

2017 Summer Update

HEDIS[®] Measures

Provider Matrix



HEDIS MEASURES

Provider Matrix



HEDIS measures are used to gauge the quality of care health plan members are receiving. This matrix provides measure specific information for needed services and directions on how to close gaps in the care of your members. You should refer to this document to familiarize yourself with current HEDIS specifications and codes to close gaps in care. Submitting claims with HEDIS relevant codes is the **best way to close member gaps** in your Care Opportunity Report and reduces the need for medical record reviews.

If you have HEDIS relevant information that you cannot code on a claim, then you can close the gap by submitting the medical record indicating the member has already received the relevant service or has a condition that excludes them from the measure. All medical records should be faxed to **AvMed Corporate Quality Improvement at 1-800-331-3843**.

PREVENTION AND SCREENING

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Adult BMI Assessment (ABA)	Adults age 18-74	<p>For members 18-20: a BMI percentile, weight AND height documented every 1-2 years</p> <p>For members age 21+: Documentation of BMI and weight every 1-2 years</p>	<p>Include appropriate diagnosis code on claim for every visit to indicate weight was measured and BMI or BMI percentile was documented:</p> <p>ICD-10 BMI: Z68.1 - Z68.45 BMI %tile: Z68.51 - Z68.54</p>	<p>Be sure to measure and document weight, height and BMI on every patient's record at least once a year. For members under 21, document BMI percentile.</p> <p>Submit medical record showing weight, height and BMI measured during the current year, upon AvMed's request.</p> <p>If not available for the current year, weight and BMI measured and documented in the prior year is acceptable.</p>
Breast Cancer Screening (BCS)	Women age 40-74	<p>A mammogram every 1-2 years</p> <p>(Exclusion: members who had a bilateral or two unilateral mastectomies)</p>	<p>Contact members on your Care Opportunity Report and provide a referral for a mammogram. Consider scheduling mammograms before the member's next appointment so that you have results at the appointment</p> <p>OR</p> <p><i>If the member already had a mammography in the current year or prior year, submit medical record with notation of the date of member's last mammography and results, if available (ex. Progress note showing member's last mammography was in 2016, WNL)</i></p> <p>OR</p> <p><i>If the member had one bilateral or two unilateral mastectomies, submit appropriate diagnosis codes to indicate a history of bilateral or two unilateral mastectomies:</i></p> <p>Absence of left breast: Z90.12 Absence of right breast: Z90.11 Hx of Bilateral Mastectomy: Z90.13</p> <p>Alternatively, you may submit medical record with notation of each mastectomy and the date (ex. medical history section noting member had a bilateral mastectomy in 2010)</p>	

PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Cervical Cancer Screening (CCS)	Women age 21-64	<p>A Pap test every 1-3 years</p> <p>OR</p> <p>If age 30-64, a Pap test & HPV co-testing every 5 years</p> <p>(Note: Reflex HPV does not count)</p> <p>(Exclusion: members who had a hysterectomy with no residual cervix)</p>	<p>Contact members on your Care Opportunity Report and encourage them to have their Pap test done</p> <p><i>If member already had a Pap in the last 3 years, document date and result of the Pap. Submit medical record with notation of the date and result of the Pap to AvMed</i></p> <p>OR</p> <p><i>If member has not had a Pap, consider scheduling the member's OB/GYN visit while they are on the phone to increase the likelihood the member will receive a Pap</i></p> <p><i>If you conduct Pap tests in your practice, include the appropriate CPT code on the claim to indicate a Pap was done:</i></p> <p>88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175</p> <p>OR</p> <p><i>If the member had a complete hysterectomy, or absence of cervix, submit appropriate diagnosis codes to indicate the member should be excluded from the measure:</i></p> <p>ICD-10</p> <p>Q51.5: agenesis and aplasia of cervix Z90.710: acquired absence of both cervix and uterus Z90.712: acquired absence of cervix with remaining uterus</p> <p>You may also submit member's medical record with notation of member's complete hysterectomy or absence of cervix</p>	
Childhood Immunization Status (CIS) Combo 10	Children age 2	<p>Administered all doses of the following vaccines before child's 2nd birthday:</p> <p>4 DtaP</p> <p>3 IPV</p> <p>1 MMR</p> <p>3 HiB</p> <p>3 HepB</p> <p>1 VzV</p> <p>4 Pneumococcal conjugate</p> <p>1 HepA</p> <p>3 Rotavirus (2 if administer 2-dose version)</p> <p>2 Influenza</p>	<p>Contact members on your Care Opportunity Report and schedule an appointment to come for a visit and get Immunizations. The following CPT codes indicate an Immunization:</p> <p>DtaP - 90700, 90721 90723, 90698</p> <p>IPV - 90713, 90698, 90723</p> <p>MMR - 90707, 90710,</p> <p>HiB - 90644-90648, 90721, 90748, 90698</p> <p>Hep A - 90633</p> <p>Hep B - 90723, 90740, 90744, 90747, 90748</p> <p>If the member already had vaccine(s) or has had an anaphylactic or other adverse reaction to a vaccine, document the date(s). Submit medical record with notation of vaccines to AvMed when requested</p>	<p>VzV - 90710, 90716</p> <p>PCV - 90669, 90670</p> <p>Rotavirus - 90681, 90680</p> <p>Influenza - 90655, 90657, 90661, 90662</p> <p>90673, 90685, 90687</p>

PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Chlamydia Screening in Women (CHL)	Sexually active women age 16-24	A Chlamydia test every year	<p>Consider routine Chlamydia screening using a urine sample for all sexually active female members in this age range</p> <p>Screen at least once a year during any visit (sick or well visit)</p> <p>Take the opportunity to counsel and educate all members, including adolescents, on STDs</p> <p>The following CPT codes indicate a Chlamydia screening: 87110, 87270, 87320, 87490-87492, 87810</p>	<p>Contact members on your Care Opportunity Report and confirm they've had their Well Women's visit</p> <p><i>If member had a screening in the current year, document the date and result, if available. Submit the medical record to AvMed</i></p> <p><i>If member has not had a screening, consider scheduling the member's OB/GYN visit while they are on the phone to increase likelihood the member receives a Chlamydia screening</i></p> <p>If the member is an adolescent due for a wellness visit, schedule visit and use it as an opportunity to screen for Chlamydia and educate on STDs</p>
Colorectal Cancer Screening (COL)	Adults age 50-75	<p>A colorectal cancer screening as defined below:</p> <p>A colonoscopy every 10 years (preferred)</p> <p style="text-align: center;">OR</p> <p>A flexible sigmoidoscopy every 5 years</p> <p style="text-align: center;">OR</p> <p>A CT colonography every 5 years</p> <p style="text-align: center;">OR</p> <p>A FIT-DNA test (ColoGuard) every 3 years</p> <p style="text-align: center;">OR</p> <p>A fecal occult blood test (FOBT) every year</p>	<p>Contact members on your Care Opportunity Report and provide a referral for a colorectal cancer screening</p> <p><i>If member already had a screening, document the type, date and result of screening, if available. If member had an FOBT, the medical record should also indicate number of samples taken. Submit medical record with notation of colorectal cancer screening to AvMed</i></p> <p style="text-align: center;">OR</p> <p><i>If member has not had a screening, consider scheduling member's GI visit while they are on the phone to increase likelihood the member will have a colonoscopy. If member refuses a colonoscopy or sigmoidoscopy, you can order a FOBT (CPT Code: 82270, 82274)</i></p> <p style="text-align: center;">OR</p> <p><i>If a member has a history of colorectal cancer or had a total colectomy, submit appropriate diagnosis codes to indicate the member should be excluded from the measure:</i></p> <p>ICD-10 Z85.038: Personal Hx of malignant neoplasm of large intestine Z85.048: Personal Hx of malignant neoplasm of rectum, rectosigmoid junction, and anus</p>	

PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Immunizations for Adolescents (IMA)	Adolescents 9 - 13	Administer the following between member's 11 th and 13 th birthdays: 1 meningococcal vaccine AND 1 tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) AND between member's 9 th and 13 th birthdays: 3 HPV vaccines on different dates of service OR 2 HPV vaccines administered at least 146 days apart	Contact members on your Care Opportunity Report and schedule an appointment to come for a visit and get their Immunizations The following CPT codes indicate an Immunization: Tdap - 90715 Meningococcal - 90644, 90734 HPV - 90649, 90650, 90651 If the member already had required vaccine or has had an anaphylactic or other adverse reaction to the vaccine, document the date. Submit medical record with notation of the vaccines to AvMed when requested	
Prenatal and Postpartum Care (PPC)	Women with deliveries of live births	A postpartum visit for a pelvic exam or postpartum care between 21 and 56 days after delivery (3 - 8 weeks after delivery)	Make sure member's postpartum visit is within the correct time frame. Submit claim with an appropriate code indicating postpartum care occurred CPT: 59430, 99501 CPT II: 0503F HCPCS: G0101 ICD-10 Z01.411 Z01.419 Z01.42 Z30.430 Z39.1 Z39.2	Make sure member's postpartum visit is within the correct time frame Submit medical record to AvMed when requested Documentation in the medical record must include a note indicating date postpartum visit occurred and one of the following: <ul style="list-style-type: none"> • Pelvic exam • Evaluation of weight, BP, breasts and abdomen <ul style="list-style-type: none"> - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component • Notation of postpartum care, including, but not limited to: <ul style="list-style-type: none"> - Notation of "postpartum care," "PP care," "PP check," "6-week check" • A preprinted "Postpartum Care" form in which information was documented during the visit
Flu Vaccination	Adults age 18 or older	Flu vaccination each season, beginning July 1st	Administer flu vaccination to members during each flu season If you do not administer flu vaccines, encourage members to receive flu vaccine. AvMed members can receive flu vaccinations at pharmacies	
Pneumococcal Vaccination	Adults age 65 or older	At least one pneumococcal vaccination	Administer pneumococcal vaccination to members who have yet to receive one If you do not administer pneumococcal vaccines, encourage members to receive vaccine. AvMed members can receive pneumococcal vaccinations at pharmacies.	

PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Children age 3-17	Conduct the following at least once a year: BMI percentile documentation AND Counseling for nutrition AND Counseling for physical activity	Submit the following codes on the claim: BMI Percentile ICD-10: Z68.51-Z68.54 Nutritional Counseling Procedure Codes: G0270 S9449 97802 G0271 S9452 97803 G0447 S9470 97804 ICD-10: Z71.3 Physical Activity Counseling Procedure Code S9451 G0447 ICD-10: Z02.5	Document all three components on the member's medical record at least once a year. Submit medical record to AvMed when requested

RESPIRATORY CONDITIONS

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Appropriate Testing for Children With Pharyngitis (CWP)	Children age 2-18 who were diagnosed with pharyngitis, tonsillitis or strep throat AND were dispensed an antibiotic	Administer a group A streptococcus (strep) test within three days of diagnosis	Administer or order a strep test for children with throat infections when prescribing an antibiotic Include code for strep test on claim: 87070 87650 87071 87651 87081 87652 87430 87880	Administer or order a strep test for children with throat infections when prescribing an antibiotic Document type, date and result of strep test on medical record. Submit medical record to AvMed upon request
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	Children age 3 months -18 years with an upper respiratory infection	Avoid prescribing an antibiotic if the only diagnosis is an upper respiratory infection	<i>If an upper respiratory infection is the only condition, avoid writing an antibiotic prescription</i>	<i>If prescribing an antibiotic for a bacterial infection (or co-morbid condition), use diagnosis code for bacterial infection and/or co-morbid condition when submitting claim. Code any secondary conditions</i>
Avoidance of Antibiotics in Adults with Acute Bronchitis (AAB)	Adults age 18-64 with acute bronchitis	<i>If uncomplicated acute bronchitis is the only condition, avoid writing an antibiotic prescription. Instead use the CDC's OTC Prescription Pad available at www.cdc.gov/getsmart/campaign-materials/print-materials/ViralRxPad-bw.pdf</i>	<i>If uncomplicated acute bronchitis is the only condition, avoid writing an antibiotic prescription</i>	<i>If prescribing an antibiotic for a bacterial infection (or co-morbid condition) use diagnosis code for bacterial infection and/or co-morbid condition when submitting claim. Code any secondary conditions</i>
Asthma Medication Ration (AMR)**	Members age 5-64 with persistent asthma	Ratio of controller to reliever medication fills should be \geq 0.50	Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications Inquire about and address, where possible any barrier to adherence the member may be experiencing such as side effects, costs, or perceptions toward medication.	

RESPIRATORY CONDITIONS (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Medication Management for People with Asthma (MMA)**	Members age 5-64 with persistent asthma	Adherence to asthma controller medication for at least 75% of their treatment period Treatment period starts the date of the first filled asthma prescription and ends the last day of the year	Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications Inquire about and address, where possible, any barrier to adherence the member may be experiencing such as side effects, costs, perceptions toward medication, etc.	
Pharmacotherapy Management of COPD Exacerbation (PCE)**	Adults age 40 and older who had an inpatient discharge or ER visit with a principal diagnosis of COPD	<ul style="list-style-type: none"> Dispensed a systemic corticosteroid within 14 days of the event <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Dispensed a bronchodilator within 30 days of the event 	<ul style="list-style-type: none"> Follow up with members after all ER and hospital discharges If necessary, schedule a follow-up appointment to confirm the COPD diagnosis Ensure member has a prescription for a systemic corticosteroid and bronchodilator if you deem it clinically appropriate 	

