

# MCAS 2022

## Provider Resource Guide



KERN HEALTH  
SYSTEMS



Kern Family<sup>TM</sup>  
Health Care

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**Footnote:**

\* indicates administrative measures held to MPL for MY2022.

\*\* indicates hybrid measures held to MPL for MY2022.



Kern Health Systems strives to provide quality healthcare to our members, in partnership with our providers. We measure this through both the Healthcare Effectiveness Data and Information Set (HEDIS) and Managed Care Accountability Set (MCAS) quality metrics.

This Resource Guide is designed to help your practice increase your MCAS performance scores by providing understanding of updated measures, and the coding that will support evidence of services rendered to your patients. Our Provider Resource Guide includes:

- An introduction to MCAS
- Important terms
- Updates for Measurement Year 2022
- Measure descriptions
- Age ranges
- Exclusions
- Codes for each measure
- Helpful tips for improving measure performance

## **What Is MCAS?**

Every year the California Department of Health Care Services (DHCS) selects a set of performance measures for annual reporting by Medi-Cal managed care health plans (MCPs). The measures are known as the Managed Care Accountability Set (MCAS). They cover many aspects of healthcare, including:

- preventive care such as screenings and tests,
- management of physical and mental health conditions,
- access and availability of care,
- patient experience, and
- utilization and relative resource use.

Data collected for the MCAS measures includes information from claims, pharmacy, labs, medical record audits, and surveys. Many of the technical specifications for MCAS measures come from the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), as well as the Centers for Medicare & Medicaid Services (CMS), The Joint Commission (TJC), and the Dental Quality Alliance (DQA). These are very important to health plans like Kern Family Healthcare. These scores can help us understand the quality of care being delivered to our members for some of the most common chronic and acute illnesses. Compliance rates for these measures are used by DHCS to determine auto-assignment of new member to Medi-Cal managed care plans in Kern County.

Analysis of MCAS data helps to identify gaps in care, issues related to management of drug and alcohol abuse, and concerns related to medication prescribing practices and adherence to medications. This



helps to design and implement interventions that can improve health outcomes and reduce the cost of care. As the healthcare industry moves more toward value-based purchasing, all providers, insurers, and their vendors are increasingly focused on the quality and outcomes of care delivered.

## Important Terms

### What is MPL?

Each year the state of California sets a goal called the minimum performance level (MPL) for some measures. The MPL is the minimum score health plans and providers must attain. In MY2022 there are 15 measures that require we reach the 50% percentile. The 50th percentile is not a percentage. It is the median performance attained that is measured against other health plans. If these MPLs are not met, the state can impose financial sanctions and require Corrective Action Plans (CAPSs).

**In MCAS MY2022 there are 9 hybrid measures and 30 administrative measures.**

- **Hybrid Measures** are quality measures that use more than one source of data for measure calculation. Current hybrid measures use claims data and electronic clinical data from electronic medical records (EMRs) to calculate measure results.
- **Administrative Measures** are only reported using administrative data sources, such as claims, encounter, lab, and immunization registries to evaluate if services were performed.

## How Can I Improve My MCAS Scores?

- Submit claim/encounter data for each service rendered.
- Ensure that all claim/encounter data is submitted in an accurate and timely manner.
- Make sure that chart documentation reflects all services billed.
- Utilize CPT II codes:
  - CPT Category II codes describe clinical components and are not associated with a billable service. They can be used for data to track delivery of services related to certain MCAS measures. They may ease the burden of narrative documentation in progress notes for some MCAS measures.
- Use the Provider Portal to identify member Gaps in Care. Make a standard practice of checking for these gaps in care whenever a member comes in for a visit. Set up regular reminders to members with a gap in care.
- Aim for the Minimum Performance Level (MPL) of each applicable measure.



## **COVID-19 and Kern Health Systems**

KHS has monitored the status of the pandemic closely, assessing the safety requirements and recommendations in play. Here are some of the Vaccination Initiatives being utilized over the course of 2022 (\*subject to change):

- A provider Incentive Program which issues payment to those who meet criteria.
- Member outreach in the form of calls, mailers, and social media, to encourage members to receive the COVID-19 vaccinations.
- Media Campaign- English and Spanish television ads and billboards.
- Vaccination Pop-Up Clinics occurring at CSUB weekly, two vaccination fairs have been held on-site at our Buck Owens Blvd building, and other “hot spots” such as Wasco and Taft are supported with pop-up clinics by KHS providers. Gift cards are provided to members at these events.
- Kern Family also supports community efforts such as Kern County Latino COVID-19 Taskforce, No Sister Left Behind, Farmworker Outreach, and Door to Door Partnership, to provide vaccines.

