

2019 Quality Measures Tip Sheet

Quality Measure	Line of Business / Provider Specialty	Required Documentation
Adolescent Well Care Visit Members age 12–21 years	Line of Business: EHP Priority Partners/VBP Provider Specialty: PCP OB/GYN	One well child visit with a PCP or OB/GYN during the measurement year. All components of an adolescent well care visit must be included: <ul style="list-style-type: none"> Physical Developmental History Mental Developmental History Physical Examination Health Education/Anticipatory Guidance Health History Well visits can be done in conjunction with sick visits, as long as they are billed with the appropriate modifier, and can be performed anytime in the measurement/calendar year. Priority Partners does not have frequency or date limit restrictions on well visits.
Adult BMI Assessment Members age 18–74 years	Lines of Business: Advantage MD EHP Priority Partners/VBP USFHP Provider Specialty: No provider requirements specified.	Documentation in the medical record must indicate the weight and BMI value dated during the measurement year or year prior to the measurement year. Weight and BMI must be from the same data source. For members 18 and 19 years of age, it is required that the height, weight and BMI percentile be documented from the same data source. Some examples include: <ul style="list-style-type: none"> BMI percentile documented as a value (e.g., 85th percentile) BMI percentile plotted on an age-growth chart Exclusions: Members with diagnosis of pregnancy during the measurement year or year prior.
Asthma Medication Ratio Members age 5–64 years Administrative	Lines of Business: EHP Priority Partners/VBP USFHP Provider Specialty: No provider requirements specified.	The percentage of members 5–85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. *For calculations see the CMS website. Exclude members who met any of the following criteria: Members who had any of the following diagnoses from any time during the member's history through December 31 of the measurement year: <ul style="list-style-type: none"> Emphysema COPD Obstructive Chronic Bronchitis Chronic Respiratory Conditions due to fumes/vapors Cystic Fibrosis Acute Respiratory Failure OR Members who had no asthma medications dispensed during the measurement year.
Breast Cancer Screening Women age 52–74 years Administrative	Lines of Business: Advantage MD EHP Priority Partners/VBP USFHP Provider Specialty: No provider requirements specified.	One or more mammograms any time on or between October 1 st two years prior to the measurement year and December 31 st of the measurement year, as documented through administrative data. This measure evaluates primary screening. Diagnostics screenings are also acceptable. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast screening. Exclusions: Bilateral Mastectomy
Cervical Cancer Screening Women age 24–64 years (two-year look-back includes Paps given at age 21)	Lines of Business: EHP Priority Partners USFHP Provider Specialty: No provider requirements specified.	The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> Women age 21–64 who had cervical cytology performed every 3 years Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years The following does not qualify: <ul style="list-style-type: none"> Lab results that indicate inadequate sample or no cervical cells Referral to OB/GYN alone does not meet the measure. Biopsies are considered diagnostic and do not meet the measure Exclusions: Acquired absence of both cervix & uterus. Documentation of total, complete or radical abdominal or vaginal hysterectomy. Partial hysterectomy can only be used if absence of cervix is documented.
Childhood Immunizations Immunizations must occur on or before child's 2nd birthday	Lines of Business: Combo 10 EHP Priority Partners USFHP Provider Specialty: No provider requirements specified.	Complete immunizations on or before child's 2nd birthday: Combo 3 <ul style="list-style-type: none"> 4 doses – DTaP 3 doses – IPV 3 doses – Hep B 3 doses – Hib 4 doses – PCV 1 dose – MMR 1 dose – VZV Combo 10 (includes all Combo 3 immunizations above plus the following) <ul style="list-style-type: none"> 1 dose – Hep A 2 doses – Rotavirus Monovalent (Rotarix - RVI) OR 3 doses – Rotavirus Pentavalent (RotaTeq - TIV) 2 doses – Influenza Document all seropositives and illness history of chicken pox, hepatitis, measles, mumps, and rubella. Document the first Hep B vaccine given at the hospital or at birth when applicable, or—if unavailable—name of hospital where child was born. PLEASE DOCUMENT ANY PARENT REFUSAL FOR IMMUNIZATIONS, AS WELL AS ANAPHYLACTIC REACTIONS.
Chlamydia Screening Women age 16–24 years Administrative	Lines of Business: EHP Priority Partners USFHP Provider Specialty: No provider requirements specified.	Documentation of at least one chlamydia test during the measurement year. Exclusions: Members who had a pregnancy test during the measurement year followed within seven days (inclusive) by either a prescription for isotretinoin (Accutane) or x-ray. Pregnancy test alone does not apply.
Colorectal Cancer Screening Members age 50-75 years	Lines of Business: Advantage MD EHP USFHP Provider Specialty: No provider requirements specified.	One or more appropriate screenings for colorectal cancer. Appropriate screenings are defined by one of the following: <ul style="list-style-type: none"> FOBT during the measurement year Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year Colonoscopy during the measurement year or the nine years prior to the measurement year CT colonography (virtual colonoscopy) during the measurement year or the 4 years prior to the measurement year FIT-DNA during the measurement year or the 2 years prior to the measurement year Exclusions: Members with a diagnosis of colorectal cancer or total colectomy.

