HEDIS® Measurement Year 2026

Quality Measure Toolkit

JOHNS HOPKINS HEALTH PLANS

Contents

HEDIS Quality Measure Toolkit

What is HEDIS®[1]?

- HEDIS stands for **Healthcare Effectiveness Data and Information Set**.
- Developed by the National Committee for Quality Assurance (NCQA) in the 1980s.
- NCQA Specifications standardize performance to evaluate and compare health plan performance and quality.
- Contains 6 domains of care which are further divided into measures/sub-measures which include preventative care and condition specific care.
- Required for ongoing NCQA Health Plan accreditation.

How is HEDIS data collected?

Depending on the measure, data may be collected through:

- Administrative/claims data
- Supplemental files sent in by the provider during the year
- Medical record reviews
- Survey Method
- Electronic Clinical Data Systems (ECDS)

Measure specifications outline measure description, exclusions and how the data may be collected.
View the General Guidelines and Measure Descriptions for best practice and measure tips.

[1] *HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

HEDIS®: General Guidelines and Measure Descriptions

HEDIS MY 2026 Highlights

New measures

The newest additions to HEDIS address acute hospitalizations following outpatient surgeries, health plan disability membership make-up, follow-up after acute and urgent care visits for asthma and tobacco use screening and cessation.[2]

Four Risk Adjusted Utilization Measures

- **Acute Hospitalizations Following Outpatient Orthopedic Surgery (HFO).**
- **Acute Hospitalizations Following Outpatient General Surgery (HFG).**
- **Acute Hospitalizations Following Outpatient Colonoscopy (HFC).**
- **Acute Hospitalizations Following Outpatient Urologic Surgery (HFU).**

These measures evaluate the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis within 15 days of an outpatient surgical procedure, for persons 65 years of age and older. Each measure focuses on a targeted outpatient surgical procedure.

Intent: Most surgeries are performed in outpatient settings. Health plans can provide services that help ensure proper care coordination during the critical post-surgical period. NCQA sees this as a quality measurement gap to fill and developed these new measures to assess the quality of care provided by health plans after surgery.

One Health Plan Descriptive Measure
Disability Description of Membership (DDM). An unduplicated count and percentage of members enrolled at any time during the measurement year, by disability status and disability status source.

Intent: People with disabilities are more likely to report poorer overall health and have less access to adequate health care. In recognition of the need to advance equitable care and outcomes for people with disabilities, NCQA conducted an environmental scan and engaged with the disability and disability advocacy community to develop this measure. The measure intent is to encourage collection of disability information from members, which will enable future strategies for assessing quality of care for people with disabilities, such as measure stratification, risk adjustment and targeted measure development.

Two Reported ECDS Measures
Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E). The percentage of persons 5–64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit, with a diagnosis of asthma, who had a corresponding outpatient follow-up visit, with a diagnosis of asthma, within 30 days.

[2] https://www.ncqa.org/blog/hedis-my-2026-whats-new-whats-changed-whats-retired/

Intent: Studies show that individuals with asthma frequently utilize acute and urgent care to address exacerbations, which are indicators of poorly controlled asthma. Clinical guidelines recommend follow-up with an outpatient care provider to assess asthma control and review medication use. This measure's intent is to incentivize coordination of follow-up care in an appropriate time frame for patients experiencing asthma exacerbations.

Tobacco Use Screening and Cessation Intervention (TSC-E). The percentage of persons 12 years of age and older who were screened for commercial tobacco product use at least once during the measurement period, and received tobacco cessation intervention after being identified as a tobacco user. Two rates are reported:

1. *Tobacco Use Screening*. The percentage of persons who were screened for tobacco use.
2. *Cessation Intervention.* The percentage of persons who were identified as a tobacco user and received tobacco cessation intervention (counseling or pharmacotherapy).

Intent: Commercial tobacco use is the leading cause of preventable disease, disability and death in the United States. Smoking cessation can reduce the risk of negative health effects, regardless of age or how long someone has been smoking. This measure expands NCQA's focus on wellness and prevention, which aligns with national health care priorities. For more information, refer to the Tobacco Cessation blog post.

Retired Measures

- Lead Screening in Children (LSC)*
- Asthma Medication Ratio (AMR)
- Statin Therapy for Patients With Cardiovascular Disease (SPC)*
- Statin Therapy for Patients With Diabetes (SPD)*
- Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

*Only the LSC-E, SPC-E and SPD-E measures will be reported.

Overall Changes

- Measure Specifications, Measure Medication List Directory and Measure Codes are subject to change by NCQA until the measures and codes are frozen by NCQA on March 31, 2026. NCQA will release an update noting any measure or code changes at that time.
- **Technical specification updates— HEDIS MY 2026** NCQA will freeze the specifications for MY 2026 on March 31, 2026, with the HEDIS MY 2026 Volume 2 Technical Update:
    - HEDIS MY 2026 Volume 2 Technical Update and Value Set Directory (3/31/2026 release) is available for download by customers with access to the HEDIS MY 2026 Volume 2 e-pub.
    - The following guidelines and measures include corrections, policy changes and clarifications with the release of the MY 2026 Volume 2 Technical Update:
    - The NCQA HEDIS Compliance Audit™.
    - General Guideline: HEDIS Reporting Date.
    - General Guideline: Race and Ethnicity Stratifications*.

Note: References to "Some Other Race" were changed to "Other Race" in this guideline. Affected measures that have race and ethnicity stratification (RES) criteria are identified with an asterisk (*).

- Controlling High Blood Pressure (CBP)*.
- Cardiac Rehabilitation (CRE).
- Glycemic Status Assessment for Patients With Diabetes (GSD)*.
- Eye Exam for Patients With Diabetes (EED)*.
- Kidney Health Evaluation for Patients With Diabetes (KED)*.
- Osteoporosis Management in Women Who Had a Fracture (OMW).
- Osteoporosis Screening in Older Women (OSW).
- Follow-Up After Hospitalization for Mental Illness (FUH)*.
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)*.
- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI).
- Follow-Up After Emergency Department Visit for Substance Use (FUA)*.
- Pharmacotherapy for Opioid Use Disorder (POD)*.
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD).
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA).
- Advance Care Planning (ACP).
- Transitions of Care (TRC).
- Use of High-Risk Medications in Older Adults (DAE).
- Use of Opioids at High Dosage (HDO).
- Initiation and Engagement of Substance Use Disorder Treatment (IET)*.
- Prenatal and Postpartum Care (PPC)*.
- Well-Child Visits in the First 30 Months of Life (W30)*.
- Child and Adolescent Well-Care Visits (WCV)*.
- Plan All-Cause Readmissions (PCR).
- Acute Hospitalizations Following Outpatient Colonoscopy (HFC).
- Acute Hospitalizations Following Outpatient General Surgery (HFG).
- Acute Hospitalizations Following Outpatient Orthopedic Surgery (HFO).
- Acute Hospitalizations Following Outpatient Urologic Surgery (HFU).
- Childhood Immunization Status (CIS-E)*.
- Immunizations for Adolescents (IMA-E)*.
- Breast Cancer Screening (BCS-E)*.
- Cervical Cancer Screening (CCS-E)*.
- Colorectal Cancer Screening (COL-E)*.
- Blood Pressure Control for Patients With Hypertension (BPC-E)*.
- Statin Therapy for Patients With Cardiovascular Disease (SPC-E).
- Statin Therapy for Patients With Diabetes (SPD-E).
- Tobacco Use Screening and Cessation Intervention (TSC-E).
- Adult Immunization Status (AIS-E)*.
- Prenatal Immunization Status (PRS-E)*.
- Prenatal Depression Screening and Follow-Up (PND-E)*.
- Postpartum Depression Screening and Follow-Up (PDS-E)*.
- Social Need Screening and Intervention (SNS-E).
- Race/Ethnicity Description of Membership (RDM)*.
- Appendix 2: Data Element Definitions.

    - Appendix 3: Contributors.
- **General Guidelines for Data Collection and Reporting** Summary of Changes to HEDIS MY 2026:
    - Removed references to Medicare-Medicaid (MMP) plans because this is no longer a reporting option for MY 2026.
    - Deleted General Guideline: Date Specificity; requirements are included in each applicable measure.
    - Added General Guideline: Which Services Count to the Data Collection Methods and Data Sources section.
    - Updated General Guideline: Race and Ethnicity Stratifications to align with the March 2024 updates to the Office of Management and Budget Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.
    - Added text to Data refresh for the systematic sample in General Guideline: Obtaining Information for the Systematic Sample.
    - Deleted General Guideline: Measures That Use Medication Lists; requirements are included in each applicable measure.
    - Deleted General Guideline: Anchor Dates; requirements are included in General Guideline: Continuous Enrollment.
    - Updated General Guideline: Data Collection Methods to include information regarding the electronic method of reporting.
    - Deleted General Guideline: SNOMED Codes.
    - Updated terminology (replaced "measurement year" with "measurement period"; "members" with "persons"; "eligible population" with "initial population"; "required exclusions" with "denominator exclusions").
    - Removed Source System of Record (SSoR) reporting from all ECDS reported measures. As NCQA expands the list of measures available for ECDS reporting, this update will simplify reporting and enable the transition to digital quality measurement. For additional information, refer to the ECDS webpage.
- **Follow-Up After High-Intensity Care for Substance Use Disorder (FUI).** Updated the measure to allow substance use disorder diagnoses in any position on the follow-up claim. The measure expanded the numerator to include peer support services as an appropriate follow-up visit.
- **Statin Therapy for Patients With Cardiovascular Disease (SPC-E) and Statin Therapy for Patients With Diabetes (SPD-E).** Updated the cardiovascular measure to remove sex-specific age bands. Both measures removed the "I-SNP or long-term institutional (LTI) care" exclusion, and the approach for identifying atherosclerotic cardiovascular disease (ASCVD) was updated.
- **Adult Immunization Status (AIS-E).** Added a COVID-19 indicator to the measure that targets people 65 and older.
- **Social Need Screening and Intervention (SNS-E).** Updated the measure to add codes to identify screening numerator events and intervention denominator and numerator events and updated the I-SNP and LTI exclusions to include all ages.
    - After the initial MY2026 NCQA Specification changes were released in September 2025, NCQA announced in December 2025, given the changes outlined in the CY 2026 Physician Fee Schedule, the recent code updates made to the SNS-E measure will be retracted in March 2026. In March 2026, the HEDIS MY 2026 Technical Update will provide the complete details. Refer to the SNS-E measure for additional information.

- NCQA will allow voluntary ECDS reporting for the **Blood Pressure Control for Patients With Diabetes (BPD-E)** measure.

Retiring Codes

NCQA annually tracks codes that are designated obsolete. NCQA does not remove codes in the year in which they receive the designation of obsolete because of the look-back period in many HEDIS measures. Obsolete codes are deleted from the HEDIS specifications after the look-back period has passed.

Health Plan Descriptive Information Measures

Health Plan Descriptive Information Measures are one of the six domains of care within the Healthcare Effectiveness Data and Information Set (HEDIS®), developed and maintained by the National Committee for Quality Assurance (NCQA).

What Are They?
These measures provide contextual and structural information about a health plan, rather than clinical performance. They help stakeholders understand the characteristics and operations of a health plan, such as:

- Enrollment and member demographics
- Product lines offered (e.g., HMO, PPO, Medicaid, Medicare)
- Accreditation status
- Language services
- Availability of disease management programs
- Call center performance
- Board certification of providers

These measures are **not clinical** in nature but are essential for understanding the **infrastructure and capabilities** of a health plan. They support transparency and allow for comparisons across plans.

Why Are They Important?

- **Regulatory compliance:** Required for NCQA accreditation and CMS reporting.
- **Consumer information:** Helps members and purchasers make informed decisions.
- **Benchmarking:** Enables comparisons across health plans.
- **Quality improvement:** Identifies areas for operational enhancements.

Health Plan Descriptive Information Measure

- Enrollment by Product Line (ENP)
- Language Description of Membership (LDM)
- Race/Ethnicity Description of Membership (RDM)
- Disability Description of Membership (DDM)

New Health Plan Descriptive Information Measure (MY 2026)

For Measurement Year (MY) 2026, the Health Plan Descriptive Information Measures in HEDIS include a newly introduced measure and updates to existing reporting elements. Here's a breakdown:

DDM – Disability Description of Membership

- Purpose: Captures the number of health plan members who identify as disabled any time during the measurement year.
- Key Features:
    - Removed the previous age restriction (15+); now includes all ages.
    - Eliminated secondary disability type stratification.
    - Focuses on binary classification: disabled vs. not disabled.
    - If data sources conflict, the disabled status will be prioritized to avoid undercounting.
    - Members who respond “declined” or “prefer not to answer” are classified as missing disability status.
    - Collect data directly from members.

Description:
An unduplicated count and percentage of members enrolled at any time during the measurement year, by disability status and disability status source.

Disability statuses:

- Disabled
- Not Disabled
- Missing

Disability statuses sources:
Report the number of members for whom data has been collected from each source for disability status. Disability status sources must fall into one of the following types: self-reported questionnaire, self-reported accommodations, enrollment status, unknown, no data.

- **Self-Reported Questionnaire.** Includes data that the organization has collected directly from members; for example, through surveys, health risk assessments or case management systems. Questionnaires may include, but are not limited to, the American Community Survey Six-item (ACS-6) Disability Questions and the Washington Group Short Set (WG-SS) on Disability. LOINC codes may be used to report this source category and disability type.
- **Self-Reported Accommodations.** Organizations may collect information on accommodations requested by members. These may include, but are not limited to: wheelchair access, braille materials, text magnifiers, materials in large print, audio recordings of materials, sign language interpreters, audio described content, communication cards/boards, alternative communication devices, text-to-speech or speech-to-text applications, voice amplifiers, Communication Access Real Time Translation (CART), low stimulation environments, sensory fidgets, appointment time accommodations.
- **Enrollment Status.** Enrollment information furnished by state Medicaid agencies, patient enrollment information in claims.

- **Unknown.** When the reported disability status value is known, but the source is unknown (i.e., there is a disability status value on file from a legacy system, but the organization does not know the source).

Race and Ethnicity (RES) Stratification is now required for the following measures:

- Adult Immunization Status (AIS-E).
- Blood Pressure Control for Patients With Hypertension (BPC-E).
- Breast Cancer Screening (BCS-E).
- Cervical Cancer Screening (CCS-E).
- Child and Adolescent Well-Care Visits (WCV).
- Childhood Immunization Status (CIS-E).
- Colorectal Cancer Screening (COL-E).
- Controlling High Blood Pressure (CBP).
- Eye Exam for Patients With Diabetes (EED).
- Follow-Up After Emergency Department Visit for Mental Illness (FUM).
- Follow-Up After Emergency Department Visit for Substance Use (FUA).
- Follow-Up After Hospitalization for Mental Illness (FUH).
- Glycemic Status Assessment for Patients With Diabetes (GSD).
- Immunizations for Adolescents (IMA-E).
- Initiation and Engagement of Substance Use Disorder Treatment (IET).
- Kidney Health Evaluation for Patients With Diabetes (KED).
- Pharmacotherapy for Opioid Use Disorder (POD).
- Postpartum Depression Screening and Follow-Up (PDS-E).
- Prenatal and Postpartum Care (PPC).
- Prenatal Depression Screening and Follow-Up (PND-E).
- Prenatal Immunization Status (PRS-E).
- Race/Ethnicity Description of Membership (RDM).
- Well-Child Visits in the First 30 Months of Life (W30).

Report only one of the 10 categories for race and the total:

- *American Indian or Alaska Native*: Identification with any of the original peoples of North, Central and South America. Examples of these groups include, but are not limited to, people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec and Maya.
- *Asian*: Identification with one or more nationalities or ethnic groups originating in any of the original peoples of Central, East, Southeast or South Asia. Examples of these groups include, but are not limited to, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Pakistani, Cambodian, Hmong, Thai, Bengali and Mien.
- *Black or African American*: Identification with one or more nationalities or ethnic groups originating in any of the Black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Ghanaian, South African, Barbadian, Kenyan, Liberian and Bahamian.

- *Middle Eastern or North African*: Identification with one or more nationalities or ethnic groups originating in the Middle East or North Africa. Examples of these groups include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Iraqi and Israeli.
- *Native Hawaiian or Pacific Islander*: Identification with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese and Yapese.
- *White*: Identification with one or more nationalities or ethnic groups originating in Europe. Examples of these groups include, but are not limited to, English, German, Irish, Italian, Polish, Scottish, French, Slavic and Cajun.
- *Other Race*: People whose race information has been collected but does not fit into any of the specified race categories.
- *Two or More Races*: People with any combination of races, including "Some Other Race."
- *Asked But No Answer:* People who the organization asked to identify race but who declined to provide a response.
- *Unknown:* People for whom the organization did not obtain race information and for whom the organization did not receive a declined response ("Asked But No Answer").
- *Total:* Total of all categories above.

Report only one of the 4 categories for ethnicity:

- *Hispanic or Latino*: Identification with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, El Salvador, Cuba, Dominican Republic, Guatemala and other Central and South American countries and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan and Colombian.
- *Not Hispanic or Latino*: People not of Hispanic, Latino or Spanish culture or origin.
- *Asked But No Answer:* People who the organization asked to identify ethnicity but who declined to provide a response.
- *Unknown:* People for whom the organization did not obtain ethnicity information and for whom the organization did not receive a declined response ("Asked But No Answer").
- *Total:* Total of all categories above.

Language Description of Membership:

- **Spoken language preferred for health care. Data collection guidance.** This information can be gathered through questions such as:
    - What language do you feel most comfortable speaking with your clinician or health care provider?
    - What language do you feel most comfortable speaking with your doctor or nurse?
    - In what language do you prefer to receive your medical care?
    - In what language do you want us to speak to you?
    - What language do you prefer to speak when you come to the medical center?
    - What language do you feel most comfortable speaking?
- **Preferred language for written materials. Data collection guidance**. This information can be gathered through questions such as:
    - In which language would you feel most comfortable reading health care information?
    - In which language would you feel most comfortable reading medical or health care instructions?
    - What language should we write [to] you in?

    - What is your preferred written language?
    - In what language do you prefer to read health-related materials?
    - What language do you prefer for written materials?
- **Other language needs. Data collection guidance.** This category captures data collected from questions that cannot be mapped to any of the categories above, such as:
    - What is the primary language spoken at home?

Medicare Socioeconomic Status (SES) Stratification

Medicare members are categorized by socioeconomic status (SES) stratification for the following measures:

- Breast Cancer Screening.
- Colorectal Cancer Screening.
- Eye Exam for Patients With Diabetes.
- Plan All-Cause Readmissions.

Medicare members will be reported in one of the six stratifications listed below including the total of all categories.

- Non-LIS/DE, Non-disability: Member is eligible for Medicare due to age only (does not receive LIS, is not DE for Medicaid, does not have disability status).
- LIS/DE: Member is eligible for Medicare due to age and receives LIS (includes members eligible for Medicare due to DE) and does not have disability status.
- Disability: Member is eligible for Medicare due to disability status only.
- LIS/DE and Disability: Member is eligible for Medicare due to age, receives LIS and has disability status.
- Other: Member has ESRD-only status or is assigned "9—none of the above."
- Unknown: Member's SES is unknown. May be >0 only for Puerto Rico plans, or if the auditor approved a small number of unassigned members.
- Total Medicare: Total of all categories above.

Best Practice and Measure Tips: How can I improve HEDIS scores?

- Maximize use of codes: Only codes will close gaps for Administrative and Electronic Measures.
- Submit claim/encounter data for every service in an accurate and timely manner.
- Some measures collect more than one data element. Submit codes required for all elements.
- Document medical and detailed surgical history with dates and use of appropriate coding. (Example: Documentation of Hysterectomy without reference to TOTAL, Radical, etc. will not exclude members from CCS Measure).
- Information from the medical record must validate all required measures or exclusion components.
- Each medical record/office note MUST contain:
    - Member Name
    - Date OF Birth (DOB)
    - Date OF Service (DOS)
    - Note regarding Faxes Requests: Information on a fax cover sheet cannot be used.

        - Due to the limited data collection timeframe, a turnaround time of 3-5 days is appreciated.
        - Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted, and the release of this information requires no special patient consent or authorization.
    - Follow the NCQA Guidelines for Medical Records Documentation.
- Only completed events count toward HEDIS compliance.
- Documentation in a medical record of a diagnosis or procedure code alone does not comply with the numerator criteria.
- A date must be specific enough to determine whether a test or service was performed within the time frame specified, not merely ordered.
- An undated event on a problem list or history sheet can be used as long as it is specific enough to determine that the event occurred during the timeframe specified in the measure.
- Educate schedulers to review for needed screenings, tests and referrals.
- Assist member with scheduling tests. Follow-up to ensure completes ordered screening.
- Provide member education on disease process and rationale for tests.
- Ask open-ended questions to determine any barriers to care or treatment.
- Collaborating with other providers members receive services to help ensure care is comprehensive, safe and effective.
- Ensure timely referrals to behavioral health professionals for members requiring follow-up care related to inpatient stays or medication management, in alignment with HEDIS behavioral health measures.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with mental health may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org

- Document any upcoming scheduled screening and name of provider who will be performing.
- Incomplete information will not close gaps.
- Not Acceptable: Documenting terms such as “recent,” “most recent”, “at a prior visit” or “Colonoscopy up to date”. These are not specific enough to know when an event occurred.

Improve Medication Adherence:

- Is treatment appropriate? Should therapy continue? Follow-up to assess how the medication is working.
- Use prescription benefit at the pharmacy. Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence.
- For members who are non-compliant, provide ongoing patient outreach. Identify reason for non-compliance and attempt to resolve.
- To help members commit to taking their medication, use motivational interviewing and set goals for taking their medications.
- Implement practice processes that can identify opportunities to close gaps every time the patient is seen.
- Encourage members to join refill reminder program at their pharmacy, if available.
- Encourage mail order pharmacy program.

Talk with members about:

- Why they are on a medication, the importance of taking medication as prescribed and timely refills. Confirm instructions.
- Any barriers? Are there concerns related to health benefits, side effects or cost? Any problems getting medications from pharmacy?
- Develop a medication routine with each patient if they are on multiple medications that require them to be taken at different times.
- Encourage members to utilize pillboxes or organizers.
- Advise members to set up reminders or alarms for when medications are due.
- Adjust the timing, frequency, amount and or dosage when possible to simplify the regimen.
- Discuss other factors that may improve symptoms, such as aerobic exercise and healthy diet or lifestyle changes.
- Give members written instructions to reinforce teaching about the proper use of medication and what to do if they experience side effects.

Mail Order Pharmacy Program

- Advantage MD Mail Order Best Practices
    - One of the most important ways to improve the health of our members is to make sure they receive and take their medications as you prescribe. Our mail order pharmacy, CVS Caremark, can help. CVS Caremark sends a three month supply of maintenance medications in one fill, making it easier for the patient only having to fill four times a year. In addition, a three month supply of maintenance medication on Tier 1 through 4 is available through CVS Caremark mail order at a reduced copay. This means your patient can fill a 100-day supply of Tier 1 medication and a 90-day supply of Tier 2 through 4 medication for only 2 times the retail copay—saving them an equivalent of four retail copays per year. Talk to your patients today about mail order pharmacy with CVS Caremark for better health and health care spending. Doctors and staff can contact CVS Caremark by calling the number below, 24 hours a day, seven days a week.
        - PPO members: 877-293-5325
        - HMO members: 877-293-4998
- EHP CVS Caremark® Mail Service Pharmacy (mail order prescriptions):

- This service offers a convenient and cost-effective option for obtaining medications on an ongoing basis. Members receive up to a 90 day supply of chronic use medications, delivered to their door.
- Provider can send an electronic prescription to CVS Caremark® Mail Service Pharmacy. This is the easiest way to get started – Member can expect to get their medication in 7 to 10 business days.
- For more information visit CVS Caremark.

- US Family Health Plan
  - Home delivery is available to USFHP members for up to a 90-day supply of approved medications through Walgreens pharmacy. Home delivery is best suited for medications you take on a regular basis.
  - Members who live in Maryland:
    - To obtain prescription through home delivery complete the Maryland mail order form and send it in with your valid prescription.
    - Refills: recommend members to reorder at least two weeks before supply runs out to ensure members receive their refill on time.

      Walgreens Pharmacy
      2700 Remington Ave.
      Baltimore, MD 21211
      Phone: 410-235-2128
      Fax: 410-889-1609
  - Members who live outside of Maryland:
    - To obtain prescription through home delivery from Walgreens Mail Service fill out the home delivery registration and prescription order form and mail to:

      Walgreens Mail Service
      P.O. Box 29061
      Phoenix, AZ 85038-9601
      Phone: 800-345-1985 TTY: 800-925-0178
      En Español: 800-778-5427 TTY: 877-220-6173
      Hours of operation: 24 hours a day, 7 days a week
    - For more information, visit the Walgreens Mail Service website or view their brochure.

Required Enrollment

- To ensure there is enough time for members to receive services, each measure has criteria for:
  - Continuous enrollment: Specifies the minimum amount of time that a member must be enrolled with an organization before becoming eligible for a measure.
  - A gap is the time when a member is not covered by the organization. An allowable gap can occur any time during continuous enrollment.

Measure Exclusions

An exclusion will remove a member from the measure denominator based on information captured in claims, encounter, pharmacy, and/or enrollment data.

- Denominator exclusions: For measures with denominator exclusions, exclusions must be applied as written as part of identifying the denominator.
- Exclusions for hospice, palliative care, advanced illness, frailty and long-term nursing home residence exclusions are specified in HEDIS measures where the services being captured may not be of benefit for this population or may not be in line with patients' goals of care.
- The below exclusions are calculated by the software based on administrative data. Supplemental or medical record data may not be used for these exclusions.
    - **FRAILTY**: Persons 81 years of age and/or older as of the last day of the measurement period, with at least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year or with different dates of service during the intake period through the last day of the measurement period. Measures with Frailty exclusions are:
        - Controlling High Blood Pressure (CBP).
        - Persistence of Beta-Blocker Treatment After a Heart Attack (PBH).
        - Cardiac Rehabilitation (CRE).
        - Kidney Health Evaluation for Patients With Diabetes (KED).
        - Osteoporosis Management in Women Who Had a Fracture (OMW).
        - Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA).
    - **FRAILITY AND ADVANCED ILLNESS**: Persons 66-80 years of age or 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
        - **Frailty**: At least two indications with different dates of service during the measurement year.
        - **Advanced illness**: Either of the following during the measurement year or the year prior to the measurement year:
            - Advanced illness on at least two different dates of service
            - Dispensed a dementia medication: Donepezil, Galantamine, Rivastigmine, Memantine or Donepezil-memantine.
    - Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an Institutional Special Needs Plan (I-SNP) or Living long-term in an institution (LTI).

Measure Codes

The National Committee for Quality Assurance (NCQA) uses a "Value Set Directory" to organize associated codes for each measure. NCQA uses Current Procedural Terminology (CPT) codes copyright 2026 American Medical Association.

Measure Codes listed for each measure are not all inclusive and subject to change based on the current NCQA Specifications for each measure. Below are common value sets for quick reference:

- Telephone/Telehealth Visits:

    - Telephone Visits CPT: 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 98979, 98980, 98981, 99441, 99442, 99443, 99457, 99458, 99470
    - Telephone Visits HCPCS: G0544
    - Online Assessments (E-visit or virtual check-in):
        - CPT: 98016, 98970, 98971, 98972, 99421, 99422, 99423
        - HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
    - Telehealth Place of Service (POS) (Telehealth POS Value Set): 02, 10:
        - 02: Telehealth Provided Other than in Patient's Home
        - 10: Telehealth Provided in Patient's Home
- Outpatient Visit (Outpatient Value Set):
    - CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 9429, 99455, 99456, 99483
    - HCPCS: G0402, G0438, G0439, G0463, T1015**
    - UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
    - Outpatient Place of Service (POS):
        - 03- School
        - 05- Indian Health Service Free-standing Facility
        - 07- Tribal 638 Free-standing Facility
        - 09- Prison/Correctional Facility
        - 11- Office
        - 12- Home
        - 13- Assisted Living Facility
        - 14- Group Home
        - 15- Mobile Unit
        - 16- Temporary Lodging
        - 17- Walk-in Retail Health Clinic
        - 18- Place of Employment-Worksite
        - 19- Off Campus-Outpatient Hospital
        - 20- Urgent Care Facility
        - 22- On Campus-Outpatient Hospital
        - 27- Outreach Site/Street
        - 33- Custodial Care Facility
        - 49- Independent Clinic
        - 50- Federally Qualified Health Center
        - 71- Public Health Clinic
        - 72- Rural Health Clinic
- Ambulatory Visit Value Set:
    - CPT: 92002, 92004, 92012, 92014, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310,

99315, 99316, 99341, 99342, 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, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99457, 99458, 99470, 99483

    - HCPCS: G0071, G0402, G0438, G0439, G0463, G0544, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015**
    - SNOMED CT US Edition: 18170008, 19681004, 162651007, 162655003, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 185317003, 207195004, 209099002, 210098006, 243788004, 268563000, 268565007, 281029006, 281031002, 314849005, 386472008, 386473003, 401140000, 401267002, 410620009, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 699134002, 712791009, 713020001, 783260003, 1269517007, 1269518002
    - UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0524, 0525, 0526, 0527, 0528, 0529, 0982, 0983
    - Telephone/Telehealth visits codes (listed above) are also part of the Ambulatory Outpatient Visit Value Set.
- Visit Setting Unspecified 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, 99252, 99253, 99254, 99255
    - Acceptable Place of Service (POS) with Visit Setting Unspecified Value Set:
        - Community Mental Health Center POS: 53
        - Partial Hospitalization POS: 52
        - Psychiatric residential treatment Center POS: 56
        - Outpatient POS (listed above under Outpatient Visit)
        - Telehealth POS (listed above under Telephone/Telehealth Visits)
- Inpatient Stay UBREV: 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002
- Observation Stay UBREV: 0760, 0762, 0769
- Nonacute Inpatient Stay
    - UREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002
    - UBTOB (Type of Bill codes): 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288,

0289, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z

NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)

Measure Exclusion Code

- Hospice Encounter:
  - HCPCS: G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046
  - SNOMED CT US Edition: 183919006, 183920000, 183921001, 305336008, 305911006, 385765002
  - UBREV: 0115, 0125, 0135, 0145, 0155, 0235, 0650, 0651, 0652, 0655, 0656, 0657, 0658, 0659
- Hospice Intervention:
  - CPT: 99377-99378
  - HCPCS: G0182
- Palliative Care Assessment SNOMED CT US Edition: 718890006, 718893008, 718895001, 718898004, 718899007, 718901003, 718903000, 718904006, 718957007, 718967002, 718969004, 718971004, 718973001, 718974007, 718975008, 718976009, 761865002, 761866001, 761867005, 457511000124100
- Palliative Care Encounter:
  - HCPCS: G9054
  - ICD-10-CM: Z51.5 Encounter for palliative care
    - Direct Reference Code for the following measure: ACP, BCS-E, BPC-E, BPD/BPD-E, CBP, CCS-E, COL-E, COU, CRE, DAE, DBO, DDE, EED, GSD, HDO, KED, LBP, OMW, OSW, SPC-E, SPD-E, TSC-E
  - SNOMED CT US Edition: 305284002, 305381007, 305686008, 305824005, 441874000, 713281006, 4901000124101
- Palliative Care Intervention SNOMED CT US Edition: 103735009, 105402000, 395669003, 395670002, 395694002, 395695001, 443761007, 1841000124106, 433181000124107
- Frailty Device:
  - HCPCS: E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0150, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E1130,

E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298

- Frailty Encounter:
  - CPT: 99504, 99509
  - HCPCS: G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031

- Frailty Diagnosis:
  - Pressure ulcer ICD-10-CM: L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96
  - Disorders of muscles ICD-10-CM: M62.50, M62.81, M62.84
  - Fall ICD-10-CM: R29.6, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA,

W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z91.81
    - Other Frailty Risk Factors ICD10CM: Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z99.11, Z99.3, Z99.81, Z99.89
    - SNOMED CT US Edition: 17886000, 20902002, 33036003, 40104005, 44188002, 56307009, 67223001, 74541001, 83468000, 90619006, 129588001, 214436006, 214437002, 214438007, 214439004, 214441003, 214442005, 214443000, 214444006, 217082002, 217083007, 217084001, 217086004, 217088003, 217090002, 217092005, 217093000, 217094006, 217142006, 217154006, 217155007, 217156008, 217157004, 217158009, 217173005, 225558004, 225562005, 225563000, 242109009, 242389003, 242390007, 242391006, 242392004, 242395002, 242396001, 242413007, 242414001, 242419006, 269699007, 274918000, 414190009, 427849003, 428484005, 429621003, 699214007, 699216009, 715504003, 763829004, 823018004, 92341000119107, 138371000119104, 8960001000004106, 10637031000119106, 10637071000119109, 10637111000119102, 10637151000119101
- Advanced Illness:
    - ICD-10-CM: A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F10.27, F10.96, F10.97, G10, G12.21, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6
    - SNOMED CT US Edition: Due to the extensive number of SNOMED CT US Edition codes, they are not individually listed here. To obtain the full set of codes associated with the Advanced Illness Value Set, please contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

HEDIS Terminology

- **Continuous enrollment:** Specifies the minimum amount of time that a member must be enrolled in an organization before becoming eligible for a measure. It ensures that the organization has enough time to render services. The continuous enrollment period and allowable gaps in coverage are specific to each measure.
- **Denominator** – Number of members who qualify for measure criteria, based on NCQA technical specifications.
- **Element** – Measurable way a HEDIS measure is broken down and defined. Also referred to as a sub-measure.
- **Eligible Population:** all members who satisfy all specified criteria, including age, continuous enrollment, benefit, event and the anchor date enrollment requirement for the measure.
- **HEDIS Measure** – Term for how each domain of care is further broken down. Specifications outline measure definition and details, which outline the specifications required to evaluate the recommended standards of quality for the element(s) in the measure. (Example: COL, BCS measures). NCQA defines how data can be collected for a measure:
    - **Administrative Measures:** The total eligible population is used for the denominator. Only data considered "administrative" is allowed. Medical, pharmacy, supplemental data, and / or encounter claims count toward the numerator. Medical record review is not allowed for these measures during the Annual Project.
    - **Electronic clinical data systems (ECDS) Measures**: Data systems that may be eligible for ECDS reporting include, but are not limited to, administrative claims, clinical registries, health information exchanges, immunization information systems, disease/case management systems and electronic health records. Medical records request (MRR) for these measures is not allowed during the Annual Project.
    - **Hybrid Measures:** Data is collected during the Annual Project through medical record reviews, but can also be collected Prospectively. Most allow administrative data to be included. For the Annual HEDIS Audit Season, the denominator is a random sample of 411 members. This is created from a health plan's total eligible population by the software following NCQA requirements. The numerator includes data from medical and pharmacy claims, encounters, medical record review data and supplemental data.
- **HEDIS Project** – Timeframe during the year when data is collected. There are two Projects:
    - **Annual Project** – Also referred to as Retrospective. This is required by NCQA as part of Accreditation. For HYBRID Measures, the member population is based on a sample of members from each LOB. Administrative and ECDS Measures look at the total member population. The Audit timeframe is January to May for data collection.
    - **Prospective Project** – Involves data collection for all LOB, for all members for the next Annual Project. The QI HEDIS Team data collection timeframe is June to January. However, throughout the year Johns Hopkins Health Plans prepares for the Annual Project in various ways to optimize audit results. Review of NCQA

Specifications, and updates to training and educational materials are also performed during this time.

- **Initial Population -** The initial population includes all persons who satisfy attribution criteria, including age, continuous enrollment, allowable gap, benefit, and event criteria.
- **Line of Business (LOB)** – Identifies the reporting population: Commercial (EHP, USFHP), Medicaid (Priority Partners) Medicare (Advantage MD)
- **Measurement Period (MP)** – The period of time during which a measure is calculated.
- **Measurement Year (MY)** –The year that an organization evaluates HEDIS measures.
- **Numerator** – The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment or service.
- **Ongoing care provider (OCP)** – The practitioner who assumes responsibility for the member's care. You will see this term in the TRC measure.
- **Primary Care Practitioner (PCP)** – A physician or non-physician (e.g., nurse practitioner, physician assistant, certified nurse midwife) who offers primary care medical services.
- **Prior Year (PY)** – Year prior to measurement year.
- **Primary Source Validation (PSV)** – Steps in the data validation process required by NCQA.
- **Reporting Year** – Calendar year after the end of the MY during which the Annual HEDIS Audit occurs. (e.g., For MY2025, the Report Year is 2026).
- **Supplemental Data (Non-Standard)** – Data collected prospectively which are not in a standard file layout. Medical record reviews are an example.
- **Supplemental Data (Standard)** – Standardized file process to collect data from sites to close gaps.
- **Sub-measure** – A measure can be broken down into more specific data elements of care.
- **Telehealth:** Telehealth is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code.
    - **Synchronous telehealth** requires real-time interactive audio and video telecommunications.
        - Telehealth is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code.
        - CPT or HCPCS code in the value set will meet criteria (regardless of whether a telehealth modifier or POS code is present).
    - **Asynchronous telehealth** sometimes referred to as an e-visit or virtual check-in, is not "real-time" but still requires two-way interaction between the member and provider.
        - Asynchronous telehealth can occur using a patient portal, secure text messaging or email.

Compliance

- Elements which require the last result in the Measurement Year may impact member compliance throughout the year. (Example: A1c on March 6.0 = compliant. June A1c test no result reported. System will default to >9 until the result is received.)
- Member ages for each measure are based on different criteria. This may impact the age range to include additional ages. (Example: 18 years of age by December 31 of the measurement year- Consider when member turns 18 and include service performed during the measurement year when member was 17.)

HEDIS Measures

Measure Name	Health Plan/Program	Population
Acute Hospitalizations Following Outpatient Colonoscopy (HFC)	Advantage MD	Persons 65 years of age and older
Acute Hospitalizations Following Outpatient General Surgery (HFG)	Advantage MD	Persons 65 years of age and older
Acute Hospitalizations Following Outpatient Orthopedic Surgery (HFO)	Advantage MD	Persons 65 years of age and older
Acute Hospitalizations Following Outpatient Urologic Surgery (HFU)	Advantage MD	Persons 65 years of age and older
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Advantage MD, EHP, Priority Partners, USFHP	Persons 18 years of age and older
Adult Immunization Status (AIS-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 19 years of age and older
Adults' Access to Preventative / Ambulatory Health Services (AAP)	Advantage MD, EHP, Priority Partners, USFHP	Persons 20 years of age and older
Advance Care Planning (ACP)	Advantage MD, Dual Eligible Special Needs Plans (D-SNP)	Persons 66 years of age and older
Appropriate Testing for Pharyngitis (CWP)	Advantage MD, EHP, Priority Partners, USFHP	Persons 3 years of age and older
Appropriate Treatment for Upper Respiratory Infection (URI)	Advantage MD, EHP, Priority Partners, USFHP	Persons 3 months old and older
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	Advantage MD, EHP, Priority Partners, USFHP	Persons 3 months old and older
Blood Pressure Control for Patients With Diabetes (BPD/BPD-E)	Advantage MD, EHP, Priority Partners/PHIP, USFHP	Persons 18-75 years of age
Blood Pressure Control for Patients With Hypertension (BPC-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 18-75 years of age
Breast Cancer Screening (BCS-E)	Advantage MD, EHP, Priority Partners, USFHP	Women 50-74 years of age
Cardiac Rehabilitation (CRE)	Advantage MD, EHP, Priority Partners, USFHP	Persons 18 years of age and older
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	Priority Partners	Persons 18-64 years of age
Care for Older Adults (COA)	Advantage MD, D-SNP	Persons 66 years of age and older

Measure Name	Health Plan/Program	Population
Cervical Cancer Screening (CCS-E)	EHP, Priority Partners, USFHP	Women 21-64 years of age
Child and Adolescent Well-Care Visits (WCV)	EHP, Priority Partners, USFHP	Persons 3-21 years of age
Childhood Immunizations (CIS-E)	EHP, Priority Partners, USFHP	Children turning 2 years old
Chlamydia Screening in Women (CHL)	EHP, Priority Partners, USFHP	Women 16-24 years of age
Colorectal Cancer Screening (COL-E)	Advantage MD, D-SNP, EHP, Priority Partners, USFHP	Persons 45-75 years of age
Controlling High Blood Pressure (CBP)	Advantage MD, D-SNP, EHP, Priority Partners, USFHP	Persons 18-85 years of age
Depression Remission or Response for Adolescents and Adults (DRR-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 12 years of age and older
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 12 years of age and older
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Priority Partners	Persons 18-64 years of age
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Priority Partners	Persons 18-64 years of age
Diagnosed Mental Health Disorders (DMH)	Advantage MD, EHP, Priority Partners, USFHP	Persons 1 year of age and older
Diagnosed Substance Use Disorders (DSU)	Advantage MD, EHP, Priority Partners, USFHP	Persons 13 years of age and older
Documented Assessment After Mammogram (DBM-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 40-74 years of age
Eye Exam for Patients With Diabetes (EED)	Advantage MD, EHP, Priority Partners, USFHP	Persons 18-75 years of age
Follow-Up After Abnormal Mammogram Assessment (FMA-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 40-74 years of age
Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)	EHP, Priority Partners, USFHP	Persons 5-64 years of age
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Advantage MD, EHP, Priority Partners, USFHP	Persons 6 years of age and older
Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)	Advantage MD	Persons 18 years of age and older

Measure Name	Health Plan/Program	Population
Follow-Up After Emergency Department Visit for Substance Use (FUA)	Advantage MD, EHP, Priority Partners, USFHP	Persons 13 years of age and older
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	Advantage MD, EHP, Priority Partners, and USFHP	Persons 13 years of age and older
Follow-Up After Hospitalization for Mental Illness (FUH)	Advantage MD, D-SNP, EHP, Priority Partners, USFHP	Persons 6 years of age and older
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	EHP, Priority Partners, USFHP	Persons 6-12 years of age
Glycemic Status Assessment for Patients With Diabetes (GSD)	Advantage MD, EHP, Priority Partners/PHIP, USFHP	Persons 18-75 years of age
Immunizations for Adolescents (IMA-E)	EHP, Priority Partners, USFHP	Persons 13 years of age
Kidney Health Evaluation for Patients With Diabetes (KED)	Advantage MD, EHP, Priority Partners, USFHP	Persons 18-75 years of age
Lead Screening in Children-HEDIS (LSC-E)	Priority Partners/PHIP	Persons 0-2 years of age
Medication Adherence for Cholesterol (Statins) (MAC)	Advantage MD	Persons 18 years of age or older
Medication Adherence for Diabetes Medications (MAD)	Advantage MD	Persons 18 years of age or older
Medication Adherence for Hypertension (RAS antagonists) (MAH)	Advantage MD	Persons 18 years of age or older
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	EHP, Priority Partners, USFHP	Persons 1-17 years of age
Non-Recommended PSA-Based Screening in Older Men (PSA)	Advantage MD	Men 70 years and older
Osteoporosis Management in Women Who Had a Fracture (OMW)	Advantage MD, D-SNP	Women 67-85 years of age
Osteoporosis Screening in Older Women (OSW)	Advantage MD	Women 65-75 years of age
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Advantage MD, EHP, Priority Partners, USFHP	Persons 18 years of age and older
Pharmacotherapy for Opioid Use Disorder (POD)	Advantage MD, EHP, Priority Partners, USFHP	Persons 16 years of age and older
Pharmacotherapy Management of COPD Exacerbation (PCE)	Advantage MD, D-SNP, EHP, Priority Partners, USFHP	Persons 40 years of age and older

Measure Name	Health Plan/Program	Population
Plan All-Cause Readmission (PCR)	Advantage MD, D-SNP, EHP, Priority Partners, USFHP	Persons 18 years of age and older
Postpartum Depression Screening and Follow-Up (PDS-E)	EHP, Priority Partners, USFHP	Women who had a live birth(s) on or between 9/8 year prior to the measurement period and 9/7 of the measurement period
Prenatal and Postpartum Care (PPC)	EHP, Priority Partners/PHIP, USFHP	Women who had a live birth(s) on or between 10/8 year prior to the measurement period and 10/7 of the measurement period
Prenatal Depression Screening and Follow-Up (PND-E)	EHP, Priority Partners, USFHP	Women who had a live birth(s) during the measurement period
Prenatal Immunization Status (PRS-E)	EHP, Priority Partners, USFHP	Women who deliver at >37 weeks during the measurement period
Risk of Continued Opioid Use (COU)	Advantage MD, EHP, Priority Partners/PHIP, USFHP	Persons 18 years of age or older
Social Need Screening and Intervention (SNS-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 18 years of age or older
Statin Therapy for Patients with Cardiovascular Disease (SPC-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 21–75 years of age
Statin Therapy for Patients With Diabetes (SPD-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 40–75 years of age
Statin Use in Persons With Diabetes (SUPD)	Advantage MD	Persons with diabetes 40–75 years of age
Transitions of Care (TRC)	Advantage MD, D-SNP	Persons 18 years of age and older
Tobacco Use Screening and Cessation Intervention (TSC-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 12 years of age and older
Topical Fluoride for Children (TFC)	Priority Partners	Persons 1-4 years of age
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 18 years of age or older
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	EHP, Priority Partners, USFHP	Persons 1-17 years of age
Use of Imaging Studies for Low Back Pain (LBP)	Advantage MD, EHP, Priority Partners, and USFHP	Persons 18-75 years of age
Use of Opioids at High Dosage (HDO)	Advantage MD, EHP, Priority Partners, and USFHP	Persons 18 years of age and older

Measure Name	Health Plan/Program	Population
Use of Opioids from Multiple Providers (UOP)	Advantage MD, EHP, Priority Partners, and USFHP	Persons 8 years of age and older
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Advantage MD, EHP, Priority Partners, USFHP	Persons 12 years of age or older
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	EHP, Priority Partners, USFHP	Persons 3-17 years of age
Well-Child Visits in the First 30 Months of Life (W30)	EHP, Priority Partners, USFHP	Persons 15-30 months of age

HFC - Acute Hospitalization Following Outpatient Colonoscopy

Product Lines: Advantage MD.
Measurement Period: January 1–December 31.

Description:
For persons 65 years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis that occurred within 15 days following select outpatient colonoscopies.

Data Collection: Administrative.
Note: Supplemental data may only be used for the hospice exclusion.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** Persons 65 years of age and older as of the outpatient general surgery episode date.
- **Gender/Sex Criteria:** Female, Male
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the outpatient colonoscopy episode date through 15 days after the episode date.
- **Allowable gap:**
  - 365 days prior to the outpatient colonoscopy episode: No more than one gap of ≤45 days.
  - Outpatient colonoscopy episode through 15 days after the episode: No gaps.

Definition:
Direct transfer: A direct transfer occurs when the discharge date from an initial stay is followed by an admission to a subsequent stay within one calendar day or less. Direct transfers can occur between different facilities and between acute inpatient and observation settings.
Outpatient colonoscopy episode: An eligible outpatient colonoscopy performed between January 1 and December 16 of the measurement period, as specified in the denominator criteria.
Outpatient colonoscopy episode date: The service date for a qualifying outpatient colonoscopy episode is defined as the date the procedure occurred. If the episode extends over multiple calendar days, the final date of service should be used as the episode date.
Planned hospital stay: A hospital stay that meets criteria of the numerator exclusion.

Denominator:
Outpatient colonoscopy episodes (Routine Colonoscopy with Ambulatory Surgery POS) between January 1 and December 16 of the measurement period.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
Acute hospitalization within 2 and 15 days of the outpatient colonoscopy episode.

Best Practice and Measure Tips

- New Measure for HEDIS MY 2026.
- This measure helps identify complications or poor-quality outcomes after outpatient colonoscopies, supporting quality improvement efforts in ambulatory surgical centers (ASCs) and outpatient settings.
- Ensure accurate documentation of colonoscopy procedures and discharge dates.
- Monitor post-procedure complications like bleeding or perforation.
- Educate patients on symptoms that warrant urgent care.
- Coordinate follow-up care to reduce unnecessary hospital visits.

Ensure Accurate and Complete Claims Documentation for Risk Adjustment Integrity

Why it matters: The HFC measure uses **claims-based diagnoses only** to calculate risk adjustment scores. This means that any missing or inaccurate diagnosis coding can distort the expected hospitalization rate and negatively impact performance.

Actionable steps for providers:

- **Thoroughly document all relevant comorbidities** during patient visits, especially chronic and high-risk conditions that influence hospitalization risk.
- **Document observation stays clearly**, including clinical rationale and service dates.
- **Use specific and complete ICD-10 codes**—avoid unspecified or vague diagnoses.
- Ensure **diagnoses reflect the patient's condition at the time of service**, not just historical data.
- Collaborate with clinical teams to **clarify documentation gaps** that affect coding accuracy.
- Ensure **timely claim submission** to avoid missing the measurement window.
- Do not rely on supplemental data to improve risk scores, as only diagnoses captured through claims are considered valid.
- Perform **routine audits** of diagnosis coding and claim completeness.
- **When documenting patient transfers:**
    - **Record transfers between facilities as separate admissions.**
    - **Clearly indicate changes in service level within the same institution** (e.g., ICU to step-down unit) to ensure accurate classification.
    - **Differentiate service categories** such as acute vs. nonacute or mental health vs. non-mental health services when applicable.

By focusing on precise documentation and claims integrity, providers can help ensure fair risk adjustment and better reflect the complexity of their patient population.

Measure Exclusions

Denominator Exclusions:

Exclude outpatient colonoscopy episodes that meet any of the following criteria:

- Persons in hospice or using hospice services any time during the measurement period.
- Occurs the day (1) before an inpatient stay or observation stay admission date or at any time during an inpatient or observation stay.
- Occurs concurrently (on the same claim) with a high-risk GI endoscopy procedure.
- Followed by a subsequent outpatient colonoscopy (Routine Colonoscopy Value Set with Ambulatory Surgery POS Value Set) within 15 days following the episode date.
- History or current diagnosis of irritable bowel diseases 365 days prior to the outpatient colonoscopy episode date through 15 days after the episode date.

Numerator Exclusions:

Acute hospitalization within 15 days of the outpatient colonoscopy episode excludes inpatient and observation stay discharges with any of the following criteria on the discharge claim:

- Nonacute inpatient stays
- A principal diagnosis of a malignant neoplasm.
- A planned hospital stay using any of the following:
    - A principal diagnosis of maintenance chemotherapy.
    - A principal diagnosis of rehabilitation.
    - An organ transplant.
    - A potentially planned procedure without a principal acute diagnosis.

Exclusion Codes

Nonacute Inpatient Stay

- UREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002
- UBTOB (Type of Bill codes): 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z

High Risk Upper GI Endoscopy

- CPT: 43180, 43204, 43205, 43210, 43212, 43215, 43216, 43217, 43227, 43229, 43231, 43232, 43237, 43238, 43240, 43241, 43242, 43243, 43244, 43245, 43246, 43247, 43250, 43251, 43255, 43257, 43259, 43266, 43270, 44150, 44151, 44155, 44156, 44157, 44158, 44210, 44211, 44212, 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45379, 45382, 45386, 45389, 45390, 45391, 45393, 45398, 45399
- ICD10PCS: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

Routine Colonoscopy

- CPT: 45378, 45380, 45381, 45384, 45388
- HCPCS: G0105, G0121
- With Ambulatory Surgery POS:
    - 19- Off Campus-Outpatient Hospital
    - 22- On Campus-Outpatient Hospital
    - 24- Ambulatory Surgical Center

Irritable Bowel Diseases

- ICD-10-CM: K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K51.012, K51.013, K51.014, K51.018, K51.019, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311,

K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, K57.20, K57.21, K57.32, K57.33, K57.40, K57.41, K57.52, K57.53, K57.80, K57.81, K57.92, K57.93

Malignant Neoplasms

- ICD-10-CM: C00.0- C96.Z*

Other Malignant Neoplasm of Skin*

- ICD-10-CM: C44.00, C44.01, C44.02, C44.09, C44.101, C44.102, C44.1021, C44.1022, C44.109, C44.1091, C44.1092, C44.111, C44.112, C44.1121, C44.1122, C44.119, C44.1191, C44.1192, C44.121, C44.122, C44.1221, C44.1222, C44.129, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.192, C44.1921, C44.1922, C44.199, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99

Chemotherapy Encounter

- ICD-10-CM: Z51.0, Z51.11, Z51.12

Rehabilitation

- ICD-10-CM: Z44.001, Z44.002, Z44.009, Z44.011, Z44.012, Z44.019, Z44.021, Z44.022, Z44.029, Z44.101, Z44.102, Z44.109, Z44.111, Z44.112, Z44.119, Z44.121, Z44.122, Z44.129, Z44.30, Z44.31, Z44.32, Z44.8, Z44.9, Z45.1, Z45.31, Z45.320, Z45.321, Z45.328, Z45.41, Z45.42, Z45.49, Z45.811, Z45.812, Z45.819, Z46.82, Z46.89, Z46.9

Kidney Transplant

- CPT: 50360, 50365, 50380
- HCPCS: S2065
- ICD-10-PCS: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2
- SNOMED CT US Edition: 52213001, 70536003, 175899003, 175901007, 175902000, 236138007, 313030004, 711411006, 711413009, 765478004, 765479007, 782655004, 6471000179103

Bone Marrow Transplant

- ICD-10-PCS: 30230AZ, 30230C0, 30230G0, 30230G2, 30230G3, 30230G4, 30230U2, 30230U3, 30230U4, 30230X0, 30230X2, 30230X3, 30230X4, 30230Y0, 30230Y2, 30230Y3, 30230Y4, 30233AZ, 30233C0, 30233G0, 30233G2, 30233G3, 30233G4, 30233U2, 30233U3, 30233U4, 30233X0, 30233X2, 30233X3, 30233X4, 30233Y0, 30233Y2, 30233Y3, 30233Y4, 30240AZ, 30240C0, 30240G0, 30240G2, 30240G3, 30240G4, 30240U2, 30240U3, 30240U4, 30240X0, 30240X2, 30240X3, 30240X4, 30240Y0, 30240Y2, 30240Y3, 30240Y4, 30243AZ, 30243C0, 30243G0, 30243G2, 30243G3, 30243G4, 30243U2, 30243U3, 30243U4, 30243X0, 30243X2, 30243X3, 30243X4, 30243Y0, 30243Y2, 30243Y3, 30243Y4
- SNOMED CT US Edition: 19944001, 23719005, 46280001, 58390007, 58776007, 234331007, 234332000, 234333005, 234334004, 234335003, 234336002, 425563003, 426425001, 427423003, 442557006, 445757003, 446253009, 709115004, 711429001, 1172516002, 174241000112100

Organ Transplant Other Than Kidney:

- CPT: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556
- HCPCS: S2053, S2054, S2055, S2060, S2061, S2152
- ICD-10-PCS: 02YA0Z0, 02YA0Z1, 02YA0Z2, 07YM0Z0, 07YM0Z1, 07YM0Z2, 07YP0Z0, 07YP0Z1, 07YP0Z2, 0BYC0Z0, 0BYC0Z1, 0BYC0Z2, 0BYD0Z0, 0BYD0Z1, 0BYD0Z2, 0BYF0Z0, 0BYF0Z1, 0BYF0Z2, 0BYG0Z0, 0BYG0Z1, 0BYG0Z2, 0BYH0Z0, 0BYH0Z1, 0BYH0Z2, 0BYJ0Z0, 0BYJ0Z1, 0BYJ0Z2, 0BYK0Z0, 0BYK0Z1, 0BYK0Z2, 0BYL0Z0, 0BYL0Z1, 0BYL0Z2, 0BYM0Z0, 0BYM0Z1, 0BYM0Z2, 0DY50Z0, 0DY50Z1, 0DY50Z2, 0DY60Z0, 0DY60Z1, 0DY60Z2, 0DY80Z0, 0DY80Z1, 0DY80Z2, 0DYE0Z0, 0DYE0Z1, 0DYE0Z2, 0FY00Z0, 0FY00Z1, 0FY00Z2, 0FYG0Z0, 0FYG0Z1, 0FYG0Z2, 0UY00Z0, 0UY00Z1, 0UY00Z2, 0UY10Z0, 0UY10Z1, 0UY10Z2, 0UY90Z0, 0UY90Z1, 0UY90Z2, 0WY20Z0, 0WY20Z1, 0XYJ0Z0, 0XYJ0Z1, 0XYK0Z0, 0XYK0Z1, 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1
- SNOMED CT US Edition: 1958001, 8773000, 12528003, 14681002, 22595005, 30998000, 32413006, 32477003, 32956007, 34905004, 35280008, 35896003, 47058000, 52614004, 56278001, 56283009, 61535006, 61876009, 62399001, 62438007, 62511003, 67075000, 67562009, 71020001, 71947008, 76077004, 88039007, 118158008, 119661004, 128531006, 174691005, 174692003, 174693008, 174694002, 174802006, 174808005, 174809002, 178856007, 178858008, 180090008, 198662005, 232657004, 232658009, 232659001, 232660006, 232973007, 232974001, 239243008, 239602000, 277451006, 287239002, 288031008, 288093008, 345797001, 405768001, 422130009, 425616008, 426463009, 426984008, 429332008, 439008003, 439925004, 441751006, 441754003, 447981001, 1156251008, 1186995001, 1197603005, 6471000179103, 452031000124100

Introduction of Autologous Pancreatic Cells

- ICD-10-PCS: 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1

Potentially Planned Procedures

- ICD-10-PCS: 0210083- XRGD092*
- **With** Acute Condition ICD-10-CM: A00.0-Z99.89*

*Please note that not all codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

Inpatient Stay

- UBREV: 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002

Observation Stay

- UBREV: 0760, 0762, 0769

HFG - Acute Hospitalization Following Outpatient General Surgery

Product Lines: Advantage MD.
Measurement Period: January 1–December 31.

Description:
For persons 65 years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis that occurred within 15 days following select outpatient general surgeries.

Data Collection: Administrative.
Note: Supplemental data may only be used for the hospice exclusion.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** Persons 65 years of age and older as of the outpatient general surgery episode date.
- **Gender/Sex Criteria:** Female, Male
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the outpatient general surgery episode date through 15 days after the episode date.
- **Allowable gap:**
  - 365 days prior to the outpatient general surgery episode: No more than one gap of ≤45 days.
  - Outpatient general surgery episode through 15 days after the episode: No gaps.

Definition:
Direct transfer: A direct transfer occurs when the discharge date from an initial stay is followed by an admission to a subsequent stay within one calendar day or less. Direct transfers can occur between different facilities and between acute inpatient and observation settings.
Outpatient general surgery episode: A qualifying outpatient general surgery that occurs on or between January 1 and December 16 of the measurement period, as identified in the denominator.
Outpatient general surgery episode date: The date of service for a qualifying outpatient general surgery episode. For episodes that span more than 1 calendar day, use the last service date as the episode date.
Planned hospital stay: A hospital stay that meets criteria of the numerator exclusion.

Denominator:
Outpatient general surgery episodes (General Surgery Value Set with Ambulatory Surgery POS Value Set) between January 1 and December 16 of the measurement period.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
Acute hospitalization within 2 and 15 days of the outpatient general surgery episode.

Best Practice and Measure Tips

- New Measure for HEDIS MY 2026.
- This measure tracks unplanned acute hospitalizations within 15 days of select outpatient surgeries in patients aged 65 and older, so early intervention is key to preventing avoidable admissions.
- Implement a structured post-op follow-up protocol within 48–72 hours after outpatient general surgery. This should include:
    - Proactive outreach (phone call or telehealth) to assess pain, wound healing, mobility, and signs of complications.
    - Medication reconciliation to ensure patients understand and adhere to prescriptions.
    - Clear discharge instructions with red flags and when to seek care.
    - Easy access to urgent care or surgical team to avoid unnecessary ED visits or admissions.

Ensure Accurate and Complete Claims Documentation for Risk Adjustment Integrity

Why it matters: The HFG measure uses **claims-based diagnoses only** to calculate risk adjustment scores. This means that any missing or inaccurate diagnosis coding can distort the expected hospitalization rate and negatively impact performance.

Actionable steps for providers:

- **Thoroughly document all relevant comorbidities** during patient visits, especially chronic and high-risk conditions that influence hospitalization risk.
- **Document observation stays clearly**, including clinical rationale and service dates.
- **Use specific and complete ICD-10 codes**—avoid unspecified or vague diagnoses.
- Ensure **diagnoses reflect the patient's condition at the time of service**, not just historical data.
- Collaborate with clinical teams to **clarify documentation gaps** that affect coding accuracy.
- Ensure **timely claim submission** to avoid missing the measurement window.
- Do not rely on supplemental data to improve risk scores, as only diagnoses captured through claims are considered valid.
- Perform **routine audits** of diagnosis coding and claim completeness.
- **When documenting patient transfers:**
    - **Record transfers between facilities as separate admissions.**
    - **Clearly indicate changes in service level within the same institution** (e.g., ICU to step-down unit) to ensure accurate classification.
    - **Differentiate service categories** such as acute vs. nonacute or mental health vs. non-mental health services when applicable.

By focusing on precise documentation and claims integrity, providers can help ensure fair risk adjustment and better reflect the complexity of their patient population.

Measure Exclusions

Denominator Exclusions:
Exclude outpatient general surgery episodes that meet any of the following criteria:

- Persons in hospice or using hospice services any time during the measurement period.

- Occurs the day (1) before an inpatient stay or observation stay admission date or at any time during an inpatient or observation stay.

Numerator Exclusions:
Acute hospitalization within 15 days of the outpatient general surgery episode excludes inpatient and observation stay discharges with any of the following criteria on the discharge claim:

- Nonacute inpatient stays
- A planned hospital stay using any of the following:
  - A principal diagnosis of maintenance chemotherapy.
  - A principal diagnosis of rehabilitation.
  - An organ transplant.
  - A potentially planned procedure without a principal acute diagnosis.

Exclusion Codes

Nonacute Inpatient Stay

- UREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002
- UBTOB (Type of Bill codes): 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z

Chemotherapy Encounter

- ICD-10-CM: Z51.0, Z51.11, Z51.12

Rehabilitation

- ICD-10-CM: Z44.001, Z44.002, Z44.009, Z44.011, Z44.012, Z44.019, Z44.021, Z44.022, Z44.029, Z44.101, Z44.102, Z44.109, Z44.111, Z44.112, Z44.119, Z44.121, Z44.122, Z44.129, Z44.30, Z44.31, Z44.32, Z44.8, Z44.9, Z45.1, Z45.31, Z45.320, Z45.321, Z45.328, Z45.41, Z45.42, Z45.49, Z45.811, Z45.812, Z45.819, Z46.82, Z46.89, Z46.9

Kidney Transplant

- CPT: 50360, 50365, 50380
- HCPCS: S2065
- ICD-10-PCS: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2
- SNOMED CT US Edition: 52213001, 70536003, 175899003, 175901007, 175902000, 236138007, 313030004, 711411006, 711413009, 765478004, 765479007, 782655004, 6471000179103

Bone Marrow Transplant

- ICD-10-PCS: 30230AZ, 30230C0, 30230G0, 30230G2, 30230G3, 30230G4, 30230U2, 30230U3, 30230U4, 30230X0, 30230X2, 30230X3, 30230X4, 30230Y0, 30230Y2, 30230Y3, 30230Y4, 30233AZ, 30233C0, 30233G0, 30233G2, 30233G3, 30233G4, 30233U2, 30233U3, 30233U4, 30233X0, 30233X2, 30233X3, 30233X4, 30233Y0,

30233Y2, 30233Y3, 30233Y4, 30240AZ, 30240C0, 30240G0, 30240G2, 30240G3, 30240G4, 30240U2, 30240U3, 30240U4, 30240X0, 30240X2, 30240X3, 30240X4, 30240Y0, 30240Y2, 30240Y3, 30240Y4, 30243AZ, 30243C0, 30243G0, 30243G2, 30243G3, 30243G4, 30243U2, 30243U3, 30243U4, 30243X0, 30243X2, 30243X3, 30243X4, 30243Y0, 30243Y2, 30243Y3, 30243Y4

- SNOMED CT US Edition: 19944001, 23719005, 46280001, 58390007, 58776007, 234331007, 234332000, 234333005, 234334004, 234335003, 234336002, 425563003, 426425001, 427423003, 442557006, 445757003, 446253009, 709115004, 711429001, 1172516002, 174241000112100

Organ Transplant Other Than Kidney:

- CPT: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556
- HCPCS: S2053, S2054, S2055, S2060, S2061, S2152
- ICD-10-PCS: 02YA0Z0, 02YA0Z1, 02YA0Z2, 07YM0Z0, 07YM0Z1, 07YM0Z2, 07YP0Z0, 07YP0Z1, 07YP0Z2, 0BYC0Z0, 0BYC0Z1, 0BYC0Z2, 0BYD0Z0, 0BYD0Z1, 0BYD0Z2, 0BYF0Z0, 0BYF0Z1, 0BYF0Z2, 0BYG0Z0, 0BYG0Z1, 0BYG0Z2, 0BYH0Z0, 0BYH0Z1, 0BYH0Z2, 0BYJ0Z0, 0BYJ0Z1, 0BYJ0Z2, 0BYK0Z0, 0BYK0Z1, 0BYK0Z2, 0BYL0Z0, 0BYL0Z1, 0BYL0Z2, 0BYM0Z0, 0BYM0Z1, 0BYM0Z2, 0DY50Z0, 0DY50Z1, 0DY50Z2, 0DY60Z0, 0DY60Z1, 0DY60Z2, 0DY80Z0, 0DY80Z1, 0DY80Z2, 0DYE0Z0, 0DYE0Z1, 0DYE0Z2, 0FY00Z0, 0FY00Z1, 0FY00Z2, 0FYG0Z0, 0FYG0Z1, 0FYG0Z2, 0UY00Z0, 0UY00Z1, 0UY00Z2, 0UY10Z0, 0UY10Z1, 0UY10Z2, 0UY90Z0, 0UY90Z1, 0UY90Z2, 0WY20Z0, 0WY20Z1, 0XYJ0Z0, 0XYJ0Z1, 0XYK0Z0, 0XYK0Z1, 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1
- SNOMED CT US Edition: 1958001, 8773000, 12528003, 14681002, 22595005, 30998000, 32413006, 32477003, 32956007, 34905004, 35280008, 35896003, 47058000, 52614004, 56278001, 56283009, 61535006, 61876009, 62399001, 62438007, 62511003, 67075000, 67562009, 71020001, 71947008, 76077004, 88039007, 118158008, 119661004, 128531006, 174691005, 174692003, 174693008, 174694002, 174802006, 174808005, 174809002, 178856007, 178858008, 180090008, 198662005, 232657004, 232658009, 232659001, 232660006, 232973007, 232974001, 239243008, 239602000, 277451006, 287239002, 288031008, 288093008, 345797001, 405768001, 422130009, 425616008, 426463009, 426984008, 429332008, 439008003, 439925004, 441751006, 441754003, 447981001, 1156251008, 1186995001, 1197603005, 6471000179103, 452031000124100

Introduction of Autologous Pancreatic Cells

- ICD-10-PCS: 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1

Potentially Planned Procedures

- ICD-10-PCS: 0210083- XRGD092*
- **With** Acute Condition ICD-10-CM: A00.0-Z99.89*

*Please note that not all codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

Inpatient Stay

- UBREV: 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002

Observation Stay

- UBREV: 0760, 0762, 0769

HFO - Acute Hospitalization Following Outpatient Orthopedic Surgery

Product Lines: Advantage MD.
Measurement Period: January 1–December 31.

Description:
For persons 65 years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis that occurred within 15 days following select outpatient orthopedic surgeries.

Data Collection: Administrative.
Note: Supplemental data may only be used for the hospice exclusion.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** Persons 65 years of age and older as of the outpatient orthopedic surgery episode date.
- **Gender/Sex Criteria:** Female, Male
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the outpatient orthopedic episode date through 15 days after the episode date.
- **Allowable gap:**
  - 365 days prior to the outpatient orthopedic surgery episode: No more than one gap of ≤45 days.
  - Outpatient general orthopedic episode through 15 days after the episode: No gaps.

Definition:
Direct transfer: A direct transfer occurs when the discharge date from an initial stay is followed by an admission to a subsequent stay within one calendar day or less. Direct transfers can occur between different facilities and between acute inpatient and observation settings.
Outpatient orthopedic surgery episode: A qualifying outpatient orthopedic surgery that occurs on or between January 1 and December 16 of the measurement period, as identified in the denominator
Outpatient orthopedic surgery episode date: The date of service for a qualifying outpatient orthopedic surgery episode. For episodes that span more than 1 calendar day, use the last service date as the episode date.
Planned hospital stay: A hospital stay that meets criteria of the numerator exclusion.

Denominator:
Outpatient general orthopedic episodes (Orthopedic Surgery Value Set with Ambulatory Surgery POS Value Set) between January 1 and December 16 of the measurement period.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
Acute hospitalization within 2 and 15 days of the outpatient orthopedic surgery episode.

Best Practice and Measure Tips

- New Measure for HEDIS MY 2026.
- This measure tracks unplanned acute hospitalizations within 15 days of select outpatient surgeries in patients aged 65 and older, so early intervention is key to preventing avoidable admissions.
- Implement a structured post-op follow-up protocol within 48–72 hours after outpatient general surgery. This should include:
    - Proactive outreach (phone call or telehealth) to assess pain, wound healing, mobility, and signs of complications.
    - Medication reconciliation to ensure patients understand and adhere to prescriptions.
    - Clear discharge instructions with red flags and when to seek care.
    - Easy access to urgent care or surgical team to avoid unnecessary ED visits or admissions.

Ensure Accurate and Complete Claims Documentation for Risk Adjustment Integrity

Why it matters: The HFO measure uses **claims-based diagnoses only** to calculate risk adjustment scores. This means that any missing or inaccurate diagnosis coding can distort the expected hospitalization rate and negatively impact performance.

