if you use a record management company (CIOX/MRO).



### Example of Medical Record Request





HEDIS Measure	Requested Chart Documentation
(PPC) Prenatal and Postpartum Care	All Maternity Notes and Progress Notes Associated with Delivery Dates between November 6, 2017 and November 5, 2018, Prenatal Lab panel order, and results Prenatal Flow Chart     Documentation of subsequent Postpartum Visit or PPV Completed Checklist
(CDC) Comprehensive Diabetes Care	All of the following:  2018 Labs with results (A1c, Urinalysis)  2018 Progress Notes (BP, Medical Attn for Nephropathy)  2017 or 2018 Dilated Eye Exam (Presence or Absence of Diabetic Retinopathy including care coordination letter to PCP)  Medication List  Applicable labs and BP reading should be the last taken in 2018

#### HIPAA

# Health Insurance Portability and Accountability Act

#### **HIPAA Privacy Rule:**

Data collection for HEDIS® is permitted and the release of this information requires **no special patient consent or authorization**.

#### **AmeriHealth Caritas of Louisiana**

Manages members' personal health information in accordance with all applicable federal and state laws and regulations. Data is reported collectively without individual identifiers.



What is CAHPS?

<u>C</u>onsumer

Assessment of

<u>H</u>ealthcare

Providers and

<u>S</u>ystems

Survey

The Health Plan CAHPS survey is used to measure member experience with their health plan, personal doctor, services they have received from specialists, and their overall general health over the last 6 months. The CAHPS survey consists of standardized questions and data collection protocols to ensure that information can be compared across healthcare settings.

A few of the measures in which provider performance can have an impact on:

- Annual Flu Vaccination
- Smoking Cessation
- Care Coordination
- How Well Doctors Communicate
- Access to Care and Getting Care Quickly
- Overall Rating of Personal Doctor,
   Specialist and Health Care

# CAHPS® Data Collection Methods

The CAHPS survey is conducted by an NCQA approved vendor, SPH Analytics. The survey is administered between March and June, beginning with surveys distributed by mail and concluding with telephone-assisted surveys for participants who have not responded.

CAHPS Health Plan results are shared with AmeriHealth Caritas Louisiana by August. Results will be published for your viewing in the September Providers Newsletter.



# Electronic Clinical Data Systems (ECDS)

The ECDS reporting standard represents a step forward in adapting HEDIS to accommodate the expansive information available in clinical datasets for quality improvement.



# 2020 LDH MEASURES & TARGETS

HEDIS® 2021 (Calendar Year 2020)

In an effort to improve the quality of care for Medicaid recipients in Louisiana, the Louisiana Department of Health (LDH) measures all Healthy Louisiana Plans on 13 individualized HEDIS® measures, 1 Non-HEDIS® measure, and 2 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures.

LDH Measures	LDH Targets	Admin Measure	Hybrid Measure
Adolescent Well Visit (AWC)	54.26%	X	X
Ambulatory Care (AMB) – ED Visits	58.23	X	
Controlling High Blood Pressure (CBP)	61.01%	X	X
Comprehensive Diabetes Care (CDC)- Hemoglobin A1c (HBA1c) Testing	88.56%	X	Х
Comprehensive Diabetes Care (CDC)- Eye Exam (Retinal)	58.88%	X	X
Comprehensive Diabetes Care (CDC)- Medical Attention for Nephropathy	90.15%	X	Х

LDH Measures	LDH Targets	Admin Measure	Hybrid Measure
Follow-Up Care for Children Prescribed ADHD Medication (ADD) — Initiation Phase	43.41%	X	
Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Continuation Phase	55.50%	X	
Follow-Up After Hospitalization for Mental Illness (FUH) - Within 30 Days of Discharge	46.22%	X	
Initiation of injectable Progesterone for Preterm Birth Prevention 17-P (PTB)*	20.65%	X	

LDH Measures	LDH Targets	Admin Measure	Hybrid Measure			
Prenatal and Postpartum Care (PPC)- Timeliness of Prenatal Care	83.76%	X	Х			
Prenatal and Postpartum Care (PPC)- Postpartum Care	65.69%	X	Х			
Well-Child Visits in the First 15 Months of Life (W15)	65.83%	X	X			
Well- Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	72.87%	X	Х			
CAHPS Health Plan Survey 5.0H, Adult	Measures members'					
CAHPS Health Plan Survey 5.0H, Child	S	atisfactio	n			

## 2021 Proposed LDH Measures



LDH Measures	Steward
Cesarean Rate for Low-Risk First Birth Women	TJC
Cervical Cancer Screening	NCQA
Childhood Immunization Status- Combo 3	NCQA
Colorectal Cancer Screening	NCQA
Comprehensive Diabetes Care- HbA1c Poor Control (>9.0%)	NCQA
Controlling High Blood Pressure	NCQA
Developmental Screening in the First Three Years of Life	OHSU