2019 Quality Measures Tip Sheet (continued)

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Controlling High BP Members age 18–85 years	Lines of Business: Advantage MD EHP Priority Partners/VBP USFHP Provider Specialty: No provider requirements specified.	Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm HG) during the measurement year regardless of the members age. Representative BP: The last BP reading taken on or after the second diagnosis of HTN during the measurement year. Diagnosis and documented BP ideally would come from the same medical practitioner, but it is not limited to that provider. The representative BP from the most recent practitioner/specialist seen by the member should be used. Identify the most recent BP reading noted during the measurement year. The reading must occur after the date when the diagnosis of hypertension was confirmed. Do not include BP readings: <ul style="list-style-type: none"> • Taken during an acute inpatient stay or an ED visits • Taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen on or one day before the day of the test or procedure, with the exception of fasting blood tests • Reported by or taken by the member if initial BP is high, physician or staff must document a subsequent BP during that visit. If initial BP is high, physician or staff must document a subsequent BP during that visit. Exclusions: <ul style="list-style-type: none"> • Members with evident ESRD • Members who have had a Kidney Transplant or Dialysis • Members with diagnosis of pregnancy during the measurement year • Members who had an admission to a non-acute inpatient setting during the measurement year
Diabetic Eye Exam Members age 18–75 years with diabetes	Lines of Business: Advantage MD EHP Priority Partners USFHP Provider Specialty: Ophthalmologist Optometrist	Optometrist/ophthalmologist exam every two years for patients without retinopathy and every year with retinopathy. At a minimum, documentation in the medical record must include one of the following: <ul style="list-style-type: none"> • A letter prepared by an optometrist, ophthalmologist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (see provider specialty), the date when the procedure was performed and the results • A chart or photograph of retinal abnormalities, indicating the date when the fundus photography was performed, and evidence that an eye care professional reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist • Documentation of a negative retinal or dilated exam by an eye care professional in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings for a dilated or retinal eye exam performed by an eye care professional meets criteria) CDC Exclusions: Gestational diabetes, steroid induced, no diagnosis of diabetes occurring during the measurement year or year prior to the measurement year If your member has been erroneously identified as diabetic, send a copy of the member's problem list or progress note to validate "not a diabetic." Please note that if another claim is received by the health plan with a diagnosis of diabetes, the member will be placed back in the denominator for this measure.
Diabetic HbA1c Control < 8.0 Members age 18-75 years with diabetes	Lines of Business: Advantage MD* EHP Priority Partners/VBP USFHP Provider Specialty: No provider requirements specified.	The member is compliant if the most recent HbA1c during the measurement year is < 8.0 *For Advantage MD members a result < 9.0 is acceptable
Diabetic HbA1c Testing Members age 18–75 years with diabetes	Lines of Business: Advantage MD EHP Priority Partners USFHP Provider Specialty: No provider requirements specified.	An HbA1c test performed during the measurement year, as identified by administrative data or medical record review. At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.
Diabetic Nephropathy Monitoring Members age 18–75 years with diabetes	Lines of Business: Advantage MD EHP Priority Partners USFHP Provider Specialty: No provider requirements specified	A nephropathy screening test during the measurement year or evidence of nephropathy during the measurement year, as documented through either administrative data or medical record review.
Disabled (SSI) Adults Members age 21–64 years and older who have been enrolled for 320 days or more Administrative	Lines of Business: VBP Provider Specialty: No provider requirements specified	Members 21–64 years of age as of December 31 st of the measurement year. Adults who have had at least one ambulatory care visit in an office or any PCP outpatient visit. Preventative well visits preferred. <ul style="list-style-type: none"> • Documentation via claims only • This is a Maryland Department of Health (MDH) custom measure and reporting is captured by billing and encounter codes only. Preferred Codes: Preventive medicine CPT codes Exclusions: Measure does not include mental health or chemical dependency services.
Disabled (SSI) Children Members age 0–20 years as of December 31 st of the measurement year who have been enrolled for 320 days or more Administrative	Lines of Business: VBP Provider Specialty: No provider requirements specified	Children who have had at least one ambulatory care visit in an office or any PCP outpatient visit. Preventative well visits preferred. <ul style="list-style-type: none"> • Documentation via claims • This is a Maryland Department of Health (MDH) custom measure and reporting is captured by billing and encounter codes only. Preferred Codes: Preventive medicine CPT codes Exclusions: Measure does not include mental health or chemical dependency services.
Follow-Up After Hospitalization for Mental Illness Members age 6 and older Administrative	Lines of Business: Advantage MD EHP USFHP Provider Specialty: Mental Health Practitioner	The percent of discharges for members age 6 and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge.

