Quality Improvement – Clinical Quality Team

Monthly Jam Session and Tech Spec Series

Introduction

The QI Clinical Quality Team has interpreted and broken down the Measurement Year (MY) 2023 Technical Specifications.

They then organized them in a way to make them informative, interesting and in some cases, they even made learning HEDIS and Risk **FUN**!!

This year we are excited to add two new sessions to our series!

➤ HEDIS 101 & Provider Resources
   o https://healthplanofnevada.com/Provider/HEDIS-Measures

➤ Risk Adjustment 101:
   o Risk Adjustment Factor (RAF)
   o Risk Adjustment Data Validation (RADV)

HEDIS® Lunch & Learn Series

2023 Monthly Jam Session and Tech Spec Series

- ~~**June 14:** HEDIS 101 & Provider Resources~~ *(new offering)*

- **July 12:** Coding and Closing Gaps in Care

- **August 9:** Pregnancy and Pediatric Measures

- **September 13:** Behavioral Health Measures

- **October 11:** Adult Measures

- **November 8:** Risk Adjustment 101; RAF and RADV *(new offering)*

**For more information or to receive the link to attend, email
Cheri.Levine@uhc.com**

Introduction

Krystal N Hicks CPC-A

Clinical Quality Manager

UnitedHealthcare, HPN Quality Improvement
Phone: 702-242-7446 | Fax: 702-667-4649

Presentation Objectives

HEDIS ® CODING OPPORTUNITIES

- Benefits to Closing Gaps in Care
- HEDIS Collection & Reporting Methods
- How Coding Affects HEDIS
- HEDIS Types of Reporting Codes (selected)
- Data Feed
- Best Practice Guide

Benefits to Closing Gaps In Care

1
Fewer medical record requests
When you add codes to close service opportunities, we won't have to request charts from your office to confirm care that you've already completed.

2
Enhanced performance
With better information, we can work with you to help identify opportunities to improve patient care. This may lead to better performance on HEDIS measures for your practice.

3
Improved health outcomes
With more precise data, we can refer UnitedHealthcare plan members to our programs that may be appropriate for their health situation to help support your plan of care.

4
Less mail for members
With more complete information, we can avoid sending reminders to patients to get screenings they may have already completed.

HEDIS Collection Methods

▶ **Claims**:

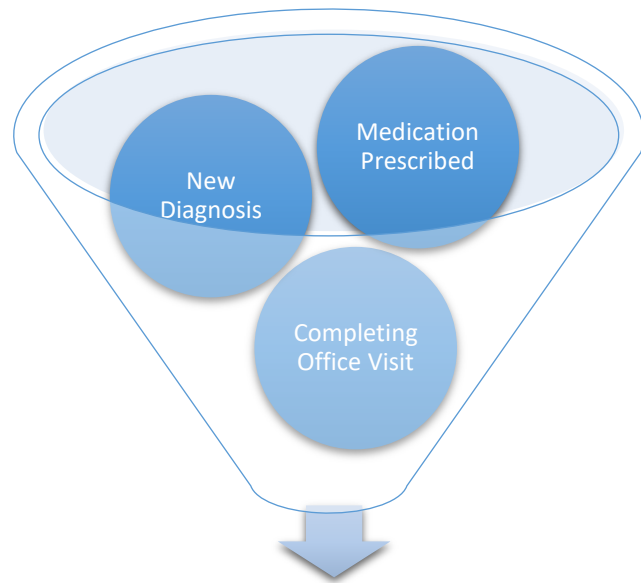   ▶ Compliance captured through claims/encounters

▶ **Supplemental Data**:

   ▶ Capture missed opportunities through a data submission or a mid-year medical record review
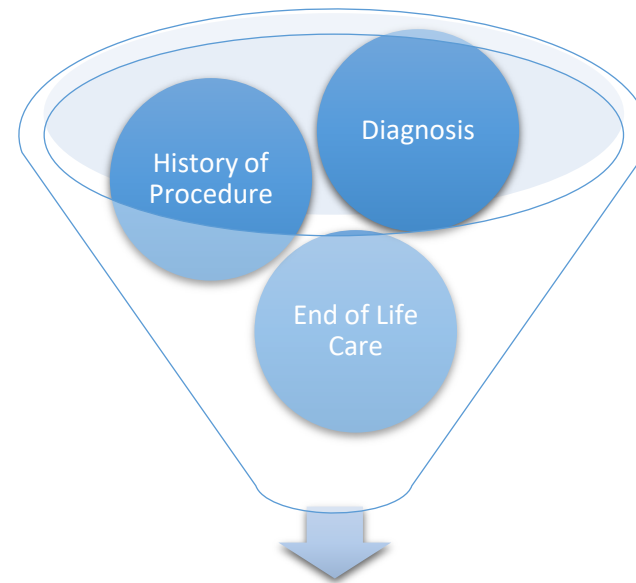
▶ **Medical Record Review:**