CARDIOVASCULAR CONDITIONS

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Controlling High Blood Pressure (CBP)	Adults age 18-85 diagnosed with hypertension	<p>Age 18-59 a final blood pressure reading of <140/90 for the current year</p> <p>Age 60-85 who ALSO have a dx of diabetes, a final blood pressure reading of <140/90 for the current year</p> <p>Age 60-85 who are not diabetic a final blood pressure reading of <150/90 for the current year</p> <p>(Exclusion: members with a history of ESRD or who are pregnant during the current year)</p>	<p>Ensure coding staff uses HTN diagnosis code appropriately to avoid incorrectly placing member in measure:</p> <ul style="list-style-type: none"> Diagnosis code I10 should only be used if HTN has been formally diagnosed <p>For members diagnosed with HTN, continue to manage member closely, encourage adherence to hypertension medication, until their BP is under control</p> <p>If the most recent BP is \geq 140/90, member should have a follow up visit to reassess BP</p>	<p><i>If member has ever been diagnosed with End Stage Renal Failure (ESRD) or is pregnant in the current year, be sure to document in medical record and submit record to AvMed if requested</i></p>
Persistence of Beta- Blocker After Heart Attack (PBH)**	Adults age 18 and older who had an AMI	<p>A 180-day course of treatment with beta-blockers</p> <p>(Exclusions: members with asthma, COPD, contraindication, an identified intolerance or allergy to beta-blocker)***</p>	<p>Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications</p> <p>Inquire about and address, where possible, any barrier to adherence the member may be experiencing such as side effects, costs, perceptions toward medication, etc.</p> <p>Continue to educate members about cardiac risk factors</p>	

CARDIOVASCULAR CONDITIONS

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Statin Therapy for Patients with Cardiovascular Disease (SPC)	Males age 21-75 and Females age 40-75 with atherosclerotic cardiovascular disease (ASCVD)	<p>Two rates measured</p> <ul style="list-style-type: none"> Member dispensed at least one moderate or high intensity statin medication during the current year <p>AND</p> <ul style="list-style-type: none"> Member remained on moderate or high intensity statin medication for at least 80% of treatment period <p>(Exclusion: members with ESRD, pregnancy, cirrhosis, myalgia, myopathy)</p>	<p>Take the opportunity at every appointment to talk to your members about the importance of taking prescribed Medications and address common adherence barriers such as cost and regimen complexity.</p> <p>COST</p> <ul style="list-style-type: none"> Switch members to less expensive and more convenient 90-day refill options, both retail and mail order Shift to lower-cost generic options, when available Refer members to the Social Security Administration to apply for Extra Help with Medicare <p>Prescription Drug</p> <p>Plan Costs. Toll-free: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm</p> <p>REGIMEN COMPLEXITY</p> <ul style="list-style-type: none"> Use long acting drugs to reduce the number of daily doses, if available Use of combination drugs when possible Switch members to less expensive and more convenient 90-day refill options, both retail and mail order. Encourage use of pillbox organizers. 	

DIABETES

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Comprehensive Diabetes Care (CDC)	Adults age 18-75 with diabetes (type I or II)	<p>The following screenings at least once every year:</p> <ul style="list-style-type: none"> Hemoglobin A1c (HbA1c) test Medical attention for nephropathy - Urine Microalbumin test, evidence of nephropathy, or ACE/ARB therapy Retinal/Dilated Eye Exam Blood pressure reading <p>The final value of the year should be as follows:</p> <ul style="list-style-type: none"> HbA1c : < 7.0% (preferred) or < 8.0%. Blood pressure control: <140/90 <p>Final HbA1c value of the year should NOT be >9% (Poor controlled)</p>	<p>Order at least one HbA1c and urine protein screening annually. Include appropriate CPT codes on claims to indicate member's most recent results and relevant conditions:</p> <ul style="list-style-type: none"> HbA1c : 3044F-3046F Urine Protein: 3060F-3062F Evidence of nephropathy: 3066F, 4010F <p>Be sure to order a follow-up screening if:</p> <ul style="list-style-type: none"> The most recent HbA1c level is >8%: <p>Refer members to an eye care specialist (optometrist or ophthalmologist) for a Retinal/Dilated eye exam annually:</p> <ul style="list-style-type: none"> Document name and specialty of member's eye care professional, date of last eye exam and result (+/- DM retinopathy) in medical record Submit appropriate CPT codes on claims <ul style="list-style-type: none"> If member had eye exam during the current year: 2022F If member had stereoscopic photo interpreted by an eye care specialist: 2024F, 2026F If member's eye exam in the prior year was negative for retinopathy: 3072F If member's had bilateral eye enucleation, document so in medical record <p>Include appropriate CPT codes on claims to indicate member's BP reading on every visit:</p> <ul style="list-style-type: none"> Systolic: 3074F, 3075F, 3077F Diastolic: 3078F, 3079F, 3080F Submit medical record with relevant documentation to AvMed when requested 	