2019 Quality Measures Tip Sheet (continued)

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Immunizations for Adolescents Immunization must occur on or prior to the member's 13 th birthday	Lines of Business: Combo 1 & 2 EHP Priority Partners USFHP Provider Specialty: No provider requirements specified.	Complete Immunizations: Combo 1 <ul style="list-style-type: none"> • 1 dose – Meningococcal conjugate on or between the member's 11th and 13th birthdays • 1 dose – Tetanus, diphtheria toxoids vaccine, and acellular pertussis vaccine (Tdap) on or between the member's 10th and 13th birthdays Combo 2 (includes above combo 1 immunizations plus the following) <ul style="list-style-type: none"> • 3 doses HPV (human papilloma virus) vaccine with different dates of service between the members 9th and 13th birthdays Document a note indicating the name of the specific antigen and the date of the immunization, OR Document a certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered. PLEASE DOCUMENT ANY PARENT REFUSAL FOR IMMUNIZATIONS, AS WELL AS ANAPHYLACTIC REACTIONS.
Lead Screening Members age 12–23 months during the measurement year <i>State of Maryland Lead Administrative</i>	Lines of Business: VBP Provider Specialty: No provider requirements specified.	For all children turning 1 year old in 2019 (born in 2018) , a lead blood test must be completed between 1/1/2019 and 12/31/2019. A lead test done in 2018 will also be accepted. Please test all children in the appropriate age range regardless of their living environment or location. CPT: 83655 MDH only reports lead tests that have been submitted with the above CPT code.
Medication Adherence for Cholesterol (Statin) Members age 18 years and older Administrative	Lines of Business: Advantage MD Medicare Part D Provider Specialty: No provider requirements specified.	The percent 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 supposed to be taking the medication. Data for this measure is based on pharmacy claim data and comes from the Prescription Drug Event data files (PDE) submitted by drug plans to Medicare.
Medication Adherence for Diabetes Medications Members age 18 years and older Administrative	Lines of Business: Advantage MD Medicare Part D Provider Specialty: No provider requirements specified.	The percent 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 supposed to be taking the medication. The percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy across classes of diabetes medications: <ul style="list-style-type: none"> • Biguanides • Sulfonylureas • Thiazolidinediones • DiPeptidyl Peptidase (DPP)-IV Inhibitors • Incretin mimetics • Meglitinides • Sodium glucose cotransporter 2 (SGLT) inhibitors Data for this measure is based on pharmacy claim data and comes from the Prescription Drug Event data files (PDE) submitted by drug plans to Medicare.
Medication Adherence for Hypertension Members age 18 years and older Administrative	Lines of Business: Advantage MD Medicare Part D Provider Specialty: No provider requirements specified.	The percent 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 supposed to be taking their medication. This measure is defined as: The percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for: <ul style="list-style-type: none"> • Renin angiotensin system (RAS) antagonists <ul style="list-style-type: none"> • Angiotensin converting enzyme inhibitor (ACEI) • Angiotensin receptor blocker (ARB) • Direct renin inhibitor medications Data for this measure is based on pharmacy claim data and comes from the Prescription Drug Event data files (PDE) submitted by drug plans to Medicare
Medication Reconciliation Post-Discharge Members age 18 years and older Administrative	Lines of Business: Advantage MD Provider Specialty: Prescribing Practitioner Clinical Pharmacist Registered Nurse	The percentage of discharges from January 1 – December 1 of the measurement year for Medicare Advantage members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days). Documentation in the medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meet criteria: <ul style="list-style-type: none"> • Documentation that the provider reconciled the current and discharge medications • Documentation of the 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) • Documentation of the member's current medications with a notation that the discharge medications were reviewed • Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service • Evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review • Documentation in the discharge summary that the discharge medications were reconciled with the current medications • Notation that no medications were prescribed or ordered upon discharge Only documentation in the outpatient chart meets the intent of the measure, but an outpatient visit is not required.
Osteoporosis Management in Women Who Had a Fracture Women 67–85 years as of December 31 of the measurement year Administrative	Lines of Business: Advantage MD Provider Specialty: No provider requirements specified.	Members age 67 - 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in six months after the fracture. Fractures of finger, toe, face and skull are not included in this measure. A 12-month (1 year) window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The intake period is used to capture the first fracture. Index Episode Start Date (IESD). The earliest date of service for any encounter during the intake period with a diagnosis of fracture. For an outpatient, observation, or ED visit, the IESD is date of service. For an inpatient encounter, the IESD is the date of discharge. For direct transfers, the IESD is the discharge date from the last admission. Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria: <ul style="list-style-type: none"> • A BMD test on the IESD or in the 180-day (6-month) period after the IESD • A BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization) • Osteoporosis therapy on the IESD or in the 180-day (6-month) period after the IESD • A dispensed prescription to treat osteoporosis on the IESD or in the 180-day (6-month) period after the IESD Exclusions: Exclude members who met any of the following criteria: <ul style="list-style-type: none"> • Members who had a BMD test during the 730 days (24 months) prior to the IESD • Members who had a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the IESD • Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the IESD
Postpartum Visit Women who had a live delivery between November 6 th of the year prior to the measurement year and November 5 th of the measurement year	Lines of Business: EHP Priority Partners USFHP Provider Specialty: OB/GYN Prenatal Care Practitioner PCP	Documentation of a postpartum visit that occurs on or between 21–56 days after delivery. Components of a postpartum exam visit note must include a visit date and one of the following: <ul style="list-style-type: none"> • Pelvic exam OR • Weight, BP, breast and/or breastfeeding status and abdominal evaluation OR • Notation of PP check, PP Care, six-week check notation, or pre-printed "Postpartum Care" form in which information was documented during the visit