## 2021 Proposed LDH Measures



LDH Measures	Steward
Follow-up After Emergency Department Visit for Mental Illness	NCQA
Follow-up After Hospitalization for Mental Illness	NCQA
Hepatitis C Virus Screening	State
HIV Viral Load Suppression	HRSA
Immunizations for Adolescents	NCQA
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA
Initiation of Injectable Progesterone for Preterm Birth Prevention	State



# APPENDIX 1

Pediatric & Adolescent Measures

# W15- Well Child Visits in the First 15 Months of Life

Members who turned 15 months old during the measurement year who had six or more well-child visits on different dates of service during their first 15 months of life

#### **Medical Record Documentation:**

- Visit with a PCP and date of service
- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

#### Coding:

#### **CPT**

99381, 99382, 99391, 99392, 99461

#### **ICD-10**

Z00.110, Z00.111, Z00.121, Z00.129, Z00.8

\$Q

### Bright Futures Periodicity Schedule



#### Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDRENS



Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants. Children. and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2019 by the American Academy of Pediatrics, updated March 2019. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

	INFANCY EARLY CHILDHOOD													MIDDLE CHILDHOOD ADOLESCENCE																		
AGEI	PrenataP	aP Newborn <sup>1</sup> 3-5 d <sup>4</sup> By 1 mo 2 mo 4 mo 6 mo 9 mo										24mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 v
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MEASUREMENTS																																
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					
Body Mass Index <sup>c</sup>												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure®		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision <sup>7</sup>		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	*	•	*	•	*	•	*	*	•	*	*	*	*	*	*
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DEVELOPMENTAL/BEHAVIORAL HEALTH																																
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Autism Spectrum Disorder Screening <sup>to</sup>											•	•																				
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment <sup>ra</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment <sup>™</sup>																						*	*	*	*	*	*	*	*	*	*	*
Depression Screening <sup>N</sup>																							•	•	•	•	•	•	•	•	•	•
Maternal Depression Screening <sup>to</sup>				•	•	•	•																									
PHYSICAL EXAMINATION**		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES**																																
Newborn Blood		●20	●20 -		-																											
Newborn Billrubin <sup>21</sup>		•																														
Critical Congenital Heart Defect <sup>22</sup>		•																														
Immunization <sup>21</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia <sup>34</sup>						*			•	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lead™							*	*	● or ★%		*	● or ★×		*	*	*	*															
Tuberculosis <sup>27</sup>				*			*		*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia <sup>28</sup>												*			*		*		*	4		-	*	*	*	*	*	4		=	- • -	-
Sexually Transmitted Infections <sup>28</sup>																						*	*	*	*	*	*	*	*	*	*	*
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Cervical Dysplasia <sup>11</sup>																																•
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ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

- 1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a
  conference. The prenatal visit should include anticipating systalence, performent medical history, and a discussion of
  benefits of breastheading and planned method of freeding per "The Prenatal Visit" (http://predictirs.com/publication.com/)
- 3. Newborns should have an evaluation after birth, and breastleeding should be encouraged (and instruction and support
- 4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastkeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Mills" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns"
- 5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child Supplement\_4/\$164.full)

- 6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (http://pediatrics.aappublications.org/content/140/3/e20171909). Blood pressure measurement in Infants and children with specific risk conditions should be performed at visits before age 3 years.
- 7. A visual aculty screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Jossal System Assessment in Infants, Children, and Young Adults by Pedathicians" (http://pedathics.aappublication.org/content/13771/e20153596) and "Procedures for the Evaluation of the Visual System Procedures."
- Confirm Initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Near 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (https://podutrics.aspublika.bion.org/portner/17/4/988/JM).
- 10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (http://www.jahonline.org/article/51054-139X(16)00048-3/fulltext)
- 11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).

- 12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
- 13. This assessment should be family contered and may include an assessment of child social emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://podiatrics.aappublications.org/content/1 United States" (http://podiatrics.aappublications.org/content/137/4/e. nt/135/2/384) and 'Powerty and Child Health in the
- 14. A recommended assessment tool is available at http://craffLorg.
- 15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Docum ScreeningChart.pdf.
- Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Padiatric Practice" (http://pediatrics.aappublications.org/content/126/5/1032).
- 17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient"
- 18. These may be modified, depending on entry point into schedule and individual need

(continued)

KEY: ● – to be performed ★ – risk assessment to be performed with appropriate action to follow, if positive

range during which a service may be provided

RENC 2018 PSMAR

# W34- Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Members 3-6 years of age who had one or more well-child visits during the measurement year

#### **Medical Record Documentation:**

- Visit with a PCP and date of service
- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

#### **Coding:**

#### **CPT**

99382, 99383, 99392, 99393

**ICD-10** 

Z00.121, Z00.129, Z00.8

\$Q

# AWC-Adolescent Well Care

Members 12-21 years of age who had at least one comprehensive well-care visit during the measurement year

