HEDIS®
Provider Manual

McLarenHealthPlan.org

McLaren HEALTH PLAN

McLaren HEALTH PLAN COMMUNITY

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WELCOME

Welcome to our Healthcare Effectiveness Data and Information Set (HEDIS®) provider manual. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is a widely used set of performance measures in the managed care industry, and an essential tool in ensuring that your patients- and our members- are getting the best health care possible.

McLaren Health Plan, Inc. has been operating as a Michigan-based, licensed health maintenance organization (HMO) since 1998. MHP was started to serve Michigan's Medicaid population. Through the years, we've added a second HMO, McLaren Health Plan Community (MHP Community) that offers commercial coverage to groups and individuals, as well as a Medicare Supplement plan. Our third party administrator called McLaren Health Advantage, offers administrative services for self-funded employer groups. Together, the three companies deliver health care benefits to over 260,000 members. This manual applies to McLaren Health Plan, Inc. and MHP Community, and we will sometimes refer to the two companies collectively as "MHP".

Our mission is to provide quality health services to all families and individuals covered by McLaren Plans. In 2015, McLaren Health Plan, Inc. was awarded the right to operate in and service every county in the lower peninsula in the State of Michigan- the only provider-owned health plan to achieve this designation by the Michigan Department of Health and Human Services (MDHHS). In 2017, MHP Community was awarded the right to offer small group and individual commercial plans in 64 counties, and offer large group commercial plans in 63 counties. MHP has earned the prestigious Pinnacle Award every year since 2013 from the Michigan Associate of Health Plans, and both HMOs are accredited by the National Committee for Quality Assurance (NCQA).

We've designed this manual to clearly define MHP criteria for meeting HEDIS guidelines. We welcome your feedback and look forward to supporting your efforts to provide quality healthcare to your patients and our members. Please call Customer Service at (888) 327-0671, TTY: 711, if you have questions or if we can be of assistance.

HOW TO USE THIS MANUAL

This manual is comprised of two sections:

- Section 1: **Partnering with MHP to Measure Quality.** This section provides useful information on MHP's Primary Care Physician (PCP) Pay for Performance (P4P) program and how to submit HEDIS data to MHP. We hope to provide you with as much information as possible to understand MHP's guidelines on providing quality healthcare.

- Section 2: **Tips to Improve HEDIS Scores.** This section includes the description of each HEDIS measure, the correct billing codes and tips to help you improve your HEDIS scores. The measures are in alphabetical order.

Section 1

Partnering with McLaren Health Plan, Inc. and MHP Community to Measure Quality

PAY FOR PERFORMANCE PROGRAM DETAILS

MHP offers a robust Primary Care Physician (PCP) Pay for Performance (P4P) program. We provide incentive payments for a wide variety of HEDIS services so all PCPs have an opportunity to receive incentive payments. Please contact your Network Development Coordinator for further information, or call Customer Service at (888) 327-0671, TTY:711.

Pay for Performance Program eligibility

It is easy to participate in the P4P program. You are eligible if you:

- participate with MHP as a PCP for both McLaren Health Plan, Inc. and MHP Community;
- have an annual average of 50 members per month;
- are under contract with MHP at the time bonuses are calculated, and
- 90 percent of all claims during the measurement year are submitted electronically.

Criteria

HEDIS specifications, as outlined in this manual, are used to define the codes, eligible population and any exceptions to the measurement.

Payment Schedule

Pay for Performance is paid on an annual basis.

A more detailed description of the P4P program is available at McLarenHealthPlan.org or by calling your Network Development Coordinator at (888) 327-0671, TTY:711.

ADDITIONAL PCP INCENTIVES

In addition to our PCP P4P Program, MHP offers other PCP incentives. Below is a description of the additional incentives available to our contracted PCP network.

2018 PROVIDER INCENTIVE PROGRAMS

LINE OF BUSINESS	INITIATIVE	INCENTIVE	HOW
Medicaid	**Adult BMI**	$5 for each member, annually	Based on billed claim; paid at time of submission
MHP Community / Medicaid	**Chlamydia screening**	$25 per eligible member screened	Based on data of billed claim; annual payout
Medicaid	**Club 101**	$101 reimbursement for well visits, age 1–11	Based on billed claim; paid at time of submission
Medicaid	**Developmental screening**	$20 per annual screening for eligible population	Based on claim billed with appropriate codes; paid at time of submission
MHP Community / Medicaid	**Expanded access award**	99050 / 99051 reimbursed $17.38	Based on billed claim; paid at time of submission
MHP Community / Medicaid	**Healthy child incentive**	$15 total incentive ($5 for each annual component): - Weight assessment; - Counseling for nutrition; and - Physical activity for child/adolescents	Based on billed claim with appropriate codes; paid at time of submission
Healthy Michigan Plan	**Healthy Michigan HRA**	$50 per completed HRA for Healthy Michigan Plan members	Based on billed claim and HRA received within 150 days of enrollment
Medicaid	**Lead screening**	36416 reimburses $15 83655 reimburses $25	Based on billed claim; paid at time of submission
MHP Community / Medicaid	**Mammogram**	$50 per eligible member screened	Based on billed claim; annual payout
MHP Community / Medicaid	**Postpartum visit for OB-GYN providers**	$100 per eligible member	Based on billed claim and self-reported data; quarterly payout
MHP Community / Medicaid	**Pay-for-Performance program**	PCMH recognition and up to $2 pmpm for eligible PCP assigned membership **Measures:** - Open access - Well child 3-4 yrs. - Mammogram screening - E-prescribing, EHR and E-Portal - HIE qualified organization participation - Achieved PCMH recognition	Annual payout based on prior year's performance measures

The above incentive programs are current as of the date of publication of this document. If we change a program, we will provide timely notice of any change. We reserve the right to modify our programs at any time without notice.

HOW TO SUBMIT HEDIS DATA TO MHP

Claims and Encounters

MHP prefers that you submit HEDIS information on a claim form (HCFA 1500), an efficient and highly automated claims process that ensures prompt and appropriate payment for your services. The *HEDIS Tips* section of this manual contains the appropriate CPT and diagnosis codes needed to bill for a particular measure.

Members with Other Primary Insurance

Many of our members have primary insurance coverage other than MHP, such as Medicare. Even though the claim is paid by the primary insurance carrier, MHP needs this secondary claim for the P4P program and any other qualifying incentive. MHP accepts both electronic and paper claims when a member has another primary insurance carrier.

