

PROVIDER NETWORK MANAGEMENT

June 2nd, 2016 WEBINAR

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PRESENTS.....

QUALITY IMPROVEMENT



WHY IS QUALITY IMPROVEMENT & HEDIS IMPORTANT TO PROVIDERS?

HEDIS measures track the health plan and physicians' ability to manage health outcomes.

HEDIS gives Passport and Providers the ability to monitor care to improve quality while reducing healthcare costs.

Medicare and Medicaid are moving to aligning payments based on quality of care in 2018. Those quality initiatives are not yet not fully developed. However, success in improving HEDIS performance measures will help prepare Health Plans and Providers for pay for performance.

HEDIS® 2016

The Healthcare Effectiveness Data and Information Set is one of the most widely used set of healthcare performance measures in the United States. HEDIS originated in the 1980's as a product of a group of forward-thinking employers and quality experts, and entrusted to NCQA in the 1990's. NCQA has expanded the size and scope to include measures for physicians, PPO's, and other organizations. It includes 88 measures and 7 domains of care.

- Effectiveness of care
- Access/Availability of care
- Experience of care
- Utilization and Risk Adjusted Utilization
- Relative Resource Use
- Health Plan Descriptive Information
- Measures Collected Using EMR Systems

NCQA's Committee on Performance Measurement, which includes representation from purchasers, consumers, health plans, health care providers and policy makers, oversees the evolution of the measurement set. Multiple Measurement Advisory Panels provide clinical and technical knowledge required to develop the measures. Additional HEDIS Expert Panels and the Technical Measurement Advisory Panel provide invaluable assistance by identifying methodological issues and providing feedback on new and existing measures.

HEDIS®

For Providers

A summary of the 2016 HEDIS health care performance measures including :

- A brief description of each measure
- The documentation and time frame requirements to meet each measure
- The product line for each measure
Medicaid , Medicare or both
- Useful tips for Providers

PASSPORT 
HEALTH ★ PLAN

Table of Contents

Provider role in HEDIS.....	6
Passport Health and Disease Management Programs.....	7
Member Incentive Program overview.....	8
Applications and References.....	9
SECTION ONE PREVENTION and SCREENING MEASURES	
Adult BMI Assessment (ABA).....	10
Weight Assessment and Counseling for Children/Adolescents (WCC).....	11
Childhood Immunization Status (CIS).....	12
Immunizations for Adolescents (IMA).....	13
Human Papillomavirus Vaccine for Female Adolescents (HPV).....	14
Lead Screening in Children (LSC).....	15
Breast Cancer Screening (BCS).....	16
Cervical Cancer Screening (CCS).....	17
Colorectal Cancer Screening (COL).....	18
Chlamydia Screening in Women (CHL).....	19
Care of Older Adults (COA).....	20
RESPIRATORY CONDITIONS	
Appropriate Testing for Children with Pharyngitis (CWP).....	21
Use of Spirometry Testing in Assessment and Diagnosis of COPD (SPR).....	22

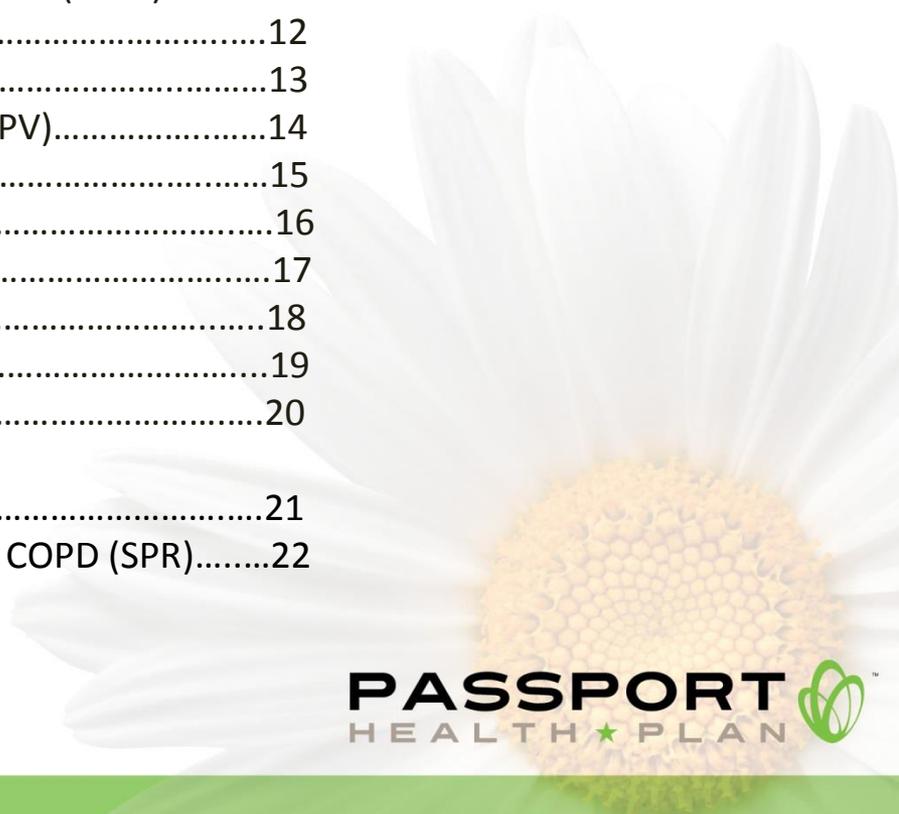


Table of Contents *(continued)*

Pharmacotherapy Management of COPD Exacerbation (PCE).....23
Medication Management for People with Asthma (MMA).....24
Asthma Medication Ratio (AMR).....25

CARDIOVASCULAR CONDITIONS

Controlling High Blood Pressure (CBP).....26
Persistence of Beta-Blocker Treatment After Heart Attack (PBH).....27
Statin Therapy for Patients with Cardiovascular Disease (SPC).....28

DIABETES

Comprehensive Diabetes Care (CDC).....29
Statin Therapy for Patients with Diabetes (SPD).....30

MUSCULOSKELETAL CONDITIONS

Disease-Modifying Anti-Rheumatic Therapy for Rheumatoid Arthritis (ART).....31
Osteoporosis Management in Women who had a Fracture (OMW).....32

BEHAVIORAL HEALTH

Antidepressant Medication Management (AMM).....33*
Follow-up Care for Children Prescribed ADHD Medication (ADD).....34
Follow-up Care After Hospitalization for Mental Illness (FUH).....35*
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are
Using Antipsychotic Medications (SSD).....36

*skipped for this presentation

Table of Contents *(continued)*

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD).....	37
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)....	38
Adherence to Antipsychotic Medications for individuals with Schizophrenia (SAA).....	39*
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM).....	40
MEDICATION MANAGEMENT	
Annual Monitoring for Patients on Persistent Medications (MPM).....	41
Medication Reconciliation Post-Discharge (MRP).....	42
OVERUSE/APPROPRIATENESS	
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS).....	43
Non-Recommended PSA-Based Screening in Older Men (PSA).....	44
Appropriate Treatment for Children with Upper Respiratory Infection (URI).....	45
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB).....	46
Use of Imaging Studies for Low Back Pain (LBP).....	47
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC).....	48
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE).....	49
Use of High-Risk Medications in the Elderly (DAE).....	50