#### **Medical Record Documentation:**

- Visit with a PCP or an OB/GYN practitioner and date of service
- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

#### Coding:

#### **CPT**

99383, 99384, 99385, 99393, 99394, 99395

#### **ICD-10**

Z00.00, Z00.01, Z00.121, Z00.129, Z00.8

\$Q

# Well Visits Components

- 1. A health history. Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- 2. A physical developmental history. Physical developmental history assesses specific ageappropriate physical developmental milestones, which are physical skills seen in children as they grow and develop and an assessment of whether the adolescent is developing skills to become a healthy adult.
- **3. A mental developmental history.** Mental developmental history assesses specific ageappropriate mental developmental milestones, which are behaviors seen in children and adolescents as they grow and develop.
- 4. A physical exam.
- **5. Health education/anticipatory guidance.** Health education/anticipatory guidance is given by the health care provider to the member and/or parents or guardians in anticipation of emerging issues that the member and family may face.

# Billing a Well-Child Visit and a Sick-Child Visit on the <u>Same</u> <u>Date of Service</u>

#### **MODIFIER -25 Usage**

A Preventative Medicine CPT or HCPCS code and problem-oriented E/M CPT code may both be submitted for the same patient by the Same Specialty Physician or Other Health Care Professional on the same date of service. If the E/M code represents a significant, separately identifiable service is submitted with modifier 25 appended, AmeriHealth Caritas Louisiana will reimburse the Preventative Medicine code plus the problem-oriented E/M code.

AmeriHealth Caritas Louisiana will not reimburse a problem oriented E/M code that does not represent a significant, separately identifiable service that is not submitted with modifier 25 appended. Medical records must have documentation to justify both services.

# WCC-

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the three specific components in the measurement year

# MQA

#### **Medical Record Documentation:**

#### **BMI** Percentile

- BMI Percentile Documentation date
  - Value (e.g. 85<sup>th</sup> percentile) or
  - Plotted on an age-growth chart
- Weight date and value
- Height date and value

#### **Counseling for Nutrition**

- Date
- Discussion of diet and nutrition, counseling on nutrition, weight/obesity, or eating disorders

#### **Counseling for Physical Activity**

- Date
- Discussion of current physical activities, counseling for physical activity, weight/obesity, or eating disorders

AmeriHealth Caritas Louisiana

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# CIS-Childhood Immunization Status

Members who had all of the required immunizations completed by their 2<sup>nd</sup> birthday

#### **Four Vaccines Required**

- Diphtheria, Tetanus, and Acellular Pertussis (DTaP)\*
- Pneumococcal Conjugate (PCV)\*

#### **Three Vaccines Required**

- Hepatitis B (HepB)\*
- Haemphilus Influenza Type B (HIB)\*
- Polio (IPV)\*
- Rotavirus (RV) Rota Teq

#### **Two Vaccines Required**

- Influenza (FLU)
- Rotavirus (RV) Rotarix

#### **One Vaccine Required**

- Hepatitis A (HepA)
- Measles, Mumps and Rubella (MMR)\*
- Chicken Pox (VZV)\*

MAQ

# IMA-Immunizations for Adolescents

Adolescents turning 13
years of age during the
measurement year who had
Meningococcal, Tdap & HPV
immunizations

#### Meningococcal\*

One dose on or between 11<sup>th</sup> and 13<sup>th</sup> birthday.

#### Tdap\*

One dose on or between patient's 10<sup>th</sup> and 13<sup>th</sup> birthday.

#### **HPV**

At least two HPV vaccines with dates of service at least 146 days apart on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays

#### OR

At least three HPV vaccines with different dates of service on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays.



### **Immunizations**

- A note indicating the name of the specific antigen and the date of service
- PCP charts contain the member's complete immunization history. A certificate of immunization prepared by an authorized health care provider or agency
- Documentation of parental refusal
- Ensure that immunizations are administered during appropriate timeframes
- Document all immunizations in LINKS State registry
- Complete HPV series
- DTaP and IPV Does not count if the vaccination is administered prior to 42 days after birth.
- Flu Vaccine after 6 months of age
- Flu Mist does NOT count toward flu vaccination completion.
- Documentation of request for delayed immunization schedules
- Documentation of immunizations given in the hospital at birth.
- Documentation of contraindications or allergies.

# ADD-

# Follow-Up Care for Children Prescribed ADHD Medication

Members 6-12 years of age newly prescribed ADHD medication who had at least three follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed

#### **Measure Details:**

- Initiation phase- The first 30 days after the medication was dispensed.
- Continuation phase- For patients who remain on the medication at least 210 days, the continuation phase is 270 days after the initiation phase ends.

#### **Compliance includes:**

 At least one follow-up visit during the 30-day initiation phase and two additional visits within the next nine months or during the continuation phase.





