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# Respiratory Conditions

Improving HEDIS<sup>®</sup> Respiratory Measures

*Why we're in business*

## OUR PURPOSE

Transforming the health of the community, one person at a time

*What we do*

## OUR MISSION

Better health outcomes at lower costs

*What we represent*

## OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

*What drives our activity*

## OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

# Topics

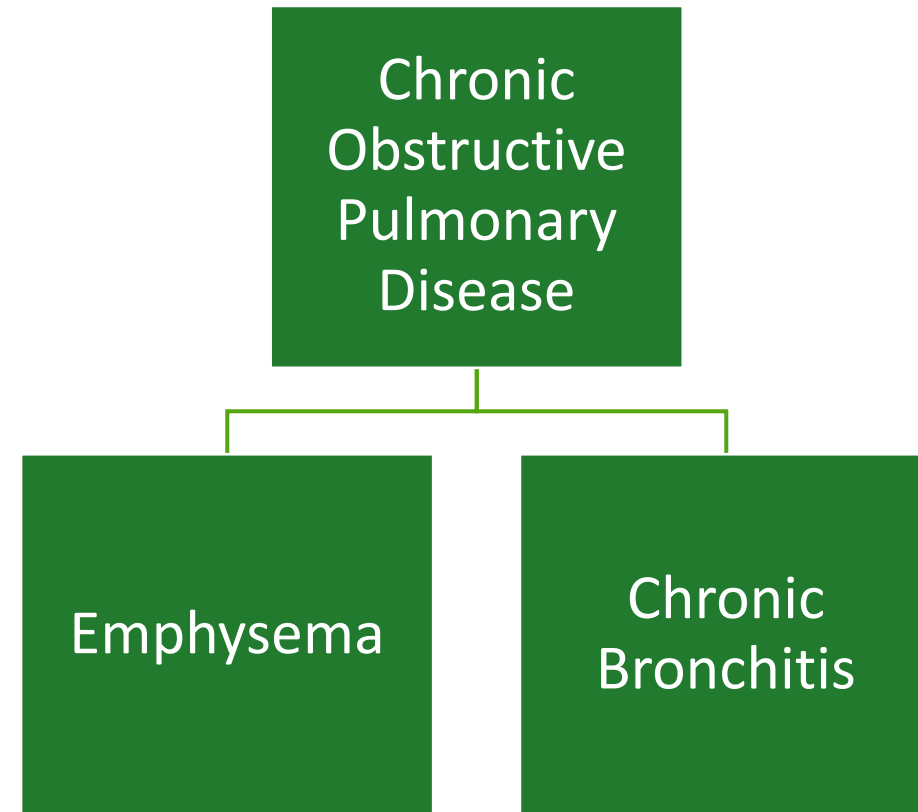
- Review of Respiratory Conditions
- Documentation and Coding Tips
- Improving HEDIS<sup>®</sup> Scores
- Resources

# What is COPD?

Chronic obstructive pulmonary disease (COPD) is a chronic condition that is progressive and makes it hard for a person to breathe over time. While there is no cure, it can be prevented and treated.

## Symptoms include:

- Chronic cough.
- Shortness of breath.
- Frequent respiratory infections.
- Cyanosis.
- Mucus production.



# Causes of COPD



- **Smoking:**
  - Z72.0 – Tobacco use.
  - F17.200 – Nicotine dependence.
  - Z87.891 – History of nicotine dependence.
- **Environmental:**
  - Z57.39 – Occupational exposure to other air contaminants.
  - Z77.1– Contact with and (suspected) exposure to environmental pollution and/or hazards in the physical environment.
- **Genetic:**
  - E88.01 – Alpha-1-antitrypsin deficiency.

# Asthma

Asthma is a chronic lung disease that has no cure, and the causes of asthma are unknown. As air moves through your lungs, the airways become smaller.

## Symptoms:

- Shortness of breath.
- Wheezing.
- Coughing.
- Tightness in chest.