   ▶ Compliance captured through chart review

How Coding Affects HEDIS & Quality

Puts Member Into Measure

Removes Member From Measure

Case Scenario 1: Non-Compliant

Long time Type II diabetic member completes her HbA1c test in-office.

What the health plan sees:
 HbA1c completed on 6/19/2023

What your office sees:
HbA1c completed on 6/19/2023. The result is 11.6%
<u>Her DM is not in control</u>

Missed opportunity may cause:
- Gap in care for non-compliance
- Missed referral to the disease management
- Missed nutritional guidance from a registered dietician
- Inaccurate mailing that may result in member dissatisfaction

Tip! Be sure to re-test by the end of the year to measure control

Case Scenario 2: Exclusions

57 year old woman is establishing care with a new PCP. She shares that she had a bilateral mastectomy in her 40's.

What the Health Plan sees:
▶ New patient visit

What your office sees:
▶ New patient visit
▶ Past surgical history

This missed opportunity caused:
▶ Gap in care for non-compliance
▶ Member to erroneously be in the BCS HEDIS measure
▶ Member to receive breast cancer screening reminder and education

HEDIS Types of Reporting Codes

Code Systems Accepted by NCQA	
Code Type	**Definition**
Current Procedural Terminology (CPT)	A unique 5 digit code that refers to a list of descriptive terms for medical procedures and services - Outpatient and office procedures
Current Procedural Terminology II (CPT II)	Tracking for performance management -Quality reporting **$$ not associated w/ code**
Healthcare Common Procedure Coding System "Hick-Picks" (HCPCS)	Temporary Procedures & Professional services Health care procedure codes based on the CPT
International Classification of Diseases (ICD)	International Classification of Diseases 10th Edition: 1) ICD-10 CM Clinical Modification (Utilized by all health systems) 2) ICD-10 PCS Procedural Coding Systems (Inpatient Hospitals)

Data Feed

If your office did not submit codes for labs and/or vitals, it is not too late!

You may securely share this data with the health plan to close gaps in care.

To participate in the data feed submission:
A member of your team would submit monthly data that would include demographics, service date and the value associated with the measure. Your team must also attest that these services were indeed rendered and/or performed.

To get started, please contact: ClinicalQualityNV@uhc.com

Going forward, please code for all biometric, vitals and lab values!

Introduction

Justin Bernal, RN, BSN

Manager Clinical Quality

UnitedHealthcare – C&S West Region

Phone: (612) 395-7825 Fax: (702) 579-1064

Clinical Practice Consultant (CPC)

Clinical Practice Consultants (CPC) partner with our providers to improve the quality of care delivered to patients by:

Reviewing practice level performance data on HEDIS® quality measures on a monthly basis.

Collaborating with providers to develop interventions and programs aimed toward continuous quality improvement.

Supporting providers with education and resources to improve quality of care.

