Quick Reference Guide
HEDIS® 2024

For more information, visit www.ncqa.org

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WHAT IS HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans.

NCQA develops HEDIS® measures through a committee represented by purchasers, consumers, health plans, healthcare providers, and policy makers.

HOW ARE RATES CALCULATED?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan.

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered that were not reported to the health plan through claim/encounter data.

Accurate and timely claim/encounter data (administrative) reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS® rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS® rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Iowa Total Care strives to enhance quality of care through a focus on preventative and screening services while promoting engagement with our members and utilize HEDIS® scores to measure impact. HEDIS® scores can also be utilized to evaluate your practice's preventive care efforts.

MEDICAL RECORDS

When administrative data (claim or encounter data submitted to the health plan) is not available, organizations may use other sources to collect data about their members and about delivery of health services to members.

Other methods that Iowa Total Care utilizes to collect medical record information include:

- **Remote Access:** Provider offices allow electronic medical record (EMR) access to our HEDIS® abstractors and clinical quality consultants to ease the burden on their own staff.
- **Electronic Data Exchange (EDS):** Provider offices work with Iowa Total Care to electronically exchange clinical information about a member beyond administrative

claims. This would include the date of service as well as results of lab tests, vital signs or other services.

- **Provider Portal**: Provider offices can upload records directly to Iowa Total Care **provider portal** (provider.iowatotalcare.com).
- **Fax**: Provider offices can fax records to the Quality HEDIS® department: 1-833-900-3871.
- **Email**: Provider offices can securely email records to the Quality HEDIS® department: **ITC_HEDIS@IowaTotalCare.com**
- Quality staff go onsite to provider offices to collect medical records needed.

YEAR-ROUND DATA COLLECTION

To ease the burden on provider offices and staff, especially during the HEDIS® season (February through April), Iowa Total Care works to capture HEDIS® measures throughout the entire year. This can be successfully achieved when the health plan has remote access to the provider's EMR.

Health plans can also receive information via electronic data exchange (EDS). Also referred to as supplemental data, EDS electronically captures additional clinical information about a member, beyond *administrative* claims, that are received by Iowa Total Care.

HOW CAN I IMPROVE MY HEDIS® SCORES?

- Submit claim/encounter data for each and every service rendered.
- Ensure chart documentation reflects all services billed.
- Bill (or report by encounter submission) for all delivered services, regardless of contract status.
- Ensure all claim/encounter data is submitted in an accurate and timely manner.
- Consider including CPT® II codes to provide additional details and reduce medical record requests.
  - CPT® II codes are supplemental tracking codes that can be used for performance measurement. Use of these codes will decrease the need for some record abstraction and chart review thereby minimizing administrative burden on providers and other healthcare staff.
  - CPT® II codes ensure gaps in care are closed in a timelier manner.
  - Improve accuracy of gaps-in-care reporting.
  - More effectively monitor quality and service delivery within a provider's practice.

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- They capture data that ICD-10 codes and CPT® Category I codes do not – so important information related to health outcome measures is relayed more efficiently.

How Iowa Total Care Uses HEDIS® for Provider Incentive Programs

PAY-FOR-PERFORMANCE (P4P)

P4P is an activity-based reimbursement with an incentive payment based on achieving defined and measurable goals related to access, continuity of care, member satisfaction, and clinical outcomes. Based on program performance, you are eligible to earn compensation in addition to what you are paid through your participating provider agreement.

RISK MANAGEMENT: Continuity of Care (CoC) Program

The CoC program is designed to support your outreach to members for annual visits and condition management, which will help us better identify members who are eligible for case management programs. The program achieves this goal by increasing PCP visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. Providers earn incentive payments for proactively coordinating preventive medicine, thoroughly addressing all the patients' current conditions to improve health and providing appropriate clinical quality care.

Glossary of Terms

Numerator: The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment or service.

Denominator: The number of members who qualify for the measure criteria, based on NCQA technical specifications.

Measurement year: In most cases, the 12-month timeframe between which a service was rendered; generally, January 1 through December 31.

Reporting year: The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.

Administrative: Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.

Hybrid: Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters and medical record data. In some cases, health plans use auditor-approved supplemental data for the numerator.

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ECDS

Electronic Clinical Data Systems (ECDS): HEDIS® quality measures reported using ECDS means secure sharing of patient medical information electronically between systems. Measures that leverage clinical data captured routinely during the care delivery can reduce the burden on providers to collect data for quality reporting.

CAHPS

CAHPS Survey: On an annual basis, the Consumer Assessment of Health Plans Survey (CAHPS) is sent to a group of randomly selected members.

Line of Business Key:

- **Iowa Total Care (Medicaid)**: Indicates HEDIS® measures that apply to Medicaid membership and denoted with the green color-coded 'dot'.
- **Ambetter (Marketplace)**: Indicates HEDIS® measures that apply to Marketplace membership and denoted with the raspberry color-coded 'dot'.
- **Wellcare (Medicare)**: Indicates HEDIS® measures that apply to Medicare membership and denoted with the teal color-coded 'dot'.

Updates to HEDIS® Measures (*effective for calendar year 2024*)

This guide has been updated with information from the release of the HEDIS® 2024 Volume 2 Technical Specifications by NCQA and is subject to change.

Retired Measures:

- Colorectal Cancer Screening (COL) is now listed as a COL-E (ECDS) measure only.

Revised Measures:

- Follow-Up Care for Children Prescribed ADHD Medication (ADD) is now listed as an ADD-E (ECDS) measure only.
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) is now listed as an APM-E (ECDS) measure only.
- Follow-Up After Emergency Department Visit for Substance Use (FUA).
- Initiation and Engagement of Substance Abuse Disorder Treatment (IET).
- Blood Pressure Control for Patients with Diabetes (BPD).
- Eye Exam for Patients with Diabetes (EED).
- Glycemic Status Assessment for Patients with Diabetes (GSD).
- Statin Therapy for Patients with Diabetes (SPD).
- Asthma Medication Ratio (AMR).
- Pharmacotherapy Management of COPD Exacerbation (PCE).
- Breast Cancer Screening (BCS-E).

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- Cervical Cancer Screening (CCS).
- Prenatal and Postpartum Care (PPC).
- Prenatal Immunization Status (PRS-E).

New Measure for Medicaid:

- No new measures added in 2024.

For additional information or questions related to HEDIS®, please contact the Quality Improvement Department:


Monday through Friday, 7:30 a.m. – 6 p.m.


Phone: 1-833-404-1061 (TTY: 711)


iowatotalcare.com/providers/quality-improvement

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Adult Preventive Health Measures

(BCS-E) Breast Cancer Screening

ECDS

Summary of Changes: Replaced the term women with members.

Measure evaluates percentage of members 50–74 years of age who had a mammogram to screen for breast cancer anytime on or between October 1 two years prior to the measurement year through December 31 of the measurement year.

CPT®/
77061–77063, 77065–77067

*Codes subject to change.

To Improve HEDIS® Measure:

- Ensure that an order or prescription for a mammogram is given at well/annual exams.
- Consider adopting a standing order and/or automated referrals for mammography.
- Ensure proper documentation of mammography and exclusions in the member's medical record:
  - Provide results or findings to indicate test was performed.
  - Document screening in the "medical history" section of the record and update the section annually/biannually.
- Visit our **My Health Pays® page** (iowatotalcare.com/members/medicaid/benefits-services/healthy-rewards-program) for rewards for healthy behaviors and preventive screenings that may be available to members.
- It is important to submit the appropriate codes that reflect a member's history of bilateral mastectomy.
  - Codes should be submitted with the initial visit claim and annually thereafter.