Actionable steps for providers:

- **Thoroughly document all relevant comorbidities** during patient visits, especially chronic and high-risk conditions that influence hospitalization risk.
- **Document observation stays clearly**, including clinical rationale and service dates.
- **Use specific and complete ICD-10 codes**—avoid unspecified or vague diagnoses.
- Ensure **diagnoses reflect the patient's condition at the time of service**, not just historical data.
- Collaborate with clinical teams to **clarify documentation gaps** that affect coding accuracy.
- Ensure **timely claim submission** to avoid missing the measurement window.
- Do not rely on supplemental data to improve risk scores, as only diagnoses captured through claims are considered valid.
- Perform **routine audits** of diagnosis coding and claim completeness.
- **When documenting patient transfers:**
    - **Record transfers between facilities as separate admissions.**
    - **Clearly indicate changes in service level within the same institution** (e.g., ICU to step-down unit) to ensure accurate classification.
    - **Differentiate service categories** such as acute vs. nonacute or mental health vs. non-mental health services when applicable.

By focusing on precise documentation and claims integrity, providers can help ensure fair risk adjustment and better reflect the complexity of their patient population.

Measure Exclusions

Denominator Exclusions:
Exclude outpatient general surgery episodes that meet any of the following criteria:

- Persons in hospice or using hospice services any time during the measurement period.

- Occurs the day (1) before an inpatient stay or observation stay admission date or at any time during an inpatient or observation stay.

Numerator Exclusions:
Acute hospitalization within 15 days of the outpatient general surgery episode excludes inpatient and observation stay discharges with any of the following criteria on the discharge claim:

- Nonacute inpatient stays
- A planned hospital stay using any of the following:
- A principal diagnosis of maintenance chemotherapy.
- A principal diagnosis of rehabilitation.
- An organ transplant.
- A potentially planned procedure without a principal acute diagnosis.

Exclusion Codes

Nonacute Inpatient Stay

- UREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002
- UBTOB (Type of Bill codes): 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z

Chemotherapy Encounter

- ICD-10-CM: Z51.0, Z51.11, Z51.12

Rehabilitation

- ICD-10-CM: Z44.001, Z44.002, Z44.009, Z44.011, Z44.012, Z44.019, Z44.021, Z44.022, Z44.029, Z44.101, Z44.102, Z44.109, Z44.111, Z44.112, Z44.119, Z44.121, Z44.122, Z44.129, Z44.30, Z44.31, Z44.32, Z44.8, Z44.9, Z45.1, Z45.31, Z45.320, Z45.321, Z45.328, Z45.41, Z45.42, Z45.49, Z45.811, Z45.812, Z45.819, Z46.82, Z46.89, Z46.9

Kidney Transplant

- CPT: 50360, 50365, 50380
- HCPCS: S2065
- ICD-10-PCS: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2
- SNOMED CT US Edition: 52213001, 70536003, 175899003, 175901007, 175902000, 236138007, 313030004, 711411006, 711413009, 765478004, 765479007, 782655004, 6471000179103

Bone Marrow Transplant

- ICD-10-PCS: 30230AZ, 30230C0, 30230G0, 30230G2, 30230G3, 30230G4, 30230U2, 30230U3, 30230U4, 30230X0, 30230X2, 30230X3, 30230X4, 30230Y0, 30230Y2, 30230Y3, 30230Y4, 30233AZ, 30233C0, 30233G0, 30233G2, 30233G3, 30233G4, 30233U2, 30233U3, 30233U4, 30233X0, 30233X2, 30233X3, 30233X4, 30233Y0,

30233Y2, 30233Y3, 30233Y4, 30240AZ, 30240C0, 30240G0, 30240G2, 30240G3, 30240G4, 30240U2, 30240U3, 30240U4, 30240X0, 30240X2, 30240X3, 30240X4, 30240Y0, 30240Y2, 30240Y3, 30240Y4, 30243AZ, 30243C0, 30243G0, 30243G2, 30243G3, 30243G4, 30243U2, 30243U3, 30243U4, 30243X0, 30243X2, 30243X3, 30243X4, 30243Y0, 30243Y2, 30243Y3, 30243Y4

- SNOMED CT US Edition: 19944001, 23719005, 46280001, 58390007, 58776007, 234331007, 234332000, 234333005, 234334004, 234335003, 234336002, 425563003, 426425001, 427423003, 442557006, 445757003, 446253009, 709115004, 711429001, 1172516002, 174241000112100

Organ Transplant Other Than Kidney:

- CPT: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556
- HCPCS: S2053, S2054, S2055, S2060, S2061, S2152
- ICD-10-PCS: 02YA0Z0, 02YA0Z1, 02YA0Z2, 07YM0Z0, 07YM0Z1, 07YM0Z2, 07YP0Z0, 07YP0Z1, 07YP0Z2, 0BYC0Z0, 0BYC0Z1, 0BYC0Z2, 0BYD0Z0, 0BYD0Z1, 0BYD0Z2, 0BYF0Z0, 0BYF0Z1, 0BYF0Z2, 0BYG0Z0, 0BYG0Z1, 0BYG0Z2, 0BYH0Z0, 0BYH0Z1, 0BYH0Z2, 0BYJ0Z0, 0BYJ0Z1, 0BYJ0Z2, 0BYK0Z0, 0BYK0Z1, 0BYK0Z2, 0BYL0Z0, 0BYL0Z1, 0BYL0Z2, 0BYM0Z0, 0BYM0Z1, 0BYM0Z2, 0DY50Z0, 0DY50Z1, 0DY50Z2, 0DY60Z0, 0DY60Z1, 0DY60Z2, 0DY80Z0, 0DY80Z1, 0DY80Z2, 0DYE0Z0, 0DYE0Z1, 0DYE0Z2, 0FY00Z0, 0FY00Z1, 0FY00Z2, 0FYG0Z0, 0FYG0Z1, 0FYG0Z2, 0UY00Z0, 0UY00Z1, 0UY00Z2, 0UY10Z0, 0UY10Z1, 0UY10Z2, 0UY90Z0, 0UY90Z1, 0UY90Z2, 0WY20Z0, 0WY20Z1, 0XYJ0Z0, 0XYJ0Z1, 0XYK0Z0, 0XYK0Z1, 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1
- SNOMED CT US Edition: 1958001, 8773000, 12528003, 14681002, 22595005, 30998000, 32413006, 32477003, 32956007, 34905004, 35280008, 35896003, 47058000, 52614004, 56278001, 56283009, 61535006, 61876009, 62399001, 62438007, 62511003, 67075000, 67562009, 71020001, 71947008, 76077004, 88039007, 118158008, 119661004, 128531006, 174691005, 174692003, 174693008, 174694002, 174802006, 174808005, 174809002, 178856007, 178858008, 180090008, 198662005, 232657004, 232658009, 232659001, 232660006, 232973007, 232974001, 239243008, 239602000, 277451006, 287239002, 288031008, 288093008, 345797001, 405768001, 422130009, 425616008, 426463009, 426984008, 429332008, 439008003, 439925004, 441751006, 441754003, 447981001, 1156251008, 1186995001, 1197603005, 6471000179103, 452031000124100

Introduction of Autologous Pancreatic Cells

- ICD-10-PCS: 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1

Potentially Planned Procedures

- ICD-10-PCS: 0210083- XRGD092*
- **With** Acute Condition ICD-10-CM: A00.0-Z99.89*

*Please note that not all codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

Inpatient Stay

- UBREV: 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002

Observation Stay

- UBREV: 0760, 0762, 0769

HFU - Acute Hospitalization Following Outpatient Urologic Surgery

Product Lines: Advantage MD.
Measurement Period: January 1–December 31.

Description:
For persons 65 years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute hospitalizations (inpatient and observation stays) for any diagnosis that occurred within 15 days following select outpatient urologic surgeries.

Data Collection: Administrative.
Note: Supplemental data may only be used for the hospice exclusion.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** Persons 65 years of age and older as of the outpatient urologic surgery episode date.
- **Gender/Sex Criteria:** Female, Male
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the outpatient urologic episode date through 15 days after the episode date.
- **Allowable gap:**
  - 365 days prior to the outpatient urologic surgery episode: No more than one gap of ≤45 days.
  - Outpatient general urologic episode through 15 days after the episode: No gaps.

Definition:
Direct transfer: A direct transfer occurs when the discharge date from an initial stay is followed by an admission to a subsequent stay within one calendar day or less. Direct transfers can occur between different facilities and between acute inpatient and observation settings.
Outpatient urologic surgery episode: A qualifying outpatient urologic surgery that occurs on or between January 1 and December 16 of the measurement period, as identified in the denominator.
Outpatient urologic surgery episode date: The date of service for a qualifying outpatient urologic surgery episode. For episodes that span more than 1 calendar day, use the last service date as the episode date.
Planned hospital stay: A hospital stay that meets criteria of the numerator exclusion.

Denominator:
Outpatient general urologic surgeries (Urologic Surgery Value Set with Ambulatory Surgery POS Value Set) between January 1 and December 16 of the measurement period.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
Acute hospitalization within 2 and 15 days of the outpatient urologic surgery episode.

Best Practice and Measure Tips

- New Measure for HEDIS MY 2026.
- This measure tracks unplanned acute hospitalizations within 15 days of select outpatient surgeries in patients aged 65 and older, so early intervention is key to preventing avoidable admissions.
- Implement a structured post-op follow-up protocol within 48–72 hours after outpatient general surgery. This should include:
    - Proactive outreach (phone call or telehealth) to assess pain, wound healing, mobility, and signs of complications.
    - Medication reconciliation to ensure patients understand and adhere to prescriptions.
    - Clear discharge instructions with red flags and when to seek care.
    - Easy access to urgent care or surgical team to avoid unnecessary ED visits or admissions.

Ensure Accurate and Complete Claims Documentation for Risk Adjustment Integrity

Why it matters: The HFU measure uses **claims-based diagnoses only** to calculate risk adjustment scores. This means that any missing or inaccurate diagnosis coding can distort the expected hospitalization rate and negatively impact performance.

Actionable steps for providers:

- **Thoroughly document all relevant comorbidities** during patient visits, especially chronic and high-risk conditions that influence hospitalization risk.
- **Document observation stays clearly**, including clinical rationale and service dates.
- **Use specific and complete ICD-10 codes**—avoid unspecified or vague diagnoses.
- Ensure **diagnoses reflect the patient's condition at the time of service**, not just historical data.
- Collaborate with clinical teams to **clarify documentation gaps** that affect coding accuracy.
- Ensure **timely claim submission** to avoid missing the measurement window.
- Do not rely on supplemental data to improve risk scores, as only diagnoses captured through claims are considered valid.
- Perform **routine audits** of diagnosis coding and claim completeness.
- **When documenting patient transfers:**
    - **Record transfers between facilities as separate admissions.**
    - **Clearly indicate changes in service level within the same institution** (e.g., ICU to step-down unit) to ensure accurate classification.
    - **Differentiate service categories** such as acute vs. nonacute or mental health vs. non-mental health services when applicable.

By focusing on precise documentation and claims integrity, providers can help ensure fair risk adjustment and better reflect the complexity of their patient population.

Measure Exclusions

Denominator Exclusions:
Exclude outpatient general surgery episodes that meet any of the following criteria:

- Persons in hospice or using hospice services any time during the measurement period.

- Occurs the day (1) before an inpatient stay or observation stay admission date or at any time during an inpatient or observation stay.

Numerator Exclusions:
Acute hospitalization within 15 days of the outpatient general surgery episode excludes inpatient and observation stay discharges with any of the following criteria on the discharge claim:

- Nonacute inpatient stays
- A planned hospital stay using any of the following:
  - A principal diagnosis of maintenance chemotherapy.
  - A principal diagnosis of rehabilitation.
  - An organ transplant.
  - A potentially planned procedure without a principal acute diagnosis.

Exclusion Codes

Nonacute Inpatient Stay

- UREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002
- UBTOB (Type of Bill codes): 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z

Chemotherapy Encounter

- ICD-10-CM: Z51.0, Z51.11, Z51.12

Rehabilitation

- ICD-10-CM: Z44.001, Z44.002, Z44.009, Z44.011, Z44.012, Z44.019, Z44.021, Z44.022, Z44.029, Z44.101, Z44.102, Z44.109, Z44.111, Z44.112, Z44.119, Z44.121, Z44.122, Z44.129, Z44.30, Z44.31, Z44.32, Z44.8, Z44.9, Z45.1, Z45.31, Z45.320, Z45.321, Z45.328, Z45.41, Z45.42, Z45.49, Z45.811, Z45.812, Z45.819, Z46.82, Z46.89, Z46.9

Kidney Transplant

- CPT: 50360, 50365, 50380
- HCPCS: S2065
- ICD-10-PCS: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2
- SNOMED CT US Edition: 52213001, 70536003, 175899003, 175901007, 175902000, 236138007, 313030004, 711411006, 711413009, 765478004, 765479007, 782655004, 6471000179103

Bone Marrow Transplant

- ICD-10-PCS: 30230AZ, 30230C0, 30230G0, 30230G2, 30230G3, 30230G4, 30230U2, 30230U3, 30230U4, 30230X0, 30230X2, 30230X3, 30230X4, 30230Y0, 30230Y2, 30230Y3, 30230Y4, 30233AZ, 30233C0, 30233G0, 30233G2, 30233G3, 30233G4, 30233U2, 30233U3, 30233U4, 30233X0, 30233X2, 30233X3, 30233X4, 30233Y0,

30233Y2, 30233Y3, 30233Y4, 30240AZ, 30240C0, 30240G0, 30240G2, 30240G3, 30240G4, 30240U2, 30240U3, 30240U4, 30240X0, 30240X2, 30240X3, 30240X4, 30240Y0, 30240Y2, 30240Y3, 30240Y4, 30243AZ, 30243C0, 30243G0, 30243G2, 30243G3, 30243G4, 30243U2, 30243U3, 30243U4, 30243X0, 30243X2, 30243X3, 30243X4, 30243Y0, 30243Y2, 30243Y3, 30243Y4

- SNOMED CT US Edition: 19944001, 23719005, 46280001, 58390007, 58776007, 234331007, 234332000, 234333005, 234334004, 234335003, 234336002, 425563003, 426425001, 427423003, 442557006, 445757003, 446253009, 709115004, 711429001, 1172516002, 174241000112100

Organ Transplant Other Than Kidney:

- CPT: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556
- HCPCS: S2053, S2054, S2055, S2060, S2061, S2152
- ICD-10-PCS: 02YA0Z0, 02YA0Z1, 02YA0Z2, 07YM0Z0, 07YM0Z1, 07YM0Z2, 07YP0Z0, 07YP0Z1, 07YP0Z2, 0BYC0Z0, 0BYC0Z1, 0BYC0Z2, 0BYD0Z0, 0BYD0Z1, 0BYD0Z2, 0BYF0Z0, 0BYF0Z1, 0BYF0Z2, 0BYG0Z0, 0BYG0Z1, 0BYG0Z2, 0BYH0Z0, 0BYH0Z1, 0BYH0Z2, 0BYJ0Z0, 0BYJ0Z1, 0BYJ0Z2, 0BYK0Z0, 0BYK0Z1, 0BYK0Z2, 0BYL0Z0, 0BYL0Z1, 0BYL0Z2, 0BYM0Z0, 0BYM0Z1, 0BYM0Z2, 0DY50Z0, 0DY50Z1, 0DY50Z2, 0DY60Z0, 0DY60Z1, 0DY60Z2, 0DY80Z0, 0DY80Z1, 0DY80Z2, 0DYE0Z0, 0DYE0Z1, 0DYE0Z2, 0FY00Z0, 0FY00Z1, 0FY00Z2, 0FYG0Z0, 0FYG0Z1, 0FYG0Z2, 0UY00Z0, 0UY00Z1, 0UY00Z2, 0UY10Z0, 0UY10Z1, 0UY10Z2, 0UY90Z0, 0UY90Z1, 0UY90Z2, 0WY20Z0, 0WY20Z1, 0XYJ0Z0, 0XYJ0Z1, 0XYK0Z0, 0XYK0Z1, 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1
- SNOMED CT US Edition: 1958001, 8773000, 12528003, 14681002, 22595005, 30998000, 32413006, 32477003, 32956007, 34905004, 35280008, 35896003, 47058000, 52614004, 56278001, 56283009, 61535006, 61876009, 62399001, 62438007, 62511003, 67075000, 67562009, 71020001, 71947008, 76077004, 88039007, 118158008, 119661004, 128531006, 174691005, 174692003, 174693008, 174694002, 174802006, 174808005, 174809002, 178856007, 178858008, 180090008, 198662005, 232657004, 232658009, 232659001, 232660006, 232973007, 232974001, 239243008, 239602000, 277451006, 287239002, 288031008, 288093008, 345797001, 405768001, 422130009, 425616008, 426463009, 426984008, 429332008, 439008003, 439925004, 441751006, 441754003, 447981001, 1156251008, 1186995001, 1197603005, 6471000179103, 452031000124100

Introduction of Autologous Pancreatic Cells

- ICD-10-PCS: 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1

Potentially Planned Procedures

- ICD-10-PCS: 0210083- XRGD092*
- **With** Acute Condition ICD-10-CM: A00.0-Z99.89*

*Please note that not all codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

Inpatient Stay

- UBREV: 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002

Observation Stay

- UBREV: 0760, 0762, 0769

SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18 years of age and older during the measurement period, with schizophrenia or schizoaffective disorder, who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 18 years of age and older as of the start of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
IPSD - Index prescription start date: The earliest prescription dispensing date for any antipsychotic medication during the measurement year.
Long-acting injections dispensing event: Injections count as one dispensing event. Multiple codes (from the value sets and medication lists) for the same or different medication on the same day count as a single dispensing event.
Oral medication dispensing event: One prescription of an amount lasting 30 days or less. Multiple prescriptions for different medications dispensed on the same day count as separate dispensing events. If multiple prescriptions for the same medication are dispensed on the same day, use the prescription with the longest days supply. Use the medication lists to determine if drugs are the same or different. Drugs in different lists are considered different drugs.
PDC - Proportion of days covered: The number of days a member is covered by at least one antipsychotic medication prescription, divided by the number of days in the treatment period.
Treatment period: The period of time beginning on the IPSD through the last day of the measurement year.

Denominator:
Persons with a diagnosis of schizophrenia or schizoaffective disorder.
Persons with schizophrenia or schizoaffective disorder as those who met at least one of the following criteria during the measurement period:
- At least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder.
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder.

Numerator:
The number of members who achieved a PDC of at least 80% for their antipsychotic medications during the measurement year.

Best Practice and Measure Tips

- Ensure providers maintain appointment availability and schedule follow-up appointments before patients leave.
- Reach out to patients who miss follow-up appointments, set flags in the EHR, or develop a tracking system for those due or past due for follow-up visits, and require staff to follow up with patients who miss or cancel appointments.
- Coordinate care with patients' behavioral health specialists.
- Promptly reschedule appointments for patients who cancel or offer Telehealth visits.
- Ways to help patients find care they need:
    - Verify if the mental health provider is a good fit by considering location, transportation and time.
    - Identify and address any barriers that may prevent member from keeping the appointment.
    - Making sure member has a good support system by engaging parents/guardian or significant others in the treatment plan, stressing the importance of treatment, and attending to their appointment.
    - Share all transition of care with the member's Primary Care Physician (PCP) to ensure members follows-up with the treatment plan.
    - Ensure member has a PCP.
- Member / Caregiver Education:
    - Consistently adhering to the medication regiment.
    - Discuss potential medication side effects with patients and inform them what to do if the side effect is severe and can potentially result in lack of adherence to the medication regiment and treatment plan and when to contact the provider.
    - Discuss potential medication side effects.
        - When to contact provider and what to do if the side effect is severe.
    - Crisis Intervention options.
- Submit all claims with correct service coding and principal diagnosis timely.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.

EHP Behavioral Health: 410-424-4891
EHP Behavioral Health (Secured): 410-424-4765
USFHP Mental Health: 410-424-4839
AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age and older by the last day of the measurement period, with frailty.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an Institutional Special Needs Plan (I-SNP) or Living long-term in an institution (LTI).
- A diagnosis of dementia during the measurement period.
- Persons who did not have at least two antipsychotic medication dispensing events.

Exclusion Codes

Dementia

- ICD-10-CM: F01.50, F01.51, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.81, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.91, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83
- SNOMED CT US Edition: 281004, 4817008, 6475002, 9345005, 10349009, 10532003, 12348006, 14070001, 15662003, 25772007, 26852004, 26929004, 32875003, 51928006, 52448006, 54502004, 55009008, 56267009, 59651006, 62239001, 65096006, 66108005, 70936005, 82959004, 90099008, 111480006*

* Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

- Long Acting Injections 28 Days Supply HCPCS:
  - J0401 Injection, aripiprazole (abilify maintena), 1 mg
  - J1631 Injection, haloperidol decanoate, per 50 mg
  - J1943 Injection, aripiprazole lauroxil, (aristada initio), 1 mg
  - J1944 Injection, aripiprazole lauroxil, (aristada), 1 mg

  - J2358 Injection, olanzapine, long-acting, 1 mg
  - J2426 Injection, paliperidone palmitate extended release (invega sustenna), 1 mg
  - J2680 Injection, fluphenazine decanoate, up to 25 mg
- Long Acting Injections 14 Days Supply HCPCS:
  - J2794 Injection, risperidone (risperdal consta), 0.5 mg
  - J2801 Injection, risperidone (rykindo), 0.5 mg
- Injection, risperidone, (perseris), 0.5 mg HCPCS: J2798

Measure Medications

Oral Antipsychotic Medications

- Amitriptyline Perphenazine Oral Medications
- Aripiprazole Oral Medications
- Asenapine Oral Medications
- Brexpiprazole Oral Medications
- Cariprazine Oral Medications
- Chlorpromazine Oral Medications
- Clozapine Oral Medications
- Fluphenazine Oral Medications
- Haloperidol Oral Medications
- Iloperidone Oral Medications
- Loxapine Oral Medications
- Lumateperone Oral Medications
- Lurasidone Oral Medications
- Molindone Oral Medications
- Olanzapine Oral Medications
- Paliperidone Oral Medications
- Perphenazine Oral Medications
- Prochlorperazine Oral Medications
- Quetiapine Oral Medications
- Risperidone Oral Medications
- Thioridazine Oral Medications
- Thiothixene Oral Medications
- Trifluoperazine Oral Medications
- Trospium Xanomeline Oral Medications
- Ziprasidone Oral Medications

Long-Acting Injections

Long Acting Injections 14 Days Supply Medications

- Risperidone (excluding Perseris®)

Long Acting Injections 28 Days Supply Medications

- Aripiprazole
- Aripiprazole lauroxil
- Fluphenazine decanoate
- Haloperidol decanoate
- Olanzapine

Long Acting Injections 30 Days Supply Medications

- Risperidone(Perseris®)

Long Acting Injections 35 Days Supply Medications: risperidone

- Amitriptyline-perphenazine (Erzofri, Invega)

Long Acting Injections 104 Days Supply Medications

- Amitriptyline-perphenazine (Invega)

Long Acting Injections 201 Days Supply Medications

- Amitriptyline-perphenazine (Invega)

AIS-E - Adult Immunization Status

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Definition:
The percentage of persons 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and coronavirus disease 2019 (COVID-19).
Stratifications:
Influenza and Td/Tdap: Age as of the start of the measurement period.

- 19–64 years.
- 65 years and older.

Zoster: Age as of the start of the measurement period.

- 50–64 years.
- 65 years and older.

Pneumococcal and COVID-19: Age as of the start of the measurement period.

- 65 years and older.

Hepatitis B: Age as of the start of the measurement period.

- 19–30 years.
- 31–59 years.

Report stratification by race and ethnicity.

Measure Reporting:
CMS Start Rating Measure for Annual Flu Vaccine.
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:**
  - Initial populations 1 and 2: 19 years of age and older at the start of the measurement period.
  - Initial population 3: 50 years of age and older at the start of the measurement period.
  - Initial populations 4 and 6: 65 years of age and older at the start of the measurement period.
  - Initial population 5: 19–59 years of age at the start of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:

Denominator 1 and Denominator 2: Immunization status—Influenza and Td/Tdap.
The initial populations 1 and 2 minus denominator exclusions.
Denominator 3: Immunization status—Zoster.
The initial population 3 minus denominator exclusions.
Denominator 4 and Denominator 6: Immunization status—Pneumococcal and COVID-19.
The initial populations 4 and 6 minus denominator exclusions.
Denominator 5: Immunization status—Hepatitis B.
The initial population 5 minus denominator exclusions.

Numerator:
Numerator 1: Immunization Status—Influenza
- Persons who received an influenza vaccine or influenza virus LAIV vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, **OR**
- Members with anaphylaxis due to the influenza vaccine any time before or during the measurement period.

Numerator 2: Immunization Status—Td/Tdap
- Persons who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period, **OR**
- Persons with a history of at least one of the following contraindications any time before or during the measurement period:
    - Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine.
    - Encephalitis due to the diphtheria, tetanus or pertussis vaccine.

Numerator 3: Immunization Status—Zoster
- Persons who received two doses of the herpes zoster recombinant vaccine at least 28 days apart, on October 20, 2017, through the end of the measurement period, **OR**
- Persons with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period.

Numerator 4: Immunization Status—Pneumococcal
- Persons who received at least one dose of an adult pneumococcal vaccine on or after their 19th birthday, before or during the measurement period, **OR**
- Persons with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period.

Numerator 5: Immunization Status—Hepatitis B
- Persons who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday.
- One of the three vaccinations can be a newborn hepatitis B vaccination during the 8-day period that begins on the date of birth and ends 7 days after the date of birth. For example, if the member's date of birth is December 1, the newborn hepatitis B vaccination must be on or between December 1 and December 8.
- Persons who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following:
    - At least two doses of the recommended two-dose adult hepatitis B vaccine administered at least 28 days apart; **OR**
    - At least three doses of any other recommended adult hepatitis B vaccine administered on different days of service.
- Persons who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period. Any of the following meet criteria:

    - A test with a result greater than 10 mIU/mL.
    - A test with a finding of immunity (Hepatitis B Test Result or Finding Value Set).
- Persons with a history of or immunity to hepatitis B illness any time before or during the measurement period.
- Persons with anaphylaxis due to the hepatitis B vaccine any time before or during the measurement period.

Numerator 6: Immunization Status—COVID-19

- Persons who received at least one dose of a COVID-19 vaccine that occurred both on or between July 1 of the year prior to the measurement period and June 30 of the measurement period and on or after their 65th birthday, **OR**
- Persons with anaphylaxis due to the COVID-19 vaccine any time before or during the measurement period.

Summary of changes:
Added the COVID-19 indicator for adults 65 and older. This indicator is in first-year status for measurement year 2026.
National Drug Code (NDC) has been added to the measures to identify self-administration of influenza vaccine.

Best Practice and Measure Tips

- Advise patient on the importance of completing each vaccine series.
- Provide handouts.
- Educate members on vaccination and side effects.
- Review immunization records at each visits and catch up with any missing immunizations.
- Office improvement opportunity
    - Place guidelines to schedule visits within the CDC guidelines timeframe. Reference the CDC Immunization Vaccine Schedule: https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html
    - Contact member to re-schedule any missed appointment for their vaccination.
    - Use your electronic medical record (EMR) to set flags with immunization gap timeframes.
    - Ensure that members' medical records include immunization history from all sources.
    - Train medical staff to answer questions about vaccinations, administer vaccinations, and document vaccinations.
    - **Use measure codes and exclusion code listed below when submitting claims to make member compliant by administrative data.**
    - DOCUMENT ANY PATIENT REFUSAL FOR IMMUNIZATIONS. This does not exclude member from measure.
    - The below count towards compliance for the vaccine. Document with event date:
        - Anaphylaxis due to the vaccine.
        - Evidence of the antigen or combination vaccine.
        - Documented history of the illness.

Acceptable documentation:

- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

- A note indicating the name of the specific antigen and immunization date.

Not Acceptable:

- A note the "member is up to date" with all immunizations but does not list the dates and names of all immunizations.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Adult Influenza

- CPT: 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
- CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 320
- Anaphylaxis due to the influenza vaccine SNOMED CT: 471361000124100
- NDC: 66019011251

Influenza Virus LAIV

- CPT: 90660, 90672
- CVX: 111, 149, 333

Td

- CPT: 90714
- CVX: 09, 113, 138, 139

Tdap

- CPT: 90715
- CVX: 115

Td/Tdap

- Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine:
- SNOMED CT: 428281000124107, 428291000124105
- Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine SNOMED CT: 192710009, 192711008, 192712001

Zoster

- CPT: 90750
- CVX: 187
- Anaphylaxis Due to Herpes Zoster Vaccine SNOMED CT: 471371000124107, 471381000124105

Pneumococcal

- CPT: 90670, 90671, 90677, 90684, 90732
- HCPCS: G0009
- CVX: 33, 109, 133, 152, 215, 216, 327
- Anaphylaxis Due to the pneumococcal vaccine SNOMED CT: 471141000124102

Hepatitis B

- Childhood hepatitis B vaccine
    - CPT: 90697, 90723, 90740, 90744, 90747, 90748
    - HCPCS: G0010
    - CVX: 08, 44, 45, 51, 110, 146, 198

    - One of the three vaccinations can be a newborn hepatitis B vaccination ICD-10-PCS: 3E0234Z
- Adult hepatitis B vaccine
    - Two (2) dose
        - CPT: 90739, 90743
        - CVX: 189
    - Three (3) dose
        - CPT: 90740, 90744, 90746, 90747, 90759
        - CVX: 43, 44, 45, 104, 220
- Hepatitis B antigen lab test
    - A hepatitis B test with threshold of 10 with a result greater than 10 mIU/mL LOINC: 16935-9, 49495-5, 5193-8
    - A hepatitis B pre-vaccination test **with** a hepatitis B finding of immunity.
        - Pre-vaccination Tests LOINC: 104785-1, 106938-4, 10900-9, 13919-6, 13952-7, 16933-4, 16935-9, 22316-4, 22318-0, 22319-8, 22322-2, 24113-3, 31204-1, 32019-2, 32685-0, 39535-0, 40725-4, 48070-7, 49177-9, 5185-4, 5186-2, 5187-0, 5188-8, 51914-0, 5193-8, 5194-6, 5195-3, 5196-1, 5197-9, 58405-2, 58452-4, 63557-3, 65633-0, 70154-0, 75378-0, 75409-3, 75410-1, 7905-3, 83100-8, 95234-1, 99385-7
        - Positive Hepatitis B Test Result or Findings SNOMED CT US Edition: 105811000119100, 10828004, 165806002, 260373001, 271511000, 313234004, 406117000, 736687002
- History of or immunity to hepatitis B illness (Positive Hepatitis B Status)
    - ICD-10-CM: B16.0, B16.1, B16.2, B16.9, B18.0, B18.1, B19.10, B19.11
    - SNOMED CT US Edition: 1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 61977001, 66071002, 76795007, 111891008, 165806002, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 271511000, 313234004, 406117000, 424099008, 424340000, 429721005, 442134007, 442374005, 446698005, 713966008, 736687002, 838380002, 1230342001, 59851000119103, 103611000119102, 105811000119100, 153091000119109, 551621000124109, 16859701000119109
- Anaphylaxis due to the hepatitis B vaccine SNOMED CT code 428321000124101

Adult COVID19

- CPT: 91304, 91320, 91322
- CVX: 309, 312, 313
- Anaphylaxis due to the COVID-19 vaccine SNOMED CT code 914587451000119107

AAP - Adults' Access to Preventive/Ambulatory Health Services

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 20 years of age and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Persons enrolled in Medicaid and Medicare who had an ambulatory or preventive care visit during the measurement period.
- Persons enrolled in commercial who had an ambulatory or preventive care visit during the measurement period or the 2 years prior to the measurement period.

Stratifications:
Age as of the last day of the measurement period.

- 20–44 years.
- 45–64 years.
- 65 years and older.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 20 years of age and older as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:**
  - Medicaid and Medicare: The measurement period.
  - Commercial: The measurement period and 730 days prior to the measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during each year of the continuous enrollment period. No gaps on the last day of the measurement period.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Medicaid and Medicare: One or more ambulatory or preventive visits during the measurement period.
Commercial: One or more ambulatory or preventive visits during the measurement period or the 2 years prior to the measurement period.

Best Practice and Measure Tips

- Ensure members are seen within specified timeframes for each line of business.

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

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Use the following code to identify ambulatory or preventive care visits:
Ambulatory Visits

- CPT: 92002, 92004, 92012, 92014, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 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, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99457, 99458, 99470, 99483
- HCPCS: G0071, G0402, G0438, G0439, G0463, G0544, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 18170008, 19681004, 162651007, 162655003, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 185317003, 207195004, 209099002, 210098006, 243788004, 268563000, 268565007, 281029006, 281031002, 314849005, 386472008, 386473003, 401140000, 401267002, 410620009, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 699134002, 712791009, 713020001, 783260003, 1269517007, 1269518002
- UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0524, 0525, 0526, 0527, 0528, 0529, 0982, 0983

Reason for Ambulatory Visit

- ICD-10-CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.84, Z02.89, Z02.9, Z76.1, Z76.2

ACP - Advance Care Planning

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP).
Measurement Period: January 1–December 31.

Description:
The percentage of persons 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and persons 81 years of age and older who had advance care planning during the measurement period.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 66 years of age and older as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
Advance care planning: A discussion or documentation about preferences for resuscitation, life-sustaining treatment and end of life care.

Denominator:
Persons 66–80 years of age as of the last day of the measurement period who meet any of the following criteria:
- Advanced illness. Either of the following during the measurement period:
  - Advanced illness on at least two different dates of service.
  - Dispensed dementia medication.
- Frailty. An indication of frailty during the measurement period.
- Palliative care. Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period.

Persons 81 years of age and older, as of the last day of the measurement period.

Numerator:
Advance care planning.
Evidence of advance care planning during the measurement period.

Best Practice and Measure Tips

- Have a discussion or documentation about preferences for resuscitation, life-sustaining treatment and end of life care.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Numerator Exclusions:

For CPT Category II codes do not include:

- Laboratory claims (POS 81).
- CPT CAT II Modifier.

Measure Codes

Advance Care Planning

- CPT: 99483, 99497
- CPT- CAT- II: 1123F, 1124F, 1157F,1158F
- HCPCS: S0257
- ICD-10-CM: Z66 Do not resuscitate
- SNOMED CT US Edition: 310301000, 310302007, 310303002, 310305009, 423606002, 425392003, 425393008, 425394002, 425395001, 425396000, 425397009, 699388000, 713058002, 713580008, 713600001, 713602009, 713603004, 713662007, 713665009, 714361002, 714748000, 719238004, 719239007, 719240009, 3011000175104, 3021000175108, 3031000175106, 3041000175100, 3061000175101, 4921000175109, 87691000119105

CWP - Appropriate Testing for Pharyngitis

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
Percentage of episodes for persons ages 3 years and older where the person was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Stratifications:
Ages as of the episode date.
- 3–17 years.
- 18–64 years.
- 65 years and older.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** 1–4 years of age as of the last day of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** 30 days prior to the episode date through 3 days after the episode date (34 total days).
- **Allowable gap:** None.

Definition:
Episode date: The date of service for any outpatient, telephone or ED visit, e-visit or virtual check-in during the intake period with a diagnosis of pharyngitis.
Intake period: July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period captures eligible episodes of treatment.
Negative comorbid condition history: A period of 365 days prior to and including the episode date when the person had no claims/encounters with any diagnosis for a comorbid condition (366 days total).
Negative competing diagnosis: The episode date and 3 days following the episode date when the person had no claims/encounters with a competing diagnosis.
Negative medication history: To qualify for negative medication history, the following criteria must be met:
- A period of 30 days prior to the episode date when the person had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
- No prescriptions dispensed more than 30 days prior to the episode date that are active on the episode date.

A prescription is considered active if the “days supply” indicated on the date when the person was dispensed the prescription is the number of days or more between that date and the

relevant service date. The 30-day look-back period for pharmacy data includes the 30 days prior to the intake period.

Denominator:
Episodes of pharyngitis diagnosis where an antibiotic was dispensed.

- Persons who had an outpatient, ED, telephone or e-visit or virtual check-in during the intake period with a diagnosis of pharyngitis.
- Antibiotics (CWP Antibiotic Medications List) dispensed on or up to 3 days after the episode dates.

Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
Group A streptococcus testing.
Episodes for which a group A streptococcus test occurred in the 7-day period from 3 days prior to the episode date through 3 days after the episode date.

Best Practice and Measure Tips

This measure addresses appropriate treatment for pharyngitis with a strep test and, if appropriate, prescription of an antibiotic within three days of the test.

A pharyngitis diagnosis can be from an outpatient visit, online assessment, telehealth visit, emergency department or observation visit between July 1 of the year prior to the measurement year and June 30 of the measurement year that did not result in an inpatient stay.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- 12 months prior to or on the episode date diagnosis of Comorbid Conditions.
- Episode dates where a new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date.
- Persons who had a claim/encounter with a competing diagnosis on or 3 days after the episode date.

Exclusion Codes

Comorbid Conditions

- ICD-10-CM: A15.0, A17.0, A18.01, A19.0, B44.81, D57.01, D61.810, D70.0, D71, D72.0, D75.81, D76.1, D86.0, E84.0, J22, J41.0, J42, J47.0, J60, J61, J62.0, J63.0, J64, J65, J66.0, J67.0, J68.0, J69.0, J70.0, J80, J81.0, J84.01, J85.0, J86.0, J90, J91.0, J92.0, J93.0, J94.0, J95.00, J95.01, J96.00, J98.51, J99, M05.10, M30.1, M32.13, M33.01, M34.81, M35.02, O98.011, P27.0, Q25.45, Q30.0, Q31.0, Q32.0, Q33.0, Q34.0, Q34.1, Q39.0, Q89.01*

Competing Diagnosis

- ICD-10-CM: A00.0, A02.0, A03.0, A04.0, A05.0, A06.0, A07.0, A08.0, A09, A37.00, A44.0, A50.01, A54.00, A55, A56.00, A57, A58, A59.00, A59.9, A63.0, A64, A69.0, A69.9, B60.00, B64, B78.1, B96.89, E83.2, H66.001, H67.1, H70.001, H95.00, J01.00, J04.10, J05.0, J13, J14, J15.0, J16.0, J17, J18.0, J20.0, J32.0, J35.01, J38.7, J39.0, K05.20, K12.2, L01.00, L03.011, L04.0, L08.1, L92.8, L98.0, M46.20, M89.00, M90.80, N10, N12, N13.0, N15.1, N16, N30.00, N39.0, N41.0, N70.01, N71.0, N72, N73.0, N74, N75.0, N76.0, N77.0, Z20.2, Z22.4*

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to Comorbid Conditions and Competing Diagnosis Value Set, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

Group A Strep Test

- CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
- LOINC: 17898-8, 626-2, 17656-0, 11268-0, 31971-5, 6558-1, 6559-9, 18481-2, 6557-3, 78012-2, 49610-9, 103627-6, 101300-2, 60489-2, 5036-9, 68954-7, 105062-4, 105063-2

Pharyngitis

- ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
- SNOMED CT US Edition: 140004, 652005, 1532007, 2365002, 10351008, 11461005, 14465002, 17741008, 27878001, 31309002, 39271004, 40766000, 41582007, 43878008, 51209006, 55355000, 58031004, 59471009, 63866002, 72430001, 76651006, 78430008, 78911000, 82228008, 87326000, 90176007, 90979004, 95885008, 111816002, 126664009, 126665005, 186357007, 186659004, 186963008, 195655000, 195656004, 195657008, 195658003, 195659006, 195660001, 195662009, 195663004, 195666007, 195667003, 195668008, 195669000, 195670004, 195671000, 195672007, 195673002, 195676005, 195677001, 195709006, 195779005, 195780008, 195782000, 195803003, 195804009, 195924009, 232399005, 232400003, 232401004, 232402006, 232403001, 232405008, 232406009, 232417005, 240444009, 240547000, 302911003, 312422001, 363746003, 405737000, 415724006, 703468005, 721586007, 878818001, 1296672005, 92971000087109, 133171000119105, 10629231000119109, 10629271000119107

Measure Medications

The following antibiotic medications dispensed on, or up to 3 days after, a pharyngitis diagnosis, will be included in the denominator.

CWP Antibiotic Medications

- Amoxicillin
- Amoxicillin-clavulanate
- Ampicillin
- Azithromycin
- Cefaclor
- Cefadroxil
- Cefazolin
- Cefdinir
- Cefixime
- Cefpodoxime
- Cefprozil
- Ceftriaxone
- Cefuroxime
- Cephalexin
- Ciprofloxacin
- Clarithromycin
- Clindamycin
- Doxycycline
- Erythromycin
- Levofloxacin
- Minocycline
- Moxifloxacin
- Ofloxacin
- Penicillin G Benzathine
- Penicillin G Potassium
- Penicillin G Sodium
- Penicillin V Potassium
- Sulfamethoxazole-trimethoprim
- Tetracycline
- Trimethoprim

URI - Appropriate Treatment for Upper Respiratory Infection

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of episodes for persons 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Stratifications:
Ages as of the episode date.
- 3 months–17 years.
- 18–64 years.
- 65 years and older.

Improvement Notation: Increased score indicates improvement.
Note: Reported as an inverted rate [1–(numerator/denominator)].
A higher rate indicates appropriate treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).

Data Collection: Administrative.
Note: Supplemental data may not be used for this measure, except for denominator exclusions.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** 3 months of age or older as of the episode date.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** 30 days prior to the episode date through 3 days after the episode date (34 total days).
- **Allowable gap:** None.

Definition:
Episode date: The date of service for any outpatient, telephone or ED visit, e-visit or virtual check-in during the intake period with a diagnosis of URI.
Intake period: July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period captures eligible episodes of treatment.
Negative comorbid condition history: A period of 365 days prior to and including the episode date when the person had no claims/encounters with a diagnosis for a comorbid condition (366 days total).
Negative competing diagnosis: The episode date and 3 days following the episode date when the person had no claims/encounters with a competing diagnosis.
Negative medication history: To qualify for negative medication history, the following criteria must be met:
- A period of 30 days prior to the episode date when the person had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
- No prescriptions dispensed more than 30 days prior to the episode date that are active on the episode date.

A prescription is considered active if the "days supply" indicated on the date when the person was dispensed the prescription is the number of days or more between that date and the relevant service date. The 30-day look-back period for pharmacy data includes the 30 days prior to the intake period.

Denominator:
Episodes of upper respiratory infection diagnosis.
Persons who had an outpatient visit, ED visit telephone visit, e-visit or virtual check-in during the intake period, with a diagnosis of URI.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person. If a person has more than one eligible episode in a 31-day period, only the first eligible episode will be included.

Numerator:
Antibiotic medication was dispensed.
Dispensed prescription for an antibiotic medication (AAB Antibiotic Medications List) on or 3 days after the episode date.

Best Practice and Measure Tips

This measure addresses appropriate treatment for upper respiratory infection. With strong adherence to evidence-based symptomatic care, patient education, precise coding, and diligent documentation, providers can ensure both high-quality clinical outcomes and excellent performance on the HEDIS Appropriate Treatment for URI measure.

Documentation for Quality Reporting
- Record strep test results or at least refusal.
- Use correct diagnosis code J00, J06.0, J06.9.
- Thoroughly document comorbidities, competing diagnoses, or active antibiotic use and, if appropriate, prescription of an antibiotic within three days of the test.

Education & Communication
- Clarify to patients the difference between viral and bacterial infections.
- Provide symptomatic relief guidance (rest, fluids, acetaminophen/NSAIDs, saline irrigation).

Measure Exclusions

Denominator Exclusions:
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Exclude visits that result in an inpatient stay.
- Episode dates where the person had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date.
- Episode dates where a new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date.
- Episode dates where the person had a claim/encounter with a competing diagnosis on or three days after the episode date.

Exclusion Codes

Comorbid Conditions

- ICD-10-CM: A15.0, A17.0, A18.01, A19.0, B44.81, D57.01, D61.810, D70.0, D71, D72.0, D75.81, D76.1, D86.0, E84.0, J22, J41.0, J42, J47.0, J60, J61, J62.0, J63.0, J64, J65, J66.0, J67.0, J68.0, J69.0, J70.0, J80, J81.0, J84.01, J85.0, J86.0, J90, J91.0, J92.0, J93.0, J94.0, J95.00, J95.01, J96.00, J98.51, J99, M05.10, M30.1, M32.13, M33.01, M34.81, M35.02, O98.011, P27.0, Q25.45, Q30.0, Q31.0, Q32.0, Q33.0, Q34.0, Q34.1, Q39.0, Q89.01*

Competing Diagnosis

- ICD-10-CM: A00.0, A02.0, A03.0, A04.0, A05.0, A06.0, A07.0, A08.0, A09, A37.00, A44.0, A50.01, A54.00, A55, A56.00, A57, A58, A59.00, A59.9, A63.0, A64, A69.0, A69.9, B60.00, B64, B78.1, B96.89, E83.2, H66.001, H67.1, H70.001, H95.00, J01.00, J04.10, J05.0, J13, J14, J15.0, J16.0, J17, J18.0, J20.0, J32.0, J35.01, J38.7, J39.0, K05.20, K12.2, L01.00, L03.011, L04.0, L08.1, L92.8, L98.0, M46.20, M89.00, M90.80, N10, N12, N13.0, N15.1, N16, N30.00, N39.0, N41.0, N70.01, N71.0, N72, N73.0, N74, N75.0, N76.0, N77.0, Z20.2, Z22.4*

Pharyngitis

- ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
- SNOMED CT US Edition: 140004, 652005, 1532007, 2365002, 10351008, 11461005, 14465002, 17741008, 27878001, 31309002, 39271004, 40766000, 41582007, 43878008, 51209006, 55355000, 58031004, 59471009, 63866002, 72430001, 76651006, 78430008, 78911000, 82228008, 87326000, 90176007, 90979004, 95885008, 111816002, 126664009, 126665005, 186357007, 186659004, 186963008, 195655000, 195656004, 195657008, 195658003, 195659006, 195660001, 195662009, 195663004, 195666007, 195667003, 195668008, 195669000, 195670004, 195671000, 195672007, 195673002, 195676005, 195677001, 195709006, 195779005, 195780008, 195782000, 195803003, 195804009, 195924009, 232399005, 232400003, 232401004, 232402006, 232403001, 232405008, 232406009, 232417005, 240444009, 240547000, 302911003, 312422001, 363746003, 405737000, 415724006, 703468005, 721586007, 878818001, 1296672005, 92971000087109, 133171000119105, 10629231000119109, 10629271000119107

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to Comorbid Conditions and Competing Diagnosis Value Set, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Medications

AAB Antibiotic Medications List

- Amikacin
- Amoxicillin
- Amoxicillin-clavulanate
- Ampicillin
- Ampicillin-sulbactam
- Azithromycin
- Aztreonam
- Cefaclor
- Cefadroxil
- Cefazolin
- Cefdinir
- Cefepime
- Cefixime
- Cefotaxime
- Cefotetan
- Cefoxitin
- Cefpodoxime
- Cefprozil
- Ceftazidime
- Ceftriaxone
- Cefuroxime
- Cephalexin
- Chloramphenicol
- Ciprofloxacin
- Clarithromycin
- Clindamycin
- Dalfopristin-quinupristin
- Daptomycin
- Dicloxacillin
- Doxycycline
- Erythromycin
- Fosfomycin
- Gemifloxacin
- Gentamicin
- Levofloxacin
- Lincomycin
- Linezolid
- Metronidazole
- Minocycline
- Moxifloxacin
- Nafcillin
- Nitrofurantoin
- Nitrofurantoin, macrocrystals-nitrofurantoin, nonohydrate
- Ofloxacin
- Oxacillin
- Penicillin G benzathine
- Penicillin G benzathine-penicillin G Procaine
- Penicillin G potassium
- Penicillin G procaine
- Penicillin G sodium
- Penicillin V potassium
- Piperacillin-tazobactam
- Rifampin
- Streptomycin
- Sulfadiazine
- Sulfamethoxazole-trimethoprim
- Tetracycline
- Tobramycin
- Trimethoprim
- Vancomycin

AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of episodes for persons 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Stratifications:
Age as of the episode date.
- 3 months–17 years.
- 18–64 years.
- 65 years and older.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.
Note: Reported as an inverted rate [1–(numerator/denominator)].
A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).

Data Collection: Administrative.
Note: Supplemental data may not be used for this measure, except for denominator exclusions.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** 3 months of age or older as of the episode date.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** 30 days prior to the episode date through 3 days after the episode date (34 days total).
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
Episode date: The date of service for any outpatient, telephone or ED visit, e-visit or virtual check-in during the intake period with a diagnosis of acute bronchitis/ bronchiolitis.
Intake period: July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period captures eligible episodes of treatment.
Negative comorbid condition history: A period of 365 days prior to and including the episode date when the person had no claims/encounters with any diagnosis for a comorbid condition (366 total days).
Negative competing diagnosis: The episode date and 3 days following the episode date when the person had no claims/encounters with any competing diagnosis.
Negative medication dispensed history: To qualify for negative medication history, the following criteria must be met:

- A period of 30 days prior to the episode date when the person had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
- No prescriptions dispensed more than 30 days prior to the episode date that are active on the episode date.

A prescription is considered active if the "days supply" indicated on the date when the person was dispensed the prescription is the number of days or more between that date and the relevant service date. The 30-day look-back period for pharmacy data includes the 30 days prior to the intake period.

Denominator:
Episodes of acute bronchitis/bronchiolitis diagnosis.
Persons who had an outpatient, ED, telephone or e-visit or virtual check-in visit during the intake period with a diagnosis of acute bronchitis/bronchiolitis.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person. If a person has more than one eligible episode in a 31-day period, only the first eligible episode will be included.

Numerator:
Antibiotic medication was dispensed.
Dispensed prescription for an antibiotic medication on or 3 days after the episode date.

Best Practice and Measure Tips

- Avoid prescribing an antibiotic unless there is a bacterial etiology.
- When antibiotics are needed for a patient with acute bronchitis / bronchiolitis with comorbid conditions: submit codes on the same claim to remove member from measure.
    - Examples: HIV, Malignant Neoplasm, Emphysema, COPD
- An episode will not count toward the measure denominator if the member was diagnosed with pharyngitis or a competing diagnosis, if the visit resulted in an inpatient stay on or 3 days after the episode date.
- Not exclusions for this HEDIS measure: asthma and diabetes diagnosis; Symptoms such as fever, cough and wheezing; tobacco use.
- This measure is based on episodes; members may have multiple episodes.
- CDC offers a number of materials and tools about antibiotic resistance, appropriate prescribing and use for common infections.
    - Permission is not needed to print, copy, or distribute any materials. Visit the CDC website.
- Telehealth visits are allowed for this measure.

Measure Exclusions

Denominator Exclusions:
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Exclude visits that result in an inpatient stay.
- Episode dates where the person had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date.

- Episode dates where a new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date.
- Episode dates where the person had a claim/encounter with a competing diagnosis on or three days after the episode date.

Exclusion Codes

Comorbid Conditions

- ICD-10-CM: A15.0, A17.0, A18.01, A19.0, B44.81, D57.01, D61.810, D70.0, D71, D72.0, D75.81, D76.1, D86.0, E84.0, J22, J41.0, J42, J47.0, J60, J61, J62.0, J63.0, J64, J65, J66.0, J67.0, J68.0, J69.0, J70.0, J80, J81.0, J84.01, J85.0, J86.0, J90, J91.0, J92.0, J93.0, J94.0, J95.00, J95.01, J96.00, J98.51, J99, M05.10, M30.1, M32.13, M33.01, M34.81, M35.02, O98.011, P27.0, Q25.45, Q30.0, Q31.0, Q32.0, Q33.0, Q34.0, Q34.1, Q39.0, Q89.01*

Competing Diagnosis

- ICD-10-CM: A00.0, A02.0, A03.0, A04.0, A05.0, A06.0, A07.0, A08.0, A09, A37.00, A44.0, A50.01, A54.00, A55, A56.00, A57, A58, A59.00, A59.9, A63.0, A64, A69.0, A69.9, B60.00, B64, B78.1, B96.89, E83.2, H66.001, H67.1, H70.001, H95.00, J01.00, J04.10, J05.0, J13, J14, J15.0, J16.0, J17, J18.0, J20.0, J32.0, J35.01, J38.7, J39.0, K05.20, K12.2, L01.00, L03.011, L04.0, L08.1, L92.8, L98.0, M46.20, M89.00, M90.80, N10, N12, N13.0, N15.1, N16, N30.00, N39.0, N41.0, N70.01, N71.0, N72, N73.0, N74, N75.0, N76.0, N77.0, Z20.2, Z22.4*

Pharyngitis

- ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
- SNOMED CT US Edition: 140004, 652005, 1532007, 2365002, 10351008, 11461005, 14465002, 17741008, 27878001, 31309002, 39271004, 40766000, 41582007, 43878008, 51209006, 55355000, 58031004, 59471009, 63866002, 72430001, 76651006, 78430008, 78911000, 82228008, 87326000, 90176007, 90979004, 95885008, 111816002, 126664009, 126665005, 186357007, 186659004, 186963008, 195655000, 195656004, 195657008, 195658003, 195659006, 195660001, 195662009, 195663004, 195666007, 195667003, 195668008, 195669000, 195670004, 195671000, 195672007, 195673002, 195676005, 195677001, 195709006, 195779005, 195780008, 195782000, 195803003, 195804009, 195924009, 232399005, 232400003, 232401004, 232402006, 232403001, 232405008, 232406009, 232417005, 240444009, 240547000, 302911003, 312422001, 363746003, 405737000, 415724006, 703468005, 721586007, 878818001, 1296672005, 92971000087109, 133171000119105, 10629231000119109, 10629271000119107

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to Comorbid Conditions and Competing Diagnosis Value Set, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

Diagnosis of acute bronchitis/bronchiolitis:

- ICD-10-CM: J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9

- SNOMED CT US Edition: 718004, 5505005, 5875001, 10509002, 15199004, 35301006, 80257001, 195714005, 195717003, 195725001, 195726000, 195727009, 195728004, 195729007, 195737004, 195739001, 233601004, 233602006, 233603001, 266403005, 275495004, 312371005, 312400008, 425748003, 442025000, 445102008, 714203003, 735464006, 785745000, 293241000119100, 138389411000119105

Measure Medications

To comply with this measure, episode dates will not count where a new or refill prescription for an antibiotic medication (AAB Antibiotic Medications List) was dispensed 30 days prior to the episode date or was active on the episode date. Otherwise, a dispensed prescription for any of below medication on or 3 days after the episode date, will count.

AAB Antibiotic Medications List

- Amikacin
- Amoxicillin
- Amoxicillin-clavulanate
- Ampicillin
- Ampicillin-sulbactam
- Azithromycin
- Aztreonam
- Cefaclor
- Cefadroxil
- Cefazolin
- Cefdinir
- Cefepime
- Cefixime
- Cefotaxime
- Cefotetan
- Cefoxitin
- Cefpodoxime
- Cefprozil
- Ceftazidime
- Ceftriaxone
- Cefuroxime
- Cephalexin
- Chloramphenicol
- Ciprofloxacin
- Clarithromycin
- Clindamycin
- Dalfopristin-quinupristin
- Daptomycin
- Dicloxacillin
- Doxycycline
- Erythromycin
- Fosfomycin
- Gemifloxacin
- Gentamicin
- Levofloxacin
- Lincomycin
- Linezolid
- Metronidazole
- Minocycline
- Moxifloxacin
- Nafcillin
- Nitrofurantoin
- Nitrofurantoin, macrocrystals-nitrofurantoin, nonohydrate
- Ofloxacin
- Oxacillin
- Penicillin G benzathine
- Penicillin G benzathine-penicillin G Procaine
- Penicillin G potassium
- Penicillin G procaine
- Penicillin G sodium
- Penicillin V potassium
- Piperacillin-tazobactam
- Rifampin
- Streptomycin
- Sulfadiazine
- Sulfamethoxazole-trimethoprim
- Tetracycline
- Tobramycin
- Trimethoprim
- Vancomycin

BPD/BPD-E - Blood Pressure Control for Patients with Diabetes

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure (BP) was adequately controlled (< 140/90) during the measurement period.
Note: Uses last BP of the year.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, ECDS, Hybrid, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 18–75 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during each year of continuous enrollment. No gaps on the last day of the measurement period.

Denominator:
Persons with a diagnosis of diabetes.
- Claim/encounter data. At least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period.
- Pharmacy data. At least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication during the measurement period or the year prior to the measurement period.

Numerator:
Both a systolic and diastolic reading <140/90 mm Hg.
The most recent BP reading taken during the measurement period.
- **Compliant:** BP is <140/90 mm Hg.
- **Non-compliant:** BP is ≥140/90 mm Hg; no BP reading during the measurement period; or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

Summary of changes:
This is the first year this measure is reported using ECDS and the measure will be in first year status for measurement year 2026.

Best Practice and Measure Tips

BP reading must be the last BP result performed within the measurement year.
See CBP Measure for tips.

Measure Exclusions

Denominator Exclusions:

- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Diagnosis code on a laboratory claim (POS 81) for:
    - Diabetes
    - Frailty
    - Advance illness
    - Palliative care

Numerator Exclusions:

- Do not include CPT Category II codes with a CPT Category II modifier.
- Do not include BPs taken in an acute inpatient setting or during an ED visit (POS code 23).

Measure Codes

Systolic Blood Pressure

- Systolic Less Than 140 CPT-CAT-II: 3074F (<130 mm Hg), 3075F (130-139 mm Hg)
- Systolic Greater Than or Equal to 140 CPT-CAT-II: 3077F
- LOINC: 8459-0, 8480-6, 8508-4, 8546-4, 8547-2, 75997-7

Diastolic Blood Pressure

- Diastolic Less Than 90 CPT-CAT-II: 3078F (<80 mm Hg), 3079F (80-89 mm Hg)
- Diastolic Greater Than or Equal to 90 CPT-CAT-II: 3080F
- LOINC: 8453-3, 8462-4, 8496-2, 8514-2, 8515-9, 75995-1

Measure Medications

Diabetes Medications List

Alpha-glucosidase inhibitors
- Acarbose
- Miglitol

Amylin analogs
- Pramlintide

Antidiabetic combinations
- Alogliptin-metformin
- Alogliptin-pioglitazone
- Canagliflozin-metformin
- Dapagliflozin-metformin
- Dapagliflozin-saxagliptin
- Empagliflozin-linagliptin
- Empagliflozin-metformin
- Empagliflozin-linagliptin-metformin
- Ertugliflozin-metformin
- Ertugliflozin-sitagliptin
- Glimepiride-pioglitazone
- Glipizide-metformin
- Glyburide-metformin
- Linagliptin-metformin
- Metformin-pioglitazone
- Metformin-rosiglitazone
- Metformin-saxagliptin
- Metformin-sitagliptin

Insulin
- Insulin aspart
- Insulin aspart-insulin aspart protamine
- Insulin degludec
- Insulin degludec-liraglutide
- Insulin detemir
- Insulin glargine
- Insulin glargine-lixisenatide
- Insulin glulisine
- Insulin isophane human
- Insulin isophane-insulin regular
- Insulin lispro
- Insulin lispro-insulin lispro protamine
- Insulin regular human

Meglitinides
- Nateglinide
- Repaglinide

Biguanides
- Metformin

Glucagon-like peptide-1 (GLP1) agonists
- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Sodium glucose cotransporter 2 (SGLT2) inhibitor
- Canagliflozin
- Dapagliflozin
- Empagliflozin
- Ertugliflozin

Sulfonylureas
- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide
- Tolazamide
- Tolbutamide

Thiazolidinediones
- Pioglitazone
- Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors
- Alogliptin
- Linagliptin
- Saxagliptin
- Sitagliptin

BPC-E - Blood Pressure Control for Patients With Hypertension

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.

Stratifications: Report stratification by race and ethnicity.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Person.
- **Age:**18–85 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons with a diagnosis of hypertension.
Persons who meet either of the following criteria:
- At least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.
- At least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension and at least one dispensed antihypertensive medication on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.

Numerator:
Both a systolic and diastolic reading <140/90 mm Hg.
The most recent BP reading taken during the measurement period.
- **Compliant:** BP is <140/90 mm Hg.
- **Non-compliant:** BP is ≥140/90 mm Hg; no BP reading during the measurement period; or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

Best Practice and Measure Tips

- Ensure member has a BP monitor to use at home.

- Since this is an electronic measure, data is only collected during the Prospective time frame.
    - Submit on claims measure codes for systolic and diastolic blood pressure results.
- Record and date all complete BPs in the medical records. If member is using a remote monitoring devise at home, be sure the results are in the member's medical record.
- Allow patient to rest for at least 5 minutes before taking the BP. Select appropriately sized BP cuff, and place cuff on bare arm.
- Ensure patient is seated with feet on the floor, back supported and arm supported at heart level.
- If office uses manual blood pressure cuffs, do not round up the BP reading.
- If initial BP is equal to or > 140/90, retake the member's BP after they've had time to rest. If BP remains elevated, ensure member follows up for BP check.
    - Since the last BP in the year is used, have member follow up for elevated BPs prior to the end of the year or have member report BP Readings from home if a visit is not possible. Be sure any member reported information is dated and information is available in the member's medical record.
- Implement process and procedures for staff to follow to accurately take BP reading. See American Medical Association (AMA) Control High BP best practices for recommendations and opportunities for improvement (https://www.ama-assn.org/system/files/2019-01/measure-accurately-best-practices.pdf).
- Educate member of the important of managing blood pressure. Ensure member has a BP monitor to use at home. Provide resource such as flayer and tracking log.
    - AMA Self-measured blood pressure (SMBP) quick guide
    - AMA Self-measured blood pressure log
- BPs cannot be used from inpatient stays, ER visits, or any BP taken the same day as a diagnostic test or procedure requiring a change in medication regiment change or a change in diet.

Measure Exclusions

Denominator Exclusions:

- Persons receiving Palliative Care or who had an encounter for palliative care any time during the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age or older by the last day of the measurement period, with frailty.
- Members Persons with End-stage renal disease (ESRD) diagnosis or procedure: Dialysis, Total or Partial Nephrectomy, Kidney Transplant any time during the member's history on or prior to the last day of the measurement period.
- Members Persons with a diagnosis of pregnancy any time during the measurement period.
- Non-acute inpatient admission during the measurement period.
- This includes rehabilitation, nursing home, inpatient mental health, etc.
- Laboratory claims (claims with POS code 81).

Numerator Exclusions:

- Do not include CPT Category II codes (Systolic and Diastolic Result Value Set) with a modifier (CPT CAT II Modifier Value Set).
- Do not include BPs taken in an acute inpatient setting or ED visit.

Exclusion Codes

Dialysis Procedure
- CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512
- HCPCS: G0257, S9339
- ICD-10-PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
- SNOMED CT US Edition: 676002, 11932001, 14684005, 34897002, 57274006, 67970008, 68341005, 71192002, 108241001, 225230008, 225231007, 233575001, 233576000, 233577009, 233578004, 233579007, 233580005, 233581009, 233582002, 233583007, 233584001, 233585000, 233586004, 233587008, 233588003, 233589006, 233590002, 238318009, 238319001, 238321006, 238322004, 238323009, 265764009, 288182009, 302497006, 427053002, 428648006, 698074000, 708930002, 708931003, 708932005, 708933000, 708934006, 714749008, 715743002, 895382009, 1231768001

ESRD Diagnosis
- ICD-10-CM: N18.5, N18.6
- SNOMED CT US Edition: 46177005, 236434000, 236435004, 236436003, 433146000, 698810000, 704667004, 707324008, 712487000, 714152005, 714153000, 1332467008, 711000119100, 90761000119106, 90771000119100, 90791000119104, 96711000119105, 111411000119103, 120261000119101, 127991000119101, 128001000119105, 129161000119100, 140101000119109, 153851000119106, 153891000119101, 285011000119108, 285841000119104, 286371000119107, 368461000119103, 368471000119109, 434431000124103

History of Nephrectomy or Kidney Transplant
- ICD-10-CM: Z90.5, Z94.0
- SNOMED CT US Edition: 48994000, 161665007

Kidney Transplant
- CPT: 50360, 50365, 50380
- HCPCS: S2065
- ICD-10-PCS: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2
- SNOMED CT US Edition: 52213001, 70536003, 175899003, 175901007, 175902000, 236138007, 313030004, 711411006, 711413009, 765478004, 765479007, 782655004, 6471000179103

Partial Nephrectomy
- CPT: 50240
- ICD-10-PCS: 0TB00ZZ, 0TB03ZZ, 0TB04ZZ, 0TB07ZZ, 0TB08ZZ, 0TB10ZZ, 0TB13ZZ, 0TB14ZZ, 0TB17ZZ, 0TB18ZZ
- SNOMED CT US Edition: 48994000, 49780003, 51870000, 58367002, 81516001, 85250002, 88994001, 149579003, 149581001, 149584009, 175908001, 175909009, 175910004, 175916005, 175917001, 175918006, 175919003, 175920009, 236140002, 287729007, 289754003, 290691008, 439739008, 446894005, 699719001, 699720007, 708929007, 1119317007, 1119318002, 1119319005, 1119320004

Total Nephrectomy
- CPT: 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548

- ICD-10-PCS: 0TT00Z0, 0TT00Z1, 0TT00Z2, 0TT00ZZ, 0TT04ZG, 0TT04ZZ, 0TT10Z0, 0TT10Z1, 0TT10Z2, 0TT10ZZ, 0TT14ZG, 0TT14ZZ, 0TT20ZZ, 0TT24ZG, 0TT24ZZ
- SNOMED CT US Edition: 1866009, 12976005, 48643009, 48994000, 58367002, 85250002, 88930008, 88994001, 116033007, 116166009, 149579003, 149583003, 149584009, 175905003, 175906002, 175909009, 175910004, 175911000, 175914008, 175915009, 265550007, 284348003, 287729007, 289754003, 290691008, 361249003, 439235001, 439964001, 440446009, 442919002, 443869003, 444083005, 446296004, 446990000, 447527008, 447531002, 698869007, 699719001, 699720007, 708908003, 712998006, 714031000, 722149000, 765472003, 765473008, 1017216005, 1017217001, 1017218006, 1017219003, 1289993008, 6561000179108

Nonacute Inpatient Stay

- UBREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002
- UBTOB: 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z

Pregnancy

- ICD-10-CM Maternal conditions: O00-O9A.52*
- ICD-10-CM Encounter: Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z33.1, Z33.2, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9
- SNOMED CT US: 199305006, 199050003, 10750801000119102, 703309000, 300571009, 366323009, 428567001, 428930004, 429715006, 313180007, 428566005, 313178001, 428058009, 433601000124106, 441924001, 417570003, 11687002, 75022004, 46894009, 40801000119106, 10753491000119101, 237285000, 199141002, 77376005, 34165000, 724485008, 300573007, 300572002, 416402001, 609516006, 609519004, 86081009, 27152008, 87621000, 33370009, 1142097006, 80224003, 1142048002, 10751701000119102, 472699005*

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to Pregnancy Value Set, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

Systolic Blood Pressure

- Systolic Less Than 140 CPT-CAT-II: 3074F (<130 mm Hg), 3075F (130-139 mm Hg)
- Systolic Greater Than or Equal to 140 CPT-CAT-II: 3077F
- LOINC: 8459-0, 8480-6, 8508-4, 8546-4, 8547-2, 75997-7

Diastolic Blood Pressure

- Diastolic Less Than 90 CPT-CAT-II: 3078F (<80 mm Hg), 3079F (80-89 mm Hg)
- Diastolic Greater Than or Equal to 90 CPT-CAT-II: 3080F
- LOINC: 8453-3, 8462-4, 8496-2, 8514-2, 8515-9, 75995-1

BCS-E - Breast Cancer Screening

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.
Note: A unilateral or bilateral mammogram is acceptable; however, a bilateral mammogram is preferred for compliance.

Stratifications:
Age as of the last day of the measurement period.
- 42–51 years.
- 52–74 years.

Report stratification by race and ethnicity.
Report Stratification by SES only for Advantage MD (Medicare product line).

Measure Reporting:
CMS Start Rating Measure.
Population Health Incentive Program (PHIP).
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 42–74 years of age as of the last day of the measurement period.
- **Gender/sex criteria (persons recommended for routine breast cancer screening):**
  - Administrative Gender of Female (AdministrativeGender code female) any time in the person's history.
  - Sex assigned at birth (LOINC code 76689-9) of Female (Female Value Set) any time in the person's history.
  - Sex Parameter for Clinical Use of Female (SexParameterForClinicalUse code female-typical) during the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** October 1 two years prior to the measurement period through the last day of the measurement period.
- **Allowable Gap:**
  - Measurement period: No more than one gap of ≤45 days. No gaps on the last day of the measurement period.
  - Year prior to the measurement period: No more than one gap of ≤45 days.
  - October 1 two years prior to the measurement period through December 31 two years prior to the measurement period: None.

Denominator:

The initial population minus denominator exclusions.

Numerator:
At least one mammogram.
One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement period and the last day of the measurement period.

Best Practice and Measure Tips

- This measure evaluates preventive screening only.
- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Acceptable:
- Bilateral or Unilateral mammogram performed during the measurement period.
    - Results can be submitted for medical record review throughout the year, but medical record review cannot be performed during HEDIS annual audit.
- Documentation "mammogram completed" and date.
    - If documenting a mammogram in a member's history specify mammogram and date of service. If unilateral mammogram, must include documentation of unilateral mastectomy. If the date is unknown, year only is acceptable. The result is not required.
    - Submit the appropriate ICD-10 diagnosis code that reflects a member's history of bilateral mastectomy, Z90.13.
    - Attempt to obtain reports for member reported screening. Notate place of service if unable to obtain report.
    - Educate members on importance of screening mammogram for early detection of breast cancer when there are usually no symptoms.
- Types of mammograms: Screening, Diagnostic, Film, Digital, or Digital Breast Tomosynthesis (3-D Mammogram).