MY 2023 Coding Tool

HEDIS® Measurement Year (MY) 2023
Best Practice Guidelines

ENSURE EVERY PATIENT VISIT IS DOCUMENTED AND APPROPRIATE CODES SUBMITTED

Measure	Population	Frequency	NCQA Codes and Requirements	
Controlling High Blood Pressure (CBP)	Males and females 18-85 yrs. dx with **hypertension**	Annually	Dx of HTN & BP adequately controlled; ≤139/89 mm HG Systolic: 3074F, 3075F, 3077F; Diastolic: 3078F, 3079F, 3080F	
Colorectal Cancer Screening (COL)	Males and females 45-75 yrs.	Anytime	Colectomy Exclusionary Codes 44150,44151, 44152,4453,44155,44156,44157,44158,44210,44211,44212	
Blood Pressure Control For Patients With Diabetes (BPD)	Males and females 18-75 yrs. dx with **diabetes** (Type 1 and Type 2)	Annually	Systolic: 3074F, 3075F, 3077F Diastolic: 3078F, 3079F, 3080F	Blood pressure reading: Result of ≤139/89 mm HG
Hemoglobin A1c Control For Patients With Diabetes (HBD)	Males and females 18-75 yrs. dx with **diabetes** (Type 1 and Type 2)	Annually	HbA1c Control 3044F, 3051F, 3052F, *3046F	Date & Result <8.0% for control *>9.0% poor control
Eye Exam For Patients With Diabetes (EED)	Males and females 18-75 yrs. dx with **diabetes** (Type 1 and Type 2)	Prior Year and Annually	Retinal Eye Exam: 2022F, 2024F, 2026F 2023F, 2025F, 2033F Negative Retinal Screening Prior Year: 3072F Automated Eye Exam: 92229	Date & Result
Kidney Health Evaluation for Patients with Diabetes (KED)	Males and females 18-85 yrs. dx with **diabetes** (Type 1 or Type 2)	Annually	eGFR 80047, 80048, 80050, 80053, 80069, 82565 uACR Quantitative Urine Albumin 82043 Urine Creatinine 82570	
Appropriate Testing for Pharyngitis (CWP)	Males and females 3 yrs. and older with dx of **pharyngitis (J02 - J03)**	Measure activated at time of Dx	Dispensed an antibiotic and received a group A strep test as follows: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880	
Adult Immunization Status (AIS-E)	Males and females 19 yrs. and older	Jan 1 – Dec 31	Influenza 90630, 90653, 90654, 90656, 90658,90660, 90662, 90672, 90673, 90682, 90686, 90689, 90694, 90756 Pneumococcal 90670, 90671, 90677, 90732, G0009 Td/Tdap 90714, 90715, 90718 Herpes Zoster 90736, 90750	
Prenatal Immunization Status (PRS-E)	Deliveries	Jan 1 – Dec 31	Influenza 90630, 90653, 90654, 90656, 90658,90660, 90661, 90662, 90672, 90673, 90682, 90686, 90689, 90694, 90756 Tdap 90715	
Breast Cancer Screening (BCS-E)	Females 50-74 yrs.	Anytime	Bilateral Mastectomy Z90.13 Absence of Left Breast Absence of Right Breast (Z90.12) (Z90.11)	

ENSURE EVERY PATIENT VISIT IS DOCUMENTED AND APPROPRIATE CODES SUBMITTED

Measure	Population	Frequency	NCQA Codes and Requirements	
Cervical Cancer Screening (CCS)	Females 21-64 yrs.	Every 3 yrs.	PAP Test 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175	
	Females 30-64 yrs.	Every 5 yrs.	hrHPV 87624, 87625	
	Females All Ages	Anytime	Absence of Cervix Q51.5, Z90.710, Z90.712 Hysterectomy 51925, 56308, 57530, 57530, 57531, 57540,57545, 57555, 57556, 58200, 58550, 59135, 58954, 58573, 58291, 58280, 58570, 58548, 58572, 58575,58951, 58953, 58954	
Prenatal and Postpartum Care (PPC)	Females that delivered live birth	Prenatal Care	Visit in the 1st trimester 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483, 99500, 0500F, 0501F, 0502F	
		Postpartum Care	Visit 7-84 days after delivery 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, 57170, 58300, 59430, 99501, 0503F, Z01.411, Z01.419, Z01.42	
Childhood Immunization Status (CIS)	Males and females by 2 yrs. of age and have received the following:	4 doses annually	DTaP	90697,90698, 90700, 90723
		3 doses annually	IPV	90697, 90698, 90713, 90723
		1 dose annually	MMR	90707, 90710
		3 doses annually	HiB	90644, 90647, 90648, 90697,90698, 90748
		3 doses annually	Hep B	90697, 90723, 90740, 90744, 90747, 90748
		1 dose annually	VZV	90710, 90716
		4 doses annually	PCV	90670
		1 dose annually	Hep A	90633
		2 or 3 doses annually	Rotavirus	90681 (2 Dose), 90680 (3 Dose)
		2 doses annually	Influenza	90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689
Immunizations for Adolescents (IMA)	Males and females by 13 yrs. of age and have received the following:	1 between 11 and 13 yrs.	Meningococcal 90734, 90733, 90619	
		1 between 10 and 13 yrs.	Tdap 90715	
		2 or 3 doses between 9 and 13 yrs.	HPV 90649, 90650, 90651	
Weight Assessment & Counseling for Nutrition & Physical Activity (WCC)	Males and females 3-17 yrs.	Annually	BMI %	Z68.51 <5th Percentile Z68.52 5th to <85th Percentile Z68.53 85th to <95th Percentile Z68.54 ≥ 95th Percentile
			Counseling for nutrition	Z71.3, 97802 ,97803, 97804, G0447, G0270, G0271, S9449, S9452, S9470
			Counseling for physical activity	Z71.82, Z02.5, G0447, S9451
Well Child Visits in the First 30 Months of Life (W30)	Males and females by 15 months old and Males and females by 30 months old	1st 30 months of life	6 or more well child visits in 1st 15 months 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395,99461 Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2 2 or more well child visits > 15 months to 30 months 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395,99461 Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2	
Child and Adolescent Well-Care Visits (WCV)	Males and females 3 – 21 yrs.	Annually	1 Well Care Visit 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 Z00.00, Z00.01, Z00.110, Z00.129, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2	

