

| Measure | Measure Description | Measure Information/Documentation Required | Coding |
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| Child and Adolescent Well-Care Visits (WCV) | <p>The percentage of members 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the MY.</p> | <p>Documentation from the medical record must include a note indicating a visit with a PCP or OB/GYN, the date when the well-child visit occurred.</p> <p>Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/</p> <p>Note: Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased in the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Children or adolescents being seen for sick visits only and no documentation/claims/encounter data related to well-visit services provided. | <p>Use age-appropriate preventive E&M.</p> <p>Well-Care: CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p> |

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| Controlling High Blood Pressure (CBP) | Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the MY. | <ul style="list-style-type: none"> • BP must be latest reading in the MY and must occur on or after the diagnosis of HTN. • BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests, are not used. • BP readings taken during an inpatient stay or ED visit are not used. • When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. • If no BP is recorded during the MY, the member is “not controlled.” • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. • Member-reported data documented in medical record is acceptable if BP captured with a digital device and documented in the medical record with date BP taken. <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased in the MY. • Receiving palliative care any time in the MY. | <p>Systolic and Diastolic Blood Pressure: CPT-CAT-II:</p> <ul style="list-style-type: none"> • Systolic Less Than 130: 3074F • Systolic 130 – 139: 3075F • Systolic Greater Than or Equal To 140: 3077F • Diastolic Less Than 80: 3078F • Diastolic 80 – 89: 3079F • Diastolic Greater Than or Equal To 90: 3080F <p>Hypertension Diagnosis: ICD10CM: I10</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p> |

- 66 years of age and older with frailty **and** advanced illness during the MY.
- Evidence of ESRD or kidney transplant on or prior to 12/31 of the MY. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis.
- Diagnosis of pregnancy during the MY.
- A nonacute inpatient admission during the MY.

Common Chart Deficiencies:

- Retake of BP that is 140/90 or above not documented.
- Member-reported BP is not documented with sufficient detail.
- Claim missing CPT II codes for BP results.
- BP rounded up before documented in medical record.
- BP documented as a range.
- No documentation of follow-up appointment scheduled if BP elevated.
- Cardiology visits with no BP documented in the chart.
- Flowsheets missing member name and second identifier such as date of birth.

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| <p>Hemoglobin A1c Control for Patients with Diabetes (HBD)</p> <p><i>Formerly the CDC A1c Control indicator.</i></p> | <p>Members 18 – 75 years of age with diabetes (Type 1 or Type 2) whose hemoglobin A1c (HbA1c) was the following in the MY:</p> <ul style="list-style-type: none"> • HbA1c control (<8.0%) • HbA1c poor control (>9%) <p>A lower rate in Poor Control (>9%) indicates better performance.</p> | <p>At a minimum, the documentation in the medical record must include a note indicating the date when the most recent HbA1c test was performed in the MY and the result or findings.</p> <p>Ranges and thresholds DO NOT meet criteria — a distinct numeric result is required.</p> <p>Terms below, with date of service and result, can be used: A1c, Hemoglobin A1c, Glycated Hemoglobin, HbA1c, Glycohemoglobin A1c, Glycosylated Hemoglobin, HgA1c.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. • Members who did not have a diagnosis of diabetes in the MY or the year prior AND who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • A1c noted in the chart but without specific date. | <p>HbA1c Lab Test: CPT: 83036, 83037</p> <p>HbA1c Test Result or Finding/HbA1c Level: CPT-CAT-II:</p> <ul style="list-style-type: none"> • Less than 7.0: 3044F • Greater than or equal to 7.0 and less than 8.0: 3051F • Greater than or equal to 8.0 and less than or equal to 9.0: 3052F • Greater than 9.0: 3046F <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p> |

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| | | <ul style="list-style-type: none">• In-house A1c noted in visit but no result documented.• A1c result documented as a range.• Diabetes diagnosis and medication documented but missing documentation of treatment, follow-up, and/or progress.• Flowsheets missing member name and second identifier such as date of birth.• Incomplete or missing information from specialists or consulting providers. | |
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| Prenatal and Postpartum Care (PPC) | <p>The percentage of deliveries of live births on or between October 8 of the year prior to the MY and October 7 of the MY. For these members, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. | <p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of LMP, EDD, GA, a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment or counseling/education). A basic physical obstetrical examination that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height. Evidence that a prenatal care procedure was performed (OB panel, ultrasound, etc.). <p>Postpartum visit to an OB/GYN or other prenatal care practitioner or PCP. Documentation in the medical record must include a note indicating the date when the postpartum care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> Pelvic Exam: Colposcopy is not acceptable for a postpartum visit. Evaluation of weight, BP, breast, and abdomen: Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component. | <p>Prenatal Indicator: Stand Alone Prenatal Visits: CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPS: H1000, H1001, H1002, H1003, H1004</p> <p>Bundled Prenatal Visits: CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005 <i>(Dates of service required to validate within measure time frame.)</i></p> <p>Prenatal Visits (with Diagnosis of Pregnancy): CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483 HCPS: G0463, T1015</p> <p>Telephone Visit (with Diagnosis of Pregnancy): CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (with Diagnosis of Pregnancy): CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252</p> <p>Postpartum Indicator: Postpartum Visits: CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p>Bundled Postpartum Visits: CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 <i>(Dates of service required to validate within measure time frame.)</i></p> |

- Notation of postpartum care, including, but not limited to: Notation of “postpartum care,” “PP care,” “PP Checks,” “6-week check.”
- A preprinted “Postpartum Care” form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following: infant care or breastfeeding, resumption of intercourse, birth spacing, family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight.