## Triggers:

- Tobacco smoke.
- Dust mites.
- Outdoor air pollution.
- Cockroach allergen.
- Pets.
- Mold.

### Asthma condition codes:

J45.20 – Mild uncomplicated asthma.

J45.52 – Severe persistent asthma with status asthmaticus.

J45.990 – Exercise induced bronchospasm.

# Asthma Treatment

## Avoiding Triggers

- Exposure to environmental tobacco smoke (Z77.22).
- Tobacco use (Z72.0).
- Exposure to mold (Z77.120).

## Long-Term Maintenance Medications

- Budesonide-formoterol (inhalation).
- Beclomethasone (inhalation).
- Montelukast (oral).

## Rescue Medications

- Albuterol (inhalation).
- Levalbuterol (inhalation).

# Upper Respiratory Infection (URI)

An upper respiratory infection is commonly referred to as a common cold. URIs can be either viral or bacterial. Treatment for viral infections includes rest, medications to treat symptoms (antitussive, throat lozenges, antipyretics, etc.), and fluids.

## URI Symptoms:

- Scratchy throat.
- Sneezing.
- Stuffy nose.
- Headache.
- Cough.
- Fatigue.

In addition to the common cold, there are other types of URIs. Some are caused by a bacterial infection. In addition to symptom relief for viral infections, bacterial infections may require an antibiotic. The below examples can be viral or bacterial.

URI Type	Description
Sinusitis	<ul style="list-style-type: none"><li>• Inflammation of the sinuses that can cause them to get blocked and filled with fluid.</li><li>• Acute sinusitis – J01.90.</li></ul>
Bronchitis/bronchiolitis	<ul style="list-style-type: none"><li>• Inflammation of the lining of your bronchial tubes, which carry air to and from your lungs.</li><li>• Chronic bronchitis – J41.0, J41.1, J41.8, and J42.</li><li>• Acute bronchitis with COPD – J44.0.</li></ul>
Laryngitis	<ul style="list-style-type: none"><li>• Inflammation of your voice box (larynx) from overuse, irritation, or infection.</li><li>• Acute laryngitis – J04.0.</li></ul>



# Bacteria vs. Virus

**Bacteria** are single-celled microorganisms that thrive in many different types of environments. Some varieties live in extremes of cold or heat. Others make their home in people's intestines, where they help digest food. Most bacteria cause no harm to people, but there are exceptions.

Infections caused by bacteria include:

- Strep throat.
- Tuberculosis.
- Urinary tract infections.

**Viruses** are even smaller than bacteria and require living hosts — such as people, plants, or animals — to multiply. Otherwise, they can't survive. When a virus enters your body, it invades some of your cells and takes over the cell machinery, redirecting it to produce the virus.

Diseases caused by viruses include:

- Chickenpox.
- AIDS.
- Common colds.

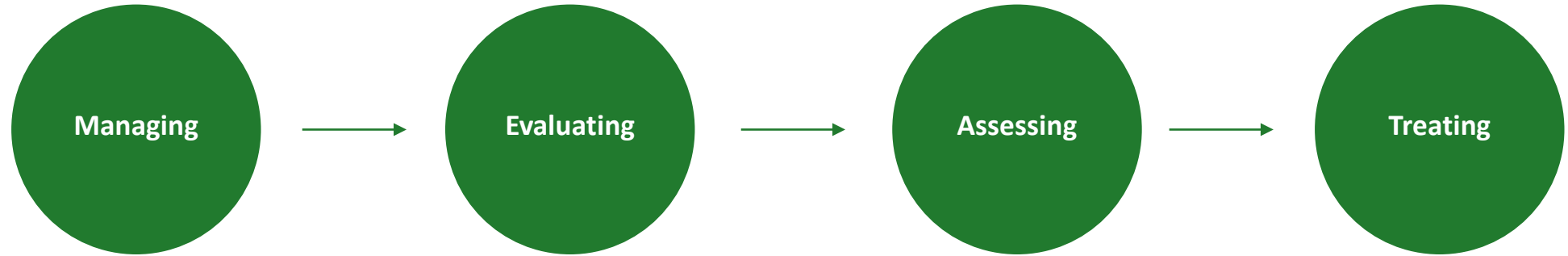
- Inappropriate use of antibiotics has helped create bacterial diseases that are resistant to treatment with different types of antibiotic medications.
- In some cases, it may be difficult to determine whether a bacterium or a virus is causing your symptoms. Many ailments — such as pneumonia, meningitis, and diarrhea — can be caused by either bacteria or viruses.

