

Quality Metrics



Quality Assessment and Performance Improvement

AmeriHealth Caritas VIP Care Plus has a Quality Assessment and Performance Improvement (QAPI) Program to monitor the quality of services our members receive. In partnership with you, our network providers, we aim to make sure health care and services are:

- High quality
- Safe
- Appropriate
- Efficient
- Effective

We monitor the quality of care and services our members receive through a variety of methods including metrics from the Healthcare Effectiveness Data and Information Set (HEDIS®).

- HEDIS is a registered trademark of the National Committee for Quality Assurance

We also use metrics from member surveys including the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and the Health Outcomes Survey (HOS).

- CAHPS is a registered trademark of the Agency for Healthcare Research and Quality

- Breast Cancer Screening
- Colorectal Cancer Screening
- Comprehensive Diabetes Care
 - HgA1c Testing
 - HgA1c Control
 - BP Control
 - Eye Exam
 - Monitoring for Nephropathy
- Follow up within 30 Days of Inpatient Discharge
- Care for Older Adults
- Controlling Blood Pressure
- Medication Reconciliation Post-Discharge
- Adult BMI Assessment

Ways You can Help with HEDIS Reporting

- Submit claim/encounter data for each and every service rendered;
- Make sure that chart documentation reflects all services billed;
- Bill (or report by encounter submission) for all delivered services;
- Ensure that all claim/encounter data is submitted in an accurate and timely manner;
- Please consider including CPT II codes to provide additional details and reduce medical record requests

****Submitting appropriate codes may decrease the need for us to request medical records to review for this information.****

Care for Older Adults (COA) includes a group of assessments intended to serve as additional preventive screenings for adults age 66 and over. AmeriHealth Caritas VIP Care Plus tracks these services as part of our ongoing HEDIS Quality Improvement Program:

- Advance care planning
- Pain assessment
- Functional assessment
- Medication review/list

AmeriHealth Caritas VIP Care Plus is able to assist providers in completing these assessments. These assessments are documented on a COA form and faxed to the PCP office. **The form must be filed in the member's medical record in order to satisfy the HEDIS requirement.**

Care for Older Adults

Providers may also satisfy the COA requirement by completing the assessments and documenting them on a claim using the following codes:

Code	Type	Measure	Description
99497	CPT	Advance Care Directive	Advance care planning including the explanation and discussion of advance directives such as standard forms with completion of such forms when performed by the physician or other qualified health professional; first 30 minutes, face-to-face with patients, member(s), and/or surrogate.
1157F	CPT II	Advance Care Directive	Advance care plan or similar legal document present in the medical record.
1158F	CPT II	Advance Care Directive	Advance care planning discussion documented in the medical record.
S0257	HCPCS	Advance Care Directive	Counseling and discussion regarding advance directives or end of life planning and decisions, with patient and/or surrogate.
1123F	CPT II	Advance Care Directive	Advance care planning discussed and documented; advance care plan or surrogate decision maker document in the medical record.
1124F	CPT II	Advance Care Directive	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
1159F	CPT II	Medication Review	Medication list documented in medical record.
1160F	CPT II	Medication Review	Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record.
1170F	CPT II	Functional Status Assessment	Functional status assessed.
1125F	CPT II	Pain Assessment	Pain severity quantified; pain present.
1126F	CPT II	Pain Assessment	Pain severity quantified; NO pain present.

Controlling Blood Pressure

This measure determines the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm Hg).

Only about half of people with high blood pressure have it under control, which means they are at higher risk for heart disease and stroke. Another 1 in 5 adults don't even know they have high blood pressure.

Before providers can begin to control high blood pressure, it is important to first obtain an accurate blood pressure. Even small inaccuracies of 5 – 10 mm Hg can have considerable consequences. Here are some factors that can affect the accuracy of a blood pressure measures and the magnitude of the discrepancies:

Factor	Magnitude of systolic/diastolic blood pressure discrepancy (mm Hg)
Talking or active listening	10/10
Distended bladder	15/10
Cuff over clothing	5–50/
Cuff too small	10/2–8
Smoking within 30 minutes of measurement	6–20/
Paralyzed arm	2–5/
Back unsupported	6–10/
Arm unsupported, sitting	1–7/5–11
Arm unsupported, standing	6–8/

Controlling Blood Pressure

Beginning in 2018, the HEDIS measure Controlling Blood Pressure can be reported using CPT II codes. Below are the CPT II codes that correspond to particular systolic and diastolic blood pressure measurements.

Code	Type	Measure	Description
3074F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure less than 130 mm Hg
3075F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure 130-139 mm Hg
3077F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure less than 80 mm Hg
3079F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure 80-89 mm Hg
3080F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

Medication Reconciliation Post Discharge

Medication reconciliation post-discharge (MRP) is a review in which the discharge medications are reconciled with the most recent medication list in the outpatient record.

- Documentation must be in the outpatient medical record and include evidence of medication reconciliation; the date when it was performed by the prescribing practitioner, registered nurse or clinical pharmacist; and the provider signature.