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Rheumatoid Arthritis Management 18 years and older as of December 31 of the measurement year Administrative	Lines of Business: Advantage MD Provider Specialty: No provider requirements specified.	The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). Measure inclusion criteria: Two of the following with different dates of service on or between January 1 and November 30 of the measurement year. <ul style="list-style-type: none"> • Outpatient visit, with any diagnosis of rheumatoid arthritis • Non-acute inpatient discharge, with any diagnosis of rheumatoid arthritis Compliance criteria: Members who had at least one ambulatory prescription dispensed for a DMARD during the measurement year. There are two ways to identify members who received a DMARD: <ul style="list-style-type: none"> • Claim/encounter data; a DMARD prescription during the measurement year • Pharmacy data; members who were dispensed a DMARD during the measurement year on an ambulatory basis Exclusions: <ul style="list-style-type: none"> • A diagnosis of HIV any time during the member's history through December 31 of the measurement year • A diagnosis of pregnancy any time during the measurement year Disease-Modifying Anti-Rheumatic Drugs (DMARD) <table border="1" data-bbox="824 668 1825 1091"> <thead> <tr> <th>Description</th> <th colspan="3">Prescription</th> </tr> </thead> <tbody> <tr> <td>5-Aminosalicylates</td> <td colspan="3">Sulfasalazine</td> </tr> <tr> <td>Alkylating agents</td> <td colspan="3">Cyclophosphamide</td> </tr> <tr> <td>Aminoquinolines</td> <td colspan="3">Hydroxychloroquine</td> </tr> <tr> <td>Anti-rheumatics</td> <td>Auranofin Gold sodium thiomalate</td> <td>Leflunomide Methotrexate</td> <td>Penicillamine</td> </tr> <tr> <td>Immunomodulators</td> <td>Abatacept Adalimumab Anakinra Certolizumab</td> <td>Certolizumab pegol Etanercept Golimumab</td> <td>Infliximab Rituximab Tocilizumab</td> </tr> <tr> <td>Immunosuppressive agents</td> <td>Azathioprine</td> <td>Cyclosporine</td> <td>Mycophenolate</td> </tr> <tr> <td>Janus kinase (JAK) inhibitor</td> <td colspan="3">Tofacitinib</td> </tr> <tr> <td>Tetracyclines</td> <td colspan="3">Minocycline</td> </tr> </tbody> </table>	Description	Prescription			5-Aminosalicylates	Sulfasalazine			Alkylating agents	Cyclophosphamide			Aminoquinolines	Hydroxychloroquine			Anti-rheumatics	Auranofin Gold sodium thiomalate	Leflunomide Methotrexate	Penicillamine	Immunomodulators	Abatacept Adalimumab Anakinra Certolizumab	Certolizumab pegol Etanercept Golimumab	Infliximab Rituximab Tocilizumab	Immunosuppressive agents	Azathioprine	Cyclosporine	Mycophenolate	Janus kinase (JAK) inhibitor	Tofacitinib			Tetracyclines	Minocycline		
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Statin Therapy for Patients with Cardiovascular Disease Administrative	Lines of Business: Advantage MD EHP Priority Partners USFHP Provider Specialty: No provider requirements specified.	The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) (denominator) and were dispensed at least one high or moderate-intensity statin medication during the measurement year (numerator).																																				