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# Documentation and Coding Tips

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# Managing, Evaluating, Accessing, and Treating (M.E.A.T.)



*Signs, symptoms,  
disease progression,  
disease regression.*

**Example:**  
COPD, symptoms well  
controlled on  
albuterol-ipratropium.  
Continue to monitor.

*Test results, medication  
effectiveness, response to  
treatment.*

**Example:**  
COPD exacerbation,  
prednisone 20mg daily.  
Increase 40mg daily for  
one week and reevaluate.

*Ordered tests,  
discussion, review  
records, counseling.*

**Example:**  
Chronic asthma,  
reviewed asthma action  
plan. Is effective and will  
continue same plan.

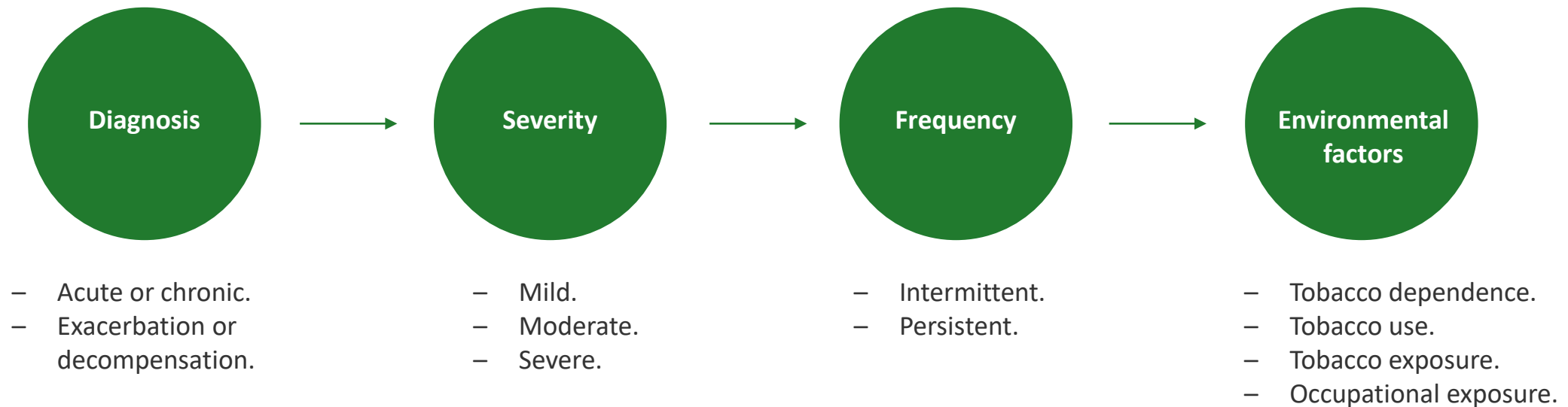
*Medications, therapies,  
other modalities.*

**Example:**  
URI, antitussive ordered  
for cough, encourage  
fluids and rest.

A valid reportable diagnosis requires documentation supporting that the condition is being managed, evaluated, assessed, or treated.

# Coding of Respiratory Conditions

- Always code to the highest level of specificity.
- Chronic conditions must be captured every year.
- If an antibiotic is ordered, list all comorbid diagnoses in documentation and on claim to support the antibiotic prescription.



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# Improving HEDIS<sup>®</sup> Scores

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# What are Technical Specifications?