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(CCS) Cervical Cancer Screening

Summary of Changes: Replaced the term women with members. Cervical Cytology codes updated in the table. Added Health Plans can submit data via ECDS .

Hybrid

ECDS

Measure evaluates percentage of members 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:

- Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last three years.
- Members 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 five years.
- Members 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 five years.

Members who have had a complete or total hysterectomy (no residual cervix), cervical agenesis or acquired absence of cervix will be excluded from the measure.

Description	Codes*
Cervical Cytology (20–64)	CPT®: 88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30–64)	CPT®: 87624, 87625 HCPCS: G0476
Absence of Cervix	ICD-10: Q51.5, Z90.710, Z90.712

*Codes subject to change.

To Improve HEDIS® Measure:

- Medical record must have cervical cytology test results and hrHPV results documented, even if member self-reports being previously screened by another provider.
- It is important to submit the appropriate codes that reflect a member's history of a complete or total hysterectomy (no residual cervix). Codes should be submitted with the initial visit and annually thereafter.

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(CHL) Chlamydia Screening in Women

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. **Two methods identify sexually active members:**

1. Pharmacy data.
    - Prescription contraceptive(s) were dispensed.
2. Claim/encounter data indicating sexual activity.
    - Diagnoses indicating sexual activity (not laboratory claims).
    - Procedures indicating sexual activity.
    - Pregnancy tests.

CPT®
87110, 87270, 87320, 87490–87492, 87810, 0353U

*Codes subject to change.

To Improve HEDIS® Measure:

- Ensure women 16–24 years of age receive appropriate screening for chlamydia **each year.**
- Chlamydia infections often have no symptoms so routine screening when at risk is important. The CDC recommends non-invasive nucleic acid amplification test or NAAT for chlamydia screening. This can be completed through a urine test.
- Add chlamydia screening as a standard lab for women 16–24 years old. Use well-child exams and well-women exams for this purpose.
- Use handouts to assist in discussing sexually transmitted diseases. Educational handouts can be obtained from your assigned clinical quality consultant or on our Iowa Total Care webpage.
- Utilize Iowa Total Care's educational information for providers, "Sexual Activity: The Five P's of Sexual History".

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(COL-E) Colorectal Cancer Screening

Summary of Changes: Measure collected via ECDS only. Date timeframes and codes in the Colorectal Cancer Table were updated.

Admin

Measure evaluates percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

Colorectal Cancer Screening

Description	Codes*
Colonoscopy *Should be completed between 1/1/2015–12/31/2024*	CPT®: 44388–44392, 44394, 44401–44408, 45378–45393-45382, 45384-45386, 45388-45393, 45398
CT Colonography *Should be completed between 1/1/2020–12/31/2024*	CPT®: 74261, 74262, 74263
Flexible Sigmoidoscopy *Should be completed between 1/1/2020–12/31/2024*	CPT®: 45330–45335, 45337–45338, 45340–45342, 45346, 45347, 45349. 45350
Stool DNA (sDNA) with FIT Test *Should be completed between 1/1/2022–12/31/2024*	CPT®: 81528
FOBT (Fecal Occult Blood Test) *Should be completed between 1/1/2024–12/31/2024*	CPT®: 82270, 82274
Exclusion: Colorectal Cancer	ICD–10 CM: C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Exclusion: Total Colectomy	CPT®: 44150–44153, 44155–44158, 44210–44212 ICD–10 PCS: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

*Subject to change.

To Improve HEDIS® Measure:

- FOBT tests performed in an office or performed on a sample collected via a digital rectal exam (DRE) do **not** meet criteria.
- Place standing orders for office staff to dispense FOBT or Stool DNA (sDNA) with FIT kits to patients needing colorectal cancer screening.
- Reassure the member who is resistant to having a colonoscopy to perform an at-home stool test (either GFOBT or IFOBT).
- Update the member chart yearly indicating colorectal cancer screening (indicate test performed and the date of the lab results).
- Document in the problem list member history of colorectal cancer.

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Behavioral Health Measures

(AMM) Antidepressant Medication Management

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.
Two rates are reported:

- **Effective Acute Phase Treatment**: Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective Continuation Phase Treatment**: Percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Antidepressant Medications

Description	Prescription*		
Miscellaneous Antidepressants	Bupropion	Vilazodone	Vortioxetine
Monoamine Oxidase Inhibitors	Isocarboxazid Phenelzine	Selegiline Tranylcypromine	
Phenylpiperazine Antidepressants	Nefazodone	Trazodone	
Psychotherapeutic Combinations	Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine		Fluoxetine-olanzapine
SNRI Antidepressants	Desvenlafaxine Duloxetine	Levomilnacipran Venlafaxine	
SSRI Antidepressants	Citalopram Escitalopram	Fluoxetine Fluvoxamine	Paroxetine Sertraline
Tetracyclic Antidepressants	Maprotiline	Mirtazapine	
Tricyclic Antidepressants	Amitriptyline Amoxapine Clomipramine	Desipramine Doxepin (>6 mg) Imipramine	Nortriptyline Protriptyline Trimipramine

*Subject to change.

To Improve HEDIS® Measure:

- Ensure members remain adherent to antidepressant medication treatment. Ongoing monitoring is critical to adherence.

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- Medication reporting is available on the Iowa Total Care **provider portal** (provider.iowatotalcare.com).
- Schedule follow-up visits prior to the member leaving the office.

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(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics

ECDS

Summary of Changes: Measure collection is via ECDS only.

Measure evaluates the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year. Both of the following are needed to be compliant: Three rates are reported:

1. Percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. Percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Antipsychotic Medications

Description	Prescription*		
Miscellaneous Antipsychotic Agents	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol	Iloperidone Loxapine Lurasidone Molindone Olanzapine Paliperidone	Pimozide Quetiapine Risperidone Ziprasidone
Phenothiazine Antipsychotics	Chlorpromazine Fluphenazine Fluphenazine hydrochloride	Perphenazine Thioridazine Trifluoperazine	
Thioxanthenes	Thiothixene		
Long-Acting Injections	Aripiprazole Aripiprazole lauroxil Fluphenazine decanoate Haloperidol decanoate	Olanzapine Paliperidone palmitate Risperidone	

*Subject to change.

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Antipsychotic Combination Medications

Description	Prescription*	
Psychotherapeutic Combinations	Fluoxetine-olanzapine	Perphenazine-amitriptyline

*Subject to change.

Prochlorperazine Medications

Description	Prescription*
Phenothiazine Antipsychotics	Prochlorperazine

*Subject to change.

Test Types

Description	Codes*
HbA1C Tests	CPT®: 83036, 83037 CPT®-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Tests	CPT®: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Tests	CPT®: 80061, 83700, 83701, 83704, 83721 CPT®-CAT-II: 3048F, 3049F, 3050F
Cholesterol Lab Test	CPT®: 82465, 83718, 83722, 84478

*Codes subject to change.

To Improve HEDIS® Measure:

- Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.
- Any location or setting is acceptable for the lab tests.
- Either a blood glucose or HbA1c test AND a cholesterol or LDL-C test in the measure year is acceptable for metabolic testing.
- Go to **iowatotalcare.com** for additional resources on care management for individuals with behavioral health problems.

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(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics ●

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment (90 days prior to new prescription through 30 days after).