# APPENDIX 2

**Adult Measures** 

# AAP -

Adult Access to Preventive/Ambulatory Health Services

Members 20 years and older who had an ambulatory or preventive care visit during the measurement year

## Caritas "Care" Tips:

- Ensure that all panel members 20 years of age or and older receive a well visit each year.
- Use all visits to document health history.



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# ABA — Adult BMI Assessment

Members 18-74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year

#### **Medical Records Documentation:**

- For members 20 years and older on the date of service, documentation in the medical record must indicate the weight and BMI value.
- For members younger than 20 years on the date of service, documentation in the medical record must indicate the height, weight and BMI percentile.

## Caritas "Care" Tips:

- Use ICD-10 codes to report BMI results
  - BMI Less than 5<sup>th</sup> Percentile, Z68.51
  - BMI 5<sup>th</sup> Percentile to less than 85<sup>th</sup> Percentile,
     Z68.52
  - BMI 85<sup>th</sup> Percentile to less than 95<sup>th</sup> Percentile, Z68.53
  - BMI greater than or equal to 95<sup>th</sup> Percentile, Z68.54

MAQ

# CDC \_

Comprehensive
Diabetes Care
Hemoglobin A1c (HbA1c)
Testing

Members 18-75 years of age with diabetes (type 1 and 2) who had a Hemoglobin A1c (HbA1c) test during the measurement year

#### **Medical Records Documentation:**

- HbA1c Test Collection Date and
- HbA1c Value

#### Caritas "Care" Tips:

Use CPT CAT II codes to report HbA1c values.

- HbA1c poor control (>9.0%) 3046F
- HbA1c control (≥8.0% and ≤9.0%) 3052F
- HbA1c control (≥7.0% and <8.0%) 3051F</li>
- HbA1c control (<7.0%) 3044F</li>



# CDC — Comprehensive Diabetes Care Eye Exam

Members 18-75 years of age with diabetes (type 1 and type 2) who had a eye exam (retinal) performed during the measurement year or the year prior to the measurement year.



#### **Medical Records Documentation:**

- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an opthalmoscopic exam was completed by an eye care professional with the date and results.
- A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results.
- Evidence that the member had a bilateral enucleations or acquired absence of both eyes.
- Documentation of a negative retinal or dilated eye exam by an eye care professional in the year prior year to the measurement year, where results indicate retinopathy was not present.

# CDC -

Comprehensive
Diabetes Care

Eye Exam

Members 18-75 years of age with diabetes (type 1 and type 2) who had a eye exam (retinal) performed during the measurement year or the year prior to the measurement year.



## Caritas "Care" Tips:

- Use CPT CAT II codes to report the results of an eye exam.
  - Dilated retinal eye exam with evidence of retinopathy 2022F
  - Dilated retinal eye exam without evidence of retinopathy 2023F
  - 7 standard field stereoscopic photos with evidence of retinopathy 2024F
  - 7 standard field stereoscopic photos without evidence of retinopathy 2025F
  - Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results
     with evidence of retinopathy 2026F
  - Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results without evidence of retinopathy 2033F
  - Low risk for retinopathy (no evidence of retinopathy in the prior year) 3072F

# CDC -

# Comprehensive Diabetes Care Medical Attention for Nephropathy

Members 18-75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening, monitoring test, or evidence of nephropathy during the measurement year.

# \$

#### **Medical Records Documentation:**

- Evidence of a nephropathy screening or monitoring test or evidence of nephropathy:
  - A urine test for albumin or protein, the date the urine test was performed and the result or finding.
  - Documentation of a visit to the nephrologist.
  - Documentation of a renal transplant.
  - Documentation of medical attention for ESRD, CRF, CKD, ARF, Renal insufficiency, Renal dysfunction, etc.
  - Evidence of ACE inhibitor/ARB therapy.

#### Caritas "Care" Tips:

- Update problem lists and medication lists with most recent information
- Use CPT CAT II codes to report the member receiving:
  - ACE or ARB therapy (prescribed or being taken) 4010F,
  - Treatment for nephropathy 3066F, or
  - Positive microalbuminuria test 3060F or negative microalbuminuria test 3061F
  - Positive macroalbuminuria test 3062F

# CDC — Comprehensive Diabetes Care BP Control

Members 18-75 years of age with diabetes (type 1 and type 2) whose BP was adequately controlled (<140/90 mm Hg) during the measurement year

#### **Medical Records Documentation:**

 The most recent BP reading during the measurement year and the results.

## Caritas "Care" Tips:

- Recheck elevated blood pressures and document the results
- Use CPT CAT II codes to report BP results
  - Systolic: 3074F, 3075F, 3077F
  - Diastolic: 3079F, 3078F, 3080F



# CBP — Controlling High Blood Pressure

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

#### **Medical Records Documentation:**

- The most recent BP reading during the measurement year and the results.
- The BP reading must occur on or after the date when the second diagnosis of hypertension occurred.