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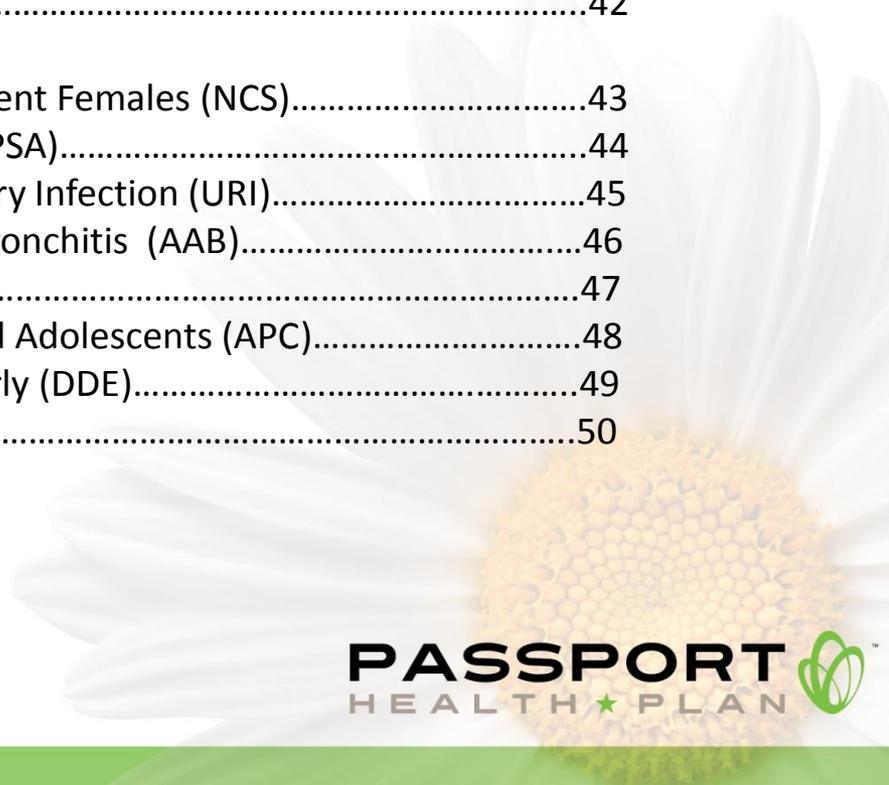


Table of Contents *(continued)*

ACCESS/AVAILABILITY OF CARE

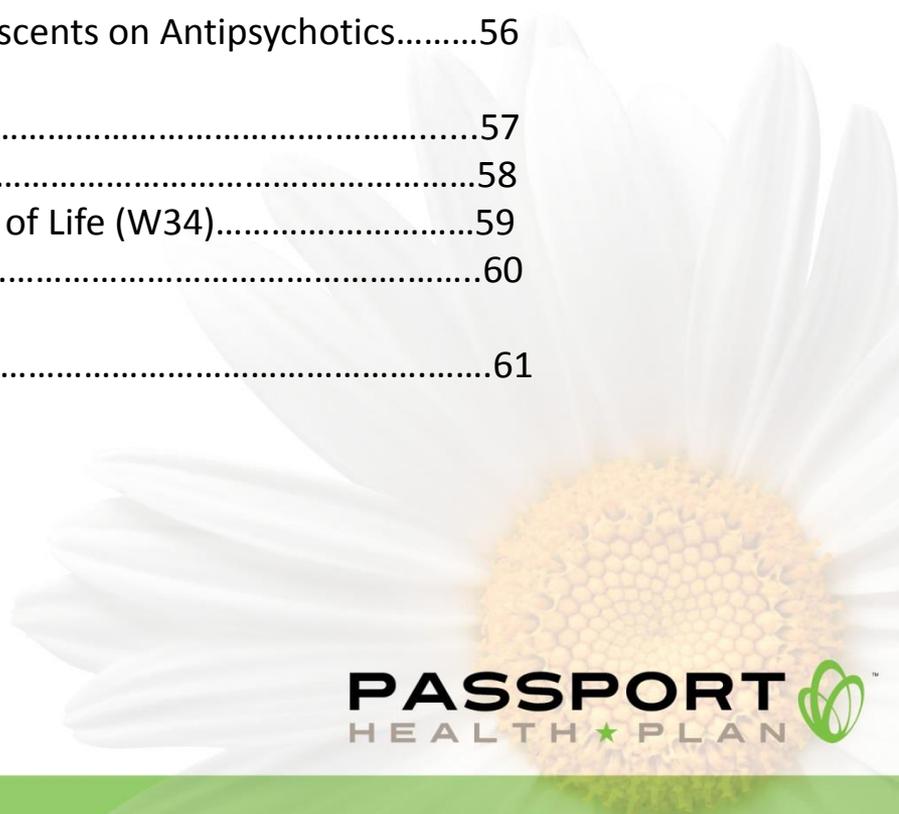
Adult’s Access to Preventive/Ambulatory Health Services (AAP).....	51
Children and Adolescent’s Access to Primary Care Practitioners (CAP).....	52
Annual Dental Visit (ADV).....	53
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET).....	54
Prenatal and Postpartum Care (PPC).....	55
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.....	56

UTILIZATION

Frequency of Ongoing Prenatal Care (FPC).....	57
Well-Child Visits in the First 15 Months of Life (W15).....	58
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34).....	59
Adolescent Well-Care Visits (AWC).....	60

PROVIDER RESOURCES

Contact information.....	61
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Provider's Are Vital to HEDIS Success

Healthcare Effectiveness Data and Information Set

- Document all care in member's record
- Code claims accurately and using chronic care diagnoses
- Respond to record request within 5-7 days
- Outreach members to remind of appointments and preventive care
- Provide care within NCQA designated time frames

The review consists of administrative (claims) data, as well as hybrid data (medical records and claims). Also various other sources of data such as average speed of call answer information, etc.

CAHPS

Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. CAHPS originally stood for the Consumer Assessment of Health Plans Study, but as the products have evolved beyond health plans, the name has evolved as well to capture the full range of surveys. The acronym "CAHPS" is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

All CAHPS surveys are in the public domain, which means that anyone can download and use these surveys to assess experiences with care. Users of CAHPS survey results include patients and consumers, quality monitors and regulators, provider organizations, health plans, community collaboratives, and public and private purchasers of health care. These individuals and organizations use the survey results to inform their decisions and to improve the quality of health care services.

EXPERIENCE OF CARE

CAHPS HEALTH PLAN SURVEY

THIS MEASURE PROVIDES INFORMATION ON THE EXPERIENCE OF COMMERCIAL AND MEDICAID MEMBERS WITH ORGANIZATION AND GIVES A GENERAL INDICATION OF HOW WELL THE ORGANIZATION MEETS MEMBERS EXPECTATIONS.