Exclusions

Providers may submit supplemental data indicating exclusions for certain HEDIS measures. Examples include:

- Cervical cancer screening — member may have had a previous complete, radical or total hysterectomy
- Breast cancer screening — member may have had a previous bilateral mastectomy

In these instances, MHP requests that you fax the medical record documentation to (810) 733-9653 identifying the exclusion from a gap in care for a particular HEDIS measure. MHP will accept this data as supplemental data and build exclusion databases for its HEDIS submission.

AVOID MISSED OPPORTUNITIES

Make Every Office Visit Count

Avoid missed opportunities by taking advantage of every MHP member office visit to provide a well-child visit, immunizations, lead testing and BMI calculations.

- A sports physical becomes a well-child visit by adding anticipatory guidance (e.g., safety, nutrition, health, social/behavior) to the sports physical's medical history and physical exam.
- A sick visit and well-child visit can be performed on the same day by adding a modifier-25 to the sick visit, and billing for the appropriate preventive visit. MHP will reimburse for both services.
- MHP will reimburse you for one well-child visit per calendar year for children 3 years old and older. You do not need to wait 12 months between the visits.
- Remember, infants up to 15 months need at LEAST six well-child visits.
- BMI percentiles are a calculation based on the child's height and weight and should be calculated at every office visit. Be sure to include counseling for nutrition and physical activity. All three elements are payable as a PCP incentive payment based on a billed claim.

HOW WE AUDIT SUPPLEMENTAL DATA

Auditing of Supplemental Data

Throughout the year, MHP conducts a HEDIS program audit of supplemental data provided by randomly-selected network practices. To meet NCQA guidelines, MHP must ensure the supplemental data we receive reflects the highest degree of accuracy. Each audited practice is given a partial list of supplemental data provided to MHP during the year. Practices are required to return a copy of the medical record that documents the supplemental data. For example, if a HbA1c result has been supplied as supplemental data, the practice would submit a copy of the laboratory result as proof the service was rendered.

Procedure for the audit process:

- Audit notices are distributed either at on-site visits or by fax request.
- Providers are required to respond to the audit within two weeks of delivery date or specified timeframe. Failure to return results by the deadline may result in the plan not using the supplemental data that was previously submitted.
- If a medical record is unavailable, audit results will be recalculated to determine a compliance score. A compliance score less than 95 percent accuracy will result in an additional audit of medical records.
- Failure to reach a score of 95 percent or higher on the second audit will result in ineligibility to submit supplemental data.

GLOSSARY

Below is a list of definitions used in this manual.

HEDIS
The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks.

Measure
A quantifiable clinical service provided to patients to assess how effectively the organization carries out specific quality functions or processes.

Administrative Data
Evidence of service taken from claims, encounters, lab or pharmacy data.

Supplemental Data
Evidence of service found from a data source other than claims, encounters, lab or pharmacy data. All supplemental data may be subject to audit.

Denominator
Entire health plan population that is eligible for the specific measure.

Numerator
Number of members compliant with the measure.

Exclusion
Member becomes ineligible and removed from the sample based on specific criteria (e.g., incorrect gender, age).

Hybrid
Evidence of services taken from the patient's medical record.

Measurement Year
The year the health plan gathers data.

HEDIS Measure Key
The three letter acronym NCQA uses to identify a specific measure.

MCIR
The Michigan Care Improvement Registry is an electronic birth-to-death immunization registry available to private and public providers for the maintenance of immunization records.

NDC
The National Drug Code is a unique ten-digit number and serves as a product identifier for human drugs in commercial distribution. This number identifies the labeler, product and trade package size.

Payout
PCP Pay-for-Performance bonus is available if you are a contracted provider with both McLaren Health Plan, Inc. and MHP Community.

Method of Measurement
Appropriate forms and methods of submitting data to MHP to get credit for a specific measure.

Section 2

HEDIS Tips

GENERAL HEDIS TIPS TO IMPROVE SCORES

Work with MHP. We are your partners in care and will assist you in improving your HEDIS scores.

Use HEDIS specific billing codes when appropriate. We have tip reference guides identifying what codes are needed for HEDIS.

Use HEDIS *Gaps in Care List* that MHP sends you to identify patients who have gaps in care. If a patient calls for a sick visit, see if there are other needed services (e.g., well-care visits, preventive care services). Keep the *Gaps in Care list* by the receptionist's phone so the appropriate amount of time can be scheduled for all gaps in care when patients call for a sick visit.

Use your MHP Outreach Representative to assist you in contacting your MHP patients to obtain these important preventive services. If you are interested in working with the Outreach team, please contact us at (888) 327-0671, TTY:711.

Avoid missed opportunities. Many patients may not return to the office for preventive care, so make every visit count. Schedule follow-up visits before patients leave.

Improve office management processes and flow. Review and evaluate appointment hours, access and scheduling processes, billing, and office/patient flow. We can help streamline processes.

- Review the next day's schedule at the end of each day.
- Identify appointments where test results, equipment or specific employees are available for the visit to be productive.
- Call patients 48 hours before their appointments to remind them about their appointment and anything they will need to bring. Ask them to make a commitment to be there. This will reduce no-show rates.
- Use non-physicians for items that can be delegated. Have staff prepare the room for items needed.
- Consider using an after visit summary to ensure patients understand what they need to do. This improves the perception that there is good communication with the provider.

Take advantage of your Electronic Medical Records (EMR). If you have an EMR, try to build care gap alerts within the system.

HEDIS TIPS: ADULTS WITH ACUTE BRONCHITIS

MEASURE DESCRIPTION

Adults 18-64 years of age diagnosed with acute bronchitis **should not** be dispensed an antibiotic within seven days of the visit.

Note: Prescribing antibiotics for acute bronchitis is not indicated unless there is a co-morbid diagnosis or a bacterial infection **(examples listed on the right).**

Only about 10 percent of cases of acute bronchitis are due to a bacterial infection, so in most cases antibiotics will not help.