Many internet sites have reliable information on their websites concerning COVID-19. DHCS is running a project to get all Californians vaccinated at [COVID19.CA.GOV](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccines.aspx). Some of the topics covered are Vaccines, Travel, Education, Financial Help. The [KCDPH](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccines.aspx) gives directions on how to get vaccinated throughout Kern County.



The Department of Health Care Services (DHCS) has been directed to follow Executive Order N-01-19 by Governor Newsom to achieve cost savings for drug purchases made by the state. A key component of this Order requires DHCS to transition all Medi-Cal pharmacy services away from Managed Care (MC) to Fee-for-Service (FFS).

The Medi-Cal pharmacy benefits and services administered by DHCS in the FFS delivery system will be identified collectively as “Medi-Cal Rx.”

Transitioning pharmacy services from MC to FFS will:

- Standardize the Medi-Cal pharmacy benefit statewide, under one delivery system.
- Improve access to pharmacy services with a pharmacy network that includes the vast majority of the state’s pharmacies.
- Apply statewide utilization management protocols to all outpatient drugs.
- Strengthen California’s ability to negotiate state supplemental drug rebates with pharmaceutical manufacturers.

Medi-Cal Rx includes all pharmacy services billed as a pharmacy claim, including but not limited to:

- Outpatient drugs (prescription and over-the-counter), including Physician-Administered Drugs (PADs)
- Enteral nutrition products
- Medical supplies

Medi-Cal Rx does not include pharmacy services billed as a medical (professional) or institutional claim.

Medi-Cal Rx did not change:

- The scope of the existing Medi-Cal pharmacy benefit.
- Providing pharmacy services as part of a bundled/all-inclusive billing structure in an inpatient or long-term care setting, regardless of delivery system.
- Existing Medi-Cal managed care pharmacy carve-outs (e.g., blood factor, HIV/AIDS drugs, antipsychotics, or drugs used to treat substance use disorder). Today, these are carved out from most Medi-Cal Managed Care Plans (MCPs) and, eventually, will be carved out of all MCPs.
- The State Fair Hearing process



## **Member Engagement and Rewards Program**

The Member Engagement and Rewards Program (MERP) is one of Kern Family Health Care's™ initiatives to improve compliance with the Managed Care Accountability Set (MCAS). A MERP campaign uses Interactive Voice Response (IVR) or robocalls, text messages, and mailers to motivate members to complete certain preventive care services such as Initial Health Assessments and Children and Adolescent Well-Care Visits.

Kern Family Health Care™ verifies the member received the required service by reviewing claims data submitted by providers.

Once it is verified that the member completed the required service to qualify for the reward, a gift card reward is mailed to the member's mailing address on file at Kern Family Health Care™.

## **Well-Care Visits and Telehealth**

### **Introduction**

The National Committee for Quality Assurance (NCQA) and the California Department of Health Care Services (DHCS) allow telehealth to close well-care visit care gaps. Telehealth allows providers to “see” children and adolescents and complete 4 of the 5 components of a well-care visit; and it allows patients to “see” a provider by eliminating common barriers, such as lack of transportation and child-care. Telehealth is expanding and will likely be more prevalent in the coming years.

### **Considerations for Using Telehealth for Well-Care Visits**

- Develop a telehealth policy for your office.
- Telehealth use should be based on the medical condition, preferences and needs of the patients and their available resources.
- Telehealth well-care visits must include both real-time audio and visual communication.
- Partial exams can meet the Child and Adolescent Well-Care Visit (WCV) MCAS measure.

### **Components of A Well-Care Visit That Can Be Completed Via Telehealth**

- Health history
- Physical and mental development history
- Health education/anticipatory guidance
- Order necessary labs
- Weight assessment and counseling for nutrition and physical activity.