DIABETES

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Statin Therapy for Patients with Diabetes (SPD)	Adults age 40-75 who with diabetes	<p>Two rates measured</p> <ul style="list-style-type: none"> Member dispensed at least one statin medication of any intensity during the current year <p>AND</p> <ul style="list-style-type: none"> Member remained on statin medication of any intensity for at least 80% of treatment period <p>(Exclusion: members with dx of atherosclerotic cardiovascular disease – ASCVD, MI, CABG, PCI, IVD- ESRD, pregnancy, invitro fertilization, cirrhosis, myalgia, myopathy)</p>	<p>Take the opportunity at every appointment to talk to your members about the importance of taking prescribed Medications and address common adherence barriers such as cost and regimen complexity.</p> <p>COST</p> <ul style="list-style-type: none"> Switch members to less expensive and more convenient 90-day refill options, both retail and mail order Shift to lower-cost generic options, when available Refer members to the Social Security Administration to apply for Extra Help with Medicare <p>Prescription Drug Plan Costs. Toll-free: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm</p> <p>REGIMEN COMPLEXITY</p> <ul style="list-style-type: none"> Use long acting drugs to reduce the number of daily doses, if available Use of combination drugs when possible Switch members to less expensive and more convenient 90-day refill options, both retail and mail order. Encourage use of pillbox organizers. 	

MUSKULOSKELETAL CONDITIONS

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
DMARD Therapy for Rheumatoid Arthritis (ART)**	Adults age 18 and older with rheumatoid arthritis	<p>At least one DMARD prescription dispensed in the current year</p> <p>(Exclusion: member diagnosed with HIV or pregnant during the current year)</p>	<p>Ensure coding staff uses rheumatoid arthritis (RA) diagnosis codes appropriately to avoid incorrectly placing member in measure:</p> <ul style="list-style-type: none"> Diagnosis codes for Rheumatoid Arthritis, Rheumatoid Nodule, Rheumatoid Bursitis, Felty's Syndrome, should only be used if diagnosis has been confirmed For rule-out, suspect, or possible RA, code the symptoms instead of RA <p>For members with confirmed RA, DMARD therapy is the current standard of care</p> <p>Submit electronically or call in prescription to member's pharmacy whenever possible in order to ensure medication is filled</p>	<p>If member received DMARD from patient assistance program, VA or sample in the current year, <u>document in medical record</u> the medication name, dose, route and date patient received medication and submit record to AvMed</p> <p><i>If RA was erroneously coded on claim, fill out and return RA claim correction form provided by AvMed</i></p> <p>OR</p> <p><i>If member has a history of HIV or is pregnant during current year, document condition in medical record and submit record to AvMed</i></p>

MUSKULOSKELETAL CONDITIONS (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Osteoporosis Management in Women Who Had a Fracture (OMW) **	Women age 67 or older who suffered a fracture	A bone mineral density test or osteoporosis prescription within 6 months (180 days) of fracture	<p>Contact members on your Care Opportunity Report and order a bone density test, unless they've already had one completed since the fracture</p> <p>Place member on osteoporosis medication if you deem it clinically appropriate</p> <p>If member was on osteoporosis medication within the 12 months preceding the fracture, submit medical record to AvMed indicating date medication was dispensed, administered or sample given</p> <p><i>If member has had a bone density test within the 24 months preceding the fracture, submit medical record indicating date of bone density test to AvMed</i></p>	

MEDICATION MANAGEMENT

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Children ages 6-12 who had prescription for ADHD	<p><i>Initiation Phase:</i> At least one follow-up visit with practitioner with prescribing authority during 30-day Initiation Phase</p> <p><i>Continuation and Maintenance (C&M) Phase:</i> At least two follow-up visits with a practitioner within 270 days (9 months) after Initiation Phase ended</p>	<p>Contact members on your Care Opportunity Report and schedule appointments to come for follow up visits</p> <p>Submit claims showing members had follow up visits</p>	
Use of High-Risk Medications in the Elderly (DAE) **	Adults age 66 or older	Avoid prescribing high-risk medication to members in this age range	Avoid prescribing high-risk medications in the tables below to members in this age range	
Potentially Harmful Drug-Disease Interaction in the Elderly (DDE)	<p>Adults age 65 and older with any of the following conditions:</p> <ul style="list-style-type: none"> • History of Falls • Dementia • Chronic Kidney Disease 	Avoid potentially harmful medications for members with these conditions	<p>For members with history of falls, avoid prescribing anticonvulsants, SSRIs, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, and tricyclic antidepressants.</p> <p>For members with Dementia, avoid prescribing antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants H2 receptor antagonists, and anticholinergic agents.</p> <p>For members with Chronic Kidney Disease, avoid prescribing Cox-2 selective NSAIDs or nonaspirin NSAIDs</p>	