Note: CAD (Computer-Aided Detection) is only designed to help improve Results for Mammography, MRI, CT's and X-rays, but this term alone does not make the member compliant. The appropriate screening type needs to be completed.

Not Acceptable:
- Biopsies, Breast Ultrasounds or MRI's.

Measure Exclusions

Denominator Exclusions:
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.

- Documentation of bilateral mastectomy anytime in member's history through December 31 of the measurement year.
    - Documentation must indicate a mastectomy on both the left and right side on the same or different dates of service.
        - Any of the following meet criteria for bilateral mastectomy:
            - A bilateral mastectomy.
            - A unilateral mastectomy on both the left and right side on the same or different dates of service.
            - Two unilateral mastectomies, which do not specify left and right, must be performed 14 days or more apart.
- Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period.

Exclusion Codes

Bilateral mastectomy
- ICD-10-PCS: 0HTV0ZZ
- SNOMED CT US Edition: 14693006, 14714006, 17086001, 22418005, 27865001, 52314009, 60633004, 76468001, 456903003, 726636007, 836436008, 870629001, 1268980002, 1269061009, 1279986002

Mastectomy (History of Bilateral Mastectomy Value Set)
- ICD-10-CM: [Z90.13] Acquired absence of bilateral breasts and nipples
- SNOMED CT US Edition: 428529004, 136071000119101

Unilateral mastectomy
- CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307
- Modifiers: 50, LT, RT

Absence of Left Breast
- ICD-10-CM: [Z90.12] Acquired absence of left breast and nipple
- SNOMED CT US Edition: 429009003, 137671000119105

Absence of Right Breast
- ICD-10-CM: [Z90.11] Acquired absence of right breast and nipple
- SNOMED CT US Edition: 429242008, 137681000119108

Unilateral Mastectomy Left
- ICD-10-PCS: [0HTT0ZZ] Resection of Right Breast, Open Approach
- SNOMED CT US Edition: 428571003, 726429001, 726435001, 726437009, 741009001, 741018004, 836437004, 451211000124109

Unilateral Mastectomy Right
- ICD-10-PCS: [0HTU0ZZ] Resection of Left Breast, Open Approach
- SNOMED CT US Edition: 429400009, 726430006, 726434002, 726436000, 741010006, 741019007, 836435007, 451201000124106

Clinical Unilateral Mastectomy
- SNOMED CT US Edition: 5835009, 5884001, 24268003, 64837009, 66398006, 70183006, 116221009, 150298000, 150301001, 150302008, 150303003, 150304009, 150305005, 150306006, 150307002, 172039007, 172040009, 172041008, 172042001, 172043006, 172046003, 172047007, 172050005, 237367009, 237368004, 265248000, 274957008, 287652002, 287653007, 287654001, 302341009, 318190001, 359728003, 359731002, 359734005, 359738008, 359740003, 384723003, 395701007, 395702000, 406505007, 428564008, 446109005, 446420001, 447135002, 447421006, 1208601007

- Left mastectomy SNOMED CT US Edition: 361716006
- Right mastectomy SNOMED CT US Edition: 36171005

Gender-affirming chest surgery with a diagnosis of gender dysphoria

- CPT: 19318
- ICD-10-CM: F64.1, F64.2, F64.8, F64.9, Z87.890

Measure Codes

Mammography

- CPT: 77061, 77062, 77063, 77065, 77066, 77067
- LOINC: 86463-7, 72139-9, 91519-9, 91522-3, 72142-3, 72138-1, 91518-1, 91521-5, 72141-5, 72137-3, 91517-3, 91520-7, 72140-7, 86462-9, 103892-6, 38090-7, 26346-7, 48475-8, 26349-1, 46351-3, 26287-3, 37554-3, 37543-6, 37006-4, 37016-3, 26175-0, 48492-3, 46335-6, 37552-7, 37029-6, 37038-7, 36626-0, 38071-7, 42415-0, 37052-8, 36642-7, 38091-5, 26347-5, 69150-1, 26350-9, 26289-9, 37005-6, 38854-6, 37017-1, 26176-8, 103885-0, 46336-4, 37553-5, 37030-4, 38855-3, 36627-8, 38072-5, 42416-8, 37053-6, 37768-9, 26348-3, 69259-0, 26351-7, 26291-5, 37773-9, 37769-7, 37775-4, 26177-6, 103886-8, 46337-2, 38807-4, 37770-5, 37771-3, 37774-7, 38820-7, 37772-1, 46350-5, 46356-2, 46338-0, 46339-8, 46380-2, 36319-2, 36962-9, 24605-8, 103894-2, 24604-1, 37539-4, 24610-8, 37542-8, 24606-6, 103893-4, 37551-9, 37028-8, 37037-9, 36625-2, 38070-9, 69251-7

CRE - Cardiac Rehabilitation

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction (MI), percutaneous coronary intervention (PCI), coronary artery bypass grafting (CABG), heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported:

- **Initiation.** The percentage of persons who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- **Engagement 1.** The percentage of persons who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
- **Engagement 2.** The percentage of persons who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
- **Achievement.** The percentage of persons who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Stratifications:
Age as of episode date.

- 18–64 years of age.
- 65 years of age and older.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 18 years of age and older as of the episode date.
- **Benefits:** Medical.
- **Continuous Enrollment:** Episode date through the following 180 days.
- **Allowable gap:** None.

Definition:
Direct transfer: A direct transfer occurs when the discharge date from an initial stay is followed by an admission to a subsequent stay within one calendar day or less. Direct transfers can occur between different facilities and between acute inpatient and observation settings.
Episode date: The most recent cardiac event during the intake period, including myocardial infarction (MI), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), heart or heart/lung transplant or heart valve repair/ replacement.

- For MI, CABG, heart or heart/lung transplant or heart valve repair/replacement, the episode date is the date of discharge.
- For PCI, the episode date is the date of service.
- For inpatient claims, the episode date is the date of discharge.
- For direct transfers, the episode date is the discharge date from the last admission.

Intake period: July 1 of the year prior to the measurement year to June 30 of the measurement year.

Denominator:
Persons who had any of the following cardiac events during the intake period:

- Persons who had PCI in any setting.
- Persons discharged from an inpatient setting with any of the following on the discharge claim:
    - MI.
    - CABG.
    - Heart or heart/lung transplant.
    - Heart valve repair or replacement.

Note: The direct transfer does not require a cardiac event diagnosis.

Numerator:
Numerator 1 - Initiation.
At least 2 sessions of cardiac rehabilitation on the episode date through 30 days after the episode date (31 total days) (on the same or different dates of service).
Numerator 2 – Engagement 1.
At least 12 sessions of cardiac rehabilitation on the episode date through 90 days after the episode date (91 total days) (on the same or different dates of service).
Numerator 3 - Engagement 2.
At least 24 sessions of cardiac rehabilitation on the episode date through 180 days after the episode date (181 total days) (on the same or different dates of service).
Numerator 4 – Achievement.
At least 36 sessions of cardiac rehabilitation sessions on the episode date through 180 days after the episode date (181 total days) (on the same or different dates of service).
Note: Cardiac rehabilitation sessions on the same date of service count as multiple sessions. For example, if a person has two different codes for cardiac rehabilitation on the same date of service (or one code billed as two units), this count as two sessions of cardiac rehabilitation.

Best Practice and Measure Tips

- Inform members about the clinical benefits of attending and adhering to Cardiac Rehab.
- Implement automatic referrals for eligible members.
- Develop a plan for eligible patients.
- Consider Case Management referral.
- For eligible members without a referral, contact the attending physician to request one.

Measure Exclusions

Denominator Exclusions:

- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age with at least two indications of frailty with different dates of service during the intake period through the last day of the measurement period.

- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Persons with any of the following additional cardiac event during the 180 days after the episode date:
    - Persons who had PCI in any setting.
    - Persons discharged from an inpatient setting with any of the following on the discharge claim: MI, CABG, Heart or heart/lung transplant, Heart valve repair or replacement.
- Exclude cardiac event with both the initial discharge and the direct transfer discharge if the last discharge occurs after June 30 of the measurement period.
- Diagnosis code on a laboratory claim (POS 81) for:
    - Frailty
    - Advance illness
    - Palliative care

Exclusion Codes

MI

- ICD-10-CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.A9, I21.B, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8, I25.6
- SNOMED CT US Edition: 15990001, 22298006, 30277009, 42531007, 52035003, 54329005, 57054005, 58612006, 59063002, 62695002, 64627002, 65547006, 70211005, 70422006, 70998009, 73795002, 76593002, 79009004, 129574000, 194802003, 194809007, 194856005, 194857001, 194858006, 233825009, 233826005, 233827001, 233828006, 233829003, 233830008, 233831007, 233832000, 233833005, 233834004, 233835003, 233836002, 233837006, 233838001, 233843008, 304914007, 307140009, 311792005, 311793000, 311796008, 314207007, 394710008, 401303003, 401314000, 418044006, 428196007, 703164000, 703165004, 703209002, 703210007, 703211006, 703212004, 703213009, 703251009, 703252002, 703253007, 703360004, 836293000, 836294006, 836295007, 840309000, 840312002, 840316004, 840609007, 840680009, 846668006, 846683001, 868214006, 868217004, 868220007, 868224003, 868225002, 868226001, 879955009, 896689003, 896691006, 896696001, 896697005, 1204151009, 1204152002, 1204154001, 1204155000, 1204222000, 1208872002, 1208873007, 17531000119105, 23311000119105, 44811000087108, 44821000087100, 44831000087103, 44841000087109, 44851000087107, 285981000119103, 380001000004106, 12238111000119106, 12238151000119107, 15712841000119100, 15712881000119105, 15712921000119103, 15712961000119108, 15713001000119100, 15713041000119103, 15713081000119108, 15713121000119105, 15713161000119100, 15713201000119105, 15962541000119106, 16837681000119104, 16837721000119105, 726499301000119105

CABG

- CPT: 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536
- HCPCS: S2205, S2206, S2207, S2208, S2209

- ICD-10-PCS: 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF, 0210344, 0210444, 0210483, 0210488, 0210489, 0210493, 0210498, 0210499, 0211344, 0211444, 0211483, 0211488, 0211489, 0211493, 0211498, 0211499, 0212344, 0212444, 0212483, 0212488, 0212489, 0212493, 0212498, 0212499, 0213344, 0213444, 0213483, 0213488, 0213489, 0213493, 0213498, 0213499, 02103D4, 021048C, 021048F, 021048W, 021049C, 021049F, 021049W, 02104A3, 02104A8, 02104A9, 02104AC, 02104AF, 02104AW, 02104D4, 02104J3, 02104J8, 02104J9, 02104JC, 02104JF, 02104JW, 02104K3, 02104K8, 02104K9, 02104KC, 02104KF, 02104KW, 02104Z3, 02104Z8, 02104Z9, 02104ZC, 02104ZF, 02113D4, 021148C, 021148F, 021148W, 021149C, 021149F, 021149W, 02114A3, 02114A8, 02114A9, 02114AC, 02114AF, 02114AW, 02114D4, 02114J3, 02114J8, 02114J9, 02114JC, 02114JF, 02114JW, 02114K3, 02114K8, 02114K9, 02114KC, 02114KF, 02114KW, 02114Z3, 02114Z8, 02114Z9, 02114ZC, 02114ZF, 02123D4, 021248C, 021248F, 021248W, 021249C, 021249F, 021249W, 02124A3, 02124A8, 02124A9, 02124AC, 02124AF, 02124AW, 02124D4, 02124J3, 02124J8, 02124J9, 02124JC, 02124JF, 02124JW, 02124K3, 02124K8, 02124K9, 02124KC, 02124KF, 02124KW, 02124Z3, 02124Z8, 02124Z9, 02124ZC, 02124ZF, 02133D4, 021348C, 021348F, 021348W, 021349C, 021349F, 021349W, 02134A3, 02134A8, 02134A9, 02134AC, 02134AF, 02134AW, 02134D4, 02134J3, 02134J8, 02134J9, 02134JC, 02134JF, 02134JW, 02134K3, 02134K8, 02134K9, 02134KC, 02134KF, 02134KW, 02134Z3, 02134Z8, 02134Z9, 02134ZC, 02134ZF
- SNOMED CT US Edition: 3546002, 8876004, 10190003, 10326007, 14323007, 17073005, 29819009, 30670000, 39202005, 39724006, 48431000, 61236006, 67166004, 74371005, 82247006, 90487008, 119564002, 119565001, 175021005, 175029007, 175047001, 175048006, 175050003, 232717009, 232719007, 232720001, 232721002, 232722009, 232723004, 232724005, 265481001, 275215001, 275216000, 359597003, 359601003, 405598005, 405599002, 414088005, 726011000, 736962007, 736963002, 736964008, 736965009, 736966005, 736967001, 736968006, 736969003, 736970002, 736971003, 736972005, 736973000, 868227005, 868228000, 868230003, 868231004, 870743002, 870744008, 871496000, 871497009, 871498004, 1010291002, 1010570006, 1010571005, 1010572003, 1010688007, 1017203005, 1017205003,

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Heart or heart/lung transplant

- CPT: 33927, 33928, 33935, 33945
- ICD-10-PCS: 02YA0Z0, 02YA0Z1, 02YA0Z2
- SNOMED CT US Edition: 32413006, 32477003, 47058000, 174802006, 174808005, 174809002, 232973007, 232974001, 405768001

Heart valve repair or replacement

- CPT: 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33418, 33419, 33420, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33477, 33478
- ICD-10-PCS: 027F04Z, 027F0DZ, 027F0ZZ, 027F34Z, 027F3DZ, 027F3ZZ, 027F44Z, 027F4DZ, 027F4ZZ, 027G04Z, 027G0DZ, 027G0ZZ, 027G34Z, 027G3DZ, 027G3ZZ, 027G44Z, 027G4DZ, 027G4ZZ, 027H04Z, 027H0DZ, 027H0ZZ, 027H34Z, 027H3DZ, 027H3ZZ, 027H44Z, 027H4DZ, 027H4ZZ, 027J04Z, 027J0DZ, 027J0ZZ, 027J34Z, 027J3DZ, 027J3ZZ, 027J44Z, 027J4DZ, 027J4ZZ, 02CF0ZZ, 02CF3ZZ, 02CF4ZZ, 02CG0ZZ, 02CG3ZZ, 02CG4ZZ, 02CH0ZZ, 02CH3ZZ, 02CH4ZZ, 02CJ0ZZ, 02CJ3ZZ, 02CJ4ZZ, 02NF0ZZ, 02NF3ZZ, 02NF4ZZ, 02NG0ZZ, 02NG3ZZ, 02NG4ZZ, 02NH0ZZ, 02NH3ZZ, 02NH4ZZ, 02NJ0ZZ, 02NJ3ZZ, 02NJ4ZZ, 02QF0ZJ, 02QF0ZZ, 02QF3ZJ, 02QF3ZZ, 02QF4ZJ, 02QF4ZZ, 02QG0ZE, 02QG0ZZ, 02QG3ZE, 02QG3ZZ, 02QG4ZE, 02QG4ZZ, 02QH0ZZ, 02QH3ZZ, 02QH4ZZ, 02QJ0ZG, 02QJ0ZZ, 02QJ3ZG, 02QJ3ZZ, 02QJ4ZG, 02QJ4ZZ, 02RF07Z, 02RF08N, 02RF08Z, 02RF0JZ, 02RF0KZ, 02RF37H, 02RF37Z, 02RF38H, 02RF38N, 02RF38Z, 02RF3JH, 02RF3JZ, 02RF3KH, 02RF3KZ, 02RF47Z, 02RF48N, 02RF48Z, 02RF4JZ, 02RF4KZ, 02RG07Z, 02RG08Z, 02RG0JZ, 02RG0KZ, 02RG37H, 02RG37Z, 02RG38H, 02RG38Z, 02RG3JH, 02RG3JZ, 02RG3KH, 02RG3KZ, 02RG47Z, 02RG48Z, 02RG4JZ, 02RG4KZ, 02RH07Z, 02RH08Z, 02RH0JZ, 02RH0KZ, 02RH37H, 02RH37Z, 02RH38H, 02RH38L, 02RH38M, 02RH38Z, 02RH3JH, 02RH3JZ, 02RH3KH, 02RH3KZ, 02RH47Z, 02RH48Z, 02RH4JZ, 02RH4KZ, 02RJ07Z, 02RJ08Z, 02RJ0JZ, 02RJ0KZ, 02RJ37H, 02RJ37Z, 02RJ38H, 02RJ38Z, 02RJ3JH, 02RJ3JZ, 02RJ3KH, 02RJ3KZ, 02RJ47Z, 02RJ48Z, 02RJ4JZ, 02RJ4KZ, 02TH0ZZ, 02TH3ZZ, 02TH4ZZ, 02UF07J, 02UF07Z, 02UF08J, 02UF08Z, 02UF0JJ, 02UF0JZ, 02UF0KJ, 02UF0KZ, 02UF37J, 02UF37Z, 02UF38J, 02UF38Z, 02UF3JJ, 02UF3JZ, 02UF3KJ, 02UF3KZ, 02UF47J, 02UF47Z, 02UF48J, 02UF48Z, 02UF4JJ, 02UF4JZ, 02UF4KJ, 02UF4KZ, 02UG07E, 02UG07Z, 02UG08E, 02UG08Z, 02UG0JE, 02UG0JZ, 02UG0KE, 02UG0KZ, 02UG37E, 02UG37Z, 02UG38E, 02UG38Z, 02UG3JE, 02UG3JH, 02UG3JZ, 02UG3KE, 02UG3KZ, 02UG47E, 02UG47Z, 02UG48E, 02UG48Z, 02UG4JE, 02UG4JZ, 02UG4KE, 02UG4KZ, 02UH07Z, 02UH08Z, 02UH0JZ, 02UH0KZ, 02UH37Z, 02UH38Z, 02UH3JZ, 02UH3KZ, 02UH47Z, 02UH48Z, 02UH4JZ, 02UH4KZ, 02UJ07G, 02UJ07Z, 02UJ08G, 02UJ08Z, 02UJ0JG, 02UJ0JZ, 02UJ0KG, 02UJ0KZ, 02UJ37G, 02UJ37Z, 02UJ38G, 02UJ38Z, 02UJ3JG, 02UJ3JZ, 02UJ3KG, 02UJ3KZ, 02UJ47G,

02UJ47Z, 02UJ48G, 02UJ48Z, 02UJ4JG, 02UJ4JZ, 02UJ4KG, 02UJ4KZ, 02VG0ZZ, 02VG3ZZ, 02VG4ZZ

- SNOMED CT US Edition: 2166008, 4387005, 17228008, 18932005, 21849008, 25236004, 26212005, 26977004, 30456009, 32899003, 34044009, 34068001, 35915004, 37119005, 37364004, 37577007, 44777001, 50216001, 52247003, 53059001, 54854003, 55253009, 55278008, 55506005, 56157005, 56970000, 58204008, 59893009, 62820003, 62990005, 68255004, 68800008, 68860005, 69051005, 69685005, 71743000, 73470004, 74041008, 74406002, 75409000, 77166000, 79746006, 80685005, 81762006, 85041007, 85830006, 88045004, 119768002, 119769005, 174918001, 174919009, 174927000, 174928005, 174929002, 174935002, 174936001, 174937005, 174939008, 174944001, 174945000, 174946004, 174959007, 174960002, 174961003, 174962005, 174963000, 174980001, 232744004, 232745003, 232746002, 232748001, 232749009, 232752001, 232755004, 232757007, 232760000, 232765005, 232766006, 232767002, 232768007, 232773001, 232777000, 232782007, 232783002, 232784008, 232786005, 232787001, 232790007, 232794003, 232796001, 232800007, 232806001, 232808000, 232815008, 232820008, 232821007, 232823005, 232825003, 232827006, 232832007, 232838006, 232842009, 232843004, 232845006, 232846007, 232847003, 232848008, 232849000, 232850000, 232851001, 232861008, 232865004, 232866003, 232867007, 232878004, 232882002, 232883007, 232884001, 232885000, 232886004, 232888003, 232889006, 232892005, 232896008, 232898009, 232901005, 232903008, 232904002, 232910002, 232912005, 232920007, 232921006, 232922004, 232925002, 232927005, 232931004, 232932006, 232934007, 232936009, 232941001, 232942008, 232948007, 232949004, 232950004, 232951000, 232953002, 232955009, 232956005, 233048003, 233912002, 265472007, 265473002, 265474008, 265475009, 265480000, 275030001, 275031002, 275032009, 275033004, 275199000, 275200002, 275201003, 275202005, 275203000, 275204006, 275205007, 275206008, 275207004, 275209001, 275210006, 275211005, 282568009, 282570000, 287312007, 307279007, 308662007, 308663002, 308664008, 308665009, 308666005, 308667001, 308668006, 308669003, 308670002, 308671003, 308672005, 308673000, 308674006, 308675007, 308676008, 310395004, 310396003, 310397007, 310398002, 310470004, 310471000, 310472007, 310473002, 310474008, 310475009, 310476005, 310477001, 357575008, 358571002, 359528000, 384641003, 384642005, 384643000, 384648009, 386749005, 387642000, 395722001, 428501002, 429248007, 429269009, 429359000, 429620002, 431339008, 432394003, 432632007, 441873006, 441895005, 442525005, 444812008, 699347000, 703518004, 703519007, 890177005, 894153007, 1155885007, 1184601001, 1204284001, 1231449003, 1231726001, 1237589003, 1255141008, 1279570000, 1279571001, 1279870005, 1287655005, 1303772009, 1354790008, 1354791007, 1354792000, 1354793005, 459691000124101

PCI

- CPT: 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945
- HCPCS: C9600, C9602, C9604, C9606, C9607
- ICD-10-PCS: 02700ZZ, 02710ZZ, 02720ZZ, 02730ZZ, 02C00ZZ, 02C04ZZ, 02C13ZZ, 02C14ZZ, 02C23ZZ, 02C24ZZ, 02C30ZZ, 02C33ZZ, 02C34ZZ, 3E07017, 3E070PZ, 3E07317, 3E073PZ, 0270346, 0270356, 0270366, 0270376, 0270446, 0270456,

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- SNOMED CT US Edition: 11101003, 36969009, 68466008, 75761004, 80762004, 85053006, 91338001, 175066001, 232726007, 232727003, 232728008, 232729000, 232731009, 397193006, 397431004, 414089002, 415070008, 428488008, 429499003, 429639007, 429809004, 609153008, 609154002, 707828002, 713617008, 763725002, 868245005, 868246006, 868247002, 868248007, 1217277007, 1217309008, 1222571004, 1222673007, 1222674001, 1258930006, 1258931005

Measure Codes

Cardiac Rehabilitation

- CPT: 93797, 93798
- HCPCS: G0422, G0423, S9472
- SNOMED CT US Edition: 24050008, 313395003, 385979001, 385980003, 395696000, 395697009, 395698004, 395699007

SMC - Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Product Lines: Priority Partners.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement period.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 18–64 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period and the year prior to the measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons with cardiovascular disease and schizophrenia.
Persons with schizophrenia or schizoaffective disorder as those who met at least one of the following criteria during the measurement period:
- At least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder.
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder.

Persons who also have cardiovascular disease as those who met at least one of the following:
- **Event.** Any of the following during the year prior to the measurement period meet criteria:
  - Discharged from an inpatient setting with an AMI diagnosis on the discharge claim.
  - Persons who had CABG in any setting.
  - Persons who had PCI in any setting.
- **Diagnosis.** Persons with IVD as those who met at least one of the following criteria during both the measurement period and the year prior to the measurement period. Criteria need not be the same across both years.
  - An outpatient visit, telephone visit, e-visit, virtual check-in or acute inpatient encounter with an IVD diagnosis.
  - At least one acute inpatient discharge with a diagnosis of IVD on the discharge claim.

Numerator:
Persons who had at least one LDL-C test performed in the measurement period.

Either of the following meets criteria:

- LDL C Lab Test
- LDL C Test Result or Finding

Note: The organization may use a calculated or direct LDL.

Best Practice and Measure Tips

- Follow up with patients to discuss and educate them about their lab results.
- To ensure optimal visit outcomes, request that lab tests be completed prior to the member's scheduled appointment.
- Coordinate care with patients' other providers, such as their Primary Care Physician, Behavioral Health Specialists, and other relevant healthcare professionals.
- Reach out to patients who cancel appointments and promptly reschedule them.
- Order annual cholesterol (LDL-C) screening tests and set up care gap alerts in your electronic medical record system.
- Discuss the importance of LDL-C testing with members.
- Educate members about the increased risk of cardiovascular disease associated with antipsychotic medications and provide lifestyle counseling on nutrition and physical activity.
- Consider referring members to a dietitian or other healthcare professionals.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Numerator Exclusions:

For CPT Category II codes do not include:

- Laboratory claims (POS 81).
- CPT CAT II Modifier.

Measure Codes

LDL C Lab Test

- CPT: 80061, 83700, 83701, 83704, 83721
- LOINC: 12773-8,13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

LDL C Test Result or Finding

- CPT-CAT-II: 3048F, 3049F, 3050F

COA - Care for Older Adults

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP).
Measurement Period: January 1–December 31.

Description:
The percentage of persons 66 years and older who had each of the following during the measurement period:

- Medication review.
- Functional status assessment.

Provider Specialty: Prescribing practitioner or clinical pharmacist.

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Hybrid, Supplemental.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 66 years of age and older as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
Medication list: A list of medications in the medical record. May include medication names, or may include dosages, frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.
Medication review: A review of all the person's medications, including prescription medications, OTC medications and herbal or supplemental therapies.
Standardized tool: A set of structured questions that elicit the person's information. May include person-reported outcome measures, screening or assessment tools or standardized questionnaires developed by the health plan to assess risks and needs.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Numerator 1 - Medication review.
Either of the following meets numerator criteria:

- Both of the following during the same visit during the measurement period where the provider type is a prescribing practitioner or clinical pharmacist:
    - At least one medication review.
    - The presence of a medication list in the medical record.
    - Transitional care management services during the measurement period.

Numerator 2 - Functional status assessment.

Functional status assessment during the measurement period.

Best Practice and Measure Tips

Medication review:

- A medication list, signed and dated during the measurement year meets criteria: The practitioner's signature is considered evidence that the medications were reviewed.
- Review and List of the member's medications in the medical record: May include medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.
- Medical record: Documentation must come from the same medical record and must include one of the following:
- A medication list in the medical record and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed.
- Notation that the person is not taking any medication and the date when it was noted.
- A medication review performed without the member present meets criteria.

Functional status assessment

A complete functional status assessment must include one of the following:

- **Notation that Activities of Daily Living (ADL) were assessed** or
- Notation that at least five of the following were assessed:
    - Bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking.
- **Notation that Instrumental Activities of Daily Living (IADL) were assessed** or
- Notation that at least four of the following were assessed:
    - Shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances. •
- Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.
- A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment.
- The components of the functional status assessment numerator may take place during separate visits within the measurement year.
- Do not include comprehensive functional status assessments performed in an acute inpatient setting.
- A set of structured questions that elicit member information may be helpful. May include person-reported outcome measures, screening or assessment tools or standardized questionnaires.
- **Result of assessment using a standardized functional status assessment tool, not limited to:**
    - SF-36®.
    - Assessment of Living Skills and Resources (ALSAR).
    - Barthel ADL Index Physical Self-Maintenance (ADLS) Scale.
    - Bayer ADL (B-ADL) Scale.
    - Barthel Index.
    - Edmonton Frail Scale.
    - Extended ADL (EADL) Scale.

  - Groningen Frailty Index.
  - Independent Living Scale (ILS).
  - Katz Index of Independence in ADL.
  - Kenny Self-Care Evaluation.
  - Klein-Bell ADL Scale.
  - Kohlman Evaluation of Living Skills (KELS).
  - Lawton & Brody's IADL scales.
  - Patient Reported Outcome Measurement Information System (PROMIS) Global or Physical Function Scales.
- The Functional Status Assessment indicator does not require a specific setting; therefore, services rendered during a telephone visit, e-visit or virtual check-in meet criteria.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Exclude services provided in an acute inpatient setting.
- Persons who died any time during the measurement period.

Numerator Exclusions:

Numerator 1 - Medication review.

- A review of side effects for a single medication at the time of prescription alone is not sufficient.
- Medication lists or medication reviews performed in an acute inpatient setting.

Numerator 2 - Functional status assessment.

- A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment.
- Comprehensive functional status assessments performed in an acute inpatient setting.

Measure Codes

Medication review:

- CPT: 90863, 99483, 99605, 99606
- CPT II: 1160F
- SNOMED CT US Edition: 719327002, 719328007, 719329004

Medication List:

- CPT II: 1159F
- HCPCS: G8427
- SNOMED CT US Edition: 428191000124101, 432311000124109

Transitional Care Management Services

- CPT: 99495, 99496

Functional status assessment

- CPT: 99483
- CPT II: 1170F
- HCPCS: G0438, G0439
- SNOMED CT US Edition: 304492001, 385880002

CCS-E - Cervical Cancer Screening

Product Lines: EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Persons 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.*
- Persons 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.**
- Persons 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.**

* Three year look back requires 21 years or older on test date.
** Five year look back requires age 30 or older on test date.

Stratifications: Report stratification by race and ethnicity.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 24–64 years of age as of the last day of the measurement period.
- **Gender/sex criteria (persons recommended for routine cervical cancer screening):**
    - Administrative Gender of Female (AdministrativeGender code female) any time in the person's history.
    - Sex Assigned at Birth (LOINC code 76689-9) of Female (Female Value Set) any time in the person's history.
    - Sex Parameter for Clinical Use of Female (SexParameterForClinicalUse code female-typical) during the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period and the 730 days prior to the measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days each year of continuous enrollment. No gaps on the last day of the measurement period.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Persons recommended for routine cervical cancer screening who were screened for cervical cancer.

Either of the following meets criteria:

- Persons 24–64 years of age by the last day of the measurement period who were recommended for routine cervical cancer screening and had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement period or the 2 years prior to the measurement period.
- Persons 30–64 years of age by the last day of the measurement period who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set; SNOMED CT code 718591004) during the measurement period or the 4 years prior to the measurement period, and who were 30 years of age or older on the test date.

Note: Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing; therefore, additional methods to identify co-testing are not necessary.

Best Practice and Measure Tips

- All tests require date and result.
- Request results for tests performed by another provider.
- Complete test during well woman OB/GYN visit, sick visits, urine pregnancy tests, UTI or screening for STDs.
- Review and document your patient's surgical and preventive screenings history with results
- Use correct diagnosis and procedure codes
- The recommendations apply to all asymptomatic individuals with a cervix, regardless of their sexual history or HPV vaccination status, including those who have undergone supracervical hysterectomy and transgender men who retain their cervix.
- Transgender and gender diverse patients who have a cervix is recommended to have regular cervical pap tests.

Acceptable:

- Member reported information documented in the patient's medical record is acceptable as long as there is a date and result of the test or a date of the hysterectomy and acceptable documentation of no residual cervix. The member reported information must be logged in the patient's chart by a care provider.
- Generic documentation of "HPV test" can count as evidence of hrHPV test.
- Lab results that indicate sample contained "no endocervical cells" may be used if a valid result was reported for test.
- Lab test wording Ecto/Endo/Vaginal Pool: liquid based
- Any cervical cancer screening method that includes collection and microscopic analysis of cervical cells.
- The doctor may document date test done and the result. If date of test stated is "last month," "last year" etc.
- Pap Smear/ hrHPV done Jan 20XX-negative – document 1/31/XX
- HM (Health Maintenance) section of chart if test date and result noted.

Not acceptable:

- Biopsies or Lab results that indicate inadequate sample or no cervical cells.
- Biopsies are considered diagnostic and do not meet the measure requirement.
- Referral to OB/GYN alone does not meet the measure.
- hrHPV test: DNA reflex test ordered, test not performed.
- Reflex tests are only completed when the initial Pap test is abnormal.

Measure Exclusions

Denominator Exclusions:

- Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year.
- Persons with sex assigned at birth of male.

Acceptable Exclusion:

- Documentation of a "vaginal Pap smear" with documentation of hysterectomy.
- Documentation of "vaginal hysterectomy" without further specification.
- Documentation of hysterectomy and documentation that a member no longer needs Pap testing/cervical cancer screening.
- Documentation must be from the same provider.
- Documentation of "complete", "total" or "radical" hysterectomy (abdominal, vaginal or unspecified) - implies no residual cervix.
- Documentation of cervical agenesis.

Not Acceptable Exclusions:

- Documentation of hysterectomy alone does NOT meet the criteria because it does not indicate the cervix has been removed.
- Supracervical hysterectomy is not acceptable because the cervix remains intact.
- Check surgical history and physical exam notes. (Documentation of no cervix may be mentioned in the physical portion of the exam).

Exclusion Codes

Absence of Cervix Diagnosis

- ICD-10-CM: Q51.5, Z90.710, Z90.712
- SNOMED CT US Edition: 37687000, 248911005, 428078001, 429290001, 429763009, 473171009, 723171001, 126161000119109, 10738891000119107

Hysterectomy with No Residual Cervix

- CPT: 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135
- ICD-10-PSC:
  - [0UTC0ZZ] Resection of Cervix, Open Approach
  - [0UTC4ZZ] Resection of Cervix, Percutaneous Endoscopic Approach
  - [0UTC7ZZ] Resection of Cervix, Via Natural or Artificial Opening
  - [0UTC8ZZ] Resection of Cervix, Via Natural or Artificial Opening Endoscopic
- SNOMED CT US Edition: 24293001, 27950001, 31545000, 35955002, 41566006, 46226009, 59750000, 86477000, 88144003, 116140006, 116142003, 116143008, 116144002, 176697007, 236888001, 236891001, 287924009, 307771009, 361222003, 361223008, 387626007, 414575003, 440383008, 446446002, 446679008, 608805000, 608806004, 608807008, 708877008, 708878003,

739671004, 739672006, 739673001, 739674007, 740514001, 740515000, 767610009, 767611008, 767612001, 1163275000, 1287897002

Sex Assigned at Birth (LOINC code 76689-9) of Male **with:**

- LOINC: LA2-8
- SNOMED CT US Edition: 248153007

Measure Codes

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
- LOINC: 104866-9, 10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Cervical Cytology Result or Finding

- SNOMED CT US Edition: 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102

High Risk HPV Tests

- CPT: 87624, 87625, 87626, 0502U
- HCPCS: G0476
- LOINC: 104132-6, 104170-6, 104752-1, 104766-1, 104783-6, 106508-5, 106509-3, 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3

WCV - Child and Adolescent Well-Care Visits

Product Lines: EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement ~~year~~ period.

Provider Specialty: PCP, OB/GYN

Stratifications:
Age as of the last day of the measurement period.
- 3–11 years.
- 12–17 years.
- 18–21 years.

Report stratification by race and ethnicity.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 3–21 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Data Collection: Administrative, Supplemental

Denominator:
The initial population minus denominator exclusions.

Numerator:
Numerator 1: Well-child visits in the first 15 months.
Persons with six or more well-child visits on different dates of service with a PCP on or before the 15-month birthday. Either of the following meet criteria:
- A well-care visit.
- An encounter for well-care.

Numerator 2: Well-child visits for age 15 months–30 months.
Two or more well-child visits on different dates of service with a PCP between the child's 15-month birthday plus 1 day and the 30-month birthday. Either of the following meets criteria:
- A well-care visit.
- An encounter for well-care.

Best Practice and Measure Tips

- Visits must be with a PCP. The PCP does not have to be the practitioner assigned to the child.
- Assessment or treatment of an acute or chronic condition does not count towards the measure.
- Well-care visits can be performed anytime in the measurement/calendar year.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit the Bright Futures website for more information about well-child visits (https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/).
- Not allowed: Telehealth well visits.
- To meet administrative measure requirements, JHHC reminds all LOB well-care visits can be done in conjunction with sick visits, as long as they are billed appropriately.

How can a provider turn a sick visit into a well visit?

- If provider is seeing a patient for Evaluation and Management (E/M) services and all well-care visits components are completed: Attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
- Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
- Modifier 59 is used to indicate that 2 or more procedures were performed at the same visit, but to different sites on the body.
- Be sure to give additional guidance that is not related to the sick visit.
- Examples:
    - Is the child wearing their seatbelt?
    - Discussion of oral health.
    - Document home or school life.
    - Are they participating in a team sport?
    - Are they adjusting to a new school?
    - Visit the Bright Futures website for more information about well-child visits (https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/).

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Numerator Exclusions:

- Telehealth visits.
- Laboratory claims (POS 81).

Exclusion Codes

Virtual Encounters

- CPT: 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470

- HCPCS: G0071, G0544, G2010, G2012, G2250, G2251, G2252
- SNOMED CT US Edition: 185317003, 314849005, 386472008, 386473003, 401267002

Telehealth POS

- 02- Telehealth Provided Other than in Patient's Home
- 10- Telehealth Provided in Patient's Home

Measure Codes

Be sure to use age-appropriate codes.

Well-Care

- CPT: 99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395
- HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
- ICD-10-CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
- SNOMED CT US Edition: 170150003, 170159002, 170168000, 170281004, 170290006, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 270356004, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 783260003, 1269518002, 444971000124105, 669251000168104, 669261000168102, 669271000168108, 669281000168106

CIS-E - Childhood Immunizations

Product Lines: EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 2 years old during the measurement period who receive the following immunizations by their 2nd birthday.

- 4 doses - PCV (Pneumococcal conjugate)
- 4 doses - DTaP (Diphtheria, tetanus and acellular pertussis)
- 3 doses - IPV (Polio)
- 3 doses - HepB (Hepatitis B)
- 3 doses - HiB (Haemophilus influenzae type B)
- 1 dose - MMR (Measles, mumps and rubella)
- 1 dose - VZV (Varicella - Chicken Pox)
- 1 dose - HepA (Hepatitis A)
- 2 doses - Influenza (Flu)
- 2 OR 3 doses*- RV (Rotavirus Monovalent – Rotarix (2 DOSE) – RV1) OR 3 doses*- RV (Rotavirus Pentavalent – RotaTeq (3 DOSE) – RV5)

*Rotavirus manufacture name (2) two-dose (GlaxoSmithKline - GSK) OR (3) three-dose (Merck) series.

Stratifications: Report stratification by race and ethnicity.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** Persons who turn 2 years of age during the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the person's second birthday and the second birthday.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gap on the second birthday.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Numerator 1: Immunization status—DTaP.
Persons who meet any of the following criteria on or before the second birthday:

- At least four DTaP vaccinations, with different dates of service.
    - Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine.
    - Encephalitis due to the diphtheria, tetanus or pertussis vaccine.

Numerator 2: Immunization status—IPV.
Persons who meet either of the following criteria on or before the second birthday:
- At least three IPV vaccinations, with different dates of service.
- Anaphylaxis due to the IPV vaccine.

Numerator 3: Immunization status—MMR.
Persons who meet any of the following criteria:
- At least one MMR vaccination on or between the first and second birthdays.
- All of the following any time on or before the second birthday (on the same or different date of service).
    - History of measles illness.
    - History of mumps illness.
    - History of rubella illness.
- Anaphylaxis due to the MMR vaccine on or before the second birthday.

Numerator 4: Immunization status—HiB.
Persons who meet either of the following criteria on or before the second birthday:
- At least three HiB vaccinations, with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the HiB vaccine.

Numerator 5: Immunization status—Hepatitis B.
Persons who meet any of the following criteria on or before the second birthday:
- At least three hepatitis B vaccinations, with different dates of service.
    - One of the three vaccinations may be a newborn hepatitis B vaccination during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.
- History of hepatitis B illness.
- Anaphylaxis due to the hepatitis B vaccine.

Numerator 6: Immunization status—VZV.
Persons who meet any of the following criteria:
- At least one VZV vaccination, with a date of service on or between the first and second birthdays.
- History of varicella zoster (e.g., chicken pox) illness on or before the second birthday.
- Anaphylaxis due to the VZV vaccine on or before the second birthday.

Numerator 7: Immunization status—Pneumococcal conjugate.
Persons who meet either of the following criteria on or before the second birthday:
- At least four pneumococcal conjugate vaccinations, with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the pneumococcal vaccine,

Numerator 8: Immunization status—Hepatitis A.
Persons who meet any of the following criteria:
- At least one hepatitis A, with a date of service on or between the first and second birthdays.
- History of hepatitis A illness on or before the second birthday.
- Anaphylaxis due to the hepatitis A vaccine on or before the second birthday.

Numerator 9: Immunization status—Rotavirus.
Persons who meet any of the following criteria:
- At least two doses of the two-dose rotavirus vaccine on different dates of service on or before the second birthday.
- At least three doses of the three-dose rotavirus vaccine on different dates of service on or before the second birthday.

- At least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine, all on different dates of service, on or before the second birthday. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the rotavirus vaccine on or before the second birthday.

Numerator 10: Immunization status—Influenza.
Persons who meet either of the following criteria on or before the second birthday:

- At least two influenza vaccinations with different dates of service. Do not count a vaccination administered prior to 180 days after birth.
    - An influenza vaccination recommended for children 2 years and older (e.g., LAIV) administered on the second birthday meets criteria for one of the two required vaccinations.
- Anaphylaxis due to the influenza vaccine.

Numerator 11: Immunization status—Combination 3.
Persons who are numerator compliant for DTaP, IPV, MMR, HiB, hepatitis B, VZV and pneumococcal indicators.
Numerator 12: Immunization status—Combination 7.
Persons who are numerator compliant for DTaP, IPV, MMR, HiB, hepatitis B, VZV, pneumococcal, hepatitis A and rotavirus indicators.
Numerator 13: Immunization status—Combination 10.
Persons who are numerator compliant for DTaP, IPV, MMR, HiB, hepatitis B, VZV, pneumococcal, hepatitis A, rotavirus and influenza indicators.

Summary of changes:
National Drug Code (NDC) has been added to the measures to identify self-administration of influenza vaccine.

Best Practice and Measure Tips

- Advise parents on the importance of completing each vaccine series.
    - Provide handouts.
    - Educate parents on vaccination and side effects.
    - Review immunization records at each visits and catch up with any missing immunizations.
- Office improvement opportunity
    - Place guidelines to schedule visits within the CDC guidelines timeframe. (https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf)
    - Contact parents to re-schedule any missed appointment for their child's vaccination.
    - Use measure codes and exclusion code listed below when submitting claims to make member compliant by administrative data.
- Hep B (One can be newborn between date of birth and 7 days). Document the first Hep B vaccine given at the hospital or at birth when applicable (if unavailable – name of hospital where child was born).
- DOCUMENT ANY PARENT REFUSAL FOR IMMUNIZATIONS. This does not exclude member from measure.
- The below count towards compliance for the vaccine. Document with event date:
    - For DTaP: Encephalitis due to the vaccine.
    - For ALL vaccines:

        - Anaphylaxis due to the vaccine.
        - Evidence of the antigen or combination vaccine.
    - For hepatitis B, MMR, VZV and hepatitis A, count any of the following:
        - Documented history of the illness.
- Must be done by 2nd birthday: when scheduling check calendar and schedule prior to 2nd birthday.
- For rotavirus, if documentation does not indicate whether the two-dose schedule or three-dose schedule was used, a three-dose schedule is assumed.
- For combination vaccinations that require more than one antigen (DTaP, MMR), evidence of all antigens must be documented.
- LAIV (live attenuated influenza vaccine) only counts if administered ON the second birthday.

Acceptable documentation:

- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.
- A note indicating the name of the specific antigen and immunization date.
    - Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV.
    - Immunizations documented using a generic header or "DTaP/DTP/DT" can be counted as evidence of DTaP
- A note in the medical record indicating the member received the immunization "at delivery" or "in the hospital". Use the date of birth as the date administered.

Not Acceptable:

- A note the "member is up to date" with all immunizations but does not list the dates and names of all immunizations.
- Vaccines documented as Adult.
- Influenza: Do not count a vaccination administered prior to 6 months (180 days after birth.)
- DTaP, IPV, HiB, Pneumococcal conjugate, Rotavirus: Do not count a vaccination administered prior to 42 days after birth.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons who had a contraindication to a childhood vaccine on or before their second birthday:
    - Severe combined immunodeficiency
    - Immunodeficiency
    - HIV
    - Lymphoreticular cancer, multiple myeloma or leukemia
    - Intussusception
    - Organ and Bone marrow Transplants
- Laboratory claims (claims with POS code 81).

Exclusion Codes

Severe Combined Immunodeficiency
- ICD-10-CM: D81.0, D81.1, D81.2, D81.9

Disorders of the Immune System (Immunodeficiency)
- ICD-10-CM: D80.0- D80.9, D81.0- D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0-D82.4, D82.8, D82.9, D83.0-D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.81, D84.821, D84.822, D84.89, D84.9, D89.3, D89.810-D89.813, D89.82, D89.831-D89.835, D89.839, D89.89, D89.9

HIV
- ICD-10-CM: B20, Z21

HIV Type 2
- ICD-10-CM: B97.35

Malignant Neoplasm of Lymphatic Tissue
- Lymphoreticular cancer ICD-10-CM: C81.00- C81.49,C81.70- C81.79, C81.90- C81.99, C82.00- C82.69, C82.80- C82.99, C83.00- C83.39, C83.50- C83.59, C83.70- C83.99, C84.40- C84.49, C84.60- C84.79, C84.7A, C84.90- C84.99, C84.A0- C84.A9, C84.Z0-C84.Z9, C85.10- C85.29, C85.80- C85.99, C86.0-C86.5, C88.4, C96.9, C96.Z
- Multiple Myeloma ICD-10-CM: C90.00, C90.01, C90.02
- Leukemia ICD-10-CM: C90.10- C90.12, C91.00- C91.02, C91.10- C91.12, C91.30-C91.32, C91.40- C91.42, C91.50- C91.52, C91.60- C91.62, C91.90- C91.92, C91.A0-C91.A2, C91.Z0- C91.Z2, C92.00- C92.02, C92.10- C92.12, C92.20- C92.22, C92.40-C92.42, C92.50- C92.52, C92.60- C92.62, C92.90- C92.92, C92.A0- C92.A2, C92.Z0-C92.Z2, C93.00- C93.02, C93.10- C93.12, C93.30- C93.32, C93.90- C93.92, C93.Z0-C93.Z2, C94.00- C94.02, C94.20- C94.22, C94.30- C94.32, C94.80- C94.82, C95.00-C95.02, C95.10- C95.12, C95.90- C95.92

Intussusception
- ICD-10-CM: K56.1

Organ and Bone Marrow Transplants
- CPT: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50360, 50365, 50380
- HCPCS: S2053, S2054, S2055, S2060, S2061, S2065, S2152
- ICD-10-PCS: 02YA0Z0, 02YA0Z1, 02YA0Z2, 07YM0Z0, 07YM0Z1, 07YM0Z2, 07YP0Z0, 07YP0Z1, 07YP0Z2, 0BYC0Z0, 0BYC0Z1, 0BYC0Z2, 0BYD0Z0, 0BYD0Z1, 0BYD0Z2, 0BYF0Z0, 0BYF0Z1, 0BYF0Z2, 0BYG0Z0, 0BYG0Z1, 0BYG0Z2, 0BYH0Z0, 0BYH0Z1, 0BYH0Z2, 0BYJ0Z0, 0BYJ0Z1, 0BYJ0Z2, 0BYK0Z0, 0BYK0Z1, 0BYK0Z2, 0BYL0Z0, 0BYL0Z1, 0BYL0Z2, 0BYM0Z0, 0BYM0Z1, 0BYM0Z2, 0DY50Z0, 0DY50Z1, 0DY50Z2, 0DY60Z0, 0DY60Z1, 0DY60Z2, 0DY80Z0, 0DY80Z1, 0DY80Z2, 0DYE0Z0, 0DYE0Z1, 0DYE0Z2, 0FY00Z0, 0FY00Z1, 0FY00Z2, 0FYG0Z0, 0FYG0Z1, 0FYG0Z2, 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2, 0UY00Z0, 0UY00Z1, 0UY00Z2, 0UY10Z0, 0UY10Z1, 0UY10Z2, 0UY90Z0, 0UY90Z1, 0UY90Z2, 0WY20Z0, 0WY20Z1, 0XYJ0Z0, 0XYJ0Z1, 0XYK0Z0, 0XYK0Z1, 30230AZ, 30230C0, 30230G0, 30230G2, 30230G3, 30230G4, 30230U2, 30230U3, 30230U4, 30230X0, 30230X2, 30230X3, 30230X4, 30230Y0, 30230Y2, 30230Y3, 30230Y4, 30233AZ, 30233C0, 30233G0, 30233G2, 30233G3, 30233G4, 30233U2, 30233U3, 30233U4, 30233X0, 30233X2, 30233X3, 30233X4, 30233Y0, 30233Y2, 30233Y3, 30233Y4, 30240AZ, 30240C0, 30240G0, 30240G2, 30240G3, 30240G4, 30240U2, 30240U3, 30240U4, 30240X0,

30240X2, 30240X3, 30240X4, 30240Y0, 30240Y2, 30240Y3, 30240Y4, 30243AZ, 30243C0, 30243G0, 30243G2, 30243G3, 30243G4, 30243U2, 30243U3, 30243U4, 30243X0, 30243X2, 30243X3, 30243X4, 30243Y0, 30243Y2, 30243Y3, 30243Y4, 3E030U0, 3E030U1, 3E033U0, 3E033U1, 3E0J3U0, 3E0J3U1, 3E0J7U0, 3E0J7U1, 3E0J8U0, 3E0J8U1

*Please note that not all codes are listed here. For access to the complete set of codes related to CIS-E measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

DTAP

- CPT: 90697, 90698, 90700, 90723
- CVX: 20, 50, 106, 107, 110, 120, 146, 198
- Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine SNOMED CT code: 428281000124107, 428291000124105
- Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine SNOMED CT code: 192710009, 192711008, 192712001

IPV

- CPT: 90697, 90698, 90713, 90723
- CVX: 10, 89, 110, 120, 146
- Anaphylaxis due to the IPV vaccine SNOMED CT code: 471321000124106

MMR

- CPT: 90707, 90710
- CVX: 03, 94
- Measles and History of Measles:
    - ICD-10-CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
    - SNOMED CT US Edition: 14189004, 28463004, 60013002, 74918002, 161419000, 186561002, 186562009, 195900001, 240483006, 240484000, 359686005, 371111005, 406592004, 417145006, 424306000, 105841000119101, 293721000119101
- Mumps and History of Mumps:
    - ICD-10-CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
    - SNOMED CT US Edition: 10665004, 17121006, 31524007, 31646008, 36989005, 40099009, 44201003, 63462008, 72071001, 75548002, 78580004, 89231008, 89764009, 161420006, 235123001, 236771002, 237443002, 240526004, 240527008, 240529006, 371112003, 1163539003, 105821000119107, 293721000119101
- Rubella and History of Rubella:
    - ICD-10-CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
    - SNOMED CT US Edition: 10082001, 13225007, 19431000, 36653000, 51490003, 64190005, 79303006, 128191000, 161421005, 186567003, 186570004, 192689006, 231985001, 232312000, 240485004, 253227001, 1092361000119109, 1857005, 47082005, 111868009, 278968001, 302811004,1285608004, 105791000119104, 293721000119101, 1092351000119107
- Anaphylaxis due to the MMR vaccine SNOMED CT code: 471331000124109

HIB

- CPT: 90644, 90647, 90648, 90697, 90698, 90748
- CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148, 198
- Anaphylaxis due to the HiB vaccine SNOMED CT code: 433621000124101

Hep B

- CPT: 90697,90723, 90740, 90744, 90747, 90748
- CVX: 08, 44, 45, 51, 110, 146, 198
- HCPCS: G0010
- Hepatitis B and History of hepatitis B:
    - ICD-10-CM: B16.0, B16.1, B16.2, B16.9, B18.0, B18.1, B19.10, B19.11
    - SNOMED CT US Edition:1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 61977001, 66071002, 76795007, 111891008, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 424099008, 424340000, 429721005, 442134007, 442374005, 446698005, 838380002, 1230342001, 59851000119103, 153091000119109, 551621000124109, 16859701000119109, 713966008, 103611000119102
- Newborn Hepatitis B Vaccine Administered ICD10PCS: [3E0234Z] Introduction of Serum, Toxoid and Vaccine into Muscle, Percutaneous Approach
- Anaphylaxis due to the hepatitis B vaccine SNOMED CT code: 428321000124101

Varicella VZV

- CPT: 90710, 90716
- CVX: 21, 94
- Varicella Zoster and History of Varicella Zoster:
    - ICD-10-CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
    - SNOMED CT US Edition: 4740000, 10698009, 21954000, 24059009, 31920006, 36292003, 38907003, 42448002, 55560002, 87513003, 161423008, 195911009, 230176008, 230198004, 230262004, 230536009, 232400003, 235059009, 240468001, 240470005, 240471009, 240472002, 240473007, 240474001, 309465005, 397573005, 400020001, 402897003, 402898008, 402899000, 410500004, 410509003, 421029004, 422127002, 422446008, 422471006, 422666006, 423333008, 423628002, 424353002, 424435009, 424801004, 424941009, 425356002, 426570007, 428633000, 713250002, 713733003, 713964006, 715223009, 838357005, 1163465001, 1163483009, 1179456002, 12551000132107, 12561000132105, 12571000132104, 98541000119101, 331071000119101, 681221000119108, 1087131000119102, 15678761000119105, 15678801000119102, 15678841000119100, 15680201000119106, 15680241000119108, 15681321000119100, 15681401000119101, 15685081000119102, 15685121000119100, 15685161000119105, 15936581000119108, 15936621000119108, 15989271000119107, 15989311000119107, 15989351000119108, 15991711000119108, 15991751000119109, 15991791000119104, 15992351000119104, 16000751000119105, 16000791000119100, 10491005, 186509002, 193190005, 240469009, 277644009, 416718008, 449783002, 733167008, 870310004, 870321008, 1142085005, 1144351000, 1144352007, 1254866003, 1263534009, 28721000119108, 2490001000004101, 15680281000119103, 15681361000119105, 15685201000119100, 15685241000119103,

15685281000119108, 15992271000119100, 15992311000119100, 16540531000119103
- Anaphylaxis due to the VZV vaccine SNOMED CT code: 471341000124104

Pneumococcal Conjugate PCV
- CPT: 90670, 90671, 90677
- CVX: 109, 133, 152, 215, 216
- HCPCS: G0009
- Anaphylaxis due to the pneumococcal conjugate vaccine SNOMED CT code: 471141000124102

Hep A
- CPT: 90633
- CVX: 31, 83, 85
- Hepatitis A and History of Hepatitis A:
  - ICD-10-CM: B15.0, B15.9
  - SNOMED CT US Edition: 16060001, 18917003, 25102003, 40468003, 43634002, 79031007, 111879004, 424758008, 428030001
- Anaphylaxis due to the hepatitis A vaccine SNOMED CT code 471311000124103

Rotavirus
- Rotavirus (2 Dose)
  - CPT: 90681
  - CVX: 119
- Rotavirus (3 Dose)
  - CPT: 90680
  - CVX: 116, 122
- Anaphylaxis due to the rotavirus vaccine SNOMED CT code: 428331000124103

Influenza
- CPT: 90655, 90656, 90657, 90658, 90661, 90674, 90685, 90686, 90687, 90688, 90689, 90756
- CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186, 320
- Anaphylaxis due to the influenza vaccine SNOMED CT code: 471361000124100
- NDC: 66019011251

Influenza LAIV
- CPT: 90660, 90672
- CVX: 111, 149, 333

CHL - Chlamydia Screening

Product Lines: EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement period.

Stratifications:
Age as of the last day of the measurement period.
- 16–20 years.
- 21–24 years.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation:
Increased score indicates improvement.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 16–24 years of age as of the last day of the measurement period.
- **Gender/sex criteria (persons recommended for routine chlamydia screening):**
  - Administrative Gender of Female (AdministrativeGender code Female) any time in the person's history.
  - Sex assigned at birth (LOINC code 76689-9) of Female (Female Value Set) any time in the person's history.
  - Sex Parameter for Clinical Use of Female (SexParameterForClinicalUse code female-typical) during the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Data Collection:
- Administrative
- Supplemental

Denominator:
Persons recommended for routine chlamydia screening.
- **Claim/encounter data.** Persons with a claim or encounter indicating sexual activity during the measurement period.
- **Pharmacy data.** Persons with at least one contraceptive medication dispensing event during the measurement period. Acute inpatient discharge, residential treatment or withdrawal management event for a principal diagnosis of substance use disorder on or between January 1 and December 1 of the measurement period.

Numerator:

At least one chlamydia test during the measurement period.

Best Practice and Measure Tips

- Chlamydia screening may not be captured via claims if the service is performed and billed under prenatal and postpartum global billing.
- May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis.
- Document in the medical record should indicate the date the test was performed and the result or finding, including any follow-ups.
- Incorporate a sexual history into the History and Physical documentation in your EMR.
- Have patient come in for their routine yearly visit and incorporate universal screening for all women in the age range.
- A chlamydia screening should occur with or without symptoms.
- Educate member about sexually transmitted diseases (STD), include signs, symptoms, and treatment.
- For any visit where oral contraceptive, sexually transmitted diseases (STD) or urinary symptoms are discussed, a Chlamydia screening should occur.
- Educate members about safe sex and abstinence.

Measure Exclusions

Denominator Exclusions:

- Sex Assigned at Birth Male any time in the person's history through the last day of the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Numerator Exclusions:

- A pregnancy test during the measurement period and a prescription for isotretinoin on the date of the pregnancy test through 6 days after the pregnancy test.
- A pregnancy test during the measurement period and an x-ray on the date of the pregnancy test through 6 days after the pregnancy test.
- Laboratory claims (POS code 81).

Exclusion Codes

- Sex assigned at birth LOINC: 76689-9
- Male
  - LOINC: LA2-8
  - SNOMED CT US Edition: 248153007
- Pregnancy Tests
  - CPT: 81025, 84702, 84703
  - LOINC: 19080-1, 19180-9, 20415-6, 20994-0, 2106-3, 2107-1, 2110-5, 2111-3, 2112-1, 2113-9, 2114-7, 2115-4, 2118-8, 2119-6, 21198-7, 25372-4, 25373-2, 34670-0, 45194-8, 55869-2, 55870-0, 56497-1, 80384-1, 80385-8, 83086-9, 93769-8, 99104-2

Measure Codes

Chlamydia Screening Test

- CPT: 87110, 87270, 87320, 87490, 87491, 87494, 97492, 87810
- LOINC: 14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 34710-4, 42931-6, 43304-5, 43404-3 , 44806-8, 44807-6, 45068-4, 45069-2, 45072-6, 45073-4, 45075-9, 45084-1, 45089-0, 45090-8, 45091-6, 45093-2, 45095-7, 4993-2, 50387-0, 53925-4, 53926-2, 57287-5, 6353-7, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6, 82306-2, 87949-4, 87950-2, 88221-7, 89648-0, 91860-7, 91873-0

COL-E - Colorectal Cancer Screening

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP), EHP, Priority Partners and USFHP.

Measurement Period: January 1–December 31.

Description:
The percentage of persons 45–75 years of age who had appropriate screening for colorectal cancer.

Stratifications:
Age as of the last day of the measurement period.
- 46–50 years.
- 51–75 years.

Report stratification by race and ethnicity.
Report Stratification by SES only for Advantage MD (Medicare product line).

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 46–75 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period and the year prior to the measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during each year of the continuous enrollment period. No gaps on the last day of the measurement period.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Persons with one or more screenings for colorectal cancer.
Any of the following meet criteria:
- Fecal occult blood test during the measurement period.
- Stool DNA (sDNA) with FIT test during the measurement period or the 2 years prior to the measurement period.
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period.
- CT colonography during the measurement period or the 4 years prior to the measurement period.
- Colonoscopy during the measurement period or the 9 years prior to the measurement period.

Best Practice and Measure Tips

- Best practice to have the actual screening test and result. However, result is not required as long as documentation is part of the medical record and clearly indicates screening was completed and not merely ordered. If this is not clear, the result or finding must also be present.
    - The member's "medical history" can be located within any section of the member's medical record in order to count, including the treatment/plan, problem list, progress note, health maintenance summary, HPI etc.
    - If the colonoscopy is documented in the "medical history" section of the medical record, then a result/finding is not required regardless of the setting (i.e., inpatient, outpatient or member reported).
        - Examples of notation in member's medical history:
            - "Colonoscopy 6/2021"
            - "Last colonoscopy 2021"
            - "H/O colonoscopy 2021"
            - "Had last colonoscopy in 2021per pt."
            - Provider documentation states "colonoscopy done earlier this year"
- Always include a date of service and place of service if known.
- Member refusal will not make them ineligible for this measure.
- Educate member about the importance of early detection and recommend a different screening if a member refuses or can't tolerate a colonoscopy.
- Have FIT kits available to give members during the visit with instructions to return them to the office or mail to the lab. **
- Updated and document the member's history annually including type and date of colon cancer screening tests, history of total colectomy, or history of colon cancer.

****Note: A stool DNA (sDNA) with FIT test is Cologuard. A FIT test is the FOBT immunochemical test. They are not the same.**

Acceptable:
FOBT

- Two types of FOBT tests: guaiac (gFOBT) CPT 82270 and immunochemical (iFOBT/FIT) CPT 82274. Depending on the type of FOBT test, a certain number of samples are required for numerator compliance.
- The fecal immunochemical test (FIT) (iFOBT) uses antibodies to detect blood in the stool. Foods do not alter test results.
    - Regardless of how many samples were returned and as long as the medical record indicates that a FIT was done, the patient meets criteria.
- The guaiac-based fecal occult blood test (gFOBT) uses the chemical guaiac to detect blood in the stool. Three consecutive stool specimens are required to be collected by the patient for a single determination for colorectal neoplasm screening. Certain foods can alter test results.
    - For gFOBT and unspecified type of test:
        - If the medical record does not indicate the number of samples (assume correct number returned) OR indicates three or more samples were returned, the patient meets criteria.

    - If the medical record indicates one or two samples were returned, the patient DOES NOT meet criteria.
- The FOBT test must be processed and results reported by a lab.
- Documentation in the medical record of "Colon Cancer Screening Done in "2026" without notation of type of screening can only be used as evidence of FOBT.

Procedures

- Inpatient or outpatient procedures.
- Member reported services recorded, dated and maintained in the patient's legal health record.
- A result is not required if documentation includes:
    - Type of screening (colonoscopy, flexible sigmoidoscopy, etc.)
    - Date the test was performed, this is considered part of the patient's medical history and a result is not required.
- Procedures documented during the patient's history by a primary care practitioner—or by a specialist functioning in a primary care capacity for the condition being assessed—are counted toward the measure.
- Colonoscopy or Flexible sigmoidoscopy procedure reports with documentation that indicates a complete exam.
- Documentation Requirements: If the pathology report does not indicate the screening type, or if the procedure report notes an incomplete exam or inadequate bowel prep, please ensure the documentation shows how far the scope advanced.
    - To the Cecum = colonoscopy.
    - To the sigmoid colon = flexible sigmoidoscopy.
    - Procedure Reports: Documentation within the procedure report is used to validate the clinical evidence required for measure compliance.
    - Pathology Reports: The documented anatomical location of each specimen is used to determine the extent of colonic advancement during the procedure.
    - Determining the Procedure Date from a Pathology Report
        - When the pathology report lists the screening type, the collection date, and the result date, the collection date is used, as this reflects the actual procedure date.
        - If a collection date is not documented, the result date may be used as the procedure date.

Not Acceptable:

- Tests performed in an office setting or from any specimen collected during a digital rectal exam (DRE).
- The guaiac-based FOBT (gFOBT), CPT code 82270, is designated specifically for colorectal neoplasm screening and is not intended for diagnostic use in any clinical setting.
- CT scan of the abdomen and pelvis. (It is not the same as a CT Colonography and is not acceptable.)
- Unclear documentation in medical record as "COL" or "COLON 20XX" by provider without mention of the actual screening test completed.
- Colonoscopy indicating "poor bowel prep" or "incomplete exam" without documentation scope advanced to cecum for a colonoscopy or into the sigmoid colon for flexible sigmoidoscopy.

Measure Exclusions

Denominator Exclusions:

- Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
- Colorectal cancer or a total colectomy any time during the person's history through the last day of the measurement period.
- Persons who died any time during the measurement ~~year~~ period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).

Exclusion Codes

- Colorectal Cancer
  - ICD-10-CM: C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
  - SNOMED CT US Edition: 93683002, 93761005, 93771007, 93826009, 93980002, 93984006, 94006002, 94072004, 94105000, 94179005, 94260004, 94271003, 94328005, 94509004, 94513006, 94538001, 94604000, 94643001, 109838007, 109839004, 109840002, 187757001, 187758006, 187760008, 254582000, 254586002, 269533000, 269544008, 276822007, 285312008, 285611007, 285612000, 301756000, 312111009, 312112002, 312113007, 312114001, 312115000, 314965007, 314966008, 315058005, 363351006, 363406005, 363407001, 363408006, 363409003, 363410008, 363412000, 363413005, 363414004, 363491008, 363510005, 369448007, 369449004, 369450004, 369451000, 369452007, 369453002, 369454008, 369455009, 369456005, 369457001, 369458006, 369459003, 369460008, 369461007, 395705003, 422375001, 422581008, 422985007, 425178004, 425213009, 429084005, 429699009, 443488001, 447886005, 448994001, 449218003, 713573006, 721695008, 721696009, 721697000, 721698005, 721699002, 721700001, 721701002, 726654006, 737058005, 766979005, 766981007, 1156783003, 1156788007, 1156795003, 1156797006, 1162856006, 1163568002, 1186811008, 1197354001, 1197355000, 1197359006, 1204448006, 1237454003, 1237455002, 1237456001, 1237458000, 1237460003, 1237480002, 1237484006, 1237485007, 1259403004, 1259404005, 1259405006, 1259406007, 1259407003, 1259432001, 1259436003, 1259437007, 1268633007, 1268635000, 1269123008, 1287662001, 1287666003, 1288026004, 1288027008, 1288028003, 1288029006, 1288033004, 1290068000, 1290085003, 1290086002, 1290087006, 1290274008, 1701000119104, 96281000119107, 96981000119102, 123691000119104, 123701000119104, 123721000119108, 130381000119103, 133751000119102, 184881000119106, 286771000119106, 286791000119107, 681601000119101, 681651000119102, 801171000124106, 801181000124109, 10987871000119109, 16636051000119105, 16636101000119105

- Total Colectomy
  - CPT: 44150, 44151, 44152, 44153, 44155, 44156, 44157, 44158, 44210, 44211, 44212
  - ICD-10-PCS:
    - [0DTE0ZZ] Resection of Large Intestine, Open Approach
    - [0DTE4ZZ] Resection of Large Intestine, Percutaneous Endoscopic Approach
    - [0DTE7ZZ] Resection of Large Intestine, Via Natural or Artificial Opening
    - [0DTE8ZZ] Resection of Large Intestine, Via Natural or Artificial Opening Endoscopic
  - SNOMED CT code: 119771000119101, 456004, 26390003, 31130001, 36192008, 44751009, 80294005, 303401008, 307666008, 307667004, 307669001, 713165008, 787108001, 787109009, 787874000, 787875004, 787876003, 858579005

Measure Codes

- Colonoscopy
  - CPT: 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398
  - HCPCS: G0105, G0121
  - SNOMED CT: 851000119109, 8180007, 12350003, 25732003, 73761001, 174158000, 174171002, 174173004, 174179000, 174185007, 235150006, 302052009, 311774002, 367535003, 426699005, 443998000, 444783004, 446521004, 446745002, 447021001, 609197007, 709421007, 710293001, 711307001, 771568007, 773128008, 773129000, 789778002, 1209098000, 1217313001, 1304042004, 1304043009, 1304044003, 1304045002, 1304049008, 1304050008, 1351202006, 10371000132109, 48021000087103, 48031000087101
- Flexible Sigmoidoscopy
  - CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
  - HCPCS: G0104
  - SNOMED CT: 841000119107, 44441009, 396226005, 425634007
- FOBT Lab Test
  - Guaiac Test (gFOBT): CPT: 82270
  - FIT Test Immunochemical (iFOBT/FIT):
    - CPT: 82274
    - HCPCS: G0328
  - LOINC: 104738-0, 107189-3, 107190-1, 107191-9, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
  - FOBT Test Result or Finding SNOMED CT: 59614000, 167667006, 389076003, 71711000112103
- Computed Tomography (CT) Colonography
  - CPT: 74261, 74262, 74263
  - LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
- Stool DNA (sDNA) with FIT Test

- CPT 81528 This code is specific to the Cologuard® sDNA with FIT test.
- CPT Code: 0464U- Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result
    - CPT code 0464U is used when a clinician orders the Cologuard Plus™ test for colorectal cancer screening.
- LOINC: 77353-1, 77354-9
- SNOMED CT: 708699002

CBP - Controlling High Blood Pressure

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP), EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.

Stratifications:
Report stratification by race and ethnicity.

Measure Reporting:
CMS Start Rating Measure.
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation:
Increased score indicates improvement.

Data Collection: Administrative, Hybrid, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 18–85 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
Adequate control: Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg.
Representative BP: The most recent BP reading during the measurement period on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement period, assume the BP is "not controlled."

Denominator:
Persons with a diagnosis of hypertension.
Persons who had at least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.

Numerator:
Both a systolic and diastolic reading <140/90 mm Hg.
The most recent BP reading taken during the measurement period.
- **Compliant:** BP is <140/90 mm Hg.