Antipsychotic Medications

Description	Prescription*		
Miscellaneous Antipsychotic Agents	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol Iloperidone	Loxapine Lurisadone Molindone Olanzapine Paliperidone Pimozide Quetiapine	Risperidone Ziprasidone
Phenothiazine Antipsychotics	Chlorpromazine Fluphenazine Perphenazine	Thioridazine Trifluoperazine	
Thioxanthenes	Thiothixene		
Long-Acting Injections	Aripiprazole Aripiprazole lauroxil Fluphenazine decanoate Haloperidol decanoate	Olanzapine Paliperidone palmitate	Risperidone

*Subject to change. Not all inclusive; see current HEDIS® tech specs for specific medications.

Antipsychotic Combination Medications

Description	Prescription*	
Psychotherapeutic Combinations	Fluoxetine-olanzapine	Perphenazine-amitriptyline

*Subject to change.

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To Improve HEDIS® Measure:

- Psychosocial care, which includes behavioral interventions, psychological therapies, and skills training, among others, is the recommended first-line treatment option for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit disorder and disruptive behaviors.
- When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- Periodically review the ongoing need for continued therapy with antipsychotic medications.
- Provide credible sources to address any fears and stigma surrounding treatment.
- Offer a culturally competent environment. Understanding a member's culture and belief system can help distinguish what type of treatment they are seeking.

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(COU) Risk of Continued Opioid Use

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of members 18 years and older who have a new episode of opioid use that puts them at risk for continued opioid use.

Two rates are reported:

1. Percentage of members with at least 15 days of prescription opioids in a 30-day period.
2. Percentage of members with at least 31 days of prescription opioids in a 62-day period.

NOTE:

- Data is captured utilizing pharmacy claims data for opioid medications filled.
- The age population starts for members 18 years and older as of November 1 of the year prior to the measurement year.
- Inverse measure, so lower rate indicates better performance.

To Improve HEDIS® Measure:

- Work with members who are ready to cut down on use to develop a treatment plan.
- Assist members with identifying alternative pain management methods to lower their risk of developing dependence on opioids.
- Review the Prescription Monitoring Program Registry before prescribing opioids.
- Use the lowest effective dose of opioids for the shortest period of time needed.
- Establish follow-up appointments to assess pain management.

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(FUA) Follow-Up After Emergency Department Visit for Substance Use

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of Emergency Department (ED) visits for members 13 years of age 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:

- Percentage of ED visits for which the member received follow-up within seven days of the ED visit (8 total days).
- Percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

To Improve HEDIS® Measure:

- Explain the importance of follow-up to your members. Reach out to members that do not keep initial follow-up appointments and reschedule them ASAP.
- A principal diagnosis of substance use disorder, or any diagnosis of drug overdose must be used to meet follow-up criteria.
- A telehealth visit with a principal diagnosis of substance use disorder or drug overdose will meet criteria for a follow-up visit.
- If you are seeing the member for multiple issues, the substance use disorder or drug overdose diagnosis must be listed as the principal diagnosis to meet compliance for this measure.
- Work with local hospital emergency departments to obtain data exchange reports on your members seen in the ER for better care coordination.
- If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.

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(FUH) Follow-Up After Hospitalization for Mental Illness

Admin

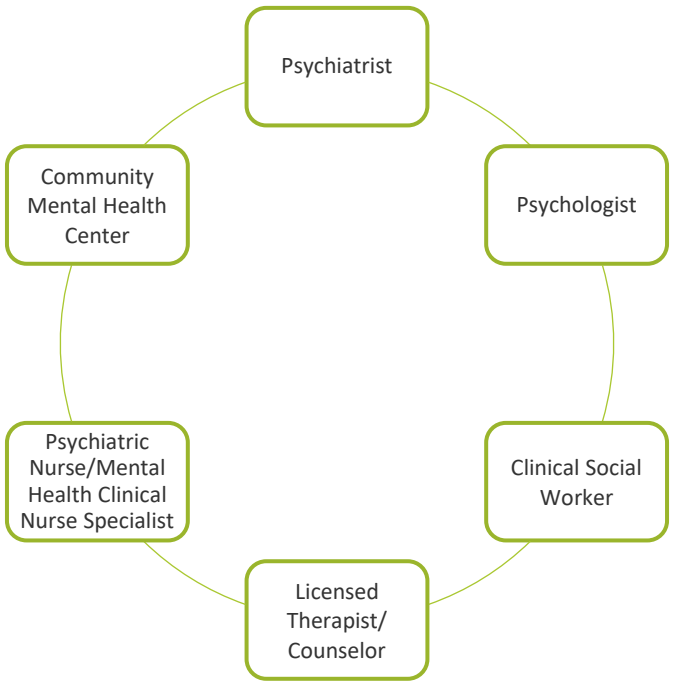
Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit **with a mental health provider**. Two rates are reported:

- Percentage of discharges for which the member received follow-up within 7 days after discharge.
- Percentage of discharges for which the member received follow-up within 30 days after discharge.

Note: Visits that occur on the date of discharge do **not** count toward compliance. Telehealth visits with a behavioral health provider are acceptable to address the care opportunity.

Types of Mental Health/Behavioral Health Providers:



To Improve HEDIS® Measure:

- Visit must be with a mental health provider.
- Telehealth services, completed by a qualified mental health provider, do count for this HEDIS® measure.

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- Schedule a follow-up appointment for the member before discharge.
- Ensure appropriate coding to capture services provided within the appropriate timeframe.
- Iowa Total Care has resources to conquer common barriers for follow-up care for members including:
  - Transportation.
  - Interpreter needs.
  - Equipment needed for telehealth visit (cell phone, etc.).
- Refer hospitalized members to the Transitions of Care team who assist members with needed services upon discharge from the inpatient setting.

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(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

1. Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.
2. Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.

To Improve HEDIS® Measure:

- This visit can be with any type of practitioner.
- Visits may not occur on the same date of discharge.
- Visits must have a principal diagnosis of substance use disorder.
- Consider screening members for a personal or family history of substance use.
  - If substance abuse is identified, schedule appropriate treatment and explain the importance of follow-up to your members.
- Telehealth, e-visits and virtual check-ins can be used for both the 7 and 30-day follow-up visit.

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(FUM) Follow-Up After Emergency Department Visit for Mental Illness ●●

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of Emergency Department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for which the member received follow-up within 7 days after discharge (eight total days).
- Percentage of ED visits for which the member received follow-up within 30 days after discharge (31 total days).

To Improve HEDIS® Measure:

- Explain the importance of follow-up visits to members.
- Reach out to members that do not keep initial follow-up appointments and reschedule ASAP.
- A telehealth visit with a principal diagnosis of a mental health disorder or intentional self-harm will meet criteria for a follow-up visit.
- The follow-up visit can be with any type of provider to meet compliance. The principal diagnosis for the visit must be a mental health disorder or intentional self-harm.
- Collaborate with health plan case management on assisting with social determinants that may affect compliant follow-up visits.

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(HDO) Use of Opioids at High Dosage

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of members ages 18 and older receiving prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.

- Treatment Period: Start date is the start date of the earliest dispensing event during the measurement year; End date is the last end date during the measurement year.
- MME: Morphine milligram equivalent - Dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.
- Opioid Dosage Unit: Opioid Quantity dispenses / Opioid Days supply.
- MME Daily Dose: (# of opioid dosage units per day) X (strength) X (MME conversion factor).
- Total Daily MME: Sum of the MME daily doses for all opioid dispensing events on 1 day.
- Average MME: Average MME for all opioids dispensed during the treatment period.