Controlling High Blood Pressure (CBP)

ENSURE EVERY PATIENT VISIT IS DOCUMENTED AND APPROPRIATE CODES SUBMITTED			
Measure	**Population**	**Frequency**	**NCQA Codes and Requirements**
Controlling High Blood Pressure (CBP)	Males and females 18-85 yrs. dx with **hypertension**	Annually	Dx of HTN & BP adequately controlled; ≤139/89 mm HG Systolic: 3074F, 3075F, 3077F; Diastolic: 3078F, 3079F, 3080F

Acceptable Preventative Procedures

- Dilated eye exam
- Injections (lidocaine, testosterone, Vit B12, Insulin)
- IUD
- Wart removal
- Vaccinations

Documentation

- Multiple BPs (lowest systolic, lowest diastolic =BP)
- Latest BP of the year
- On or After the second hypertension diagnosis
- Telehealth self report BP = compliant (digital cuff)

Unacceptable BP readings

- Acute inpatient stay/ER visit
- Procedure that requires change In diet/medication change
- Nebulizer Treatment

Coding

- The use of CPT II codes help identify clinical outcomes such as systolic and diastolic BP readings. It can also reduce the need for chart review.

Child And Adolescent Well Care Visits (WCV)

Child and Adolescent Well-Care Visits (WCV)	Males and females 3 – 21 yrs.	Annually	1 Well Care Visit 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 Z00.00, Z00.01, Z00.110, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Important Notes
- The well-child visit must be done by a primary care provider, but it doesn't have to be with the member's assigned PCP.
- School-based health clinic visits count for this measure if they're for a well-care exam **AND** the physician completing The exam is a PCP

Coding
- If the provider is seeing a patient for E/M services and all well-child visit components are completed: attach modifier 25 or 59 to the well child procedure so it is reviewed as a significant, separately identifiable procedure.
- **Modifier 25** is used to indicate a significant and separately identifiable evaluation and management E/M service by the same
- day another procedure is performed
- **Modifier 59** is used to indicate that 2 or more procedures were performed at the same visit, but to different sites on the body.

Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)

Weight Assessment & Counseling for Nutrition & Physical Activity (WCC)	Males and females 3-17 yrs.	Annually	BMI %	Z68.51 <5th Percentile Z68.52 5th to <85th Percentile Z68.53 85th to <95th Percentile Z68.54 ≥ 95th Percentile
			Counseling for nutrition	Z71.3, 97802 ,97803, 97804, G0447, G0270, G0271, S9449, S9452, S9470
			Counseling for physical activity	Z71.82, Z02.5, G0447, S9451

- A BMI value will NOT meet compliance for this measure
- BMI percentile ranges/thresholds will NOT meet compliance
- Weight assessment and counseling for nutrition and physical activity can be completed at any appt., not just a well child visit.
- Services specific to an acute or chronic condition will not meet compliance for NUT and PA (exercise induced asthma or decreased appetite from the FLU symptoms)

Eye Exam For Patient With Diabetes (EED)

Eye Exam For Patients With Diabetes (EED)	Males and females 18-75 yrs. dx with **diabetes** (Type 1 and Type 2)	Prior Year and Annually	Retinal Eye Exam: 2022F, 2024F, 2026F 2023F, 2025F, 2033F Negative Retinal Screening Prior Year: 3072F Automated Eye Exam: 92229	Date & Result

Important Notes

- Members without retinopathy should have an eye exam every 2 years
- Members with retinopathy should have an eye exam every year