## Healthcare Effectiveness Data and Information Set (HEDIS)

- Set of standardized performance measures.
- Developed by National Committee for Quality Assurance® (NCQA) to objectively measure, report, and compare quality across health plans.
- Technical specifications are the requirements or “rules” of each of the HEDIS performance measures.

## HEDIS rates are used to:

- Evaluate health insurance companies’ efforts to improve preventive health outreach for members.
- Evaluate your practice’s preventive care efforts.



# HEDIS Measures for COPD

Evidence shows that most patients with COPD who have had a recent inpatient hospitalization or emergency department (ED) visit can benefit from taking both a system corticosteroid and a bronchodilator.

## Pharmacotherapy Management of COPD Exacerbation (PCE)

- **HEDIS Measure**
  - The percentage of COPD exacerbations for members 40 years and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year and who were dispensed appropriate medications. There are two rates reported:
    - Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of event.
    - Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.
- **To Improve HEDIS Scores**
  - Schedule a follow-up appointment within 7 – 14 days of discharge.
  - Perform a medication review and ensure your patient is using their inhalers correctly.
  - Discuss with patients the importance of filling their prescriptions and taking these medications.
- **Documentation**
  - Avoid using “history of” if the patient is still being monitored and treated for the condition.

# Pharmacotherapy Management of COPD of Exacerbation (PCE)

## Iowa Medicaid Preferred Medications

### Systemic Corticosteroid Medications

Description	Prescription
Glucocorticoids	<ul style="list-style-type: none"> <li>• Cortisone</li> <li>• Hydrocortisone</li> <li>• Prednisolone</li> <li>• Dexamethasone</li> <li>• Methylprednisolone</li> <li>• Prednisone</li> </ul>

### Bronchodilator Medications

Description	Prescription
Anticholinergic agents	<ul style="list-style-type: none"> <li>• Ipratropium</li> <li>• Atrovent HFA</li> <li>• Spiriva® Handihaler®</li> <li>• Spiriva Respimat</li> <li>• Incruse Ellipta (Umeclidinium)</li> </ul>
Beta-2-agonists	<ul style="list-style-type: none"> <li>• Albuterol</li> <li>• Proair HFA</li> <li>• Ventolin HFA</li> <li>• Proventil HFA</li> <li>• Serevent Diskus (Salmeterol)</li> <li>• Striverdi Respimat (Olodaterol)</li> </ul>
Bronchodilator combinations	<ul style="list-style-type: none"> <li>• Albuterol-ipratropium</li> <li>• Combivent Respimat</li> <li>• Symbicort</li> <li>• Fluticasone salmeterol aerosol powder breath-activated</li> <li>• Advair Diskus</li> <li>• Advair HFA</li> <li>• Stiolito Respimat</li> <li>• Anoro Ellipta</li> </ul>

\*subject to change



# HEDIS Measure for Asthma

Appropriate medication management for patients with asthma could reduce the need for rescue medication as well as the costs associated with ED visits, inpatient admissions, and missed days of work or school.

## Asthma Medication Ratio (AMR)

- **HEDIS Measure**
  - Assesses adults and children 5 – 64 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.
- **To Improve HEDIS Scores**
  - Members of the ages 5 and older with persistent asthma should be prescribed and remain on an asthma controller and be provided with an asthma action plan.
  - Schedule follow-up appointments with members prior to them leaving office.
  - Keep list of member medications current to include medications from other providers.
  - Ensure the member is not using rescue medications more than preventive medications.
- **Coding**
  - When coding COPD with asthmatic conditions code both the COPD and asthma.