## Caritas "Care" Tips:

- Recheck elevated blood pressures and document the results
- Use CPT CAT II codes to report BP results
  - Systolic: 3074F, 3075F, 3077F
  - Diastolic: 3079F, 3078F, 3080F

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# APPENDIX 3

Women's Health Measures

# CHL-

# Chlamydia Screening in Women

Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year

#### Administrative evidence must include:

- The following are methods meet chlamydia guidelines:
  - A chlamydia culture taken during Pap smear.
  - A urine sample

**Note**: Medical records MUST include the collection date and the result

## Caritas "Care" Tips:

- Use correct CPT codes to report chlamydia testing
  - 87110, 87270, 87320, 87490-87492, 87810

MAQ

# BCS — Breast Cancer Screening

Women 50–74 years of age who had a mammogram to screen for breast cancer

#### Administrative evidence must include:

- One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
  - Biopsies, breast ultrasounds or magnetic resonance imaging (MRI), or diagnostic screenings are not appropriate methods for primary breast screenings.

#### Caritas "Care" Tips:

- Use the appropriate codes to report if a member had a bilateral mastectomy any time during the member's history through December 31 of the measurement year. The following meet the criteria:
  - History of a bilateral mastectomy,
  - Unilateral mastectomy with service dates 14 days or more apart, or
  - Absence of left and right breasts

MA

# CCS — Cervical Cancer Screening

Women 21-64 years of age who had cervical cytology performed within the last 3 years.

Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.

Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years.

# MA

#### Medical Record Documentation:

- Date and result of cervical cytology -or-
- Date and result of hrHPV test -or-
- Evidence of hysterectomy with no residual cervix

## Caritas "Care" Tips:

- Documentation of "complete", "total", or "radical" abdominal or vaginal hysterectomy in the medical record
- Documentation of hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.
- Use appropriate codes to report a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year.

# PPC-

# Prenatal and Postpartum Care

# Timeliness of Prenatal Care

The 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) that received a prenatal care visit in the first trimester

#### Medical Record Documentation:

A note indicating the date when the prenatal care visit occurred and *one* of the following:

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standard prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel, or
  - TORCH antibody panel alone, or
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
  - Ultrasound of the pregnant uterus.
- Documentation of LMP, EDD or gestational age in conjunction with either of the following:
  - Prenatal risk assessment and counseling/education.
  - Complete obstetrical history.





# PPC— Prenatal and Postpartum Care

# Postpartum Care

The 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) that had a postpartum visit on or between 7 and 84 days after delivery



#### **Medical Record Documentation:**

A note indicating the date when a postpartum visit occurred and *one* of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen
  - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.
- Notation of postpartum care, including, but not limited to:
  - Notation of "postpartum care," "PP care," "PP check," "6-week check."
  - A preprinted "Postpartum Care" form in which information was documented during the visit.
  - Perineal or cesarean incision/wound check.
  - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
  - Glucose screening for women with gestational diabetes.
  - Documentation of any of the following topics:
    - Infant care or breastfeeding.
    - Resumption of intercourse, birth spacing, or family planning.
    - Sleep/fatigue.
    - Resumption of physical activity and attainment of healthy weight

# PTB<sub>-</sub>

Initiation of Injectable Progesterone for Preterm Birth Prevention

Women 15-45 years of age with evidence of a previous pre-term singleton birth who received at last one Progesterone Injection between the 16<sup>th</sup> and 24<sup>th</sup> week of gestation

## Caritas "Care" Tips:

- Submit Notice of Pregnancy form to the health plan so that ACLA is able to identify high risk members
- Educate members on the benefit of getting a 17-P injection
- No Authorization is required to receive the 17-P injection

## **Coding:**

J1725, J2676-TH, J3490-TH



51



# APPENDIX 4

Behavioral Health Measures

# FUH-

Follow-up After
Hospitalization for
Mental Illness

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 with a mental health practitioner



#### **Measure Details**

Two Rates are Reported:

- 1. **30-Day Follow-Up:** The percentage of discharges for which the member received follow-up within 30 days after discharge.
- 2. **7-Day Follow-Up:** The percentage of members for which the members received follow-up within 7 days after discharge.

## Caritas "Care" Tips:

- Follow-up visit cannot occur on the date of discharge.
- Telehealth visits count as a follow-up with a mental health provider

# FUM-

Follow-Up After
Emergency
Department Visit for
Mental Illness

older who had an emergency department visit with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

#### **Measure Details**

Two Rates are Reported:

- 1. **30-Day Follow-Up:** The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- 2. **7-Day Follow-Up:** The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

## Caritas "Care" Tips:

- Follow-up visit can occur on the date of discharge.
- Follow-up visit can occur with a PCP.
- Telehealth visits count as a follow-up with a mental health provider





# IET-

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence that received AOD treatment

#### **Measure Details**

There are two rates that are reported:

- 1. Initiation of AOD Treatment The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis.
- 2. Engagement of AOD Treatment- The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.