Test, service or procedure to close gap

- Bilateral eye enucleation or acquired absence of both eyes
- Dilated or retinal eye exam
- Fundus Photography

Provider Quality Reference Guide

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Eye Exam for Patients With Diabetes (EED)

New for 2023

Added

- A direct reference code, Z51.5, for an encounter for palliative care
- Frailty exclusion now requires 2 different dates of service during the measurement year

Updated

- Members who died during the measurement year is now a required exclusion

Clarified

- An eye exam result listed as 'unknown' is considered non-compliant

✔ **Yes!**
Supplemental Data Accepted

Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had any one of the following:

- Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year
- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year
- Bilateral eye enucleations any time during their history through Dec. 31 of the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial	• CMS Star Ratings	**Hybrid**
• Exchange/Marketplace	• CMS Quality Rating System	• Claim/Encounter Data
• Medicaid	• NCQA Accreditation	• Medical Record Documentation
• Medicare	• NCQA Health Plan Ratings	

Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice

Category 1 Coding Criteria: Any Provider
Eye Exam with Evidence of Retinopathy Value Set, Eye Exam Without Evidence of Retinopathy Value Set or Automated Eye Exam Value Set **billed** by **ANY PROVIDER** during MY

Eye Exam without Evidence of Retinopathy Value Set **billed** by **ANY PROVIDER** during PY

- **Always list the date of service, test, result and eye care professional's name and credentials together if you're documenting the history of a dilated eye exam in a member's chart and don't have the eye exam report from an eye care professional.**

  - For example: "Last diabetic eye exam with John Smith, OD, was June 201X with no retinopathy."

- Documentation of a diabetic eye exam by an optometrist or ophthalmologist isn't specific enough to meet the criteria. The medical record must indicate that a **dilated or retinal exam** was performed. If the words "dilated" or "retinal" are missing in the medical record, a notation of "dilated drops used" and findings for macula and vessels will meet the criteria for a dilated exam.

Provider Quality Reference Guide

Adult Access to Preventive/Ambulatory Health Services (AAP)

New for 2023

Updated
- Members who died during the measurement year is now a required exclusion

✓ **Yes!** Supplemental Data Accepted

Definition
Percentage of members ages 20 and older who had an ambulatory or preventive care visit

- **For Medicaid and Medicare members** – Visit must occur during the measurement year.
- **For commercial members** – Visit must occur during the measurement year or 2 years prior to the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• Select state reporting	**Administrative** • Claim/Encounter

Codes
The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

- Report all services provided and utilize appropriate billing codes
- Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year
- Consider offering expanded office hours to increase access to care
- Keep a few open appointment slots each day to see patients the day they call
- Contact patients who have not had a preventive or ambulatory health visit
- Make reminder calls to patients who have appointments to decrease no-show rates

Provider Quality Reference Guide

Childhood Immunization Status (CIS and CIS-E)

New for 2023

Updated

- Members who died during the measurement year is now a required exclusion
- Seropositive test results are no longer part of the hybrid numerator criteria