### The Following Components of Well-Care Visits Must Be Done In-Person

- Comprehensive physical exam
- Hearing, vision, oral health screens
- Office laboratory work
- Fluoride varnish
- Immunizations

### Helpful Tips:

- Engaging patients with telehealth:
  - Design High Quality Virtual Care
  - Introduce your patients to telehealth via flyer, email, or letter.
  - Provide patients with written, step-by-step instructions or direct support on how to access the telehealth visit.
- Before and during the telehealth visit:
  - Consider the patient's individual needs (language assistance, visual/hearing deficits, etc.)
  - Provide the patient with a checklist to prepare for the virtual visit.
  - Provide patients with necessary forms for the appointment (mail, email, online portal).
    - Suggested Forms include:
      - Staying Healthy Assessment
      - Health history checklist
      - Physical development history checklist
      - Mental development history checklist
  - See the [Telehealth Visit Etiquette Checklist](#) for more details on preparing for and conducting a telehealth visit.
- After the telehealth visit:
  - Send the patient a visit summary
    - Include a current medication list
    - Include any orders (lab slips, x-ray, Rx, etc.)
  - Schedule the in-person visit
  - Provide the patient with a number to call for any follow-up questions



## Coding

The Child and Adolescent Well-Care Visit (WCV) measure is now captured only through correct coding.

Well-Care Visit	Corresponding Code	Telehealth
<b>CPT</b>	99381-99385, 99391-99395	Place of service (POS): 02 <sup>1</sup>
<b>HCPCS</b>	G0438, G0439	Telehealth modifier: 95
<b>ICD-10</b>	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2	Originating site: Q3014
<b>Developmental Screening (standardized screening)</b>	96110	Transmission fee <sup>2</sup> : T1014
<b>Depression screenings (ages 12 – 21)</b>	G8431, G8510	

<sup>1</sup>Codes are not applicable to FQHCs, RHCs or IHS. Some payers have recommended billing telehealth codes for rural clinics under HCPCS G0071, G2025, revenue code 052X, modifier 95, CG.

<sup>2</sup> Applicable to Medi-Cal. Refer to <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf>

## Helpful Resources

- [AMA - Telehealth Quick Guide](#)
- [HHS - Helping Patients Prepare for Their Telehealth Appointment](#)
- [HHS - Introducing Patients to Telehealth](#)
- [National Consortium of Telehealth Resource Centers Fact Sheets](#)
- [California Telehealth Resource Center Patient Education Resources \(CTRC\)](#)
- [telehealth.hhs.gov](http://telehealth.hhs.gov)
- [IHI - Institute for Healthcare Improvement](#)



## AAP: Adult Access to Preventive/Ambulatory Health Services

Administrative, Not held to MPL for MY2022

### Measure Description:

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

- Medicaid and Medicare members who had one or more ambulatory or preventive care visits during the measurement year.
- Commercial members who had one or more ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

CPT Codes:	
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99429, 99483	Ambulatory Visits
98969, 99444	Online Assessments
95, GT	Telephone Modifier (and POS 02)
98966 - 98968, 99441 - 99443	Telephone Visits

HCPCS Codes:	
G0402, G0438, G0439, G0463, T1015, S0620, S0621	Ambulatory Visits

ICD-10 Codes:	
Z00.00, Z00.01, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2	Ambulatory Visits

### Helpful Tips:

- Document all elements of a preventive exam including health history, developmental history, physical exam, and education/anticipatory guidance.
- Educate patients on the importance of having at least one ambulatory or preventive care visit each year.
- Contact patients on the gaps in care list who have not yet had a preventive or ambulatory health visit within the measurement year.
- Look into offering expanded office hours to increase access to care.
- Make reminder calls to patients who have appointments to decrease no-show rates.

## AMM: Antidepressant Medication Management

Administrative, Not held to MPL for MY2022

### Measure Description:

The 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:

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

### Codes Used to Identify Services:

F32.0-F32.5, F32.9, F33.0-F33.3, F33.40-F33.42, F33.9	Major Depressive Disorder
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### Antidepressant Medications with National Drug Codes