APPROPRIATE UTILIZATION

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Emergency Department Utilization (EDU)	Adults age 18 or older	<p>Reduce unnecessary ED visits This is a risk adjusted metric:</p> <ul style="list-style-type: none"> Measures observed to expected number of ED visits Takes into account patient age, gender, and comorbidities 	<p>Consider offering flexible hours on evenings or weekends</p> <p>Promote use of AvMed's 24/7 Nurse-On-Call line (#)</p> <p>Encourage use of urgent care and retail clinics for after hours when appropriate</p> <p>Schedule more frequent visits for patients on your Care Opportunity Report who have had multiple ED visits</p> <p>Encourage patients to follow up with you upon discharge, and have scheduling availability for members recently discharged</p>	
Non Recommended PSA Based Screening in Older Men (PSA)	Men age 70 or older	<p>Avoid using PSA-based screening for prostate cancer</p> <p>(Exclusions: men with hx of prostate cancer, prostate dysplasia, elevated PSA levels in the prior year, or dispensed a 5-alpha reductase inhibitor– Finasteride, Dutasteride)</p>	<p>Discuss the harm and benefit of PSA-based screening with your members. Use PSA-based screening only for patients in which it may be clinically appropriate, such as those who meet measure exclusion criteria.</p> <p>If member meets exclusion criteria, submit appropriate code on claims:</p> <p>ICD-10: Prostate Cancer - Z85.46, Z15.03, D40.0, D07.5, C61 Prostate Dysplasia – N42.3 –N42.32, N42.39</p>	
Readmission, Plan All-Cause (PCR)	Adults age 18 or older	<p>Reduce unplanned readmissions within 30 days acute inpatient discharges</p> <p>This is a risk-adjusted metric:</p> <ul style="list-style-type: none"> Measures rate of readmissions Measures ratio of observed to expected rate of readmissions Takes into account patient age, gender, and comorbidities 	<p>Schedule more frequent visits for patients on your Care Opportunity Report who have had multiple admissions</p> <p>Encourage patients to follow up with you upon discharge, and have scheduling availability for members recently discharged</p>	
Use of Imaging Studies for Lower Back Pain (LBP)	Adults age 18-50 with a primary diagnosis of lower back pain	<p>Imaging study should be avoided within the first 28 days of initial diagnosis of lower back pain</p> <p>(Exclusion: cancer, trauma, IV drug use, neurologic impairment)</p>	<p>Refrain from ordering imaging studies such as plain X-Ray, MRI, CT scan within 28 days of initial diagnosis, unless member has a condition that makes the imaging study clinically appropriate. Be sure to code any secondary/ co-morbid condition on claims</p> <p>Conditions that exclude members from measure:</p> <ul style="list-style-type: none"> Prior diagnosis of back pain in last 6 months Cancer – current or past diagnosis Trauma, IV drug abuse, or Neurologic impairment within the last 12 months <p>If member has one of the conditions above that excludes them from this measure, submit medical record indicating the diagnosis and diagnosis date to AvMed</p>	