USING CORRECT BILLING CODES

Codes to Identify Acute Bronchitis

Description	ICD-10 Code
Acute bronchitis	J120.0 - J20.9, J40

Codes to Identify Co-morbid Conditions

Description	ICD-10 Code
Chronic bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.1, J43.2, J438, J439
Chronic airway obstruction	J440, J441, J449
Chronic obstructive asthma	J449

Codes to Identify Competing Diagnoses

Description	ICD-10 Code
Acute sinusitis	J0100, J0110, J0120, J0130, J0140, J0190
Otitis media	H679, H6613, H6623, H6640, H6690, H66009, H66019, H663X9
Acute pharyngitis	J020, J028, J029, J0300, J0301, J0380, J0381, J0389,

How to Improve HEDIS Scores

- Educate patients on comfort measures without antibiotics **(e.g., extra fluids and rest)**.
- Discuss realistic expectations for recovery time **(e.g., cough can last for four weeks without being "abnormal")**.
- For patients insisting that an antibiotic be prescribed:
  - » Give a brief explanation
  - » Write a prescription for symptom relief instead of an antibiotic
  - » Encourage follow-up in three days if symptoms do not get better
- Submit comorbid diagnosis codes if present on claim/encounter **(see codes above)**.
- Submit competing diagnosis codes for bacterial infection if present on claim/encounter **(see codes above)**.

HEDIS TIPS: ADOLESCENT WELL-CARE VISIT

MEASURE DESCRIPTION

Members 12 - 21 years of age who had one comprehensive well-care visit with a PCP or OB-GYN during the measurement year.

Well-care visit consists of:

- A health and developmental history **(physical and mental)**
- A physical exam
- Health education/anticipatory guidance

USING CORRECT BILLING CODES

Codes to Identify Well-Care Visits

Description	ICD-10 Code
Well-care visits	CPT: 99383-99385, 99393-99395, 99461 ICD-10: Z0000, Z00129, Z005, Z008, Z021, Z023, Z0289

How to Improve HEDIS Scores

- Make every office visit count.
- Avoid missed opportunities by taking advantage of every office visit **(including sick visits)** to provide a well-care visit, immunizations, lead testing and BMI percent calculations.
- BMI percents are a calculation based on the child's height and weight and should be calculated and documented at every visit, including couseling for nutrition and physical activity.
- A sick visit and well-child visit can be performed on the same day by adding a modifier-25 to the sick visit, and billing for the appropriate preventive visit. MHP will reimburse for both services.
- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/ anticipatory guidance was given.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- Use *Gaps in Care lists* to identify patients who need an adolescent well-care visit.
- Send your completed *Gaps in Care lists* to MHP by fax to (810) 733-9653.

HEDIS TIPS: ADULT BMI ASSESSMENT

MEASURE DESCRIPTION

Adults 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Documentation in the medical record must indicate the height, weight and BMI value, dated during the measurement year or year prior to the measurement year.

USING CORRECT BILLING CODES

Codes to Identify BMI

Description	ICD-10 Code
BMI less than 19, adult	Z68.1
BMI between 19-24, adult	Z68.20 - Z68.24
BMI between 25-25.9, adult	Z68.25
BMI between 26-29, adult	Z68.26 - Z68.29
BMI between 30 - 39.9, adult	Z68.30 - Z68.39
BMI 40 and over, adult	Z68.41 - Z68.45
CPT Code	G8417, G8418, G8419, G8420

How to Improve HEDIS Scores

- Make BMI assessment part of the vital sign assessment at each visit.
- Use correct billing codes (decreases the need for us to request the medical record).
- Ensure proper documentation for BMI in the medical record with all components (i.e., date, weight, height and BMI value).
- Place BMI charts near scales.
- If on an EMR, update the EMR templates to automatically calculate a BMI.
- If not on an EMR, you can calculate the BMI here: www.cdc.gov/healthyweight/assessing/bmi/.
- Use ***Gaps in Care list*** to identify patients who need BMI assessment.
- Send your completed ***Gaps in Care lists*** to MHP via fax to (810) 733-9653.
- PCP Incentive available: McLaren Health Plan Inc. Medicaid, see page 5.

HEDIS TIPS: ANTIDEPRESSANT MEDICATION MANAGEMENT

MEASURE DESCRIPTION

The percentage of adults 18 years of age and older who were diagnosed with a new episode of major depression:

- Effective Acute Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).

- Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (six months).

USING CORRECT BILLING CODES

Codes to Identify Major Depression

Description	ICD-10 Code
Major depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.9, F33.41

How to Improve HEDIS Scores

Educate your patients on how to take their antidepressant medications:

- How antidepressants work, benefits and how long they should be used
- Expected length of time to be on antidepressant before starting to feel better
- Importance of continuing to take the medication even if they begin feeling better (for at least six months)
- Common side effects, how long the side effects may last and how to manage them
- What to do if there are questions or concerns

HEDIS TIPS: APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

MEASURE DESCRIPTION

Children 3-18 years of age diagnosed with pharyngitis and dispensed an antibiotic should have received a Group A strep test.

USING CORRECT BILLING CODES

Codes to Identify Pharyngitis

Description	ICD-10 Code
Acute pharyngitis	J02.0, J02.8, J02.9
Acute tonsillitis	J0380, J0390, J0391
Streptococcal sore throat	J020, J0300, J0301, J0390,

Codes to Identify Strep Test

Description	CPT Codes
Strep test	87070, 87071, 87081, 87430, 87650-87652, 87880

How to Improve HEDIS Scores

- Perform a rapid strep test to throat culture to confirm diagnosis before prescribing antibiotics. Submit this test to MHP for payment, or as a record that you performed the test. Use the codes above.
- Clinical findings alone do not adequately distinguish strep vs. non-strep pharyngitis. Most “red throats” are viral and therefore should never treat empirically, even in children with a long history of strep. Their strep may have become resistant and needs a culture.
- Submit any co-morbid diagnosis codes that apply on claim/encounter.
- If rapid strep test and/or throat culture is negative, educate parents/caregivers that an antibiotic is not necessary for viral infections.
- Additional resources for clinicians and parents/caregivers about pharyngitis can be found here: www.aware.md/HealthCareProfessionals/ClinicalResources.aspx.

HEDIS TIPS: APPROPRIATE TESTING FOR CHILDREN WITH URI

MEASURE DESCRIPTION

Children 3 - 18 years of age diagnosed with URI **should not** be dispensed an antibiotic within three days of the diagnosis.

Note: Claims/encounters with more than one diagnosis (e.g., competing diagnoses) are excluded from the measure.