This measure does NOT include the following opioid medications:

- Injectables.
- Opioid cough and cold products.
- 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 (REMS).
- Methadone for the treatment of opioid use disorder.

To Improve HEDIS® Measure:

- Information to help stay informed about the latest opioid research and guidelines is also available at **cdc.gov**, **hhs.gov** or the **Iowa Department of Health and Human Services**.
- Use the lowest dosage of opioids in the shortest length of time possible.
- Review the member's history of controlled substance prescriptions using the state prescription drug monitoring program data.
- Evaluate benefits and potential negative side effects with members within one to four weeks of starting opioid therapy for chronic pain or dose escalation. Schedule a follow-up appointment before they leave the office.
- Inverse measure, therefore, a lower rate is desirable. A member "passes" the measure when the average daily dose of MME is < 90.

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(IET) Initiation and Engagement of Substance Use Disorder Treatment ●●●

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement of members 13 years and older.

Initiation of SUD Treatment: Percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.

Engagement of SUD Treatment: Percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

To Improve HEDIS® Measure:

- For the follow-up treatments, include an ICD-10 diagnosis for SUD, along with a procedure code for the preventive service, evaluation and management consultation or counseling service.
- Initiation of SUD treatment must take place within 14 days of the episode date.
- Claims must include the visit code, original episode diagnosis and, when applicable, a place of service code.
- Discuss the importance of timely, recommended follow-up visits with members.
- Use the same diagnosis for substance use at each follow-up visit.
- Reach out to members who cancel appointments as soon as possible and assist them with rescheduling.

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(POD) Pharmacotherapy for Opioid Use Disorder

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

To Improve HEDIS® Measure:

To promote compliance and encourage treatment for a minimum of 180 days:

- Members can have multiple treatment period start dates and treatment periods during the measurement year.
- Members with OUD should be informed of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
- Identify and address any barriers to member:
  - Keeping appointments.
  - Timely medication refills.
- Provide reminder calls to confirm appointment.
- Utilize benefits from health plan, such as transportation or cell phones for telehealth visits.
- Provide timely submission of claims.

Quick Reference Guide

(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of the treatment period.

To Improve HEDIS® Measure:

- Outreach directly to members who were recently prescribed antipsychotics or who have refills that are past due to confirm that they are taking their medications.
- Offer tips to members, such as:
  - Taking medication at the same time each day.
  - Use a pill box.
  - Encourage members to enroll in auto-refill programs at the pharmacy.
  - Discuss potential side effects and encourage members to contact provider and not stop usage.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Assess if long-acting injectable is appropriate.

Quick Reference Guide

(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia ●

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of members ages 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 year.

- Member must have both tests to be compliant for the measure. The organization may use a calculated or direct LDL.

To Improve HEDIS® Measure:

- Member must have both tests to meet this measure. Use appropriate documentation and correct coding.
- Teach the member the need for follow-up appointments to empower shared decision-making between the provider and themselves.
- Ensure quality communication between behavioral and primary care providers in the coordination of care.
- Schedule an annual A1c and LDL-C test.

Quick Reference Guide

(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications ●

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of members 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 year.

Description	CPT®*	CPT®-CAT-II*
HbA1c	83036, 83037	3044F, 3046F, 3051F, 3052F
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	

*Codes subject to change.

To Improve HEDIS® Measure:

- Use appropriate documentation and correct coding.
- Teach the member the need for follow-up appointments to empower shared decision-making between the provider and themselves.
- Ensure quality communication between behavioral and primary healthcare providers in the coordination of care.
- Maintain appointment availability for members.
- Outreach to members who cancel appointments and reschedule as soon as possible.
- Collaborate with health plan case management on assisting with social determinants.
- Schedule an annual glucose or A1c test.

Quick Reference Guide

(UOP) Use of Opioids from Multiple Providers

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year, who received opioids from multiple providers. Three rates are reported:

- **Multiple Prescribers**. Percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- **Multiple Pharmacies.** Percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- **Multiple Prescribers and Multiple Pharmacies.** Percentage of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (i.e., percentage of members who are numerator-compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note: A lower rate indicates better performance for all three rates.

To Improve HEDIS® Measure:

- Information to help stay informed about the latest opioid research and guidelines is also available at **cdc.gov**, **hhs.gov** or the **Iowa Department of Health and Human Services**.
- Utilize the prescription drug monitoring program (PMP).
- Consider creating a patient/provider opioid/pain contract regarding agreement that member utilizes only one prescriber and one pharmacy.
- Assist member with identifying alternative pain management methods to lower their risk of developing opioid dependence.

Quick Reference Guide

Cardiovascular Measures

(CBP) Controlling High Blood Pressure

Hybrid

Summary of Changes: Updated code description table.

Measure evaluates percentage of members 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 year.

Note: The blood pressure reading must be taken during an outpatient visit, telephone visit, e-visit, or virtual check-in, a non-acute inpatient encounter, or remote monitoring event. Measurement taken by the member using a non-digital device such as with a manual blood pressure cuff and stethoscope are **not** acceptable.

Description	Codes*
Hypertension	ICD-10: I10
Systolic ≥ 140	CPT®-CAT-II: 3077F
Systolic <140	CPT®-CAT-II: 3074F, 3075F
Diastolic Greater Than/Equal to 90	CPT®-CAT-II: 3080F
Diastolic 80–89	CPT®-CAT-II: 3079F
Diastolic Less Than 80	CPT®-CAT-II: 3078F

*Codes subject to change.

To Improve HEDIS® Measure:

- BP reading must be the last performed within the measurement year.
- If a member's initial BP reading is elevated at the start of a visit, re-take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading.
- The use of CPT® Category II codes help to identify clinical outcomes such as systolic and diastolic BP readings. It can also reduce the need for some chart review.
- The measure looks at the lowest systolic and the lowest diastolic reading. If the initial BP is > 139/89, re-take it and record each reading in the medical record.

Quick Reference Guide

(CRE) Cardiac Rehabilitation

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of members 18 and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement, following a qualifying cardiac event between July 1 of the year prior to measurement year and June 30 of the measurement year. Four rates are reported:

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

Description	Codes*
Cardiac Rehabilitation	CPT®: 93797, 93798 HCPCS: G0422, G0423, S9472

*Codes subject to change.

To Improve HEDIS® Measure:

- Transportation (non-emergency) may be available for rides to the member's rehabilitation sessions.

Quick Reference Guide

(SPC) Statin Therapy for Patients with Cardiovascular Disease

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates 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) and met the following criteria and rates:

- **Received statin therapy:** members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- **Statin adherence 80%**: members who remained on a high- intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Note: The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of at least moderate intensity through the last day of the measurement year.

Medications

Drug Category	Medications*	
High-Intensity Statin Therapy	Amlodipine-atorvastatin 40–80 mg Atorvastatin 40–80 mg Ezetimibe-simvastatin 80 mg	Rosuvastatin 20–40 mg Simvastatin 80 mg
Moderate-Intensity Statin Therapy	Amlodipine-atorvastatin 10–20 mg Atorvastatin 10–20 mg Ezetimibe-simvastatin 20–40 mg Fluvastatin 40-80 mg Lovastatin 40 mg	Pitavastatin 1–4 mg Pravastatin 40–80 mg Rosuvastatin 5–10 mg Simvastatin 20–40 mg

*Subject to change.