- **Non-compliant:** BP is ≥140/90 mm Hg; no BP reading during the measurement period; or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

Best Practice and Measure Tips

- Allow person to rest for at least 5 minutes before taking the BP. Select appropriately sized BP cuff, and place cuff on bare arm.
- Ensure person is seated with feet on the floor, back supported and arm supported at heart level.
- If office uses manual blood pressure cuffs, do not round up the BP reading.
- If initial BP is > 140/90, retake the person's BP after they've had time to rest. If remains elevated, ensure person follows up for BP check.
    - Since the last BP in the year is used, have person follow up for elevated BPs prior to the end of the year or follow Guidelines for Patient Reported BP Readings if a visit is not possible.
- Establish and maintain standardized protocols to ensure staff consistently obtain accurate blood pressure measurements. Refer to the American Medical Association (AMA) Control High BP best practices for evidence-based recommendations and opportunities for quality improvement.
- Educate the person on the importance of blood pressure management, and offer supportive resources such as an informational flyer and a blood pressure tracking log.
    - AMA Self-measured blood pressure (SMBP) quick guide
    - AMA Self-measured blood pressure log
- BP reading taken during an Urgent Care visit is acceptable.

Multiple BPs on same date of service:

- It is preferred to not average BP since the lowest systolic and lowest diastolic are to be used.
- If the only BP is an average BP, if it is documented "average BP today: 139/70" it is eligible for use.

Guidelines for Person-Reported Blood Pressure Readings Documented in the Medical Record:

- The documentation **must include the date** the blood pressure was taken.
- **Only readings obtained with a digital device** are acceptable for person-reported BP. If the documentation does not specify the device type, it may be **assumed to be digital**.
- BP readings may be collected during **telephone visits, e-visits, or virtual check-ins**. Person should take their BP **before the visit** and report the reading during the encounter.
- **Person-reported BP readings submitted through MyChart** or other patient portals must include the **date the BP was taken**.
- There is **no requirement** to document that the BP was obtained by a primary care provider or specialist.
- **Persons who bring their BP readings to an in-person visit** may have those readings used **only if the date the BP was taken is documented**. If the date is missing, the reading **cannot** be used. This requirement applies specifically to in-person visits.

BP readings taken the same day person receives a common low-intensity or preventive procedure can be used. Examples include, but aren't limited to:

- Eye exam with dilating agents
- Injections (e.g., allergy, Depo Provera,® insulin, lidocaine, steroid, testosterone toradol, or vitamin B-12),
- Intrauterine device (IUD) insertion.
- Tuberculosis (TB) test
- Vaccinations.
- Wart or mole removal
- Fasting Blood Tests

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visits.
- Taken on the same day as a diagnostic test or procedure that requires a medication regimen, change in diet or medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
    - Examples include, but are not limited to: Colonoscopy, Dialysis, Infusions, Chemotherapy, Nebulizer treatment with albuterol
- Member taken manual BPs reported are not acceptable at this time.
- Documented as a range or threshold.
- An incomplete BP reading (systolic or diastolic only).
- An aortic systolic/diastolic noninvasive central blood pressure measurement.

Measure Exclusions

Denominator Exclusions:

- Persons receiving palliative care.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who die any time during the measurement period.
- Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age and older as of the last day of the measurement period, with frailty.
- Persons with any of the following during their history on or prior to the last day of the measurement period:
    - Diagnosis that indicates end-stage renal disease (ESRD) (ESRD Diagnosis Value Set; History of Nephrectomy or Kidney Transplant Value Set).
    - Procedure that indicates ESRD: dialysis (Dialysis Procedure Value Set), nephrectomy (Total Nephrectomy Value Set; Partial Nephrectomy Value Set) or kidney transplant (Kidney Transplant Value Set).
- Acute inpatient and ED visit during measurement year.
- Persons with a diagnosis of pregnancy
- Non-acute inpatient admission during measurement year.
    - This includes rehabilitation, nursing home, inpatient mental health, etc.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Laboratory claims (claims with POS code 81).

Exclusions Codes

- ESRD Diagnosis
  - ICD-10-CM: N18.5, N18.6
  - SNOMED CT US Edition: 46177005, 236434000, 236435004, 236436003, 433146000, 698810000, 704667004, 707324008, 712487000, 714152005, 714153000, 1332467008, 711000119100, 90761000119106, 90771000119100, 90791000119104, 96711000119105, 111411000119103, 120261000119101, 127991000119101, 128001000119105, 129161000119100, 140101000119109, 153851000119106, 153891000119101, 285011000119108, 285841000119104, 286371000119107, 368461000119103, 368471000119109, 434431000124103
- History of Nephrectomy or Kidney Transplant
  - ICD-10-CM: Z90.5, Z94.0
  - SNOMED CT US Edition: 48994000, 161665007
- Dialysis Procedure
  - CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512
  - HCPCS: G0257, S9339
  - ICD-10-PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
  - SNOMED CT US Edition: 676002, 11932001, 14684005, 34897002, 57274006, 67970008, 68341005, 71192002, 108241001, 225230008, 225231007, 233575001, 233576000, 233577009, 233578004, 233579007, 233580005, 233581009, 233582002, 233583007, 233584001, 233585000, 233586004, 233587008, 233588003, 233589006, 233590002, 238318009, 238319001, 238321006, 238322004, 238323009, 265764009, 288182009, 302497006, 427053002, 428648006, 698074000, 708930002, 708931003, 708932005, 708933000, 708934006, 714749008, 715743002, 895382009, 1231768001
- Total Nephrectomy
  - CPT: 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548
  - ICD-10-PCS: 0TT00Z0, 0TT00Z1, 0TT00Z2, 0TT00ZZ, 0TT04ZG, 0TT04ZZ, 0TT10Z0, 0TT10Z1, 0TT10Z2, 0TT10ZZ, 0TT14ZG, 0TT14ZZ, 0TT20ZZ, 0TT24ZG, 0TT24ZZ
  - SNOMED CT US Edition:1866009, 12976005, 48643009, 48994000, 58367002, 85250002, 88930008, 88994001, 116033007, 116166009, 149579003, 149583003, 149584009, 175905003, 175906002, 175909009, 175910004, 175911000, 175914008, 175915009, 265550007, 284348003, 287729007, 289754003, 290691008, 361249003, 439235001, 439964001, 440446009, 442919002, 443869003, 444083005, 446296004, 446990000, 447527008, 447531002, 698869007, 699719001, 699720007, 708908003, 712998006, 714031000, 722149000, 765472003, 765473008, 1017216005, 1017217001, 1017218006, 1017219003, 1289993008, 6561000179108
- Partial Nephrectomy
  - CPT: 50240
  - ICD-10-PCS: 0TB00ZZ, 0TB03ZZ, 0TB04ZZ, 0TB07ZZ, 0TB08ZZ, 0TB10ZZ, 0TB13ZZ, 0TB14ZZ, 0TB17ZZ, 0TB18ZZ
  - SNOMED CT US Edition: 48994000, 49780003, 51870000, 58367002, 81516001, 85250002, 88994001, 149579003, 149581001, 149584009, 175908001, 175909009, 175910004, 175916005, 175917001, 175918006, 175919003, 175920009, 236140002, 287729007, 289754003, 290691008,

439739008, 446894005, 699719001, 699720007, 708929007, 1119317007, 1119318002, 1119319005, 1119320004

- Kidney Transplant
  - CPT: 50360, 50365, 50380
  - HCPCS: S2065
  - ICD-10-PCS: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2
  - SNOMED CT US Edition: 52213001, 70536003, 175899003, 175901007, 175902000, 236138007, 313030004, 711411006, 711413009, 765478004, 765479007, 782655004, 6471000179103
- Nonacute Inpatient Stay
  - UBREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002
  - UBTOB: 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z

Measure Codes

Essential Hypertension

- ICD-10-CM: I10

Systolic Blood Pressure

- Systolic Less Than 140 CPT-CAT-II: 3074F (<130 mm Hg), 3075F (130-139 mm Hg)
- Systolic Greater Than or Equal to 140 CPT-CAT-II: 3077F
- LOINC: 8459-0, 8480-6, 8508-4, 8546-4, 8547-2, 75997-7

Diastolic Blood Pressure

- Diastolic Less Than 90 CPT-CAT-II: 3078F (<80 mm Hg), 3079F (80-89 mm Hg)
- Diastolic Greater Than or Equal to 90 CPT-CAT-II: 3080F
- LOINC: 8453-3, 8462-4, 8496-2, 8514-2, 8515-9, 75995-1

DRR-E - Depression Remission or Response for Adolescents and Adults

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120–240 days (4–8 months) of the elevated score.

- **Follow-Up PHQ-9.** The percentage of persons who have a follow-up PHQ-9 score documented within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.
- **Depression Remission.** The percentage of members who achieved remission within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.
- **Depression Response.** The percentage of members who showed response within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.

Stratifications:
Age as of the start of the intake period.

- 12–17 years (for commercial and Medicaid only).
- 18–44 years.
- 45–64 years.
- 65 years and older.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 12 years of age and older as of the beginning of the intake period.
- **Benefits:** Medical.
- **Continuous Enrollment:** May 1 of the year prior to the measurement period through the last day of the measurement period.
- **Allowable Gap:**
  - Measurement period: No more than one gap of ≤45 days. No gaps on the last day of the measurement period.
  - May 1–December 31 of the year prior to the measurement period: None.

Definition:
Intake period: May 1 of the year prior to the measurement period through April 30 of the measurement period.
Depression follow-up period: The 120–240 day period after the IESD.
IESD- Index episode start date: The earliest date during the intake period when a member has a PHQ-9 total score (LOINC code 44261-6 for members 12 years of age and older; LOINC code 89204-2 or 44261-6 for members 12–17 years of age) >9 documented within a 31-day period, including and around (15 days before and 15 days after) an interactive outpatient encounter (Interactive Outpatient Encounter Value Set) with a diagnosis of major depression or dysthymia

(Major Depression or Dysthymia Value Set).
Interactive outpatient encounter: A bidirectional communication that is face-to-face, phone based, an e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments.
Denominator:
Persons who meet a depression encounter and PHQ-9 total score >9, as described by IESD.

Numerator:
Numerator 1: Depression follow-up.
A PHQ-9 total score (LOINC code 44261-6 for persons 12 years of age and older; LOINC code 89204-2 or 44261-6 for persons 12–17 years of age) in the person's record during the depression follow-up period.
Numerator 2: Depression remission.
Persons who achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 total score (LOINC code 44261-6 for persons 12 years of age and older; LOINC code 89204-2 or 44261-6 for persons 12–17 years of age) of <5 during the depression follow-up period.
Numerator 3: Depression response.
Persons who indicate a response to treatment for depression, as demonstrated by the most recent PHQ-9 total score (LOINC code 44261-6 for persons
12 years of age and older; LOINC code 89204-2 or 44261-6 for persons 12–17 years of age) of at least 50% lower than the PHQ-9 score associated with the IESD, documented during the depression follow-up period.

Best Practice and Measure Tips

- NCQA Clinical recommendation statement:
    - The Institute for Clinical Systems Improvement recommends that clinicians establish and maintain follow-up with adult patients who have depression. Appropriate, reliable follow-up is highly correlated with improved response and remission scores (Trangle, 2016).[3]
    - The American Academy of Pediatrics recommends that adolescents with depression be assessed for treatment response and remission of symptoms using a depression assessment tool such as the PHQ-9 Modified for Teens (Cheung, 2018).[4]
- The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.
- Schedule follow-up appointment after a positive PHQ-9 assessment.
    - Ensure follow-up appointment is scheduled 4-8 months (120-240 days) after a positive assessment, track PHQ-9 scores, and adjusting treatment as needed.
- Set alerts if available in EHR or develop a tracking method for members who may need follow-up visits and screenings.

[3] NCQA Citations: Trangle, M., J. Gursky, R. Haight, J. Hardwig, T. Hinnenkamp, D. Kessler, N. Mack, M. Myszkowski. Institute for Clinical Systems Improvement. Adult Depression in Primary Care. Updated March 2016.
[4] NCQA Citations: Cheung, A.H., Zuckerbrot, R.A., Jensen, P.S., Laraque, D., Stein, R.E., Levitt, A., Birmaher, B., Campo, J., Clarke, G., Emslie, G. and Kaufman, M., 2018. "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part II. Treatment and Ongoing Management." Pediatrics 141(3).

- Reschedule any canceled appointment and consider offering telehealth visits if in-person visit is not suitable for the patient.
- Use standardized clinical depression screening templates in charts and in electronic medical records (EMRs).
- Educate patient about keeping their appointment, adherence to the treatment plan and when to reach out to the provider.
- Coordinate care: Physicians are encouraged to facilitates the exchange of information with the behavioral health providers.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons with any of the following any time during the member's history through the end of the measurement period:
    - Bipolar disorder.
    - Personality disorder.
    - Psychotic disorder.
    - Pervasive developmental disorder.

Exclusion Codes

Bipolar Disorder

- ICD-10-CM: 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

- SNOMED CT US Edition: 162004, 1499003, 3530005, 4441000, 5703000, 9340000, 10875004, 10981006, 13313007, 13581000, 13746004, 14495005, 16506000, 17782008, 21900002, 22121000, 26203008, 26530004, 28663008, 28884001, 29929003, 30935000, 31446002, 33380008, 35481005, 36583000, 38368003, 40926005, 41552001, 41832009, 41836007, 43769008, 45479006, 46229002, 49468007, 49512000, 51637008, 53049002, 53607008, 54761006, 55516002, 59617007, 61403008, 63249007, 64731001, 65042007, 66631006, 68569003, 70546001, 71984005, 73471000, 74686005, 75360000, 75752004, 78269000, 78640000, 79584002, 82998009, 85248005, 86058007, 87203005, 87950005, 111485001, 191618007, 191620005, 191621009, 191623007, 191627008, 191629006, 191630001, 191636007, 191638008, 191639000, 191641004, 191643001, 192362008, 231444002, 371596008, 371599001, 371600003, 723903001, 765176007, 767631007, 767632000, 767633005, 767635003, 767636002, 1343347009, 261000119107, 271000119101, 23741000119105, 133091000119105, 16238741000119105

Other Bipolar Disorder

- ICD-10-CM: F31.81, F31.89, F31.9
- SNOMED CT US Edition: 1196001, 12969000, 16295005, 19300006, 20960007, 22407005, 30520009, 30687003, 34315001, 35722002, 35846004, 43568002, 48937005, 67002003, 71294008, 81319007, 83225003, 371604007, 723905008, 789061003

Personality Disorder

- ICD-10-CM: F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13
- SNOMED CT US Edition: 20010003, 55341008, 191765005, 191773001, 231527003

Psychotic Disorders

- ICD-10-CM: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F25.0, F25.1, F25.8, F25.9, F28, F29
- SNOMED CT US Edition: 4926007, 5464005, 7025000, 12939007, 14291003, 16990005, 26025008, 27387000, 29599000, 30336007, 31373002, 31658008, 35218008, 35252006, 38368003, 39610001, 42868002, 51133006, 58214004, 63181006, 64905009, 68890003, 68995007, 69322001, 70814008, 71103003, 76566000, 79204003, 79866005, 83746006, 84760002, 85861002, 111482003, 111483008, 111484002, 191526005, 191527001, 191531007, 191542003, 191547009, 191548004, 191554003, 191555002, 191559008, 191567000, 191569002, 191570001, 191571002, 191572009, 191574005, 191577003, 191680007, 231437006, 231489001, 247804008, 268617001, 268624000, 270901009, 271428004, 278853003, 416340002, 441704009, 441833000

Pervasive Developmental Disorder

- ICD-10-CM: F84.0, F84.3, F84.8, F84.9
- SNOMED CT US Edition: 35919005, 43614003, 71961003, 191689008, 191690004, 231536004, 373618009, 408857007, 442314000, 39951000119105

Measure Codes

LOINC 44261-6- Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]

- The PHQ-9 is the standard (and commonly used) depression measure, and it ranges from 0-27 Scoring (the scores are the codes that appear in the answer list for each of the PHQ-9 problem panel terms). Add up all checked boxes on PHQ-9.
    - For every check:

        - Not at all = 0
        - Several days = 1
        - More than half the days = 2
        - Nearly every day = 3
    - Interpretation:
        - 1-4 = Minimal depression
        - 5-9 = Mild depression
        - 10- 14 = Moderate depression
        - 15-19 = Moderately severe depression
        - 20-27 = Severe depression

LOINC 89204-2- Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]

- The Patient Health Questionnaire-9: Modified for Teens (PHQ-9 Teen) total score is the sum the first of 9 items (the answers to the other 4 items are used to assess the functional impairment due to depression and screen for dysthymia and suicide risk). These 9 items are scored from 0 to 3, with higher scores indicating more severe symptoms of depression.

DSF-E - Depression Screening and Follow-Up for Adolescents and Adults

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- **Depression Screening.** The percentage of persons who were screened for clinical depression using a standardized instrument.
- **Follow-Up on Positive Screen.** The percentage of persons who received follow-up care within 30 days of a positive depression screen finding.

Stratifications:
Age as of the start of the measurement period.

- 12–17 years (commercial and Medicaid only).
- 18–64 years.
- 65 years and older.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 12 years of age and older at the start of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Denominator 1: The initial population minus denominator exclusions.
Denominator 2: Persons from numerator 1 with a positive finding for depression between January 1 and December 1 of the measurement period.

Numerator:
Numerator 1: Depression Screening
Persons with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 1 of the measurement period.
Numerator 2: Follow-Up on Positive Screen
Persons who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days). Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis **of depression or other behavioral health condition.**

- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.
- A diagnosis of encounter for exercise counseling.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Depression Screening Instrument (Direct Reference Codes)
A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

.

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD)®[2]	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)[1]	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburg Post-Natal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

[1]Brief screening instrument. All other instruments are full-length.
[2]Proprietary; may be cost or licensing requirement associated with use.

Best Practice and Measure Tips

- This measure requires the use of an age-appropriate screening instrument.
- Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening. For example, if a health risk assessment includes questions from the PHQ-2, it counts as screening if the member answered the questions, and a total score is calculated.
- Schedule follow-up appointment within 30-day timeframe after a positive PHQ-9 assessment. Track PHQ-9 scores, and adjust treatment as needed.
- Set alerts if available in EHR or develop a tracking method for members who may need follow-up visits and screenings.
- Reschedule any canceled appointment and consider offering telehealth visits if in-person visit is not suitable for the patient.
- Use standardized clinical depression screening templates in charts and in electronic medical records (EMRs).
- Educate patient about keeping their appointment, adherence to the treatment plan and when to reach out to the provider.
- Coordinate care: Physicians are encouraged to facilitates the exchange of information with the behavioral health providers.
- Document all treatment options discussed during the visit in the patient's chart. When clinically appropriate, provide exercise counseling in addition to prescribing medication, and include diagnosis code Z71.82 to accurately capture this service. Comprehensive documentation supports accurate reporting and helps ensure the member meets compliance standards.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons with a history of bipolar disorder any time during the member's history through the end of the year prior to the measurement period.
- Persons with depression that starts during the year prior to the measurement period.

Exclusion Codes

Bipolar Disorder

- ICD-10-CM: 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
- SNOMED CT US Edition: 162004, 1499003, 3530005, 4441000, 5703000, 9340000, 10875004, 10981006, 13313007, 13581000, 13746004, 14495005, 16506000, 17782008, 21900002, 22121000, 26203008, 26530004, 28663008, 28884001, 29929003, 30935000, 31446002, 33380008, 35481005, 36583000, 38368003, 40926005, 41552001, 41832009, 41836007, 43769008, 45479006, 46229002, 49468007, 49512000, 51637008, 53049002, 53607008, 54761006, 55516002, 59617007, 61403008, 63249007, 64731001, 65042007, 66631006, 68569003, 70546001, 71984005, 73471000, 74686005, 75360000, 75752004, 78269000, 78640000, 79584002, 82998009, 85248005, 86058007, 87203005, 87950005, 111485001, 191618007, 191620005, 191621009, 191623007, 191627008, 191629006, 191630001, 191636007, 191638008, 191639000, 191641004, 191643001, 192362008, 231444002, 371596008, 371599001, 371600003, 723903001, 765176007, 767631007, 767632000, 767633005, 767635003, 767636002, 1343347009, 261000119107, 271000119101, 23741000119105, 133091000119105, 16238741000119105

Other Bipolar Disorder

- ICD-10-CM: F31.81, F31.89, F31.9
- SNOMED CT US Edition: 1196001, 12969000, 16295005, 19300006, 20960007, 22407005, 30520009, 30687003, 34315001, 35722002, 35846004, 43568002, 48937005, 67002003, 71294008, 81319007, 83225003, 371604007, 723905008, 789061003

Depression

- ICD-10-CM: F01.511, F01.518, F32.0, F32.1, F32.2, F32.3, 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, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345
- SNOMED CT US Edition: 832007, 2506003, 2618002, 3109008, 14183003, 15193003, 15639000, 18818009, 19527009, 19694002, 20250007, 25922000, 28475009, 33078009, 35489007, 36170009, 36474008, 36923009, 38451003, 38694004, 39809009, 40379007, 40568001, 42925002, 48589009, 63778009, 66344007, 67711008, 69392006, 71336009, 73867007, 75084000, 75837004, 76441001, 77486005, 77911002, 78667006, 79298009, 81319007, 83176005, 84760002, 85080004, 87512008, 191610000, 191611001, 191613003, 191616006, 191659001, 192080009, 231504006, 231542000, 268621008, 319768000, 320751009, 370143000, 430852001, 442057004

Measure Codes

Follow-up on Positive Screening
An outpatient, telephone, e-visit or virtual check-in follow-up visit

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470, 99483
- HCPCS: G0071, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006
- UBREV: 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

A depression case management encounter

- CPT: 99366, 99492, 99493
- HCPCS: G0512, T1016, T1017, T2022, T2023
- SNOMED CT US Edition: 182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 1344983001, 1344984007, 1344994002, 1345003009, 1345013001, 1345014007, 621561000124106, 661051000124109, 662081000124106, 662541000124107, 842901000000108
- Symptoms of Depression SNOMED CT: 394924000, 788976000

Depression or Other Behavioral Health Condition Value Set

- ICD-10-CM: F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, 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, 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, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, 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, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, 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, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345

- SNOMED CT US Edition: 109006, 162004, 281004, 600009, 832007, 899001, 1145003, 1196001, 1376001, 1380006, 1383008, 1499003, 1686006, 1816003, 1855002, 1973000, 2312009, 2403008, 2506003, 2618002, 2815001*
  *Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to DSF-E measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

A behavioral health encounter, including assessment, therapy, collaborative care or medication management

- CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
- HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002
- UBREV: 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919
- A diagnosis of encounter for exercise counseling ICD-10-CM code: Z71.82

Measure Medication

Antidepressant Medications

- Amitriptyline
- Amitriptyline-chlordiazepoxide
- Amitriptyline-perphenazine
- Amoxapine
- Bupropion
- Citalopram
- Clomipramine
- Desipramine
- Desvenlafaxine
- Doxepin
- Duloxetine
- Escitalopram
- Fluoxetine
- Fluoxetine-olanzapine
- Fluvoxamine
- Imipramine
- Imipramine pamoate
- Isocarboxazid
- Levomilnacipran
- Maprotiline
- Mirtazapine
- Nefazodone
- Nortriptyline
- Paroxetine
- Paroxetine mesylate
- Phenelzine
- Protriptyline
- Selegiline
- Sertraline
- Tranylcypromine
- Trazodone
- Trimipramine
- Venlafaxine
- Vilazodone
- Vortioxetine

SMD - Diabetes Monitoring for People With Diabetes and Schizophrenia

Product Lines: Priority Partners.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement period.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 18–64 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons with schizophrenia or schizoaffective disorder and diabetes.
Persons with schizophrenia or schizoaffective disorder are those who met at least one of the following criteria during the measurement period:
- At least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder.
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder.

Persons who also have diabetes. Either of the following meets criteria for a diagnosis of diabetes:
- Claim/encounter data. At least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period.
- Pharmacy data. At least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication during the measurement period or the year prior to the measurement period.

Numerator:
An HbA1c and LDL-C test performed during the measurement period (on the same or different dates of service). The person must have both tests to be included in the numerator. The organization may use a calculated or direct LDL.
- HbA1c Lab Test.
- HbA1c Test Result or Finding.
- LDL C Lab Test Value Set.
- LDL C Test Result or Finding.

Best Practice and Measure Tips

- Order annual screening tests and establish care gap alerts within your electronic medical record system.
- To ensure optimal visit outcomes, request that lab tests be completed prior to the member's scheduled appointment.
- Follow up with patients to discuss and educate them about their lab results.
- Coordinate care with patients' other providers.
- Reach out to patients who cancel appointments and promptly reschedule them.
- Discuss the importance of HbA1c and LDL-C testing with members.
- Educate members about the increased risk of cardiovascular disease associated with antipsychotic medications and provide lifestyle counseling on nutrition and physical activity.
- Educate members on the symptom's indicative of new-onset diabetes.
- Consider referring members to a dietitian or other healthcare professionals.
- Promote shared decision-making by informing patients and caregivers about the increased risk of diabetes.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Numerator Exclusions:

For CPT Category II codes do not include:

- Laboratory claims (POS 81).
- CPT CAT II Modifier.

Measure Codes

HbA1c Lab Test

- CPT: 83036, 83037
- LOINC: 4548-4, 4549-2, 17855-8, 17856-6, 96595-4

HbA1c Test Result or Finding

- CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
- SNOMED CT US: 165679005, 451061000124104

LDL C Lab Test

- CPT: 80061, 83700, 83701, 83704, 83721
- LOINC: 12773-8,13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

LDL C Test Result or Finding

- CPT-CAT-II: 3048F, 3049F, 3050F

Measure Medications

Diabetes Medications List

Alpha-glucosidase inhibitors
- Acarbose
- Miglitol

Amylin analogs
- Pramlintide

Antidiabetic combinations
- Alogliptin-metformin
- Alogliptin-pioglitazone
- Canagliflozin-metformin
- Dapagliflozin-metformin
- Dapagliflozin-saxagliptin
- Empagliflozin-linagliptin
- Empagliflozin-metformin
- Empagliflozin-linagliptin-metformin
- Ertugliflozin-metformin
- Ertugliflozin-sitagliptin
- Glimepiride-pioglitazone
- Glipizide-metformin
- Glyburide-metformin
- Linagliptin-metformin
- Metformin-pioglitazone
- Metformin-rosiglitazone
- Metformin-saxagliptin
- Metformin-sitagliptin

Insulin
- Insulin aspart
- Insulin aspart-insulin aspart protamine
- Insulin degludec
- Insulin degludec-liraglutide
- Insulin detemir
- Insulin glargine
- Insulin glargine-lixisenatide
- Insulin glulisine
- Insulin isophane human
- Insulin isophane-insulin regular
- Insulin lispro
- Insulin lispro-insulin lispro protamine
- Insulin regular human

Meglitinides
- Nateglinide
- Repaglinide

Biguanides
- Metformin

Glucagon-like peptide-1 (GLP1) agonists
- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Sodium glucose cotransporter 2 (SGLT2) inhibitor
- Canagliflozin
- Dapagliflozin
- Empagliflozin
- Ertugliflozin

Sulfonylureas
- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide
- Tolazamide
- Tolbutamide

Thiazolidinediones
- Pioglitazone
- Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors
- Alogliptin
- Linagliptin
- Saxagliptin
- Sitagliptin

SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Product Lines: Priority Partners.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 18–64 years of age as of the last day of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons with schizophrenia or bipolar disorder.
Persons who met at least one of the following criteria during the measurement period.
- At least one acute inpatient encounter with any diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder.
- At least two of the following, on different dates of service, where both encounters have any diagnosis of schizophrenia or schizoaffective disorder or both encounters have any diagnosis of bipolar disorder:
    - An outpatient visit.
    - An intensive outpatient encounter or partial hospitalization.
    - A community mental health center visit.
    - Electroconvulsive therapy.
    - An ED visit.
    - A nonacute inpatient encounter.
    - A telehealth visit.
    - A telephone visit.
    - An e-visit or virtual check-in.

Numerator:
Persons with a glucose test or HbA1c test.
Any of the following meet criteria:
- Glucose Lab Test
- Glucose Test Result or Finding

- HbA1c Lab Test
- HbA1c Test Result or Finding

Best Practice and Measure Tips

- Order annual screening tests and establish care gap alerts within your electronic medical record system.
- To ensure optimal visit outcomes, request that lab tests be completed prior to the member's scheduled appointment.
- Follow up with patients to discuss and educate them about their lab results.
- Coordinate care with patients' other providers.
- Reach out to patients who cancel appointments and promptly reschedule them.
- Discuss the importance of diabetes screening with members.
- Educate members on the symptom's indicative of new-onset diabetes.
- Consider referring members to a dietitian or other healthcare professionals.
- Promote shared decision-making by informing patients and caregivers about the increased risk of diabetes.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons with a diagnosis of diabetes. Either of the following meets criteria:
    - Claim/encounter data. At least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period.
    - Pharmacy data. At least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication during the measurement period or the year prior to the measurement period.
- Persons without at least one antipsychotic medication dispensing event during the measurement period. Either of the following meets criteria:
    - Claim/encounter data. An antipsychotic medication.
    - Pharmacy data. Dispensed an antipsychotic medication.

Numerator Exclusions:

For CPT Category II codes do not include:

- Laboratory claims (POS 81).
- CPT CAT II Modifier.

Exclusion Codes

The Diabetes Value Set exclusion codes are too numerous to list here. To obtain the complete set of codes, please contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Long-Acting Injections HCPCS: J0401, J1631, J1943, J1944, J2358, J2426, J2680, J2794, J2798, J2801

Exclusion Medications

Antipsychotic Medications List

- Amitriptyline-perphenazine
- Aripiprazole
- Aripiprazole lauroxil
- Asenapine
- Brexpiprazole
- Cariprazine
- Chlorpromazine
- Clozapine
- Fluphenazine
- Haloperidol
- Iloperidone
- Loxapine
- Lurasidone
- Molindone
- Olanzapine
- Paliperidone
- Perphenazine
- Quetiapine
- Risperidone
- Thioridazine
- Thiothixene
- Trifluoperazine
- Ziprasidone

Diabetes Medications List

Alpha-glucosidase inhibitors

- Acarbose
- Miglitol

Amylin analogs

- Pramlintide

Antidiabetic combinations

- Alogliptin-metformin
- Alogliptin-pioglitazone
- Canagliflozin-metformin
- Dapagliflozin-metformin
- Dapagliflozin-saxagliptin
- Empagliflozin-linagliptin
- Empagliflozin-metformin
- Empagliflozin-linagliptin-metformin
- Ertugliflozin-metformin
- Ertugliflozin-sitagliptin
- Glimepiride-pioglitazone
- Glipizide-metformin
- Glyburide-metformin
- Linagliptin-metformin
- Metformin-pioglitazone
- Metformin-rosiglitazone
- Metformin-saxagliptin
- Metformin-sitagliptin

Insulin

- Insulin aspart
- Insulin aspart-insulin aspart protamine
- Insulin degludec
- Insulin degludec-liraglutide
- Insulin detemir
- Insulin glargine
- Insulin glargine-lixisenatide
- Insulin glulisine
- Insulin isophane human
- Insulin isophane-insulin regular
- Insulin lispro
- Insulin lispro-insulin lispro protamine
- Insulin regular human

Meglitinides

- Nateglinide
- Repaglinide

Biguanides

- Metformin

Glucagon-like peptide-1 (GLP1) agonists

- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Sodium glucose cotransporter 2 (SGLT2) inhibitor

- Canagliflozin
- Dapagliflozin
- Empagliflozin
- Ertugliflozin

Sulfonylureas

- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide
- Tolazamide
- Tolbutamide

Thiazolidinediones

- Pioglitazone
- Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors

- Alogliptin
- Linagliptin
- Saxagliptin
- Sitagliptin

Measure Codes

Glucose Lab Test

- CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
- LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

Glucose Test Result or Finding

- SNOMED CT: 166890005, 166891009, 166892002, 166921001, 166922008, 442545002, 444780001, 1179458001, 1259140002

HbA1c Lab Test

- CPT: 83036, 83037
- LOINC: 4548-4, 4549-2, 17855-8, 17856-6, 96595-4

HbA1c Test Result or Finding

- CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
- SNOMED CT US: 165679005, 451061000124104

DMH - Diagnosed Mental Health Disorders

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 1 year of age and older who were diagnosed with a mental health disorder during the measurement period.
Note: The measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor a lower rate indicates better performance.

Stratifications:
Age as of the start of the measurement period.
- 1-17 years.
- 18–64 years.
- 65 and older.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** At least 1 year of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Persons who had a mental health disorder diagnosis (Mental Health Diagnosis Value Set) during the measurement period.

Best Practice and Measure Tips

- Educate patients on the significance of follow-up appointments and adherence to treatment plans.
- Highlight the importance of timely, recommended follow-up visits.
- Promptly schedule follow-up appointments, especially for recently discharged patients.
- Coordinate care with behavioral health practitioners by sharing progress notes and updates.
- Reach out to patients who cancel appointments and assist them with rescheduling promptly.
- Consider telemedicine consultations when in-person visits are not feasible.
- Emphasize the importance of seeking follow-up care with a mental health provider.
- Establish an outreach team or assign care managers to ensure members keep or reschedule follow-up appointments.
- Assess the need for Case Management and refer if necessary.

- The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
    - **Please send us your member referrals by contacting us at:**
      Phone: 800-557-6916
      Monday through Friday: 8 a.m. to 5 p.m.
      Voicemail messages received after normal business hours will be addressed the following business day.
      EHP Behavioral Health: 410-424-4891
      EHP Behavioral Health (Secured): 410-424-4765
      USFHP Mental Health: 410-424-4839
      AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
      Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Numerator Exclusions:

- Laboratory claims (POS 81) with Mental Health Diagnosis.

Measure Codes

Mental Health Diagnosis

- ICD-10-CM: F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, 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, 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, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, 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, F43.81, F43.89, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.010, F50.011, F50.012, F50.013, F50.014, F50.019, F50.020, F50.021, F50.022, F50.023, F50.024, F50.029, F50.20, F50.21, F50.22, F50.23, F50.24, F50.25,

F50.810, F50.811, F50.812, F50.813, F50.814, F50.819, F50.82, F50.83, F50.84, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, 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, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, 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, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99

- SNOMED CT US Edition: 109006, 162004, 281004, 568005, 596004, 600009, 832007, 1145003, 1196001, 1376001, 1380006, 1383008, 1499003, 1686006, 1816003, 1855002, 1973000, 2312009, 2506003, 2618002, 2815001, 3109008, 3158007, 3530005, 3586005, 4306003, 4441000, 4817008, 4863002, 4926007, 4932002, 4949009, 4997005, 5095008, 5158005, 5464005, 5509004, 5510009*

*Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

DSU - Diagnosed Substance Use Disorders

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 13 years of age and older who were diagnosed with a substance use disorder during the measurement period. Four rates are reported:

1. The percentage of persons diagnosed with an alcohol disorder.
2. The percentage of persons diagnosed with an opioid disorder.
3. The percentage of persons diagnosed with a disorder for other or unspecified drugs.
4. The percentage of persons diagnosed with any substance use disorder.

Note: The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor a lower rate indicates better performance.

Stratifications:
Age as of the last day of the measurement period.

- 13–17 years.
- 18–64 years.
- 65 years and older.

Data Collection: Administrative, Supplemental.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 13 years of age and older as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Numerator 1 - Alcohol Use Disorder
Persons who had an alcohol use disorder diagnosis (Alcohol Abuse and Dependence Value Set) during the measurement period.
Numerator 2 - Opioid Use Disorder
Persons who had an opioid use disorder diagnosis (Opioid Abuse and Dependence Value Set) during the measurement period.
Numerator 3 - Other Substance Use Disorder
Persons who had a diagnosis of SUD that was neither for opioid or alcohol (Other Drug Abuse and Dependence Value Set) during the measurement period.
Numerator 4 - Any Substance Use Disorder
Persons who had any substance use disorder during the measure ~~year~~ period. Any of the following meet criteria.

- Alcohol Abuse and Dependence Value Set.
- Opioid Abuse and Dependence Value Set.

- Other Drug Abuse and Dependence Value Set.

Best Practice and Measure Tips

- Educate patients on the significance of follow-up appointments and adherence to treatment plans.
- Highlight the importance of timely, recommended follow-up visits.
- Promptly schedule follow-up appointments, especially for recently discharged patients.
- Coordinate care with behavioral health practitioners by sharing progress notes and updates.
- Reach out to patients who cancel appointments and assist them with rescheduling promptly.
- Consider telemedicine consultations when in-person visits are not feasible.
- Emphasize the importance of seeking follow-up care with a behavior health provider.
- Establish an outreach team or assign care managers to ensure members keep or reschedule follow-up appointments.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
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          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Alcohol Abuse and Dependence

- ICD-10-CM: F10.10, , F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24,

F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29

- SNOMED CT US Edition: 281004, 7052005, 7200002, 8635005, 15167005, 18653004, 34938008, 61144001, 66590003, 70701004, 73097000, 86325007, 87810006, 191475009, 191476005, 191478006, 191480000, 191811004, 191812006, 191882002, 191883007, 268645007, 284591009, 308742005, 713583005, 713862009, 714829008, 723926008, 723927004, 97571000119109, 135301000119103, 135311000119100, 135321000119107, 154211000119108, 288021000119107, 288031000119105, 10741871000119101, 10755041000119100

Opioid Abuse and Dependence

- ICD-10-CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29.
- SNOMED CT US Edition: 5602001, 14784000, 19445006, 20385005, 29733004, 52866005, 71328000, 75544000, 87132004, 88926005, 191819002, 191820008, 191909007, 191912005, 191913000, 230443000, 231477003, 231478008, 231479000, 231480002, 426001001, 703845008, 703846009, 724655005, 762320004, 762321000, 762322007, 1255013006, 1255015004, 1255018002, 1304039005, 1304040007, 1365761005, 1365762003, 1081000119105, 145121000119106, 288851000119106, 288861000119108

Other Drug Abuse and Dependence

- ICD-10-CM: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29
- SNOMED CT US Edition: 1383008, 1686006, 1973000, 2403008, 5002000, 5444000, 6348008, 7071007, 8837000, 10327003, 11387009, 15277004, 18689007, 20876004, 21647008, 22574000, 25753007, 26714005, 27956007, 28864000, 30491001, 31956009, 32009006, 32358001, 32875003, 37344009, 38247002, 39807006,

39951001, 40571009, 43497001, 46975003, 47664006, 50320000, 50933003, 51443000, 51493001, 53050002, 57588009, 58727001, 59651006, 61104008, 63649001, 63983005, 64386003, 70328006, 70340006, 70932007, 74851005, 74934004, 75122001, 77355000, 78267003, 78358001, 80868005, 82339009, 83367009, 85005007, 89451009, 91388009, 95661003, 191831000, 191832007, 191837001, 191838006, 191849000, 191850000, 191853003, 191855005, 191856006, 191891003, 191893000, 191894006, 191899001, 191900006, 191916008, 191918009, 191919001, 231462006, 231468005, 231469002, 231470001, 231472009, 231473004, 231474005, 268646008, 275471001, 312098001, 312936002, 361151007, 425339005, 425885002, 426095000, 426873000, 427229002, 427327003, 428370001, 441527004, 442406005, 699449003, 703848005, 703849002, 703850002, 723936000, 723937009, 724656006, 724660009, 724661008, 724663006, 724665004, 724666003, 724667007, 724668002, 724669005, 724670006, 724671005, 724672003, 724675001, 724689006, 724690002, 724691003, 724692005, 724693000, 724696008, 724701001, 724702008, 724706006, 724713006, 724715004, 724720004, 724726005, 724727001, 724728006, 724732000, 735750005, 737338002, 762324008, 762325009, 762326005, 762327001, 762333005, 762334004, 762335003, 762336002, 762337006, 762338001, 762339009, 762340006, 762344002, 762345001, 762346000, 762504005, 762505006, 762517008, 762672001, 785277001, 817962007, 838527002, 1230071005, 1230072003, 1230084001, 1230085000, 1230086004, 1230087008, 1230088003, 1230089006, 1231160001, 1231162009, 1231319004, 1231327008, 1231328003, 1231333004, 1231336007, 23601000119102, 34111000119108, 86391000119101, 86401000119104, 125851000119106, 144981000119109, 145101000119102, 145841000119107, 288461000119105, 12398281000119105, 12398651000119100

DBM-E - Documented Assessment After Mammogram

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for persons 40–74 years of age.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** 40–74 years of age as of the episode date.
- **Benefits:** Medical.
- **Continuous Enrollment:** Date of episode through 14 days after episode.
- **Allowable Gap:** None.

Definition:
BI-RADS Assessment: Clinically documented BI-RADS score. BI-RADS is a standardized classification system proposed by the American College of Radiology, used for imaging of mammography, ultrasound and MRI of the breast.
Intake Period: December 18 of the prior measurement period to December 17 of the measurement period. The intake period is used to capture the episode date.
Episode Date: The date of service for an eligible encounter during the intake period with a mammogram procedure.

Denominator:
Mammogram.
Episodes of mammograms (Mammography Value Set) during the intake period.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
BI-RADS score.
Episodes of mammograms that receive a BI-RADS score on or within 14 days after the episode date (15 days total).

Best Practice and Measure Tips

- Evaluates the percentage of mammogram episodes documented with a BI-RADS assessment within 14 days for members aged 40 to 74.
- Educate members on importance of screening mammogram for early detection of breast cancer when there are usually no symptoms.

- Follow-up with Radiologist within 14 days of mammogram to get the Breast Imaging Reporting and Data Systems scoring (BI-RADS) and document in the member's chart.
    - If the breast density is missing form mammogram report document, it in the member's chart.
    - Provide clear communication about breast density, including compilation for cancer risk and screening follow-up.

NCQA Specs Clinical Recommendation Statement:
The National Comprehensive Cancer Network recommends breast cancer screening follow-up actions in alignment with the Breast Imaging Reporting and Data System (BI-RADS) scoring categories. The BI-RADS categorization offers specific recommendations for different findings:

- Category 0: Incomplete — Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison, advises additional imaging.
- Category 1: Negative
- Category 2: Benign advises resuming routine screening.
- Category 3: Probably Benign, recommends diagnostic mammograms at 6 months, followed by repeat screenings every 6–12 months for 1–2 years, if appropriate.
- Category 4: Suspicious
- Category 5: Highly Suggestive of Malignancy, the recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph. When a needle biopsy (aspiration or core needle biopsy) is performed, obtaining concordance between the pathology report and the imaging finding is crucial.
- For Category 6: Known Biopsy-Proven Malignancy, the recommendation depends on the primary tumor, size of the invasive component, estimated disease volume, histological grade and other relevant characteristics.
- All recommendations are Category 2A recommendations. Based on lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

BI-RADS score

- RadLex Radiology Lexicon: RID36028, RID36029, RID36030, RID36031, RID36032, RID36033, RID36034, RID36035, RID36036, RID36041
- SNOMED CT US: 397138000, 397140005, 397141009, 397143007, 397144001, 397145000, 6111000179101, 6121000179106, 6131000179108, 6141000179100

EED - Eye Exam for Patient with Diabetes

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.

Provider Specialty: Ophthalmologist or Optometrist.

Stratifications:
Report stratification by race and ethnicity.
Report Stratification by SES only for Advantage MD (Medicare product line).

Measure Reporting:
CMS Start Rating Measure
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:**18–75 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons with a diagnosis of diabetes.
- Claim/encounter data. At least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period.
- Pharmacy data. At least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication during the measurement period or the year prior to the measurement period.

Numerator:
Retinal eye exam.
Screening or monitoring for diabetic retinal disease. This includes persons with diabetes who had one of the following:
- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement period.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement period.

Any of the following meet criteria:

- Billed by an eye care professional (optometrist or ophthalmologist):
    - Any code in the Retinal Eye Exams Value Set billed by an eye care professional (optometrist or ophthalmologist) during the measurement period.
    - Any code in the Retinal Eye Exams Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement period, **with** a diagnosis of diabetes without complications (Diabetes Mellitus Without Complications Value Set).
- Billed by any provider type:
    - Any code in the Eye Exam With Evidence of Retinopathy Value Set, Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the measurement period.
    - Retinal imaging **with** interpretation and reporting by a qualified reading center (Retinal Imaging Value Set) billed by any provider type during the measurement period.
    - Autonomous eye exam billed by any provider type during the measurement period. Either of the following meets criteria:
        - CPT code 92229.
        - LOINC code 105914-6 **with** a result (Autonomous Eye Exam Result or Finding Value Set).
    - Any code in the Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the year prior to the measurement period.
    - Diabetic retinal screening negative in prior year (CPT-CAT-II code 3072F) billed by any provider type during the measurement period.
    - Any combination that indicates findings from a retinal exam for diabetic retinopathy performed in both the left and right eye by any provider, or a combination that indicates one eye is enucleated and the other was examined.
        - Left eye:
            - Retinal exam finding: Any level of retinopathy (LOINC code 71490-7 **with** Diabetic Retinopathy Severity Level Value Set) during the measurement period.
            - Retinal exam finding: No retinopathy (LOINC code 71490-7 **with** LOINC code LA18643-9) in the year prior to the measurement period.
            - Enucleation: ICD-10-PCS code 08T1XZZ any time during the person's history through the last day of the measurement period.
        - Right eye:
            - Retinal exam finding: Any level of retinopathy (LOINC code 71491-5 **with** Diabetic Retinopathy Severity Level Value Set) during the measurement period.
            - Retinal exam finding: No retinopathy (LOINC code 71491-5 with LOINC code LA18643-9) in the year prior to the measurement period.
            - Enucleation: ICD-10-PCS code 08T0XZZ any time during the person's history through the last day of the measurement period.

Best Practice and Measure Tips

- Provide member education on risks of Diabetic Eye Disease, and encourage scheduling annual exam.
- Obtain eye exam reports. Notate eye care provider name and demographics in chart if report not available.
- Use measure codes on claims to indicate retinopathy status. Since this measure is administrative only, there will be no medical record review during annual. This will capture the compliance from the claim. For members who do not have retinopathy, will capture the compliance for 2 years.
- Exams must be dilated or retinal exam or fundus photography.
- The dilated or retinal exam: it is best practice to have a bilateral retinal exam.
    - In some instances, a unilateral retinal / dilated exam may be used if there is documented enucleation and / or blindness in the un-examined eye.
- Documentation can be in the form of a note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional. Include: date of service, the test (indicate a dilated or retinal exam) or result, and the care provider's name and credentials.
    - Documentation example: "Last diabetic retinal eye exam with John Smith, OD, was June 20XX with no retinopathy."
- Must indicate performed by Optometrist or Ophthalmologist.
- A slit-lamp examination must have documentation of dilation or evidence that the retina was examined to be considered compliant.
- Examination of macula, vessels and periphery without eye dilation meets criteria for a "retinal exam."
- A chart or photograph with date of fundus photography or retinal imaging (Example: Computerized Ophthalmic Imaging such as Optical Coherence Tomography - OCT) and one of the following is acceptable:
    - Results read by a qualified reading center or by a system that provides an artificial intelligence (AI) interpretation.
    - Results reviewed by an eye care professional.
    - Results read by a qualified reading center operating under the direction of a medical director who is a retinal specialist.
- Prior year exam results must indicate retinopathy was not present. Be sure to add the retinopathy status codes to claims in order to capture compliance for 2 years.
- AI Reports:
    - Acceptable: "Negative for more than mild diabetic retinopathy": This is only considered a negative result when it is a result of an exam read by AI (Example: IDx-DR imaging system, AEYE-DS, EyeArt).

Not Acceptable:

- Routine fundoscopic exam without examination of macula, vessels and periphery.
- Documentation of "diabetes without complications."
- Exams performed by PCP or non-eye care professionals (optician)
- Refractive only exams
- Exams in which only the anterior (A) chamber of the eye is examined
- Glaucoma pressure checks
- Unilateral post-op eye exams which do not meet guidelines for acceptable documentation

Measure Exclusions

Denominator Exclusions:

- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Persons with bilateral absence of eyes or eye enucleation.
    - Bilateral absence of eyes (SNOMED CT code 15665641000119103) any time during the person's history through the last day of the measurement period.
    - Bilateral eye enucleation any time during the person's history through the last day of the measurement period:
        - Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (CPT Modifier code 50).
        - Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart.
        - Left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) and right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) on the same or different dates of service.
        - A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) with service dates 14 days or more apart.
        - A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) with service dates 14 days or more apart.
- Diagnosis code on a laboratory claim (POS 81) for:
    - Diabetes
    - Frailty
    - Advance illness
    - Palliative care

Note: Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

Numerator Exclusions:

For CPT Category II codes do not include CPT CAT II Modifier.

Exclusion Codes

Unilateral Eye Enucleation

- CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
- SNOMED CT US Edition: 59590004, 172132001, 205336009, 397800002, 397994004, 398031005, 1303651001, 1303652008

Unilateral Eye Enucleation – Left ICD-10-PCS: 08T1XZZ
Unilateral Eye Enucleation – Right ICD-10-PCS: 08T0XZZ
Bilateral CPT Modifier: 50
Bilateral absence of eyes SNOMED CT code: 15665641000119103

Measure Codes

Codes that can only be bill by an Eye Care Professional (optometrist or ophthalmologist):

- Retinal Eye Exams
  - CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92227, 92228, 92137, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
  - HCPCS: S0621, S0620, S3000
  - SNOMED CT US Edition: 6615001, 18188000, 21593001, 30842004, 36844005, 53524009, 56072006, 56204000, 252779009, 252780007, 252781006, 252782004, 252783009, 252784003, 252788000, 252789008, 252790004, 252846004, 274795007, 274798009, 308110009, 314972008, 391999003, 392005004, 410441007, 410450009, 410451008, 410452001, 410453006, 410455004, 416369006, 417587001, 420213007, 425816006, 427478009, 700070005, 722161008
- Diabetes Mellitus Without Complications
  - ICD-10-CM: E10.9, E11.9, E13.9
  - SNOMED CT US Edition: 111552007, 190412005, 290002008, 313436004, 443694000, 444073006, 444074000, 444110003, 445353002, 870528001, 1217044000, 1217068008, 1290118005, 1481000119100, 31321000119102, 164971000119101, 721111000124107, 721121000124104, 721201000124104

Codes that can be bill by ANY provider type:

- Eye Exam With Evidence of Retinopathy CPT-CAT-II: 2022F, 2024F, 2026F
- Eye Exam Without Evidence of Retinopathy during current year or prior year CPT-CAT-II: 2023F, 2025F, 2033F
- Diabetic retinal screening negative in prior year CPT-CAT-II: 3072F
- Autonomous Eye Exam:
  - CPT: 92229
  - LOINC code 105914-6 **with** a result (Autonomous Eye Exam Result or Finding Value Set).
    - LA34398-0 ETDRS Level 20 or lower, without macular edema
    - LA34399-8 ETDRS Level 35 or higher, with or without macular edema
- Retinal Imaging CPT: 92227, 92228
- Retinal exam finding:
  - Left Eye LOINC: 71490-7
  - Right Eye LOINC: 71491-5
  - **With** Diabetic Retinopathy Severity Level LOINC:
    - LA18643-9 No apparent retinopathy
    - LA18644-7 Mild non-proliferative retinopathy
    - LA18645-4 Moderate non-proliferative retinopathy
    - LA18646-2 Severe non-proliferative retinopathy
    - LA18648-8 Proliferative retinopathy
- **Or** a combination that indicates one eye is **enucleated** and the other was examined:
  - Enucleation ICD-10-PCS: 08T1XZZ (Resection of Left Eye, External Approach)
  - Enucleation: ICD-10-PCS: 08T0XZZ (Resection of Right Eye, External Approach)

Measure Medications

Diabetes Medications List

Alpha-glucosidase inhibitors
- Acarbose
- Miglitol

Amylin analogs
- Pramlintide

Antidiabetic combinations
- Alogliptin-metformin
- Alogliptin-pioglitazone
- Canagliflozin-metformin
- Dapagliflozin-metformin
- Dapagliflozin-saxagliptin
- Empagliflozin-linagliptin
- Empagliflozin-metformin
- Empagliflozin-linagliptin-metformin
- Ertugliflozin-metformin
- Ertugliflozin-sitagliptin
- Glimepiride-pioglitazone
- Glipizide-metformin
- Glyburide-metformin
- Linagliptin-metformin
- Metformin-pioglitazone
- Metformin-rosiglitazone
- Metformin-saxagliptin
- Metformin-sitagliptin

Insulin
- Insulin aspart
- Insulin aspart-insulin aspart protamine
- Insulin degludec
- Insulin degludec-liraglutide
- Insulin detemir
- Insulin glargine
- Insulin glargine-lixisenatide
- Insulin glulisine
- Insulin isophane human
- Insulin isophane-insulin regular
- Insulin lispro
- Insulin lispro-insulin lispro protamine
- Insulin regular human

Meglitinides
- Nateglinide
- Repaglinide

Biguanides
- Metformin

Glucagon-like peptide-1 (GLP1) agonists
- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Sodium glucose cotransporter 2 (SGLT2) inhibitor
- Canagliflozin
- Dapagliflozin
- Empagliflozin
- Ertugliflozin

Sulfonylureas
- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide
- Tolazamide
- Tolbutamide

Thiazolidinediones
- Pioglitazone
- Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors
- Alogliptin
- Linagliptin
- Saxagliptin
- Sitagliptin

FMA-E - Follow-Up After Abnormal Mammogram Assessment

Product Lines:
Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of episodes for persons 40-74 years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** 40–74 years of age as of the episode date.
- **Benefits:** Medical.
- **Continuous Enrollment:** Date of episode through 90 days after episode.
- **Allowable Gap:** None.

Definition:
BI-RADS Assessment: Clinically documented BI-RADS score. BI-RADS is a standardized classification system proposed by the American College of Radiology, used for imaging of mammography, ultrasound and MRI of the breast.
Intake Period: October 3 of the year prior to the measurement period to October 2 of the measurement period. The intake period is used to capture the episode date.
Episode Date: The dates of service during the intake period when a high-risk or inconclusive BI-RADS score was documented.

Denominator:
Episodes of high-risk or inconclusive BI-RADS assessment.
Episodes with a high-risk or inconclusive BI-RADS assessment during the intake period.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
Appropriate follow-up for high-risk or inconclusive BI-RADS assessment.
High-risk and inconclusive BI-RADS assessment during the Intake Period that received appropriate follow-up. Appropriate follow-up is defined as either of the following:
- A high-risk BI-RADS assessment result (Category 4: Suspicious – Category 5: Highly Suggestive of Malignancy), that received a breast biopsy on or within 90 days after the episode date (91 days total).
- An inconclusive BI-RADS assessment (BI-RADS 0: Incomplete — Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison), that received a mammogram or ultrasound on or within 90 days after the episode date (91 days total).

Best Practice and Measure Tips

- Assesses the percentage of episodes with inconclusive or high-risk BI-RADS assessments that receive appropriate follow-up within 90 days for members aged 40–74.
- This measure focus on improving screening and follow-up care for breast cancer.
- To ensure member receive the best care, request prior mammograms reports to be use for comparison prior the member's scheduled mammogram appointment to prevent the need for additional information or incomplete assessments.
- Document breast density if missing from the mammogram report.
- Educate member about dense breasts and how it can affect mammogram.
    - https://www.cancer.gov/types/breast/breast-changes/dense-breasts
- Patient with higher risk factors, ensure you coordinate care with Radiologist and Oncologist.
- Provide timely communication of results and clear instruction for follow up actions.
- Provide Educational materials on abnormal mammogram results.
    - https://www.cancer.gov/types/breast/breast-changes

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Breast Biopsy

- CPT: 19081, 19083, 19085, 19100, 19101
- SNOMED CT US Edition: 10940003, 28768007, 42125001, 44578009, 116219004, 116220005, 116334007, 172086006, 237372000, 237375003, 237376002, 237377006, 237378001, 237379009, 265253005, 274331003, 287553003, 303689004, 307298009, 387736007, 432109009, 432157003, 432337008, 432550005, 433008009, 433685008, 433805008, 442963006, 445171002, 445437001, 448336005, 448689003, 709628007, 711508007, 723990008, 725936002, 736615002, 770568001, 770569009, 770570005, 771086002, 771625002, 785800009, 786883001, 866232001, 1179705005, 1179707002, 1179708007, 1220570007, 1220571006, 1220572004, 1264555004, 1264556003, 1268323005, 1268996004, 1332066007, 1332067003, 1333891002, 1333892009, 1333893004, 1333894005, 1333895006, 1333896007, 1333897003, 1333898008, 1333899000, 1333900005, 1333901009, 1333902002, 1333903007, 1333904001, 1333905000, 1333906004, 1334078005, 1334079002, 1334080004, 1356791009, 2131000087106, 2141000087100, 2841000087108, 4541000087104, 4551000087101, 5181000087103, 12131000087109, 61631000087105, 61641000087104, 61651000087101, 305011000000108, 305051000000107, 305071000000103, 306371000000109, 306381000000106, 306641000000107, 306651000000105, 306671000000101, 307971000000105, 307981000000107, 308041000000102, 872731000000104

Breast Ultrasound

- CPT: 76641, 76642
- LOINC: 105420-4, 105421-2, 105422-0, 24599-3, 24601-7, 26214-7, 26215-4, 26216-2, 26288-1, 26290-7, 42132-1

Mammography

- CPT: 77061, 77062, 77063, 77065, 77066, 77067
- LOINC: 103885-0, 103886-8, 103892-6, 103893-4, 103894-2, 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3

AAF-E - Follow-Up After Acute and Urgent Care Visits for Asthma

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.

Stratifications:
Age as of the episode date.
- 5–11 years.
- 12–17 years.
- 18–50 years.
- 51–64 years.

COPD diagnosis.
- Persons diagnosed with COPD (COPD Value Set) any time during the person's history through the last day of the measurement period.
- Persons who did not meet criteria for the stratification above (i.e., did not have a diagnosis of COPD any time during the person's history through the last day of the measurement period).

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** 5–64 years of age as of the episode date.
- **Benefits:** Medical.
- **Continuous Enrollment:** Episode date through 30 days after episode date (31 total days).
- **Allowable gap:** None.

Definition:
Direct transfer: A direct transfer occurs when the discharge date from an initial stay is followed by an admission to a subsequent stay within one calendar day or less. Direct transfers can occur between different facilities and between acute inpatient and observation settings.
Asthma episode: An encounter between January 1 and December 1 with a diagnosis of asthma.
- **For urgent care visits that result in an ED visit, the ED visit** is the episode.
- **For urgent care or ED visits that result in a nonacute inpatient stay**, the urgent care or ED visit is the episode.
- **For acute inpatient or observation stays that result in a nonacute inpatient stay**, the acute inpatient or observation stay discharge is the episode.

Asthma episode date: The date of service for the asthma episode.
- **For acute inpatient or observation stay discharges**, the episode date is the date of discharge.

- **For direct transfers**, the episode date is the discharge date from the last transfer admission.
- **For ED or urgent care visits**, the episode date is the date of service.

Denominator:
Acute visits for asthma on or between January 1 and December 1 of the measurement period. Limit to One Episode per 31-Day Period.

- Urgent care visits (POS 20) with asthma diagnosis
- ED visits with asthma diagnosis
- Acute inpatient or observation discharges with asthma diagnosis

Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
30-day follow-up.
An outpatient visit, telephone visit, e-visit or virtual check-in (Outpatient and Telehealth Value Set) with a diagnosis of asthma (Asthma Value Set) within 30 days after the asthma episode. Do not include visits that occur on the same day as the asthma episode. Services provided in an urgent care setting (POS code 20) are not included.

Best Practice and Measure Tips

- New Measure for HEDIS MY 2026.
- Ensure Accurate Asthma Diagnosis Coding:
  - Use specific ICD-10 codes for asthma (e.g., J45.40–J45.998) to ensure episodes are correctly captured.
  - Avoid using unspecified or general respiratory codes that may not count toward the measure.
- Document All Encounter Types Clearly:
  - Clearly indicate urgent care, ED, inpatient, and observation stays in documentation and claims.
- Coordinate Post-Discharge Follow-Up:
  - Schedule follow-up visits within 30 days of an asthma-related Urgent Care, ED, Observation stay or hospitalization.
  - Use follow-ups to assess symptom control, medication adherence, and environmental triggers.
- Educate Patients on Asthma Action Plans:
  - Provide individualized asthma action plans and review them during visits.
  - Educate patients on early symptom recognition and when to seek care to prevent exacerbations.
- Optimize Controller Medication Use:
  - Ensure patients with persistent asthma are prescribed and adherent to controller medications (e.g., inhaled corticosteroids).
  - Reassess medication regimens regularly and adjust based on control levels.
- Reduce Avoidable ED Visits:
  - Encourage patients to use primary care or urgent care for non-emergent symptoms.

    - Offer same-day appointments or telehealth options to manage worsening symptoms early.
- Track and Review Episodes:
    - Monitor patients with frequent exacerbations and implement care management strategies.
    - Use EHR alerts or registries to flag patients with recent asthma-related acute care visits.

These strategies not only improve HEDIS performance but also enhance patient outcomes and reduce unnecessary hospital utilization.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons with a diagnosis of cystic fibrosis at any time in the person's history through the last day of the measurement period. Laboratory claims (POS 81) with a diagnosis of cystic fibrosis will not be included in the exclusion.
- ED or urgent care visits followed by admission to acute inpatient or observation care within 31 days.
- Multiple episodes within a 31-day period: Only the first ED/urgent care visit or last inpatient/observation discharge episode is counted for the measure, all other episodes will be excluded.
- Direct transfers with a discharge after December 1 will be excluded.

Numerator Exclusions:

- Follow-up visits on the same day as the asthma episode.
- Follow-up provided in an urgent care setting (POS 20).

Exclusion Codes

Cystic Fibrosis

- ICD10PCS: E84.0, E84.11, E84.19, E84.8, E84.9
- SNOMED CT US Edition: 81423003, 86092005, 86555001, 190905008, 235978006, 427089005, 698940002, 707418001, 707419009, 707420003, 707450006, 707536003, 707542004, 707577004, 707578009, 707766007, 716088000, 720401009, 721197001, 725052002, 762269004, 762270003, 762271004, 817966005, 1010616001, 1296527009, 1296528004

Measure Codes

Asthma

- ICD10PCS: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
- SNOMED CT US Edition: 11641008, 12428000, 18041002, 19849005, 34015007, 41553006, 55570000, 56968009, 57607007, 59786004, 63088003, 92807009, 93432008, 195949008, 195967001, 195977004, 225057002, 233678006, 233679003, 233683003, 233687002, 233688007, 233691007, 266361008, 281239006,

370218001, 370219009, 370220003, 370221004, 389145006, 404804003, 404806001, 404808000, 405944004, 407674008, 409663006, 418395004, 423889005, 424643009, 425969006, 426656000, 426979002, 427295004, 427603009, 427679007, 442025000, 445427006, 703953004, 703954005, 707444001, 707445000, 707446004, 707447008, 707511009, 707512002, 707513007, 707979007, 707980005, 707981009, 708090002, 708093000, 708094006, 708095007, 708096008, 733858005, 734904007, 734905008, 735588005, 735589002, 762521001, 782513000, 782520007, 786836003, 829976001, 1290026000, 401000119107, 901000119100, 1741000119102, 1751000119100, 5281000124103, 72301000119103, 99031000119107, 124991000119109, 125001000119103, 125011000119100, 125021000119107, 2360001000004109, 10674711000119105, 10674791000119101, 10674991000119104, 10675311000119105, 10675391000119101, 10675431000119106, 10675471000119109, 10675551000119104, 10675711000119106, 10675751000119107, 10675871000119106, 10675911000119109, 10675991000119100, 10676231000119102, 10676271000119104, 10676391000119108, 10676431000119103, 10676511000119109, 10676671000119102, 10692681000119108, 10692721000119102, 10692761000119107, 10742121000119104, 16055311000119107, 16584951000119101

COPD

- ICD10PCS: J44.0, J44.1, J44.89, J44.9
- SNOMED CT US Edition:13645005, 135836000, 185086009, 195951007, 196001008, 285381006, 313296004, 313297008, 313299006, 1751000119100, 106001000119101, 293241000119100

Outpatient and Telehealth

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99470, 99483
- HCPCS: G0071, G0402, G0438, G0439, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC).
- SNOMED CT US Edition: 50357006, 77406008, 84251009, 86013001, 90526000, 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
- UBREV 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

FUM - Follow-Up After Emergency Department Visit for Mental Illness

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of emergency department (ED) visits for persons 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

- The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days).
- The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).

Stratifications:
Age as of the ED visit.

- 6 -17 years.
- 18 - 64 years.
- 65 and older.

Report stratification by race and ethnicity.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** 6 years of age and older as of the ED visit.
- **Benefits:** Medical and mental health.
- **Continuous Enrollment:** Date of the ED visit through 30 days after the ED visit (31 total days).
- **Allowable Gap:** None.

Denominator:
Emergency department visit for mental illness.
An ED visit (ED Value Set) with a principal diagnosis of mental illness (Mental Illness Value Set), or any diagnosis of intentional self-harm (Intentional Self Harm Value Set), on or between January 1 and December 1 of the measurement period.
Note:

- The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.
- If a person has more than one ED visit in a 31-day period, only the first eligible ED visit will be included.

Numerator:
Numerator 1- 30-Day Follow-Up

A follow-up service for any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include services that occur on the date of the ED visit.

Numerator 2- 7-Day Follow-Up

A follow-up service for any diagnosis of a mental health disorder within 7 days after the ED visit (8 total days). Include services that occur on the date of the ED visit.

For both indicators, any of the following meet criteria for a follow-up visit:

- An outpatient visit (Visit Setting Unspecified Value Set) with any diagnosis of a mental health disorder with any of the following Place of services:
  - Community mental health center POS.
  - Psychiatric Facility-Partial Hospitalization POS.
  - Outpatient POS
  - Psychiatric residential treatment POS
  - Telehealth POS
- A BH outpatient visit with any diagnosis of a mental health disorder.
- An intensive outpatient encounter or partial hospitalization with any diagnosis of a mental health disorder.
- Electroconvulsive therapy with Outpatient POS; POS code 24; POS code 52; POS code 53.
- A telephone visit with any diagnosis of a mental health disorder.
- An e-visit or virtual check-in with any diagnosis of a mental health disorder.
- Psychiatric collaborative care management.
- Peer support services with any diagnosis of mental health disorder.
- Psychiatric residential treatment.
- A visit in a behavioral healthcare setting.

Best Practice and Measure Tips

- Visits that occur on the date of ED visit will count toward compliance.
- This measure focuses on follow-up treatment for mental illness or diagnosis of intentional self-harm.
- Refer patient to a mental health provider to be seen within seven days of ED visit.
  - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
    - **Please send us your member referrals by contacting us at:**
      Phone: 800-557-6916
      Monday through Friday: 8 a.m. to 5 p.m.
      Voicemail messages received after normal business hours will be addressed the following business day.
      EHP Behavioral Health: 410-424-4891
      EHP Behavioral Health (Secured): 410-424-4765
      USFHP Mental Health: 410-424-4839

AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
Email: caremanagement@jhhp.org

- Ways to help patients find care they need:
  - Helping them schedule an appointment.
  - Verify if the mental health provider is a good fit by considering location, transportation and time.
  - Identify and address any barriers that may prevent member keeping the appointment.
  - Making sure member has a good support system by engaging parents/guardian or significant others in the treatment plan, stressing the importance of treatment, and attending to their appointment.
  - Ensure member received an appointment with 7 days of ED visit with either their PCP or mental health provider.
  - Share all transition of care with the member's Primary Care Physician (PCP) and mental health provider to ensure members follows-up with the treatment plan.
  - Ensure member has a PCP.
- Educate member on:
  - Importance of consistency and adherence to the medication regiment.
  - Medication side effect, what to do if the side effect is severe and can potentially result in lack of adherence to the medication regiment and treatment plan.
  - Crisis Intervention options.
- Even patients receiving medication from their primary care provider still need post-discharge supportive therapy with a licensed mental health clinician such as a therapist or social worker.
- Maintain appointment availability for members with recent ED visits.
- Provider should provide reminder calls to confirm appointment within 24 hours.
- If member is unable to keep scheduled appointment, reschedule it or offer Telehealth visits.
- Telehealth visits with a mental health provider are acceptable.
- Submit all claims with correct service coding and principal diagnosis timely.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Exclude ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission.

Measure Codes

Mental Health Diagnosis

- ICD-10-CM: F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, 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, 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, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, 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, F43.81, F43.89, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.010, F50.011, F50.012, F50.013, F50.014, F50.019, F50.020, F50.021, F50.022, F50.023, F50.024, F50.029, F50.20, F50.21, F50.22, F50.23, F50.24, F50.25, F50.810, F50.811, F50.812, F50.813, F50.814, F50.819, F50.82, F50.83, F50.84, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, 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, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, 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, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99

- SNOMED CT US Edition: 109006, 162004, 281004, 568005, 596004, 600009, 832007, 1145003, 1196001, 1376001, 1380006, 1383008, 1499003, 1686006, 1816003, 1855002, 1973000, 2312009, 2506003, 2618002, 2815001, 3109008, 3158007, 3530005, 3586005, 4306003, 4441000, 4817008, 4863002, 4926007, 4932002, 4949009, 4997005, 5095008, 5158005, 5464005, 5509004, 5510009*
  *Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

BH Outpatient

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99510
- HPCPS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 50357006, 77406008, 84251009, 86013001, 90526000, 185463005, 185464004, 185465003, 209099002, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002,

391257009, 391260002, 391261003, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
- 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
- Behavioral Healthcare Setting
- UBREV: 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 1001

Electroconvulsive Therapy
- CPT: 90870
- ICD-10-PCS: GZB0ZZZ, GZB2ZZZ, GZB4ZZZ
- SNOMED CT US Edition: 10470002, 11075005, 23835007, 231079005, 231080008, 284468008, 313019002, 313020008, 1010696002, 1010697006
- Electroconvulsive therapy with the following Place of Service (POS)
    - 24- Ambulatory Surgical Center
    - 52- Psychiatric Facility-Partial Hospitalization
    - 53- Community Mental Health Center
    - Outpatient POS:
        - 03- School
        - 05- Indian Health Service Free-standing Facility
        - 07- Tribal 638 Free-standing Facility
        - 09- Prison/Correctional Facility
        - 11- Office
        - 12- Home
        - 13- Assisted Living Facility
        - 14- Group Home
        - 15- Mobile Unit
        - 16- Temporary Lodging
        - 17- Walk-in Retail Health Clinic
        - 18- Place of Employment-Worksite
        - 19- Off Campus-Outpatient Hospital
        - 20- Urgent Care Facility
        - 22- On Campus-Outpatient Hospital
        - 27- Outreach Site/Street
        - 33- Custodial Care Facility
        - 49- Independent Clinic
        - 50- Federally Qualified Health Center
        - 71- Public Health Clinic
        - 72- Rural Health Clinic

Online Assessments
- CPT: 98016, 98970, 98971, 98972, 99421, 99422, 99423
- HCPCS: G0071, G2010, G2012, G2250, G2251, G2252

Partial Hospitalization or Intensive Outpatient
- HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006,

391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
- UBREV: 0905, 0907, 0912, 0913

Peer Support Services
- HCPCS: G0140, G0177, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017

Psychiatric Collaborative Care Management
- CPT: 99492, 99493
- HCPCS: G0512

Residential Behavioral Health Treatment
- HCPCS: H0017, H0018, H0019, T2048

Telephone Visits
- CPT: 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 98979, 98980, 98981, 99441, 99442, 99443, 99457, 99458, 99470
- SNOMED CT US Edition: 185317003, 314849005, 386472008, 386473003, 401267002
- HCPCS: G0544

Outpatient visit (Visit Setting Unspecified)
- 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, 99252, 99253, 99254, 99255
- An Outpatient visit with any of the following Place of Service (POS)
    - Outpatient POS (Codes are listed under Electroconvulsive Therapy)
    - Telehealth POS
        - 02- Telehealth Provided Other than in Patient's Home
        - 10- Telehealth Provided in Patient's Home
    - 52- Psychiatric Facility-Partial Hospitalization
    - 53- Community Mental Health Center
    - 56- Psychiatric Residential Treatment Center

FMC - Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions

Product Lines: Advantage MD.
Measurement Period: January 1–December 31.