USING CORRECT BILLING CODES

Codes to Identify URI

Description	ICD-10 Code
Acute nasopharyngitis (common cold)	J00
URI	J06.0, J06.9

Codes to Identify Competing Diagnoses

Description	ICD-10 Code
Otitis media	See acute bronchitis
Acute sinusitis	See acute bronchitis
Acute pharyngitis	See acute bronchitis
Acute tonsillitis	J0390
Chronic sinusitis	J320-J324, J328-J329
Pneumonia	J189
Acne	L701, L702, L708

How to Improve HEDIS Scores

- Do not prescribe an antibiotic for a URI diagnosis only.
- Submit any co-morbid/competing diagnosis codes that apply (examples listed in the "Codes to Identify Competing Diagnoses" table above).
- Code and bill for all diagnoses based on patient assessment.
- Educate member on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen (antibiotic can be prescribed, if necessary, after three days of initial diagnosis).
- You are encouraged to re-submit an encounter if you missed a second diagnosis code and you see a member on the Gaps in Care report published by MHP.
- Patient educational materials on antibiotic resistance and common infections can be found here: www.aware.md/PatientsAndConsumers/EdMaterials.aspx.

HEDIS TIPS: BREAST CANCER SCREENING

MEASURE DESCRIPTION

Women 52-74 years of age who had one or more mammograms during the measurement year or the year prior to the measurement year.

Exclusions: Bilateral mastectomy or two unilateral mastectomies on different dates of service.

Note: Biopsies, breast ultrasounds and MRIs do not count because HEDIS® does not consider them to be appropriate primary screening methods.

USING CORRECT BILLING CODES

Codes to Identify Mammogram

Description	ICD-10 Code
Breast cancer screening	**CPT:** 77055-77057, 77061-77067 **HCPCS:** G0202, G0204, G0206 **UB Revenue:** 0401, 0403

How to Improve HEDIS Scores

- Educate female patients about the importance of early detection and encourage testing.
- Use ***Gaps in Care list*** to identify patients in need of mammograms.
- Schedule a mammogram for the patient or send the patient a referral.
- Have a list of mammogram facilities available to share with the member.
- Engage members in discussion of their fears about mammograms, and let women know these tests are less uncomfortable and use less radiation than they did in the past.
- If the patient had a bilateral mastectomy or two unilateral mastectomies, document this in the medical record and fax documentation of the exclusion to (810) 733-9653 to close an existing gap in care.
- PCP Incentive available: MHP Community and McLaren Health Plan Inc. Medicaid, see page 6.
- Send your completed ***Gaps in Care lists*** to MHP via fax to (810) 733-9653.
- P4P bonus available.

HEDIS TIPS: CERVICAL CANCER SCREENING

MEASURE DESCRIPTION

Women 21 – 64 years of age who received one or more Pap screenings to screen for cervical cancer during the measurement year or the two years prior; or women 30 – 64 who received a Pap screening for cervical cancer and HPV screening during the measurement year or the four years prior.

Exclusions: Women who had a hysterectomy with no residual cervix.

USING CORRECT BILLING CODES

Codes to Identify Cervical Cancer Screening

Description	ICD-10 Code
Cervical cancer screening	**CPT:** 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **UB Revenue:** 0923
Codes to identify HPV test	**CPT:** 87620,87621, 87622 87624, 87625 **HCPCS:** G0476

How to Improve HEDIS Scores

- Use *Gaps in Care lists* to identify women who need a Pap screening.
- Use a reminder/recall system (e.g., tickler file).
- Request results of Pap screenings be sent to you if done at OB-GYN visits.
- Document in the medical record if the patient has had a hysterectomy with no residual cervix and fax documentation of the exclusion to (810) 733-9653 to close an existing gap in care. Remember synonyms- *total, complete, radical.*
- Don't miss opportunities (e.g., completing Pap tests during regularly-scheduled well-woman visits, sick visits, urine pregnancy tests, UTI and chlamydia/STI screening).
- Send your completed *Gaps in Care lists* to MHP via fax to (810) 733-9653.

HEDIS TIPS: CHILDHOOD IMMUNIZATIONS

MEASURE DESCRIPTION

Children 2 years of age who had the following vaccines **on or before their second birthday:**

- 4 DTaP (diphtheria, tetanus and acellular pertussis)
- 3 IPV (polio)
- 1 MMR (measles, mumps, rubella)
- 3 HiB (H influenza type B)
- 3 Hep B (hepatitis B)
- 1 VZV (chicken pox)
- 4 PCV (pneumococcal conjugate)
- 1 Hep A (hepatitis A)
- 2 or 3 RV (rotavirus)
- 2 Flu (influenza)

USING CORRECT BILLING CODES

Codes to Identify Childhood Immunizations

Description	CPT Codes
DTaP	90698, 90700, 90721, 90723
IPV	90698, 90713, 90723
MMR	90707, 90710
Measles and rubella	90708
Measles	90705
Mumps	90704
Rubella	90706
HiB	90644, 90645-90648, 90698, 90721, 90748
Hepatitis B	90723, 90740, 90744, 90747, 90748
VZV	90710, 90716
Pneumococcal Conjugate	90669, 90670, 90732
Hepatitis A	90633
Rotavirus (two-dose schedule)	90681
Rotavirus (three-dose schedule)	90680
Influenza (Flu)	90655, 90657, 90661-90662, 90673, 90685, 90688

How to Improve HEDIS Scores

- Use the Michigan Care Improvement Registry (MCIR).
- Use *Gaps in Care lists* to identify patients who need immunizations.
- Review a child's immunization record before every visit and administer needed vaccines.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations (e.g., MMR causes autism - now completely disproven).
- Have a system for patient reminders.
- Send your completed *Gaps in Care lists* to MHP via fax to (810) 733-9653.

HEDIS TIPS: CHLAMYDIA SCREENING

MEASURE DESCRIPTION

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

USING CORRECT BILLING CODES

Codes to Identify Chlamydia Screening

Description	CPT Code
Chlamydia screening	87110, 87270, 87320, 87490-87492, 87810

How to Improve HEDIS Scores

- Perform chlamydia screening every year on every 16 - 24 year old female identified as sexually active (use any visit opportunity).
- Add chlamydia screening as a standard lab for women 16 - 24 years old. Use well-child exams and well-women exams for this purpose.
- Use *Gaps in Care lists* to identify patients who need chlamydia screening.
- Ensure that you have an opportunity to speak with your adolescent female patients without their parent.
- Remember that chlamydia screening can be performed through a urine test. Offer this as an option for your patients.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Send your completed *Gaps in Care lists* to MHP via fax to (810) 733-9653.
- PCP Incentive available: MHP Community and McLaren Health Plan Inc. Medicaid – see page 6.