Note:

- Services provided during a telephone visit, e-visit, or virtual check-in are acceptable.
- Services that occur over multiple visits count toward Timeliness of Prenatal Care if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure.

Required Exclusions:

Members who meet any of the following criteria are excluded from the measure:

Cervical Cytology Lab Test:

CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175

HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

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- In hospice or using hospice services any time in the MY.
- Deceased in the MY.
- Non-live birth.

Common Chart Deficiencies:

- Missing signature on charts so unable to determine provider type of services.
- Only initials on charts, so unable to determine provider type of services.
- Ultrasound and/or labs with no associated prenatal visit documented in measure time frame.
- Initial prenatal visit documented as intake with RN but no visit with OB/GYN or PCP.
- Diagnosis of pregnancy not documented in chart.
- Dates of service in progress notes do not align with dates on ONAF.
- ONAF not filled out completely.
- Visit in postpartum time frame does not reference pregnancy/delivery.

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| Well-Child Visits in the First 30 Months of Life (W30) | <p>The percentage of members 15 months – 30 months of age who had the recommended well-child visits with a PCP.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. 6 or more visits on or before the 15-month birthday. 2. 2 or more visits between the 15-month birthday plus 1 day and the 30-month birthday. | <p>Documentation from the medical record must include a note indicating a well visit with a PCP and the date the well-child visit occurred.</p> <p>Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/</p> <p>Note: Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased in the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Children being seen for sick visits only and no documentation/claims/encounter data related to well visit services provided. | <p>Use age-appropriate preventive E&M.</p> <p>Well-Care: CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p> |
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| <p>Follow-Up After Hospitalization for Mental Illness (FUH)</p> | <p>Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of discharges for which the member received follow-up within 30 (calendar) days of discharge. 2. The percentage of discharges for which the member received follow-up within 7 (calendar) days of discharge. | <p>The MY is 1/1 – 12/31.</p> <p>An outpatient visit, with a mental health provider within 7 and 30 (calendar) days after discharge. Do not include visits that occur on the date of discharge.</p> <ul style="list-style-type: none"> • A visit with a mental health provider in any of the following settings: <ul style="list-style-type: none"> ○ Outpatient. ○ Behavioral health outpatient. ○ Telehealth visit. ○ Telephone visit. ○ Observation visit. ○ Transitional care management visit. • A visit in any of the following settings: <ul style="list-style-type: none"> ○ Intensive outpatient/partial hospitalization. ○ Community mental health center. ○ Electroconvulsive therapy visit. ○ Behavioral healthcare setting. <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased in the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Follow-up visit more than 7 days or 30-days after discharge. • Criteria is not met by a follow-up on the date of discharge. | <p>Visit Setting Unspecified: (with Outpatient POS Value Set and with a Mental Health Provider): (with Partial Hospitalization POS): (with Community Mental Health Center POS): (with Telehealth POS Value Set and with a Mental Health Provider): CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p>BH Outpatient: (with a Mental Health Provider): (with Community Mental Health Center POS): CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p>Partial Hospitalization or Intensive Outpatient: HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913</p> <p>Transitional Care Management Services: (with a Mental Health Provider): (with Community Mental Health Center POS): CPT: 99495, 99496</p> <p>Electroconvulsive Therapy: (with Ambulatory Surgical Center POS):</p> |

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| | | | <p>(with Community Mental Health POS): (with Outpatient POS): (with Partial Hospitalization POS): CPT: 90870 ICD10PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p>Observation Visit: (with Community Mental Health Center POS): (with a Mental Health Provider): CPT: 99217, 99218, 99219, 99220</p> <p>Behavioral Healthcare Setting Visit: UBREV: 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919</p> <p>Telephone Visit: (with a Mental Health Provider): CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Psychiatric Collaborative Care Management: CPT: 99492, 99493, 99494 HCPCS: G0512</p> <p>Ambulatory Surgical Center POS: 24</p> <p>Community Mental Health Center POS: 53</p> <p>Partial Hospitalization POS: 52</p> <p>Telehealth POS: 2</p> <p>Mental Illness Diagnosis: ICD10CM: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3,</p> |
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| | | | <p>F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.81, F43.89, F43.9, F44.89, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9</p> <p>Intentional Self-Harm Diagnosis: ICD10CM: T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.712A, T40.712D, T40.712S, T40.722a, T40.722D, T40.722S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S,</p> |
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| | | | <i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i> |
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