FOUR QUESTIONS RATE OVERALL SATISFACTION

1. RATING OF ALL HEALTH CARE
2. RATING OF HEALTH PLAN
3. RATING OF PERSONAL DOCTOR
4. RATING OF SPECIALIST SEEN MOST OFTEN

ITEM-SPECIFIC QUESTIONS

1. HEALTH PROMOTION AND EDUCATION
2. COORDINATION OF CARE

SEVEN SCORES SUMMARIZE KEY AREAS

1. CLAIMS PROCESSING *
2. CUSTOMER SERVICE
3. GETTING CARE QUICKLY
4. GETTING NEEDED CARE
5. HOW WELL DOCTORS COMMUNICATE
6. SHARED DECISION MAKING
7. PLAN INFORMATION ON COSTS *

*COMMERCIAL ONLY

Health and Disease Management

As part of our mission to improve the health and quality of life of our members, Passport offers our members and providers preventive health education, outreach, resources and coordinated support services aimed at health improvement and disease management.

HEALTH MANAGEMENT (HM) PROGRAMS

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Care Connectors (formerly Rapid Response team)

DISEASE MANAGEMENT (DM) PROGRAMS

- Chronic Respiratory DM
- Congestive heart failure DM
- Diabetes DM
- Obesity DM (SCORE-Shrinking Childhood Obesity with Real Expectations)
- Perinatal DM (Mommy Steps)

EMBEDDED CASE MANAGEMENT PROGRAM

CASE MANAGERS EMBEDDED IN PROVIDER OFFICES



PASSPORT
HEALTH ★ PLAN

Providers To Refer: 800-903-0082

Member Incentive Program

Passport members can earn free gift cards for making healthy choices. We hope our members with their providers' help will take advantage of these rewards. These rewards are targeted to help members catch health problems early and monitor chronic conditions. Helping our members to stay healthy is what we're all about!

Stay Healthy, Get Rewarded

WHO'S ELIGIBLE	WHAT YOU CAN EARN	WHAT YOU NEED TO DO
Member's with Diabetes	\$50 gift card	(7) diabetes screens (flu shot, Micro albumin, blood pressure, weight with BMI, HbA1c, Dilated eye exam)
Females (ages 21-65)	\$20 gift card	Get a Pap test
Females (ages 50-75)	\$20 gift card	Get a Mammogram
Teens (ages 8 to 21)	\$20 gift card	Visit doctor for well-child visit , gets shots needed
Pregnant members	Up to \$110 in gift cards	\$50 card for (6) prenatal visits, \$10 card for C-section incision check, \$50 card for post-partum check-up within 3-8 weeks after delivery

\$20 gift card: All Members: Dental Visit and Members newly diagnosed with (COPD) get Spirometry test within 6 months of being diagnosed.

Passport Health Plan HEDIS®

FOR PROVIDERS

APPLICATIONS

The following HEDIS® Measures are applicable to one or more of the following:

- HEDIS®
- NCQA Accreditation
- NCQA Rating
- EPSDT
- Kyhealthnow 2019 goals

REFERENCES

For more information, please refer to Passport Health Plan's Preventive Health Clinical Practice Guidelines, including current immunization schedules, KY EPSDT Manual, and the AAP Bright Futures Provider Toolkit (website→providers→medical management)

The Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of the National Committee for Quality Assurance (NCQA).

PASSPORT
HEALTH ★ PLAN 

Prevention and Screening Adult

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
Adult BMI Assessment (ABA)	Members age 18-74 who had their body mass index (BMI) and weight documented during an outpatient visit either by a claim or as a medical record entry during the measurement year or year prior

TIPS FOR PROVIDERS:

- Members age 20 and older require BMI value however members age 19 and younger require BMI percentile documented or plotted on age-growth chart

Prevention and Screening Children & Adolescents

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Members age 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following: <ul style="list-style-type: none">• BMI percentile• Counseling for nutrition• Counseling for physical activity

TIPS FOR PROVIDERS:

- Anticipatory guidance related solely to safety does not meet criteria for physical activity.
- Visit American Academy of Pediatrics at: <http://brightfutures.aap.org>.
- Height and weight are needed from the same data source as BMI.

Prevention and Screening

Childhood Immunizations

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
<p>CHILDHOOD IMMUNIZATION STATUS (CIS) Series completed by 2nd birthday</p> <p>TIPS FOR PROVIDERS:</p> <ul style="list-style-type: none"> • Review child’s immunization status prior to each visit • Address common misconceptions regarding vaccines with parents • Keep copy of immunization status in office records • Document parent refusal of vaccine 	<ul style="list-style-type: none"> • 4 <u>DTAP</u>* • 3 <u>IPV</u>* • 1 <u>MMR</u> (or documented history of illness or seropositive test before age 2) • 3 <u>HIB</u> * • 3 <u>Hepatitis B</u> (or documented history of illness or seropositive test prior to age 2) • 1 <u>Hepatitis A</u> (or documented history of illness or seropositive test prior to age 2) • 1 <u>VZV</u> • 4 <u>PCV</u>* • 2-3 <u>ROTAVIRUS</u>* • 2 <u>INFLUENZA</u>

* none prior to 42 days of age.

Prevention and Screening

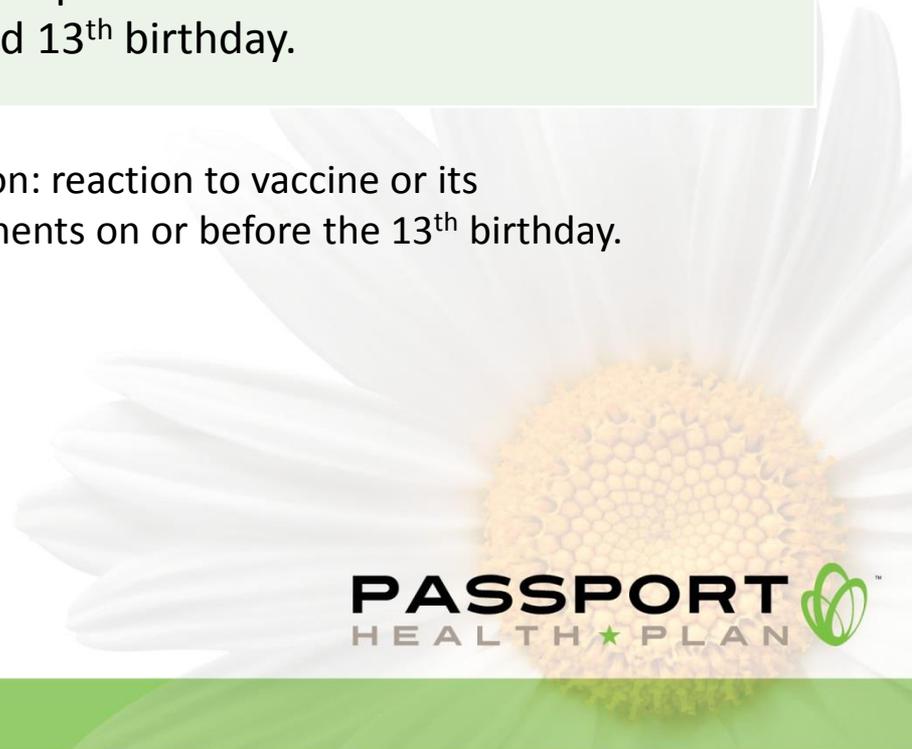
Adolescent Immunizations

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
<p>IMMUNIZATIONS FOR ADOLESCENTS (IMA) Adolescents that turn age 13 during measurement year</p>	<ul style="list-style-type: none"> • 1 Meningococcal vaccine on or between the member's 11th and 13th birthday. • 1 Tdap or TD on or between member's 10th and 13th birthday.