To Improve HEDIS® Measure:

- Encourage members to enroll in auto-refill programs at their pharmacy.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Offer tips to members such as:
  - Taking medication at the same time each day.
  - Use a pill box.
  - Discuss potential side effects and encourage members to contact provider and not stop usage.

Quick Reference Guide

Children's Preventive Health Measures

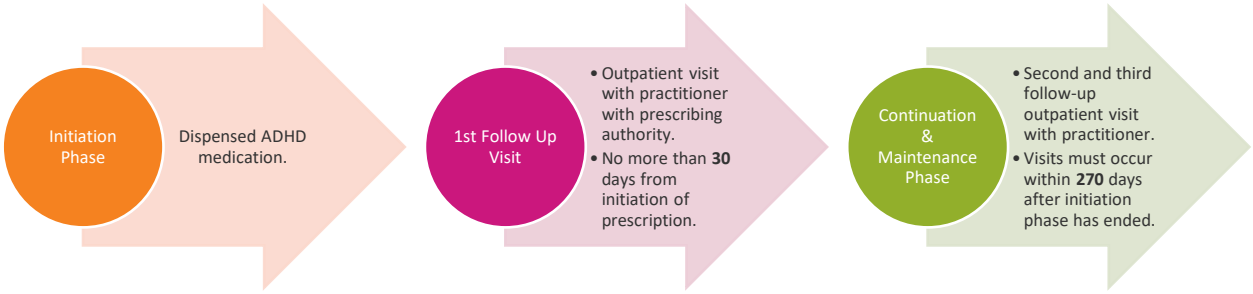
(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication

ECDS

Summary of Changes: Measure collected via Electronic Clinical Data Systems (ECDS) only.

Measure evaluates percentage of children ages 6–12 newly-prescribed an ADHD medication who had **at least three** follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The visit should be with a practitioner with prescribing authority. Two rates are reported:

- **Initiation Phase:**
  - A follow-up visit with the prescribing practitioner must be within 30 days after the date the ADHD medication was newly prescribed.
- **Continuation and Maintenance (C&M) Phase:**
  - Members 6–12 years of age who remained on the dispensed ADHD medication for at least 210 days, and in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days after the initiation phase ended.
  - Only one of the two visits may be a telephone or telehealth visit with the prescribing practitioner.



To Improve HEDIS® Measure:

- Prescribe only one month of medication to ensure member returns to office within 30 days.
  - Consider scheduling all three follow-up appointments prior to leaving the office:
    - ✓ Within 30 days of the new prescription.

- ✓ Three months.
- ✓ Six to nine months.

- Educate the need to re-evaluate whether the medications are working as intended after two to three weeks, and to regularly monitor the effects afterward.
- Submit the correct CPT® codes.
- Utilize telehealth as an option for improving compliance.
- Utilize the ADHD Appointment Card from Iowa Total Care:
  - List of common side effects to monitor.
  - Behavior checklist (ADHD Parent Screen).
  - Most recent school update.

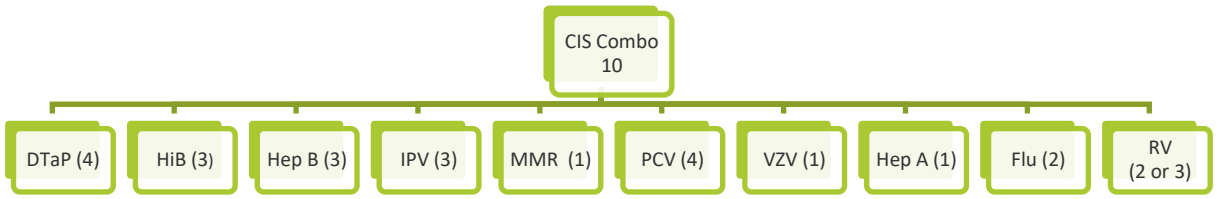
Quick Reference Guide

(CIS) Childhood Immunization Status

Hybrid

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of children 2 years of age who completed all recommended immunizations on or before the child's second birthday.



NOTE: If the child is 2 years and 1 day old, services will **not** count toward HEDIS® scores. Parental refusal is **not** a valid exclusion. If the member has a history of anaphylactic reaction due to vaccination, the appropriate codes should be used to account for this.

To Improve HEDIS® Measure:

- Check compliance with immunizations and lead screening at 18-month well-child visit (not 2 years old).
- Schedule a visit to "catch up" on immunizations and lead screenings.
- Encourage and offer flu shots during the months of September through April.
- Complete overdue immunizations at sick visits as medically appropriate.
- If history of anaphylaxis to an immunization(s), submit appropriate codes.
- When documenting the rotavirus vaccine, always include "Rotarix®" or "two-dose," or "RotaTeq®" or "three-dose" with the date of administration.
  - If medical record documentation does not indicate whether the two-dose schedule or three-dose schedule was used, it is assumed the three-dose regimen was used.
- For parents hesitant to give all vaccines on schedule, remind them that the schedule is timed when it works best with a child's immune system.

Quick Reference Guide

(IMA) Immunizations for Adolescents

Summary of Changes: There were no changes to this measure.

Hybrid

Measure evaluates percentage of adolescents 13 years of age who completed recommended immunizations on or before member's 13th birthday.

Meningococcal
1 dose on or between 11th & 13th birthday

→

Tdap
1 dose on or between 10th & 13th birthday

→

HPV
2-3 doses* on or between 9th & 13th birthday

***HPV**: Either of the following meet criteria:

- At least two HPV vaccines, on or between member's 9th and 13th birthday and with dates of service at least 146 days apart.
- At least three HPV vaccines, with different dates of services on or between member's 9th and 13th birthday.

To Improve HEDIS® Measure:

- Documentation that a member is up-to-date with all immunizations but does not include a list of the immunizations and dates they were administered, does ***not*** meet compliance.
- Parental refusal of vaccinations does ***not*** remove eligible members from the denominator.
- Overdue immunizations can be administered at sick visits (as medically appropriate).
- When discussing vaccines with members and their parents:
  - Recommend the HPV vaccine in the same way and at the same visits as the Tdap and Meningococcal vaccines.
  - Start recommending HPV vaccination at the age 9 well visit to **both** males and females. The immune response at ages 9-10 is the most robust.
  - Train ***all*** staff about HPV vaccination, including front office staff.
  - Iowa Total Care has staff and provider training available for HPV immunizations.
- Vaccination information is available for members on the Iowa Total Care website in the **Krames Health Library** (iowatotalcare.kramesonline.com). They can be printed off and provided to parents/guardians.

- If history of anaphylaxis to an immunization(s), submit appropriate codes.

Quick Reference Guide

(LSC) Lead Screening in Children ●

Hybrid

Summary of Changes: There were no changes to this measure.

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

CPT® for Lead Screening*
83655

*Codes subject to change.

To Improve HEDIS® Measure:

- Lead screening must be performed on or before the child's second birthday to be compliant.
- A lead risk assessment does **not** satisfy the venous blood lead requirement for Medicaid members, regardless of the risk score.
  - EPSDT: Blood lead testing is required at 12 months and 24 months for all Medicaid-eligible children regardless of the responses to the questions in the lead screening assessment.
- Educate parents about the major sources of lead and poisoning prevention.
- Conduct necessary follow-up and explain to parents why follow-up is needed.
- Additional resources on lead screening can be found on the **Forms, Manuals, and Resources page** (iowatotalcare.com/providers/resources/forms-resources) including:
  - Early Periodic Screening.
  - Diagnosis and Treatment.
  - CAHPS PowerPoint.
  - EPSDT Toolkit.
  - Provider Lead Screening Flyer.