HEDIS TIPS: COLORECTAL CANCER SCREENING

MEASURE DESCRIPTION

Members 50-75 years of age who had one of the following screenings for colorectal cancer screening:

- gFOBT or iFOBT with required number of samples for each test every year; or
- Flexible sigmoidoscopy in the past five years; or
- Colonoscopy in the past 10 years; or
- DNA FIT test in the past three years; or
- CT Colongraphy in the past five years.

USING CORRECT BILLING CODES

Codes to Identify Colorectal Cancer Screening

Description	Codes
FOBT	**CPT:** 82270, 82274 **HCPCS:** G0328
Flexible sigmoidoscopy	**CPT:** 45330-45335, 45337-45342, 45345-45350 **HCPCS:** G0104 **ICD-10:** 45.24
Colonoscopy	**CPT:** 44388-44394, 44397, 45355, 44401-44408, 45378-45393, 45398 **HCPCS:** G0105, G0121
FIT DNA	**CPT:** 81528 **HCPCS:** G0464
CT colongraphy	**CPT:** 74261-74263

Codes to Identify Exclusions

Description	Codes
Colorectal cancer	**HCPCS:** G0213-G0215, G0231 **ICD-10:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total colectomy	**CPT:** 44150-44153, 44155-44158, 44210-44212

How to Improve HEDIS Scores

- Update patient history annually regarding colorectal cancer screening (test done and date completed).
- Use *Gaps in Care lists* to identify patients who need colorectal cancer screening.
- Encourage patients who are resistant to having a colonoscopy to have a stool test they can complete at home (either gFOBT or iFOBT).
- The iFOBT has fewer dietary restrictions and samples.
- Use standing orders and empower office staff to distribute FOBT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy.
- Clearly document members with colectomy, which implies colon removal (exclusion) and members with a history of colon cancer (more and more frequent). Fax documentation of the colectomy exclusion to (810) 733-9653 to close an existing gap in care.
- Send your completed *Gaps in Care lists* to MHP via fax to (810) 733-9653.

HEDIS TIPS: COMPREHENSIVE DIABETES CARE

MEASURE DESCRIPTION

Adults 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c control (<8.0%)
- Eye exam (retinal or dilated) performed
- BP control (<140/90mmHg)
- Nephropathy monitoring

If your patient is on the diabetic list in error, please submit:

1. A statement indicating the patient is "not diabetic;" and
2. At least two labs drawn in the current measurement year showing normal values for HbA1C or fasting glucose tests.

Fax the information to: (810) 733-9653

USING CORRECT BILLING CODES

Description	Code
Codes to identify diabetes	**ICD-10:** E10, E11, E13, Q24
Codes to identify HbA1c tests	**CPT:** 83036, 83037, 3044F, 3045F, 3046F
Codes to identify nephropathy screening test	**CPT:** 82042, 82043, 82044, 84156, 3060F, 3061F, 3062F, 81000-81003, 81005
Codes to identify nephropathy testing	**ICD 10:** E08.2-E11.2, E13.2, I12, I13, I15, N00-N08, N14, N17, N18, N19, N25, N26, Q60, Q61, R80, 3066F, 4010F
Codes to identify eye exam (must be performed by optometrist or ophthalmologist)	**CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **HCPCS:** S0621, S0620, S3000, 3072F, 2022F, 2024F, 2026F **CPT Category II:** 2022F, 2026F, 2024F, 3072F

How to Improve HEDIS Scores

- Review diabetes services needed at each office visit.
- Order labs prior to patient appointments.
- If point-of-care HbA1c tests are completed in-office, helpful to bill for this; also ensure HbA1c result and date documented in the chart.
- Adjust therapy to improve HbA1c and BP levels; follow-up with patients to monitor changes.
- Take and document multiple blood pressure readings.
- A digital eye exam, remote imaging, and fundus photography can count as long as the results are read by an eye care professional (optometrist or ophthalmologist).
- Use *Gaps in Care lists* to identify patients who need diabetic services.
- MHP has a Diabetes Disease Management Program to which you can refer patients.
- Send your completed *Gaps in Care lists* to MHP via fax to (810) 733-9653.

HEDIS TIPS: CONTROLLING HIGH BLOOD PRESSURE

MEASURE DESCRIPTION

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

Note: Members are included in the measure if prior to June 30 of the measurement year there was a claim/encounter with a diagnosis of HTN.

USING CORRECT BILLING CODES

Codes to Identify Hypertension

Description	ICD-10 Code
Hypertension	I10

Codes to Identify Blood Pressure Readings

Description	CPT II Code
Diastolic = 80-89	3079F
Diastolic >= 90	3080F
Diastolic < 80	3078F
Systolic >= 140	3077F
Systolic < 130	3074F
Systolic 130-139	3075F

How to Improve HEDIS Scores

- Calibrate the sphygmomanometer annually.
- Select appropriately sized BP cuff.
- If the BP is high at the office visit (140/90 or greater), take it again (HEDIS allows us to use the lowest systolic and lowest diastolic readings in the same day) and often the second reading is lower.
- Take and document multiple blood pressure readings.
- Do not round BP values up. If using an automated machine, record exact values.
- Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in three months.
- Current guidelines recommend two BP drugs started at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.
- MHP has pharmacists available to address medication issues.

HEDIS TIPS: FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

MEASURE DESCRIPTION

Members 6-12 years old, with a new prescription for an ADHD medication who had:

- At least one follow-up visit with practitioner with prescribing authority during the first 30 days.
- At least two follow-up visits within 270 days after the end of the initiation phase. One of these visits may be a telephone call.