STARS MEDICATION MANAGEMENT

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap *	
			Preferred Method	Acceptable Method
Medication Adherence to Diabetes Medications	Adults age 18 or older with two or more fills of diabetes medication	Adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% across the following classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, DPP-IV inhibitors, incretin mimetics, meglitinides, and SGLT2 inhibitors	Take the opportunity at every appointment to talk to your members about the importance of taking prescribed Medications and address common adherence barriers such as cost and regimen complexity.	
			<p>COST</p> <ul style="list-style-type: none"> Switch members to less expensive and more convenient 90-day refill options, both retail and mail order Shift to lower-cost generic options, when available Refer members to the Social Security Administration to apply for Extra Help with Medicare Prescription Drug Plan Costs. Toll-free: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm 	
Medication Adherence for Hypertension (Renin Angiotensin System (RAS) Antagonists)	Adults age 18 or older with two or more fills of a RAS antagonist	Adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% for their RAS antagonist: ACE inhibitors, ARBs, or Direct Renin Inhibitors		<p>REGIMEN COMPLEXITY</p> <ul style="list-style-type: none"> Use long acting drugs to reduce the number of daily doses, if available Use of combination drugs when possible Switch members to less expensive and more convenient 90-day refill options, both retail and mail order. Encourage use of pillbox organizers.
Medication Adherence for Cholesterol (Statins)	Adults age 18 or older with two or more fills of any statin medication	Adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% for their statin cholesterol medications		
Medication Therapy Management (MTM)	Medicare members who were at least 18 years or older and meet MTM program targeting criteria	A Comprehensive Medication Review (CMR): an assessment of current medications which includes a discussion between the member and a pharmacist about all of the member's medications.	Refer members to AvMed's MTM Vendor, SinfoniaRx, at 1-844-866-3735 or TTY/TDD users: 1-800-367-8939	
Medication Reconciliation Post Discharge	Adults age 18 or older with an acute or non-acute inpatient discharge	Receive a follow-up visit within 30 days of discharge with a prescribing practitioner, clinical pharmacist, or registered nurse with documentation of current and discharge medications including notation medications were reconciled	Contact the member within 30 days of the inpatient discharge for a follow-up visit. Be sure to document medications lists were reconciled.	<ul style="list-style-type: none"> Use the following codes to close the gap in care: 99495, 99496 or 1111F

* This document represents only a set of recommendations to be implemented or acted upon by the physician as she/he deems appropriate. The physician and not AvMed is engaged in the practice of medicine. The physician maintains at all times the only physician/patient relationship with the Member. The judgments and decisions related to medical care, including but not limited to diagnosis, treatment, classification, identification, coding, etc. remain wholly within the province and control of the physician. Physicians must comply with all laws and regulations, including those related to fraud, waste, and abuse.

** See Relevant Medications table on the next page

*** See Beta-Blocker exclusions table on the next page

RELEVANT MEDICATIONS BY MEASURE

DMARDs (ART)

Description	Prescription	J Codes
5-Aminosalicylates	• Sulfasalazine	
Alkylating agents	• Cyclophosphamide	
Aminoquinolines	• Hydroxychloroquine	
Anti-rheumatics	• Auranofin • Leflunomide • Penicillamine • Gold sodium thiomalate • Methotrexate	J1600, J9250, J9260
Immunomodulators	• Abatacept • Certolizumab • Infliximab • Adalimumab • Certolizumab pegol • Rituximab • Anakinra • Etanercept • Tocilizumab • Certolizumab • Golimumab	J0129, J0135, J0717, J1438, J1745, J3262, J9310
Immunosuppressive agents	• Azathioprine • Cyclosporine • Mycophenolate	J7502, J7515, J7516, J7517, J7518
Janus kinase(JAK) inhibitor	• Tofacitinib	
Tetracyclines	• Minocycline	

ADHD Medications

Description	Prescription
CNS stimulants	• Amphetamine-dextroamphetamine • Dextroamphetamine • Methylphenidate • Dexmethylphenidate • Lisdexamfetamine • Methamphetamine
Alpha 2 receptor agonists	• Clonidine • Guanfacine
Miscellaneous ADHD medications	• Atomoxetine

Asthma Controller Medications

Description	Prescription
Antiasthmatic combinations	• Dyphylline-guaifenesin • Guaifenesin-theophylline
Antibody inhibitor	• Omalizumab
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Mometasone-formoterol
Inhaled corticosteroid	• Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone CFC free • Mometasone
Leukotriene modifiers	• Montelukast • Zileuton • Ciclesonide
Mast cell stabilizers	• Cromolyn
Methylxanthines	• Aminophylline • Dyphylline • Theophylline

Asthma Reliever Medications

Description	Prescription
Short-acting inhaled beta-2 agonists	• Albuterol • Levalbuterol • Prilbuterol

High-Risk Medications (DAE)