Description:
The percentage of emergency department (ED) visits for persons 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Stratifications:
Age as of the ED visit.
- 18–64 years.
- 65 years and older.

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Hybrid, Supplemental.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** 18 years of age or older as of the ED visit.
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the ED visit through 7 days after the ED visit.
- **Allowable Gap:** No more than one gap of ≤45 days during the 365 days prior to the ED visit. No gaps on the date of the ED visit through the 7 days following the visit.

Denominator:
ED visits for persons who have multiple high-risk chronic conditions.
ED visits on or between January 1 and December 24 of the measurement period where the person had a chronic condition prior to the ED visit.
The following are eligible chronic condition diagnoses. Each bullet indicates an eligible chronic condition (for example, COPD and asthma are considered the same chronic condition):
- COPD, asthma or unspecified bronchitis (Asthma, COPD and Unspecified Bronchitis Value Set).
- Alzheimer's disease and related disorders (Dementia Value Set; Frontotemporal Dementia Value Set).
- Chronic kidney disease (Chronic Kidney Disease Value Set).
- Depression (Major Depression Value Set; Dysthymic Disorder Value Set).
- Heart failure (Heart Failure and Cardiomyopathy Value Set).
- Acute myocardial infarction (MI Value Set; Old Myocardial Infarction Value Set).
- Atrial fibrillation (Atrial Fibrillation Value Set).
- Stroke and transient ischemic attack (Stroke Value Set).

Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
7-day follow-up.
Include visits that occur on the date of the ED visit through 7 days after the ED visit (8 total days).
Any of the following meet criteria for a follow-up service.

- An outpatient visit, telephone visit, e-visit or virtual check-in.
- Transitional care management services.
- Case management visits.
- Complex Care Management Services.
- An outpatient or telehealth behavioral health visit.
- An intensive outpatient encounter or partial hospitalization.
- A community mental health center visit.
- Electroconvulsive therapy.
- A telehealth visit.
- A substance use disorder service.
- Substance use disorder counseling and surveillance.

Best Practice and Measure Tips

- The denominator is based on ED visits, not members.
- ED visits count between January 1 and December 24 of the measurement year where member was 18 years of age or older on the date of the visit.
- ED visits that result in an inpatient stay, either acute or non-acute, within 7 days after the inpatient stay are excluded.
- The following are eligible chronic condition diagnoses. Each bullet indicates an eligible chronic condition (for example, COPD and asthma are considered the same chronic condition):
    - COPD, asthma, unspecified bronchitis
    - Alzheimer's disease and related disorders
    - Chronic kidney disease
    - Depression
    - Heart failure (Chronic Heart Failure; Heart Failure Diagnosis).
    - Acute myocardial infarction (MI Value Set; Old Myocardial Infarction).
    - Atrial fibrillation
    - Stroke and transient ischemic attack (visit with a principal diagnosis of encounter for other specified aftercare not included).
- ED visits are counted for members with two or more different chronic conditions prior to the ED visit
- Eligible chronic condition diagnoses are identified on the discharge claim, on different dates of service, during the measurement year or year prior. (Visit type need not be the same for the two visits, but the visits must be for the same eligible chronic condition.)
    - At least two outpatient visits ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges.
- Visits are identified chronologically. Only one visit per 8-day period. If a member has more than one ED visit in an 8-day period, only the first eligible ED visit is included.

- Ensure member has follow-up services within 7 days after the ED visit. Eight days totals to include visits that occurred on the day of the ED visit.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement ~~year~~ period.
- Persons who died any time during the measurement period.
- Exclude ED visits that result in an inpatient stay.
- Any visit with any diagnosis of concussion with loss of consciousness or fracture of vault of skull, initial encounter (Other Stroke Exclusions Value Set).
- Any visit with a principal diagnosis of encounter for other specified aftercare (ICD-10-CM code Z51.89).

Exclusion Codes

Other Stroke Exclusions

- ICD-10-CM: S02.0XXA, S02.0XXB, S06.0X1A, S06.0X1D, S06.0X1S, S06.0X9A, S06.0X9D, S06.0X9S, S06.0XAA, S06.0XAD, S06.0XAS
- SNOMED CT US Edition: 22383006, 25424007, 48466003, 62564004, 83385002, 95850008, 111593004, 111597003, 111611005, 111615001, 207687004, 207705002, 207707005, 209827006, 444867009, 445159008, 445493000, 446195009, 446597007, 447396006, 698616008, 698617004, 698618009, 698619001, 698621006, 448331000124101

Measure Codes

Outpatient visit, telephone visit, telehealth visit (e-visit or virtual check-in)

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99470, 99483
- HCPCS: G0071, G0402, G0438, G0439, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 50357006, 77406008, 84251009, 86013001, 90526000, 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
- UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

Transitional Care Management Services
- CPT: 99495, 99496

Case Management Encounter
- CPT: 99366
- HCPCS: T1016, T1017, T2022, T2023
- SNOMED CT US Edition: 386230005, 416341003, 425604002

Complex Care Management Services
- CPT: 99439, 99487, 99489, 99490, 99491
- HCPCS: G0506

Visit Setting Unspecified
- 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, 99252, 99253, 99254, 99255
- Visit Setting Unspecified CPT with any of the following Place of Service (POS):
    - 02 Telehealth Provided Other than in Patient's Home
    - 10 Telehealth Provided in Patient's Home
    - 52 Psychiatric Facility-Partial Hospitalization
    - 53 Community Mental Health Center
    - Outpatient Place of Service (POS):
        - 03 School
        - 05 Indian Health Service Free-standing Facility
        - 07 Tribal 638 Free-standing Facility
        - 09 Prison/Correctional Facility
        - 11 Office
        - 12 Home
        - 13 Assisted Living Facility
        - 14 Group Home
        - 15 Mobile Unit
        - 16 Temporary Lodging
        - 17 Walk-in Retail Health Clinic
        - 18 Place of Employment-Worksite
        - 19 Off Campus-Outpatient Hospital
        - 20 Urgent Care Facility
        - 22 On Campus-Outpatient Hospital
        - 27 Outreach Site/Street
        - 33 Custodial Care Facility
        - 49 Independent Clinic
        - 50 Federally Qualified Health Center
        - 71 Public Health Clinic
        - 72 Rural Health Clinic

An outpatient or telehealth behavioral health visit: BH Outpatient
- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99510

- HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 50357006, 77406008, 84251009, 86013001, 90526000, 185463005, 185464004, 185465003, 209099002, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
- 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

Partial Hospitalization or Intensive Outpatient

- HCPS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
- UBREV: 0905, 0907, 0912, 0913

Electroconvulsive Therapy

- CPT: 90870
- ICD-10-PCS: GZB0ZZZ, GZB2ZZZ, GZB4ZZZ
- SNOMED CT US Edition: 10470002, 11075005, 23835007, 231079005, 231080008, 284468008, 313019002, 313020008, 1010696002, 1010697006
- Electroconvulsive Therapy with any of the following Place of Service (POS):
  - Ambulatory Surgical Center POS: 24
  - Community Mental Health Center POS: 53
  - Partial Hospitalization POS: 52
  - Outpatient POS (Listed above)

Substance Abuse Counseling and Surveillance

- ICD-10-CM: Z71.41, Z71.51

Substance Use Disorder Services

- CPT: 99408, 99409
- HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
- SNOMED CT US Edition: 20093000, 23915005, 56876005, 61480009, 64297001, 67516001, 87106005, 182969009, 266707007, 310653000, 370776007, 370854007, 385989002, 386449006, 386450006, 386451005, 408934002, 408946003, 414054004, 414056002, 414283008, 414501008, 415662004, 445628007, 445662007, 450760003, 704182008, 707166002, 711008001, 713106006, 713107002, 713127001, 720174008, 720175009, 720176005, 720177001, 763104007, 763233002, 763302001, 772813001, 774090004, 774091000, 792901003, 792902005, 827094004, 865964007, 428211000124100
- UBREV: 0906, 0944, 0945

FUA - Follow-Up After Emergency Department Visit for Substance Use

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of emergency department (ED) visits among persons age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:

1. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).

Provider Specialty: Mental Health Practitioner.

Stratifications:
Age as of the ED visit.

- 13–17 years.
- 18 years and older

Report stratification by race and ethnicity.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** 13 years of age or older as of the ED visit.
- **Benefits:** Medical, chemical dependency and pharmacy.
  Note: A withdrawal management/detoxification-only chemical dependency benefit does not meet these criteria.
- **Continuous Enrollment:** The date of the ED visit through 30 days after the ED visit (31 total days).
- **Allowable gap:** None.

Denominator:
Emergency department visit for substance use.
An ED visit (ED Value Set) with a principal diagnosis of SUD (AOD Abuse and Dependence Value Set) or any diagnosis of drug overdose (Unintentional Drug Overdose Value Set) on or between January 1 and December 1 of the measurement period.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person. If a person has more than one ED visit in a 31-day period, only the first eligible ED visit will be included.

Numerator:
Numerator 1: 30-Day Follow-Up.

Follow-up visit or pharmacotherapy dispensing event on the ED visit date or within 30 days after the ED visit (31 days total).
Numerator 2: 7-Day Follow-Up.
Follow-up visit or pharmacotherapy dispensing event on the ED visit date or within 7 days after the ED visit (8 days total).
For both indicators, any of the following meet criteria for a follow-up visit:

- Visits **with** any diagnosis of SUD, substance use or drug overdose:
    - An outpatient visit (Visit Setting Unspecified Value Set) with any diagnosis of SUD, substance use or drug overdose with any of the following Place of services:
        - Community mental health center POS.
        - Psychiatric Facility-Partial Hospitalization POS.
        - Nonresidential Substance Abuse Treatment Facility POS.
        - Outpatient POS.
        - Psychiatric residential treatment POS.
        - Telehealth POS.
    - A BH outpatient visit.
    - A Partial Hospitalization or Intensive Outpatient.
    - A peer support service.
    - An opioid treatment service that bills monthly or weekly.
    - A telephone visit.
    - An e-visit or virtual check-in.
- Any of the following visits **with** a Mental Health Provider:
    - An outpatient visit with any of the following Place of services:
        - Community mental health center POS.
        - Psychiatric Facility-Partial Hospitalization POS.
        - Nonresidential Substance Abuse Treatment Facility POS.
        - Outpatient POS.
        - Psychiatric residential treatment POS.
        - Telehealth POS.
    - A BH outpatient.
    - An intensive outpatient encounter or partial hospitalization with POS code 52
    - Partial Hospitalization or Intensive Outpatient.
    - A non-residential substance abuse treatment facility visit with Nonresidential Substance Abuse Treatment Facility POS.
    - A community mental health center visit with POS code 53.
    - A telehealth visit with Telehealth POS.
    - A telephone visit.
    - An e-visit or virtual check-in.
- A substance use disorder service.
- Substance use disorder counseling and surveillance.
- A behavioral health screening or assessment for SUD or mental health disorders.
- A substance use service.
- A pharmacotherapy dispensing event or medication treatment event.

Best Practice and Measure Tips

- Visits that occur on the date of ED visit will count toward compliance.

- This measure focuses on follow-up treatment, which must be with a mental health provider.
- Refer patient to a mental health provider to be seen within seven days ED visit.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org
- Ways to help patients find care they need:
    - Helping them schedule an appointment.
    - Verify if the mental health provider is a good fit by considering location, transportation and time.
    - Identify and address any barriers that may prevent member keeping the appointment.
    - Making sure member has a good support system by engaging parents/guardian or significant others in the treatment plan, stressing the importance of treatment, and attending to their appointment.
    - Ensure member received an appointment with 7 days of ED visit.
    - Share all transition of care with the member's Primary Care Physician (PCP) and mental health provider to ensure members follows-up with the treatment plan.
    - Ensure member has a PCP.
- Educate member on:
    - Importance of consistency and adherence to the medication regiment.
    - Medication side effect, what to do if the side effect is severe and can potentially result in lack of adherence to the medication regiment and treatment plan.
    - Crisis Intervention options.
- Even patients receiving medication from their primary care provider still need supportive therapy with a licensed mental health clinician such as a therapist or social worker.
- Maintain appointment availability for members with recent ED visits.
- Provider should provide reminder calls to confirm appointment within 24 hours.
- If member is unable to keep scheduled appointment, reschedule it or offer Telehealth visits.
- Telehealth visits with a mental health provider are acceptable.
- Submit all claims with correct service coding and principal diagnosis timely.
- A pharmacotherapy dispensing event or medication treatment event meets criteria for a follow-up.

Measure Exclusions

Denominator:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Exclude ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission.
- Exclude ED visits followed by residential treatment on the date of the ED visit or within the 30 days after the ED visit. Any of the following meets criteria for residential treatment:
    - Residential Behavioral Health Treatment.
    - Psychiatric Residential Treatment Center (POS code 56).
    - Residential Substance Abuse Treatment Facility (POS code 55).
    - Residential Program Detoxification Value Set.

Note: ED visits followed by inpatient admission and ED visits followed by residential treatment are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place

Numerator Exclusions:

- Laboratory claims (POS 81).

Exclusion Codes

Residential Behavioral Health Treatment

- HCPCS: H0017, H0018, H0019, T2048

Residential Program Detoxification

- HCPCS: H0010, H0011

Measure Codes

Diagnosis of SUD (AOD Abuse and Dependence)

- ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24,

F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

- SNOMED CT US Edition: 281004, 1383008, 1686006, 1973000, 2403008, 5002000, 5444000, 5602001, 6348008, 7052005, 7071007, 7200002, 8635005, 8837000, 10327003, 11387009, 14784000, 15167005, 15277004, 18653004*

Diagnosis of Substance Use (Substance Induced Disorders)

- ICD-10-CM: F10.90, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99
- SNOMED CT US Edition: 281004, 1383008, 1686006, 1973000, 2043009, 2403008, 4863002, 5444000, 6348008, 7052005, 7071007, 7200002, 7916009, 8635005, 8837000, 9953008, 10327003, 11387009, 14784000, 15167005*

Diagnosis of Drug overdose (Unintentional Drug Overdose)

- ICD-10-CM: T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.411A, T40.411D, T40.411S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.494A, T40.494D, T40.494S, T40.5X1A, T40.5X1D, T40.5X1S, T40.5X4A, T40.5X4D, T40.5X4S, T40.601A, T40.601D, T40.601S, T40.604A, T40.604D, T40.604S, T40.691A, T40.691D, T40.691S, T40.694A, T40.694D, T40.694S, T40.711A, T40.711D, T40.711S, T40.714A, T40.714D, T40.714S, T40.721A, T40.721D, T40.721S, T40.724A, T40.724D, T40.724S, T40.8X1A, T40.8X1D, T40.8X1S, T40.8X4A, T40.8X4D, T40.8X4S, T40.901A, T40.901D, T40.901S, T40.904A, T40.904D, T40.904S, T40.991A, T40.991D,

T40.991S, T40.994A, T40.994D, T40.994S, T41.0X1A, T41.0X1D, T41.0X1S, T41.0X4A, T41.0X4D, T41.0X4S, T41.1X1A, T41.1X1D, T41.1X1S, T41.1X4A, T41.1X4D, T41.1X4S, T41.201A, T41.201D, T41.201S, T41.204A, T41.204D, T41.204S, T41.291A, T41.291D, T41.291S, T41.294A, T41.294D, T41.294S, T41.3X1A, T41.3X1D, T41.3X1S, T41.3X4A, T41.3X4D, T41.3X4S, T41.41XA, T41.41XD, T41.41XS, T41.44XA, T41.44XD, T41.44XS, T41.5X1A, T41.5X1D, T41.5X1S, T41.5X4A, T41.5X4D, T41.5X4S, T42.3X1A, T42.3X1D, T42.3X1S, T42.3X4A, T42.3X4D, T42.3X4S, T42.4X1A, T42.4X1D, T42.4X1S, T42.4X4A, T42.4X4D, T42.4X4S, T43.601A, T43.601D, T43.601S, T43.604A, T43.604D, T43.604S, T43.621A, T43.621D, T43.621S, T43.624A, T43.624D, T43.624S, T43.631A, T43.631D, T43.631S, T43.634A, T43.634D, T43.634S, T43.641A, T43.641D, T43.641S, T43.644A, T43.644D, T43.644S, T43.651A, T43.651D, T43.651S, T43.654A, T43.654D, T43.654S, T43.691A, T43.691D, T43.691S, T43.694A, T43.694D, T43.694S, T51.0X1A, T51.0X1D, T51.0X1S, T51.0X4A, T51.0X4D, T51.0X4S

- SNOMED CT US Edition: 295141006, 295145002, 295150008, 295154004, 295158001, 295163002, 295167001, 295171003, 295175007, 295178009, 295181004, 295185008, 295190006, 295194002, 295198004, 295202002, 295206004, 295210001, 295504002, 295508004

AOD Medication Treatment

- HCPCS: G0533, G2067, G2068, G2069, G2073, G2078, G2079, H0020, H0033, J0571, J0572, J0573, J0574, J0575, J0577, J0578, J2315, Q9991, Q9992, S0109

Behavioral Health Assessment

- CPT: 99408, 99409
- HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
- SNOMED CT US Edition: 40823001, 49474007, 58473000, 64792006, 89732002, 171208001, 314077000, 370854007, 391281002, 410223002, 410229003, 414283008, 414501008, 415662004, 439320000, 703257008, 713107002, 713127001, 713132000, 713137006, 56871000087106, 428211000124100, 461381000124100, 414283008, 414501008

BH Outpatient

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99510
- HPCPS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 50357006, 77406008, 84251009, 86013001, 90526000, 185463005, 185464004, 185465003, 209099002, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
- 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

Online Assessments

- CPT: 98016, 98970, 98971, 98972, 99421, 99422, 99423

- HCPCS: G0071, G2010, G2012, G2250, G2251, G2252

OUD Monthly Office Based Treatment

- HCPCS: G2069, G2086, G2087

OUD Weekly Non Drug Service

- HCPCS: G2074, G2075, G2076, G2077, G2080

Partial Hospitalization or Intensive Outpatient

- HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
- UBREV: 0905, 0907, 0912, 0913

Peer Support Services

- HCPCS: G0140, G0177, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017

Substance Abuse Counseling and Surveillance

- ICD-10-CM: Z71.41, Z71.51

Substance Use Disorder Services

- CPT: 99408, 99409
- HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015,H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
- SNOMED CT US Edition: 20093000, 23915005, 56876005, 61480009, 64297001, 67516001, 87106005, 182969009, 266707007, 310653000, 370776007, 370854007, 385989002, 386449006, 386450006, 386451005, 414054004, 414056002, 414283008, 414501008, 415662004, 445628007, 445662007, 450760003, 704182008, 707166002, 711008001, 713106006, 713107002, 713127001, 720174008, 720175009, 720176005, 720177001, 763104007, 763233002, 763302001, 772813001, 774090004, 774091000, 792901003, 792902005, 827094004, 865964007, 428211000124100, 408934002, 408946003
- UBREV: 0906, 0944, 0945

Substance Use Services

- HCPCS: H0006, H0028
- SNOMED CT US Edition: 4266003, 38670004, 390857005, 396150002, 401266006, 417096006, 417699000, 423416000, 431260004, 719757009, 1254709001

Telephone Visits

- CPT: 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 98979, 98980, 98981, 99441, 99442, 99443, 99457, 99458, 99470
- SNOMED CT US Edition: 4266003, 38670004, 390857005, 396150002, 401266006, 417096006, 417699000, 423416000, 431260004, 719757009, 1254709001

Outpatient visit (Visit Setting Unspecified)

- 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, 99252, 99253, 99254, 99255
- An Outpatient visit with any of the following Place of Service (POS)
    - Nonresidential Substance Abuse Treatment Facility POS

    - 57- Non-residential Substance Abuse Treatment Facility
    - 58- Non-residential Opioid Treatment Facility
- Outpatient POS
    - 03- School
    - 05- Indian Health Service Free-standing Facility
    - 07- Tribal 638 Free-standing Facility
    - 09- Prison/Correctional Facility
    - 11- Office
    - 12- Home
    - 13- Assisted Living Facility
    - 14- Group Home
    - 15- Mobile Unit
    - 16- Temporary Lodging
    - 17- Walk-in Retail Health Clinic
    - 18- Place of Employment-Worksite
    - 19- Off Campus-Outpatient Hospital
    - 20- Urgent Care Facility
    - 22- On Campus-Outpatient Hospital
    - 27- Outreach Site/Street
    - 33- Custodial Care Facility
    - 49- Independent Clinic
    - 50- Federally Qualified Health Center
    - 71- Public Health Clinic
    - 72- Rural Health Clinic
- Telehealth POS
    - 02- Telehealth Provided Other than in Patient's Home
    - 10- Telehealth Provided in Patient's Home
- 52- Psychiatric Facility-Partial Hospitalization
- 53- Community Mental Health Center

*Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Medication

Alcohol Use Disorder Treatment Medications

- Acamprosate
- Disulfiram
- Naltrexone

Opioid Use Disorder Treatment Medications

- Buprenorphine
- Buprenorphine-naloxone
- Naltrexone

FUI - Follow-Up After High-Intensity Care for Substance Use Disorder

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among persons 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

1. The percentage of visits or discharges for which the person received follow-up for substance use disorder within the 30 days after the visit or discharge.
2. The percentage of visits or discharges for which the person received follow-up for substance use disorder within the 7 days after the visit or discharge.

Stratifications:
Age as of date of the discharge, stay or event.

- 13 -17 years.
- 18 - 64 years.
- 65 years and older.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** 13 years of age or older as of date of the discharge, stay or event.
- **Benefits:** Medical, chemical dependency and pharmacy.
  Note: A withdrawal management/detoxification-only chemical dependency benefit does not meet these criteria.
- **Continuous Enrollment:** Episode date through 30 days after episode date (31 total days).
- **Allowable gap:** None.

Definition:
Direct transfer: A direct transfer occurs when the discharge date from an initial stay is followed by an admission to a subsequent stay within one calendar day or less. Direct transfers can occur between different facilities and between acute inpatient and observation settings.
Episode date: The date of service for any acute inpatient discharge, residential treatment discharge or withdrawal management visit with a principal diagnosis of substance use disorder. For an acute inpatient discharge or residential treatment discharge or for withdrawal management that occurred during an acute inpatient stay or residential treatment stay, the episode date is the date of discharge.
For direct transfers, the episode date is the discharge date from the transfer admission.
For withdrawal management (other than withdrawal management that occurred during an acute inpatient stay or residential treatment stay), the episode date is the date of service.

Denominator:

High-intensity care for substance use disorder.
Acute inpatient discharge, residential treatment or withdrawal management event for a principal diagnosis of substance use disorder on or between January 1 and December 1 of the measurement period.
Either of the following meets criteria:

- An acute inpatient discharge or a residential behavioral health stay with a principal diagnosis of substance use disorder (AOD Abuse and Dependence Value Set) on the discharge claim.
- A withdrawal management visit (Detoxification Value Set) with a principal diagnosis of substance use disorder (AOD Abuse and Dependence Value Set).

Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
Numerator 1: 30-Day Follow-Up.
A follow-up visit or event with any practitioner for a ~~principal~~ diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. Do not include visits that occur on the date of the denominator episode.
Numerator 2: 7-Day Follow-Up.
A follow-up visit or event with any practitioner for a diagnosis of substance use disorder within the 7 days after an episode for substance use disorder. Do not include visits that occur on the date of the denominator episode.
For both indicators, any of the following meet criteria for a follow-up visit:

- Visits with a diagnosis of substance use disorder (AOD Abuse and Dependence Value Set):
    - An acute or nonacute inpatient admission or residential behavioral health stay.
    - An outpatient visit (Visit Setting Unspecified Value Set) with any of the following Place of services:
        - Community mental health center POS.
        - Nonresidential Substance Abuse Treatment Facility POS.
        - Outpatient POS.
        - Psychiatric Facility-Partial Hospitalization POS.
        - Telehealth POS.
- A BH outpatient visit.
- A partial hospitalization or intensive outpatient.
- A substance use disorder service.
- Substance use disorder counseling and surveillance.
- An opioid treatment service that bills monthly or weekly.
- Residential behavioral health treatment.
- A telephone visit.
- An e-visit or virtual check-in.
- A pharmacotherapy dispensing event or medication treatment event.
- Peer support services.

Note: Follow-up does not include withdrawal management. Do not include follow-up care that occurs on the same date of service as a withdrawal management event (Detoxification Value Set) when identifying follow-up care for numerator compliance.

Summary of changes:

- Modified the numerators to allow a substance use disorder diagnosis to take any position on the claim.

- Added peer support services to the numerators.

Best Practice and Measure Tips

- Refer patient to a behavior health provider to be seen within seven days after an episode of substance use disorder.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org
- Ways to help patients find care they need:
    - Helping them schedule an appointment.
    - Verify if the behavior health provider is a good fit by considering location, transportation and time.
    - Identify and address any barriers that may prevent member keeping the appointment.
    - Making sure member has a good support system by engaging parents/guardian or significant others in the treatment plan, stressing the importance of treatment, and attending to their appointment.
    - Ensure member received an appointment with 7 days of an episode.
    - Share all transition of care with the member's Primary Care Physician (PCP) and behavior health provider to ensure members follows-up with the treatment plan.
    - Ensure member has a PCP.
- Educate member on:
    - Importance of consistency and adherence to the medication regiment.
    - Medication side effect, what to do if the side effect is severe and can potentially result in lack of adherence to the medication regiment and treatment plan.
    - Crisis Intervention options.
- Even patients receiving medication from their primary care provider still need supportive therapy with a licensed behavior health clinician such as a therapist or social worker.
- Maintain appointment availability for members with recent episode of substance use disorder.
- Provider should provide reminder calls to confirm appointment within 24 hours.

- If member is unable to keep scheduled appointment, reschedule it or offer Telehealth visits.
- Telehealth visits are acceptable.
- Submit all claims with correct service coding and principal diagnosis timely.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

AOD Abuse and Dependence

- ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29
- SNOMED CT US Edition: 281004, 1383008, 1686006, 1973000, 2403008, 5002000, 5444000, 5602001, 6348008, 7052005, 7071007, 7200002, 8635005, 8837000, 10327003, 11387009, 14784000, 15167005, 15277004, 18653004, 18689007,

19445006, 20385005, 20876004, 21647008, 22574000, 25753007, 26714005, 27956007, 28864000*
*Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

AOD Medication Treatment
- HCPCS: G0533, G0267, G0268, G2069, G2073, G0278, G0279, H0020, H0033, J0571, J0572, J0573, J0574, J0575, J0577, J0578, J2315, Q9991, Q9992, S0109

BH Outpatient
- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99510
- HPCPS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
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- 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

Inpatient Stay
- UBREV: 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002

Online Assessments
- CPT: 98016, 98970, 98971, 98972, 99421, 99422, 99423
- HCPCS: G0071, G2010, G2012, G2250, G2251, G2252

OUD Monthly Office Based Treatment
- HCPCS: G2069, G2086, G2087

OUD Weekly Non Drug Service
- HCPCS: G2074, G2075, G2076, G2077, G2080

Partial Hospitalization or Intensive Outpatient
- HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006,

391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
- UBREV: 0905, 0907, 0912, 0913

Residential Behavioral Health Treatment
- HCPCS: H0017, H0018, H0019, T2048

Substance Abuse Counseling and Surveillance
- ICD-10-CM: Z71.41, Z71.51

Substance Use Disorder Services
- CPT: 99408, 99409
- HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015,H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
- SNOMED CT US Edition: 20093000, 23915005, 56876005, 61480009, 64297001, 67516001, 87106005, 182969009, 266707007, 310653000, 370776007, 370854007, 385989002, 386449006, 386450006, 386451005, 408934002, 408946003, 414054004, 414056002, 414283008, 414501008, 415662004, 445628007, 445662007, 450760003, 704182008, 707166002, 711008001, 713106006, 713107002, 713127001, 720174008, 720175009, 720176005, 720177001, 763104007, 763233002, 763302001, 772813001, 774090004, 774091000, 792901003, 792902005, 827094004, 865964007, 428211000124100
- UBREV: 0906, 0944, 0945

Telephone Visits
- CPT: 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 98979, 98980, 98981, 99441, 99442, 99443, 99457, 99458, 99470
- SNOMED CT US Edition: 185317003, 314849005, 386472008, 386473003, 401267002
- HCPCS: G0544

Outpatient visit (Visit Setting Unspecified)
- 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, 99252, 99253, 99254, 99255
- An Outpatient visit with any of the following Place of Service (POS)
  - 53- Community Mental Health Center
  - Nonresidential Substance Abuse Treatment Facility POS
    - 57- Non-residential Substance Abuse Treatment Facility
    - 58- Non-residential Opioid Treatment Facility
  - Outpatient POS
    - 03- School
    - 05- Indian Health Service Free-standing Facility
    - 07- Tribal 638 Free-standing Facility
    - 09- Prison/Correctional Facility
    - 11- Office
    - 12- Home
    - 13- Assisted Living Facility
    - 14- Group Home
    - 15- Mobile Unit
    - 16- Temporary Lodging
    - 17- Walk-in Retail Health Clinic
    - 18- Place of Employment-Worksite
    - 19- Off Campus-Outpatient Hospital

    - 20- Urgent Care Facility
    - 22- On Campus-Outpatient Hospital
    - 27- Outreach Site/Street
    - 33- Custodial Care Facility
    - 49- Independent Clinic
    - 50- Federally Qualified Health Center
    - 71- Public Health Clinic
    - 72- Rural Health Clinic
    - 52- Psychiatric Facility-Partial Hospitalization
  - Telehealth POS
    - 02- Telehealth Provided Other than in Patient's Home
    - 10- Telehealth Provided in Patient's Home

Peer Support Services

- HCPCS: G0140, G0177, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017

Measure Medication

Alcohol Use Disorder Treatment Medications

- Acamprosate
- Disulfiram
- Naltrexone

Opioid Use Disorder Treatment Medications

- Buprenorphine
- Buprenorphine-naloxone
- Naltrexone

Note: Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder is only administered or dispensed by federally certified opioid treatment programs and does not show up in pharmacy claims data. A pharmacy claim for methadone would be more indicative of treatment for pain than for an opioid use disorder and therefore is not included on medication lists. The AOD Medication Treatment Value Set include codes that identify methadone treatment for opioid use disorder because these codes are used on medical claims, not on pharmacy claims.

FUH - Follow-Up After Hospitalization for Mental Illness

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP), EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percent of discharges for persons age 6 and older who were hospitalized for a principal diagnosis of mental illness diagnoses, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

1. The percentage of discharges for which the person received follow-up within 30 days after discharge.
2. The percentage of discharges for which the person received follow-up within 7 days after discharge.

Provider Specialty: Mental Health Practitioner.

Stratifications:
Age as of the start of the date of discharge.

- 6-17 years.
- 18–64 years.
- 65 and older.

Report stratification by race and ethnicity.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** 6 years of age and older as of the date of discharge.
- **Benefits:** Medical and mental health (inpatient and outpatient).
- **Continuous Enrollment:** Date of discharge through 30 days after discharge.
- **Allowable Gap:** None.

Denominator:
Hospitalization for mental illness.
An acute inpatient discharge with a principal diagnosis of mental illness (Mental Illness Value Set), or any diagnosis of intentional self-harm (Intentional Self Harm Value Set), on the discharge claim on or between January 1 and December 1 of the measurement period.
Acute readmission or direct transfer.
A readmissions and direct transfers to an acute inpatient care setting during the 30-day follow-up period.

- If the readmission/direct transfer to the acute inpatient care setting was for a principal diagnosis of mental health disorder, or any diagnosis of intentional self-harm (Mental Health Diagnosis Value Set; Intentional Self Harm Value Set), count only the last discharge (use only the discharge claim).

Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
Numerator 1: 30-day follow-up.
A follow-up visit with a mental health provider, or with any practitioner for any diagnosis of a mental health disorder, within 30 days after discharge. Do not include visits that occur on the date of discharge
Numerator 2: 7-day follow-up.
A follow-up visit with a mental health provider, or with any practitioner for any diagnosis of a mental health disorder, within 7 days after discharge. Do not include visits that occur on the date of discharge.
For both indicators, any of the following meet criteria for a follow-up visit:

- A community mental health center visit.
- A visit in a behavioral healthcare setting.
- An intensive outpatient encounter or partial hospitalization.
- Electroconvulsive therapy.
- Psychiatric collaborative care management.
- Psychiatric residential treatment.
- Visits **with** any diagnosis of mental health disorder:
    - A BH outpatient visit.
    - An outpatient visit.
    - A telehealth visit.
    - A telephone visit.
    - Transitional care management services.
    - Peer support services.
- Visits **with** a Mental Health Provider:
    - A BH outpatient visit.
    - An outpatient visit.
    - A telehealth visit.
    - A telephone visit.
    - Transitional care management services.

Best Practice and Measure Tips

- The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.
- Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim.
- Added phobia, anxiety and additional intentional self-harm diagnoses to the denominator in the event/ diagnosis.
- Added visits with any diagnosis of a mental health disorder to the numerator.
- Added peer support and residential treatment services to the numerator.
- Visits that occur on the date of discharge will not count toward compliance.
- This measure focuses on follow-up treatment, which must be with a mental health provider.
- Refer patient to a mental health provider to be seen within seven days of discharge.

    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with mental health may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org
- While patient is in inpatient care help them coordinate care with a mental health provider by:
    - Helping them schedule an appointment
    - Verify if the mental health provider is a good fit by considering location, transportation and time.
    - Identify and address any barriers that may prevent member keeping the appointment.
    - Making sure member has a good support system by engaging parents/guardian or significant others in the treatment plan, stressing the importance of treatment, and attending to their appointment.
    - Ensure member received an appointment with 7 days of discharge.
    - Share all transition of care with the member's Primary Care Physician (PCP) to ensure members follows-up with the treatment plan. Ensure member has a PCP.
- Educate member on:
    - Importance of consistency and adherence to the medication regiment.
    - Medication side effect, what to do if the side effect are severe and can potentially result in lack of adherence to the medication regiment and treatment plan.
    - Crisis Intervention options.
- Even patients receiving medication from their primary care provider still need post-discharge supportive therapy with a licensed mental health clinician such as a therapist or social worker.
- Maintain appointment availability for members with recent inpatient discharge.
- Provider should provide reminder calls to confirm appointment within 24 hours.
- If member is unable to keep scheduled appointment, reschedule it or offer telehealth visits.
- Telehealth visits with a behavioral health provider are acceptable.
- Behavioral Health visits count toward compliance.
- Psychiatric collaborative care management count toward compliance.
- Submit all claims with correct service coding and principal diagnosis timely.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting (except for psychiatric residential treatment) within the 30-day follow-up period, regardless of the diagnosis for the readmission.

Measure Codes

Behavioral Healthcare Setting

- UBREV: 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 1001

Electroconvulsive Therapy

- CPT: 90870
- ICD-10-PCS: GZB0ZZZ, GZB2ZZZ, GZB4ZZZ
- SNOMED CT US Edition: 10470002, 11075005, 23835007, 231079005, 231080008, 284468008, 313019002, 313020008, 1010696002, 1010697006
- Electroconvulsive Therapy Value Set with any of the following place of service (POS):
    - Ambulatory Surgical Center POS: 24
    - Community Mental Health Center POS: 53
    - Partial Hospitalization POS: 52
    - Outpatient POS:
        - 03 School
        - 05 Indian Health Service Free-standing Facility
        - 07 Tribal 638 Free-standing Facility
        - 09 Prison/Correctional Facility
        - 11 Office
        - 12 Home
        - 13 Assisted Living Facility
        - 14 Group Home
        - 15 Mobile Unit
        - 16 Temporary Lodging
        - 17 Walk-in Retail Health Clinic
        - 18 Place of Employment-Worksite
        - 19 Off Campus-Outpatient Hospital
        - 20 Urgent Care Facility
        - 22 On Campus-Outpatient Hospital
        - 27 Outreach Site/Street
        - 33 Custodial Care Facility
        - 49 Independent Clinic
        - 50 Federally Qualified Health Center
        - 71 Public Health Clinic
        - 72 Rural Health Clinic

BH Outpatient Visit with a Mental Health Provider

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242,

99243, 99244, 99245, 99341, 99342, 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, 99510

- HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 50357006, 77406008, 84251009, 86013001, 90526000, 185463005, 185464004, 185465003, 209099002, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
- 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

Outpatient Visit (Visit Setting Unspecified)

- 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, 99252, 99253, 99254, 99255
- Visit Setting Unspecified Value Set with any of the following Place of Service (POS):
  - Community Mental Health Center POS: 53
  - Partial Hospitalization POS: 52
  - Psychiatric residential treatment center POS: 56
  - Telehealth POS with a Mental Health Provider:
  - Telehealth Provided Other than in Patient's Home: 02
  - Telehealth Provided in Patient's Home:10
  - Outpatient POS with a Mental Health Provider (Listed above)

Partial Hospitalization or Intensive Outpatient

- HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
- UBREV: 0905, 0907, 0912, 0913

Psychiatric Collaborative Care Management

- CPT: 99492, 99493
- HCPCS: G0512

Telephone Visits with a Mental Health Provider

- CPT: 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 98979, 98980, 98981, 99441, 99442, 99443, 99457, 99458, 99470
- HCPCS: G0544
- SNOMED CT US Edition: 185317003, 314849005, 386472008, 386473003, 401267002

Transitional Care Management with a Mental Health Provider

- CPT: 99495, 99496

Community mental health center visit with place of service (POS) 53 with any of the previously listed codes above:

- Visit Setting Unspecified
- BH Outpatient
- Transitional Care Management Services

Peer Support Services

- HCPCS: G0140, G0177, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016

Residential Behavioral Health Treatment

- HCPCS: H0017, H0018, H0019, T2048

Mental Health Diagnosis

- Any diagnosis of mental health disorder for any follow-up service for codes previously listed above:
    - Visit Setting Unspecified
    - BH Outpatient
    - Transitional Care Management Services
    - Telehealth POS
    - Telephone visit
    - Peer support services
- ICD-10-CM: F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, 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, 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, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, 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, F43.81, F43.89, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.010, F50.011, F50.012, F50.013, F50.014, F50.019, F50.020, F50.021, F50.022, F50.023, F50.024, F50.029, F50.20, F50.21, F50.22, F50.23, F50.24, F50.25, F50.810, F50.811, F50.812, F50.813, F50.814, F50.819, F50.82, F50.83, F50.84, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, 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, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, 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, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99

- SNOMED CT US Edition: 109006, 162004, 281004, 568005, 596004, 600009, 832007, 1145003, 1196001, 1376001, 1380006, 1383008, 1499003, 1686006, 1816003, 1855002, 1973000, 2312009, 2506003, 2618002, 2815001, 3109008, 3158007, 3530005, 3586005, 4306003, 4441000, 4817008, 4863002, 4926007, 4932002, 4949009, 4997005, 5095008, 5158005, 5464005, 5509004, 5510009*

* Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

ADD-E - Follow-Up Care for Children Prescribed ADHD Medication

Product Lines: EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- **Initiation Phase.** The percentage of persons 6–12 years of age with a prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- **Continuation and Maintenance (C&M) Phase.** The percentage of persons 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 6 years of age as of March 1 of the year prior to the measurement period to 12 years as of the last calendar day of February of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:**
  - Initial population 1: 120 days prior to the IPSD through 30 days after the IPSD.
  - Initial population 2: 120 days prior to the IPSD through 300 days after the IPSD.
- **Allowable Gap:**
  - Initial population 1: None.
  - Initial population 2: No more than one gap of ≤45 days between 31 days after the IPSD through 300 days after the IPSD.

Definition:
C&M phase: The 300 days following the IPSD.
Continuous medication treatment: There must be ≥210 treatment days during the 301-day period, with allowed gaps in medication of up to a total of 91 days.
Gaps may include either washout period gaps to change medication or treatment gaps to refill the same medication.
Regardless of the number of gaps, there may not be more than 91 total gap days.
Identifying same or different drugs: Dispensing events from different medication value sets are considered different drugs; dispensing events from the same medication value set are considered the same drug. Use all of the medication lists below to identify ADHD dispensing events.

- Dexmethylphenidate Medications List.
- Dextroamphetamine Medications List.
- Lisdexamfetamine Medications List.
- Methylphenidate Medications List.
- Methamphetamine Medications List.
- Clonidine Medications List.
- Guanfacine Medications List.
- Atomoxetine Medications List.
- Viloxazine Medications List.

Initiation phase: The 30 days following the IPSD.
Intake period: March 1 of the year prior to the measurement period through the last calendar day of February of the measurement period.
IPSD- Index prescription start date: The earliest prescription dispensing date for an ADHD medication where the date is in the intake period and there is a negative medication history.
Negative medication history: A period of 120 days prior to the IPSD when the person had no ADHD medications dispensed for either new or refill prescriptions.
Treatment days (covered days): The actual number of calendar days covered by prescriptions during the 301-day period.

Denominator:
Persons newly prescribed ADHD medication.
Denominator 1: Initiation Phase.
Persons in the specified age range who were dispensed an ADHD medication during the 12-month intake period.
Denominator 2: C&M Phase.
Persons from initial population 1 who were dispensed a sufficient number of prescriptions to provide continuous medication treatment beginning on the IPSD through 300 days after the IPSD.

Numerator:
Numerator 1: Initiation phase.
Persons who had a follow-up visit with a practitioner with prescribing authority within 30 days after the IPSD.
Any of the following code combinations meet criteria for a visit; the visit must be with a provider with prescribing authority.

- An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set).
- An outpatient visit (BH Outpatient Value Set).
- A health and behavior assessment or intervention (Health and Behavior Assessment or Intervention Value Set).
- An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with POS code 52).
- An intensive outpatient encounter or partial hospitalization (Partial Hospitalization or Intensive Outpatient Value Set).
- A community mental health center visit (Visit Setting Unspecified Value Set with POS Code 53).
- A telehealth visit (Visit Setting Unspecified Value Set with Telehealth POS Value Set).
- A telephone visit (Telephone Visits Value Set).

Numerator 2: C&M phase.
Persons numerator who meet the following:

- Numerator compliant for Rate 1—Initiation Phase, **and**
- At least two follow-up visits on different dates of service with any provider, from 31-300 days after the IPSD.

Any of the following code combinations meet criteria for follow-up visits:

- An outpatient visit (Visit Setting Unspecified Value Set **with** Outpatient POS Value Set).
- An outpatient visit (BH Outpatient Value Set).
- A health and behavior assessment or intervention (Health and Behavior Assessment or Intervention Value Set).
- An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set **with** POS code 52).
- An intensive outpatient encounter or partial hospitalization (Partial Hospitalization or Intensive Outpatient Value Set).
- A community mental health center visit (Visit Setting Unspecified Value Set **with** POS Code 53).
- A telehealth visit (Visit Setting Unspecified Value Set **with** Telehealth POS Value Set).
- A telephone visit (Telephone Visits Value Set).
- An e-visit or virtual check-in (Online Assessments Value Set).
    - Only one of the two visits (during the 31–300 days after the IPSD) may be an e-visit or virtual check-in (Online Assessments Value Set).

Best Practice and Measure Tips

- Timing of scheduled visits is key based on the prescription day supply to evaluate medication effectiveness, any adverse effects and to monitor the patient's progress.
- When prescribing a new ADHD medication for a patient:
    - Schedule follow-up visits to occur before the refill is given.
    - Schedule a 30-day, 60-day and 180-day follow-up visit from the initial visit before member leaves office.
    - Consider scheduling follow-up visit within 14 to 21 days of each prescription.
    - Consider prescribing an initial two-week supply and follow-up prescriptions to a 30-day supply to ensure patient follow-up.
    - Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in.
- Review treatment plan regularly and make any modifications if the patient's symptoms do not respond.
- Treatment should continue as long as symptoms remain present and cause impairment.
- Monitor treatment-emergent side effects.
- Assess periodically to determine whether there is a continue need for treatment or if symptoms have remitted.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons who filled an ADHD prescription 120 days (4 months) prior to the IPSD (Index Prescription Start Date). Applies to only Rate 1 – Initiation phase.
- Persons who had an acute inpatient encounter or admission for a mental, behavioral or neurodevelopmental disorder during the 30 days after the IPSD.
- Persons with a diagnosis of narcolepsy any time during their history through December 31 or the measurement period.

Exclusion Codes

Narcolepsy

- ICD-10-CM: G47.411, G47.419, G47.421, G47.429
- SNOMED CT US Edition: 60380001, 193042000, 427426006, 735676003, 91521000119104, 434241000124107, 434251000124109, 434261000124106

Measure Codes

The following code combinations identify follow-up visits:
Outpatient Visit (Visit Setting Unspecified)

- 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, 99252, 99253, 99254, 99255
- Visit Setting Unspecified Value Set with any of the following place of service (POS)
    - Partial Hospitalization POS: 52
    - Community Mental Health Center POS: 53
    - Telehealth POS:
        - Telehealth Provided Other than in Patient's Home: 02
        - Telehealth Provided in Patient's Home:10
    - Outpatient POS:
        - 03 School
        - 05 Indian Health Service Free-standing Facility
        - 07 Tribal 638 Free-standing Facility
        - 09 Prison/Correctional Facility
        - 11 Office
        - 12 Home
        - 13 Assisted Living Facility
        - 14 Group Home
        - 15 Mobile Unit
        - 16 Temporary Lodging
        - 17 Walk-in Retail Health Clinic
        - 18 Place of Employment-Worksite
        - 19 Off Campus-Outpatient Hospital
        - 20 Urgent Care Facility
        - 22 On Campus-Outpatient Hospital
        - 27 Outreach Site/Street
        - 33 Custodial Care Facility
        - 49 Independent Clinic
        - 50 Federally Qualified Health Center
        - 71 Public Health Clinic
        - 72 Rural Health Clinic

BH Outpatient visit

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99510
- HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015**.
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC).
- SNOMED CT US Edition: 50357006, 77406008, 84251009, 86013001, 90526000, 185463005, 185464004, 185465003, 209099002, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
- 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

A health and behavior assessment/intervention
- CPT: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

Intensive outpatient encounter or partial hospitalization
- HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
- UBREV: 0905, 0907, 0912, 0913

Telephone visits
- CPT: 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 98979, 98980, 98981, 99441, 99442, 99443, 99457, 99458, 99470
- SNOMED CT US Edition: 185317003, 314849005, 386472008, 386473003, 401267002
- HCPCS: G0544

Telehealth Visit (E-visit or virtual check-in)
- CPT: 98016, 98970, 98971, 98972, 99421, 99422, 99423
- HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
- Telehealth visit (E-visit or virtual check-in) codes only apply to Continuation and Maintenance (C&M) Phase numerator.
- Only one of the two visits (during the 31–300 days after the IPSD) may be a telehealth visit (e-visit or virtual check-in).

Measure Medications

ADHD Medications:

- Amphetamine aspartate-amphetamine sulfate-dextroamphetamine saccharate-dextroamphetamine sulfate
- Atomoxetine
- Clonidine
- Dexmethylphenidate
- Dextroamphetamine
- Guanfacine
- Lisdexamfetamine
- Methamphetamine
- Methylphenidate
- Viloxazine

GSD - Glycemic Status Assessment for Patients With Diabetes

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

*The most recent = closest to December 31 of measurement year.
The member is only compliant if the most recent HbA1c result is < 8.0 for EHP, Priority Partners/PHIP and USFHP.

Stratifications: Report stratification by race and ethnicity.

Measure Reporting:
CMS Start Rating Measure for HbA1c poor control (greater than 9.0%)
Population Health Incentive Program (PHIP).
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation:
Glycemic status <8.0%. Increased score indicates improvement.
Glycemic status >9.0%. Decreased score indicates improvement.

Data Collection: Administrative, Hybrid, Supplemental.

Initial Population:

- **Measure Item Count:** Person.
- **Age:**18–75 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons with a diagnosis of diabetes.

- Claim/encounter data. At least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period.
- Pharmacy data. At least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication during the measurement period or the year prior to the measurement period.

Numerator:
Numerator 1: Glycemic status <8%.

Persons with the most recent glycemic status assessment (HbA1c or GMI) (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set*†; LOINC code 97506-0) during the measurement period. If there are multiple glycemic status assessments on the same date of service, use the lowest result.

- **Compliant:** Most recent glycemic status assessment with a result of <8.0%.
- **Not compliant:** Most recent glycemic status assessment is ≥8.0%; is missing a result; or if a glycemic status assessment was not done during the measurement period.

If the most recent glycemic status assessment was an HbA1c test identified based on a CPT Category II code (HbA1c Test Result or Finding Value Set), use the following to determine compliance:

- **Compliant:** HbA1c Level Less Than 8.0 Value Set.
- **Not compliant:** HbA1c Level Greater Than or Equal To 8.0 Value Set.

Numerator 2: Glycemic status >9%.

Persons with the most recent glycemic status assessment (HbA1c or GMI) (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set*†; LOINC code 97506-0) during the measurement period. If there are multiple glycemic status assessments on the same date, use the lowest result.

- **Compliant:** Most recent glycemic status assessment with a result of >9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement period.
- **Not compliant:** Most recent glycemic status assessment during the measurement period is ≤9.0%.

If the most recent glycemic status assessment was an HbA1c test identified based on a CPT Category II code (HbA1c Test Result or Finding Value Set), use the following to determine compliance:

- **Compliant:** CPT Category II code 3046F.
- **Not compliant**: HbA1c Level Less Than or Equal To 9.0 Value Set.

Best Practice and Measure Tips

- If multiple tests were performed in the measurement year, the result from the last test is required.
- Since the last value in the year is used, have member repeat elevated test prior to the end of the year.
- Documentation in the medical record must include a note indicating the date when the HbA1c test or GMI was performed and the result.
- GMI values must include documentation of the continuous glucose monitoring (CGM) data date range used to derive the value. The terminal date in the range should be used to assign assessment date.
- GMI results collected by the member from their CGM and documented in the member's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria)
- If multiple glycemic status assessments were recorded for a single date, use the lowest result.
- Always list the date of service, result and test together.
- If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result. The date of the progress notes will not count.
- Schedule labs prior to patient appointments to assist with compliance.
- Adjust therapy as indicated to improve A1c levels.
- Educate member on the A1c target and the CGM goals.

- Establish protocols and/or processes for prescribing CGM to members.
- CGM can minimize or even eliminate the necessity for fingerstick capillary glucose tests. Additionally, it offers more comprehensive data on average blood sugar levels, high and low blood sugar episodes, and fluctuations in glucose levels.
- Refer member to case management to help members manage chronic health conditions.
    - **Please send us your referrals by contacting care management at:**
      Phone: 800-557-6916
      Monday through Friday: 8 a.m. to 5 p.m.
      Voicemail messages received after normal business hours will be addressed the following business day.
      Email: caremanagement@jhhp.org

Acceptable terminology:

- A1c, HbA1c, HgbA1c
- Glycohemoglobin
- Glycohemoglobin A1c
- Glycated hemoglobin
- Glycosylated hemoglobin
- Hemoglobin A1c

Not Acceptable:

- HbA1c self-tested when not processed by a lab.
- Documentation of ranges and thresholds do not meet criteria. Example: < 9.0%.
- "Unknown" is not considered a result/finding.

Measure Exclusions

Denominator Exclusions:

- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement ~~year~~ period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Diagnosis code on a laboratory claim (POS 81) for:
    - Diabetes
    - Frailty
    - Advance illness
    - Palliative care

Numerator Exclusions:

For CPT Category II codes do not include:

- Laboratory claims (POS 81).
- CPT CAT II Modifier.

Measure Codes

HbA1C Lab Test
- CPT: 83036, 83037
- LOINC: 4548-4, 17855-8, 4549-2, 17856-6, 96595-4
- SNOMED CT US Edition: 165679005, 451061000124104

HbA1c Level Less than 7.0
- CPT-CAT-II: 3044F

HbA1c Level Greater than/Equal to 7 and Less than 8
- CPT-CAT-II: 3051F

HbA1c Level Greater than/Equal to 8 and Less than/Equal to 9
- CPT-CAT-II: 3052F

HbA1C Greater than 9.0
- CPT-CAT-II: 3046F

Glucose management indicator
- LOINC 97506-0

Measure Medications

Diabetes Medications List

Alpha-glucosidase inhibitors
- Acarbose
- Miglitol

Amylin analogs
- Pramlintide

Antidiabetic combinations
- Alogliptin-metformin
- Alogliptin-pioglitazone
- Canagliflozin-metformin
- Dapagliflozin-metformin
- Dapagliflozin-saxagliptin
- Empagliflozin-linagliptin
- Empagliflozin-metformin
- Empagliflozin-linagliptin-metformin
- Ertugliflozin-metformin
- Ertugliflozin-sitagliptin
- Glimepiride-pioglitazone
- Glipizide-metformin
- Glyburide-metformin
- Linagliptin-metformin
- Metformin-pioglitazone
- Metformin-rosiglitazone
- Metformin-saxagliptin
- Metformin-sitagliptin

Insulin
- Insulin aspart
- Insulin aspart-insulin aspart protamine
- Insulin degludec
- Insulin degludec-liraglutide
- Insulin detemir
- Insulin glargine
- Insulin glargine-lixisenatide
- Insulin glulisine
- Insulin isophane human
- Insulin isophane-insulin regular
- Insulin lispro
- Insulin lispro-insulin lispro protamine
- Insulin regular human

Meglitinides
- Nateglinide
- Repaglinide

Biguanides
- Metformin

Glucagon-like peptide-1 (GLP1) agonists
- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Sodium glucose cotransporter 2 (SGLT2) inhibitor
- Canagliflozin
- Dapagliflozin
- Empagliflozin
- Ertugliflozin

Sulfonylureas
- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide
- Tolazamide
- Tolbutamide

Thiazolidinediones
- Pioglitazone
- Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors
- Alogliptin
- Linagliptin
- Saxagliptin
- Sitagliptin

IMA-E - Immunizations for Adolescents

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 13 years of age who had one-dose of meningococcal vaccine, one-dose tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

The measure calculates a rate for each vaccine and two combination rates.

Stratifications: Report stratification by race and ethnicity.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** Persons who turn 13 years of age during the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the person's 13th birthday and the 13th birthday.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gap on 13th birthday.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Numerator 1: Immunization status— Meningococcal serogroups A, C, W, Y.
Persons who meet either of the following criteria:
- At least one meningococcal vaccine with a date of service on or between the 10th and 13th birthdays.
- Anaphylaxis due to the meningococcal vaccine any time on or before the 13th birthday.

Numerator 2: Immunization status—Tdap.
Persons who meet any of the following criteria:
- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the 10th and 13th birthdays.
- Anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the 13th birthday.
- Encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the 13th birthday.

Numerator 3: Immunization status—HPV.

Persons who meet any of the following criteria:

- At least two HPV vaccines on or between the 9th and 13th birthdays and with dates of service at least 146 days apart.
- At least three HPV vaccines with different dates of service on or between the 9th and 13th birthdays.
- Anaphylaxis due to the HPV vaccine any time on or before the 13th birthday.

Numerator 4: Immunization status—Combination 1.
Persons who are numerator compliant for both the meningococcal and Tdap indicators.
Numerator 5: Immunization status—Combination 2.
Persons who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).

Best Practice and Measure Tips

- Immunization must occur on or prior to the member's 13th birthday.
- **Document any parent refusal for immunizations, as well as anaphylactic reactions.** There must be a note indicating the date of the event occurring by the member's 13th birthday. This will not exclude the member from this measure.
- The below count towards compliance. There must be a note indicating the date of the event occurring by the member's 13th birthday.
    - For ALL vaccines:
        - Anaphylaxis due to the vaccine.
        - Evidence of the antigen or combination vaccine.
    - Tdap: Encephalopathy
- For the two-dose HPV vaccination series, there must be at least 146 days (5 months) between the first and second dose of the HPV vaccine.
- For meningococcal vaccination only the quadrivalent meningococcal vaccine (serogroups A, C, W, Y) is included in the measure, but allows meningococcal B when both meningococcal B and meningococcal A, C, W and Y are indicated.

Acceptable documentation:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

Not acceptable:

- A note the "member is up to date" with all immunizations but does not list the dates and names of all immunizations.
- Meningococcal recombinant (serogroup B) (MenB) vaccines.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Meningococcal-serogroup A,C,W, and Y(1 dose)

- CPT: 90619, 90623, 90624, 90733, 90734

- CVX: 32, 108, 114, 136, 147, 167, 203, 316, 328
- Anaphylaxis due to the meningococcal vaccine SNOMED CT code: 428301000124106

Tdap (1 dose)

- CPT: 90715
- CVX: 115
- Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine SNOMED CT code: 428281000124107, 428291000124105
- Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine SNOMED CT code: 192710009, 192711008, 192712001

HPV (2 or 3 dose series)

- CPT: 90649, 90650, 90651
- CVX: 62, 118, 137, 165
- Anaphylaxis due to the HPV vaccine SNOMED CT code: 428241000124101

KED - Kidney Health Evaluation for Patients with Diabetes

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–85 years of age with diabetes (type 1 and type 2) -who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), during the measurement period.

Stratifications:
Age as of the start of the measurement period.
- 18–64 years.
- 65–75 years.
- 76–85 years.

Report stratification by race and ethnicity.

Measure Reporting:
CMS Start Rating Measure- New for MY 2026.
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:**18–85 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons with a diagnosis of diabetes.
- Claim/encounter data. At least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period.
- Pharmacy data. At least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication during the measurement period or the year prior to the measurement period.

Numerator:
Kidney health evaluation.
Persons who received both an eGFR and a uACR during the measurement period on the same or different dates of service:
- At least one eGFR (Estimated Glomerular Filtration Rate Lab Test Value Set).
- At least one uACR identified by either of the following:

- Both a quantitative urine albumin test (Quantitative Urine Albumin Lab Test Value Set) **and** a urine creatinine test (Urine Creatinine Lab Test Value Set) **with** service dates four days or less apart.
    - For example, if the service date for the quantitative urine albumin test was December 1 of the measurement period, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement period.
- A uACR (Urine Albumin Creatinine Ratio Lab Test Value Set).

Best Practice and Measure Tips

- Both an estimated Glomerular Filtration Rate (eGFR) and a urine albumin-to-creatinine ratio (uACR) must be completed during the measurement year. These tests may be performed on the same or different dates of service.
- Members diagnosed with diabetes should be routinely referred for both assessments. To accurately calculate the uACR, a **quantitative urine albumin test** and a **urine creatinine test** must be performed within **four or fewer calendar days of each other**.
- **Requirement to Close Measurement Gap: Urine Albumin and Creatinine Testing**
    - To satisfy compliance and fully close the measure gap, both of the following laboratory tests must be **ordered, performed, and properly billed**:
        - **Quantitative urine albumin test** – CPT code 82043
        - **Urine creatinine test** – CPT code 82570
            - These two CPT codes must be submitted **together**, as they represent the only acceptable combination for fulfilling the measure requirement.
    - **Documentation and Testing Methods That Do *Not* Qualify**:
        - **Point-of-Care (POC) urine albumin tests**: These are considered **semi-quantitative** and do not meet compliance criteria.
        - **Urine protein-to-creatinine ratio (uPCR) tests**: These are also **semi-quantitative** and therefore unacceptable.
        - **CPT code 82044**: Refers to semi-quantitative measurement of urine albumin (e.g., via reagent strip assay); this does not fulfill the requirement.
        - **CPT code 84156**: Pertains to total urine protein (UP); this test is not considered compliant for the measure.
- Follow up with patients to discuss and educate on lab results.
- Educate on how diabetes can affect the kidneys and offer tips to your patients on preventing damage to their kidneys.
    - National Kidney Foundation educational flyer
- Controlling their blood pressure, blood sugars, cholesterol, and lipid levels.
- Take medications as prescribed that can protect kidney function (ACE inhibitors or ARBs).
- Offer education on medications that could be harmful to the kidneys (NSAIDs such as naproxen or ibuprofen).
- Limit protein intake and salt in diet.
- Coordinate care with specialists such as an endocrinologist or nephrologist as needed.

Measure Exclusions

Denominator Exclusions:

- Persons with a diagnosis of ESRD or who had dialysis any time during the person's history on or prior to the last day of the measurement period.
- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age and older as of the last day of the measurement period, with frailty.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Diagnosis code on a laboratory claim (POS 81) for:
    - Diabetes
    - ESRD
    - Frailty
    - Advance illness
    - Palliative care

Exclusion Codes

Dialysis Procedure

- CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512
- HCPCS: G0257, S9339
- ICD-10-PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
- SNOMED CT US Edition: 676002, 11932001, 14684005, 34897002, 57274006, 67970008, 68341005, 71192002, 108241001, 225230008, 225231007, 233575001, 233576000, 233577009, 233578004, 233579007, 233580005, 233581009, 233582002, 233583007, 233584001, 233585000, 233586004, 233587008, 233588003, 233589006, 233590002, 238318009, 238319001, 238321006, 238322004, 238323009, 265764009, 288182009, 302497006, 427053002, 428648006, 698074000, 708930002, 708931003, 708932005, 708933000, 708934006, 714749008, 715743002, 895382009, 1231768001

ESRD Diagnosis

- ICD-10-CM: N18.5, N18.6
- SNOMED CT US Edition: 46177005, 236434000, 236435004, 236436003, 433146000, 698810000, 704667004, 707324008, 712487000, 714152005, 714153000, 1332467008, 711000119100, 90761000119106, 90771000119100, 90791000119104, 96711000119105, 111411000119103, 120261000119101, 127991000119101, 128001000119105, 129161000119100, 140101000119109, 153851000119106, 153891000119101, 285011000119108, 285841000119104, 286371000119107, 368461000119103, 368471000119109, 434431000124103

Measure Codes

To ensure gap closure, verify the practitioner orders and lab facilities include all three CPT codes, eGFR and both urine test, quantitative urine albumin lab test and urine creatinine lab test, in the claim.
Note: Measure can only be closed through claims or EMR supplemental data feed.

Estimated Glomerular Filtration Rate Lab Test

- CPT: 80047, 80048, 80050, 80053, 80069, 82565
- LOINC: 102097-3, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6

Quantitative Urine Albumin Lab Test

- CPT: 82043
- LOINC: 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7

Urine Albumin Creatinine Ratio (uACR) Lab Test

- LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

Urine Creatinine Lab Test

- CPT: 82570
- LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

Measure Medications

Diabetes Medications List

Alpha-glucosidase inhibitors
- Acarbose
- Miglitol

Amylin analogs
- Pramlintide

Antidiabetic combinations
- Alogliptin-metformin
- Alogliptin-pioglitazone
- Canagliflozin-metformin
- Dapagliflozin-metformin
- Dapagliflozin-saxagliptin
- Empagliflozin-linagliptin
- Empagliflozin-metformin
- Empagliflozin-linagliptin-metformin
- Ertugliflozin-metformin
- Ertugliflozin-sitagliptin
- Glimepiride-pioglitazone
- Glipizide-metformin
- Glyburide-metformin
- Linagliptin-metformin
- Metformin-pioglitazone
- Metformin-rosiglitazone
- Metformin-saxagliptin
- Metformin-sitagliptin

Insulin
- Insulin aspart
- Insulin aspart-insulin aspart protamine
- Insulin degludec
- Insulin degludec-liraglutide
- Insulin detemir
- Insulin glargine
- Insulin glargine-lixisenatide
- Insulin glulisine
- Insulin isophane human
- Insulin isophane-insulin regular
- Insulin lispro
- Insulin lispro-insulin lispro protamine
- Insulin regular human
- Insulin human inhaled

Meglitinides
- Nateglinide
- Repaglinide

Biguanides
- Metformin

Glucagon-like peptide-1 (GLP1) agonists
- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Sodium glucose cotransporter 2 (SGLT2) inhibitor
- Canagliflozin
- Dapagliflozin
- Empagliflozin
- Ertugliflozin

Sulfonylureas
- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide
- Tolazamide
- Tolbutamide

Thiazolidinediones
- Pioglitazone
- Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors
- Alogliptin
- Linagliptin
- Saxagliptin
- Sitagliptin

LSC-E - Lead Screening in Children - HEDIS

Product Lines: Priority Partners.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Measure Reporting:
Population Health Incentive Program (PHIP).
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** Persons who turn 2 years of age during the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the person's second birthday and the second birthday.
- **Allowable Gap:** No more than one gap of ≤45 days during the continuous period. No gaps on the second birthday.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Lead capillary or venous blood test.
Persons with at least one lead capillary or venous blood test on or before the person's second birthday.

Summary of changes:
This is the first year this measure is reported using ECDS.
Removed the Administrative and Hybrid Data Collection Methods.

Best Practice and Measure Tips

- Assessment alone does not meet criteria for this measure – be sure to order the blood test and be sure it is completed.
- Document in the medical record the date the test was performed and the result or findings. "Unknown" is not considered a result/finding.
- Educate parents on the importance of screening for lead poisoning – while the child may not be exposed at home, other environments may present a new risk.
- Visit the MD Department of Health and the Centers for Disease Control and Prevention (CDC) website for additional information for providers and parents / caregivers:

- https://health.maryland.gov/phpa/OEhfp/eh/Pages/Lead.aspx
- https://health.maryland.gov/phpa/OEHFP/EH/Shared%20Documents/Lead/Physician%20follow-up%20Lead%20Letter_01252022.pdf
- https://www.cdc.gov/lead-prevention/about/

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Lead Test

- CPT Codes: 83655
- LOINC Codes: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5674-7, 77307-7

MAC - Medication Adherence for Cholesterol (Statins)

Product Lines: Advantage MD, Part D.
Measurement Period: January 1–December 31.

Description:
The percentage of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are taking the medication.
Note: The Part D Medication Adherence measure is adapted from the Medication Adherence-Proportion of Days Covered measure that was developed and endorsed by the PQA.

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Prescription Drug Event (PDE).

Initial Population:
- **Measure Item Count:** Prescription Drug Event.
- **Age:** 18 years and older during the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The treatment period.
- **Allowable gap:** None.

Definition:
This measure is defined as the percentage of Medicare Part D beneficiaries, 18 years and older, who adhere to their prescribed drug therapy for statin cholesterol medications.
The **proportion of days covered (PDC)** is the percentage of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category.
The **index prescription start date (IPSD)** is the earliest date of service for a statin medication during the measurement year.
The treatment period begins on the IPSD and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year.
The **treatment period** must be at least 91 days during the measurement year.
Continuous enrollment (CE) is defined as being continuously enrolled in a Medicare Part D contract during the treatment period with no enrollment gaps allowed during the treatment period.

Denominator:
The percentage of Medicare Part D beneficiaries, 18 years and older, with at least two statin cholesterol medication fills on unique dates of service during the measurement period, and a treatment period that is at least 91 days during the measurement year.

Members qualify for the measure with the second fill, but the measurement period starts with the date of the first fill. To be included in the measure, the first fill of medication must occur at

least 91 days before the end of the enrollment period. The PDC is the percent of days in the measurement period covered by prescription claims for the same medication or another in its therapeutic category.

Numerator:
The number of continuously enrolled beneficiaries, 18 years and older, with a PDC of 80 percent or higher for statin cholesterol medication(s) during the measurement period.

Best Practice and Measure Tips

- Improve Medication Adherence:
    - Is treatment appropriate? Should therapy continue? Follow-up to assess how the medication is working.
    - Use prescription benefit at the pharmacy. Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence.
    - For members who are non-compliant, provide ongoing patient outreach and identify reason for non-compliance and attempt to resolve.
    - To help member commit to taking their medication, use motivational interviewing and set goals for taking their medications.
    - Implement practice processes that can identify opportunity to close gaps every time the patient is seen.
    - **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food.**
    - **Involve Family and Caregivers.** Having a support system can make a world of difference. **Involve family members or caregivers in the discussion** to help create a consistent, supportive environment for the patient.
    - **Reinforce Positive Behavior.** When patients adhere to their medication regimen, **celebrate those small wins.** Positive reinforcement helps to build trust and motivates them to stay on course.
    - Encourage member to join refill reminder program at their pharmacy, if available.
    - Encourage mail order pharmacy program.
- Talk with members about:
    - Why they are on a medication, the importance of taking medication as prescribed and timely refills. Confirm instructions.
    - Any barriers? Are there concerns related to health benefits, side effects or cost? Any problems getting medications from pharmacy?
    - Develop a medication routine with each patient if they are on multiple medications that require them to be taken at different times.
    - Encourage members to utilize pillboxes or organizers.
    - Advise members to set up reminders or alarms for when medications are due.
    - Adjust the timing, frequency, amount and or dosage when possible to simplify the regimen.
    - Discuss other factors that may improve symptoms, such as aerobic exercise and healthy diet or lifestyle changes.
    - Give members written instructions to reinforce teaching about the proper use of medication and what to do if they experience side effects.