USING CORRECT BILLING CODES

Codes to Identify Follow-up Visits

Description	Codes
Follow-up visits	**CPT:** 90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510 **HCPS:** G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 **UB Revenue:** 0510,0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983

Description	Codes		
Follow-up visits	**CPT:** 90845, 90847, 90849, 90853, 90875, 90876, 90791-90792, 90832-90834, 90836-90839, 90840	WITH	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72
	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	POS: 52, 53

How to Improve HEDIS Scores

- When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office.
- Schedule two more visits in the nine months after the first 30 days, to continue to monitor your patient's progress.
- Use a phone visit for one of the visits after the first 30 days. This may help you and your patients if getting to an office visit is difficult (codes: 98966-98968, 99441-99443).
- NEVER continue these controlled substances without at least two visits per year (one telephonic) to evaluate a child's progress. If nothing else, you need to monitor the child's growth to make sure he or she is on the correct dosage.

HEDIS TIPS: FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

MEASURE DESCRIPTION

Members 6 years of age and older who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within seven and 30 days of discharge.

USING CORRECT BILLING CODES

Codes to identify follow-up visits (must be with mental health practitioner)

Description	Codes
Follow-up Visits	**CPT:** 90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99394, 99401-99404, 99411, 99412, 99510 **HCPS:** G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

Codes to identify exclusions

Description	Codes		
Follow-up Visits	**CPT:** 90791, 90792, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90832, 90833, 90834, 90836-90839, 90841, 90845, 90847, 90849, 90853, 90862, 90867, 90868, 90869, 90870, 90875, 90876	WITH	**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	**POS:** 52, 53

How to Improve HEDIS Scores

- Educate inpatient and outpatient providers about the measure and the clinical practice guidelines.
- Try to schedule the follow-up appointment before the patient leaves the hospital.
- Try to use plan case managers or care coordinators to set up appointment.
- Ensure accurate discharge dates, and document not only appointments scheduled, but appointments kept. Visits must be with a mental health practitioner.

HEDIS TIPS: IMMUNIZATIONS FOR ADOLESCENTS

MEASURE DESCRIPTION

Children 13 years of age who received the following vaccines on or before turning 13 years old:

- one meningococcal vaccine
- one Tdap or one Td vaccine
- two or three Human Papillomavirus (HPV)

Note: HPV vaccination should be discussed as early as 9 years of age. For two dose vaccine, there must be at least 146 days between the first and second dose of the HPV vaccine.

USING CORRECT BILLING CODES

Codes to Identify Adolescent Immunizations

Description	Codes
Meningococcal	**CPT:** 90734
Tdap	**CPT:** 90715
Human Papillomavirus (HPV)	**CPT:** 90649, 90650, 90651

How to Improve HEDIS Scores

- Use the Michigan Care Improvement Registry (MCIR).
- Use ***Gaps in Care lists*** to identify patients who need immunizations.
- Review missing vaccines with parents.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- Make every office visit count - take advantage of sick visits for catching up on needed vaccines. Institute a system for patient reminders.
- Ensure patient leaves office with a set appointment for the second and third dose of the HPV vaccine series.
- Some vaccines will have been given before they were MHP members. Include these on the members' vaccination record even if your office did not provide the vaccine.
- Send your completed ***Gaps in Care lists*** to MHP via fax to (810) 733-9653.

HEDIS TIPS: LEAD SCREENING IN CHILDREN

MEASURE DESCRIPTION

Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

USING CORRECT BILLING CODES

Codes to Identify Lead Tests

Description	CPT Code
Lead tests	83655

How to Improve HEDIS Scores

- Make every visit count.
- Use *Gaps in Care lists* to identify patients who need lead screening.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to perform lead testing.
- Consider a standing order for in-office lead testing.
- Educate parents about the dangers of lead poisoning and the importance of testing.
- Provide in-office testing (capillary). Contact MDHHS at (517) 335-9639 for a CLINIC CODE and free testing supplies. There is no charge for specimens submitted for Medicaid clients.
- Bill in-office testing where permitted by the State fee schedule and MHP policy.
- Send your completed ***Gaps in Care lists*** to MHP via fax to (810) 733-9653.
- PCP Incentive available: McLaren Health Plan, Inc. Medicaid see page 6.

HEDIS TIPS: LOW BACK PAIN

MEASURE DESCRIPTION

Members 18 - 50 years of age with a new primary diagnosis of low back pain in an outpatient or ED visit who did NOT have an x-ray, CT or MRI within 28 days of the primary diagnosis. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

USING CORRECT BILLING CODES

Codes to Identify Uncomplicated Low Back Pain

Description	ICD-10 Codes
Low back pain uncomplicated	M47.26,-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27,M51.36, M51.37, M51.46, M51.47, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16, M54.18, M54.30-M54.32, M54.40-M-M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.10D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S133.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.92XS

How to Improve HEDIS Scores

- Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment or IV drug abuse).
- Provide patient education regarding comfort measures (e.g., pain relief, stretching exercises and activity level).
- Use correct exclusion codes if applicable (e.g., cancer).
- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors.)

HEDIS TIPS: MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

MEASURE DESCRIPTION

The percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50 percent of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

How to Improve HEDIS Scores

- When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule the 30-day follow-up visit while your patient is still in the office.
- MHP has asthma and disease management programs to which you can refer patients. Call Customer Service at (888) 327-0671, TTY:711 for more information.

USING CORRECT BILLING CODES

Codes to Identify Asthma

Description	
Asthma	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998

Asthma Controller Medications

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

Asthma Reliever Medications

Description	Prescription
Short-acting, inhaled beta-2 agonists	Albuterol Levalbuterol Pirbuterol

HEDIS TIPS: PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

MEASURE DESCRIPTION

Percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between Jan. 1 through Nov. 30 of the measurement year and who were dispensed appropriate medications.

Two rates are reported:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a bronchodilator (or there was evidence of an active prescription).

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

USING CORRECT BILLING CODES

Codes to Identify COPD

Description	ICD-10-CM Diagnosis
COPD	J41.0, J41.1, J41.8, J42, J43.0-J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

How to Improve HEDIS Scores

- For patients who were hospitalized, schedule an office visit within seven days of discharge.
- Review medications prescribed upon discharge and prescribe appropriate medications.

HEDIS TIPS: POSTPARTUM CARE

MEASURE DESCRIPTION

Postpartum (PP) care visit to a PCP and OB-GYN and other prenatal care practitioners between 21 and 56 days after delivery.