Description	Prescription	
Anticholinergics (excludes TCAs), First-generation antihistamines	<ul style="list-style-type: none"> • Brompheniramine • Dexchlorpheniramine • Carbinoxamine • Diphenhydramine (oral) • Dimenhydrinate • Meclizine • Chlorpheniramine 	<ul style="list-style-type: none"> • Doxylamine • Clemastine • Hydroxyzine • Cyproheptadine • Promethazine • Dexbrompheniramine • Triprolidine
Anticholinergics (excludes TCAs), anti-Parkinson agents	<ul style="list-style-type: none"> • Benztropine (oral) 	<ul style="list-style-type: none"> • Trihexyphenidyl
Antispasmodics	<ul style="list-style-type: none"> • Atropine (excludes ophthalmic) • Belladonna alkaloids • Clidinium-chlordiazepoxide • Dicyclomine 	<ul style="list-style-type: none"> • Hyoscyamine • Propantheline • Scopolamine
Antithrombotics	<ul style="list-style-type: none"> • Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin) 	<ul style="list-style-type: none"> • Ticlopidine
Cardiovascular, alpha agonists, central	<ul style="list-style-type: none"> • Guanabenz • Guanfacine 	<ul style="list-style-type: none"> • Methyldopa
Cardiovascular, other	<ul style="list-style-type: none"> • Disopyramide 	<ul style="list-style-type: none"> • Nifedipine, immediate release
Central nervous system, antidepressants	<ul style="list-style-type: none"> • Amitriptyline • Clomipramine 	<ul style="list-style-type: none"> • Imipramine • Trimipramine
Central nervous system, barbiturates	<ul style="list-style-type: none"> • Amobarbital • Amoxapine • Antidepressants • Desipramine • Nortriptyline • Paroxetine • Pentobarbital 	<ul style="list-style-type: none"> • Butobarbital • Phenobarbital • Protriptyline • Butalbital • Secobarbital • Mephobarbital
Central nervous system, vasodilators	<ul style="list-style-type: none"> • Ergot mesylates 	<ul style="list-style-type: none"> • Isoxsuprine
Central nervous system, other	<ul style="list-style-type: none"> • Meprobamate 	
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	<ul style="list-style-type: none"> • Conjugated estrogen • Estradiol 	<ul style="list-style-type: none"> • Esterified estrogen • Estropipate
Endocrine system, sulfonylureas, long-duration	<ul style="list-style-type: none"> • Chlorpropamide 	<ul style="list-style-type: none"> • Glyburide
Endocrine system, other	<ul style="list-style-type: none"> • Desiccated thyroid 	<ul style="list-style-type: none"> • Megestrol
Pain medications, skeletal muscle relaxants	<ul style="list-style-type: none"> • Carisoprodol • Chlorzoxazone • Cyclobenzaprine 	<ul style="list-style-type: none"> • Metaxalone • Methocarbamol • Orphenadrine

Osteoporosis Therapies (OMW)

Description	Prescription	J Codes
Biphosphonates	<ul style="list-style-type: none"> Alendronate Alendronate-cholecalciferol Risedronate 	J1740, J3488, J3487, J3489, Q2051
Other agents	<ul style="list-style-type: none"> Ibandronate Zoledronic acid Calcitonin Denosumab Raloxifene Teriparatide 	J0630, J3110, J0897

COPD MEDICATIONS (PCE)

Systemic Corticosteroid Medications

Description	Prescription
Glucocorticoids	<ul style="list-style-type: none"> Betamethasone Cortisone-acetate Dexamethasone Hydrocortisone Methylprednisolone Prednisone Prednisolone Triamcinolone

Bronchodilator Medications

Description	Prescription
Anticholinergic agents	<ul style="list-style-type: none"> Albuterol-ipratropium Aclidinium-bromide Dexamethasone Tiotropium Umeclidinium
Beta 2-agonist	<ul style="list-style-type: none"> Albuterol Arformoterol Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilantero Formoterol Formoterol-glycopyrrolate Indacaterol Indacaterol-glycopyrrolate Levalubetrol Mometasone-formoterol Metaproterenol Olodaterol hydrochloride Olodaterol-tiotropium Pirbuterol Salmeterol Umeclidinium-vilantero
Methylxanthines	<ul style="list-style-type: none"> Aminophylline Dyphylline Theophylline
Antiasthmatic combinations	<ul style="list-style-type: none"> Dyphylline-guaifenesin Guaifenesin-theophylline

PBH BETA-BLOCKER EXCLUSIONS

Description	ICD-9-CM Diagnosis
History of asthma	J45.20 - J45.22, J45.30 - J45.32, J45.41-J45.42, J45.50-J45.52, J45.901-02, J45.909, J45.990-91, J45.998
Hypotension	I95.0, I95.1, I95.2, I95.3, I95.81, I95.89, I95.9
Heart block >1 degree	I44.1, I44.2, I44.4, I44.5, I44.60, I44.69, I44.7, I45.0, I45.19, I45.2, I45.3
Sick Sinus Syndrome, bradycardia, Pre-excitation syndrome	I49.5, R00.1, I45.6
COPD	J44.0, J44.1, J44.9

You may have relevant information regarding a member that you are unable to submit via claim. In this case, you can close the gap by submitting the medical record indicating the member has already received the relevant service or has a condition that excludes them from the measure. All medical records should be faxed to **AvMed Corporate Quality Improvement** at **1-800-331-3843**.