- Mail Order Pharmacy Program
  - Mail Order Best Practices
  - One of the most important ways to improve the health of our members is to make sure they receive and take their medications as you prescribe. Our mail order pharmacy, CVS Caremark, can help. CVS Caremark sends a three month supply of maintenance medications in one fill, making it easier for the patient only having to fill four times a year. In addition, a three month supply of maintenance medication on Tier 1 through 4 is available through CVS Caremark mail order at a reduced copay. This means your patient can fill a 100-day supply of Tier 1 medication and a 90-day supply of Tier 2 through 4 medication for only 2 times the retail copay—saving them an equivalent of four retail copays per year. Talk to your patients today about mail order pharmacy with CVS Caremark for better health and health care spending. Doctors and staff can contact CVS Caremark by calling the number below, 24 hours a day, seven days a week.
    - PPO members: 877-293-5325
    - HMO members: 877-293-4998

Measure Exclusions

Denominator Exclusions:

- Beneficiaries in hospice or using hospice services any time during the measurement period.
- End-stage renal disease (ESRD) or dialysis coverage dates any time during the measurement period.

Exclusion Codes

ESRD ICD-10-CM: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

Measure Medications

Statins / Statin Combinations

- Atorvastatin (+/- amlodipine, ezetimibe)
- Fluvastatin
- Lovastatin (+/- niacin)
- Pitavastatin
- Pravastatin
- Rosuvastatin (+/- ezetimibe)
- Simvastatin (+/- ezetimibe, niacin)

MAD - Medication Adherence for Diabetes Medications

Product Lines: Advantage MD Part D.
Measurement Period: January 1–December 31.

Description:
The percentage of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are taking the medication.
Note: The Part D Medication Adherence measure is adapted from the Medication Adherence-Proportion of Days Covered measure that was developed and endorsed by the PQA.

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Prescription Drug Event (PDE).

Initial Population:
- **Measure Item Count:** Prescription Drug Event.
- **Age:** 18 years and older during the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The treatment period.
- **Allowable gap:** None.

Definition:
This measure is defined as the percentage of Medicare Part D beneficiaries, 18 years and older, who adhere to their prescribed drug therapy across classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, DPP-4 inhibitors, GIP/GLP-1 receptor agonists, meglitinides, and SGLT2 inhibitors.
The **proportion of days covered (PDC)** is the percentage of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category.
The **index prescription start date (IPSD)** is the earliest date of service for a target medication during the measurement year.
The treatment period begins on the IPSD and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year. The treatment period must be at least 91 days during the measurement year.
Continuous enrollment (CE) is defined as being continuously enrolled in a Medicare Part D contract during the treatment period with no enrollment gaps allowed during the treatment period.

Denominator:
The percentage of Medicare Part D beneficiaries, 18 years and older, with at least two fills of diabetes medication(s) on unique dates of service during the measurement period, and a treatment period that is at least 91 days during the measurement year.
Members qualify for the measure with the second fill, but the measurement period starts with the date of the first fill. To be included in the measure, the first fill of medication must occur at least 91 days before the end of the enrollment period.

Numerator:
The number of continuously enrolled beneficiaries, 18 years and older, with a PDC of 80 percent or higher across the classes of diabetes medications during the measurement period.

Best Practice and Measure Tips

- Improve Medication Adherence:
  - Is treatment appropriate? Should therapy continue? Follow-up to assess how the medication is working.
  - Use prescription benefit at the pharmacy. Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence.
  - For members who are non-compliant, provide ongoing patient outreach and identify reason for non-compliance and attempt to resolve.
  - To help member commit to taking their medication, use motivational interviewing and set goals for taking their medications.
  - Implement practice processes that can identify opportunity to close gaps every time the patient is seen.
  - **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food.**
  - **Involve Family and Caregivers.** Having a support system can make a world of difference. **Involve family members or caregivers in the discussion** to help create a consistent, supportive environment for the patient.
  - **Reinforce Positive Behavior.** When patients adhere to their medication regimen, **celebrate those small wins.** Positive reinforcement helps to build trust and motivates them to stay on course.
  - Encourage member to join refill reminder program at their pharmacy, if available.
  - Encourage mail order pharmacy program.
- Talk with members about:
  - Why they are on a medication, the importance of taking medication as prescribed and timely refills. Confirm instructions.
  - Any barriers? Are there concerns related to health benefits, side effects or cost? Any problems getting medications from pharmacy?
  - Develop a medication routine with each patient if they are on multiple medications that require them to be taken at different times.
  - Encourage members to utilize pillboxes or organizers.
  - Advise members to set up reminders or alarms for when medications are due.
  - Adjust the timing, frequency, amount and or dosage when possible to simplify the regimen.
  - Discuss other factors that may improve symptoms, such as aerobic exercise and healthy diet or lifestyle changes.
  - Give members written instructions to reinforce teaching about the proper use of medication and what to do if they experience side effects.
- Mail Order Pharmacy Program
  - Mail Order Best Practices

- One of the most important ways to improve the health of our members is to make sure they receive and take their medications as you prescribe. Our mail order pharmacy, CVS Caremark, can help. CVS Caremark sends a three month supply of maintenance medications in one fill, making it easier for the patient only having to fill four times a year. In addition, a three month supply of maintenance medication on Tier 1 through 4 is available through CVS Caremark mail order at a reduced copay. This means your patient can fill a 100-day supply of Tier 1 medication and a 90-day supply of Tier 2 through 4 medication for only 2 times the retail copay—saving them an equivalent of four retail copays per year. Talk to your patients today about mail order pharmacy with CVS Caremark for better health and health care spending. Doctors and staff can contact CVS Caremark by calling the number below, 24 hours a day, seven days a week.
    - PPO members: 877-293-5325
    - HMO members: 877-293-4998

Measure Exclusions

Denominator Exclusions:

- Beneficiaries in hospice or using hospice services any time during the measurement period.
- End-stage renal disease (ESRD) or dialysis covered days.
- One or more prescriptions for insulin in treatment period.

Exclusion Codes

ESRD ICD-10-CM: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

Measure Medications

These classes of diabetes medications and combinations are included in this measure:

Biguanides
- Metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)

Sulfonylureas
- Chlorpropamide
- Glimepiride (+/- pioglitazone, rosiglitazone)
- Glipizide (+/- metformin)
- Glyburide (+/- metformin)
- Tolazamide
- Tolbutamideb

Thiazolidinediones
- Pioglitazone (+/- alogliptin, glimepiride, metformin)
- Rosiglitazone (+/- glimepirideb, metformin)

DPP-4 Inhibitors
- Alogliptin (+/- metformin, pioglitazone)
- Linagliptin (+/- empagliflozin, metformin)
- Saxagliptin (+/- dapagliflozin, metformin)
- Sitagliptin (+/- ertugliflozin, metformin)

GIP/GLP-1 Receptor Agonists
- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Meglitinides
- Nateglinide
- Repaglinide (+/- metformin)

SGLT2 Inhibitors
- Bexagliflozin
- Canagliflozin (+/- metformin)
- Ertugliflozin (+/- metformin, sitagliptin)
- Dapagliflozin (+/- metformin, saxagliptin)
- Empagliflozin (+/- linagliptin, metformin)

MAH - Medication Adherence for Hypertension RAS antagonists

Product Lines: Advantage MD Part D.
Measurement Period: January 1–December 31.

Description:
The percentage of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are taking the medication.

RAS antagonist medications include:
- Angiotensin-converting enzyme inhibitors (ACEI)
- Angiotensin receptor blockers (ARB)
- Direct renin inhibitors

Note: The Part D Medication Adherence measure is adapted from the Medication Adherence-Proportion of Days Covered measure that was developed and endorsed by the PQA.

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Prescription Drug Event (PDE).

Initial Population:
- **Measure Item Count:** Prescription Drug Event.
- **Age:** 18 years and older during the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The treatment period.
- **Allowable gap:** None.

Definition:
This measure is defined as the percentage of Medicare Part D beneficiaries, 18 years and older, who adhere to their prescribed drug therapy for renin angiotensin system (RAS) antagonists: ACEI, ARB, or direct renin inhibitor medications.
The **proportion of days covered (PDC)** is the percentage of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category.
The **index prescription start date (IPSD)** is the earliest date of service for the target medication during the measurement year.
The treatment period begins on the IPSD and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year. The treatment period must be at least 91 days during the measurement year.
Continuous enrollment (CE) is defined as being continuously enrolled in a Medicare Part D contract during the treatment period with no enrollment gaps allowed during the treatment period.

Denominator:

The percentage of Medicare Part D beneficiaries, 18 years and older, with at least two RAS antagonist medication fills on unique dates of service during the measurement period, and a treatment period that is at least 91 days during the measurement year.
Members qualify for the measure with the second fill, but the measurement period starts with the date of the first fill. To be included in the measure, the first fill of medication must occur at least 91 days before the end of the enrollment period.

Numerator:
The number of continuously enrolled beneficiaries, 18 years and older, with a PDC of 80 percent or higher for RAS antagonist medication during the measurement period.

Best Practice and Measure Tips

- Improve Medication Adherence:
    - Is treatment appropriate? Should therapy continue? Follow-up to assess how the medication is working.
    - Use prescription benefit at the pharmacy. Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence.
    - For members who are non-compliant, provide ongoing patient outreach and identify reason for non-compliance and attempt to resolve.
    - To help member commit to taking their medication, use motivational interviewing and set goals for taking their medications.
    - Implement practice processes that can identify opportunity to close gaps every time the patient is seen.
    - **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food.**
    - **Involve Family and Caregivers.** Having a support system can make a world of difference. **Involve family members or caregivers in the discussion** to help create a consistent, supportive environment for the patient.
    - **Reinforce Positive Behavior.** When patients adhere to their medication regimen, **celebrate those small wins.** Positive reinforcement helps to build trust and motivates them to stay on course.
    - Encourage member to join refill reminder program at their pharmacy, if available.
    - Encourage mail order pharmacy program.
- Talk with members about:
    - Why they are on a medication, the importance of taking medication as prescribed and timely refills. Confirm instructions.
    - Any barriers? Are there concerns related to health benefits, side effects or cost? Any problems getting medications from pharmacy?
    - Develop a medication routine with each patient if they are on multiple medications that require them to be taken at different times.
    - Encourage members to utilize pillboxes or organizers.
    - Advise members to set up reminders or alarms for when medications are due.
    - Adjust the timing, frequency, amount and or dosage when possible to simplify the regimen.

    - Discuss other factors that may improve symptoms, such as aerobic exercise and healthy diet or lifestyle changes.
    - Give members written instructions to reinforce teaching about the proper use of medication and what to do if they experience side effects.
- Mail Order Pharmacy Program
    - Mail Order Best Practices
    - One of the most important ways to improve the health of our members is to make sure they receive and take their medications as you prescribe. Our mail order pharmacy, CVS/caremark, can help. CVS/caremark sends a three month supply of maintenance medications in one fill, making it easier for the patient only having to fill four times a year. In addition, a three month supply of maintenance medication on Tier 1 through 4 is available through CVS/caremark mail order at a reduced copay. This means your patient can fill a 100-day supply of Tier 1 medication and a 90-day supply of Tier 2 through 4 medication for only 2 times the retail copay—saving them an equivalent of four retail copays per year. Talk to your patients today about mail order pharmacy with CVS/caremark for better health and health care spending. Doctors and staff can contact CVS/caremark by calling the number below, 24 hours a day, seven days a week.
        - PPO members: 877-293-5325
        - HMO members: 877-293-4998

Measure Exclusions

Denominator Exclusions:

- Beneficiaries in hospice or using hospice services any time during the measurement period.
- End-stage renal disease (ESRD) or dialysis coverage dates any time during the measurement period.
- One or more prescription claim for sacubitril/valsartan during the treatment period.

Exclusion Codes

ESRD ICD-10-CM: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

Measure Medications

Renin Angiotensin System (RAS) Antagonists Medication List

ACE Inhibitor Medications and Combinations

- benazepril (+/- amlodipine, hydrochlorothiazide)
- captopril (+/- hydrochlorothiazide)
- enalapril (+/- hydrochlorothiazide)
- fosinopril (+/- hydrochlorothiazide)
- lisinopril (+/- hydrochlorothiazide)
- moexipril (+/- hydrochlorothiazide)
- perindopril (+/- amlodipine)
- quinapril (+/- hydrochlorothiazide)
- ramipril
- trandolapril (+/- verapamil)

ARB Medications and Combinations

- azilsartan (+/- chlorthalidone)
- candesartan (+/- hydrochlorothiazide)
- eprosartan (+/- hydrochlorothiazide)
- irbesartan (+/- hydrochlorothiazide)
- losartan (+/- hydrochlorothiazide)
- olmesartan (+/- amlodipine, hydrochlorothiazide)
- telmisartan (+/- amlodipine, hydrochlorothiazide)
- valsartan (+/- amlodipine, hydrochlorothiazide, nebivololc)

Direct Renin Inhibitor Medications and Combinations

- aliskiren (+/- hydrochlorothiazide)

APM-E - Metabolic Monitoring for Children and Adolescents on Antipsychotics

Product Lines: EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

1. The percentage of persons on antipsychotics who received blood glucose testing.
2. The percentage of persons on antipsychotics who received cholesterol testing.
3. The percentage of persons on antipsychotics who received blood glucose and cholesterol testing.

Stratifications:
Age as of the last day of the measurement period.

- 1–11 years.
- 12–17 years.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 1–17 years of age as of the last day of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons dispensed antipsychotic medications.
Persons with at least two antipsychotic medication dispensing events (APM Antipsychotic Medications List) of the same or different medications on different dates of service during the measurement period.

Numerator:
Numerator 1: Blood glucose.
Persons who received at least one test for blood glucose or HbA1c (Glucose Lab Test Value Set, Glucose Test Result or Finding Value Set, HbA1c Lab Test Value Set, HbA1c Test Result or Finding Value Set) during the measurement period.
Numerator 2: Cholesterol.
Persons who received at least one test for LDL-C or cholesterol (Cholesterol Lab Test Value Set, Cholesterol Test Result or Finding Value Set, LDL C Lab Test Value Set, LDL C Test Result or Finding Value Set) during the measurement period.

Numerator 3: Blood glucose and cholesterol.

Persons who were compliant for both numerators 1 and 2

Best Practice and Measure Tips

- Members who received both of the following during the measurement year on the same or different dates of service:
    - At least one test for blood glucose or HbA1c and at least one test for LDL-C or cholesterol.
    - If the medications are dispensed on different dates, even if it is the same medication, test both blood glucose with either a glucose or HbA1c test, and cholesterol with either a cholesterol or an LDL-C test.
    - Measure baseline lipid profiles, fasting blood glucose level and body mass index.
- Ordering a blood glucose and cholesterol test every year and building care gap alerts in the electronic medical record.
- Testing blood glucose and cholesterol at a member's annual checkup or school physical to reduce additional visits.
- Educate members and caregivers about the:
    - Increased risk of metabolic health complications from antipsychotic medications.
    - Importance of screening blood glucose and cholesterol levels.
- Behavioral health providers:
    - Ordering blood glucose and cholesterol screening tests for members who do not have regular contact with their PCP and within 1 month of changing a member's medication.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Need both an A1C or GLUCOSE and LDL-C or CHOLESTEROL.
HbA1C Lab Tests

- CPT: 83036, 83037
- LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4

HbA1C Test Result or Finding

- CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
- SNOMED CT US Edition: 165679005, 451061000124104

Glucose Lab Tests

- CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
- LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

Glucose Test Result or Finding

- SNOMED CT US Edition: 166890005, 166891009, 166892002, 166921001, 166922008, 442545002, 444780001, 1179458001, 1259140002

LDL-C Lab Tests
- CPT: 80061, 83700, 83701, 83704, 83721
- LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

LDL-C Lab Test Result or Finding
- CPT-CAT-II: 3048F, 3049F, 3050F

Cholesterol Lab Test
- CPT: 82465, 83718, 83722, 84478
- LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

Cholesterol Test Result or Finding
- SNOMED CT US Edition: 166830008, 166848004, 259557002, 365793008, 365794002, 365795001, 365796000, 439953004, 707122004, 707123009, 1162800007, 1172655006, 1172656007, 67991000119104

Measure Medications

APM Antipsychotic Medications
- Amitriptyline-perphenazine
- Aripiprazole
- Aripiprazole lauroxil
- Asenapine
- Brexpiprazole
- Carradine
- Chlorpromazine
- Clozapine
- Fluoxetine-olanzapine
- Fluphenazine
- Haloperidol
- Iloperidone
- Loxapine
- Lurasidone
- Molindone
- Olanzapine
- Paliperidone
- Perphenazine
- Pimozide
- Prochlorperazine
- Quetiapine
- Risperidone
- Thioridazine
- Thiothixene
- Trifluoperazine
- Ziprasidone

PSA - Non-Recommended PSA-Based Screening in Older Men

Product Lines: Advantage MD.
Measurement Period: January 1–December 31.

Description:
The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

Improvement Notation: Decreased score indicates improvement.

Data Collection: Administrative.
Note: Supplemental data may not be used for this measure, except for denominator exclusions.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 70 years of age and older as of the last day of the measurement period.
- **Gender/sex criteria:** Administrative Gender of Male (AdministrativeGender code male) any time in the person's history.
- **Benefits:** Medical.
- **Continuous Enrollment:** During the treatment period.
- **Allowable Gap:** No gaps.

Denominator:
The initial population minus denominator exclusions.

Numerator:
A PSA-based screening test performed during the measurement year.

Summary of changes: Added an administrative gender code to the initial population.

Best Practice and Measure Tips

- This measure focus on unnecessary screening for prostate cancer using prostate-specific antigen (PSA)-based screening.
- The USPSTF recommends against PSA-based screening for prostate cancer in men 70 years and older.
- According to the National Institutes of Health (NIH) Routine screening should be discontinued in men with a life expectancy of 10 years or less based on comorbidities.
- Engage in a comprehensive discussion, providing education to patients on the goal of screening for prostate cancer and the screening recommendations.
- Avoid testing for Low-risk patients (i.e. No prior family history of prostate cancer; No prior history of elevated PSA test).

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons with a diagnosis or event for which PSA-based testing is clinically appropriate. Any of the following meet criteria:
    - Prostate cancer diagnosis any time during the member's history through December 31 of the measurement period.
    - Dysplasia of the prostate any time during the measurement period or the year prior to the measurement period.
    - A PSA test during the year prior to the measurement period, where laboratory data indicate an elevated result (>4.0 nanograms/milliliter [ng/mL]).
    - An abnormal PSA test result or finding during the year prior to the measurement period.
    - Dispensed prescription for a 5-alpha reductase inhibitor during the measurement period.
        - 5 ARI Medications: Finasteride and Dutasteride

Exclusion Codes

Prostate Cancer and History of Prostate Cancer

- ICD-10-CM: C61, D07.5, D40.0, Z15.03, Z85.46
- SNOMED CT US Edition: 92691004, 93974005, 94503003, 95014000, 254900004, 255149000, 278060005, 314969001, 369485004, 369486003, 396198006, 399068003, 399490008, 399590005, 427492003, 428262008, 446711009, 448213004, 448217003, 449318001, 712849003, 715412008, 722103009, 822970008, 823017009, 1208457007, 1237422007, 1240353009, 1240359008, 1251485006, 1259388006, 1259598001, 1259666003, 1259669005, 1259672003, 1259674002, 1259710009, 1264500002, 96901000119105, 353091000119100, 353101000119105, 459381000124106, 681221000124106, 1098981000119101

Prostate Dysplasia

- ICD-10-CM: N42.30, N42.31, N42.32, N42.39
- SNOMED CT US Edition: 254901000, 445068007, 446710005, 446711009, 74411000119100

PSA Lab Test Exclusion

- CPT: 84153
- HCPCS: G0103
- LOINC: 2857-1, 35741-8, 83112-3

Abnormal PSA Test Result or Finding

- SNOMED CT: 166160000, 396152005

Measure Codes

PSA Lab Test

- CPT: 84152, 84153, 84154
- HCPCS: G0103
- LOINC: 10886-0, 12841-3, 2857-1, 33667-7, 35741-8, 83112-3, 83113-1

PSA Test Result or Finding

- SNOMED CT: 166159005, 166160000, 396152005

OMW - Osteoporosis Management in Women Who Had a Fracture

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP).
Measurement Period: January 1–December 31.

Description:
The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.
Fractures of finger, toe, face and skull are not included in this measure.

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 67–85 years of age as of the last day of the measurement period.
- **Gender/sex criteria:** Administrative Gender of Female any time in the person's history.
- **Benefits:** Medical and Pharmacy.
- **Continuous Enrollment:** 365 days prior to the episode date through 180 days after the episode date.
- **Allowable Gap:** No more than one gap of ≤45 days during the continuous enrollment period. No gaps on the episode date.

Definition:
Active prescription: A prescription is considered active if the "days supply" indicated on the date when the person was dispensed the prescription is the number of days or more between that date and the relevant service date.
Direct transfer: When the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by 1 calendar day or less.
Episode date: The date of service for an eligible encounter during the intake period with a diagnosis of fracture.
For an outpatient or ED visit, the episode date is the date of service.
For an inpatient stay, the episode date is the date of discharge.
For direct transfers, the episode date is the discharge date from the last admission.
IESD - Index episode start date: The earliest episode date during the intake period that meets all initial population criteria.
Intake period: July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period is used to capture the first fracture.

Denominator:
Persons who have suffered a facture.
Persons who had either of the following during the intake period:
- An outpatient visit or ED visit for a fracture.

- An acute or nonacute inpatient discharge with a fracture on the discharge claim.

Numerator:
Persons with appropriate testing or treatment for osteoporosis in the specified time frames.

- A BMD test, in any setting, on the IESD or in the 180-day period after the IESD.
- If the IESD was an inpatient stay, a BMD test during the inpatient stay.
- Osteoporosis therapy on the IESD or in the 180-day period after the IESD.
- If the IESD was an inpatient stay, long-acting osteoporosis therapy during the inpatient stay.
- A dispensed prescription to treat osteoporosis on the IESD or in the 180-day period after the IESD.

Summary of changes: Added an administrative gender code to the initial population.

Best Practice and Measure Tips

- BMD test must take place within six months of the fracture.
- If the fracture resulted in an inpatient stay, a BMD test administered during the stay will close the care opportunity.
- Documentation that the medications aren't tolerated is not an exclusion for this measure.
- If the fracture resulted in an inpatient stay, long-acting osteoporosis therapy administered during the stay will close the care opportunity.
- See members for an office visit as soon as possible after an event occurs.
- Osteoporosis medication must be filled using a member's Part D prescription drug benefit.
- To help prevent women from being included in this measure incorrectly, please check that fracture codes are not used before a fracture has been verified through imaging.
- Submit a corrected claim to fix Fracture codes submitted in error to remove the member from measure. Note: This is the only way to remove member from measure.
- A referral for a BMD will not close this care opportunity.
- Women at risk for osteoporosis should receive a bone density screening every two years.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Persons 67–80 years of age as of the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age and older as of the last day of the measurement period, with frailty.
- Medicare enrollees, 67 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Persons who had a BMD test during the 24 months prior to the fracture.
- Persons who had osteoporosis therapy during the 12 months prior to the fracture.
- Persons who were dispensed a medication or had an active prescription for medication to treat osteoporosis during the 12 months prior to the fracture.

- An outpatient visit, ED visit, telephone visit, e-visit or virtual check-in, acute or nonacute inpatient episodes with a fracture during the 60-day period prior to the episode date.

Measure Codes

Bone Mineral Density Tests Procedures

- CPT: 77080, 77081, 77085, 77086
- ICD-10-PCS: BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
- LOINC: 101804-3, 101805-0, 104938-6, 24701-5, 24890-6, 24966-4, 38261-4, 38262-2, 38263-0, 38264-8, 38265-5, 38266-3, 38267-1, 46278-8, 46279-6, 46383-6, 80932-7, 80933-5, 80934-3, 80935-0, 80936-8, 80937-6, 80938-4, 80939-2, 80940-0, 80941-8, 80942-6, 80943-4, 80944-2, 80945-9, 80946-7, 80947-5, 80948-3, 80949-1, 80950-9, 80951-7, 80952-5, 80953-3, 80954-1, 80955-8, 80956-6, 85385-3, 85386-1, 85387-9, 85388-7, 85389-5, 85390-3, 85391-1, 85392-9, 85393-7, 85394-5

Osteoporosis Medication Therapy

- HCPCS: J0897, J1740, J3110, J3111, J3489, Q5136, Q5157, Q5158, Q5159

Long-Acting Osteoporosis Medications Value Set

- HCPCS: J0897, J1740, J3489, Q5136, Q5157, Q5158, Q5159

Measure Medications

One of the following osteoporosis medications within 180 days of their discharge for a fracture:

Osteoporosis Medications

- Abaloparatide
- Alendronate
- Alendronate-cholecalciferol
- Denosumab
- Ibandronate
- Raloxifene
- Risedronate
- Romosozumab
- Teriparatide
- Zoledronic acid

OSW - Osteoporosis Screening in Older Women

Product Lines: Advantage MD.
Measurement Period: January 1–December 31.

Description:
The percentage of women 65–75 years of age who received osteoporosis screening.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 66–75 years of age as of the last day of the measurement period.
- **Gender/sex criteria:** Administrative Gender of Female any time in the person's history.
- **Benefits:** Medical and Pharmacy.
- **Continuous Enrollment:** The measurement period and the year prior to the measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during each year of the continuous enrollment period. No gaps on the last day of the measurement period.

Denominator:
The initial population minus denominator exclusions.

Numerator:
One or more osteoporosis screening tests on or between the person's 65th birthday and the last day of the measurement period

Summary of changes:
Added an administrative gender code to the initial population.

Best Practice and Measure Tips

- Ensure members without a diagnosis and who have not been treated for osteoporosis receive bone mineral testing.
- Educate member about bone health and adopting healthy practices:
  - Maintain a balance diet
  - Engage in weight-bearing exercises
  - Adequate Calcium and Vitamin D Intake
  - Preventing and avoiding falls
  - Review medications that may cause bone loss
  - Review diseases, conditions and medical procedures that may cause bone loss
  - Avoiding smoking and limiting alcohol.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Persons who had a dispensed prescription to treat osteoporosis (Osteoporosis Medications List) any time on or between January 1 three years prior to the measurement period through the last day of the year prior to the measurement period.
- Persons who had a claim/encounter for osteoporosis therapy (Osteoporosis Medication Therapy; Long-Acting Osteoporosis Medications) any time in the person's history through the last day of the year prior to the measurement period.

Exclusion Codes

Osteoporosis Medication Therapy

- HCPCS: J0897, J1740, J3110, J3111, J3489, Q5136, Q5157, Q5158, Q5159

Long-Acting Osteoporosis Medications

- HCPCS: J0897, J1740, J3489, Q5136, Q5157, Q5158, Q5159

Exclusion Medications

Osteoporosis Medications

- Abaloparatide
- Alendronate
- Alendronate-cholecalciferol
- Denosumab
- Ibandronate
- Raloxifene
- Risedronate
- Romosozumab
- Teriparatide
- Zoledronic acid

Measure Codes

DXA Bone Density Tests

- LOINC: 101804-3, 101805-0, 104938-6, 24701-5, 24890-6, 24966-4, 38261-4, 38262-2, 38263-0, 38264-8, 38265-5, 38266-3, 38267-1, 46278-8, 46279-6, 46383-6, 80932-7, 80933-5, 80934-3, 80935-0, 80936-8, 80937-6, 80938-4, 80939-2, 80940-0, 80941-8, 80942-6, 80943-4, 80944-2, 80945-9, 80946-7, 80947-5, 80948-3, 80949-1, 80950-9, 80951-7, 80952-5, 80953-3, 80954-1, 80955-8, 80956-6, 85385-3, 85386-1, 85387-9, 85388-7, 85389-5, 85390-3, 85391-1, 85392-9, 85393-7, 85394-5

Osteoporosis Screening Test Diagnostic Reports

- LOINC: 100225-2, 38268-9, 38269-7, 83012-5, 83013-3, 83014-1, 83051-3

Osteoporosis Screening Tests Procedures

- CPT: 76977, 77080, 77081, 77085

PBH - Persistence of Beta-Blocker Treatment After a Heart Attack

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18 years of age and older during the measurement period who were hospitalized and discharged from July 1 of the year prior to the measurement period to June 30 of the measurement period with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (6 months) after discharge.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 18 years of age and older as of the last day of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The Discharge date through 179 days after discharge.
- **Allowable Gap:** No more than one gap of ≤45 days within the 180 days of the event. No gaps on the discharge date.

Definition:
180-day measurement interval: The 180-day period that includes the discharge date and the 179 days after discharge.
Direct transfer: When the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by 1 calendar day or less.
Treatment days (covered days): The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval (e.g., a prescription of a 90-day supply dispensed on the 100th day will have 81 days counted in the 180-day interval).

Denominator:
Hospitalization for AMI.
An acute inpatient discharge from July 1 of the year prior to the measurement period through June 30 of the measurement period with any diagnosis of AMI (AMI Value Set) on the discharge claim.

Numerator:
Persistent beta-blocker treatment.
Persons with at least 135 days of treatment with beta-blockers (Beta Blocker Medications List) during the 180-day measurement interval. This allows gaps in medication treatment of up to a total of 45 days during the 180-day measurement interval.
Assess for active prescriptions and include days supply that fall within the 180-day measurement interval.

Best Practice and Measure Tips

- This measure addresses the appropriate clinical management of a person who has experienced an acute myocardial infarction (AMI). Persistent beta-blocker treatment after a heart attack reduces the risk of mortality, reduces the risk and severity of re-infarction, and improves the preservation of the left ventricular function.
- This measure consist on any diagnosis of AMI on an acute inpatient discharge claim from July 1 of the year prior through June 30 of the measurement.
- Only the first discharge with AMI during the timeframe will be included.
- This measure allows a gap in medication treatment of up to a total of 45 days during the 180-day measurement interval.
- Any prescription for beta-blockers prior to admission and those dispensed during their inpatient stay are factored into adherence rate if the actual treatment days falls within the 180-days measurement interval.
- All active prescriptions including days supply that fall within the 180-days measurement interval are assessed.
    - An active prescription is one that is noted as having available medication left in the "days supply" through the episode date or further.
- Member must use their insurance card to fill their medications.
    - Gap closure is depended on pharmacy claims.
    - Consider adding directives to prescriptions instructing the pharmacy to run it through the patient's pharmacy benefit. The use of discount programs, paying cash for medication and medication samples will not count toward gap closure.
- Experiencing adverse effects:
    - Instruct patients to contact their practitioner if they are experiencing adverse effects. Discuss potential side effects and ways to treat the side effects of medication.
    - Document any adverse effects in the medical record.
    - Determine if the signs/symptoms qualify as an exclusion.
    - Try reducing the dose or frequency or consider trying a different medication.
- Educate the Member on the importance of adhering to the medication regiment.
    - Sudden stop of medication can lead to complications such as heart attacks, increased hypertension or increased anxiety.
    - Consider other medication that member is taking that may require them to be taken at different times.
    - Developing a routine medication plan.
        - Utilizing pillbox.
        - Set up reminders and alarms.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age and older as of the last day of the measurement period, with frailty.

- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Exclude hospitalizations in which the person had a direct transfer to a nonacute inpatient care setting for any diagnosis.
- Exclude both the initial discharge and the direct transfer discharge if the transfer discharge occurs after June 30 of the measurement period.
- Persons with a medication dispensing event (Asthma Exclusions Medications List) or a diagnosis (Beta Blocker Contraindications Value Set*) that indicates a contraindication to beta-blocker therapy any time during the person's history through the last day of the continuous enrollment period.

Exclusion Codes

Beta Blocker Contraindications

- ICD-10-CM: I44.1, I44.2, I44.4, I44.5, I44.60, I44.69, I44.7, I45.0, I45.10, I45.19, I45.2, I45.3, I45.6, I49.5, I95.0, I95.1, I95.2, I95.3, I95.81, I95.89, I95.9, J44.0, J44.1, J44.89, J44.9, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998, J68.4, R00.1, T44.7X5A, T44.7X5D, T44.7X5S
- SNOMED CT US Edition: 2374000, 4973001, 6180003, 6374002, 11641008, 12428000, 13645005, 14718009, 15908004, 18041002, 19849005, 20143001, 27885002, 28189009, 28651003, 30667004, 31803008, 32425009, 32544004, 32758004*

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to PBH measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Exclusion Medications

Asthma Exclusions Medications

- Beclomethasone
- Budesonide
- Budesonide-formoterol
- Ciclesonide
- Flunisolide
- Fluticasone
- Fluticasone-salmeterol
- Fluticasone-vilanterol
- Formoterol-mometasone
- Mometasone

Measure Codes

Diagnosis of AMI

- ICD-10-CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.B
- SNOMED CT US Edition: 15990001, 30277009, 52035003, 54329005, 57054005, 58612006, 59063002, 62695002, 64627002, 65547006, 70211005, 70422006, 70998009, 73795002, 76593002, 79009004, 194809007, 233825009, 233826005, 233827001, 233828006, 233829003, 233830008, 233831007, 233832000, 233833005, 233834004, 233835003, 233836002, 233837006, 233838001, 304914007, 307140009, 401303003, 401314000, 703164000, 703165004, 703212004, 703213009, 703251009, 703252002, 703253007, 836293000,

836294006, 836295007, 840309000, 840312002, 840316004, 840609007, 840680009, 846668006, 846683001, 868214006, 868217004, 868220007, 868224003, 868225002, 868226001, 896689003, 896691006, 896696001, 896697005, 1204151009, 1204152002, 1204154001, 1204155000, 1204222000, 1208872002, 17531000119105, 23311000119105, 44811000087108, 44821000087100, 44831000087103, 44841000087109, 44851000087107, 285981000119103, 12238111000119106, 12238151000119107, 15712841000119100, 15712881000119105, 15712921000119103, 15712961000119108, 15713001000119100, 15713041000119103, 15713081000119108, 15713121000119105, 15713161000119100, 15713201000119105, 15962541000119106

Measure Medications

Beta Blocker Medications

- Acebutolol
- Atenolol
- Atenolol-chlorthalidone
- Betaxolol
- Bisoprolol
- Bisoprolol-hydrochlorothiazide
- Carvedilol
- Hydrochlorothiazide-metoprolol
- Hydrochlorothiazide-propranolol
- Labetalol
- Metoprolol
- Nadolol
- Nebivolol
- Pindolol
- Propranolol
- Sotalol
- Timololc

POD - Pharmacotherapy for Opioid Use Disorder

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among persons 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Stratifications:
Ages as of the treatment period start date.
- 16–64 years.
- 65 years and older.

Report stratification by race and ethnicity.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** 16 years of age and older as of the treatment period start date.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** 31 days prior to the treatment period start date through 179 days after the treatment period start date (211 total days).
- **Allowable Gap:** None.

Definition:
Determining same or different medications:
- **Same medications:** Medication lists and value sets that are in the same row of the Opioid Use Disorder Treatment Medications table.
    - For example, a dispensing event from the Buprenorphine Oral Medications List and an encounter with a code from the Buprenorphine Oral Value Set are considered two dispensing events for the same medication.
- **Different medications:** Medication lists and value sets that are in different rows of the Opioid Use Disorder Treatment Medications table.
    - For example, a dispensing event from the Buprenorphine Oral Medications List and a dispensing event from the Buprenorphine Injection Medications List are considered two dispensing events for different medications.

Direct transfer: When the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by 1 calendar day or less.
Intake period: July 1 of the year prior to the measurement period to June 30 of the measurement period.
Negative medication history: To qualify for negative medication history, the following criteria must be met:
- A period of 31 days prior to the OUD dispensing or medication administration event when the person had no OUD dispensing or medication administration events.

- A period of 31 days prior to the OUD dispensing or medication administration event when the person was not already receiving OUD pharmacotherapy.
- For example, for an OUD dispensing event with a date of service of January 1, the 31 days prior includes December 1–31. If a person received a buprenorphine implant (180 days supply) any time during the 179 days prior to December 1, they are already receiving OUD pharmacotherapy on December 1 and do not have a negative medication history.

OUD dispensing event: OUD pharmacotherapy identified using pharmacy data (medication lists).
OUD medication administration event: OUD pharmacotherapy identified using medical claims data (value sets).
Treatment period: A period of 180 calendar days, beginning on the treatment period start date through 179 days after the treatment period start date.
Note: Persons can have multiple treatment period start dates and treatment periods during the measurement period. Treatment periods can overlap.
Treatment period start date: The date of an OUD dispensing ~~event~~ or OUD medication administration event with a negative medication history during the intake period.

Denominator:
Persons with any diagnosis of OUD (Opioid Abuse and Dependence Value Set) with a negative medication history for OUD dispensing or OUD medication administration events during the intake period.
Note: The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Numerator:
New OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days.

Best Practice and Measure Tips

- Refer to JH Priority Partners opioid policy.
- The measure utilizes pharmacy claims data for opioid medications filled.
- The measure can assist in identifying members with potential opioid use disorder.
    - Members are included in measure once a dispensing event for an opioid medication occurs during the Intake Period.
    - Review member records and outreach to members as appropriate.
    - All the medications list in the Opioid Medications table are used to identify opioid medication dispensing events.
    - To identify same or different drugs, use the medication lists specified for the measure in the Opioid Medications table. Drugs in different medication lists are considered different drugs. For example, a dispensing event from the Acetaminophen Codeine Medications List is considered a different drug than a dispensing event from the Codeine Sulfate Medications List.
- Stay informed about the latest opioid research and guidelines by visiting:
    - Centers of Disease Control and Prevention
        - CDC offers several materials and tools about opioid prescribing guidelines.
        - Permission is not needed to print, copy, or distribute any materials.
    - The Substance Abuse and Mental Health Services Administration (SAMHSA)

        - Provides free resources regarding prevention, treatment and recovery.
    - Maryland Opioid Operational Command Center
        - Provides free resources regarding prevention, treatment and recovery.
- Ways to help our member:
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org
- When prescribing opioids:
    - Use the lowest dosage of opioids for the shortest length of time possible.
    - Refer to the CDC guidelines for prescribing Opioids for Pain
    - Establish and measure goals for pain and function.
    - Discuss benefits and risks of opioid and non-opioid treatments.
    - Engage family/significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
    - Schedule follow up appointments to reassess and adjust any medication regimens.
    - Provided a printed copy of treatment plan and ensure member adheres to the treatment plan.
    - Communications between the behavioral health provider and the Primary Care Physician (PCP) is encourage and care should be coordinated.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Buprenorphine Implant

- HCPCS: G2070, G2072, J0570

Buprenorphine Monthly Injection

- HCPCS: G2069, J0578, Q9991, Q9992

Buprenorphine Naloxone

- HCPCS: J0572, J0573, J0574, J0575

Buprenorphine Oral

- HCPCS: H0033, J0571

Buprenorphine Oral Weekly

- HCPCS: G2068, G2079

Methadone Oral

- HCPCS: H0020, S0109
- SNOMED CT US Edition: 310653000

Methadone Oral Weekly

- HCPCS: G2067, G2078

Naltrexone Injection

- HCPCS: G2073, J2315

Measure Medication

Opioid Use Disorder Treatment Medications

- Buprenorphine
- Buprenorphine-naloxone
- Naltrexone

Note

- Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.
- The allowable gaps in the measure numerator of 7 or fewer consecutive days are used to account for weekly billing and other variations in billing practices and do not necessarily indicate that OUD pharmacotherapy ended. For example, members receiving daily methadone treatment over their 180-day treatment period meet numerator criteria if their treatment is billed weekly.

PCE - Pharmacotherapy Management of COPD Exacerbation

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP), EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of COPD exacerbations for persons 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement period and were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) on or within 14 days of the event-
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** 40 years of age or older as of the first day of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** Episode date through 30 days after the episode date.
- **Allowable gap:** None.

Definition:
Active prescription: A prescription is considered active if the "days supply" indicated on the date when the person was dispensed the prescription is the number of days or more between that date and the relevant date.
For an acute inpatient stay, the relevant date is the date of admission.
For an ED visit, the relevant date is the date of service.
Direct transfer: When the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by 1 calendar day or less.
Episode date: The date of service for any acute inpatient discharge or ED visit during the intake period with a principal diagnosis of COPD.
For an acute inpatient discharge, the episode date is the date of discharge.
For direct transfers (to acute or nonacute settings), the episode date is the discharge date from the transfer admission.
For an ED visit, the episode date is the date of service.
Intake period: January 1 of the measurement period to November 30 of the measurement period. The intake period captures eligible episodes of treatment.

Denominator:

COPD exacerbation.

- An ED visit with a principal diagnosis of COPD, emphysema or chronic bronchitis.
- An acute inpatient discharge with a principal diagnosis of COPD, emphysema or chronic bronchitis on the discharge claim. To identify acute inpatient discharges:

Numerator:
Numerator 1 - Systemic corticosteroid.
Persons who were dispensed a prescription for systemic corticosteroid (Systematic Corticosteroid Medications List) on or 14 days after the episode date. Count systemic corticosteroids that are active on the relevant date.
Numerator 2 - Bronchodilator.
Persons who were dispensed a prescription for a bronchodilator (Bronchodilator Medications List) on or 30 days after the episode date. Count bronchodilators that are active on the relevant date.

Best Practice and Measure Tips

- Members with active prescriptions for these medications are administratively compliant with the measure.
- An active prescription is one that's noted as having available medication left in the "days' supply" through the episode date or further.
- The "episode date" for an acute inpatient stay is the admission date.
- The "episode date" for the emergency department visit is the date of service.
- Follow up with members to make sure any new prescriptions are filled post-discharge.
    - Schedule a follow-up appointment after discharge and confirm that the patient has the appropriate medications.
    - Reconcile patients' medications with those prescribed at discharge when you receive the discharge summary.
- Vaccinations help protect against respiratory viruses. Make sure our members are up to date with their vaccination such as COVID-19, flu, pneumonia vaccinations pertussis (whooping cough), respiratory syncytial virus (RSV) and tuberculosis (TB).
- Provide a COPD action plan for patient:
    - What to do when flare-ups do occur.
    - Daily medications.
    - Triggers avoidance.
    - American Lung Association COPD Action Plan & Management Tools

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Medications

Systemic Corticosteroid Medications on or 14 days after the Episode Date.

- Cortisone
- Dexamethasone
- Hydrocortisone
- Methylprednisolone
- Prednisolone
- Prednisone

Bronchodilator Medications on or 30 days after the Episode Date.

- Aclidinium bromide
- Albuterol
- Albuterol-ipratropium
- Arformoterol
- Budesonide-formoterol
- Fluticasone-salmeterol
- Fluticasone-vilanterol
- Fluticasone furoate-umeclidinium-vilanterol
- Formoterol
- Formoterol-aclidinium
- Formoterol-glycopyrrolate
- Formoterol-mometasone
- Ipratropium
- Levalbuterol
- Metaproterenol
- Olodaterol
- Olodaterol-tiotropium
- Salmeterol
- Tiotropium
- Umeclidinium
- Umeclidinium-vilanterol

PCR - Plan All-Cause Readmissions

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP), EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
For persons 18 years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute readmissions (inpatient and observation stays) for any diagnosis within 30 days of an acute hospitalization (inpatient and observation stays).

Stratifications:
Age as of the index discharge date for commercial and Medicaid.
- 18–44 years.
- 45–54 years.
- 55–64 years.

Age as of the index discharge date for Medicare.
- 18–44 years.
- 45–54 years.
- 55–64 years.
- 65–74 years.
- 75–84 years.
- 18–64 years.
- 85+ years.

Skilled nursing facility. Age as of the index discharge date (Medicare only).
- 65–74 years.
- 75–84 years.
- 85+ years.

Report Stratification by SES only for Advantage MD (Medicare product line).

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative.
Note: Supplemental data may only be used for the hospice exclusion.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:**
  - Commercial and Medicaid: 18–64 years as of the index discharge date.
  - Medicare: 18 years and older as of the index discharge date.
- **Gender/Sex criteria:**
  - Administrative Gender of Female (AdministrativeGender code female).
  - Administrative Gender of Male (AdministrativeGender code male).
- **Benefits:** Medical.
- **Continuous Enrollment:** 365 days prior to the index discharge date through 30 days after the index discharge date.

- **Allowable Gap:**
    - 365 days to 1 day prior to the index discharge date: No more than one gap of ≤45 days.
    - Index discharge date and 30 days following the index discharge date: None.

Definition:
Direct transfer: When the discharge date from the initial stay precedes the admission date to a subsequent stay by 1 calendar day or less.
IHS - Index hospital stay: An acute inpatient or observation stay with a discharge on or between January 1 and December 1 of the measurement ~~year~~ period, as identified in the denominator.
Index admission date: The IHS admission date.
Index Discharge Date: The IHS discharge date. The Index Discharge Date must occur on or between January 1 and December 1 of the measurement ~~year~~ period.
Index Readmission Stay: An acute inpatient or observation stay for any diagnosis with an admission date within 30 days of a previous Index Discharge Date.
Index Readmission Date: The admission date associated with the Index Readmission Stay.
Planned hospital stay: A hospital stay is considered planned if it meets numerator exclusions criteria.
Plan population: Persons in the initial population prior to exclusion of outliers. The plan population is only used as a denominator for the outlier rate. Persons must be 18 years and older as of the earliest index discharge date. The plan population is based on persons, not on discharges. Person are only counted once in the plan population.
Outlier:

- **Medicaid and Medicare enrollees** in the initial population with four or more IHS between January 1 and December 1 of the measurement period.
- **Commercial enrollees** in the initial population with three or more IHS between January 1 and December 1 of the measurement period.

Non-outlier:

- **Medicaid and Medicare enrollees** in the initial population with three or fewer IHS between January 1 and December 1 of the measurement period.
- **Commercial enrollees** in the initial population with two or fewer IHS between January 1 and December 1 of the measurement period.

Skilled nursing care discharge: An index stay is discharged or transferred to skilled nursing care when the discharge date from the acute inpatient or observation stay precedes the admission date for skilled nursing care by 1 calendar day or less.

Denominator:
Acute inpatient or observation stay discharges.
Acute inpatient and observation stay discharges on or between January 1 and December 1 of the measurement period.

Risk Adjustment Factors:
Risk Adjustment Determination: For each IHS among non-outliers, identify risk adjustment weights based on observation stay status at discharge, surgeries, discharge condition, COVID-19 discharge, comorbidity, age and gender. Weights are specific to product line (Medicare Under 65, Medicare 65+, commercial, Medicaid).
Observation stay: The IHS at discharge was an observation stay.

Surgeries: The persons who underwent surgery during the stay. Consider an IHS to include a surgery if at least one procedure code is present from any provider between the admission and discharge dates.
Discharge condition: Assign a discharge Clinical Condition (CC) category code or codes to the IHS based on its principal discharge diagnosis. For direct transfers, use the principal discharge diagnosis from the last discharge.
COVID-19 discharge: Assign a COVID-19 discharge code to the IHS if its principal discharge diagnosis was COVID-19 (ICD-10-CM code U07.1). For direct transfers, use the principal discharge diagnosis from the last discharge.
Comorbidities: All diagnoses for encounters during the 365 days prior to and on the date of the index discharge date. Include the following encounters:

- Outpatient visits, ED visits, telephone visits, nonacute inpatient encounters and acute inpatient encounters with a date of service in the period from 365 days before the index discharge date to (and including) the index discharge date.
- Acute and nonacute inpatient discharges with a discharge date in the period from 365 days before the index discharge date to (and including) the index discharge date.

Numerator:
At least one acute readmission for any diagnosis within 30 days of the index discharge date. Acute inpatient and observation stays with an admission date on or between January 3 and December 31 of the measurement period.

Best Practice and Measure Tips

- The denominator for this measure is based on discharges and not members specifically.
- An acute discharge can be from any type of facility, including behavioral health facilities.
- Discharges are excluded if a direct transfer takes place after Dec. 1 of the measurement year.
- Please help members avoid readmission by:
    - Implementing a robust, safe discharge plan that includes a post-discharge phone call within 3 days of discharge to perform medication reconciliation and follows with PCP/OCP as appropriate. During call discuss these questions:
        - Do you completely understand all the instructions you were given at discharge?
        - Do you completely understand the medications and your medication instructions? Have you filled all new prescriptions?
        - Have you made your follow-up appointments? Do you need help scheduling them?
        - Do you have transportation to the appointment and/or do you need help arranging transportation?
        - Do you have any questions?
- A lower readmission rate and comprehensive diagnosis documentation will drive better scores for this measure.
- Patients with multiple comorbidities are expected to return post inpatient or observation discharge at a higher rate. Ensure all suspect conditions are appropriately identified in the patient's medical record and claims.
- Discuss palliative care or hospice programs and assist with referral as appropriate.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Exclude acute hospitalizations for the following reasons:
- Person died during the inpatient stay.
    - A principal diagnosis of pregnancy or a condition originating in the perinatal period on the discharge claim.
    - Exclude the hospital stay if the direct transfer's discharge date occurs after December 1 of the measurement year.
    - Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

Numerator Exclusions:

Exclude acute hospitalizations with any of the following criteria on the discharge claim:

- A principal diagnosis of pregnancy or a condition originating in the perinatal period.
- A planned hospital stay using any of the following:
    - A principal diagnosis of maintenance chemotherapy.
    - A principal diagnosis of rehabilitation.
    - An organ transplant.
    - A potentially planned procedure without a principal acute diagnosis.

PDS-E - Postpartum Depression Screening and Follow-Up

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of deliveries in which persons were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

- **Depression Screening.** The percentage of deliveries in which persons were screened for clinical depression using a standardized instrument during the postpartum period.
- **Follow-Up on Positive Screen.** The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Stratifications: Report stratification by race and ethnicity.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** None.
- **Benefits:** Medical.
- **Continuous Enrollment:** The delivery date through 60 days following the delivery date.
- **Allowable Gap:** None.

Denominator:
Denominator 1: Deliveries.
Deliveries in any setting, during September 8 of the year prior to the measurement period through September 7 of the measurement period.
Note: The measure is based on deliveries; therefore, it is possible for denominator to include multiple deliveries for the same person. Only the first eligible delivery in a 180-day period is included.

Denominator 2: All deliveries from numerator 1 with a positive finding for depression during the 7–84 days following the date of delivery.

Numerator:
Numerator 1: Depression Screening
Deliveries in which persons had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7–84 days following the delivery date.

Numerator 2: Follow-Up on Positive Screen
Deliveries in which persons received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).
Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health conditions.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A diagnosis of encounter for exercise counseling.
- A dispensed antidepressant medication.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Depression Screening Instrument (Direct Reference Codes)
A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)®2	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
PROMIS Emotional Distress—Depression—Short Form	77861-3	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

[1]Brief screening instrument. All other instruments are full-length.
[2]Proprietary; may be cost or licensing requirement associated with use.

Best Practice and Measure Tips

- This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. If the correct age screening is not used, the member will not be compliant.
- Once the member is compliant for the screening, they will remain compliant for the screening element. For the intervention, the system is looking for the first positive screen date. Intervention compliance status is based on whether there is an intervention for the positive screening date. Only an earlier date of service with a different compliance can impact the compliance status for the follow-up.
- Documentation in a visit note must include the screening tool name, score, and date performed.
- The score should be clearly documented on the actual screening tool. The health plan cannot calculate the score.
- Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening. For example, if a health risk assessment includes questions from the PHQ-2, it counts as screening if the member answered the questions, and a total score is calculated.
- Implement postpartum depression screening calls within the first two weeks postpartum.
- Educate and provided educational material on signs and symptoms of postpartum depression.
    - OASH Office on Women's health have downloadable and printable resources Talking PPD: Campaign Toolkit
- Schedule a follow-up appointment after any positive assessments.
- Coordinate care with a behavioral health provider.
- Provide local community support resources and what to do in an event of a crisis.
- Document all treatment options discussed during the visit in the patient's chart. When clinically appropriate, provide exercise counseling in addition to prescribing medication, and include diagnosis code Z71.82 to accurately capture this service. Comprehensive documentation supports accurate reporting and helps ensure the member meets compliance standards.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
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          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Follow-up on Positive Screening

An outpatient, telephone, e-visit or virtual check-in follow-up visit

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470, 99483
- HCPCS: G0071, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006
- UBREV: 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

A depression case management encounter

- CPT: 99366, 99492, 99493
- HCPCS: G0512, T1016, T1017, T2022, T2023
- SNOMED CT US Edition: 182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 1344983001, 1344984007, 1344994002, 1345003009, 1345013001, 1345014007, 621561000124106, 661051000124109, 662081000124106, 662541000124107, 842901000000108

Symptoms of Depression

- SNOMED CT US Edition: 394924000, 788976000

Depression or Other Behavioral Health Condition

- ICD-10-CM: F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, 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, 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, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, 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, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, 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, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345

- SNOMED CT US Edition: 109006, 162004, 281004, 600009, 832007, 899001, 1145003, 1196001, 1376001, 1380006, 1383008, 1499003, 1686006, 1816003, 1855002, 1973000, 2312009, 2403008, 2506003, 2618002, 2815001*
  *Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to PDS-E measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

A behavioral health encounter, including assessment, therapy, collaborative care or medication management

- CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
- HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002

A diagnosis of encounter for exercise counseling

- ICD-10-CM: Z71.82

Measure Medication

Antidepressant Medications

- Amitriptyline
- Amitriptyline-chlordiazepoxide

- Amitriptyline-perphenazine
- Amoxapine
- Bupropion
- Citalopram
- Clomipramine
- Desipramine
- Desvenlafaxine
- Doxepin
- Duloxetine
- Escitalopram
- Fluoxetine
- Fluoxetine-olanzapine
- Fluvoxamine
- Imipramine
- Imipramine pamoate
- Isocarboxazid
- Levomilnacipran
- Maprotiline
- Mirtazapine
- Nefazodone
- Nortriptyline
- Paroxetine
- Paroxetine mesylate
- Phenelzine
- Protriptyline
- Selegiline
- Sertraline
- Tranylcypromine
- Trazodone
- Trimipramine
- Venlafaxine
- Vilazodone
- Vortioxetine

PPC - Prenatal and Postpartum Care

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of live birth deliveries on or between October 8 of the year prior to the measurement period and October 7 of the measurement period. For these persons, the measure assesses the following facets of prenatal and postpartum care:

- 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.

Provider Specialty: PCP, OB/GYN, Prenatal Care Provider

Stratifications: Report stratification by race and ethnicity.

Measure Reporting:
Population Health Incentive Program (PHIP).
HealthChoice Performance Measure reporting for Priority Partners.

Data Collection: Administrative, Hybrid, Supplemental.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** None.
- **Benefits:** Medical.
- **Continuous Enrollment:** 43 days prior to delivery through 60 days after delivery.
- **Allowable Gap:** None.

Definition:
First trimester: 280–176 days prior to delivery (or estimated delivery date [EDD]).

Denominator:
Deliveries.
Live birth deliveries in any setting on or between October 8 of the year prior to the measurement period and October 7 of the measurement period.
Note:

- The initial population for this measure is based on deliveries, not on persons; therefore, it is possible for denominator to include multiple deliveries for the same person; only one per 180-day period.
- Criteria for identifying prenatal care for persons who were not enrolled during the first trimester allow more flexibility than criteria for persons who were enrolled.
    - For persons who were enrolled at least 219 days before delivery, the organization has sufficient opportunity to provide prenatal care by the end of the first trimester.

- For persons who were not enrolled at least 219 days before delivery, the organization has sufficient opportunity to provide prenatal care within 42 days after enrollment.

Numerator:
Numerator 1: Timeliness of prenatal care.
A prenatal visit during the required time frame.

- Persons who were continuously enrolled (with no gaps) from at least 219 days before delivery (or EDD) through 60 days after delivery. These persons must have a prenatal visit during the first trimester.
- Persons who were not continuously enrolled from at least 219 days before delivery (or EDD) through 60 days after delivery. These persons must have a prenatal visit any time during the period that begins 280 days prior to delivery and ends 42 days after the enrollment start date.

A prenatal visit where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP:

- A bundled service (Prenatal Bundled Services Value Set) where the organization can identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated).
- A visit for prenatal care (Stand Alone Prenatal Visits Value Set).
- A prenatal visit (Prenatal Visits Value Set) *with* a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set).

Numerator 2: Postpartum care.
A postpartum visit on or between 7 and 84 days after delivery. Any of the following meet criteria:

- A postpartum visit (Postpartum Care Value Set).
- An encounter for postpartum care (Encounter for Postpartum Care Value Set).
- Cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set).
- A bundled service (Postpartum Bundled Services Value Set) where the organization can identify the date when postpartum care was rendered (because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered).

Note:

- The practitioner requirement only applies to the Hybrid Specification. The organization is not required to identify practitioner type in administrative data.
- A Pap test does not count as a prenatal care visit for the administrative and hybrid specification of the Timeliness of Prenatal Care rate but is acceptable for the Postpartum Care rate as evidence of a pelvic exam. A colposcopy alone is not numerator compliant for either rate.
- Services that occur over multiple visits count toward this measure 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.
- The intent is to assess whether prenatal and preventive care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.
- Services provided during a telephone visit, e-visit or virtual check-in are acceptable for prenatal and postpartum care.
- Birth is considered a live birth if delivered twin and one was stillborn.

Best Practice and Measure Tips

- The system uses the delivery date to calculate the prenatal timeframe and assumes a full-term pregnancy. Members who deliver early may not be compliant and may require the EDD to be updated based on an EDD in an ultrasound report. LMP cannot be used to adjust the EDD.
- Provide education to members on importance of prenatal and postpartum care for them and their baby.
- Assess all members for history of or current substance abuse or mental health concerns.
- Incorporate depression screenings at all prenatal and postpartum appointments and ensure prompt intervention and referrals for positive results.
- Follow members closely who have or had a substance abuse or mental health diagnosis. Initiate appropriate referrals and ensure member follow-up with any referrals.
- Identify potential barriers to receiving care when pregnancy is confirmed. Discuss with members ways barriers can be overcome.
- Ensure members are aware of available resources to overcome barriers and any incentives for care.
- Identify members seen in ER with a diagnosis of pregnancy and initiate follow-up.
- Assess members for gaps in recommended pregnancy immunizations. Provide education on importance of being up to date with immunizations.
- For members who do not show or schedule appointments, attempt to engage in a telephone or video visit to close gap.
- Before discharging member from the hospital stay, look at the member's schedule history for no show or reschedule appointment and if member seems reluctant to schedule an appointment or you suspect they will not show, schedule a telephone or video visit.
- Maintain available appointments for member to be seen during their first trimester or postpartum period.
- When scheduling Postpartum visit, use the discharge day and schedule the member after the 6th day from discharge which begins the postpartum period for the measure (within 7-84 days postpartum).

JHHP Maternity Care Package Codes Guidelines:

- JHHP Obstetrical Services **(EHP/USFHP)** Reimbursement Policy RPC.029 requires providers to use CPT-II codes on their claim forms as a "no charge" line item to identify prenatal services and postpartum visit when billing global obstetric (maternity care) package code(s). This requirement ensures accurate capture of HEDIS data measures.
    - When submitting claim for an **initial pregnancy diagnosis visit** (e.g., urine test, ultrasound), always include CPT-CAT-II 0500F or 0501F, as a no-charge line item with pregnancy related diagnosis code.
    - When submitting claim for the **first office post-partum visit**, always include CPT-CAT-II 0503F, as a no-charge line item with an appropriate Z-code diagnosis.
    - When submitting claim for a **subsequent post-partum visit**, include CPT-CAT-II 0502F, as a no-charge line item with **appropriate Z-code diagnosis**.
- JHHP **Priority Partners (PPMCO)** Obstetric Services Policy RPC.008, in alignment with the authoritative outlined in the MDH provider manual and MDH transmittals, prohibits providers from submitting OB global (maternity care) procedure codes for PPMCO members.
    - Providers are not to report global procedure codes 59400, 59425, 59426, 59510, 59610 and 59618.

- Providers are to use the appropriate E/M code in conjunction with the appropriate ICD-10 pregnancy code for each prenatal visit and, bill delivers separately from prenatal care.
- Although the code listed above appears in the value set directory, State regulations prohibit these codes from being billed to Medicaid health plans. All related services must instead be submitted on a fee-for-service basis.
- Use code 59430 for postpartum care services **only**. Postpartum care includes all visits in the hospital and office after the delivery. Postpartum care is not payable as a separate procedure unless it is provided by a physician or group other than the one providing the delivery service.
    - Use the appropriate CPT Category II codes to ensure accurate capture of postpartum visits when submitting claims for bundled delivery and postpartum services.

Prenatal Care with visit date and one of the following:

- A diagnosis of pregnancy (this must be included for PCP visits). Such as: visit to confirm pregnancy or pregnancy was diagnosed.
- Documentation indicating the member is pregnant or references to the pregnancy, for example:
- Standardized prenatal flow sheet, LMP, EDD, gestational age, gravidity and parity, notation of positive pregnancy test result, complete OB history, of prenatal risk assessment and counseling
- A basic physical obstetrical examination with auscultation for fetal heart tone, pelvic exam, obstetric observations, or measurement of fundus height.
- Evidence that a prenatal care procedure was performed, such as:
- Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), OR
- TORCH antibody panel, OR
- Rubella antibody test/titer with RH incompatibility (ABO/Rh) blood typing, OR
- Ultrasound of a pregnant uterus.

Prenatal Care Acceptable:

- May utilize ACOG sheet or a standardized prenatal flow sheet.
- Services provided during a telephone visit, e-visit or virtual check-in.

Prenatal Care Not acceptable:

- Ultrasound and lab results not combined with an office visit.
- A visit or documentation with a RN alone. It must be associated with appropriate provider's note.
- A Pap test does not count as a prenatal care visit.

Postpartum Care with visit date and one of the following:

- Notation of PP care, including, but not limited to: "postpartum care," "PP care, "PP check," 6-week check." (This alone will make member compliant)
- Assessment of breasts or breast feeding, weight, BP check and abdomen (breast feeding is acceptable for evaluation of breasts)
- Perineal or cesarean incision/ wound check
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
- Pelvic exam-A pap test will count toward PP care as a pelvic exam.
- Glucose screening for member with gestational diabetes.
- Documentation of discussion any of the following topics:

- Infant care / breastfeeding.
- Resumption of intercourse, birth spacing or family planning.
- Sleep or fatigue.
- Resumption of physical activity.
- Attainment of healthy weight.

Postpartum Care Not Acceptable:

- Colposcopy alone.
- Care in an acute inpatient setting.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Pregnancy did not result in a live birth.
- Member not pregnant.
- Delivery outside of measure date parameters.

Exclusion Codes

Non Live Births

- ICD-10-CM: O00.00, O00.01, O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O00.80, O00.81, O00.90, O00.91, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, Z37.1, Z37.4, Z37.7

*Please note that SNOMED CT US Edition codes are not listed here. For access to the complete set of codes related to PCP measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

Timeliness of Prenatal Care

Prenatal Bundled Services

- EHP/USFHP CPT: 59400, 59425, 59426, 59510, 59610, 59618
- PPMCO: Prenatal Bundle are not reimbursable.
- HCPCS: H1005

Stand Alone Prenatal Visits

- CPT/CPT-CAT-II: 99500, 0500F, 0501F, 05002F
- HCPCS: H1000, H1001, H1002, H1003, H1004
- SNOMED CT US Edition: 17629007, 18114009, 58932009, 66961001, 134435003, 135892000, 169600002, 169602005, 169603000, 169712008, 169713003,

169714009, 169715005, 169716006, 169717002, 169718007, 169719004, 169720005, 169721009, 169722002, 169723007, 169724001, 169725000, 169726004, 169727008, 171054004, 171055003, 171056002, 171057006, 171058001, 171059009, 171060004, 171061000, 171062007, 171063002, 171064008, 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001, 440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 700256000, 702396006, 702736005, 702737001, 702738006, 702739003, 702740001, 702741002, 702742009, 702743004, 702744005, 710970004, 713076009, 713233004, 713234005, 713235006, 713237003, 713238008, 713239000, 713240003, 713241004, 713242006, 713386003, 713387007, 717794008, 717795009

A prenatal visit **with** a pregnancy-related diagnosis code

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470, 99483
- HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC).
- SNOMED CT US Edition: 77406008, 185317003, 281036007, 314849005, 386472008, 386473003, 401267002

Pregnancy Diagnosis

- ICD-10-CM Maternal conditions: O09.00-O9A.519*
- ICD-10-CM Encounter: Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9
- SNOMED CT US Edition: 9279009, 9899009, 14418008, 16356006, 29399001, 31601007, 34801009, 38720006, 41587001, 41991004, 43990006, 45307008, 47200007, 57630001, 58532003, 59466002, 60000008, 60810003, 64254006, 65147003, 65727000, 72892002, 77386006, 79290002, 79586000, 80997009, 82661006, 83074005, 87605005, 90968009, 102872000, 102875003, 169560008, 169561007, 169562000, 169563005, 169564004, 169565003, 169566002, 169567006, 169568001, 198624007, 198626009, 198627000, 199715003, 237233002, 237238006, 237239003, 237240001, 237241002, 237242009, 237244005, 239101008, 248985009, 281307002, 314204000, 442478007

*Please note that not all ICD-10-CM codes are listed here. For access to the complete set of codes related to Pregnancy Diagnosis Value Set, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Postpartum Care

Postpartum Bundles Services

- CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

Postpartum Visit

- CPT/CPT-CAT-II: 57170, 58300, 59430, 99501, 0503F
- HCPCS: G0101

- ICD-10-CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
- SNOMED CT US Edition: 133906008, 133907004, 169762003, 169770008, 169771007, 169772000, 384634009, 384635005, 384636006, 408883002, 408884008, 408886005, 409018009, 409019001, 431868002, 440085006, 717810008

Cervical Cytology

- 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
- LOINC: 104866-9, 10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Cervical Cytology Result or Finding

- SNOMED CT US Edition168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102

PND-E - Prenatal Depression Screening and Follow-Up

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of deliveries in which persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

- **Depression Screening.** The percentage of deliveries in which persons were screened for clinical depression during pregnancy using a standardized instrument.
- **Follow-Up on Positive Screen**. The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Stratifications: Report stratification by race and ethnicity.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** None.
- **Benefits:** Medical.
- **Continuous Enrollment:** 28 days prior to the delivery date through the delivery date.
- **Allowable Gap:** None.

Denominator:
Deliveries.
Deliveries, in any setting, during the measurement period that have a gestational age assessment or gestational age diagnosis within 1 day of the start or end of the delivery.
Note: The measure is based on deliveries; therefore, it is possible for denominator to include multiple deliveries for the same person. Only the first eligible delivery in a 180-day period is included.

Numerator:
Numerator 1: Depression Screening
Deliveries in which persons had a documented result for depression screening, using an age-appropriate standardized screening instrument, performed during pregnancy.

- **Deliveries between January 1 and December 1 of the measurement period:** Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date).
- **Deliveries between December 2 and December 31 of the measurement period:** Screening should be performed between the pregnancy start date and December 1 of the measurement period.

Numerator 2: Follow-Up on Positive Screen
Deliveries in which persons received follow-up care on or up to 30 days after the date of the first

positive screen (31 total days). Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health conditions.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A diagnosis of encounter for exercise counseling
- A dispensed antidepressant medication

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Depression Screening Instrument (Direct Reference Codes)
A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)®2	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
PROMIS Emotional Distress—Depression—Short Form	77861-3	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

[1]Brief screening instrument. All other instruments are full-length.
[2]Proprietary; may be cost or licensing requirement associated with use.

Best Practice and Measure Tips

- NCQA Clinical recommendation statement/ rationale:
  - The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women. (B recommendation)
  - The American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen patients at the initial prenatal visit, later in pregnancy, and at postpartum visits using a standardized, validated tool.
  - The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up. (B recommendation)
- NCQA Citations:
  - American College of Obstetricians and Gynecologists. 2023. "Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum: ACOG Clinical Practice Guideline No. 4." Obstet Gynecol 141.6: 1232–61.
  - U.S. Preventive Services Task Force et al. 2023. "Screening for Depression and Suicide Risk in Adults: U.S. Preventive Task Force Recommendation Statement." JAMA vol. 329,23: 2057–67.
  - U.S. Preventive Services Task Force et al. 2022. "Screening for Depression and Suicide Risk in Children and Adolescents: U.S. Preventive Task Force Recommendation Statement." JAMA vol. 328,15: 1534–42.
- Make sure to use the appropriate Gestational age diagnosis code Z3A.XX on the claim.
- Only delivery with gestation age 37weeks or greater will be in the numerator.
- This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. If the correct age screening is not used, the member will not be compliant.
- Once the member is compliant for the screening, they will remain compliant for the screening element. For the intervention, the system is looking for the first positive screen date. Intervention compliance status is based on whether there is an intervention for the positive screening date. Only an earlier date of service with a different compliance can impact the compliance status for the follow-up.
- Documentation in a visit note must include the screening tool name, score, and date performed.
- The score should be clearly documented on the actual screening tool. The health plan cannot calculate the score.
- Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening. For example, if a health risk assessment includes questions from the PHQ-2, it counts as screening if the member answered the questions, and a total score is calculated.
- Make it a standard to screen for depression in the history intake nurse visit or at your initial prenatal exam. Continue to screen members throughout the pregnancy and again during the Postpartum timeframe.
- Schedule a follow-up appointment within 30 days after any positive assessments.
- Coordinate care with a behavioral health provider.
- Provide local community support resources and what to do in an event of a crisis.