Definition

Percentage of children age 2 who had 4 doses of diphtheria, tetanus and a cellular pertussis (DTaP) vaccine; 1 hepatitis A (Hep A) vaccine; 3 doses of hepatitis B (Hep B) vaccine; 3 doses of haemophilus influenza type B (HiB) vaccine; 2 doses of influenza (flu) vaccine; 3 doses of polio (IPV) vaccine; 1 measles, mumps and rubella (MMR) vaccine; 4 doses of pneumococcal conjugate (PCV) vaccine; 2 or 3 doses of rotavirus (RV) vaccine; and 1 chicken pox (VZV) vaccine on or before their second birthday
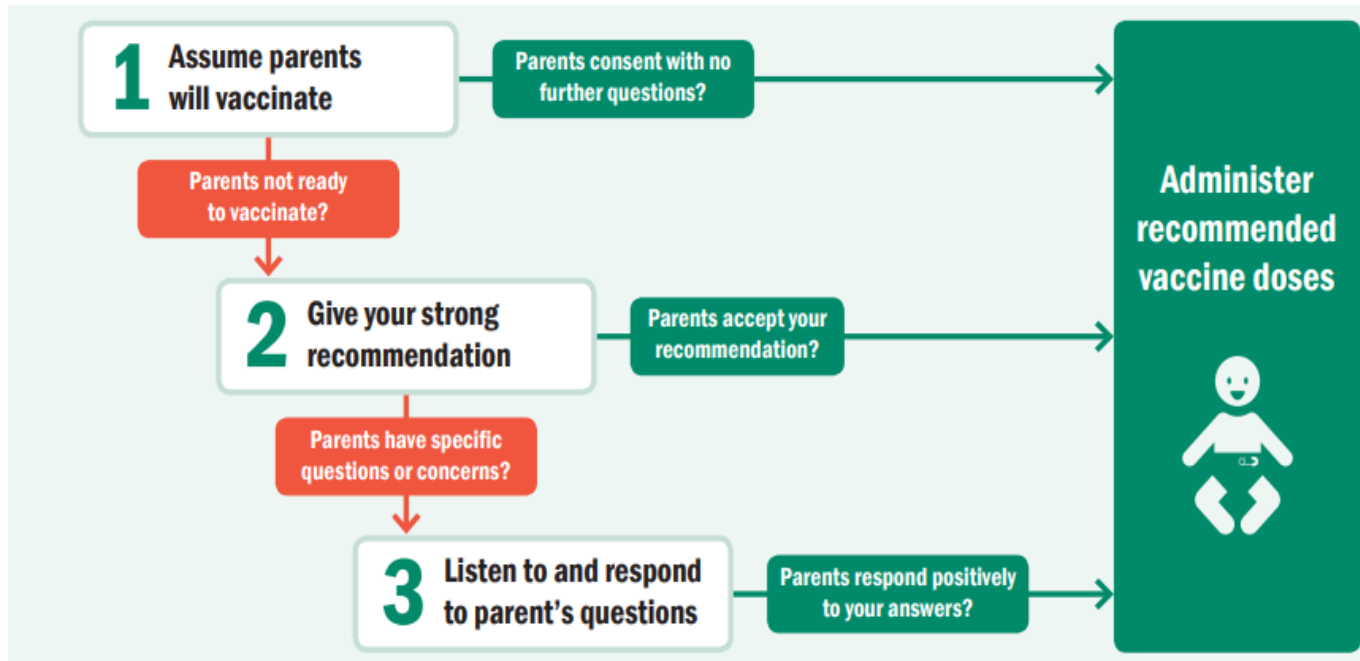
> **This measure is also an ECDS measure**

✔ **Yes!** Supplemental Data Accepted

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Exchange/Marketplace • Medicaid	• CMS Quality Rating System (Combination 10) • NCQA Health Plan Ratings (Combination 10)	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Vaccination Approach

1 Assume parents will vaccinate

Parents consent with no further questions?

Parents not ready to vaccinate?

2 Give your strong recommendation

Parents accept your recommendation?

Parents have specific questions or concerns?

3 Listen to and respond to parent's questions

Parents respond positively to your answers?

Administer recommended vaccine doses

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Instead of saying *"What do you want to do about shots?,"* say *"Your child needs three shots today."*

Instead of saying *"Have you thought about the shots your child needs today?,"* say *"Your child needs DTaP, Hib, and Hepatits B shots today."*

"I strongly recommend your child get these vaccines today..."
"...These shots are very important to protect him from serious diseases."
"...I believe in vaccines so strongly that I vaccinated my own children on schedule."
"...This office has given thousands of doses of vaccines and we have never seen a serious reaction."

Clinical Quality Nurse Visits

2023 Monthly Jam Session and Tech Spec Series

Recommendations

➤ When screenings or preventive modalities may be indicated:

- Colonoscopy, Cologuard® and/or FOBT
- Mammography
- Pap Smear and/or HPV testing
- Immunizations

Teaching/Coaching

➤ How to perform an appropriate blood pressure screening and when to repeat if indicated

➤ What elements may be necessary to complete measure compliance

- Point of care testing and/or recommendations for lab orders
- Obtaining height or weight for BMI calculations

Advisement

➤ Documentation elements that may have been captured during visits

- History taking and recording; medical, surgical
- Problem list updating; current vs historical
- Diagnosis/Assessment awareness

➤ Coding for capturing compliance

Specialty Visits

➤ Primary Care / Family Medicine

➤ Pediatrics

➤ Women's Health

➤ Cardiology

➤ Endocrinology

➤ Nephrology

➤ Urgent Care Clinics

An RN subject matter expert in HEDIS can visit your office and provide support for your provider(s) and staff in real-time!

Thank you!
Questions?

If you have questions, please contact ClinicalQualityNV@uhc.com