A postpartum exam note should include:

- Pelvic exam; or
- Weight, BP, breast and abdominal evaluation, breastfeeding status incompatibility (ABO/Rh blood typing); or
- PP check, PP care, six-week check notation or pre-printed *Postpartum Care form* in which information was documented during the visit.

USING CORRECT BILLING CODES

Codes to Identify Postpartum Visits

Description	Codes
Postpartum visit	**CPT:** 57170, 58300, 59430, 99501 **CPT II:** 0503F **HCPCS:** G0101 **ICD-10-CM Diagnosis:** Z01.42, Z01.411, Z01.419, Z30.430, Z39.1, Z39.2

How to Improve HEDIS Scores

- Schedule your patient for a postpartum visit within 21 to 56 days from delivery. Please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS.
- Remember to submit the post-partum self reporting document to maximize your incentive payments.
- Provider incentive available - MHP Community and McLaren Health Plan, Inc. Medicaid, see page 6.

HEDIS TIPS: PRENATAL CARE - TIMELINESS

MEASURE DESCRIPTION

Prenatal care visit in the first trimester or within 42 days of enrollment.

Any visit to a PCP and OB-GYN and other prenatal care practitioner with one of these:

- Obstetric panel; or
- TORCH antibody panel; or
- Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing); or
- Ultrasound of pregnant uterus; or
- Pregnancy-related diagnosis code; or
- Documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/education.

USING CORRECT BILLING CODES

Codes to Identify Prenatal Care Visits

Administrative

The member must meet criteria in Part A and Part B.

Part A - Any one code:

CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828

ICD-10-CM Diagnosis: 640.x3, 641.x3, 642.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28

ICD-10-CM Procedure: 88.78

Part B - Any one code:

CPT: 99201-99205, 99211-99215, 99241-99245

UB Revenue: 0514

HCPCS: G0463, T1015

How to Improve HEDIS Scores

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- Have a direct referral process to OB-GYN in place.
- MHP has a McLaren MOMs program to which you can refer patients. Call Customer Service at (888) 327-0671, TTY:711 for information.
- Send pregnancy notification form to MHP.

HEDIS TIPS: DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY (DMARD) FOR RHEUMATOID ARTHRITIS

MEASURE DESCRIPTION

Members 18 years of age and older who were diagnosed with rheumatoid arthritis (RA) and who were dispensed at least one DMARD prescription during the measurement year.

USING CORRECT BILLING CODES

Codes to Indentify Rheumatoid Arthritis

Description	ICD-10 Code
Rheumatoid Arthritis	M05.00, M05.011, M05.012, M05.019, M05.021, M05.022, M05.029, M05.031, M05.032, M05.039, M05.041 M05.042, M05.049, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.10, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M05.20, M05.211, M05.212, M05.219, M05.221, M05.222, M05.229, M05.231, M05.232, M05.239, M05.241, M05.242, M05.249, M05.251, M05.252, M05.259, M05.261, M05.262, M05.269, M05.271, M05.272, M05.279, M05.29, M05.30, M05.311, M05.312, M05.319, M05,321, M05.322, M05.329, M05.331, M05.332, M05.339, M05.341, M05.342, M05.349, M05.351, M05.352, M05.359, M05.361, M05.362, M05.369, M05.371, M05.372, M05.379, M05.39, M05.40, M05.411, M05.412, M05.419, M05.421, M05.422, M05.429, M05.431, M05.432, M05.439, M05.441, M05.442, M05.449, M05.451, M05.452, M05.459, M05.461, M05.462, M05.469, M05.471, M05.472, M05.479, M05.49, M05.50, M05.511, M05.512, M05.519, M05.521, M05.522, M05.529, M05.531, M05.532, M05.539, M05.541, M05.542, M05.549, M05.551, M05.552, M05.559, M05.561, M05.562, M05.569, M05.571, M05.572, M05.579, M05.59, M05.60, M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.70, M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.771, M05.772, M05.779, M05.79, M05.80, M05.811, M05.12, M05.819, M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M05.871, M05.872, M05.879, M05.89, M05.9, M05.00, M06.011, M06.012, M06.019, M06.021, M06.022, M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.1, M06.20, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.271, M06.272, M06.279, M06.28, M06.29, M06.30, M06.311, M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, M06.349, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879, M06.88, M06.89, M06.9

How to Improve HEDIS Scores

- Confirm RA versus osteoarthritis (OA) or joint pain.
- Prescribe DMARDs when diagnosing rheumatoid arthritis in your patients.
- Refer to current American College of Rheumatology standards/guidelines.
- Refer patients to network rheumatologists as appropriate for consultation and/or co-management.
- Audit a sample of charts of members identified as having rheumatoid arthritis to assess accuracy of coding.
- Usual ratio of OA:RA = 9:1.
- Aggressive risk adjustment can overstate RA vs. OA.

HEDIS TIPS: SPIROMETRY TESTING IN COPD ASSESSMENT

MEASURE DESCRIPTION

Members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received a spirometry testing to confirm the diagnosis in the two years prior to the diagnosis or within six months of the diagnosis.

USING CORRECT BILLING CODES

Codes to Identify COPD

Description	ICD-10-CM Diagnosis
Chronic bronchitis	J410, J41.1, J41.8, J42
Emphysema	J43.0-J43.9
COPD	J44.0-J44.9

Codes to Identify Spirometry Testing

Description	CPT Codes
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620

How to Improve HEDIS Scores

- Spirometry testing for diagnosing COPD is standard of care.
- Perform spirometry test on patients newly diagnosed with COPD within 180 days to confirm diagnosis of COPD, evaluate severity, and assess current therapy.
- Ensure documentation of spirometry testing.
- Train staff to perform the test on patients.
- Differentiate acute from chronic bronchitis, and use correct code so that patient is not inadvertently put into the measure.
- Ensure members are new cases, not long-standing COPD, where the diagnosis has lapsed for a significant period.