Quick Reference Guide

(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents ●●

Hybrid

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of members 3–17 years of age who had an outpatient visit with a primary care provider (PCP) or OB/GYN and had evidence of the following during the measurement year:

- Body mass index (BMI) **percentile.**
- Counseling for nutrition.
- Counseling for physical activity.

Note: Services rendered for obesity or eating disorders will meet criteria for the counseling for nutrition and counseling for physical activity indicators.

Description	Codes*
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54
Nutrition Counseling	CPT®: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity	HCPCS: G0447, S945

*Codes subject to change.

To Improve HEDIS® Measure:

- Make sports/daycare physicals into well-care visits by performing the required services and submitting appropriate codes.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide education on physical activity and nutrition and BMI ***percentile*** calculations.
- Documentation must include height, weight and BMI ***percentile*** documented in the medical record or plotted on a BMI age-growth chart.
- Handouts given during a visit *without evidence of a discussion* does **not** meet the criteria for health education/anticipatory guidance. A discussion must also occur during the visit.
- Schedule the next annual exam prior to leaving the office.
- Use of appropriate codes may close the gap in care, therefore reducing need for medical record review. See table above for examples.

Quick Reference Guide

(W30) Well-Child Visits in the First 30 Months of Life

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of members who had the following number of well-child visits with a PCP. The following rates are reported:

- Well-child visits in the first 15 months (children who turn 15 months in the measurement year).
  - Six or more well-child visits.
- Well-child visits ages 15–30 months (children who turn 30 months in the measurement year).
  - Two or more well-child visits.

First Week of Life | 1 Month | 2 Months | 4 Months | 6 Months | 9 Months | 12 Months | 15 Months | 18 Months | 24 Months | 30 Months

Components of a comprehensive well-child visit include:

- A health history.
- A physical developmental history.
- A mental developmental history.
- A physical exam.
- Health education/anticipatory guidance.

Visits must be with a PCP and assessment or treatment that are specific to an acute or chronic condition do **not** count towards the measure. Be sure to use age-appropriate codes.

CPT®*	HCPCS*	ICD-10*
99381–99385, 99391–99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

*Codes subject to change.

To Improve HEDIS® Measure:

- Ensure documentation includes all appropriate screening requirements.
- 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.). Reference the **American**

Academy/Bright Futures site for additional guidance on appropriate documentation (brightfutures.aap.org).

- Appropriate coding for the member's age will ensure the visit is captured through claims.
- Check immunization records at every visit to ensure shots are up-to-date for children on or before their second birthday.
- Ensure two blood lead **levels** are completed before the second birthday (all members on Medicaid are considered at risk for lead exposure and should be tested).
- Handouts are acceptable *only* if there is evidence of discussion.

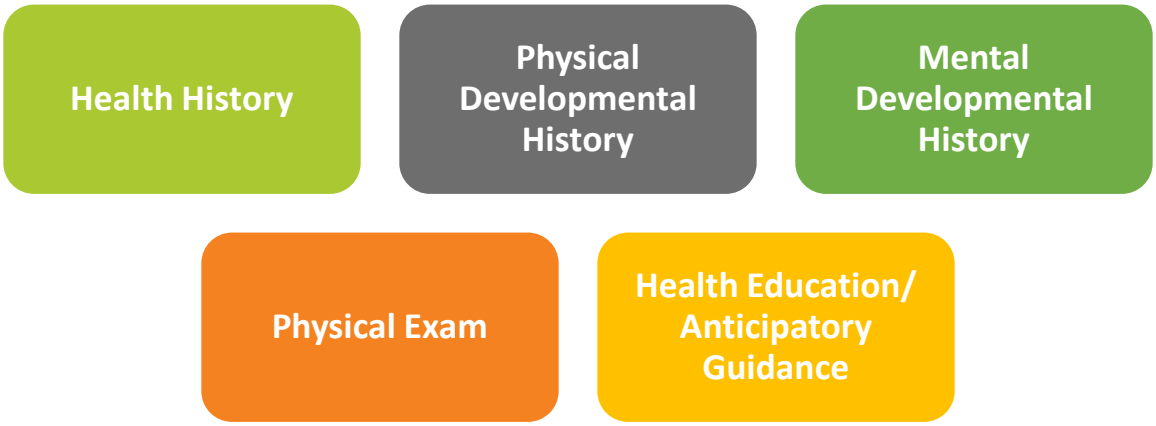
Quick Reference Guide

(WCV) Child and Adolescent Well-Care Visits

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.



Components of a comprehensive well-care visit include:

To Improve HEDIS® Measure:

- Make sports/daycare physicals into well-care visits by performing the required services and submitting appropriate codes.
- Handouts given during a visit without evidence of discussion does **not** meet criteria for health education/anticipatory guidance.
- 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** (brightfutures.aap.org) for more information about well-child visits.
- During every visit, it is important to discuss weight and BMI, current nutrition patterns and the importance of physical activity.

Quick Reference Guide

Diabetes Measures

(BPD) Blood Pressure Control for Patients with Diabetes

Summary of Changes: There were no changes to this measure.

Hybrid

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.

Note: The **last** blood pressure reading of the measurement year is the one utilized in the measure.

Description	Codes*
Diastolic < 80	**CPT®-CAT-II: 3078F**
Diastolic 80–89	**CPT®-CAT-II: 3079F**
Diastolic Greater Than/Equal To 90	**CPT®-CAT-II: 3080F**
Systolic Less Than 140	**CPT®-CAT-II: 3074F, 3075F**
Systolic Greater Than/Equal 140	**CPT®-CAT-II: 3077F**

*Codes subject to change.

To Improve HEDIS® Measure:

- If a member's initial BP reading is elevated at the start of a visit, take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the patient/member's BP after they've had time to rest.
- Engage care management to manage high-risk members and coordinate care.
- The use of CPT® Category II codes help identify clinical outcomes such as diastolic and systolic readings. It can also reduce the need for some chart review.

Quick Reference Guide

(EED) Eye Exam for Patients with Diabetes

Summary of Changes: Additional code was added.

Hybrid

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

At a minimum, documentation in the medical record must include **one** of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.
- A chart or photograph indicating the date when fundus photography was performed AND one of the following:
  - Evidence an eye care professional (optometrist/ophthalmologist) reviewed the results.
  - Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
  - Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.
- Evidence the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the medical record history through December 31 of the measurement year.
- Documentation of a negative retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).
  - Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy; however, it must be clear that the member had a dilated or retinal eye exam by an eye care professional and that retinopathy was not present. Notation limited to a statement that indicates “diabetes without complications” does **not** meet criteria.

Description	Codes*
Automated Eye Exam	CPT®: **92229**
Diabetic Retinal Screening with Eye Care Professional	**CPT®-CAT-II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F**

Quick Reference Guide

Description	Codes*
Unilateral Eye Enucleation with a Bilateral Modifier	**CPT®: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114** **CPT® Modifier: 50**

*Codes subject to change.

To Improve HEDIS® Measure:

- Ensure members are aware of potential My Health Pays® rewards and transportation assistance.
- Engage care management to manage high-risk members and coordinate care.
- Encourage providers to utilize the Retinal Eye Exam Communication Report found on the **Forms, Manuals, and Resources page** (iowatotalcare.com/providers/resources/forms-resources), link titled Diabetic Eye Exam Report.