# Asthma Medication Ratio (AMR) – Iowa Medicaid Preferred List

## Asthma Controller Medications

Description	Prescription	Medication Lists	Route
Antiasthmatic combinations	Dyphylline-guaifenesin	Dyphylline Guaifenesin	Oral
Antibody inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation

## Asthma Reliever Medications

Description	Prescription	Medication Lists	Route
Short-acting, inhaled beta-2-agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2-agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

\*Not all medications listed

# AMR – Iowa Medicaid Preferred List\*

## Asthma Controller Medications

Description	Drug Covered by Iowa Medicaid
Antibody inhibitors: Omalizumab	Xolair Prefilled Syringe
Anti-interleukin-4: Dupilumab	Dupixent
Anti-interleukin-5: Benralizumab	Fasenra
Anti-interleukin-5: Mepolizumab	Nucala
Inhaled steroid combinations: Budesonide-formoterol	Symbicort
Inhaled steroid combinations: Fluticasone-salmeterol	Advair Diskus, Advair HFA, fluticasone almeterol aerosol powder breath activated
Inhaled steroid combinations: Fluticasone-vilanterol	Breo Ellipta
Inhaled steroid combinations: Fomoterol-mometasone	Dulera
Inhaled corticosteroids: Beclomethasone	QVAR redihaler
Inhaled corticosteroids: Budesonide	Pulmicort Inhaler, (budesonide [inhalation] under the ages of 8 only)
Inhaled corticosteroids: Ciclesonide	Alvesco
Inhaled corticosteroids: Fluticasone	Flovent HFA, Flovent Diskus
Inhaled corticosteroids: Mometasone	Asmanex
Leukotriene modifiers: Montelukast	Montelukast chew, montelukast tab, (montelukast granules under the ages of 2 only)
Leukotriene modifiers: Zafirlukast	Accolate, zafirlukast
Leukotriene modifiers: Zileuton	Zyflo
Methylxanthines: Theophylline	Theophylline

## Asthma Reliever Medications

Description	Drug Covered by Iowa Medicaid
Short-acting, inhaled beta-2-agonists: Albuterol	Albuterol sulfate solution neb, albuterol sulfate syrup, Proair HFA, Proventil HFA, Ventolin HFA
Short-acting, inhaled beta-2-agonists: Levalbuterol	Xopenex, levalbuterol, levalbuterol tartrate

**\*Some medications listed need prior authorization. Always check the health plan preferred drug list status when prescribing medications.**

# HEDIS Measure for Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

- **HEDIS Measure**

- The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription between July 1 of the year prior to the measurement year and June 30 of the measurement year.

- **To Improve HEDIS Scores**

- Instruct patients on the difference between viral and bacterial infections.
- Ensure testing performed to distinguish between viral and bacterial infections are properly coded on claim.
- Educate members on comfort measures without antibiotics (e.g., extra fluids and rest).
- If you are treating a member for another condition or illness, document the other diagnosis code on the claim.

- **Coding**

- If you feel your patient warrants a prescription for antibiotics, include the appropriate diagnosis that would support the use of antibiotics including bacterial infections or chronic conditions.
  - Examples:
    - COPD – J44.0, J44.1, J44.9, J47.1, J47.9.
    - Emphysema – J43.0-J43.2, J43.8, J43.9.
    - Chronic bronchitis – J41.0, J41.1, J41.8, J42.

# HEDIS Measure for URI

- **HEDIS Measure**

- The percentage of episodes for members 3 months of age and older with a diagnosis of URI that did not result in an antibiotic dispensing event.

- **To Improve HEDIS Scores**

- When patients ask for antibiotics to treat viral infections:
  - Explain that unnecessary antibiotics can be harmful.
  - Emphasize the importance of adequate rest, nutrition, and hydration.
  - Provide a prescription for symptom relief instead of an antibiotic, if appropriate.
- Utilize the ‘Viral Treatment Plan for Symptom Relief’ pad to help patients with talking points and for educating on instructions.

- **Coding**

- If ordering antibiotics, list all competing or comorbid diagnosis codes on claim when submitting.
  - Examples:
    - Infective Rhinitis – J00, J06.0, J06.9.
    - Pneumonia – J18.9.