TIPS FOR PROVIDERS:

- Review missing vaccines with parents
- Institute a system of reminders
- To give both immunizations at same visit make sure it is after member's 11th birthday

Exclusion: reaction to vaccine or its components on or before the 13th birthday.



Prevention and Screening

Adolescent Female Vaccines

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
Human Papillomavirus Vaccine for Female Adolescents (HPV)	3 Doses of HPV vaccine with different dates of service, on or between the 9 th and 13 th birthday

TIPS FOR PROVIDERS:

- Make sure to document all 3 vaccines in the series
- HPV vaccines administered prior to a member's 9th or after 13th birthday cannot be counted
- Promote HPV as a routine vaccine for this age group

Exclusion: reaction to vaccine or its components on or before the 13th birthday.

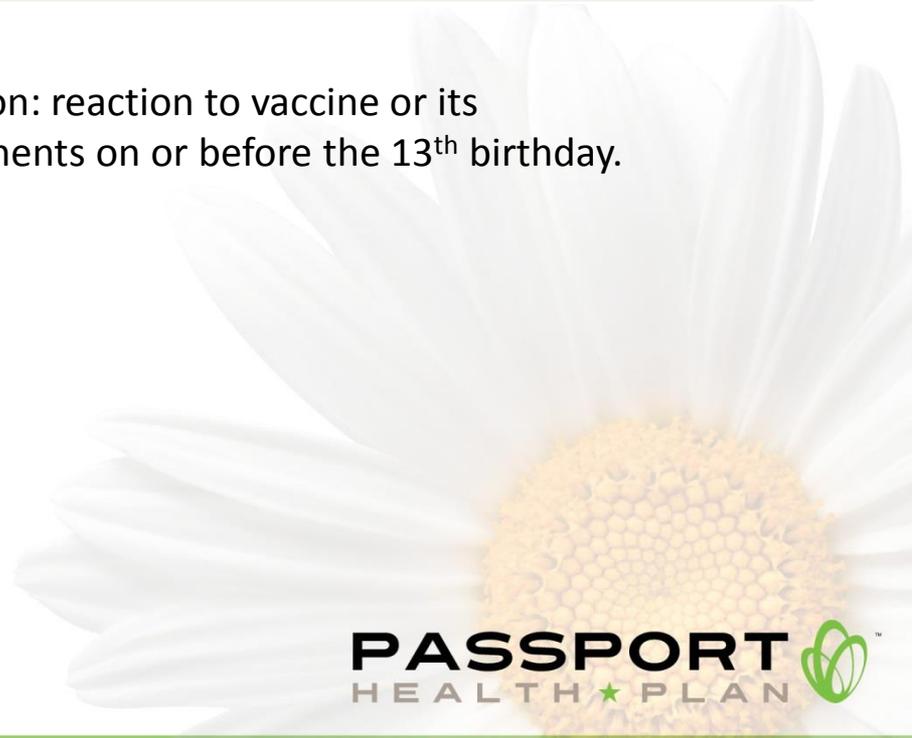
Prevention and Screening *Children*

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
LEAD SCREENING IN CHILDREN (LSC)	Children 2 years of age who received at least one capillary or venous lead screening test on or before their 2 nd birthday.

TIPS FOR PROVIDERS:

- Educate parents about the dangers of lead poisoning
- Have standing order for lead testing lab work
- Make sure to add test result to office documentation

Exclusion: reaction to vaccine or its components on or before the 13th birthday.



Prevention and Screening Adults

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
BREAST CANCER SCREENING (BCS)	Women age 50-74 who had a mammogram any time on or between Oct. 1 st two years prior to the measurement year and Dec.31 st of the measurement year

TIPS FOR PROVIDERS:

- Educate members about early detection and encourage screening.
- Schedule member for mammogram and provide written order if needed.
- Document history of mastectomy in medical record.

Exclusion: Bilateral mastectomy or two unilateral mastectomies documented.



Reasons Women Do Not Get Mammograms

1. Mammograms are for older women.

While most all agree after age 50yo women should have yearly mammograms. American Cancer Society recommends a baseline mammogram done for all women ages 35 to 39yo and yearly after that. If any family history of cancer, any breast changes or other high risk factors then a woman should talk to their doctor about having a mammogram at a younger age.

2. Radiation from a mammogram can cause cancer.

The amount of radiation you receive from a mammogram is really no big deal. Women concerned about radiation from yearly mammograms over multiple years is understandable, but the harm from the radiation exposure is extremely small, and risk decreases as a woman ages.

3. Fear of finding something.

Most mammograms don't find anything. Eight out of 10 breast lumps are not cancerous. Mammograms save lives. Make that appointment and go. Mammograms can detect breast cancer well before you or your doctor can notice, most times up to two years before.

Reasons Women Do Not Get Mammograms (continued)

4. Mammograms cost too much.

Passport Health Plan members are covered for mammograms with no co-pay. State Medicaid transportation will transport to the screenings at no cost. No referrals are required for Passport members, however Mammography providers often request a doctor's order to perform the mammogram.

5. Mammograms take too long.

You may be in the mammogram clinic for up to an hour; the mammogram itself takes about 10 to 15 minutes. You will be asked to wait; usually about 5 minutes; until the X-rays are developed, in the event repeat pictures need to be taken.

6. Mammograms are Painful.

Mammograms are uncomfortable but should not be painful. With the increased use of Digital Mammography equipment compression time is decreased reducing discomfort

Reasons Women Do Not Get Mammograms (continued)

Reasons for compression of breast during mammogram:

- Spreads breast tissue more evenly for better visualization of any abnormalities
- Less radiation needed if breast is thinner
- Reduces movement of breast during filming and decreasing blurring of the image

Tips to reduce Mammogram discomfort:

- Follow instructions to “not wear deodorant, perfumes, or lotions as they can cause specks on the films and then you must have another test
- Decrease salt intake and salty foods in week prior to test as they cause bloating and fluid retention in the breast that leads to more discomfort during exam
- Avoid caffeine, energy drinks and other coffee’s and latte’s that can increase tenderness of breast tissue
- Wear flats or comfy shoes (like flip flops) that will make it easier to “get into position” and less chance of needing additional films taken due to blurring
- Use meditation and positive thinking to reduce anxiety during test
- Speak up, ask questions, let them know if it is painful or the plates are cold

Discussing with patients the potential harms, such as, false positive screenings, radiation exposure, and discomfort, allows a frank dialogue of risks and benefits that are patient centered

Prevention and Screening Adults

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
CERVICAL CANCER SCREENING (CCS)	Women age 21-64 who were screened for cervical cancer using either following criteria: <ul style="list-style-type: none">• Ages 21-64 who had pap test every three years• Ages 30-64 who had pap test/HPV co-testing every five years

TIPS FOR PROVIDERS:

- Request results of screenings done by OB/GYN for medical home record.
- New exclusions accepted if provider documents: “hysterectomy” and also that “member no longer needs pap testing” or “hysterectomy” along with “vaginal pap smear”.