# AMM—

Antidepressant Medication Management

Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment.

#### **Measure Details:**

- Effective Acute Phase Treatment- The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment-The percentage of members who remained on an antidepressant medication at least 180 days (6 months).



56

# SSD -

Diabetes Screening for
People with Schizophrenia
or Bipolar Disorder Who Are
Using Antipsychotic
Medications

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

## **Medical Record Documentation**

Documentation in the medical record must include:

- Date and
- The result of the diabetic screening test performed
  - Glucose Test.
  - HbA1c Test



# SSA -

Adherence to
Antipsychotic Medications
for Individuals With
Schizophrenia

Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period

#### **Measure Definitions**

- 1. Treatment Period- The period of time beginning on the IPSD (Index Prescription Start Date) through the last day of the measurement period.
- **2. PDC** Portion of days covered. The number of days a member is covered by at least one antipsychotic medication prescription, divided by the number of days in the treatment period .





# PROVIDER TOOLS & RESOURCES

## **ACLA Provider Posts**

PROVIDER**ALERT** 



To: AmeriHealth Caritas Louisiana RHC and FQHC Providers

Date: April 19, 2019

Subject: New Alternate Payment Methodology for Rural Health Clinic (RHC)

and Federally Qualified Health Center (FQHC) Providers

**Summary:** AmeriHealth Caritas Louisiana will be implementing the new alternate payment methodology established by the Louisiana Department of Health (LDH).

The APM allows reimbursement for behavioral health services equal to the all-inclusive prospective payment system rate on file for the date of services. This reimbursement will be in addition to any all-inclusive prospective payment system (PPS) rate on the same date for medical and dental services.

FQHC and RHC providers will use HCPCS Code H2020 for reimbursement of the behavioral health APM rate. FQHC and RHC providers may bill the T1015, D0999, and H2020 on the same day of service and be reimbursed for all three HCPCS codes at the clinics' PPS rate on file for the date of service. Providers must submit the HCPCS Code *H2020* on the *first line* of the claim and include detailed lines for all services rendered along with the usual or customary charges or zero.

You can find this Provider Post and other resources on the ACLA Website using the following link: <a href="http://www.amerihealthcaritasla.com/provider/newsletters-and-updates/index.aspx">http://www.amerihealthcaritasla.com/provider/newsletters-and-updates/index.aspx</a>

# NAVINET

# 1. How can you use NAVINET to identify ACLA members?

- Go to <u>www.navinet.net</u> and highlight the Report Inquiry option, then choose Clinical Reports
- If you do not have a username and password, contact your Provider Network Management Account Executive.

#### 2. What are the benefits?

- Receive on-demand reporting (Gap in Care)
- Check member eligibility
- Pop-up alerts that indicate when a member is due to receive a service

# Provider Group Summary Report-Plan Summary



Provider Group Summary Report				Ameril	Health Caritas		
Measurement Period	start date 01/01/2019	end date 07/31/2019	"note cut off date for c	note cut off date for claims data		L	ouisiana
Data source(s)	Inovolan						
Primary Care Provider(s) included		2					
Total # members attributed		559					
The following data shows metrics for HEDIS and other standardized quality measures that indicate a potential c							

The following data shows metrics for HEUIS and other standardized quality measures that indicate a potential care opportunity for all Amerihealth Caritas of Louisiana members in