- Document all treatment options discussed during the visit in the patient's chart. When clinically appropriate, provide exercise counseling in addition to prescribing medication, and include diagnosis code Z71.82 to accurately capture this service. Comprehensive documentation supports accurate reporting and helps ensure the member meets compliance standards.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Deliveries that occurred at less than 37 weeks gestation.
- Deliveries in which persons were in hospice or using hospice services any time during the measurement period.
- Persons who die any time during the measurement period.

Exclusion Codes

Weeks of Gestation Less Than 37 at the time of delivery:

- ICD-10-CM: Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36
- SNOMED CT US Edition: 931004, 6678005, 7707000, 13763000, 15633004, 23464008, 25026004, 26690008, 37005007, 38039008, 41438001, 44398003, 45139008, 46906003, 48688005, 50367001, 54318006, 57630001, 57907009, 59466002, 62333002, 63110000, 64920003, 65035007, 65683006, 71355009, 72544005, 72846000, 74952004, 78395001, 79992004, 82118009, 84132007, 86801005, 86883006, 87178007, 90797000, 313178001, 313179009, 428058009, 428566005, 428567001, 428930004, 429240000

Measure Codes

Follow-up on Positive Screening

An outpatient, telephone, e-visit or virtual check-in follow-up visit

- CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470, 99483
- HCPCS: G0071, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015**
  NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
- SNOMED CT US Edition: 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006
- UBREV: 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

A depression case management encounter

- CPT: 99366, 99492, 99493
- HCPCS: G0512, T1016, T1017, T2022, T2023
- SNOMED CT US Edition: 182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 1344983001, 1344984007, 1344994002, 1345003009, 1345013001, 1345014007, 621561000124106, 661051000124109, 662081000124106, 662541000124107, 842901000000108

Symptoms of Depression

- SNOMED CT: 394924000, 788976000

Depression or Other Behavioral Health Condition

- ICD-10-CM: F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, 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, 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, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, 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, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, 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, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345

- SNOMED CT US Edition: 109006, 162004, 281004, 600009, 832007, 899001, 1145003, 1196001, 1376001, 1380006, 1383008, 1499003, 1686006, 1816003, 1855002, 1973000, 2312009, 2403008, 2506003, 2618002, 2815001*
  *Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to PND-E measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

A behavioral health encounter, including assessment, therapy, collaborative care or medication management

- CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
- HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
- SNOMED CT US Edition: 5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002
- UBREV: 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

A diagnosis of encounter for exercise counseling

- ICD-10-CM: Z71.82

Measure Medication

Antidepressant Medications

- Amitriptyline
- Amitriptyline-chlordiazepoxide
- Amitriptyline- perphenazine
- Amoxapine
- Bupropion
- Citalopram
- Clomipramine
- Desipramine
- Desvenlafaxine
- Doxepin
- Duloxetine
- Escitalopram
- Fluoxetine
- Fluoxetine-olanzapine
- Fluvoxamine
- Imipramine
- Imipramine pamoate
- Isocarboxazid
- Levomilnacipran
- Maprotiline
- Mirtazapine
- Nefazodone
- Nortriptyline
- Paroxetine
- Paroxetine mesylate
- Phenelzine
- Protriptyline
- Selegiline
- Sertraline
- Tranylcypromine
- Trazodone
- Trimipramine
- Venlafaxine
- Vilazodone
- Vortioxetine

PRS-E - Prenatal Immunization Status

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of deliveries in the measurement period in which persons received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

Stratifications: Report stratification by race and ethnicity.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Episode.
- **Age:** None.
- **Benefits:** Medical.
- **Continuous Enrollment:** From 28 days prior to the delivery date through the delivery date.
- **Allowable Gap:** None.

Denominator:
Deliveries.
Deliveries, in any setting, during the measurement period that have a gestational age assessment or gestational age diagnosis within 1 day of the start or end of the delivery.
Note: The measure is based on deliveries; therefore, it is possible for denominator to include multiple deliveries for the same person. Only the first eligible delivery in a 180-day period is included.

Numerator:
Numerator 1: Immunization Status—Influenza
- Deliveries where persons received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date, or
- Deliveries where persons had anaphylaxis due to the influenza vaccine on or before the delivery date.

Numerator 2: Immunization Status—Tdap
- Deliveries where persons received at least one Tdap vaccine during the pregnancy (including on the delivery date), or
- Deliveries where persons had any of the following:
  - Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date.
  - Encephalitis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date.

Numerator 3: Immunization Status—Combination
Deliveries that met criteria for both numerator 1 and numerator 2.

Best Practice and Measure Tips

- Identify members with gap. Offer immunization to members during prenatal visits or when admitted for delivery.
- Use appropriate and accurate codes on claims
- Centers for Disease Control and Prevention recommend that pregnant member receive the following immunizations:
    - A flu shot during any trimester of their pregnancy to protect themselves and their newborn babies from flu
    - 1 dose of Tdap every pregnancy, preferably during early part of gestational weeks 27–36
    - For patient and provider resources, visit: www.cdc.gov/vaccines/pregnancy

Measure Exclusions

Denominator Exclusions:

- Deliveries that occurred at less than 37 weeks gestation.
- Deliveries in which persons were in hospice or using hospice services any time during the measurement period.
- Persons who die any time during the measurement period.

Exclusion Codes

Weeks of Gestation Less Than 37 at the time of delivery:

- ICD-10-CM: Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36
- SNOMED CT US Edition: 931004, 6678005, 7707000, 13763000, 15633004, 23464008, 25026004, 26690008, 37005007, 38039008, 41438001, 44398003, 45139008, 46906003, 48688005, 50367001, 54318006, 57630001, 57907009, 59466002, 62333002, 63110000, 64920003, 65035007, 65683006, 71355009, 72544005, 72846000, 74952004, 78395001, 79992004, 82118009, 84132007, 86801005, 86883006, 87178007, 90797000, 313178001, 313179009, 428058009, 428566005, 428567001, 428930004, 429240000

Measure Codes

Adult Influenza:

- CPT: 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
- CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 320
- Anaphylaxis due to the influenza vaccine SNOMED CT US Edition: 471361000124100

Tdap:

- CPT: 90715
- CVX: 115
- Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine

    - SNOMED CT US Edition: 428281000124107, 428291000124105
- Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine
    - SNOMED CT US Edition: 192710009, 192711008, 192712001

Weeks of Gestation Diagnosis Code

- ICD-10-CM: Z3A.01, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49

COU - Risk of Continued Opioid Use

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

1. The percentage of persons with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of persons with at least 31 days of prescription opioids in a 62-day period.

Stratifications:
Age as of November 1 of the year prior to the measurement period.

- 18–64 years.
- 65 years and older.

Measure Reporting:
Population Health Incentive Program (PHIP).
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Decreased score indicates improvement.

Data Collection: Administrative.
Note: Supplemental data may not be used for this measure, except for denominator exclusions.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 18 years of age and older as of November 1 of the year prior to the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** 180 days prior to the IPSD through 61 days after the IPSD.
- **Allowable Gap:** None.

Definition:
Identifying same or different drugs: Use the medication lists specified in the Opioid Medications table. Drugs in different medication lists are considered different drugs. For example, a dispensing event from the Acetaminophen Codeine Medications List is considered a different drug than a dispensing event from the Codeine Sulfate Medications List.
Intake period: November 1 of the year prior to the measurement period to October 31 of the measurement period.
IPSD - Index prescription start date: Earliest prescription dispensing date for opioid medication during the intake period.
Negative medication history: A period of 180 days prior to the IPSD when the person had no pharmacy claims for either new or refill prescriptions for an opioid medication.

Denominator:

New episode of opioid use.

Numerator:
Numerator 1: ≥15 days covered.
Persons with 15 or more calendar days covered by an opioid medication during the 30-day period beginning on the IPSD through 29 days after the IPSD.
Numerator 2: ≥31 days covered.
Persons with 31 or more calendar days covered by an opioid medication during the 62-day period beginning on the IPSD through 61 days after the IPSD.

Best Practice and Measure Tips

- Refer to Priority Partners opioid policy.
- The measure utilizes pharmacy claims data for opioid medications filled.
- Since measure is an inverse measure, a lower rate is desirable. The measure can assist in identifying members with potential opioid use disorder.
- Members are included in measure once a dispensing event for an opioid medication occurs during the Intake Period.
- Review member records and outreach to members as appropriate.
- Once members are compliant for 30 days rate, take steps to prevent member from becoming compliant for the 62 days rate.
- All of the medications lists in the Opioid Medications table are used to identify opioid medication dispensing events.
- To identify same or different drugs, use the medication lists specified for the measure in the Opioid Medications table. Drugs in different medication lists are considered different drugs. For example, a dispensing event from the Acetaminophen Codeine Medications List is considered a different drug than a dispensing event from the Codeine Sulfate Medications List.
- Stay informed about the latest opioid research and guidelines by visiting:
    - Centers of Disease Control and Prevention
        - CDC offers a number of materials and tools about opioid prescribing guidelines.
        - Permission is not needed to print, copy, or distribute any materials. Visit the CDC website.
    - The Substance Abuse and Mental Health Services Administration (SAMHSA)
        - Provides free resources regarding prevention, treatment and recovery.
    - Maryland Opioid Operational Command Center
        - Provides free resources regarding prevention, treatment and recovery.
- The following opioid medications are excluded from this measure:
    - Injectables.
    - Opioid-containing cough and cold products.
    - Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
    - Methadone for the treatment of opioid use disorder

    - Ionsys® (fentanyl transdermal patch). This is for inpatient use only, and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy.
- Ways to help our member:
    - Refer the member to a care manager:
        - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
            - **Please send us your referrals by contacting us at:**
              Phone: 800-557-6916
              Monday through Friday: 8 a.m. to 5 p.m.
              Voicemail messages received after normal business hours will be addressed the following business day.
              EHP Behavioral Health: 410-424-4891
              EHP Behavioral Health (Secured): 410-424-4765
              USFHP Mental Health: 410-424-4839
              AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
              Email: caremanagement@jhhp.org
- When prescribing opioids:
    - Use the lowest dosage of opioids for the shortest length of time possible.
    - Refer to the CDC guidelines for prescribing Opioids for Pain
    - Establish and measure goals for pain and function.
    - Discuss benefits and risks of opioid and non-opioid treatments.
    - Engage family/significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
    - Schedule follow up appointments to reassess and adjust any medication regimens.
    - Provided a printed copy of treatment plan and ensure member adheres to the treatment plan.
    - Communications between the behavioral health provider and the Primary Care Physician (PCP) is encourage and care should be coordinated.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Any of the following during the 12 months prior to the earliest prescription dispensing date through 61 days after the IPSD:
    - Cancer
    - Sickle Cell Disease

Exclusion Codes

Cancer *

- Malignant Neoplasms ICD-10-CM: C00.0-C00.6, C00.8, C00.9, C01, C02.0-C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1-C10.4, C10.8, C10.9, C11.0-C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0- C16.6, C16.8, C16.9, C17.0- C17.3, C17.8, C17.9, C18.0- C18.9, C19, C20, C21.0; C92.60, C93.92, C93.Z0, C93.Z1, C93.Z2, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C94.40, C94.41, C94.42, C94.6, C94.80, C94.81, C94.82, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.2, C96.20, C96.21, C96.22, C96.29, C96.4, C96.5, C96.6, C96.9, C96.A, C96.Z;

Sickle Cell Diseases *

- ICD-10-CM: D57.00- D57.03, D57.09, D57.1, D57.20, D57.211- D57.213, D57.218, D57.219, D57.40, D57.411- D57.413, D57.418, D57.419, D57.42, D57.431- D57.433, D57.438, D57.439, D57.44, D57.451-D57.453, D57.458, D57.459, D57.80, D57.811-D57.813, D57.818, D57.819

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to COU measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Medications

Opioid Medications

- Acetaminophen-benzhydrocodone
- Acetaminophen-butalbital-caffeine-codeine
- Acetaminophen-caffeine-dihydrocodeine
- acetaminophen-codeine
- acetaminophen-hydrocodone
- acetaminophen-oxycodone
- acetaminophen-tramadol
- aspirin-butalbital-caffeine-codeine
- aspirin-carisoprodol-codeine
- aspirin-oxycodone
- belladonna alkaloids-opium
- buprenorphine
- butorphanol
- codeine sulfate
- fentanyl
- hydrocodone
- hydrocodone-ibuprofen
- hydromorphone
- ibuprofen-oxycodone
- levorphanol
- meperidine
- methadone
- morphine
- naloxone-pentazocine
- opium
- oxycodone
- oxymorphone
- tapentadol
- tramadol

SNS-E - Social Need Screening and Intervention

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons who were screened, using prespecified instruments, for unmet food, housing and transportation needs at least once during the measurement period, and the percentage of persons with a positive screen for food, housing and transportation who received an intervention corresponding to the positive screen within 30 days.

Stratifications:
Age as of the start of the measurement period.
- ≤17 years.
- 18–64 years.
- 65 years and older.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 0+ years of age as of the start of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
Interventions: An intervention corresponding to the type of need identified on or up to 30 days after the date of the first positive screening during the measurement period.
- A positive food insecurity screen finding must be met by a food insecurity intervention.
- A or positive housing instability or homelessness screen finding, must be met by a housing instability or homelessness intervention.
- A positive housing inadequacy screen finding must be met by a housing inadequacy intervention.
- An identified transportation need or positive transportation insecurity screen finding must be met by a transportation insecurity intervention.

Interventions may include assistance, counseling, coordination, education, evaluation of eligibility, provision or referral.
Food insecurity: Uncertain, limited or unstable access to food that is adequate in quantity and in nutritional quality, culturally acceptable, safe, and acquired in socially acceptable ways.
Housing instability: Currently consistently housed, however may have experienced any of the following circumstances in the past 365 days: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction.
Homelessness: Currently living in an environment that is not meant for permanent human habitation (e.g., car, park, sidewalk, abandoned building, on the street), not having a consistent

place to sleep at night, or because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation.
Housing inadequacy: Housing does not meet habitability standards.
Transportation insecurity: Uncertain, limited or no access to safe, reliable, accessible, affordable and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being or livelihood.

Screening Instruments

Food Screening Instruments
Eligible screening instruments with thresholds for positive findings include:

Food Insecurity Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	Within the past 12Mo we worried whether our food would run out before we got money to buy more	LA28397-0	Often True
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	Within the past 12Mo we worried whether our food would run out before we got money to buy more	LA6729-3	Sometimes True
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88123-5	Within the past 12Mo the food we bought just didn't last and we didn't have money to get more	LA28397-0	Often True
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88123-5	Within the past 12Mo the food we bought just didn't last and we didn't have money to get more	LA6729-3	Sometimes True
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	Within the past 12Mo we worried whether our food would run out before we got money to buy more	LA28397-0	Often True
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	Within the past 12Mo we worried whether our food would run out before we got money to buy more	LA6729-3	Sometimes True
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88123-5	Within the past 12Mo the food we bought just didn't last and we didn't have money to get more	LA28397-0	Often True
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88123-5	Within the past 12Mo the food we bought just didn't last and we didn't have money to get more	LA6729-3	Sometimes True
American Academy of Family Physicians (AAFP) Social Needs Screening Tool— short form	88122-7	Within the past 12Mo we worried whether our food would run out before we got money to buy more	LA28397-0	Often True
American Academy of Family Physicians (AAFP) Social Needs Screening Tool— short form	88122-7	Within the past 12Mo we worried whether our food would run out before we got money to buy more	LA6729-3	Sometimes True

Food Insecurity Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
American Academy of Family Physicians (AAFP) Social Needs Screening Tool— short form	88123-5	Within the past 12Mo the food we bought just didn't last and we didn't have money to get more	LA28397-0	Often True
American Academy of Family Physicians (AAFP) Social Needs Screening Tool— short form	88123-5	Within the past 12Mo the food we bought just didn't last and we didn't have money to get more	LA6729-3	Sometimes True
Health Leads Screening Panel®[1]	95251-5	In the last 12Mo, did you ever eat less than you felt you should because there wasn't enough money for food	LA33-6	Yes
Hunger Vital Sign™[1] (HVS)	88124-3	Food insecurity risk	LA19952-3	At risk
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®[1]	93031-3	Have you or any family members you live with been unable to get any of the following when it was really needed in past 1Y	LA30125-1	Food
Safe Environment for Every Kid (SEEK)®[1]	95400-8	Within the past 12Mo we worried whether our food would run out before we got money to buy more	LA33-6	Yes
Safe Environment for Every Kid (SEEK)®[1]	95399-2	Within the past 12Mo the food we bought just didn't last and we didn't have money to get more Caregiver	LA33-6	Yes
U.S. Household Food Security Survey [U.S. FSS]	95264-8	Food security status	LA30985-8	Low Food Security
U.S. Household Food Security Survey [U.S. FSS]	95264-8	Food security status	LA30986-6	Very low Food Security
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	Food security status	LA30985-8	Low Food Security
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	Food security status	LA30986-6	Very low Food Security
U.S. Child Food Security Survey [U.S. FSS]	95264-8	Food security status	LA30985-8	Low Food Security
U.S. Child Food Security Survey [U.S. FSS]	95264-8	Food security status	LA30986-6	Very low Food Security
U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]	95264-8	Food security status	LA30985-8	Low Food Security
U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]	95264-8	Food security status	LA30986-6	Very low Food Security
We Care Survey	96434-6	Always has enough food for family	LA32-8	No
WellRx Questionnaire	93668-2	Did you or others you live with eat smaller meals or skip meals because you didn't have money for food in the past 2M	LA33-6	Yes

[1]Proprietary; may be cost or licensing requirement associated with use.

Housing instability, homelessness and housing inadequacy screening instruments
Eligible screening instruments with thresholds for positive findings include:

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	Housing status	LA31994-9	I have a place to live today, but I am worried about losing it in the future
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	Housing status	LA31995-6	I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	Worried about housing stability in next 2MO	LA33-6	Yes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	Housing status	LA31994-9	I have a place to live today but I am worried about losing it in the future
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	Housing status	LA31995-6	I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
Children's Health Watch Housing Stability Vital Signs™[1]	98976-4	Behind on rent or mortgage at any time in past 12 MO	LA33-6	Yes
Children's Health Watch Housing Stability Vital Signs™[1]	98977-2	Number of residential moves in past 12 MO	≥2	Has 2 or more moves
Children's Health Watch Housing Stability Vital Signs™[1]	98978-0	Homeless or living in shelter at any time in the past 12 MO	LA33-6	Yes
Health Leads Screening Panel®[1]	99550-6	Worried about housing stability in next 2 MO	LA33-6	Yes
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®[1]	93033-9	Are you worried about losing your housing [PRAPARE]	LA33-6	Yes
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®[1]	71802-3	Housing status	LA30190-5	I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
We Care Survey	96441-1	At risk of becoming homeless	LA33-6	Yes
WellRx Questionnaire	93669-0	Are you homeless or worried that you might be in the future	LA33-6	Yes

Housing Inadequacy Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	Problems with place where you live	LA31996-4	Pests such as bugs, ants, or mice
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	Problems with place where you live	LA28580-1	Mold
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	Problems with place where you live	LA31997-2	Lead paint or pipes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	Problems with place where you live	LA31998-0	Lack of heat
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	Problems with place where you live	LA31999-8	Oven or stove not working
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	Problems with place where you live	LA32000-4	Smoke detectors missing or not working
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	Problems with place where you live	LA32001-2	Water leaks
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	Problems with place where you live	LA32691-0	Bug infestation
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	Problems with place where you live	LA28580-1	Mold
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	Problems with place where you live	LA32693-6	Lead paint/pipes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	Problems with place where you live	LA32694-4	Inadequate heat
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	Problems with place where you live	LA32695-1	Non-functioning oven/stove
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	Problems with place where you live	LA32696-9	No or non-working smoke detectors
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	Problems with place where you live	LA32001-2	Water leaks

Housing Inadequacy Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	Problems with place where you live	LA31996-4	Pests such as bugs, ants, or mice
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	Problems with place where you live	LA28580-1	Mold
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	Problems with place where you live	LA31997-2	Lead paint or pipes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	Problems with place where you live	LA31998-0	Lack of heat
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	Problems with place where you live	LA31999-8	Oven or stove not working
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	Problems with place where you live	LA32000-4	Smoke detectors missing or not working
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	Problems with place where you live	LA32001-2	Water leaks
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	You or your families' health is affected by environmental conditions at home	LA33-6	Yes
Norwalk Community Health Center Screening Tool [NCHC]	99135-6	Environmental conditions in the home that affect you or your families' health	LA31996-4	Pests such as bugs, ants, or mice
Norwalk Community Health Center Screening Tool [NCHC]	99135-6	Environmental conditions in the home that affect you or your families' health	LA28580-1	Mold
Norwalk Community Health Center Screening Tool [NCHC]	99135-6	Environmental conditions in the home that affect you or your families' health	LA31997-2	Lead paint or pipes
Norwalk Community Health Center Screening Tool [NCHC]	99135-6	Environmental conditions in the home that affect you or your families' health	LA31998-0	Lack of heat
Norwalk Community Health Center Screening Tool [NCHC]	99135-6	Environmental conditions in the home that affect you or your families' health	LA31999-8	Oven or stove not working
Norwalk Community Health Center Screening Tool [NCHC]	99135-6	Environmental conditions in the home that affect you or your families' health	LA32000-4	Smoke detectors missing or not working
Norwalk Community Health Center Screening Tool [NCHC]	99135-6	Environmental conditions in the home that affect you or your families' health	LA32001-2	Water leaks

[1]Proprietary; may be cost or licensing requirement associated with use.

Transportation insecurity instruments

Eligible screening instruments with thresholds for positive findings include:

Transportation Insecurity Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA33-6	Yes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	Delayed medical care due to distance or lack of transportation	LA33-6	Yes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	Delayed medical care due to distance or lack of transportation	LA33093-8	Yes, it has kept me from medical appointments or getting medications
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	Delayed medical care due to distance or lack of transportation	LA30134-3	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
Comprehensive Universal Behavior Screen (CUBS)	89569-8	Access to transportation/mobility status	LA29232-8	My transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured
Comprehensive Universal Behavior Screen (CUBS)	89569-8	Access to transportation/mobility status	LA29233-6	My transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
Comprehensive Universal Behavior Screen (CUBS)	89569-8	Access to transportation/mobility status	LA29234-4	I have no access to transportation, public or private; may have car that is inoperable
Health Leads Screening Panel®[1]	99553-0	Went without health care due to lack of transportation in last 12Mo	LA33-6	Yes
Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-	101351-5	Has lack of transportation kept you from medical appointments, meetings, work, or	LA30133-5	Yes, it has kept me from medical appointments or from getting my medications

Transportation Insecurity Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
PAI)—version 4.0 [CMS Assessment]		from getting things needed for daily living		
Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]	101351-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30134-3	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	101351-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30133-5	Yes, it has kept me from medical appointments or from getting my medications
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	101351-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30134-3	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	101351-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30133-5	Yes, it has kept me from medical appointments or from getting my medications
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	101351-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30134-3	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	101351-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30133-5	Yes, it has kept me from medical appointments or from getting my medications

Transportation Insecurity Instruments	Screening Item LOINC Codes	Screening Item Verbiage for LOINC Codes	Positive Finding LOINC Codes	Positive Finding LOINC Answers
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	101351-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30134-3	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®[1]	93030-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30133-5	Yes, it has kept me from medical appointments or from getting my medications
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]® [1]	93030-5	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living	LA30134-3	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
PROMIS®[1]	92358-1	Current level of confidence I can use public transportation	LA30024-6	I am not at all confident
PROMIS®[1]	92358-1	Current level of confidence I can use public transportation	LA30026-1	I am a little confident
PROMIS®[1]	92358-1	Current level of confidence I can use public transportation	LA30027-9	I am somewhat confident
WellRx Questionnaire	93671-6	Do you have trouble finding or paying for transportation	LA33-6	Yes

[1]Proprietary; may be cost or licensing requirement associated with use.

Note: *NCQA recognizes that organizations might need to adapt or modify instruments to meet the needs of their membership. To clarify:*

- *The SNS-E measure specification does not prohibit cultural adaptations or linguistic translations from being counted toward the measure's screening numerators.*
- *The Regenstreif Institute, which maintains the LOINC database, has indicated that LOINC codes are not developed at the level of granularity that distinguishes between original and adapted or translated instruments.*

Tool developers have varying policies with regard to cultural adaptation and translations; some state that users may adapt screening instruments, others state that organizations must obtain permission first. NCQA urges organizations to refer to the tool developer for information about adaptations or translations that are available or allowed.

Denominator:
Denominators 1, 3, 5: The initial population minus denominator exclusions.
Denominator 2: All persons in numerator 1 with an identified food need, or a positive food insecurity screen finding, between January 1 and December 1 of the measurement period.
Denominator 4: All persons in numerator 3 with an identified housing need or a positive housing instability, homelessness or housing inadequacy screen finding, between January 1 and December 1 of the measurement period.
Denominator 6: All persons in numerator 5 with an identified transportation need, or a positive transportation insecurity screen finding, between January 1 and December 1 of the measurement period.

Numerator:
Numerator 1: Food Screening
Persons in denominator 1 with a documented result for food insecurity screening, or assessment by a provider (HCPCS code G0136), performed between January 1 and December 1 of the measurement period.
Note: Food Insecurity Screening Item Response Exception: Credit for screening occurrence is given when documentation of a non-null response for a given screening item exists. There is one exception for Food Insecurity Screening Item in Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1 (LOINC 93031-3). Given the structure of this question, a null response is considered a valid negative screen result. Therefore, a null result is considered a valid response to screening item LOINC 93031-3. All other screening items require a non-null response to meet numerator 1.
Numerator 2: Food Intervention
Persons in denominator 2 who received a food insecurity intervention (Food Insecurity Procedures Value Set) on or up to 30 days after the date of the first food need identified or positive food insecurity screen (31 days total).
Numerator 3: Housing Screening
Persons in denominator 3 with a documented result for housing instability, homelessness or housing inadequacy screening performed between January 1 and December 1 of the measurement period.
Numerator 4: Housing Intervention
Persons in denominator 4 who received an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first housing need identified or positive housing screen (31 days total).
- Housing Instability Intervention
- Homelessness Intervention
- Housing Inadequacy Intervention

Numerator 5: Transportation Screening
Persons in denominator 5 with a documented result for transportation insecurity screening performed between January 1 and December 1 of the measurement period.
Numerator 6: Transportation Intervention
Persons in denominator 6 who received a transportation insecurity intervention on or up to 30 days after the date of the first transportation need identified or positive transportation screen (31 days total).

Summary of changes:
- Removed the definitions of "participation" and "participation period."
- Added provider assessments to the screening numerators 1, 3 and 5.

- Added an additional method for identifying positive needs in denominators 2, 4 and 6.
- Removed health risk and behavior assessments from interventions in numerators 2, 4 and 6.
- Added community health integration service and principal navigator service codes to the intervention numerators.
- Removed the age requirement for exclusion of Medicare enrollees in an
- institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Removed the SSoR exclusions data elements from the data element tables.
- Technical Update: Revised the description, guidance, Interventions definition, denominator 2, 4 and 6, and numerator 1, 3 and 5.

Best Practice and Measure Tips

- The screening tool must be dated and scored by the provider.
- The measure looks for the first positive screening. **Compliance for the "follow-up" is controlled by the first positive screen in the MY.** If the follow up is noncompliant, the member will remain noncompliant unless an earlier positive screen with an intervention is found.
- Compliant Interventions can come from the same visit as the positive screen.
- Ensure the patient has sufficient time, a comfortable environment, and privacy to talk about their social needs.
- Encourage your patients to share their social needs. They might need a gentle prompt to discuss non-medical issues with their healthcare provider.
- Clarify the screening's purpose to the patient and provide support and resources as needed.
- Inform your staff about the significance of screening, recording, and coding patients' social needs.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Medicare enrollees in an institutional SNP (I-SNP) or living long-term in an institution (LTI).

Measure Codes

Food Insecurity Procedures

- CPT: 97802, 97803, 97804
- HCPCS: G0019, G0022, G0023, G0024, G0140, S5170, S9470
- SNOMED CT US Edition*

Housing Instability Procedures

- HCPCS: G0019, G0022, G0023, G0024, G0140
- SNOMED CT US Edition*

Homelessness Procedures

- HCPCS: G0019, G0022, G0023, G0024, G0140

- SNOMED CT US Edition*

Housing Inadequacy Procedures

- HCPCS: G0019, G0022, G0023, G0024, G0140
- SNOMED CT US Edition*

Transportation Insecurity

- HCPCS: G0019, G0022, G0023, G0024, G0140
- SNOMED CT US Edition*

*Please note that SNOMED CT US Edition codes are not listed here. For access to the complete set of codes related to SNS-E measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

SPC-E - Statin Therapy for Patients with Cardiovascular Disease

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 21–75 years of age during the measurement period who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. Two rates* are reported:

- **Received Statin Therapy.** Persons who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement period.
- **Statin Adherence 80%.** Persons who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Measure Reporting:
CMS Start Rating Measure.
HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 21–75 years of age as of the last day of the measurement period.
- **Benefits:** Medical. Pharmacy during the measurement period.
- **Continuous Enrollment:** The measurement period and the year prior to the measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during each year of continuous enrollment. No gaps on the last day of the measurement period.

Definition:
IPSD- Index prescription start date: The earliest prescription dispensing date for any statin medication of at least moderate intensity during the measurement period.
PDC- Proportion of days covered: The number of days the person is covered by at least one statin medication prescription of appropriate intensity, divided by the number of days in the treatment period.
Treatment period: The period of time beginning on the IPSD through the last day of the measurement period.

Denominator:
Persons with clinical atherosclerotic cardiovascular disease. Either of the following meets criteria:

- Any of the following during the year prior to the measurement period meet criteria:
    - Discharged from an inpatient setting with a myocardial infraction (MI) on the discharge claim.
    - Coronary artery bypass graft (CABG) in any setting.

    - Percutaneous coronary intervention (PCI) in any setting.
    - Any other revascularization procedures in any setting.
- At least two diagnoses of Atherosclerotic Cardiovascular Disease (ASCVD) on different dates of service during the measurement period or the year prior to the measurement period.

Denominator 1: Received statin therapy.
Persons who meet specified age and clinical criteria—based on qualifying cardiovascular events or diagnoses—and do not meet any denominator exclusion criteria and receives statin therapy.
Denominator 2: Statin adherence 80%.
Persons who meet numerator 1 criteria.
Note: All persons who are numerator compliant for Rate 1 must be used as the denominator for Rate 2.

Numerator:
Numerator 1 - Received statin therapy.
At least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement period.

Numerator 2 - Statin adherence 80%.
PDC of at least 80% during the treatment period.

Summary of changes:
- This is the first year the measure is reported using ECDS.
- Removed the Administrative Data Collection Method.
- Removed sex-specific age bands.
- Removed the requirement to use the same data source for rate 1 and rate 2.
- Updated the initial population criteria to identify persons with ASCVD diagnosis.
- Expanded ASCVD diagnosis criteria in the initial population to allow diagnosis in the measurement period or the year prior to the measurement period.
- Removed denominator exclusion for persons enrolled in an I-SNP or LTI.

Best Practice and Measure Tips

- Consider prescribing a high or moderate intensity statin, as appropriate.
- Member must use their insurance card to fill one of the statins or statin combination medications through the last day of the measurement period.
    - Gap closure depends on pharmacy claims.
    - Evaluate the appropriateness of prescribing a 90-day supply to optimize medication adherence and reduce refill frequency.
    - Consider including prescribing directives that instruct the dispensing pharmacy to adjudicate the claim through the patient's pharmacy benefit plan. The use of discount programs, paying cash for medication and medication samples will not count toward gap closure.
- Educate members: Statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve a patient's lipid panel.
- Experiencing adverse effects:
    - Instruct patients to contact their practitioner if they are experiencing adverse effects.

    - Document any adverse effects from statin therapy.
    - Determine if the signs/symptoms qualify as an exclusion.
    - Try reducing the dose or frequency or consider trying a different statin medication.
- Members are identified based on qualifying clinical events or diagnoses; ensure claims are submitted with accurate and complete coding to support measure compliance.
- **Start the conversation early.** Engage your patients in a discussion about the importance of the medication(s) **at the first prescription - right from the beginning**. Setting the stage early can foster a sense of ownership and responsibility, helping them stay committed.
- **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food**.
- **Encourage your patients to utilize technology.** Medication **reminder apps and digital health tools**, in addition to pill boxes, can be incredibly effective in keeping patients on track.
- **Monitor and follow up.** Don't wait for patients to report issues—**proactively check in with them, whether through a follow-up call or appointment.** Early intervention can prevent small issues from escalating into bigger problems.
- **Ask about and address barriers head-on. Costs, side effects, and confusion** are common barriers to adherence. Be proactive in identifying these issues and work with your patients to find affordable options or solutions to side effects.
- **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food.**
- **Involve Family and Caregivers.** Having a support system can make a world of difference. **Involve family members or caregivers in the discussion** to help create a consistent, supportive environment for the patient.
- **Reinforce Positive Behavior.** When patients adhere to their medication regimen, **celebrate those small wins.** Positive reinforcement helps to build trust and motivates them to stay on course.
- Mail Order Pharmacy Program
    - Advantage MD Mail Order Best Practices
        - One of the most important ways to improve the health of our members is to make sure they receive and take their medications as you prescribe. Our mail order pharmacy, CVS Caremark, can help. CVS Caremark sends a three month supply of maintenance medications in one fill, making it easier for the patient only having to fill four times a year. In addition, a three month supply of maintenance medication on Tier 1 through 4 is available through CVS Caremark mail order at a reduced copay. This means your patient can fill a 100-day supply of Tier 1 medication and a 90-day supply of Tier 2 through 4 medication for only 2 times the retail copay—saving them an equivalent of four retail copays per year. Talk to your patients today about mail order pharmacy with CVS Caremark for better health and health care spending. Doctors and staff can contact CVS Caremark by calling the number below, 24 hours a day, seven days a week.
            - PPO members: 877-293-5325
            - HMO members: 877-293-4998
    - EHP CVS Caremark® Mail Service Pharmacy (mail order prescriptions):

    - This service offers a convenient and cost-effective option for obtaining medications on an ongoing basis. Members receive up to a 90 day supply of chronic use medications, delivered to their door.
    - Provider can send an electronic prescription to CVS Caremark® Mail Service Pharmacy. This is the easiest way to get started – Member can expect to get their medication in 7 to 10 business days.
    - For more information visit CVS Caremark.
- US Family Health Plan
    - Home delivery is available to USFHP members for up to a 90-day supply of approved medications through Walgreens pharmacy. Home delivery is best suited for medications you take on a regular basis.
    - Members who live in Maryland:
        - To obtain prescription through home delivery complete the Maryland mail order form and send it in with your valid prescription.
        - Refills: recommend members to reorder at least two weeks before supply runs out to ensure members receive their refill on time.

          Walgreens Pharmacy
          2700 Remington Ave.
          Baltimore, MD 21211
          Phone: 410-235-2128
          Fax: 410-889-1609
    - Members who live outside of Maryland:
        - To obtain prescription through home delivery from Walgreens Mail Service fill out the home delivery registration and prescription order form and mail to:

          Walgreens Mail Service
          P.O. Box 29061
          Phoenix, AZ 85038-9601
          Phone: 800-345-1985 TTY: 800-925-0178
          En Español: 800-778-5427 TTY: 877-220-6173
          Hours of operation: 24 hours a day, 7 days a week
        - For more information, visit the Walgreens Mail Service website or view their brochure.

Measure Exclusions

Denominator Exclusions:

- Persons who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Persons who died any time during the measurement year period.
- Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
- Persons who received in vitro fertilization, had a diagnosis of pregnancy, or were dispensed at least one prescription for clomiphene during the measurement period or the year prior to the measurement period.

- Persons with a diagnosis of ESRD or cirrhosis, or who received dialysis during the measurement period or the year prior to the measurement period.
- Persons with myalgia, myositis, myopathy or rhabdomyolysis during the measurement period.
- Persons with myalgia or rhabdomyolysis caused by a statin any time during the person's history through December 31 of the measurement period.

Exclusion Codes

Muscular Pain and Disease

- Myopathy ICD-10-CM: G72.0, G72.2, G72.9
- Myositis ICD-10-CM: M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9
- Rhabdomyolysis ICD-10-CM: M62.82
- Myalgia ICD-10-CM: M79.10, M79.11, M79.12, M79.18
- SNOMED CT US Edition: 726531007, 1264013004, 1264014005, 1264016007, 1264024002, 1264027009, 1264028004, 1264030002, 1264031003, 1264034006, 1264035007, 1296686009, 28221000119103, 41321000119101, 113611000119100, 610921000124106*

Muscular Reactions to Statins SNOMED CT US Edition:

- 787206005-Rhabdomyolysis due to statin (disorder)
- 16462851000119106- Myalgia caused by statin (finding)
- 16524291000119105- History of myalgia caused by statin (situation)
- 16524331000119104- History of rhabdomyolysis due to statin (situation)

Cirrhosis

- ICD-10-CM: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
- SNOMED CT US Edition: 536002, 1761006, 6183001, 12368000, 15999000, 16070004, 19943007, 21861000, 27156006, 31712002, 33144001, 37688005, 43904005, 74669004, 76301009, 78208005, 86454000, 89580002, 109819003, 123604002, 123605001, 123606000, 123716002, 123717006, 128072003, 197291001, 197293003, 197294009, 197296006, 197299004, 197300007, 197301006, 197303009, 197305002, 197310003, 235895002, 235896001, 235897005, 266468003, 266469006, 266470007, 266471006, 271440004, 371139006, 419728003, 420054005, 425413006, 699189004, 702377007, 715401008, 715864007, 716203000, 725416005, 725938001, 725939009, 725940006, 735733008, 871619002, 897004000, 897005004, 1010616001, 831000119103, 103611000119102, 1082601000119104

ESRD Diagnosis

- ICD-10-CM: N18.5, N18.6
- SNOMED CT US Edition: 46177005, 236434000, 236435004, 236436003, 433146000, 698810000, 704667004, 707324008, 712487000, 714152005, 714153000, 1332467008, 711000119100, 90761000119106, 90771000119100, 90791000119104, 96711000119105, 111411000119103, 120261000119101, 127991000119101, 128001000119105, 129161000119100, 140101000119109, 153851000119106, 153891000119101, 285011000119108, 285841000119104, 286371000119107, 368461000119103, 368471000119109, 434431000124103

Dialysis Procedure
- CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512
- HCPCS: G0257, S9339
- ICD10PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
- SNOMED CT US Edition: 676002, 11932001, 14684005, 34897002, 57274006, 67970008, 68341005, 71192002, 108241001, 225230008, 225231007, 233575001, 233576000, 233577009, 233578004, 233579007, 233580005, 233581009, 233582002, 233583007, 233584001, 233585000, 233586004, 233587008, 233588003, 233589006, 233590002, 238318009, 238319001, 238321006, 238322004, 238323009, 265764009, 288182009, 302497006, 427053002, 428648006, 698074000, 708930002, 708931003, 708932005, 708933000, 708934006, 714749008, 715743002, 895382009, 1231768001

IVF
- HCPCS: S4015, S4016, S4018, S4020, S4021
- SNOMED CT US Edition: 52637005, 225248004, 425866000, 425901007, 426417003, 426914002, 427664000, 711544002, 10231000132102

Pregnancy
- ICD-10-CM Maternal conditions: O00-O9A.52*
- ICD-10-CM Encounter: Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z33.1, Z33.2, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9
- SNOMED CT US Edition: 199305006, 199050003, 10750801000119102, 703309000, 300571009, 366323009, 428567001, 428930004, 429715006, 313180007, 428566005, 313178001, 428058009, 433601000124106, 441924001, 417570003, 11687002, 75022004, 46894009, 40801000119106, 10753491000119101, 237285000, 199141002, 77376005, 34165000, 724485008, 300573007, 300572002, 416402001, 609516006, 609519004, 86081009, 27152008, 87621000, 33370009, 1142097006, 80224003, 1142048002, 10751701000119102, 472699005*

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Medications

To comply with this measure, one of the following medications must have been dispensed:

Statin Medications List

High-intensity statin therapy
- Amlodipine-Atorvastatin
- Atorvastatin
- Ezetimibe Simvastatin
- Rosuvastatin
- Simvastatin

Moderate-intensity statin therapy
- Amlodipine-Atorvastatin
- Atorvastatin
- Ezetimibe-Simvastatin
- Fluvastatin
- Lovastatin
- Pitavastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

SPD-E - Statin Therapy for Patients with Diabetes

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
Percentage of persons ages 40–75 during the measurement period with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria for the two rates.

1. Received Statin Therapy. Persons who were dispensed at least one statin medication of any intensity during the measurement period.
2. Statin Adherence 80%. Persons who remained on a statin medication of any intensity for at least 80% of the treatment period.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 40-75years of age as of the last day of the measurement period.
- **Benefits:** Medical. Pharmacy during the measurement period.
- **Continuous Enrollment:** The measurement period and the year prior to the measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during each year of continuous enrollment. No gaps on the last day of the measurement period.

Definition:
IPSD- Index prescription start date: The earliest prescription dispensing date for any statin medication of at least moderate intensity during the measurement period.
PDC- Proportion of days covered: The number of days the person is covered by at least one statin medication prescription of appropriate intensity, divided by the number of days in the treatment period.
Treatment period: The period of time beginning on the IPSD through the last day of the measurement period.

Denominator:
Denominator 1: Received statin therapy.
Persons who meet specified age and clinical criteria—based on qualifying diabetes diagnoses and diabetes medication list—and do not meet any denominator exclusion criteria and received statin therapy.
Persons with a diagnosis of diabetes.
Either of the following meets criteria:

- Claim/encounter data. At least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period.

- Pharmacy data. At least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication during the measurement period or the year prior to the measurement period.

Denominator 2: Statin adherence 80%.
Persons who meet numerator 1 criteria.
Note: All persons who are numerator compliant for Rate 1 must be used as the denominator for Rate 2.

Numerator:
Numerator 1 - Received statin therapy.
At least one dispensing event for a high-intensity or moderate-intensity or low-intensity statin medication during the measurement period.
Numerator 2 - Statin adherence 80%.
PDC of at least 80% during the treatment period.

Summary of changes:
- This is the first year the measure is reported using ECDS.
- Removed the Administrative Data Collection Method.
- Removed the requirement to use the same data source for rate 1 and rate 2.
- Updated the ASCVD diagnosis criteria in the denominator exclusions to allow diagnoses to occur in the measurement period or the year prior to the measurement period.
- Removed denominator exclusion for persons enrolled in an I-SNP or living long-term in an institution.
- Updated the denominator exclusion to remove persons with an ASCVD diagnosis.

Best Practice and Measure Tips

- Educate patients with diabetes that their condition places them at increased risk for atherosclerotic cardiovascular disease, including heart disease and stroke, and that statin therapy can help reduce this risk.
- Adherence for the SPD measure is determined by the member remaining on their prescribed high or low intensity statin medication for 80% of their treatment period.
- Adherence is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).
    - Gap closure depends on pharmacy claims.
    - Evaluate the appropriateness of prescribing a 90-day supply to optimize medication adherence and reduce refill frequency.
    - Consider including prescribing directives that instruct the dispensing pharmacy to adjudicate the claim through the patient's pharmacy benefit plan. The use of discount programs, paying cash for medication and medication samples will not count toward gap closure.
- Experiencing adverse effects:
    - Instruct patients to contact their practitioner if they are experiencing adverse effects.
    - Document any adverse effects from statin therapy.
    - Determine if the signs/symptoms qualify as an exclusion.
    - Try reducing the dose or frequency or consider trying a different statin medication.

- **Start the conversation early.** Engage your patients in a discussion about the importance of the medication(s) **at the first prescription - right from the beginning**. Setting the stage early can foster a sense of ownership and responsibility, helping them stay committed.
- **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food**.
- **Encourage your patients to utilize technology.** Medication **reminder apps and digital health tools**, in addition to pill boxes, can be incredibly effective in keeping patients on track.
- **Monitor and follow up.** Don't wait for patients to report issues—**proactively check in with them, whether through a follow-up call or appointment.** Early intervention can prevent small issues from escalating into bigger problems.
- **Ask about and address barriers head-on. Costs, side effects, and confusion** are common barriers to adherence. Be proactive in identifying these issues and work with your patients to find affordable options or solutions to side effects.
- **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food.**
- **Involve Family and Caregivers.** Having a support system can make a world of difference. **Involve family members or caregivers in the discussion** to help create a consistent, supportive environment for the patient.
- **Reinforce Positive Behavior.** When patients adhere to their medication regimen, **celebrate those small wins.** Positive reinforcement helps to build trust and motivates them to stay on course.
- Mail Order Pharmacy Program
    - Advantage MD Mail Order Best Practices
        - One of the most important ways to improve the health of our members is to make sure they receive and take their medications as you prescribe. Our mail order pharmacy, CVS Caremark, can help. CVS Caremark sends a three month supply of maintenance medications in one fill, making it easier for the patient only having to fill four times a year. In addition, a three month supply of maintenance medication on Tier 1 through 4 is available through CVS Caremark mail order at a reduced copay. This means your patient can fill a 100-day supply of Tier 1 medication and a 90-day supply of Tier 2 through 4 medication for only 2 times the retail copay—saving them an equivalent of four retail copays per year. Talk to your patients today about mail order pharmacy with CVS Caremark for better health and health care spending. Doctors and staff can contact CVS Caremark by calling the number below, 24 hours a day, seven days a week.
            - PPO members: 877-293-5325
            - HMO members: 877-293-4998
    - EHP CVS Caremark® Mail Service Pharmacy (mail order prescriptions):
        - This service offers a convenient and cost-effective option for obtaining medications on an ongoing basis. Members receive up to a 90 day supply of chronic use medications, delivered to their door.
        - Provider can send an electronic prescription to CVS Caremark® Mail Service Pharmacy. This is the easiest way to get started – Member can expect to get their medication in 7 to 10 business days.
        - For more information visit CVS Caremark.

- US Family Health Plan
  - Home delivery is available to USFHP members for up to a 90-day supply of approved medications through Walgreens pharmacy. Home delivery is best suited for medications you take on a regular basis.
  - Members who live in Maryland:
    - To obtain prescription through home delivery complete the Maryland mail order form and send it in with your valid prescription.
    - Refills: recommend members to reorder at least two weeks before supply runs out to ensure members receive their refill on time.

      Walgreens Pharmacy
      2700 Remington Ave.
      Baltimore, MD 21211
      Phone: 410-235-2128
      Fax: 410-889-1609
  - Members who live outside of Maryland:
    - To obtain prescription through home delivery from Walgreens Mail Service fill out the home delivery registration and prescription order form and mail to:

      Walgreens Mail Service
      P.O. Box 29061
      Phoenix, AZ 85038-9601
      Phone: 800-345-1985 TTY: 800-925-0178
      En Español: 800-778-5427 TTY: 877-220-6173
      Hours of operation: 24 hours a day, 7 days a week
    - For more information, visit the Walgreens Mail Service website or view their brochure.

Measure Exclusions

Denominator Exclusions:

- Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period.
- Persons in hospice or using hospice services any time during the measurement period.
- Members who died any time during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
- Persons who received in vitro fertilization, had a diagnosis of pregnancy, or were dispensed at least one prescription for during the measurement period or the year prior to the measurement period.
- Persons with a diagnosis of ESRD or cirrhosis , or who received dialysis during the measurement period or the year prior to the measurement period.
- Persons with myalgia, myositis, myopathy or rhabdomyolysis during the measurement period.
- Persons with myalgia or rhabdomyolysis caused by a statin any time during the person's history through December 31 of the measurement period.
- MI, CABG, PCI or other revascularization during the year prior to the measurement period.
- ASCVD during the measurement period or the year prior to the measurement period.

Exclusion Codes

Muscular Pain and Disease

- Myopathy ICD-10-CM: G72.0, G72.2, G72.9
- Myositis ICD-10-CM: M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9
- Rhabdomyolysis ICD-10-CM: M62.82
- Myalgia ICD-10-CM: M79.10, M79.11, M79.12, M79.18
- SNOMED CT US Edition: 726531007, 1264013004, 1264014005, 1264016007, 1264024002, 1264027009, 1264028004, 1264030002, 1264031003, 1264034006, 1264035007, 1296686009, 28221000119103, 41321000119101, 113611000119100, 610921000124106*

Muscular Reactions to Statins SNOMED CT US Edition:

- 787206005-Rhabdomyolysis due to statin (disorder)
- 16462851000119106- Myalgia caused by statin (finding)
- 16524291000119105- History of myalgia caused by statin (situation)
- 16524331000119104- History of rhabdomyolysis due to statin (situation)

Cirrhosis

- ICD-10-CM: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
- SNOMED CT US Edition: 536002, 1761006, 6183001, 12368000, 15999000, 16070004, 19943007, 21861000, 27156006, 31712002, 33144001, 37688005, 43904005, 74669004, 76301009, 78208005, 86454000, 89580002, 109819003, 123604002, 123605001, 123606000, 123716002, 123717006, 128072003, 197291001, 197293003, 197294009, 197296006, 197299004, 197300007, 197301006, 197303009, 197305002, 197310003, 235895002, 235896001, 235897005, 266468003, 266469006, 266470007, 266471006, 271440004, 371139006, 419728003, 420054005, 425413006, 699189004, 702377007, 715401008, 715864007, 716203000, 725416005, 725938001, 725939009, 725940006, 735733008, 871619002, 1010616001, 831000119103, 103611000119102, 1082601000119104

ESRD Diagnosis

- ICD-10-CM: N18.5, N18.6
- SNOMED CT US Edition: 46177005, 236434000, 236435004, 236436003, 433146000, 698810000, 704667004, 707324008, 712487000, 714152005, 714153000, 1332467008, 711000119100, 90761000119106, 90771000119100, 90791000119104, 96711000119105, 111411000119103, 120261000119101, 127991000119101, 128001000119105, 129161000119100, 140101000119109, 153851000119106, 153891000119101, 285011000119108, 285841000119104, 286371000119107, 368461000119103, 368471000119109, 434431000124103

Dialysis Procedure

- CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512
- HCPCS: G0257, S9339
- ICD10PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
- SNOMED CT US Edition: 676002, 11932001, 14684005, 34897002, 57274006, 67970008, 68341005, 71192002, 108241001, 225230008, 225231007, 233575001, 233576000, 233577009, 233578004, 233579007, 233580005, 233581009,

233582002, 233583007, 233584001, 233585000, 233586004, 233587008, 233588003, 233589006, 233590002, 238318009, 238319001, 238321006, 238322004, 238323009, 265764009, 288182009, 302497006, 427053002, 428648006, 698074000, 708930002, 708931003, 708932005, 708933000, 708934006, 714749008, 715743002, 895382009, 1231768001

IVF

- HCPCS: S4015, S4016, S4018, S4020, S4021
- SNOMED CT US Edition: 52637005, 225248004, 425866000, 425901007, 426417003, 426914002, 427664000, 711544002, 10231000132102

Pregnancy

- ICD-10-CM Maternal conditions: O00-O9A*
- ICD-10-CM Pregnancy encounter: Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z33.1, Z33.2, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9
- SNOMED CT US: 199305006, 199050003, 10750801000119102, 703309000, 300571009, 366323009, 428567001, 428930004, 429715006, 313180007, 428566005, 313178001, 428058009, 433601000124106, 441924001, 417570003, 11687002, 75022004, 46894009, 40801000119106, 10753491000119101, 237285000, 199141002, 77376005, 34165000, 724485008, 300573007, 300572002, 416402001, 609516006, 609519004, 86081009, 27152008, 87621000, 33370009, 1142097006, 80224003, 1142048002, 10751701000119102, 472699005*

Atherosclerotic Cardiovascular Disease

- ICD-10-CM: I20.0, I20.1, I20.2, I20.81, I20.89, I20.9, I24.0, I24.81, I24.89, I24.9, I25.110, I25.5, I25.6, I25.700, I25.810, I25.812, I25.82, I25.9, I63.20, I63.50, I65.01, I66.01, I70.211, I75.011, T82.855A, T82.856A*

MI

- ICD-10-CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.A9, I21.B, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8, I25.6
- SNOMED CT US Edition*

Old Myocardial Infarction

- ICD-10-CM: I25.2
- SNOMED CT US Edition: 1755008, 32574007, 233839009, 233840006, 233841005, 233842003, 35401000087106, 35411000087108, 35421000087100, 35431000087103, 35441000087109, 35451000087107

CABG

- CPT: 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536
- HCPCS: S2205, S2206, S2207, S2208, S2209
- ICD-10-PCS: 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW,

02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF

- SNOMED CT US Edition*

PCI

- CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943
- HCPCS: C9600, C9602, C9604, C9606, C9607
- ICD-10-PCS: 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02713E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 027234Z, 027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 027334Z, 027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734T6, 02734TZ, 02734Z6, 02734ZZ
- SNOMED CT US Edition: 11101003, 36969009, 68466008, 75761004, 80762004, 85053006, 91338001, 175066001, 232726007, 232727003, 232728008, 232729000, 232731009, 397193006, 397431004, 414089002, 415070008, 428488008, 429499003, 429639007, 429809004, 609153008, 609154002, 707828002, 713617008, 763725002, 868245005, 868246006, 868247002, 868248007, 1217277007, 1217309008, 1222571004, 1222673007, 1222674001, 1258930006, 1258931005

Other Revascularization

- CPT: 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231
- SNOMED CT US Edition: 233497001, 233498006, 233499003, 233500007, 233505002, 233506001

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Medications

To comply with this measure, one of the following medications must have been dispensed:

Statin Medications List

High-intensity statin therapy

- Amlodipine-Atorvastatin
- Atorvastatin
- Ezetimibe-Simvastatin
- Rosuvastatin
- Simvastatin

Moderate-intensity statin therapy

- Amlodipine-Atorvastatin
- Atorvastatin
- Ezetimibe-Simvastatin
- Fluvastatin
- Lovastatin
- Pitavastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

Low-intensity statin therapy

- Ezetimibe-Simvastatin
- Fluvastatin
- Lovastatin
- Pravastatin
- Simvastatin

Diabetes Medications List

Alpha-glucosidase inhibitors

- Acarbose
- Miglitol

Amylin analogs

- Pramlintide

Antidiabetic combinations

- Alogliptin-metformin
- Alogliptin-pioglitazone
- Canagliflozin-metformin
- Dapagliflozin-metformin
- Dapagliflozin-saxagliptin
- Empagliflozin-linagliptin
- Empagliflozin-metformin
- Empagliflozin-linagliptin-metformin
- Ertugliflozin-metformin
- Ertugliflozin-sitagliptin
- Glimepiride-pioglitazone
- Glipizide-metformin
- Glyburide-metformin
- Linagliptin-metformin
- Metformin-pioglitazone
- Metformin-rosiglitazone
- Metformin-saxagliptin
- Metformin-sitagliptin

Insulin

- Insulin aspart
- Insulin aspart-insulin aspart protamine
- Insulin degludec
- Insulin degludec-liraglutide
- Insulin detemir
- Insulin glargine
- Insulin glargine-lixisenatide
- Insulin glulisine
- Insulin isophane human
- Insulin isophane-insulin regular
- Insulin lispro
- Insulin lispro-insulin lispro protamine
- Insulin regular human

Meglitinides

- Nateglinide
- Repaglinide

Biguanides

- Metformin

Glucagon-like peptide-1 (GLP1) agonists

- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Sodium glucose cotransporter 2 (SGLT2) inhibitor

- Canagliflozin
- Dapagliflozin
- Empagliflozin
- Ertugliflozin

Sulfonylureas

- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide
- Tolazamide
- Tolbutamide

Thiazolidinediones

- Pioglitazone
- Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors

- Alogliptin
- Linagliptin
- Saxagliptin
- Sitagliptin

SUPD - Statin Use in Persons with Diabetes

Product Lines: Advantage MD, Part D.
Measurement Period: January 1–December 31.

Description:
The percentage of persons, 40-75 years old, who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period. This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs.
* The SUPD measure is adapted from the measure concept that was developed and endorsed by the Pharmacy Quality Alliance (PQA).

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Prescription Drug Event (PDE).

Initial Population:
- **Measure Item Count:** Prescription Drug Event.
- **Age:** Members with diabetes ages 40–75 during the measurement year.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** In Medicare Part D contract during the measurement period. Beneficiaries are only included in the measure calculation if the IPSD occurs at least 90 days before the end of the measurement period.
- **Allowable gap:** One allowable gap in enrollment of up to one calendar month.

Definition:
This measure is defined as the percentage of Medicare Part D beneficiaries, 40-75 years old, who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period.
The index prescription start date (IPSD) is the earliest date of service for a diabetes medication during the measurement year.
Continuous enrollment (CE) is defined as being continuously enrolled in a Medicare Part D contract during the measurement period, with one allowable gap in enrollment of up to one calendar month. Beneficiaries are only included in the measure calculation if the IPSD occurs at least 90 days before the end of the measurement period.

Denominator:
Persons with at least two diabetes medication fills on unique dates of service during the measurement period and an IPSD that occurs at least 90 days prior to the end of the measurement period.

Numerator:
Persons who received a statin medication fill during the measurement period.

Best Practice and Measure Tips

- Prescribe at least one statin medication during the measurement year to patients diagnosed with diabetes.
- This measure overlaps with the Statin Therapy for Patients with Cardiovascular Disease measure. Patients with ASCVD should be prescribed a moderate-intensity or high-intensity statin.
- This measure overlaps with the Medication Adherence for Cholesterol (Statins) measure.
- Educate patients on the importance of statin medications for diabetic patients over the age of 40, regardless of LDL levels.
- Remind patients to contact you if they think they are experiencing adverse effects, such as myalgia. Consider trying a different statin that is more hydrophilic or reducing the dose or frequency.
- Member must use their insurance card to fill one of the statins or statin combination medications through the last day of the measurement year.
    - Gap closure depends on pharmacy claims.
    - Evaluate the appropriateness of prescribing a 90-day supply to optimize medication adherence and reduce refill frequency.
    - Consider including prescribing directives that instruct the dispensing pharmacy to adjudicate the claim through the patient's pharmacy benefit plan. The use of discount programs, paying cash for medication and medication samples will not count toward gap closure.
- Educate members: Statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve a patient's lipid panel.
- Experiencing adverse effects:
    - Instruct patients to contact their practitioner if they are experiencing adverse effects.
    - Document any adverse effects from statin therapy.
    - Determine if the signs/symptoms qualify as an exclusion.
    - Try reducing the dose or frequency or consider trying a different statin medication.
- **Start the conversation early.** Engage your patients in a discussion about the importance of the medication(s) **at the first prescription - right from the beginning**. Setting the stage early can foster a sense of ownership and responsibility, helping them stay committed.
- **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food**.
- **Encourage your patients to utilize technology.** Medication **reminder apps and digital health tools**, in addition to pill boxes, can be incredibly effective in keeping patients on track.
- **Monitor and follow up.** Don't wait for patients to report issues—**proactively check in with them, whether through a follow-up call or appointment.** Early intervention can prevent small issues from escalating into bigger problems.
- **Ask about and address barriers head-on. Costs, side effects, and confusion** are common barriers to adherence. Be proactive in identifying these issues and work with your patients to find affordable options or solutions to side effects.
- **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage—like **once-daily doses, combination pills, or medications that can be taken with food.**

- **Involve Family and Caregivers.** Having a support system can make a world of difference. **Involve family members or caregivers in the discussion** to help create a consistent, supportive environment for the patient.
- **Reinforce Positive Behavior.** When patients adhere to their medication regimen, **celebrate those small wins.** Positive reinforcement helps to build trust and motivates them to stay on course.
- Mail Order Pharmacy Program
    - Advantage MD Mail Order Best Practices
        - One of the most important ways to improve the health of our members is to make sure they receive and take their medications as you prescribe. Our mail order pharmacy, CVS Caremark, can help. CVS Caremark sends a three month supply of maintenance medications in one fill, making it easier for the patient only having to fill four times a year. In addition, a three month supply of maintenance medication on Tier 1 through 4 is available through CVS Caremark mail order at a reduced copay. This means your patient can fill a 100-day supply of Tier 1 medication and a 90-day supply of Tier 2 through 4 medication for only 2 times the retail copay—saving them an equivalent of four retail copays per year. Talk to your patients today about mail order pharmacy with CVS Caremark for better health and health care spending. Doctors and staff can contact CVS Caremark by calling the number below, 24 hours a day, seven days a week.
            - PPO members: 877-293-5325
            - HMO members: 877-293-4998

Measure Exclusions

Denominator Exclusions:

- Hospice enrollment
- ESRD diagnosis or dialysis coverage dates
- Rhabdomyolysis and myopathy
- Pregnancy
- Lactation
- Fertility Medication Clomiphene
- Cirrhosis
- Pre-Diabetes
- Polycystic Ovary Syndrome

Exclusion Codes

Cirrhosis

- ICD-10-CM: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69

ESRD

- ICD-10-CM: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

Lactation

- ICD-10-CM: O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1

Polycystic Ovary Syndrome

- ICD-10-CM: E28.2

Pre-Diabetes
- ICD-10-CM: R73.03, R73.09

Pregnancy
- ICD-10-CM: O00-O9A, Z33.1, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93 *

Rhabdomyolysis and myopathy
- ICD-10-CM: G72.0, G72.89, G72.9, M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9, M62.82

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to Pregnancy Value Set, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Medications

This is a general medication list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.

Statin Medications List
- Atorvastatin
- Amlodipine-atorvastatin
- Ezetimibe-atorvastatin
- Ezetimibe-simvastatin
- Ezetimibe-Rosuvastatin
- Fluvastatin
- Lovastatin
- Lovastatin-niacin
- Niacin-simvastatin
- Pitavastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

Diabetes Medications List

Alpha-Glucosidase Inhibitors:
- Acarbose
- Miglitol

Amylin Analogs:
- Pramlintide

Biguanide:
- Metformin

DPP-4 Inhibitor Medications and Combinations:
- Alogliptin (+/- metformin, pioglitazone)
- Linagliptin (+/- empagliflozin, metformin)
- Saxagliptin (+/- dapagliflozin, metformin)
- Sitagliptin (+/- ertugliflozin, metformin)

GIP/GLP-1 Receptor Agonist Medications and Combinations:
- Albiglutide
- Dulaglutide
- Exenatide
- Liraglutide (+/- insulin degludec)
- Lixisenatide (+/- insulin glargine)
- Semaglutide
- Tirzepatide

Insulin Medications and Combinations:
- Insulin aspart (+/- insulin aspart protamine, niacinamide)
- Insulin degludec (+/- liraglutide)
- Insulin detemir
- Insulin glargine (+/- lixisenatide)
- Insulin glulisine
- Insulin isophane (+/- regular insulin)
- Insulin lispro (+/- insulin lispro protamine)
- Insulin regular (including inhalation powder)

Meglitinide Medications and Combinations:

- Nateglinide
- Repaglinide (+/- metformin)

SGLT2 Inhibitor Medications and Combinations:

- Bexagliflozin
- Canagliflozin (+/- metformin)
- Dapagliflozin-metformin
- Empagliflozin-linagliptin-metformin
- Empagliflozin-metformin
- Pagliflozin (+ linagliptin, metformin)f
- Ertugliflozin (+/- metformin, sitagliptin)

Sulfonylurea Medications and Combinations:

- Chlorpropamide
- Glipizide (+/- metformin)
- Glimepiride (+/- pioglitazone, rosiglitazonee)
- Glyburide (+/- metformin)
- Tolazamide
- Tolbutamide

Thiazolidinedione Medications and Combinations:

- Pioglitazone (+/- alogliptin, glimepiride, metformin)
- Rosiglitazone (+/- glimepiridee, metformin)

TSC-E - Tobacco Use Screening and Cessation Intervention

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 12 years of age and older who were screened for commercial tobacco product use at least once during the measurement period, and who received tobacco cessation intervention if identified as a tobacco user. Two rates are reported:

1. Tobacco Use Screening. The percentage of persons who were screened for tobacco use. Cessation Intervention.
2. The percentage of persons who were identified as a tobacco user and who received tobacco cessation intervention.

Stratifications:
Age as of 180 days prior to the measurement period.

- 12–17 years (commercial and Medicaid only).
- 18–64 years.
- 65 years and Older.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 12 years of age and older at the start of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** 180 days prior to the measurement period through the last day of the measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during the continuous enrollment period. No gaps on the last day of the measurement period.

Definition:
Positive tobacco user: Persons who were screened for tobacco use and had a documented positive result. Any of the following meet criteria:

- Tobacco Use Screening Value Set with Yes Value Set.
- LOINC code 72166-2 with Positive Tobacco Use Status Value Set.

Negative tobacco user: Persons who were screened for tobacco use and had a documented negative result. Any of the following meet criteria:

- Tobacco Use Screening Value Set with No Value Set.
- LOINC code 72166-2 with Negative Tobacco Use Status Value Set.

Denominator:
Denominator 1: The initial population minus denominator exclusions.
Denominator 2: Persons from numerator 1 who were identified as a positive tobacco user between January 1 and December 1 of the measurement period.

Numerator:
Numerator 1: Tobacco use screening.
Persons who were screened for tobacco use and identified as either a positive or negative tobacco user (see Definitions above) during the measurement period.
Numerator 2: Cessation intervention.
Persons who received tobacco cessation intervention during the measurement period or 180 days prior to the measurement period. The following meet criteria:

- Persons 12–17 years of age as of 180 days prior to the measurement period who received tobacco cessation counseling during the measurement period or in the 180 days prior to the measurement period.
- Persons 18 years of age and older as of 180 days prior to the measurement period who received tobacco cessation counseling or dispensed pharmacotherapy intervention during the measurement period or 180 days prior to the measurement period.

Best Practice and Measure Tips

- New Measure for HEDIS MY 2026.
- Standardized Screening Protocols:
    - Screen all patients aged 12 and older at least once annually.
    - Integrate screening into routine visits (e.g., annual physicals, new patient visits, chronic care follow-ups).
    - Use EHR prompts to ensure screening is not missed.
- Use Team-Based Workflow:
    - Train medical assistants and nurses to ask about tobacco use during intake.
    - Flag tobacco users for provider follow-up.
- Provide Tailored Interventions:
    - For patients ready to quit:
        - Offer FDA-approved nicotine replacement therapy (NRT).
            - **EHP:** Prescription and OTC tobacco cessation products (including Chantix) are covered, limited to FDA approved dosages. A prescription from a physician is required for coverage of OTC products. **No copay** applies **to most** prescribed tobacco cessation medications. Prescribe generic versus brand.
            - Priority Partners: Tobacco cessation medication is covered by Maryland Department of Health (MDH) Medicaid Pharmacy Program for Substance Use Disorder (SUD) Medication.
            - **USFHP:** Members can order medications and nicotine replace therapies through the home delivery program and Walgreens retail outlets at no cost with a prescription.
        - Refer to smoking cessation clinics or Quitlines.
            - Maryland Department of Health Center for Tobacco Prevention and Control - Maryland Tobacco Quitline
    - For patients not ready to quit:
        - Provide educational handouts.
        - Encourage future engagement with cessation resources.
- Document Thoroughly:
    - Ensure both screening and intervention are clearly documented.

    - Use appropriate CPT codes and quality data codes for claims and registry reporting.
- Leverage Clinical Decision Support Tools:
    - Use Million Hearts® protocols and CDC cessation guides to standardize care.
    - Implement EHR templates that prompt clinicians to:
        - Ask about tobacco use.
        - Advise quitting.
        - Offer cessation support.
- Track and Analyze Performance:
    - Use run charts to monitor screening and intervention rates over time.
    - Include outcome, process, and balancing measures in your QI strategy. [medicaid.gov]
- Engage Patients:
    - Use motivational interviewing techniques.
    - Provide culturally appropriate materials and support.
- Address Barriers:
    - Identify patients with exceptions (e.g., terminal illness, adverse reactions to pharmacotherapy) and document appropriately.
- Continuous Education:
    - Train staff regularly on tobacco cessation guidelines and documentation requirements.
    - Stay updated with USPSTF recommendations and evidence-based practices.

Resources:
Smoking and Cardiovascular Disease (Johns Hopkins Medicine)
Tobacco and E-cigarette Cessation: Resources for Screening and Electronic Health Records (American Academy of Family Physicians AAFP)
Tobacco Cessation Changes Package Action Guide (A Million Hearts ®)
Tobacco Cessation and Lung Cancer Screening Toolkit: Healthcare Professionals, Health Systems, and Other Healthcare Settings (American Lung Association)
Clinical Cessation Tool (U.S Center for Disease Control and Prevention)
Resources for Health Professionals (U.S. Preventative Service Task Force)
Maryland Department of Health Center for Tobacco Prevention and Control

Measure Exclusions

Denominator Exclusions:
- Persons in hospice or using hospice services any time during the measurement year.
- Persons who died any time during the measurement period
- Persons receiving palliative care or who had an encounter for palliative care any time during the measurement period.