Exclusions: Hysterectomy documented with no residual cervix (complete, total, radical), cervical agenesis or acquired absence of cervix.

Prevention and Screening *Adults*

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicare Only</i>	
COLORECTAL CANCER SCREENING (COL)	Members age 50-75 who had one of the following screenings for colorectal cancer screening: <ul style="list-style-type: none">• Fecal occult blood test yearly• Flexible sigmoidoscopy every five years• Colonoscopy every ten years

TIPS FOR PROVIDERS:

- Encourage members who are resistant to having colonoscopy to have a stool test.
- Update annually regarding colorectal cancer screening (documentation of test and date are needed.)



Prevention and Screening *Women*

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
CHLAMYDIA SCREENING IN WOMEN (CHL)	Women age 16-24 who were identified as sexually active and who had at least one chlamydia test during the measurement year

TIPS FOR PROVIDERS:

- Remember chlamydia screening can be performed through a urine test.
- Address member fears and privacy needs.

Exclusions:

- Had a pregnancy test and a prescription for Accutane (isotretinoin) on the date of the pregnancy test or the 6 days following.
- Had a pregnancy test and an x-ray on date of pregnancy test or the 6 days following.

Prevention and Screening Adults

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicare Only</i>	
CARE OF OLDER ADULTS (COA)	Adults age 66 and older who had each of the following during the measurement year: <ul style="list-style-type: none">• Advance care planning (i.e. advance directive, living will, designated medical surrogate)• Medication review• Functional status assessment (i.e. ADL's)• Pain assessment (i.e. Numeric rating scale)

TIPS FOR PROVIDERS:

- Keep current medication list in chart (including over-the-counter).
- Use standardized functional status and pain assessment tools.



Respiratory Conditions *Children*

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (CWP)	<ul style="list-style-type: none">• Children age 2-18 diagnosed with pharyngitis and dispensed an antibiotic & received a group A strep test• Higher rate represents appropriate testing and better performance

TIPS FOR PROVIDERS:

- Perform a rapid strep or throat culture to confirm diagnosis before prescribing antibiotics.
- Educate parents/caregivers that an antibiotic is not necessary for viral infections.



Respiratory Conditions *Adults*

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD (SPR)	Adults age 40 and older with a <u>new</u> diagnosis or <u>newly active</u> COPD who received spirometry testing to confirm the diagnosis

TIPS FOR PROVIDERS:

- Spirometry testing for diagnosing COPD is a standard of care.
- Refer to pulmonologist if spirometry testing not done by provider office.



Respiratory Conditions *Adults*

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)	Adults age 40 and older who had an inpatient discharge or ED visit for acute COPD and were dispensed:

TIPS FOR PROVIDERS:

- Always follow-up with members after inpatient or ED event.
 - Confirm diagnosis of COPD for members. Spirometry testing is Best Practice for diagnosing.
 - If medically appropriate consider modifying treatment to include systemic corticosteroid and bronchodilator.
- A systemic corticosteroid within 14 days of the event
 - A bronchodilator within 30 days of the event

Respiratory Conditions Adults

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid ages 5-64 Medicare ages 5-85</i>	
MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)	<p>Members of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.</p> <ul style="list-style-type: none">• Percentage of members who remained on asthma controller for at least 50% of their treatment period• Percentage that remained on asthma controller 75% of treatment period.

TIPS FOR PROVIDERS:

- Educate members on use of asthma medications.
- Educate members and family to have “asthma action plan” available.

Exclusions include COPD, emphysema, cystic fibrosis, acute respiratory or no controller medications dispensed.

Respiratory Conditions

Children & Adults

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid ages 5-64 Medicare ages 8-85</i>	
ASTHMA MEDICATION RATIO (AMR)	Members in age group who were identified as having persistent asthma and had a ratio of controller medication to total asthma medication of 0.50 or greater during the measurement year

TIPS FOR PROVIDERS:

- Prescribe long-term controller medication as well as short-term “rescue” inhaler when indicated.
- Educate members on use of asthma medications.
- Educate members to have an “asthma action plan” available.

Exclusions: COPD, emphysema, cystic fibrosis, acute respiratory or no controller medications dispensed.

Cardiovascular Conditions

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
CONTROLLING HIGH BLOOD PRESSURE (CBP)	<p>Members age 18-85 who had a diagnosis of hypertension (HTN) and whose last blood pressure (BP) was adequately controlled based on the following criteria: 18 to 59 years old BP was <140/90</p> <ul style="list-style-type: none">• 60 to 85 years old BP with diagnosis of diabetes was <140/90• 60 to 85 years old without diagnosis of diabetes was <150/90

TIPS FOR PROVIDERS:

- If BP is high take it again before member leaves office and document all values.
- Review and modify treatment if member BP remains high.

Exclusions: ESRD, kidney transplant, pregnancy, dialysis, non-acute inpatient admission

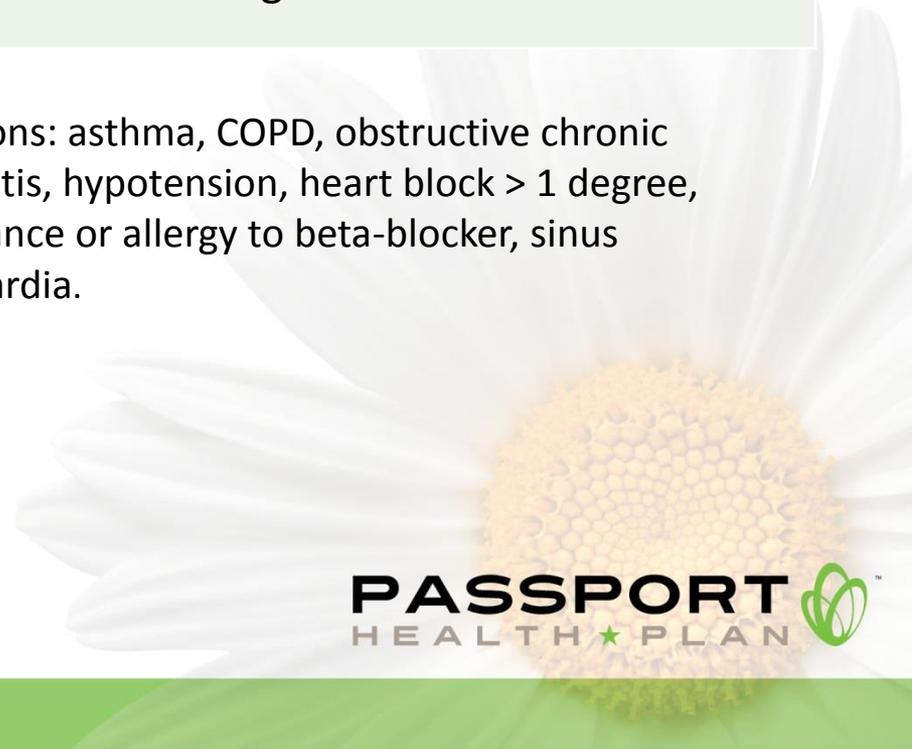
Cardiovascular Conditions

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK (PBH)	Members age 18 and older who were hospitalized and discharged with a diagnosis of Acute Myocardial Infarction (AMI) and received persistent Beta-Blocker treatment for six months after discharge

TIPS FOR PROVIDERS:

- Educate and promote healthy lifestyle for members.