Current Reporti	ng P	erio
-----------------	------	------

Quality Measure	Eligible	Received the Service or Achieved Outcome	Care Opportunity (Have not yet received service or achieved	Rate	Quality 50th Percentile Target	Meets or Exceeds Target	Estimated Number of Patients to Me Target
W15: Well Child in the First 15 Mths of Life - 6+ visits	9	3	6	33.33%	66.23%	NO	3
W34: Well-Child in the Third, Fourth, Fifth and Sixth Years of Life	45	18	27	40.00%	73.89%	NO	16
AWC: Adolescent Well Care Visit	130	52	78	40.00%	54.57%	NO	19
ADD: Follow-up For Children Pres. ADHD Med - Initiation	20	10	10	50.00%	45.00%	YES	0
ADD: Follow-up For Children Pres. ADHD Med - Continuation & Maint	2	1	1	50.00%	57.09%	NO	1
CBP: Controlling High Blood Pressure	38	2	36	5.26%	58.64%	NO	21
CDC: Hemoglobin A1c Testing	14	6	8	42.86%	87.83%	NO	7
CDC: Diabetic Eye Exams	14	3	11	21.43%	57.89%	NO	6
CDC: Diabetic Attention for Nephropathy	14	13	1	92.86%	90.51%	YES	0
PPC: Prenatal and Post Partum Care - Timeliness of Prenatal Care	7	5	2	71.43%	83.21%	NO	1
PPC: Prenatal and Post Partum Care - Postpartum Care	7	3	4	42.86%	65.21%	NO	2
FUH: Follow-up after hospitalization for Mental Illness - within 30 days of discharge	8	1	7	12.50%	59.80%	NO	4
AMB: Ambulatory Care - ED visits (ED Visits/Member months*1000) - lower scores are better	6195	277	N/A	44.71	60.48	YES	N/A
ABA: Adult BMI Assessment	161	81	80	50.31%	88.47%	NO	62
BCS: Breast Cancer Screening	22	11	11	50.00%	58.08%	NO	2
CCS: Cervical Cancer Screening	141	59	82	41.84%	60.10%	NO	26
CDC: Blood Pressure Control (<140/90)	14	0	14	0.00%	63.26%	NO	9
CDC: Hemoglobin A1c Control (<8%)	14	0	14	0.00%	51.40%	NO	8
CIS: Childhood Immunization Status - Combo 10	12	0	12	0.00%	35.28%	NO	5
COL: Colorectal Cancer Screening	38	17	21	44.74%	N/A	N/A	N/A
IMA: Immunizations for Adolescents - Combination 2	14	6	8	42.86%	31.87%	YES	0

# Provider Group Summary Report-Physician Summary



	Physician Summary Report					
					AmeriHealt	<b>h</b> Carita
					Louisi	ana
Physicians: 2	Total Patients: 559					
_	ows metrics for HEDIS measures that indicate a potential care opportunity. Metrics include member obers will appear on the report.	rs specific to Amer	ihealth Caritas of	Louisiana. Note tha	at only measure	s where
			Current	Reporting Period		
Physician Name	Quality Measure	Eligible	Received the Service or Achieved Outcome	Care Opportunity (Have not yet received service or achieved outcome)		Quality Target
Provider 1	AWC: Adolescent Well Care Visit	125	52	73	41.60%	54.57%
Provider 1	ABA: Adult BMI Assessment	18	12	6	66.67%	88.47%
Provider 1	BCS: Breast Cancer Screening	1	0	1	0.00%	58.08%
Provider 2	AWC: Adolescent Well Care Visit	5	0	5	0.00%	54.57%
Provider 2	ABA: Adult BMI Assessment	143	69	74	48.25%	88.47%
Provider 2	BCS: Breast Cancer Screening	21	11	10	52.38%	58.08%

The HEDIS Documentation and Coding Guidelines can be used as a resource to better understand the measure description and documentation requirements.

# Provider Group Summary Report-Member Adherence Report



D.	Member Adhe	rence Legeno	i							
	N/A Not elig	gible for the m	neasure							
	C Compli	ant for the me	asure							
		mpliant for th								
		•								
	* Quality	Measure 13 s	hows count of	ED Visits						
Quality Measure 1 Well Child in the First 15 Mths of Life - 6+ visits	Quality Measure 2 Well-Child in the Third, Fourth, Fifth and Sixth Years of Life	Quality Measure 3 Adolescent Well Care Visit	Quality Measure 4 Follow Up Care for children Prescribed ADHD Medication- Initiation Phase	Quality Measure 5 Follow Up Care for children Prescribed ADHD Medication- Continuation phase	Quality Measure 13 Ambulatory Care - ED visits	Quality Measure 14 Adult BMI Assessment	Quality Measure 15 Breast Cancer Screening	Quality Measure 16 Cervical Cancer Screening	Quality Measure 17 Blood Pressure Control (<140/90)	Quality Measure Hemoglot A1c Cont (<8%)
N/A	N/A	N/A	N/A	N/A	C	N	N	N	N/A	N/A
N/A	N/A	С	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A
N/A	N/A	С	N/A	N/A	C	N/A	N/A	N/A	N/A	N/A
N/A	N/A	С	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	С	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	С	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	С	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
N/A	N/A	N	N/A	N/A		N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
N/A	N/A	N	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	С	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N	N/A	N/A		N/A	N/A	N/A	N/A	N/A
N/A	N/A	С	N/A	N/A		N/A	N/A	N/A	N/A	N/A



## How can I improve scores for HEDIS measures?

- Use correct diagnosis and procedure codes.
- Submit claims and encounters in a timely way.
- Ensure the presence of ALL components in the medical record documentation.

#### How are HEDIS rates communicated to providers?

- Provider Group Summary Report
- For many measures, reporting is available via our free, online provider portal (NaviNet).

# Where can I get more information about NCQA and HEDIS?

Visit <u>www.ncqa.org</u>

# Who do I contact if I have questions about HEDIS requests?

• Each medical record request includes contact information to help you reach a Quality Representative.