Numerator Exclusions:
- Laboratory claims (POS 81)

Measure Codes

Tobacco Use Screening
- LOINC codes screening ***with*** Yes and No values:

    - 39240-7- Tobacco use status CPHS
    - 68535-4- Have you used tobacco in the last 30 days [SAMHSA]
    - 68536-2- Have you used smokeless tobacco product in the last 30 days [SAMHSA]
    - Yes values:
        - LOINC: LA33-6
        - SNOMED CT US Edition: 373066001
    - No values:
        - LOINC: LA32-8
        - SNOMED CT US Edition: 373067005
- LOINC code 72166-2 Tobacco smoking status **with** Negative or Positive use status
    - Negative Tobacco Use Status
        - LOINC: LA15920-4- Former smoker
        - LOINC:LA18978-9- Never smoker
        - SNOMED CT US Edition: 8392000, 8517006, 53896009, 87739003, 105539002, 105540000, 105541001, 160620009, 160621008, 228491005, 228492003, 228493008, 228501004, 228502006, 228503001, 228511006, 228512004, 228513009, 266919005, 266921000, 266922007, 266923002, 266924008, 266925009, 266928006, 281018007, 360890004, 360900008, 360918006, 360929005, 405746006, 702975009, 702979003, 735128000, 1137688001, 1137690000, 1137692008, 221000119102, 48031000119106, 428081000124100, 428091000124102, 451371000124109, 451381000124107, 456711000124105, 881671000124101, 881681000124103
    - Positive Tobacco Use Status
        - LOINC: LA18976-3- Current every day smoker
        - LOINC: LA18977-1- Current some day smoker
        - LOINC: LA18981-3- Heavy tobacco smoker
        - LOINC: LA18982-1- Light tobacco smoker
        - SNOMED CT US Edition: 56578002, 56771006, 59978006, 65568007, 77176002, 81703003, 82302008, 110483000, 160603005, 160604004, 160605003, 160606002, 160619003, 228494002, 228499007, 228504007, 228514003, 228515002, 228516001, 228517005, 228518000, 230059006, 230060001, 230062009, 230063004, 230064005, 230065006, 266920004, 449867007, 449868002, 449869005, 698289004, 713914004, 722499006, 785889008, 1137691001, 35341000087101, 35371000087109, 428041000124106, 428061000124105, 428071000124103, 450811000124104, 450821000124107, 881661000124108, 881721000124105, 881731000124108

Tobacco Use Cessation Counseling

- CPT: 99406, 99407
- ICD-10-CM: Z71.6
- SNOMED CT US Edition: 171055003, 185795007, 185796008, 225323000, 225324006, 310429001, 315232003, 384742004, 395700008, 702388001, 710081004, 711028002, 713700008, 1148687006, 449841000124108, 449851000124105, 449861000124107

Measure Medication

Tobacco Use Cessation Medication

- Bupropion
- Nicotine
- Varenicline

TRC - Transitions of Care Patient

Product Lines: Advantage MD, Dual Eligible Special Needs Plans (D-SNP).
Measurement Period: January 1–December 31.

Description:
The percentage of discharges for persons 18 years of age and older who had each of the following. Four rates are reported:

1. **Notification on Inpatient Admission**. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 days total). (MRR only)
2. **Receipt of Discharge Information**. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 days total). (MRR only)
3. **Patient Engagement After Inpatient Discharge**. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. (HYBRID)
4. **Medication Reconciliation Post-Discharge**. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 days total). (HYBRID)

Provider Specialty: PCP and ongoing care provider.

Stratifications:
Age as of the start of the measurement period.

- 18–64 years.
- 65 years and older.

Measure Reporting: CMS Start Rating Measure.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Hybrid, Supplemental.

Initial Population:

- **Measure Item Count:** Episode.
- **Age:** 18 years of age and older as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** Date of discharge through 30 days after discharge (31 days total).
- **Allowable Gap:** None.

Definition:
Medication list: A list of medications in the medical record. May include medication names only, or may include dosages, frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.
Medication reconciliation: A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.
Ongoing care provider (OCP) - The practitioner who assumes responsibility for the patient's care.

Acronyms:

- HIE - Health information exchange
- ADT - Automated admission, discharge and transfer alert system

Denominator:

Acute and nonacute inpatient discharges.

An acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement period.

Note:

- The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.
- The denominator is based on the discharge date found in administrative/ claims data, but organizations may use other systems (including data found during medical record review) to identify data errors and make corrections.
- If the admission date and the discharge date for an acute inpatient stay occur between the admission and discharge dates for a nonacute inpatient stay, include only the nonacute inpatient discharge.
- If a person remains in an acute or nonacute facility through December 1 of the measurement period, the discharge is not included in the measure, but the organization must have a method for identifying the person's status for the remainder of the measurement period, and may not assume the person remained admitted based only on the absence of a discharge before December 1.
- If the organization is unable to confirm the person remained in the acute or nonacute care setting through December 1, disregard the readmission or direct transfer and use the initial discharge date.

Numerator:

Numerator 1: Notification of inpatient admission.

Administrative reporting is not available. Medical Record only.

Documentation of receipt of notification of inpatient admission on the day of admission or on the day of admission through 2 days after the admission (3 total days).

Numerator 2: Receipt of discharge information.

Administrative reporting is not available. Medical Record only.

Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).

Numerator 3: Patient engagement after inpatient discharge.

Patient engagement within 30 days after discharge. Do not include engagement on the date of discharge. Either of the following meets criteria:

- An outpatient visit, telephone visit, e-visit or virtual check-in (Outpatient and Telehealth Value Set).
- Transitional care management services (Transitional Care Management Services Value Set).

Numerator 4: Medication reconciliation post-discharge.

Medication reconciliation (Medication Reconciliation Encounter Value Set, Medication Reconciliation Intervention Value Set) conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge (31 total days).

Best Practice and Measure Tips

Requirements: Only EMR systems and medical records accessible to the PCP/OCP (ongoing care provider) are eligible for use in reporting.

- Ensure all admission / discharge notifications are received and saved in the patient's outpatient chart. Be sure to include any admission / discharge notifications from Skilled Nursing Facilities.
- Ensure appropriate engagement and medication reconciliation occur for all discharges including when discharged to home from Skilled Nursing Facilities.
- Be sure any post hospitalization contact documentation clearly indicates it is a follow up **after Inpatient Hospitalization,** whether it is a Visit, Medication reconciliation, Transition of care call, Post op visit, etc.
- A provider/specialist may be considered an ongoing care provider if they provide care to the patient in and out of the hospital.
- If the provider/specialist only provides care to the patient in the hospital, then they are NOT considered an ongoing care provider.
- A provider/specialist who only sees the patient outside the hospital MAY still be considered an ongoing care provider (e.g., if the patient sees the provider before admission and then again after discharge; or if the patient sees the provider regularly before admission but has no other visits for the rest of the measurement year after discharge).
- The provider/specialist is not required to perform the engagement visit in order to be considered an ongoing care provider.
    - If the cardiologist or other specialist meets the criteria described above, then they may be considered an ongoing care provider and the outpatient medical record that is accessible to the cardiologist or other specialist may be used for all the TRC measure indicators.
    - If the surgeon also sees the patient outside of the hospital (i.e. they performed the pre-op exam and/or follow-up visit), then they may be considered to be the ongoing care provider. If the patient only saw the surgeon while in the hospital then they may not be considered to be an OCP.

How admission and discharge dates are determined:
A patient may be counted in the measure multiple times within the measurement period. Each episode is determined based on the following:

- **An episode ends** if the patient remains discharged to home for 31 days. Any admission after this would create a new Admission episode.
- **An episode continues** when the first discharge is followed by a readmission or direct transfer to an acute or non-acute inpatient care setting on the date of discharge through 30 days after discharge (31 days total).
- **Admit date =** Date of the first admission
- **Discharge date =** Date of the discharge where there are no readmissions or direct transfers within the 31 days total.

Notification of Inpatient Admission:
Documentation sent to the patient's PCP or OCP must include dated evidence of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 days total). Evidence that the information was integrated in the appropriate medical record and is

accessible to the PCP or ongoing care provider on the day of admission through 2 days after admission (3 total days) meets criteria.

- Compliance through Medical Record Review only. Ensure admission / discharge notifications are in patient's outpatient chart. Compliance is only met if the required information is in the patient's medical record within the 3 days total timeframe. Prompt scanning of any notifications or any communications with Care Team or patient into the medical record is critical to meet compliance.
- If patient has an observation stay and then admitted as an inpatient, the date of the admission stay is used for compliance. Observation stays are considered outpatient.

Acceptable Criteria:

- Communication between inpatient providers/staff and the patient's PCP/OCP via phone call/e-mail/fax.
- Communication about admission between emergency department and the patient's PCP or OCP via phone call/e-mail/fax.
- Communication about admission to the patient's PCP/OCP through HIE/ADT alert system/ shared EMR system.
- Communication about admission with the patient's PCP or ongoing care provider through a shared electronic medical record (EMR) system.
    - If PCP / OCP document in the same EMR where the admission occurred, the scan date is not required since the documentation is present real time.
- Communication about admission to the patient's PCP or ongoing care provider from the patient's health plan.
- Patient's PCP/OCP admitted the patient to the hospital.
- Specialist admitted the patient to the hospital and notified the patient's PCP/OCP.
- PCP/OCP placed orders for tests and treatments during the patient's inpatient stay.
- PCP/OCP performed a preadmission exam or received communication about a planned inpatient admission up to 30 days prior to surgery/admission date.
- The planned admission documentation or preadmission exam must clearly pertain to the denominator event.
- Evidence of receipt notification via a "Scan Date/Time" into the patient's Medical Record/EMR.
    - Scanned documents into the Medical Record/EMR within 48 hours of Admission (which includes the admission/discharge information).
    - If a scanned date/time is not populated in the EMR once the documents are scanned in the patient's Medical Record, please enter note in the Medical Record when the documents were placed with a date and time.
    - If unable to scan, include a progress note stating that notification documents were placed in the Medical Record on that specific date/time.

Not Acceptable:

- Documentation that the patient or the patient's family notified the patient's PCP or OCP of admission.
- Documentation of notification that does not include a date when documentation was received or accessible to PCP or OCP.
- Documentation which only references Provider sending the patient to the ED.

Receipt of Discharge Information:

Documentation sent to the patient's PCP or OCP must include dated evidence of receipt of discharge information on the day of discharge through 2 days after the discharge (3 days total). Evidence that the information was integrated in the appropriate medical record and is

accessible to the PCP or ongoing care provider on the day of discharge through 2 days after discharge (3 total days) meets criteria.

- Compliance is only met if the required information is in the patient's medical record within 2 days of discharge. Prompt scanning of any notifications or any communications with Care Team or patient into the record is critical to meet compliance.

Note: Patients transferring from a hospital to a skilled nursing facility or other inpatient setting require notification of discharge from the skilled nursing facility or other inpatient setting. This dated notification is required in the outpatient chart along with the below information within the required timeframe of 3 days total in order to close the HEDIS gap.

Discharge information may be included in, but not limited to, a discharge summary, summary of care record, or located in structured fields in an EMR.

- **Discharge information must include ALL of the following**:
  - The practitioner responsible for the patient's care during the inpatient stay.
  - Procedures or treatment provided.
  - Diagnoses at discharge.
  - Current medication list.
  - Testing results, or documentation of pending tests or no tests are pending.
  - Instructions for patient care post-discharge.
- Compliance through Medical Record Review only. Ensure admission / discharge notifications are saved in the patient's outpatient chart within the required timeframe of 3 days total.

Acceptable Criteria:

- Instructions for patient care post discharge given to the PCP, OCP, patient , or family/caregiver.
- Discharge instructions that direct the patient to follow-up with the PCP.
- Even when the PCP or OCP is the discharging provider, required discharge information must be documented in the appropriate medical record within timeframe.
- Evidence of receipt notification via a "Scan Date/Time" into the patient's Medical Record/EMR.
  Scanned documents into the Medical Record/EMR within 48 hours of discharge (which includes the admission/discharge information).
- If a scanned date/time is not populated in the EMR once the documents are scanned in the patient's Medical Record, please enter note in the Medical Record when the documents were placed with a date and time.
- If unable to scan, include a progress note stating that notification of documents were placed in the Medical Record on that specific date/time.
- A scan date is not required in a shared EMR, as documentation is recorded in real time.
- Not Acceptable:
- Documentation the patient or the patient's family notified the patient's PCP or OCP of discharge.
- Documentation of notification that does not include a time frame or date when documentation received and integrated into the patient's medical record.

Patient Engagement After Inpatient Discharge:

Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. If the patient is unable to communicate with the provider, interaction between the patient's caregiver and the provider meets criteria. (HYBRID: Compliance via claims or Medical Record Review.)

Note: Patients transferring from a hospital to a skilled nursing facility or other inpatient setting require engagement after discharge from the skilled nursing facility or other inpatient setting. Easy Compliance with acceptable visit codes: (Add appropriate Medication Reconciliation Post-Discharge Code to Patient Engagement visit claim to meet medication reconciliation compliance.)

Medication Reconciliation Post-Discharge:
Evidence discharge medications were reconciled with the most recent medication list in the PCP/OCP outpatient medical record on the date of discharge through 30 days after discharge (31 days total). (HYBRID: Compliance via claims or Medical Record Review).
Note: Patients transferring from a hospital to a skilled nursing facility or other inpatient setting DO NOT require medication reconciliation until they are discharged from the inpatient setting.

Documentation in the PCP / OCP's outpatient medical record must include:

- Evidence of medication reconciliation and the date when it was performed by either:
    - prescribing practitioner
    - clinical pharmacist
    - physician's assistant
    - registered nurse
- Evidence the provider was aware of the hospitalization. It is best practice to have both of the below in note:
    - Mention of "hospitalization," "admission" or "inpatient stay" in the note.
    - Reference to reconciliation of current and discharge medications in the note.
- Only documentation in the outpatient chart meets the intent of the measure:
    - Provider or OCP speaks to patient or caregiver via telephone and documents reference to hospitalization and medication reconciliation, which is documented in outpatient chart.
        - Example: "Conversation with patient after recent hospitalization (include date of admission / discharge). Reviewed discharge medications and reconciled with current medication list. Patient is aware of medication list."
- Care managers complete the MRP.
- Be sure to include in documentation:
    - Reference to hospitalization with the dates of admission and D/C in case there are multiple admissions/ discharges.
    - Reference discharge medications reviewed and reconciled with current medication list. Patient aware of medication list.
    - Always include PCP/OCP name, EMR system, location, phone and fax.
    - Include where MRP was routed to (doctor/EMR).
    - Include any supporting documentation, which confirms PCP/OCP received and entered into patient's chart.
    - If documentation is faxed to PCP/OCP, request fax is shared with PCP/OCP and is added to patient's chart.
        - Example: "Transition of Care Medication Reconciliation Completed on (DATE) by (name). Conversation with (patient name / DOB) after recent hospitalization (include date of admission / discharge and facility discharged from if available). Reviewed discharge medications and reconciled with current medication list. Patient is aware of medication list. THIS COMMUNICATION MUST BE ADDED TO THE PATIENT'S OUTPATIENT CHART / EMR SYSTEM AS EVIDENCE OF MEDICATION

RECONCILIATION POST DISCHARGE. Please save fax in member's outpatient chart and have (provider name) review.

Acceptable Criteria:

- Current medication list available & provider reconciled the current and discharge medications.
    - Mention of "hospitalization," "admission" or "inpatient stay" in note is not required.
- Current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
    - Mention of "hospitalization," "admission" or "inpatient stay" in note is not required.
- Current medications list available and discharge medications were reviewed.
    - Mention of "hospitalization," "admission" or "inpatient stay" in note is not required.
- Current medication list, discharge medication list are available and both lists were reviewed on the same date of service.
    - Mention of "hospitalization," "admission" or "inpatient stay" in note is not required.
    - The act of documenting the medication list is considered evidence the provider reviewed the medications.
- Current medications list available, patient had post-discharge hospital follow-up and medications were reconciled/reviewed.
    - Documentation must indicate the provider was aware of the patient's hospitalization/discharge.
    - The act of documenting the medication list during a follow-up visit is considered evidence the provider reviewed the medications.
- Discharge summary reads discharge medications were reconciled with the most recent medication list and it was filed (in the PCP/OCP's outpatient chart) on the date of discharge through 30 days after discharge (31 total days).
    - There must be evidence that the discharge summary was filed in the PCP/OCP's outpatient chart on the date of discharge through 30 days after discharge (31 total days).
    - Utilizing this discharge summary is the last resort, attempt to find documentation of an office visit, home visit (possibly RN), e-visit etc.
- Notation that No medications were prescribed or ordered upon discharge.

Notes:

- A medication list may include medication names only or may include medication names, dosages and frequency, over-the counter (OCT) medications, and herbal or supplemental therapies.
- The Medication Reconciliation Post-Discharge sub-measure assesses whether medication reconciliation occurred, not the quality of the med list or the process used to reconcile the medications.

Not Acceptable:

- Documentation of "post-op/surgery follow-up'' without a reference to "hospitalization", "admission" or "inpatient stay'' does not imply there was a hospitalization and is not considered evidence that the provider was aware of the hospitalization.
- Documentation indicating only that the provider was aware of the surgery (even if the procedure/surgery is typically performed inpatient) or if the provider performed the surgery is not sufficient to show that the provider was aware of the "hospitalization" at the time of the follow-up visit.

- The presence of a discharge notification or discharge summary in the medical record alone does not count as evidence that the provider was aware of the hospitalization at the time of the follow-up visit (even if the provider was the discharging provider).

Easy Compliance with acceptable codes: (Add appropriate Medication Reconciliation Post-Discharge Code to Patient Engagement visit to meet MRP compliance.)

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement ~~year~~ period.
- Persons who died any time during the measurement period.

Numerator Exclusions:

- For CPT Category II codes do not include CPT CAT II Modifier.

Measure Codes

Patient Engagement After Inpatient Discharge Patient Engagement.

- An outpatient visit, telephone visit, e-visit or virtual check-in:
  - CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99470, 99483
  - HCPCS: G0071, G0402, G0438, G0439, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015**
    NOTE: **T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC)
  - SNOMED CT US Edition: 50357006, 77406008, 84251009, 86013001, 90526000, 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103
  - UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
  - Transitional care management: CPT: 99495, 99496

Medication Reconciliation Post-Discharge.

- Medication Reconciliation Encounter CPT: 99483, 99495, 99496
- Medication Reconciliation Intervention
  - CPT: 99605, 99606
  - CPT-CAT-II: 1111F
  - SNOMED CT US Edition: 430193006, 428701000124107

TFC - Topical Fluoride for Children

Product Lines: Priority Partners.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 1-4 years of age who received at least two fluoride varnish applications during the measurement period.

Stratifications:
Age as of the last day of the measurement period.
- 1–2 years.
- 3–4 years.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 1–4 years of age as of the last day of the measurement period.
- **Benefits:** Medical or Dental.
- **Continuous Enrollment:** The measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during each period. No gaps on the last day of the measurement period.

Denominator:
The initial population minus denominator exclusions.

Numerator:
Persons with two or more fluoride varnish applications during the measurement period, on different dates of service.

Best Practice and Measure Tips

American Academy of Pediatrics (AAP)/Bright Futures recommends:
- Primary care provider performs an oral health risk assessment starting at 6 months of age.
- Fluoride varnish may be applied in the primary care provider every 6 months, beginning when the first tooth erupts until age 5 years if unbailable to be seen by a dentist.
- Refer patient to dentist by 12 months of age.
- Educate parents and caregiver oral hygiene and prevent transmission of bacteria from the adult to the child.
- Educate parents about ways to keep their child's teeth clean and ensure sufficient fluoride intake.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Codes

Application of Fluoride Varnish

- CDT: D1206
- CPT: 99188
- SNOMED CT:313042009

ASF-E - Unhealthy Alcohol Use Screening and Follow-Up

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.

- **Unhealthy Alcohol Use Screening.** The percentage of persons who had a systematic screening for unhealthy alcohol use.
- **Follow-Up Care on Positive Screen.** The percentage of ~~members~~ persons receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.

Stratifications:
Age as of the start of the measurement period.

- 18–44 years.
- 45–64 years.
- 65 years and older.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 18 years of age and older at the start of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
Alcohol Counseling or Other Follow-Up Care:
Any of the following on or up to 60 days after the first positive screen:

- Feedback on alcohol use and harms.
- Identification of high-risk situations for drinking and coping strategies.
- Increase the motivation to reduce drinking.
- Development of a personal plan to reduce drinking.
- Documentation of receiving alcohol misuse treatment.

Unhealthy Alcohol Use Screening
A standard assessment instrument that has been normalized and validated for the adult patient population. Eligible screening instruments with thresholds for positive findings include:

Screening Instrument	Total Score LOINC Codes	Positive Finding
Alcohol Use Disorders Identification Test (AUDIT) screening instrument	75624-7	Total score ≥8
Alcohol Use Disorders Identification Test Consumption (AUDIT-C) screening instrument	75626-2	Total score ≥4 for men Total score ≥3 for women
Single-question screen (for men): "How many times in the past year have you had 5 or more drinks in a day?"	88037-7	Response ≥1
Single-question screen (for women and all adults older than 65 years): "How many times in the past year have you had 4 or more drinks in a day?"	75889-6	Response ≥1

Denominator:
Denominator 1: Initial population minus denominator exclusions.
Denominator 2: Persons from numerator 1 with a positive finding for unhealthy alcohol use screening between January 1 and November 1 of the measurement period.

Numerator:
Numerator 1: Unhealthy Alcohol Use Screening
Persons with a documented result for unhealthy alcohol use screening performed between January 1 and November 1 of the measurement period.
Numerator 2: Follow-Up Care on Positive Screen
Persons receiving alcohol counseling or other follow-up care. Either of the following on or up to 60 days after the date of the first positive screen (61 days total) meets criteria:

- Alcohol Counseling or Other Follow Up Care.
- A diagnosis of encounter for alcohol counseling and surveillance.

Best Practice and Measure Tips

- Explain to the patient the vital importance of attending follow-up appointments and adhering to the recommended treatment plan.
- Emphasize the critical importance of adhering to scheduled follow-up visits as recommended to ensure optimal patient care and outcomes.
- Immediately schedule follow-up appointments, especially for patients who have been recently discharged.
- Collaborate with behavioral health practitioners by regularly sharing progress notes and updates to ensure comprehensive patient care.
- Reach out to patients who cancel appointments and promptly help them reschedule at the earliest opportunity.
- Opt for telemedicine visits when in-person appointments are not feasible.
- Highlight the significance of pursuing follow-up care with a mental health provider to ensure ongoing support and effective management of mental health conditions.
- Create an outreach team or assign care managers to ensure members attend or reschedule follow-up appointments.

- Utilize flags in the EHR or create a tracking system to identify patients needing screenings and follow-up visits.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your member referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health (Secured): 410-424-4765
          USFHP Mental Health: 410-424-4839
          AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
          Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons with alcohol use disorder that starts during the year prior to the measurement period.
- Persons with history of dementia any time during the member's history through the end of the measurement period.

Numerator Exclusions:

- Laboratory claims (POS 81)

Exclusion Codes

Alcohol Use Disorder

- ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.90, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, K29.20, K29.21, K70.10, K70.11
- SNOMED CT US Edition: 281004, 7052005, 7200002, 8635005, 15167005, 18653004, 34938008, 61144001, 66590003, 69482004, 73097000, 78524005, 87810006, 191471000, 191475009, 191476005, 191478006, 191480000, 191811004, 191812006, 191813001, 191882002, 191883007, 191884001, 231467000,

268645007, 284591009, 713583005, 713862009, 714829008, 723926008, 723927004, 97571000119109, 135311000119100, 288031000119105, 10741871000119101, 10755041000119100

Dementia

- ICD-10-CM: F01.50, F01.51, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.81, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.91, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83
- SNOMED CT US Edition: 281004, 4817008, 6475002, 9345005, 10349009, 10532003, 12348006, 14070001, 15662003, 25772007, 26852004, 26929004, 32875003, 51928006, 52448006, 54502004, 55009008, 56267009, 59651006, 62239001, 65096006, 66108005, 70936005, 82959004, 90099008, 111480006, 191449005, 191451009, 191452002, 191454001, 191455000, 191457008, 191458003, 191459006, 191461002, 191463004, 191464005, 191465006, 191466007, 191493005, 191519005, 230265002, 230266001, 230267005, 230268000, 230269008, 230280008, 230283005, 230285003, 230286002, 230287006, 230289009, 268612007, 278857002, 312991009, 371024007, 371026009, 416780008, 416975007, 420614009, 421023003, 421529006, 425390006, 429458009, 429998004, 442344002, 698624003, 698625002, 698626001, 698725008, 698726009, 698781002, 698948009, 698949001, 698954005, 698955006, 713488003, 713844000, 715737004, 722600006, 722977005, 722978000, 722979008, 722980006, 723123001, 723390000, 724776007, 724777003, 724992007, 725898002, 733184002, 733185001, 733190003, 733191004, 733192006, 733193001, 733194007, 762350007, 762351006, 762707000, 774069007, 783161005, 783258000, 788898005, 788899002, 789170003, 833326008, 838276009, 840464007, 840465008, 1148924004, 1156789004, 1156798001, 1156800008, 1186724002, 1186877003, 1186879000, 1186880002, 1186881003, 1186883000, 1186887004, 1187004001, 1187126002, 1259128002, 1259465009, 1259467001, 1259469003, 1259471003, 1259473000, 1259476008, 1259478009, 1259480003, 1259485008, 1259488005, 1259492003, 1259494002, 1259496000, 1259499007, 1259501004, 1259503001, 1259511006, 1259513009, 1259517005, 1259519008, 1259522005, 1259524006, 1259529001, 1259531005, 1259579003, 1259581001, 1259584009, 1259586006, 1259591007, 1259656006, 1259661008, 1259663006, 1259665004, 1259667007, 1259675001, 1259677009, 1259679007, 1259990004, 1263555006, 1263585001, 1339031006, 1581000119101, 1591000119103, 2421000119107, 22381000119105, 31081000119101, 79341000119107, 82361000119107, 82371000119101, 82381000119103, 97751000119108, 101421000119107, 105421000119105, 106021000119105, 130121000119104, 141991000119109, 142001000119106, 142011000119109, 288631000119104, 293671000119109, 428051000124108, 428351000124105, 429161000124103, 430771000124100, 16219201000119101, 16276361000119109, 702429008, 1260328002, 1363184005, 1363185006, 135811000119107

Measure Codes

Follow-Up Care on Positive Screen

- A diagnosis of encounter for alcohol counseling and surveillance ICD-10-CM code Z71.41
- Alcohol Counseling or Other Follow Up Care
    - CPT: 99408, 99409
    - HCPCS: G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012
    - SNOMED CT US Edition: 20093000, 23915005, 24165007, 64297001, 386449006, 408945004, 408947007, 408948002, 413473000, 707166002, 429291000124102

APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Stratifications:
Age as of the last day of the measurement period.
- 1–11 years.
- 12–17 years.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 1–17 years of age as of the last day of the measurement period.
- **Benefits:** Medical, mental health, pharmacy.
- **Continuous Enrollment:** 120 days prior to the IPSD through 30 days after the IPSD.
- **Allowable Gap:** None.

Definition:
Intake period: January 1 through December 1 of the measurement ~~year~~ period.
IPSD - Index prescription start date: The earliest prescription dispensing date for an antipsychotic medication where the date is in the intake period and there is a negative medication history.
Negative medication history: A period of 120 days prior to the IPSD when the member had no antipsychotic medications dispensed for either new or refill prescriptions.

Denominator:
Persons with a new prescription for antipsychotics.
Persons who were dispensed an antipsychotic medication during the intake period.

Numerator:
Persons who received psychosocial care or residential behavioral health treatment.
Persons who received psychosocial care or residential behavioral health treatment in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Best Practice and Measure Tips

- Residential behavioral health treatment is acceptable.
- Ensure coordinated care such as behavioral interventions, psychological therapies and skills training.
- Assess members for alcohol and drug abuse dependence and refer if necessary.
- Periodically review the ongoing need for continued therapy with antipsychotic medication.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
        - **Please send us your referrals by contacting us at:**
          Phone: 800-557-6916
          Monday through Friday: 8 a.m. to 5 p.m.
          Voicemail messages received after normal business hours will be addressed the following business day.
          EHP Behavioral Health: 410-424-4891
          EHP Behavioral Health-Secured: 410-424-4765
          USFHP Mental Health: 410-424-4839
          Email: caremanagement@jhhp.org
- Medication regiment adherence is essential for the patient's treatment.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons for whom first-line antipsychotic medications may be clinically appropriate: members with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder on at least two different dates of service during the measurement period.

Exclusion Codes

Bipolar Disorder

- ICD-10-CM: 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
- SNOMED CT US Edition: 162004, 1499003, 3530005, 4441000, 5703000, 9340000, 10875004, 10981006, 13313007, 13581000, 13746004, 14495005, 16506000, 17782008, 21900002, 22121000, 26203008, 26530004, 28663008, 28884001, 29929003, 30935000, 31446002, 33380008, 35481005, 36583000, 38368003, 40926005, 41552001, 41832009, 41836007, 43769008, 45479006, 46229002,

49468007, 49512000, 51637008, 53049002, 53607008, 54761006, 55516002, 59617007, 61403008, 63249007, 64731001, 65042007, 66631006, 68569003, 70546001, 71984005, 73471000, 74686005, 75360000, 75752004, 78269000, 78640000, 79584002, 82998009, 85248005, 86058007, 87203005, 87950005, 111485001, 191618007, 191620005, 191621009, 191623007, 191627008, 191629006, 191630001, 191636007, 191638008, 191639000, 191641004, 191643001, 192362008, 231444002, 371596008, 371599001, 371600003, 723903001, 765176007, 767631007, 767632000, 767633005, 767635003, 767636002, 1343347009, 261000119107, 271000119101, 23741000119105, 133091000119105, 16238741000119105

Other Psychotic and Developmental Disorders

- ICD-10-CM: F22, F23, F24, F28, F29, F32.3, F33.3, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F95.0, F95.1, F95.2, F95.8, F95.9
- SNOMED CT US Edition: 568005, 1973000, 5158005, 5464005, 5510009, 7794004, 8511007, 14144000, 18573003, 20385005, 23560001, 23772009, 26472000, 30491001, 32358001, 32552001, 33323008, 35919005, 38295006, 43614003, 44433009, 47447001, 48500005, 50722006, 50933003, 54502004, 55009008, 56573006, 60123008, 61144001, 61831009, 63649001, 65179007, 68618008, 69322001, 71961003, 73462009, 73867007, 76236006, 77475008, 89601008, 89618007, 129604005, 162313000, 191478006, 191485005, 191667009, 191668004, 191672000, 191689008, 191690004, 191692007, 191693002, 191990001, 230334008, 230335009, 230336005, 230337001, 230338006, 230539002, 231487004, 231536004, 238972008, 238973003, 238974009, 238977002, 238978007, 238979004, 268622001, 278506006, 278508007, 280949006, 371024007, 373618009, 402732001, 402733006, 402734000, 402735004, 403169003, 403170002, 403595006, 408857007, 427975003, 432091002, 442314000, 698951002, 702356009, 702450004, 702732007, 708037001, 712884004, 718393002, 719600006, 722972004, 722973009, 723122006, 723332005, 723899008, 723900003, 723901004, 723913009, 724544000, 724545004, 724673008, 724674002, 724675001, 724706006, 724718002, 724719005, 733623005, 737225007, 762327001, 762509000, 766824003, 770790004, 771448004, 771512003, 783089006, 789053008, 870260008, 870261007, 870262000, 870263005, 870264004, 870265003, 870266002, 870267006, 870268001, 870269009, 870270005, 870280009, 870282001, 870303005, 870304004, 870305003, 870306002, 870307006, 870308001, 1177001000, 1177002007, 1177006005, 1177058004, 1177060002, 1220650006, 1254652005, 1259070005, 251000119105, 281000119103, 21831000119109, 31081000119101, 39951000119105, 434451000124105

Schizophrenia

- ICD-10-CM: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
- SNOMED CT US Edition: 7025000, 12939007, 14291003, 16990005, 26025008, 26472000, 27387000, 29599000, 30336007, 31658008, 35218008, 35252006, 38295006, 42868002, 58214004, 64905009, 68995007, 70814008, 71103003, 76566000, 79204003, 79866005, 83746006, 85861002, 111482003, 111484002, 191526005, 191527001, 191531007, 191542003, 191547009, 191548004, 191554003, 191555002, 191577003, 247804008, 268617001, 416340002, 441833000, 1204417003, 1335862003

Measure Codes

Psychosocial Care*

- CPT: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880
- HCPCS: G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
- SNOMED CT US Edition:166001, 1555005, 2619005, 3518004, 5694008, 6227009, 7133001, 8411005, 9591001, 15142007, 15558000, 15711005, 17447008, 17914007, 18512000, 19997007, 21055002, 22900004, 24172008, 24621000*

Residential Behavioral Health Treatment

- HCPCS: H0017, H0018, H0019, T2048

*Please note that not all SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to APP measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Medications

Antipsychotic Medications

- Aripiprazole
- Aripiprazole lauroxil
- Asenapine
- Brexpiprazole
- Cariprazine
- Chlorpromazine
- Clozapine
- Fluphenazine
- Haloperidol
- Iloperidone
- Loxapine
- Lurasidone
- Molindone
- Olanzapine
- Paliperidone
- Perphenazine
- Pimozide
- Quetiapine
- Risperidone
- Thioridazine
- Thiothixene
- Trifluoperazine
- Ziprasidone

Antipsychotic Combination Medications

- Amitriptyline-perphenazine
- Fluoxetine-olanzapine

LBP - Use of Imaging Studies for Low Back Pain

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Stratifications:
Age as of the last day of measurement period.
- 18–64 years.
- 65–75 years.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.
Note: Reported as an inverted rate [1– (numerator/denominator)].
A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Data Collection: Administrative.
Note: Supplemental data may not be used for this measure, except for denominator exclusions.

Initial Population:
- **Measure Item Count:** Person.
- **Age:**18–75 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** 180 days prior to the IESD through 28 days after the IESD.
- **Allowable Gap:** None.

Definition:
IESD- Index Episode Start Date: Earliest date of service for an eligible encounter during the Intake Period with a principal diagnosis of low back pain.
Intake Period: January 1–December 3 of the measurement period. The intake period is used to identify the first eligible encounter with a principal diagnosis of low back pain.
Negative Diagnosis History: A period of 180 days (6 months) prior to the IESD when the person had no claims/encounters with any diagnosis of low back pain.

Denominator:
Low back pain diagnosis.
Persons with a principal diagnosis of uncomplicated low back pain during the intake period.

Numerator:
An imaging study with a diagnosis of uncomplicated low back pain.
An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD.

Best Practice and Measure Tips

- This measure is reported as an inverted measure.
- A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).
- Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of measure exclusions.
- Use correct exclusion codes as applicable.
- First-line treatment should emphasize conservative measures.
- Provide patient education on cautious and responsible pain relief, activity level, stretching exercises, use of heat.
- Physical Therapy referral, including massage, stretching, strengthening exercises and manipulation.
- Comorbid conditions such as sleep disorders, anxiety or depression should be treated, and psychosocial issues should be addressed.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Persons 66 years of age and older by the last day of the measurement period, with both frailty and advanced illness.
- Persons who died any time during the measurement period.
- Visits that result in an inpatient visit are not included.
- Persons with the following diagnoses or procedures that may warrant imaging any time during the person's history through 28 days after the IESD:
    - Cancer, HIV, history of organ transplant, osteoporosis or spondylopathy.
    - Organ transplant, lumbar surgery or medication treatment for osteoporosis.
    - A dispensed prescription to treat osteoporosis.
- Persons with a recent diagnosis that may warrant imaging any time during the 365 days prior to the IESD through 28 days after the IESD.
    - IV drug abuse, neurologic impairment or spinal infection.
- Persons with a recent injury that may warrant imaging any time during the 90 days prior to the IESD through 28 days after the IESD.
    - Trauma or a fragility fracture.
- Persons with prolonged use of corticosteroids.
    - 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD.

Exclusion Codes

The exclusion codes are too numerous to list here. To obtain the complete set of codes associated with the LBP measure exclusions, please contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Exclusion value sets:
Cancer, HIV, history of organ transplant, osteoporosis or spondylopathy:
- Diagnosis History That May Warrant Imaging Value Set.

Organ transplant, lumbar surgery or medication treatment for osteoporosis:
- Procedure History That May Warrant Imaging Value Set.

IV drug abuse, neurologic impairment or spinal infection:
- Recent Diagnoses That May Warrant Imaging Value Set.

Trauma or a fragility fracture:
- Recent Injuries That May Warrant Imaging Value Set.

Exclusion Medications

Corticosteroid Medications
- Betamethasone-betamethasone acetate
- Cortisone
- Dexamethasone
- Hydrocortisone
- Methylprednisolone
- Prednisolone
- Prednisone
- Triamcinolone

Osteoporosis Medications
- Abaloparatide
- Alendronate
- Alendronate-cholecalciferol
- Denosumab
- Ibandronate
- Raloxifene
- Risedronate
- Romosozumab
- Teriparatide
- Zoledronic acid

Measure Codes

Principal diagnosis of uncomplicated low back pain in an outpatient setting.
- ICD-10-CM: M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.360, M51.362, M51.369, M51.370, M51.372, M51.379 M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, 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, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, 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, S39.82XS, S39.92XA, S39.92XD, S39.92XS
- SNOMED CT US Edition: 2415007, 3200003, 12519004, 18347007, 20021007, 23056005, 26538006, 29885006, 38253002, 39058009, 46578006, 46960006, 48210000, 60937000, 61486003, 67437007, 79244005, 86345004, 86814006, 90631008, 91240008, 102831002, 111653006, 123798002, 128196005, 128197001, 129179000, 202487003, 202674000, 202675004, 202676003, 202677007, 202678002, 202679005, 202680008, 202693003, 202694009, 202695005, 202696006, 202708005*

Imaging Study

- CPT: 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72200, 72202, 72220
- SNOMED CT US Edition: 22791004, 41333006, 60443006, 90523008, 91333005, 241580002, 241592002, 241646009, 241647000, 241648005, 429860003, 429868005, 429871002, 430021001, 430507007, 431250008, 431496002, 431557005, 431613003, 431871005, 431892005, 432078003, 432244001, 432770001, 433140006, 433141005, 440450002, 443580006, 444634007, 448641007, 700319007, 700320001, 700321002, 702487007, 702488002, 702513003, 702514009, 702515005, 702516006, 702521009, 702522002, 702523007, 702607002, 702608007, 709652000, 709653005, 709698004, 711104001, 711184004, 711186002, 711224009, 711271003, 712970008, 713016000, 715290001, 715458009, 716830000, 717912001, 718542005, 718545007, 723646000, 726546000, 772220000, 783627007, 840361000, 868279006, 1251643002, 1343368005, 3721000087104, 3731000087102, 14871000087107, 17141000087101, 58211000087104, 394451000119106, 396171000119100, 411571000119106, 411611000119102, 413001000119107, 495741000119105, 571891000119109, 572091000119106, 16328021000119109, 16384831000119100, 16554061000119109

*Please note that not all codes are listed here. For access to the complete set of codes related to LBP measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

HDO - Use of Opioids at High Dosage

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement period.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Decreased score indicates improvement.

Data Collection: Administrative.
Note: Supplemental data may not be used for this measure, except for denominator exclusions.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 18 years of age and older as of the first day of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** None.

Denominator:
Persons who had two or more opioid dispensing events on different dates of service and had ≥15 total days covered by opioids.

Numerator:
Persons whose average MME was ≥90 during the treatment period.

Best Practice and Measure Tips

- The measure utilizes pharmacy claims data for opioid medications filled.
- Members are included in measure once a dispensing event for an opioid medication occurs during the Intake Period.
- All of the medications lists in the Opioid Medications table are used to identify opioid medication dispensing events.
- To identify same or different drugs, use the medication lists specified for the measure in the Opioid Medications table. Drugs in different medication lists are considered different drugs. For example, a dispensing event from the Acetaminophen Codeine Medications List is considered a different drug than a dispensing event from the Codeine Sulfate Medications List.
- Schedule follow-up visits to ensure members are not showing opioid use disorder.
- Safely discontinue the opioid therapy when dosage exceeds 120 morphine milligram equivalents daily.
- Utilize non-narcotic and non-pharmacologic measures to control pain as part of a comprehensive pain management plan.

- Provide educational materials and resources that include information on treatments and process and options.
- Stay informed about the latest opioid research and guidelines by visiting:
  - Centers of Disease Control and Prevention
    - CDC offers several materials and tools about opioid prescribing guidelines.
    - Permission is not needed to print, copy, or distribute any materials.
  - The Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Provides free resources regarding prevention, treatment and recovery.
  - Maryland Opioid Operational Command Center
    - Provides free resources regarding prevention, treatment and recovery.
- The following opioid medications are excluded from this measure:
  - Injectables.
  - Opioid-containing cough and cold products.
  - Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
  - Methadone for the treatment of opioid use disorder
  - Ionsys® (fentanyl transdermal patch).
- Ways to help our member:
  - Refer the member to a care manager:
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work Carelon Behavioral Health of Maryland to manage mental health needs.
      - **Please send us your referrals by contacting us at:**
        Phone: 800-557-6916
        Monday through Friday: 8 a.m. to 5 p.m.
        Voicemail messages received after normal business hours will be addressed the following business day.
        EHP Behavioral Health: 410-424-4891
        EHP Behavioral Health (Secured): 410-424-4765
        USFHP Mental Health: 410-424-4839
        AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
        Email: caremanagement@jhhp.org

- When prescribing opioids:
  - Use the lowest dosage of opioids for the shortest length of time possible.
  - Refer to the CDC guidelines for prescribing Opioids for Pain
  - Establish and measure goals for pain and function.
  - Discuss benefits and risks of opioid and non-opioid treatments.
  - Engage family/significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
  - Schedule follow up appointments to reassess and adjust any medication regimens.

- Provided a printed copy of treatment plan and ensure member adhere to the treatment plan.
- Communications between the behavioral health provider and the Primary Care Physician (PCP) is encourage and care should be coordinated.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Persons receiving Palliative Care or had an encounter for Palliative Care any time during the intake period through the last day of the measurement period.
- Cancer any time during the measurement period.
- Sickle Cell Disease any time during the measurement period.

Exclusion Codes

Cancer*

- Malignant Neoplasms ICD-10-CM: C00.0-C00.6, C00.8, C00.9, C01, C02.0-C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1-C10.4, C10.8, C10.9, C11.0-C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0- C16.6, C16.8, C16.9, C17.0- C17.3, C17.8, C17.9, C18.0- C18.9, C19, C20, C21.0; C92.60, C93.92, C93.Z0, C93.Z1, C93.Z2, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C94.40, C94.41, C94.42, C94.6, C94.80, C94.81, C94.82, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.2, C96.20, C96.21, C96.22, C96.29, C96.4, C96.5, C96.6, C96.9, C96.A, C96.Z;
- Sickle Cell Diseases*
  ICD-10-CM: D57.00, D57.01, D57.02, D57.03, D57.04, D57.09, D57.1, D57.20, D57.211, D57.212, D57.213, D57.214, D57.218, D57.219, D57.40, D57.411, D57.412, D57.413, D57.414, D57.418, D57.419, D57.42, D57.431, D57.432, D57.433, D57.434, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.454, D57.458, D57.459, D57.80, D57.811, D57.812, D57.813, D57.814, D57.818, D57.819D57.00- D57.03, D57.09, D57.1, D57.20, D57.211- D57.213, D57.218, D57.219, D57.40, D57.411- D57.413, D57.418, D57.419, D57.42, D57.431- D57.433, D57.438, D57.439, D57.44, D57.451-D57.453, D57.458, D57.459, D57.80, D57.811- D57.813, D57.818, D57.819

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to HSO measure, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Medications

Opioid Medications

Type of Opioid	Medication Lists	Strength
Benzhydrocodone	Acetaminophen Benzhydrocodone	4.08 mg, 6.12 mg, 8.16 mg
Butorphanol	Butorphanol	10 mg
Codeine	Codeine Sulfate	15 mg, 30 mg, 60 mg
Codeine	Acetaminophen Codeine	2.4 mg, 15 mg, 30 mg, 60 mg
Codeine	Acetaminophen Butalbital Caffeine Codeine	30 mg
Codeine	Aspirin Butalbital Caffeine Codeine	30 mg
Codeine	Aspirin Carisoprodol Codeine	16 mg
Dihydrocodeine	Acetaminophen Caffeine Dihydrocodeine	16 mg
Fentanyl buccal or sublingual tablet, transmucosal lozenge	Fentanyl (mcg)	100 mcg, 200 mcg, 300 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg
Fentanyl oral spray	Fentanyl (MCGPS Oral)	100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg
Fentanyl nasal spray	Fentanyl (MCGPS Nasal)	100 mcg, 300 mcg, 400 mcg
Fentanyl transdermal film/ patch	Fentanyl (MCGPH)	12 mcg, 25 mcg, 37.5 mcg, 50 mcg, 62.5 mcg, 75 mcg, 87.5 mcg, 100 mcg
Hydrocodone	Hydrocodone	10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg, 120 mg
Hydrocodone	Acetaminophen Hydrocodone	.5 mg, .67 mg, 2.5 mg, 5 mg, 7.5 mg, 10 mg
Hydrocodone	Hydrocodone Ibuprofen	2.5 mg, 5 mg, 7.5 mg, 10 mg
Hydromorphone	Hydromorphone	1 mg, 2 mg, 3 mg, 4 mg, 8 mg, 12 mg, 6 mg, 32 mg
Levorphanol	Levorphanol	2 mg, 3 mg
Meperidine	Meperidine	10 mg, 50 mg, 100 mg
Methadone	Methadone	1 mg, 2 mg, 5 mg, 10 mg, 40 mg
Morphine	Morphine	2 mg, 4 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 45 mg, 50 mg, 60 mg, 75 mg, 80 mg, 90 mg, 100 mg, 120 mg 200 mg
Opium	Opium Belladonna	30 mg, 60 mg
Oxycodone	Oxycodone	1 mg, 5 mg, 7.5 mg, 9 mg, 10 mg, 13.5 mg, 15 mg, 18 mg, 20 mg, 27 mg, 30 mg, 36 mg, 40 mg, 60 mg, 80 mg
Oxycodone	Acetaminophen Oxycodone	1 mg, 2 mg, 2.5 mg, 5 mg, 7.5 mg, 10 mg
Oxycodone	Aspirin Oxycodone	4.84 mg
Oxymorphone	Oxymorphone	5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg,
Pentazocine	Naloxone Pentazocine	50 mg
Tapentadol	Tapentadol	50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 250 mg
Tramadol	Tramadol	5 mg, 50 mg, 100 mg, 150 mg 200 mg, 300 mg
Tramadol	Acetaminophen Tramadol	37.5 mg

UOP - Use of Opioids From Multiple Providers

Product Lines: Advantage MD, EHP, Priority Partners and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 18 years and older, receiving prescription opioids for ≥15 days during the measurement period, who received opioids from multiple providers. Three rates are reported.

1. Multiple Prescribers. The percentage of persons receiving prescriptions for opioids from ≥4 different prescribers during the measurement period.
2. Multiple Pharmacies. The percentage of persons receiving prescriptions for opioids from ≥4 different pharmacies during the measurement period.
3. Multiple Prescribers and Multiple Pharmacies. The percentage of persons receiving prescriptions for opioids from four or more different prescribers and ≥4 different pharmacies during the measurement period (i.e., the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Decreased score indicates improvement.

Data Collection: Administrative.
Note: Supplemental data may not be used for this measure, except for denominator exclusions.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 18 years of age and older as of the start of the measurement period.
- **Benefits:** Medical and pharmacy.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Denominator:
Persons receiving prescription opioids for ≥15 days.
Persons who meet both of the following criteria during the measurement period:

- At least two or more opioid dispensing events (Opioid Medications List) on different dates of service.
- ≥15 total days covered by opioids.

Numerator:
Numerator 1: Multiple prescribers.
Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different prescribers during the measurement period. Use the NPI to determine if the prescriber for medication dispensing events was the same or different.
Numerator 2: Multiple pharmacies.
Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different pharmacies during the measurement period.

Use the NPI to determine if the pharmacy for medication dispensing events was the same or different.

Numerator 3: Multiple prescribers and multiple pharmacies.

Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different prescribers and four or more different pharmacies during the measurement period (i.e., persons who are numerator compliant for both the Multiple prescribers and Multiple pharmacies rates).

Best Practice and Measure Tips

- The measure utilizes pharmacy claims data for opioid medications filled.
- Members are included in measure once a dispensing event for an opioid medication occurs during the Intake Period.
- All of the medications lists in the Opioid Medications table are used to identify opioid medication dispensing events.
- To identify same or different drugs, use the medication lists specified for the measure in the Opioid Medications table. Drugs in different medication lists are considered different drugs. For example, a dispensing event from the Acetaminophen Codeine Medications List is considered a different drug than a dispensing event from the Codeine Sulfate Medications List.
- Schedule follow-up visits to ensure members are not showing opioid use disorder.
- Utilize non-narcotic and non-pharmacologic measures to control pain as part of a comprehensive pain management plan.
- Provide educational materials and resources that include information on treatments and process and options.
- Educate patient on opioid safety and risk associated with use of multiple opioids from different providers.
- Before prescribing an opioid medication search in the Maryland Prescription Drug Program (PDMP) for any opioid prescription prescribed by another provider.
- The PDMP is an important component of the MDH initiative to halt the abuse and diversion of prescription drugs. The MDH has a statewide database that collects prescription data on Controlled Dangerous Substances (CDS) and Human Growth Hormone (HGH) dispensed in outpatient settings.
- Pharmacies must submit data to the MDH at least once every 15 days.
- Patient information in the MDH is intended to help prescribers and pharmacists provide better-informed patient care. The information will help supplement patient evaluations, confirm patients' drug histories, and document compliance with therapeutic regimens.
- Priority Partners has a Corrective Managed Care (CMC) Program which restrict member to one pharmacy if they have abused pharmacy benefits.
- CMC program is a Medicaid Pharmacy program (MMPP) to monitor and promote appropriate use of controlled substance. Call 888-819-1043 Option 4.
- Refer to the JHHP PPMCO Pharmacy Management Drug Policies.
- Stay informed about the latest opioid research and guidelines by visiting:
    - Centers for Disease Control and Prevention (CDC)
        - CDC offers a number of materials and tools about opioid prescribing guidelines.
        - Permission is not needed to print, copy, or distribute any materials.
    - The Substance Abuse and Mental Health Services Administration (SAMHSA)

        - Provides free resources regarding prevention, treatment and recovery.
    - Maryland Opioid Operational Command Center
        - Provides free resources regarding prevention, treatment and recovery.
- The following opioid medications are excluded from this measure:
    - Injectables.
    - Opioid-containing cough and cold products.
    - Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
    - Methadone for the treatment of opioid use disorder
    - Ionsys® (fentanyl transdermal patch).
- Ways to help our member:
    - Refer the member to a care manager:
        - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.
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              AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
              Email: caremanagement@jhhp.org
- When prescribing opioids:
    - Use the lowest dosage of opioids for the shortest length of time possible.
    - Refer to the CDC guidelines for prescribing Opioids for Pain
    - Establish and measure goals for pain and function.
    - Discuss benefits and risks of opioid and non-opioid treatments.
    - Engage family/significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
    - Schedule follow up appointments to reassess and adjust any medication regimens.
    - Provided a printed copy of treatment plan and ensure member adhere to the treatment plan.
    - Communications between the behavioral health provider and the Primary Care Physician (PCP) is encourage and care should be coordinated.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.

Measure Medications

Opioid Medications

- Acetaminophen Benzhydrocodone
- Acetaminophen Butalbital Caffeine Codeine
- Acetaminophen Caffeine Dihydrocodeine
- Acetaminophen Codeine
- Acetaminophen Hydrocodone
- Acetaminophen Oxycodone
- Acetaminophen Tramadol
- Aspirin Butalbital Caffeine Codeine
- Aspirin Carisoprodol Codeine
- Aspirin Oxycodone
- Belladonna Opium
- Buprenorphine
- Butorphanol
- Codeine Sulfate
- Fentanyl
- Hydrocodone Ibuprofen
- Hydrocodone
- Hydromorphone
- Ibuprofen Oxycodone
- Levorphanol
- Meperidine
- Methadone
- Morphine
- Naloxone Pentazocine
- Opioid
- Opium
- Oxycodone
- Oxymorphone
- Tapentadol
- Tramadol

DMS-E - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults

Product Lines: Advantage MD, EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter, with a PHQ-9 score present in their record in the same assessment period as the encounter.

Stratifications:
Age as of the start of the measurement period.
- 12–17 years (commercial and Medicaid only).
- 18–44 years.
- 45–64 years.
- 65 years and older.

Improvement Notation: Increased score indicates improvement.

Data Collection: ECDS.

Initial Population:
- **Measure Item Count:** Person.
- **Age:** 12 years of age and older as of the start of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
Assessment period: The measurement period is divided into three assessment periods with specific dates of service:
- Assessment period 1: January 1–April 30.
- Assessment period 2: May 1–August 31.
- Assessment period 3: September 1–December 31.

Interactive outpatient encounter: A bidirectional communication that is face-to-face, phone based, an e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments.

Denominator:
Diagnosis of major depression or dysthymia.
Persons with at least one interactive outpatient encounter that starts during applicable assessment period with a diagnosis of major depression or dysthymia.
- Assessment period 1: January 1–April 30.
- Assessment period 2: May 1–August 31.
- Assessment period 3: September 1–December 31.

Numerator:
For all numerators, a PHQ-9 score (LOINC code 44261-6 for persons 12 years of age and older; LOINC code 89204-2 or 44261-6 for persons 12–17 years of age) in the person's record during the applicable assessment period.

Numerator 1—Utilization of PHQ-9 Period 1
A PHQ-9 score in the member's record during assessment period 1 (January 1–April 30).
Numerator 2—Utilization of PHQ-9 Period 2
A PHQ-9 score in the member's record during assessment period 2 (May 1–August 31).
Numerator 3—Utilization of PHQ-9 Period 3
A PHQ-9 score in the member's record during assessment period 3 (September 1–December 31)
Note:

- Persons may have an eligible encounter in any or all three assessment periods, and may be included in the measure up to three times during the measurement period.
- PHQ-9 assessment may occur during a face-to-face encounter, telephonically or through a web-based portal.

Best Practice and Measure Tips

- This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument.
- Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening. For example, if a health risk assessment includes questions from the PHQ-2, it counts as screening if the member answered the questions, and a total score is calculated.
- Educate patients on the significance of follow-up appointments and adherence to treatment plans.
- Highlight the importance of timely, recommended follow-up visits.
- Promptly schedule follow-up appointments, especially for recently discharged patients.
- Coordinate care with behavioral health practitioners by sharing progress notes and updates.
- Reach out to patients who cancel appointments and assist them with rescheduling promptly.
- Consider telemedicine consultations when in-person visits are not feasible.
- Emphasize the importance of seeking follow-up care with a mental health provider.
- Establish an outreach team or assign care managers to ensure members keep or reschedule follow-up appointments.
- Utilize flags in the EHR or develop a tracking system to identify patients needing screenings and follow-up visits.
- Assess the need for Case Management and refer if necessary.
    - The Johns Hopkins Health Plans Care Management team offers a variety of services to help members who are living with substance abuse and mental health issues may receive confidential care management support and coordination of care from a Licensed Clinical Social Worker. These behavioral health clinicians help members navigate their treatment needs for conditions such as depression, anxiety disorders, addictions, and autism spectrum disorders. For Priority Partners members, we work with Carelon Behavioral Health of Maryland to manage mental health needs.

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  USFHP Mental Health: 410-424-4839
  AMD Behavioral Health, Inpatient & Outpatient: 844-340-2217
  Email: caremanagement@jhhp.org

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons who died any time during the measurement period.
- Members with any of the following any time during the member's history through the end of the measurement period:
  - Bipolar disorder.
  - Personality disorder.
  - Psychotic disorder.
  - Pervasive developmental disorder.

Exclusion Codes

Bipolar Disorder

- ICD-10-CM: 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
- SNOMED CT US Edition: 162004, 1499003, 3530005, 4441000, 5703000, 9340000, 10875004, 10981006, 13313007, 13581000, 13746004, 14495005, 16506000, 17782008, 21900002, 22121000, 26203008, 26530004, 28663008, 28884001, 29929003, 30935000, 31446002, 33380008, 35481005, 36583000, 38368003, 40926005, 41552001, 41832009, 41836007, 43769008, 45479006, 46229002, 49468007, 49512000, 51637008, 53049002, 53607008, 54761006, 55516002, 59617007, 61403008, 63249007, 64731001, 65042007, 66631006, 68569003, 70546001, 71984005, 73471000, 74686005, 75360000, 75752004, 78269000, 78640000, 79584002, 82998009, 85248005, 86058007, 87203005, 87950005, 111485001, 191618007, 191620005, 191621009, 191623007, 191627008, 191629006, 191630001, 191636007, 191638008, 191639000, 191641004, 191643001, 192362008, 231444002, 371596008, 371599001, 371600003, 723903001, 765176007, 767631007, 767632000, 767633005, 767635003, 767636002, 1343347009, 261000119107, 271000119101, 23741000119105, 133091000119105, 16238741000119105

Other Bipolar Disorder

- ICD-10-CM: F31.81, F31.89, F31.9

- SNOMED CT US Edition: 1196001, 12969000, 16295005, 19300006, 20960007, 22407005, 30520009, 30687003, 34315001, 35722002, 35846004, 43568002, 48937005, 67002003, 71294008, 81319007, 83225003, 371604007, 723905008, 789061003

Personality Disorder

- ICD-10-CM: F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13
- SNOMED CT US Edition: 20010003, 55341008, 191765005, 191773001, 231527003

Psychotic Disorders

- ICD-10-CM: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F25.0, F25.1, F25.8, F25.9, F28, F29
- SNOMED CT US Edition: 4926007, 5464005, 7025000, 12939007, 14291003, 16990005, 26025008, 27387000, 29599000, 30336007, 31373002, 31658008, 35218008, 35252006, 38368003, 39610001, 42868002, 51133006, 58214004, 63181006, 64905009, 68890003, 68995007, 69322001, 70814008, 71103003, 76566000, 79204003, 79866005, 83746006, 84760002, 85861002, 111482003, 111483008, 111484002, 191526005, 191527001, 191531007, 191542003, 191547009, 191548004, 191554003, 191555002, 191559008, 191567000, 191569002, 191570001, 191571002, 191572009, 191574005, 191577003, 191680007, 231437006, 231489001, 247804008, 268617001, 268624000, 270901009, 271428004, 278853003, 416340002, 441704009, 441833000

Pervasive Developmental Disorder

- ICD-10-CM: F84.0, F84.3, F84.8, F84.9
- SNOMED CT US Edition: 35919005, 43614003, 71961003, 191689008, 191690004, 231536004, 373618009, 408857007, 442314000, 39951000119105

Measure Codes

LOINC 44261-6 Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]

- The PHQ-9 is the standard (and commonly used) depression measure, and it ranges from 0-27 Scoring (the scores are the codes that appear in the answer list for each of the PHQ-9 problem panel terms). Add up all checked boxes on PHQ-9.
    - For every check:
        - Not at all = 0
        - Several days = 1
        - More than half the days = 2
        - Nearly every day = 3
    - Interpretation:
        - 1-4 = Minimal depression
        - 5-9 = Mild depression
        - 10-14 = Moderate depression
        - 15-19 = Moderately severe depression
        - 20-27 = Severe depression

LOINC 89204-2 Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]

- The Patient Health Questionnaire-9: Modified for Teens (PHQ-9 Teen) total score is the sum the first of 9 items (the answers to the other 4 items are used to assess the functional impairment due to depression and screen for dysthymia and suicide risk).

These 9 items are scored from 0 to 3, with higher scores indicating more severe symptoms of depression.

WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
The percentage of persons 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement period:

- BMI* percentile (can be BMI percentile plotted on age-growth chart)
- Counseling for physical activity
- Counseling for nutrition

Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Provider Specialty: PCP or OB/GYN

Stratifications:
Age as of the last day of the measurement period.

- 3-11 years.
- 12-17 years.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Hybrid, Supplemental.

Initial Population:

- **Measure Item Count:** Person.
- **Age:** 3–17 years of age as of the last day of the measurement period.
- **Benefits:** Medical.
- **Continuous Enrollment:** The measurement period.
- **Allowable gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

Definition:
BMI percentile: The percentile ranking based on the CDC's BMI-for-age growth charts, which indicates the relative position of a person's BMI number among others of the same gender and age.

Denominator:
An outpatient visit (Outpatient Value Set) with a PCP or an OB/GYN during the measurement period.

Numerator:
Numerator 1: BMI percentile.
Persons with BMI percentile assessed during the measurement period.
Numerator 2: Counseling for nutrition.
Persons who received counseling for nutrition during the measurement period.
Numerator 3: Counseling for physical activity.
Persons who received counseling for physical activity during the measurement period.

Best Practice and Measure Tips

- Services count if the specified documentation is present, regardless of the intent of the visit or place of service.
- Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Counseling for physical activity or Counseling for nutrition.
- BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

BMI Percentile Acceptable Documentation:
- BMI percentile plotted on an age-growth chart or documented as a value (50th percentile).
- Member-collected height, weight, and BMI percentile if entered into medical record.

BMI Percentile Not Acceptable Documentation:
- BMI percentile ranges are not acceptable.
- No BMI percentile documented in medical record or plotted on age-growth chart.
- Notation of BMI value only.
- Notation of height and weight only.

Counseling Acceptable:
- The measure age starts at 3. Documentation for the younger age groups often does not mention physical activity or the documentation does not meet requirements. Be sure to include physical activity counseling for all ages in measure and the documentation clearly states counseling or anticipatory given for nutrition and physical activity.
- Discussion of current nutrition or physical activity behaviors (e.g., eating habits, dieting behaviors, “Patient has an adequate or well-balanced diet”, exercise routine, participation in sports activities, exam for sports participation, “Patient gets an adequate amount of exercise.”, “Lack of physical activity” (if not related to acute or chronic condition).
- Checklist indicating nutrition or physical activity was addressed.
- Counseling or referral for nutrition or physical activity.
- Member received educational materials for nutrition and physical activity during a face-to-face visit.
- Anticipatory guidance for nutrition or specific to physical activity.
- Weight or obesity counseling (eating disorders). Services rendered for obesity or eating disorders meets criteria for both counseling
- Referral to WIC.

Counseling Not Acceptable:
- Physical Exam finding or observation alone (e.g., well-nourished) or developmental milestones alone (e.g., Does not throw a ball).
- Notation of a discussion without specific mention of nutrition or physical activity (e.g., "appetite", "healthy lifestyle habits", "Limits T.V,/computer time", "Cleared for gym class").

- Notation of a discussion without specific mention of nutrition or physical activity (e.g., "appetite", "healthy lifestyle habits", "Limits T.V., computer time", "Cleared for gym class").
- Assessment of an acute or chronic condition (e.g., presents with chronic foot pain - unable to run, presents with diarrhea, received instructions for BRAT diet). Capture information during sick visits clearly. Documenting "Anticipatory Guidance provided for nutrition and physical activity" is acceptable. This will provide counseling specifically for the measure and ensure it is not related to the assessment or treatment of an acute or chronic condition.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.
- Persons with a diagnosis of pregnancy any time during the measurement period.
- Persons who died any time during the measurement period.

Exclusion Codes

Pregnancy Exclusion

- ICD-10-CM Maternal conditions: O00-O99*
- ICD-10-CM Encounter: O9A.111, O9A.112, O9A.113, O9A.119, O9A.12, O9A.211, O9A.212, O9A.213, O9A.219, O9A.22, O9A.311, O9A.312, O9A.313, O9A.319, O9A.32, O9A.411, O9A.412, O9A.413, O9A.419, O9A.42, O9A.511, O9A.512, O9A.513, O9A.519, O9A.52, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z33.1, Z33.2, Z33.3, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9
- SNOMED CT US: 199305006, 199050003, 10750801000119102, 703309000, 300571009, 366323009, 428567001, 428930004, 429715006, 313180007, 428566005, 313178001, 428058009, 433601000124106, 441924001, 417570003, 11687002, 75022004, 46894009, 40801000119106, 10753491000119101, 237285000, 199141002, 77376005, 34165000, 724485008, 300573007, 300572002, 416402001, 609516006, 609519004, 86081009, 27152008, 87621000, 33370009, 1142097006, 80224003, 1142048002, 10751701000119102, 472699005*

*Please note that not all ICD-10-CM and SNOMED CT US Edition codes are listed here. For access to the complete set of codes related to Pregnancy Value Set, contact your Provider Engagement Liaison or email ProviderEngagement@jhhp.org.

Measure Codes

BMI Percentile

- ICD-10-CM: Z68.51, Z68.52, Z68.53, Z68.54, Z68.55, Z68.56
- LOINC: 59574-4, 59575-1, 59576-9

Nutrition Counseling

- CPT: 97802, 97803, 97804
- HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
- ICD-10-CM: Z71.3

- SNOMED CT US Edition: 11816003, 61310001, 183059007, 183060002, 183061003, 183062005, 183063000, 183065007, 183066008, 183067004, 183070000, 183071001, 226067002, 266724001, 275919002, 281085002, 284352003, 305849009, 305850009, 305851008, 306163007, 306164001, 306165000, 306626002, 306627006, 306628001, 313210009, 370847001, 386464006, 404923009, 408910007, 410171007, 410177006, 410200000, 429095004, 431482008, 443288003, 609104008, 698471002, 699827002, 699829004, 699830009, 699849008, 700154005, 700258004, 705060005, 710881000, 1230141004, 14051000175103, 428461000124101, 428691000124107, 441041000124100, 441201000124108, 441231000124100, 441241000124105, 441251000124107, 441261000124109, 441271000124102, 441281000124104, 441291000124101, 441301000124100, 441311000124102, 441321000124105, 441331000124108, 441341000124103, 441351000124101, 445291000124103, 445301000124102, 445331000124105, 445641000124105

Physical Activity Counseling

- HCPCS: G0447, S9451
- ICD-10-CM: Z02.5, Z71.82
- SNOMED CT US Edition: 103736005, 183073003, 281090004, 304507003, 304549008, 304558001, 310882002, 386291006, 386292004, 386463000, 390864007, 390893007, 398636004, 398752005, 408289007, 410200000, 410289001, 410335001, 429778002, 710849009, 435551000124105

W30 - Well-Child Visits in the First 30 Months of Life

Product Lines: EHP, Priority Partners, and USFHP.
Measurement Period: January 1–December 31.

Description:
Percentage of persons who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. **Well-Child Visits in the First 15 Months.** Persons who turned 15 months old during the measurement period: Six or more well-child visits.
2. **Well-Child Visits for Age 15 Months–30 Months.** Persons who turned 30 months old during the measurement ~~year~~ period: Two or more well-child visits.

Provider Specialty: PCP

Stratifications: Report stratification by race and ethnicity.

Measure Reporting: HealthChoice Performance Measure reporting for Priority Partners.

Improvement Notation: Increased score indicates improvement.

Data Collection: Administrative, Supplemental.

Initial Population:

- **Measure Item Count:** Person.
- **Age:**
  - Initial population 1: Persons who turn 15 months old during the measurement period. Calculate the 15-month birthday as the first birthday plus 90 days.
  - Initial population 2: Persons who turn 30 months old during the measurement period. Calculate the 30-month birthday as the second birthday plus 180 days.
- **Benefits:** Medical.
- **Continuous Enrollment:**
  - Initial population 1: 31 days through 15 months of age. Calculate 31 days of age by adding 31 days to the date of birth.
  - Initial population 2: 15 months plus 1 day through 30 months of age. Calculate the 15-month birthday plus 1 day as the first birthday plus 91 days.
- **Allowable Gap:** No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.
  - Initial population 1: No more than one gap of ≤45 days during the continuous enrollment period. No gaps on the 15-month birthday.
  - Initial population 2: No more than one gap of ≤45 days during the continuous enrollment period. No gaps on the 30-month birthday.

Denominator:
Denominator 1: Well-child visits in the first 15 months.
The initial population 1 minus denominator exclusions.

Denominator 2: Well-child visits for 15 months–30 months of age.
The initial population 2 minus denominator exclusions.

Numerator:
Numerator 1: Well-child visits in the first 15 months.
Persons with six or more well-child visits on different dates of service with a PCP on or before the 15-month birthday. Either of the following meet criteria:

- A well-care visit.
- An encounter for well-care.

Numerator 2: Well-child visits for age 15 months–30 months.
Two or more well-child visits on different dates of service with a PCP between the child's 15-month birthday plus 1 day and the 30-month birthday. Either of the following meets criteria:

- A well-care visit.
- An encounter for well-care.

Best Practice and Measure Tips

- Visits must be with a PCP. The PCP does not have to be the practitioner assigned to the child.
- There must be at least two weeks between each well-child visit
- Assessment or treatment of an acute or chronic condition does not count towards the measure.
- To meet administrative measure requirements, Johns Hopkins Health Plans reminds all LOB well-care visits can be done in conjunction with sick visits, as long as they are billed appropriately.
- Well-care visits can be performed anytime in the measurement/calendar year.
- If provider is seeing a patient for Evaluation and Management services and all well-child visit components are completed: Attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
- Modifier 25 is used to indicate a significant and separately identifiable evaluation and management service by the same physician on the same day another procedure or service was performed.
- Modifier 59 is used to indicate that 2 or more procedures were performed at the same visit, but to different sites on the body.
- For members who are off-track, schedule a catch-up well-child visit appointment for each required evaluation.
- At the new patient visit and every future visit, schedule the next well-child visit appointment.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit the Bright Futures website for more information about well-child visits.
- Not allowed: Telehealth well visits.

Measure Exclusions

Denominator Exclusions:

- Persons in hospice or using hospice services any time during the measurement period.

- Persons who died any time during the measurement period.

Numerator Exclusions:

- Telehealth visits.
- Laboratory claims (POS 81).

Exclusion Codes

Virtual Encounters

- CPT: 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470
- HCPCS: G0071, G0544, G2010, G2012, G2250, G2251, G2252
- SNOMED CT US Edition: 185317003, 314849005, 386472008, 386473003, 401267002

Telehealth POS

- 02- Telehealth Provided Other than in Patient's Home
- 10- Telehealth Provided in Patient's Home

Measure Codes

Be sure to use age-appropriate codes.

Well-Care Codes

- CPT: 99381, 99382, 99391, 99392, 99461
- HCPCS: S0302
- ICD-10-CM: Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z02.84, Z76.1, Z76.2
- SNOMED CT US Edition: 103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170250008, 170254004, 170263002, 170272005, 170300004, 170309003, 243788004, 268563000, 401140000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 442162000, 1269517007, 446301000124108, 446381000124104

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