Quick Reference Guide

(GSD) Glycemic Status Assessment for Patients with Diabetes

Summary of Changes: The former Hemoglobin A1c Control for Patients with Diabetes (HBD) has been revised to Glycemic Status Assessment for Patients with Diabetes (GSD)

Hybrid

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c control (< 8.0).
- **Note:** If multiple HbA1c tests were performed in the measurement year, the result from the last test is utilized.

Description	Codes*
HbA1c Level Less Than 7.0%	CPT®/CPT®-CAT-II: 3044F
HbA1c Level Greater Than or Equal to 7.0% and Less Than 8.0%	CPT®/CPT®-CAT-II: 3051F

*Codes subject to change.

To Improve HEDIS® Measure:

- Always list the date of service, result, and test together. If test result(s) are documented in the vitals section of your progress notes, include the date of the blood draw with the result.
- The use of CPT® Category II codes help identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.
- There are resources for obtaining in-home A1c test kits for members that qualify and can be found on our website or by calling Iowa Total Care.
- Clinics can reduce need for chart review by submitting CPT® Category II codes via supplemental data files.
- Engage care management to manage high-risk members and coordinate care.

Quick Reference Guide

(KED) Kidney Health Evaluation for Patients with Diabetes

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of members 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 year.
Note: Members who received **both** of the following during the measurement year on the same or different dates of service:

- At least one eGFR.
- At least one uACR identified by **both** a quantitative urine albumin test and a urine creatinine test **with** service dates four or less days apart.

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR)	CPT®: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	CPT®: 82043, 82570

*Codes subject to change.

To Improve HEDIS® Measure:

- This is an administrative-only measure so medical record submission is not acceptable.
- Submit claims and encounter data to indicate appropriate testing was completed.

Quick Reference Guide

(SPD) Statin Therapy for Patients with Diabetes

Summary of Changes: There were no changes to this measure.

Admin

Measure evaluates percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

- **Received statin therapy:** Members who were dispensed at least one statin medication of any intensity during the measurement year.
- **Statin adherence 80%:** members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Note: The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of any intensity through the last day of the measurement year.

Medications

Drug Category	Medications*	
High-Intensity Statin Therapy	Amlodipine-atorvastatin 40–80 mg Atorvastatin 40–80 mg Ezetimibe-simvastatin 80 mg	Rosuvastatin 20–40 mg Simvastatin 80 mg
Moderate-Intensity Statin Therapy	Amlodipine-atorvastatin 10–20 mg Atorvastatin 10–20 mg Ezetimibe-simvastatin 20–40 mg Fluvastatin 40–80 mg Lovastatin 40 mg	Pitavastatin 1–4 mg Pravastatin 40–80 mg Rosuvastatin 5–10 mg Simvastatin 20–40 mg
Low-Intensity Statin Therapy	Ezetimibe-simvastatin 10mg Fluvastatin 20 mg Lovastatin 10–20 mg	Pravastatin 10–20 mg Simvastatin 5–10 mg

*Subject to change.

To Improve HEDIS® Measure:

- Encourage members to enroll in auto-refill programs at their pharmacy.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.

Quick Reference Guide

- Offer tips to patients such as taking medication at the same time each day, using a pill box, etc.
- Discuss potential side effects and encourage members to contact provider and not stop usage.
- Educate members that people with diabetes are two to four times more likely to develop heart disease or stroke. Statins can reduce the chance of developing these risks.

Quick Reference Guide

Maternity Health Measures

(PPC) Prenatal and Postpartum Care

Hybrid

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior and October 7 of the measurement year. Measure assesses the following:

- **Timeliness of Prenatal Care**: 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:** Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Description	Codes*
Prenatal Visits	CPT®: 99201–99205, 99211–99215, 99241–99245, 99483 HCPCS: G0463, T1015
Stand Alone Prenatal Visits	CPT®: 99500 CPT®-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical Cytology	CPT®: 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	CPT®: 57170, 58300, 59430, 99501 CPT®-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	CPT®: 98966–98968, 99441–99443

*Codes subject to change.

To Improve HEDIS® Measure:

Prenatal Care:

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- Educate staff, including schedulers and front desk staff, of importance of timely scheduling of initial prenatal visits.
- Encourage members to attend all scheduled prenatal visits.
- Services/visits must be received by an OB/GYN or other prenatal care practitioner (PCP).
- Ensure an antepartum flow sheet is completed at each visit.
- Documentation of pregnancy/positive pregnancy test in the notes

Postpartum Care: Ensure postpartum visit is completed 7–84 days after delivery and includes one of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts, and abdomen or notation of breastfeeding.
- Notation of postpartum (PP) care:
  - PP check, postpartum care, 6-week check, preprinted form.
- Perineal or Cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or pre-existing mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics:
  - Infant care or breastfeeding.
  - Resumption of intercourse, birth spacing or family planning.
  - Sleep/fatigue.
  - Resumption of physical activity.
  - Attainment of healthy weight.

Quick Reference Guide

(PRS-E) Prenatal Immunization Status

Summary of Changes: There were no changes to this measure.

ECDS

Measure evaluates percentage of deliveries in the Measurement Period in which members received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. **Three rates are reported:**

- Immunization Status: Influenza
  - Members who delivered and received an adult influenza vaccine on or between July 1 of the year prior to the Measurement Period and the delivery date, or
  - Members who delivered had any of the following:
    - Anaphylaxis due to the influenza vaccine on or before the delivery date.
- Immunization Status: Tdap
  - Members who delivered and received at least one Tdap vaccine during the pregnancy (including on the delivery date), or
  - Members who delivered 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.
- Immunization Status: Combination
  - Deliveries that met criteria for both Influenza and Tdap, noted above.

To Improve HEDIS® Measure:

- If you do not have flu vaccines available, refer the member to another provider such as a pharmacy or public health agency.
- Educate member on how the flu vaccine will protect both her and her baby.
- Educate member on how passive immunity the maternal immunization provides will pass on to their newborns.
  - It is recommended that the Tdap vaccine be given in the third trimester.
  - Babies whose mothers had the Tdap vaccine during pregnancy are better protected against whooping cough during the first two months of life.
- Per Advisory Committee on Immunization Practices (ACIP) guidance, Tdap in pregnancy is given with every pregnancy; preferably the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

Quick Reference Guide

Respiratory Measures

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

Admin

Summary of Changes: Updated Acute Bronchitis codes in the table.

Measure evaluates percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event on or 3 days after the date of service for any outpatient, telephone, observation or ED visit, e-visit or virtual check-in with a diagnosis or acute bronchitis/bronchiolitis.

Measure timeframe begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.

A higher rate indicates appropriate treatment (i.e., the proportion for whom antibiotics were *not* prescribed).

Description	ICD-10-CM Diagnosis*
Acute Bronchitis	J20.3 -J02.9, J21.0, J21.1, J21.8, J21.9,

*Codes subject to change.

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.

To Improve HEDIS® Measure:

- Instruct members on the difference between viral and bacterial infections.
- Ensure testing performed to distinguish between viral and bacterial infections are properly coded on claim.
- When members 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 Rx pad from ITC to help patients with talking points and for educating on instructions. Contact your Clinical Quality Consultant to obtain this resource.

Quick Reference Guide

(AMR) Asthma Medication Ratio

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater during the measurement year.