Statin Use in Persons with Diabetes (SUPD) Administrative	Lines of Business: Advantage MD Medicare Part D Provider Specialty: No provider requirements specified.	This measure is defined as the percentage of Medicare Part D beneficiaries 40-75 years old dispensed at least two diabetes medication fills who received a statin medication fill during the measurement period. Numerator = Number of member-years of enrolled beneficiaries in the denominator who received a statin medication fill during the measurement period. Denominator = Number of member-years of enrolled beneficiaries 40-75 years old with at least two diabetes medication fills during the measurement period.																																				
Transitions of Care (TRC)	Lines of Business: Advantage MD Provider Specialty: PCP	Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission or the following day. Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge or the following day. Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 days total).																																				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) Members age 3–17 years	Lines of Business: EHP Priority Partners USFHP Provider Specialty: PCP OB/GYN	Documentation of an outpatient visit, with evidence of the following, during the measurement year: <ul style="list-style-type: none"> • BMI percentile • BMI percentile plotted on age-growth chart • Counseling for physical activity • Counseling for nutrition Exclusions: Members with diagnosis of pregnancy during the measurement year. A BMI value is not acceptable for this age range.																																				
Well Child Visit Members age 3–6 years of age	Lines of Business: Priority Partners Provider Specialty: PCP	One well child visit with a PCP during the measurement year. All components of a well child visit must be included: <ul style="list-style-type: none"> • Physical Developmental History • Mental Developmental History • Physical Examination • Health Education/Anticipatory Guidance • Health History Well visits can be done in conjunction with sick visits, as long as they are billed with the appropriate modifier, and can be performed anytime in the measurement/calendar year. Priority Partners does not have frequency or date limit restrictions on well visits.																																				
Well Child Visit Members first 15 months of life.	Lines of Business: Priority Partners/VBP Provider Specialty: PCP	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: <ul style="list-style-type: none"> • No well-child visits. • One well-child visit. • Two well-child visits. • Three well-child visits. • Four well-child visits. • Five well-child visits. • Six or more well-child visits. All components of well-child visit must be included: <ul style="list-style-type: none"> • Physical developmental history • Mental developmental history • Physical Examination • Health Education/Anticipatory Guidance • Health History The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.																																				

2019 Quality Measures Tip Sheet (continued)

Please distribute to billing and office personnel as appropriate.

Contact your Network Manager at 888-895-4998 with any questions.

(*)Compliance for some measures includes billing with the appropriate CPT and/or ICD Diagnosis Code.

Coding is in accordance with HEDIS® 2019 Guidelines & Specifications.

Please use most recent CPT or ICD codes.

SEND EXCLUSION DOCUMENTATION TO JHHC QI VIA CONFIDENTIAL FAX TO: 410-762-5941

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