# LDH Medical Record Review (MRR)





# LDH Contractual Language

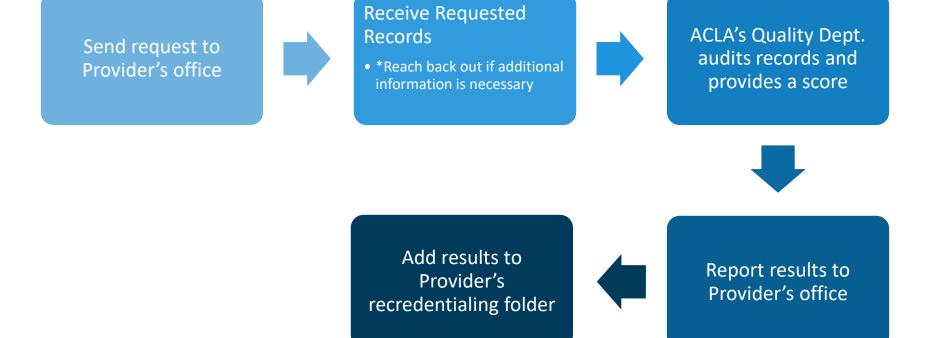


Medical record reviews (MRR) as required by our contract with the Louisiana Department of Health (LDH). As part of our Quality Management (QM) process, all Primary Care Providers' practice sites (may include both an individual office and a large group facility site) with fifty (50) or more linked members must undergo an MRR, of a minimum of five (5) randomly selected records, every two (2) years. Additional reviews will be completed for large group practices or when additional data is necessary in specific instances.

CONTRAC

## **MRR Process**





# Requested Information



- Medical record for Date of Service
  - Only one DOS is requested
- Consent forms
- Updated Problem List
- Demographical Data
  - Examples: language, need for interpreter, ethnicity
- Immunization Records/Status
  - Members: 21 and younger
- Referrals
  - Ex: Continuation of care such as speech therapy
- Consultation Results
- Living will or Advanced Directive
  - Members: 65 and older
- **Updated Medication List**

August 6, 2019

[Provider Name, Credentials] [City], [State] [zipcode]

RE: Medical Record Review

Dear [PCP]:

We are writing to request your cooperation with AmeriHealth Caritas Louisiana's efforts to conduct medical record reviews (MRR) as required by our contract with the Louisiana Department of Health (LDH). As part of our Quality Management (QM) process, all Primary Care Providers' practice sites (may include both an individual office and a large group facility site) with fifty (50) or more linked members must undergo an MRR, of a minimum of five (5) randomly selected records, every two (2) years. Additional reviews will be completed for large group practices or when additional data is necessary in specific instances.

Practice sites are required to achieve an overall score of 90 percent or higher on the review. Practice sites not meeting the requirement must undergo a follow

Please fax or mail the enclosed cover pages along with copies of complete medical records (including consent forms, updated problem list, demographical data, immunization record or status, referrals and consultation results, living will or Advanced Directive, and an updated medication list), for the members and dates of services on the enclosed cover pages within ten (10) business days from the receipt of this letter, to:

Attn: Quality Management Nurse Secure Fax Number: 855-398-5612 Quality Management Department AmeriHealth Caritas Louisiana Medical Record Review PO Box 83580 Baton Rouge, LA 70884

Individual member authorization is not required for AmeriHealth Caritas Louisiana to perform MRR. Privacy regulations permit the sharing of information between health plans and providers for purposes of health plan operations, which includes quality management activities such as MRR.

Should you have any questions, please do not hesitate to call Kenya Dixon, Quality Management Specialist, at 225-300-9626. We greatly appreciate your cooperation with this quality management

Sincerely,

Kenya Dixon, MPA

Quality Management Nurse

Market Chief Medical Officer

# Scoring MRR Medical Records



Sending all information from the requested form increases the provider score.

- Passing score: 90%
- One DOS

#### **Process:**

- Individual providers are scored
- > A group scores is determined
  - All scores are reported at the group level



# **Next Review Date**



#### Passed

- MRR occurs every 2 years
  - Provider specific
  - Real time updates with linked providers



#### **Failed**

- Follow up review is in six (6) months of the initial review.
  - Provider specific



# **Quality Representatives**



Quality Management Staff	Region/SME Topics
LaKaley Tillery 225.300.9142 (Office) <a href="mailto:littlery@amerihealthcaritasla.com">ltillery@amerihealthcaritasla.com</a>	Data Exchange
Kenya Dixon 225.300.9626 (Office) kdixon@amerihealthcaritasla.com	MRR
Agnes Robinson 225.300.9236 (Office) arobinson@amerihealthcartiasla.com	South Louisiana
Jana Blaylock 318.816.9074 (Cell) jblaylock@amerihealthcaritasla.com	North Louisiana
Alicia Smith 225.317.2156 (Cell) asmith2@amerihealthcaritasla.com	New Orleans and surrounding areas

# More than 35 YEARS of making care the heart of our work.