Asthma Controller Medications

Description	Prescription*	Medication Lists	Route
Antibody Inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-Interleukin-4	Dupilumab	Dupilumab 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
Inhaled Steroid Combinations	Fluticasone-Salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled Steroid Combinations	Fluticasone-Vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled Steroid Combinations	Formoterol-Mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled Corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled Corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled Corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled Corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled Corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation

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Description	Prescription*	Medication Lists	Route
Inhaled Corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene Modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene Modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene Modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

*Subject to change.

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

*Subject to change.

To Improve HEDIS® Measure:

- Members 5 years of age and older with persistent asthma should be prescribed and remain on an asthma controller and be provided with an asthma action plan.
- Ensure members referred for asthma keep their appointment.
- Keep list of medications current to include medications from other providers.
- Develop asthma action plans with members and education on reduction of asthma triggers.
- Offer assistance with utilizing inhalers when first prescribed to ensure appropriate usage.
- Ensure member is not using more rescue medications than preventive medications to control their asthma.
- Report the appropriate diagnosis codes for the member's condition. Include the appropriate codes for diagnosed conditions that may exclude the member from this measure (e.g., emphysema, COPD, obstructive chronic bronchitis, cystic fibrosis, acute respiratory failure, etc.).

Quick Reference Guide

(CWP) Appropriate Testing for Pharyngitis

Summary of Changes: Updated description and code table.

Admin

Measure evaluates percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic on the date of service or within 3 days of the date of service and received a group A streptococcus (strep) test between three days prior to the episode through three days after the episode date.

A pharyngitis diagnosis can be from an outpatient, telephone, e-visit or emergency department visit between July 1 of the year prior to the measurement year and June 30 of the measurement year.

Description	Codes*
Group A Strep Test	CPT®: 87070–71, 87081, 87430, 87650–52, 87880
Pharyngitis	ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

*Codes subject to change.

To Improve HEDIS® Measure:

- Instruct members 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).
- When testing for another condition or illness, document the other diagnosis code on the claim.
- Clinical guidelines recommend a strep test when the only diagnosis is pharyngitis.
- Strep tests can be either a rapid strep test or a lab test.
- Strep testing must be done in conjunction with dispensing of medication.
- Utilize the Viral Treatment Plan for Symptom Relief Rx pad to help members with talking points and for educating on instructions. Contact your clinical quality consultant to obtain this resource.

Quick Reference Guide

(PCE) Pharmacotherapy Management of COPD Exacerbation

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates percentage of COPD exacerbations for members 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 year and were dispensed appropriate medications. Two rates are reported:

- Dispensed a Systemic Corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a Bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

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

Systemic Corticosteroid Medications

Description	Prescription*		
Glucocorticoids	Cortisone	Hydrocortisone	Prednisolone
	Dexamethasone	Methylprednisolone	Prednisone

*Subject to change.

Bronchodilator Medications

Description	Prescription*	
Anticholinergic Agents	Aclidinium-bromide	Tiotropium
	Ipratropium	Umeclidinium
Beta 2-Agonists	Albuterol	Levalbuterol
	Arformoterol	Metaproterenol
	Formoterol	Olodaterol
	Indacaterol	Salmeterol
Bronchodilator Combinations	Albuterol-ipratropium	Formoterol-aclidinium
	Budesomide-formoterol	Formoterol-glycopyrrolate
	Fluticasone-salmetrol	Formoterol-mometasone

	Fluticasone-vilanterol Fluticasone-furoate-umeclidinium-vilanterol	Glycopyrrolate-indacaterol Olodaterol-tiotropium Umeclidinium-vilanterol

*Subject to change.

To Improve HEDIS® Measure:

- Schedule a follow-up appointment within seven to 14 days of discharge and ensure member has the appropriate medications.
- Check the Iowa Total Care **provider portal** (provider.iowatotalcare.com) to ensure that member has filled medications.
- Have members demonstrate use of inhalers to ensure medication administration is appropriately given.
- Avoid documenting 'history of' if the member is still being monitored and treated for the condition.

Quick Reference Guide

(URI) Appropriate Treatment for Upper Respiratory Infection

Admin

Summary of Changes: There were no changes to this measure.

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

- This measure is reported per episode and not per member.
- Measurement timeframe begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.
- A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event.
- Note: If ordering antibiotics, list all competing or comorbid diagnosis codes on claim when submitting (e.g., acute pharyngitis, acute sinusitis, otitis media, emphysema, COPD, chronic bronchitis).

ICD-10 Codes to Identify URI*	J00, J06.0, J06.9

*Codes subject to change.

To Improve HEDIS® Measure:

- Instruct members on the difference between viral and bacterial infections, as URIs can be either viral or bacterial.
- Educate members on comfort measures without antibiotics (e.g., extra fluids, throat lozenges, rest).
- Utilize the Viral Treatment Plan for Symptom Relief Rx pad to help members with talking points and for educating on instructions. Contact your clinical quality consultant to obtain this resource.
- Discuss facts, including:
  - A majority of URIs are caused by viruses, not bacteria.
  - Antibiotics will *not* help a member get better or feel better when diagnosed with a **viral** infection.
  - Taking antibiotics when not indicated could cause more harm than good. Inappropriate use of antibiotics has created bacterial diseases that have become resistant to treatment for different types of antibiotic medications.

Quick Reference Guide

Utilization Measures

(LBP) Use of Imaging Studies for Low Back Pain

Summary of Changes: Updated codes in table for imaging studies.

Admin

Measure evaluates percentage of members 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.

Note: This measure is reported as an inverted rate and a higher score indicates appropriate treatment of low back pain (i.e., the proportion of whom imaging studies did not occur).

Imaging Studies

Description	Codes*
CPT®	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080-72084, 72100, 72110, 72114, 72120, 72125-72133, 72141–42, 72146–49, 72156-72158, 72200, 72202, 72220

*Codes subject to change.

To Improve HEDIS® Measure:

- Avoid ordering diagnostic studies in the first 6 weeks of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- Provide member education on comfort measures such as pain relief, stretching exercises, and activity level.
- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors).
- Use exclusion codes when necessary.

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(MSC) Medical Assistance with Smoking and Tobacco Use Cessation

Summary of Changes: There were no changes to this measure.

CAHPS

On an annual basis, the Consumer Assessment of Health Plans Survey (CAHPS) is sent to a group of randomly selected members. Rates are based upon responses received from those who completed the survey. Measure evaluates members ages 18 and older who responded to the survey and indicated that they were current smokers or tobacco users if they were provided medical assistance with smoking and tobacco use cessation. Three rates are calculated:

- Advised to Quit: Advised to quit during the measurement year.
- Discussed Cessation Medications.
- Discussed Cessation Strategies.

Quick Reference Guide

(PCR) Plan All-Cause Readmissions

Admin

Summary of Changes: There were no changes to this measure.

Measure evaluates members ages 18–64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Note: A lower rate indicates a better score for this measure.

To Improve HEDIS® Measure:

- The denominator for this measure is based on discharges and not members specifically.
- Ensure all clinical support systems are in place prior to discharge.
- Follow up with members within one week of their discharge.
- Ensure members fill their new prescriptions post discharge.
- Consider case management for members with chronic conditions, multiple co-morbidities, and a history of frequent hospitalizations.
- Ask members about barriers or issues that might have contributed to hospitalization. Discuss benefits available from the health plan that may prevent future hospitalizations.