Exclusions: asthma, COPD, obstructive chronic bronchitis, hypotension, heart block > 1 degree, intolerance or allergy to beta-blocker, sinus bradycardia.



Cardiovascular Conditions

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)	Males age 21-75 and females age 40-75 who were identified as having clinical atherosclerotic cardiovascular disease and met the following criteria: <ol style="list-style-type: none">1. Received statin medication2. Statin Adherence 80% (stayed on medication at least 80% of treatment period)

TIPS FOR PROVIDERS:

- Reassess muscle function within three months after statin initiation and urge patients to report any new or worsening muscle pain.

Exclusions: pregnancy, in vitro fertilization, dispensed clomiphene within past 2 years, ESRD, cirrhosis, myalgia, myositis, myopathy, rhabdomyolysis.

Diabetes

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
COMPREHENSIVE DIABETES CARE (CDC)	Members age 18-75 with diabetes (type 1 and type 2) who had each of the following: <ul style="list-style-type: none">• Hemoglobin A1c (HbA1c) testing• HbA1c poor control (>9.0%)• HbA1c control (<8.0%)• HbA1c control (<7.0%) for selected population• Eye exam (retinal) performed• Medical attention for nephropathy• BP control (<140/90mmHg)

TIPS FOR PROVIDERS:

- Review diabetes services each visit.
- Adjust therapy to improve HbA1c and BP. Follow up to monitor.
- Nephropathy attention can be simple urine test for albumin or protein. ACE inhibitor/ARB therapy also meets criteria.

Diabetes

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)	Members age 40-75 with diabetes who <u>do not</u> have clinical atherosclerotic cardiovascular disease <ol style="list-style-type: none"><li data-bbox="871 529 1812 632">1. Percentage received Statin Therapy (at least one during measurement year)<li data-bbox="871 644 1769 803">2. Percentage with Statin Adherence 80% (remained on the medication at least 80% of treatment period)

TIPS FOR PROVIDERS:

- Educate members on importance of medication adherence.
- Educate members regarding healthy diet and exercise.

Musculoskeletal Conditions

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUG THERAPY (DMARD) FOR RHEUMATOID ARTHRITIS (ART)	Members age 18 and older who were diagnosed with rheumatoid arthritis (RA) and who were dispensed at least one DMARD during the measurement year

TIPS FOR PROVIDERS:

- Refer to Rheumatologist when appropriate.
- Confirm diagnosis of RA vs. osteoarthritis or other joint pain disorders.

Exclusions:

- HIV
- Pregnancy diagnosis



Musculoskeletal Conditions

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicare Only</i>	
OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)	<p>Women age 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after fracture</p> <p>Osteoporosis drug therapies:</p> <ul style="list-style-type: none">• <u>Bisphosphonates</u>: Alendronate, Alendronate-cholecalciferol*, Ibandronate, Risedronate, Zoledronic acid• <u>Other agents</u>: Calcitonin, Denosumab*, Raloxifene, Teriparatide (Forteo)*.

TIPS FOR PROVIDERS:

- Ask members if had a fracture recently and order BMD test if yes.
- Educate members on fall prevention.

*Prior Authorization

Behavioral Health

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)	<p>Members age 18 and older who were treated with antidepressant medication, had diagnosis of major depression and remained on antidepressant medication</p> <ul style="list-style-type: none">• <u>Effective Acute Phase</u>: percentage of members who remained on antidepressant at least 84 days (12 weeks)• <u>Effective Continuation Phase</u>: percentage of members who remained on antidepressant at least 180 days (6 months)

TIPS FOR PROVIDERS:

- Educate members on importance of remaining on medication even if begin to feel better.
- Educate on common side effects.

Behavioral Health

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
<p>FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)</p> <p>TIPS FOR PROVIDERS:</p> <ul style="list-style-type: none">• Schedule follow-up prior to 30 days before member leaves office to allow for canceled or rescheduled appointments.• Monitor member height and weight to assure correct dosage of ADHD medication.	<p>Children age 6-12 <u>newly</u> prescribed ADHD medication who had:</p> <p>Initiation phase:</p> <ul style="list-style-type: none">• At least one follow-up visit <u>during the first 30 days.</u> * <p>Continuation and Maintenance phase:</p> <ul style="list-style-type: none">• Remained on the medication at least 210 days and had <u>at least two follow-up visits</u> within 270 days after initiation phase.*

Behavioral Health

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)	Members age 18-64 with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had diabetes screening annually Blood glucose elevation and weight gain can be possible side effects of anti-psychotic medications.

TIPS FOR PROVIDERS:

- Glucose test or HbA1c should be done yearly on members meeting criteria.
- Communication between PCP and Behavioral Health providers is encouraged .



Behavioral Health

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)	Members age 18-64 with schizophrenia and diabetes who had both LDL-C test <u>and</u> HbA1c test annually

TIPS FOR PROVIDERS:

- Member must have both test to meet standard.
- Communication between medical and behavioral health providers ensures physical/mental health is managed.

Exclusions:

- Gestational Diabetes
- Steroid Induced Diabetes



Behavioral Health

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
CARDIOSVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA (SMC)	Members age 18-64 with Schizophrenia and Cardiovascular Disease, who had an LDL-C test

TIPS FOR PROVIDERS:

- Provide smoking cessation education to eliminate risk factors.
- Communication between medical and behavioral health providers ensures physical/mental health is managed.

Cardiovascular Disease identified by :

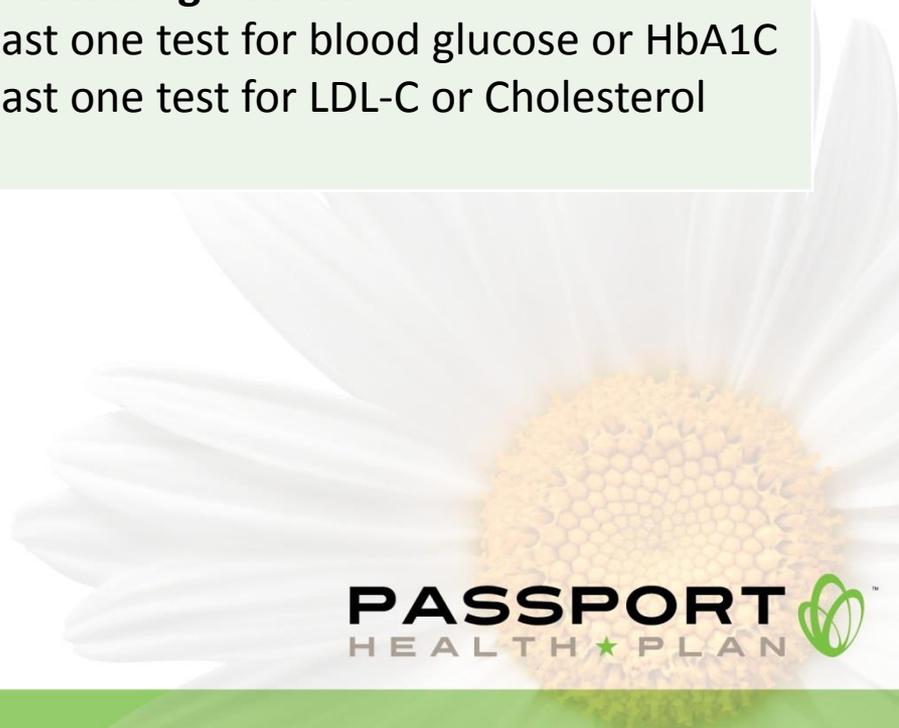
1. Acute myocardial infarction
2. Coronary artery bypass graft
3. Diagnosis of Ischemic Vascular Disease

Behavioral Health

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)	Children and adolescents age 1-17 who had two or more antipsychotic prescriptions and had metabolic testing Metabolic testing needed: <ul style="list-style-type: none">• At least one test for blood glucose or HbA1C• At least one test for LDL-C or Cholesterol

TIPS FOR PROVIDERS:

- Use school physicals or other well-child checkups to complete these tests.