# AAB & URI Antibiotic Medications: \*Iowa Medicaid Preferred List

Description	Drug Covered by Iowa Medicaid
Aminoglycosides	Amikacin sulfate, gentamicin sulfate, gentamicin in saline, streptomycin sulfate, and tobramycin neb solution.
Aminopenicillins	Amoxicillin and ampicillin.
Beta-lactamase inhibitors	Amoxicillin & K clavulanate chew tab, amoxicillin & K clavulanate for suspension, amoxicillin & K clavulanate tab, ampicillin & sulbactam sodium, piperacillin sodium-tazobactam sodium, and Zosyn.
First-generation cephalosporins	Cefadroxil, cephalexin, cefazolin sodium, and cefazolin in D5W.
Fourth-generation cephalosporins	Cefepime.
Lincomycin derivatives	Clindamycin.
Macrolides	Azithromycin suspension, azithromycin tabs, clarithromycin suspension, and clarithromycin tabs.
Miscellaneous antibiotics	Linezolid, metronidazole powder, metronidazole tab, metronidazole in NaCl, vancomycin HCl, vancomycin HCl caps, and vancomycin HCl in dextrose.
Natural penicillins	Bicillin, penicillin g potassium, Pfizerpen-G, penicillin g pot in dextrose, and penicillin V potassium.
Penicillinase-resistant penicillins	Dicloxacillin sodium, oxacillin sodium, and nafcillin sodium.
Quinolones	Ciprofloxacin iv solution, ciprofloxacin tab, and levofloxacin.
Rifamycin derivatives	Rifampin.
Second-generation cephalosporin	Cefprozil, cefuroxime axetil tab, and cefuroime sodium.
Sulfonamides	Sulfadiazine and sulfamethoxazole-trimethoprim.
Tetracyclines	Doxycycline (monohydrate) caps and Vibramycin Syrup.
Third-generation cephalosporins	Cefdinir, cefotaxime sodium, ceftazidime, ceftriaxone sodium, and ceftriaxone sodium in dextrose.

**\*Some medications listed need prior authorization. Always check the health plan preferred drug list status when prescribing medications.**

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# Provider Resources

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# Iowa Total Care Provider Resources

## Resources

Get the tools you need at [iowatotalcare.com](http://iowatotalcare.com). From the 'For Providers' tab on our website, you can access:

- Training on programs and gap closure support to fit your practice needs.
- Access to [manuals, forms, and resources](https://www.iowatotalcare.com/providers/resources/forms-resources.html) (https://www.iowatotalcare.com/providers/resources/forms-resources.html) such as HEDIS tip sheets to assist with caring for your patient.

From the Provider Portal ([provider.iowatotalcare.com](http://provider.iowatotalcare.com)) you can:

- Click on **Patient** and select member's name to access patient's medical records.
- Click on **Authorization** to create or view status of submitted prior authorizations.
- Click on **Claims** to review status of submitted claims.

## Does a member need help to stop smoking and/or tobacco use?

- Members can call Iowa Total Care QuitLine:
  - 1-800-QUIT-NOW (1-800-784-8669)
  - TTY/TDD: 1-877-777-6534 or 1-888-229-2182
- [Enroll Online](http://itc.quitlogix.org/en-US) (itc.quitlogix.org/en-US).

For additional information, visit our [Stop Smoking webpage](https://www.iowatotalcare.com/members/medicaid/health-wellness/how-to-stop-smoking.html).

(https://www.iowatotalcare.com/members/medicaid/health-wellness/how-to-stop-smoking.html).

## Have a member that would benefit from disease or care management for COPD?

- Contact Iowa Total Care's Care Management Department: 1-833-404-1061 (TTY: 711).





# Clinical Quality Consultant (CQC) Territory Map

CQCs consist of a diverse team of registered nurses who will serve as your individual point of contact. They assist in the education and management of clinical requirements that are part of risk adjustment, HEDIS, state and CMS regulatory requirements, and other quality measures.



**Need a current clinical quality consultants map?**  
Visit [Iowa Total Care Territory Maps \(iowatotalcare.com/territory-maps.html\)](http://iowatotalcare.com/territory-maps.html).

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Questions?

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