Medication reconciliation post-discharge (MRP) can be reported with CPT Category II code 1111F. Or, if coding guidelines are met, MRP is reimbursed through two Transitional Care Management service codes 99495 and 99496:

The two TCM codes generally have the same requirements, with the primary difference being the level of decision-making involved, whether it is moderate or high complexity. In order to report these services the following must be met:

1. The **initial direct contact** with the patient and/or caregiver (includes telephone/electronic) must occur within **2 days** of discharge.
2. The patient **must be seen** within **14 days** of discharge (99495) for those with moderate complexity and within **7 days** of discharge (99496) for those with high complexity.
3. **Medication reconciliation** must be performed and documented within **30 days** of discharge. Other necessary follow-up, such as reviewing labs and scheduling additional services, should also be performed within the 30 days.

We realize not all patients discharged from the hospital require the complex decision making required by TCM services, however it is still important to perform MRP within 30 days. If you perform MRP without TCM, please document this service and submit claims using the appropriate CPT code.

Adult BMI

An adult BMI assessment is an important indicator which can be used to screen for weight categories that may lead to health problems. Below are the ICD-10-CM codes that correspond to particular BMI ranges:

ICD-10-CM Code	BMI Range	ICD-10-CM Code	BMI Range
Z68.1	19.9 or Less	Z68.32	32.0—32.9
Z68.20	20.0—20.9	Z68.33	33.0—33.9
Z68.21	21.0—21.9	Z68.34	34.0—34.9
Z68.22	22.0—22.9	Z68.35	35.0—35.9
Z68.23	23.0—23.9	Z68.36	36.0—36.9
Z68.24	24.0—24.9	Z68.37	37.0—37.9
Z68.25	25.0—25.9	Z68.38	38.0—38.9
Z68.26	26.0—26.9	Z68.39	39.0—39.9
Z68.27	27.0—27.9	Z68.41	40.0—44.9
Z68.28	28.0—28.9	Z68.42	45.0—49.9
Z68.29	29.0—29.9	Z68.43	50.0—59.9
Z68.30	30.0—30.9	Z68.44	60.0—69.9
Z68.31	31.0—31.9	Z68.45	70.0 or greater

Submitting appropriate ICD-10-CM codes helps inform us that you have provided the service and may decrease the need for the health plan to request medical records from your office. If medical records are requested, a provider's documentation of BMI is only valid for HEDIS if the weight and BMI are from the same data source and are recorded in the medical record during the measurement year or year prior to the measurement year.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey and the Health Outcomes Survey (HOS) are administered annually to a random sample of our members.

The CAHPS survey asks consumers to evaluate their experiences with a wide range of health care services, through standardized questions that seek to assess the member's perception of their health plan experience.

The Health Outcomes Survey (HOS) assesses the ability of our plan to maintain or improve the physical and mental health of its enrollees over time.

Providers have an important role in the CAHPS survey and the HOS. To learn more about how you can help with the CAHPS survey and the HOS, additional information is available at

<http://www.amerhealthcaritasvipcareplus.com/assets/pdf/provider/resources/cahps-hos-flyer.pdf>

One of the questions within the CAHPS survey is specific to factored into the plan's HEDIS results. We ask for your help to ensure your patients receive the influenza vaccine. Your role in this effort is critical to help avert the considerable toll that influenza takes on the public's health each year.

Per the CDC, although people 65 years old and older can get any injectable influenza vaccine, there are two vaccines specifically designed for people 65 years old and older:

- The “high-dose vaccine” is designed specifically for people 65 years old and older and contains four times the amount of antigen as the regular flu shot. It is associated with a stronger immune response following vaccination (higher antibody production).
- The adjuvanted flu vaccine, FludTM, is made with MF59 adjuvant, which is designed to help create a stronger immune response to vaccination.

Influenza Vaccine

Participating providers will be reimbursed 100% of the Medicare allowable for the influenza vaccines noted below, along with the administration code G0008 for your Medicare patients in our plan:

Code	Labeler Name	Drug Name
90653	Seqirus Inc	Fluad (2020/2021)
90694	Seqirus Inc	Fluad Quadrivalent (2020/2021)
90662	Sanofi Pasteur	Fluzone High-Dose Quadrivalent (2020/2021)
90672	AstraZeneca/MedImmune	FluMist Quadrivalent (2020/2021)
90674	Seqirus Inc	Flucelvax Quadrivalent (2020/2021) (Pres Free)
90682	Sanofi Pasteur	Flublok Quadrivalent (2020/2021)
90686	GlaxoSmithKline Sanofi Pasteur Seqirus Inc	Fluarix Quadrivalent (2020/2021) (Pres Free) & Flulaval Quadrivalent (2020/2021) (Pres Free) Fluzone Quadrivalent (2020/2021) (Pres Free) Afluria Quadrivalent (2020/2021) (Pres Free)
90688	Sanofi Pasteur Seqirus Inc	Fluzone Quadrivalent (2020/2021) Afluria Quadrivalent (2020/2021)
90756	Seqirus Inc	Flucelvax Quadrivalent (2020/2021)

Information used within HEDIS reporting is also collected from the HOS in a series of questions that ask members about information and care they receive from their health care providers.

Responses to questions are collected to derive the following four HEDIS measures:

- Management of Urinary Incontinence
 - Discussion, Treatment, Impact on quality of life
- Physical Activity in Older Adults
 - Discussion, Advising
- Falls Risk Management
 - Discussion, Management
- Osteoporosis Testing in Older Women



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VIP Care Plus