Medication Management

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
<p>ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS (MPM)</p>	<p>Adults age 18 and older who received at least 180 treatment days of select therapeutic agents and at least one therapeutic monitoring event for the therapeutic agent</p> <p>Annually monitored therapeutic agents:</p> <ul style="list-style-type: none"> • Angiotensin converting enzyme (ACE) • Angiotensin receptor blockers (ARB) • Diuretics , Digoxin

TIPS FOR PROVIDERS:

- These medications warrant monitoring and follow-up by the prescribing provider to assess for side-effects and adjust medication dosage accordingly.

Annual labs the meet monitoring criteria:

- For Digoxin serum potassium and creatinine test and at least one serum digoxin test annually
- For (ACE or ARB) and (Diuretics) at least one serum potassium and serum creatinine test annually

Medication Management

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
MEDICATION RECONCILIATION POST-DISCHARGE (MRP)	Discharges from Jan 1 - Dec 1 for members age 18 and older for whom medications were reconciled the date of discharge through 30 days after discharge

TIPS FOR PROVIDERS:

- Only documentation in outpatient chart meets measure but outpatient visit not required.

Medication Reconciliation:

Review in which discharge medications are reconciled with the most recent medication list in the outpatient record.

- Documentation that provider reconciled current and discharge medications or,
- Documentation of current medications with notation referencing discharge medications or,
- Documentation that no medications prescribed or ordered upon discharge.

Overuse/Appropriateness

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
NON-RECOMMENDED CERVICAL CANCER SCREENING IN ADOLESCENT FEMALES (NCS)	Percentage of adolescent females age 16-20 who were screened unnecessarily for cervical cancer

TIPS FOR PROVIDERS:

- Chlamydia screening by urine test for members identified as sexually active is required.

Exclusions anytime in member history:

- History of cervical cancer
- HIV
- Immunodeficiency



Overuse/Appropriateness

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicare Only</i>	
NON-RECOMMENDED PSA-BASED SCREENING IN OLDER MEN (PSA) Lower rate indicates better performance	Men age 70 or older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA) based screening

TIPS FOR PROVIDERS:

- Educate members regarding use of advance directives.

Exclusions: men that had a diagnosis for which PSA-based testing is appropriate:

- Prostate cancer diagnosis
- Dysplasia of prostate
- PSA test year prior with elevated result (>4.0 ng/mL)

Overuse/Appropriateness

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)	<p>Children ages 3 months to age 18 who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription</p> <p>Higher Rate Indicates Appropriate Treatment of Children with URI. (<i>i.e. the proportion for whom antibiotics were NOT prescribed.</i>)</p> <ul style="list-style-type: none">• Antibiotic dispensed on or within 3 days of episode start date for the diagnosis will negatively effect measure.

TIPS FOR PROVIDERS:

- Use appropriate testing and symptom documentation to justify antibiotic use.
- Educate members and families regarding symptomatic treatment and that Passport Health Plan covers many OTC medications with written prescription.

Overuse/Appropriateness

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (AAB)	<p>Adults age 18-64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic</p> <p>Higher Rate Indicates Appropriate Treatment of Adults with Acute Bronchitis. (<i>i.e. the proportion for whom antibiotics were NOT prescribed.</i>)</p> <ul style="list-style-type: none">• Antibiotic dispensed on or within 3 days of episode start date for the diagnosis will negatively affect measure

TIPS FOR PROVIDERS:

- Use appropriate testing and symptom documentation to avoid inappropriate antibiotic prescription.
- Educate members and families regarding symptomatic treatment and that Passport Health Plan covers many OTC medications with written prescription.



Overuse/Appropriateness

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)	Members age 18-50 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis Higher Score Indicates Appropriate Treatment

TIPS FOR PROVIDERS:

- Avoid imaging studies within 28 days of new diagnosis for low back pain.
- Educate on comfort measures and pain relief.

Exclusions from measure:

- Cancer diagnosis
- Recent Trauma
- Intravenous drug use
- Neurologic impairment

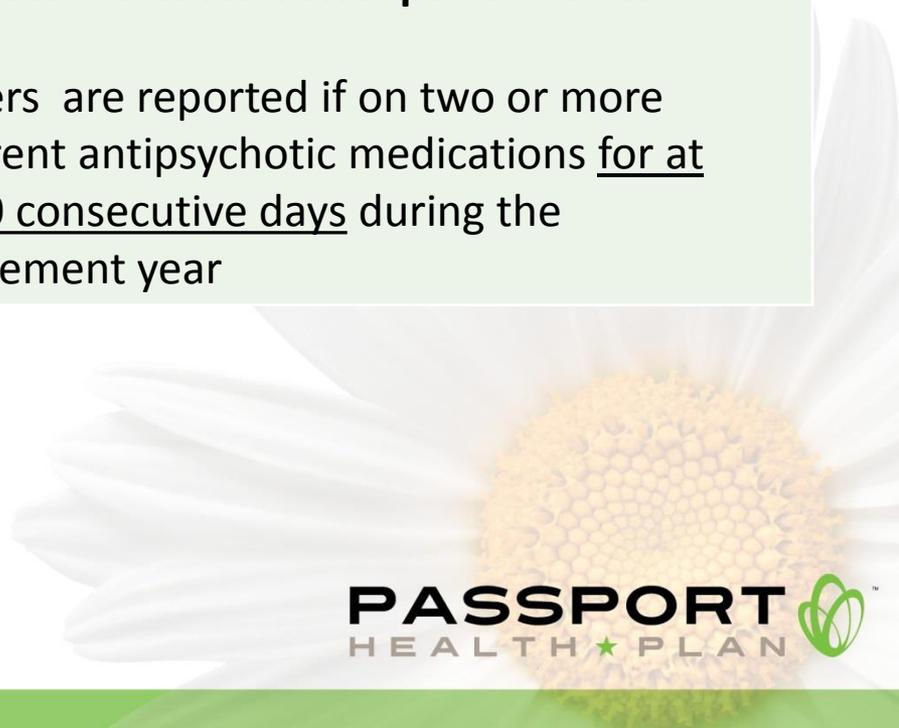
Imaging such as CT's and MRI's are authorized by MedSolutions at (877)791-4099

Overuse/Appropriateness

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS (APC)	<p>Children and adolescents age 1-17 who were on <u>two or more concurrent antipsychotic medications</u></p> <p>Lower rate indicates better performance.</p> <p>Members are reported if on two or more concurrent antipsychotic medications <u>for at least 90 consecutive days</u> during the measurement year</p>

TIPS FOR PROVIDERS:

- Utilize individual and group therapies to reduce need for medication when possible.