HEDIS TIPS: WEIGHT ASSESSMENT AND COUNSELING

MEASURE DESCRIPTION

Children 3-17 years of age who had an outpatient visit with a primary care physician or OB-GYN and who had evidence of the following during the measurement year:

- BMI percentile documentation or BMI plotted on age appropriate growth chart (**height, weight and BMI percent must be documented**)
- Counseling for nutrition
- Counseling for physical activity

USING CORRECT BILLING CODES

Codes to Identify BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity

Description	Codes
BMI percentile	**ICD-10:** Z68.51-Z68.54 **CPT:** G8417, G8418, G8420
Counseling for nutrition	**CPT:** 97802-97804 **ICDI0:** Z71.3 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470
Counseling for physical activity	**HCPCS:** S9451, G0447 **ICDIO:** Z02.5, Z71.82

How to Improve HEDIS Scores

- Use *Gaps in Care lists* to identify patients who need BMI percentile and counseling for nutrition on physical activity.
- Use appropriate HEDIS codes to avoid medical record review.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits and sports physicals) to capture BMI percent, counsel on nutrition and physical activity.
- Place BMI charts near scales.
- When documenting BMI include:
  - » Height, weight and BMI percentile.
- When counseling for nutrition, document:
  - » Current nutrition behaviors (e.g., appetite or meal patterns, eating and dieting habits). Example: drinks two percent milk.
- When counseling for physical activity document:
  - » Current physical activity behaviors (e.g., exercise routine, participation in sports activities and exam for sports participation). Example: Plays on baseball team.
  - » Weight or obesity counseling counts for both nutritional and physical counseling.
  - » While "cleared for sports" does not count, a sports physical does count.
- Send your completed *Gaps in Care lists* to MHP via fax to (810) 733-9653.
- PCP Incentive available: MHP Community and McLaren Health Plan Inc. Medicaid, see page 6.

HEDIS TIPS: WELL-CHILD VISITS, FIRST 15 MONTHS OF LIFE

MEASURE DESCRIPTION

Children who turned 15 months old during the measurement year and who had at least six well-child visits prior to turning 15 months.

Well-child visits consist of:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

USING CORRECT BILLING CODES

Codes to Identify Well-Child Visits

Description	Codes
Well-child visits	**CPT:** 99381-99385, 99391-99395, 99461 **ICD-10:** Z00.8, Z00.110, Z00.111, Z00.121, Z00.129

How to Improve HEDIS Scores

- Use *Gaps in Care lists* to identify patients who need well visits.
- Make every office visit count.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, lead testing, developmental screening and BMI calculations.
- Make day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- Medical record needs to include the date when a health and developmental history and physical exam were performed and health education/anticipatory guidance was given.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- Send your completed *Gaps in Care lists* to MHP via fax to (810) 733-9653.
- PCP Incentive available for McLaren Health Plan, Inc. Medicaid (developmental screening and well-child, age 1), see page 6.

HEDIS TIPS: WELL-CHILD VISITS, 3-6 YEARS

MEASURE DESCRIPTION

Children 3- 6 years of age who had one or more well-child visits with a PCP during the measurement year.

Well-child visits consists of:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

USING CORRECT BILLING CODES

Codes to Identify Well-Child Visits

Description	Codes
Well-child visits	**CPT:** 99381-99385, 99391-99395, 99461 **ICD-10:** Z00.8, Z00.110, Z00.111, Z00.121, Z00.129

How to Improve HEDIS Scores

- Use *Gaps in Care lists* to identify patients who need well-visits.
- Make every office visit count.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, lead testing and BMI percent calculations.
- A sick visit and well-child visit can be performed on the same day by adding a modifier-25 to the sick visit, and billing for the appropriate preventive visit. MHP will reimburse for both services.
- Make sports/daycare physicals into well-care visits by performing the required services and submitting appropriate codes.
- Medical record needs to include the date when a health and developmental history and physical exam were performed and health education/anticipatory guidance was given.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- Send your completed *Gaps in Care lists* to MHP via fax to (810) 733-9653.
- P4P Bonus available.
- Incentive available: McLaren Health Plan, Inc. Medicaid (developmental screening and well-child, ages 3-6), see page 6.

Q: Does MHP have another mechanism to collect HEDIS® data other than the claims system?

A: Yes, MHP has the capability to collect medical records using the following methods:

- Fax medical record to (810) 733-9653
- Michigan Childhood Immunization Registry (MCIR).

Q: Our practice did a well-child exam on an infant. Why does this service continue to show up on my report as non-compliant?

A: Newborns less than 15 months old need six well-child visits before they turn 15 months to be marked compliant.

Q: A member has changed their PCP and no longer sees our doctor, but still shows up on our *Gaps in Care list*. How do we get this changed?

A: The member should notify MHP Customer Service of the change, either by phone (888) 327-0671, or online at **McLarenHealthPlan.org**. Once notified, the member will be removed from your HEDIS missing services report. The HEDIS missing services report displays members who are assigned to a provider office as of the run date of the report.

Q: Our office sees MHP members who are assigned to a different office. Will we receive a P4P bonus for the service we performed?

A: The member must be assigned to the PCP for the PCP to get a P4P bonus payment. The best way to ensure the member is correctly assigned to a PCP is to call MHP when the member is in the office or by using the PCP change request form. Have the member sign and fax to MHP.

Q: Can the member change his or her PCP on the MHP website?

A: Yes. Members can change their doctor and request an ID card on the MHP website at **McLarenHealthPlan.org**.

Q: The *Gaps in Care list* still lists services we performed months ago. How can we get the gaps in care corrected?

A: Give your MHP Network Development Coordinator a specific example of the issue so the problem can be properly investigated. Factors that may influence whether a service is removed from the Gaps in Care include:

- HEDIS® guidelines for meeting compliance for a specific measure. To mark a member compliant, a specific diagnosis or CPT code must be billed. Even though the service was performed, if the claim does not reflect the specific diagnosis or CPT code, the member will remain non-compliant and continue to show up on your list.
- Lack of a secondary claim. For members who have other primary insurance, MHP must receive a secondary claim in order to mark the member compliant.
- Timing issues. *Gaps in Care lists* reflect a time lag between the service date and the date the member is marked compliant because MHP has to wait until the claim is billed.
- Compliance timeframe issues. The service must be performed within the timeframes for the HEDIS measure. If a service is performed outside the compliance timeframe, the member will continue to show up on your list.

Q: Is there a penalty for doctors who have patients who do not cooperate?

A: HEDIS standards make no distinction between non-compliant and uncooperative members, and there is no provision to remove an uncooperative member from the targeted population. Plans and providers are encouraged to work with these members to render the recommended services.

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(888) 327-0671, TTY:711

McLaren HEALTH PLAN

McLaren HEALTH PLAN COMMUNITY

G3245 Beecher Rd.
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McLarenHealthPlan.org