Overuse/Appropriateness

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicare Only</i>	
<p>POTENTIALLY HARMFUL DRUG-DISEASE INTERACTIONS IN THE ELDERLY (DDE)</p> <p>Exclusions for some medications:</p> <ul style="list-style-type: none">• Diagnosis of psychosis, schizophrenia, bipolar disorder, seizure disorder <p>TIPS FOR PROVIDERS:</p> <ul style="list-style-type: none">• Review medications at each visit for potential harmful interactions with this age group.	<p>Medicare members age 65 and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication</p> <p>Rates reported for following conditions:</p> <ul style="list-style-type: none">• <u>History of falls</u> and a Rx for anticonvulsants, non-benzodiazepine hypnotics, SSRI's, anti-emetics, antipsychotics, benzodiazepines or tricyclic antidepressants• <u>Dementia</u> and Rx for above meds as well as H2 receptor antagonist or anticholinergic meds• <u>Chronic kidney disease</u> and Rx for Cox-2 selective NSAIDS or non-aspirin NSAIDS

Overuse/Appropriateness

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicare Only</i>	
<p>USE OF HIGH-RISK MEDICATIONS IN THE ELDERLY (DAE)</p> <p>Additional population for measure:</p> <ul style="list-style-type: none">• End Stage Renal Disease diagnosis• Stage 4 chronic kidney disease• Kidney transplant	<ul style="list-style-type: none">• Medicare members age 66 and older who received at least one high-risk medication• Medicare members age 66 and older who received at least two different high-risk medications <p>Lower rate is better performance.</p>

TIPS FOR PROVIDERS:

- High risk medications list can be found on NCQA website with NDC codes at www.ncqa.org.



Access / Availability of Care

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid and Medicare</i>	
ADULT'S ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)	Members age 20 and older who had an ambulatory or preventive care visit during the measurement year

TIPS FOR PROVIDERS:

- Members on your Passport Health Plan panel list are assigned to your office and should be outreached at least yearly for preventive health care.



Access / Availability of Care

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
CHILDREN AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS (CAP)	Members age 12 months-19 years who had a visit with a PCP during the measurement year

TIPS FOR PROVIDERS:

- Members on your Passport Health Plan panel list are assigned to your office and should be outreached at least yearly for well child checks.



Access / Availability of Care

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
ANNUAL DENTAL VISIT (ADV)	Members age 2-20 who had at least one dental visit during the measurement year

TIPS FOR PROVIDERS:

- Member incentive program has gift reward available for completion of visit.
- Direct members to Member Services to find a dentist in their area at (800) 578-0603.
- EPSDT has expanded dental coverage for members up to age 20.



Access / Availability of Care

MEASURE

STANDARD OF CARE SCREENING or TEST

Medicaid Only

PRENATAL AND POSTPARTUM CARE (PPC)

Prenatal care visit is OB/GYN or PCP visit with one of these:

- Obstetric panel or TORCH antibody panel
- Rubella antibody/titer with Rh
- Ultrasound of pregnant uterus
- Pregnancy related diagnosis code
- Documented LMP or EDD with either obstetric history or risk assessment and counseling/education

Timeliness of Prenatal Care

- A prenatal care visit as a member of the organization in the 1st trimester or within 42 days of enrollment
- Postpartum Care
- Deliveries that had a postpartum visit on or between 21-56 days after delivery

Postpartum exam visit:

- Pelvic exam or evaluation of weight, BP, breast and abdomen
- “postpartum check”
- “6 week check”
- Pre-printed postpartum care form

Utilization

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
FREQUENCY OF ONGOING PRENATAL CARE (FPC)	Measure looks at the percentage of expected prenatal visits that were completed based on month of pregnancy at time of enrollment and gestational age <ul style="list-style-type: none">Percentage of members with births between <u>November 6th of last year and November 5th of this year</u>

TIPS FOR PROVIDERS:

- ACOG recommends prenatal visits every 4 weeks the first 28 weeks, then every 2-3 weeks until 36 weeks of pregnancy and weekly thereafter (uncomplicated pregnancy).
- Passport Health Plan has a member incentive for pregnant members.
- Encourage all pregnant members to contact the Mommy Steps Program 1-877-903-0082.

Utilization

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15)	Well-child visits completed by members who turned 15 months old Documentation must include: <ul style="list-style-type: none">• Date of the visit• Health history• Physical developmental history• Mental developmental history• Health education/anticipatory guidance• Physical exam

TIPS FOR PROVIDERS:

- Templates and other helpful information can be found at www.Brightfutures.org or www.aap.org .
- Documentation of an acute visit only are missing an opportunity to complete some of the well-child documentation .

Utilization

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE (W34)	<p>Members age 3-6 who had one or more well-child visits with PCP during the year</p> <p>Documentation must include:</p> <ul style="list-style-type: none">• Date of the visit• Health history• Physical developmental history• Mental developmental history• Health education/anticipatory guidance• Physical exam

TIPS FOR PROVIDERS:

- Preventive services may be rendered on visits other than well-child visits.
- Use of documentation templates are often helpful to providers.



Utilization

MEASURE	STANDARD OF CARE SCREENING or TEST
<i>Medicaid Only</i>	
ADOLESCENT WELL-CARE VISITS (AWC)	<p>Members age 12-21yo who had at least one comprehensive well-care visit with a PCP or OB/GYN during the year</p> <p>Documentation must include:</p> <ul style="list-style-type: none">• Date of the visit• Health history• Physical developmental history• Mental developmental history• Health education/anticipatory guidance• Physical exam

TIPS FOR PROVIDERS:

- **BMI percentile is required for all members 19yo and younger.**
- Alcohol, drug use, depression and sexually transmitted disease risk should be assessed for this age group.
- Document what was discussed regarding anticipatory guidance.

EPSDT

The **Early and Periodic Screening, Diagnosis & Treatment (EPSDT)** benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services at their well child visits and beyond.

The Quality Department has an EPSDT Provider Education and Compliance Program. Sherry Griffith is our EPSDT Clinical Educator and Chart Review nurse. Please feel free to outreach to your provider representative to schedule an EPSDT Education session or to Sherry directly at 502-585-7973 or sherry.griffith@passporthealthplan.com

Provider Resources

Passport has dedicated phone lines to serve our providers and members.

PROVIDER SERVICES

Monday-Friday
8:00am—6:00pm (EST)
(800) 578-0775

MEMBER SERVICES

Monday-Friday
7:00am—7:00pm (EST)
(800) 578-0603

QUALITY MANAGEMENT DEPARTMENT

(502) 585-7946

NCQA approved codes for billing HEDIS screenings are available on request and on our HEDIS 101 detailed version found at:

Passporthealthplan.com>Providers tab>Educational resources tab>Quality improvement tab>HEDIS 101 Provider education 2016

THANK YOU

**Working Together We
Will Improve the
Health of Kentucky**

PASSPORT 
HEALTH ★ PLAN