Description	Prescription
<b>Miscellaneous antidepressants</b>	<ul style="list-style-type: none"> <li>● Bupropion: 0185-0410</li> <li>● Vilazodone: 0456-1110</li> <li>● Vortioxetine: 55154-0256</li> </ul>
<b>Monoamine oxidase inhibitors</b>	<ul style="list-style-type: none"> <li>● Isocarboxazid: 30698-032</li> <li>● Phenelzine: 40032-360</li> <li>● Selegiline: 1657-1659</li> <li>● Tranylcypromine: 0591-5590</li> </ul>
<b>Phenylpiperazine antidepressants</b>	<ul style="list-style-type: none"> <li>● Nefazodone: 0093-1024</li> <li>● Trazodone: 0555-0733</li> </ul>
<b>Psychotherapeutic combinations</b>	<ul style="list-style-type: none"> <li>● Amitriptyline-chlordiazepoxide: 0378-0211</li> <li>● Amitriptyline-perphenazine: 0378-0042</li> <li>● Fluoxetine-olanzapine: 3230</li> </ul>
<b>SNRI antidepressants</b>	<ul style="list-style-type: none"> <li>● Desvenlafaxine: 0008-1210</li> <li>● Duloxetine: 47335-616</li> <li>● Levomilnacipran: 0456-2202</li> <li>● Venlafaxine: 0008-0833</li> </ul>
<b>SSRI antidepressants</b>	<ul style="list-style-type: none"> <li>● Citalopram: 0121-0848</li> <li>● Fluoxetine: 0777-3105</li> <li>● Escitalopram: 0093-5850</li> <li>● Fluvoxamine: 0228-3105</li> <li>● Sertraline: 0049-0050</li> <li>● Paroxetine: 0777-2824</li> </ul>
<b>Tetracyclic antidepressants</b>	<ul style="list-style-type: none"> <li>● Maprotiline: 0378-0060</li> <li>● Mirtazapine: 0052-0105</li> </ul>
<b>Tricyclic antidepressants</b>	<ul style="list-style-type: none"> <li>● Amitriptyline: 0378-2610</li> <li>● Amoxapine: 0591-5713</li> <li>● Clomipramine: 0378-3025</li> <li>● Desipramine: 0781-8218</li> <li>● Doxepin (&gt;6 mg): 0228-3315</li> <li>● Imipramine: 0054-0273</li> <li>● Nortriptyline: 0093-0810</li> <li>● Protriptyline: 0054-0210</li> <li>● Trimipramine: 51991-944</li> </ul>

*\*Disclosure – Refer to Medi-Cal Rx*

**Helpful Tips:**

- Explain to patients what they can expect when starting the medication and how long it may take before they feel the effect.
- Stress the importance of staying on the medication. Patients should call if they are having problems with the medication and never stop the medication without consulting the provider.
- Schedule follow-up visits before the patient leaves the office and stress the need for follow-up visits.
- A follow up appointment should be made within 3 months of prescribing a medication. Once medication dosage is stable, a follow up appointment should be made after 6 months of treatment. It takes 6-12 months for most people to gain a positive response to symptoms.
- A quantitative symptom assessment tool (e.g., PHQ-9) should be completed by member at 3, 6 and 12 months of diagnosis.
- The Geriatric Depression Scale (GDS), a 30-item questionnaire, is recommended for senior members.

## AMR: Asthma Medication Ratio

Administrative, Not held to MPL for MY2022

### Measure Description:

The 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 medications of 0.50 or greater during the measurement year.

ICD 10 Codes:	
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with acute exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other Asthma

### AMR Exclusion Pediatric Description

ICD 10 Codes:	
E84.9	Cystic fibrosis, unspecified
J68.4	Reactive Airways Disease (Chronic respiratory conditions due to chemicals, gases, fumes, and vapors)
E84.0	Cystic fibrosis with pulmonary manifestations

**Asthma Controller Medications**

Description	Prescriptions	Medication Lists	Route
<b>Antiasthmatic combinations</b>	Dyphylline-guaifenesin	<a href="#"><u>Dyphylline Guaifenesin Medications List</u></a>	Oral
<b>Antibody inhibitors</b>	Omalizumab	<a href="#"><u>Omalizumab Medications List</u></a>	Subcutaneous
<b>Anti-interleukin-5</b>	Benralizumab	<a href="#"><u>Benralizumab Medications List</u></a>	Subcutaneous
<b>Anti-interleukin-5</b>	Mepolizumab	<a href="#"><u>Mepolizumab Medications List</u></a>	Subcutaneous
<b>Anti-interleukin-5</b>	Reslizumab	<a href="#"><u>Reslizumab Medications List</u></a>	Intravenous
<b>Inhaled steroid combinations</b>	Budesonide-formoterol	<a href="#"><u>Budesonide Formoterol Medications List</u></a>	Inhalation
<b>Inhaled steroid combinations</b>	Fluticasone-salmeterol	<a href="#"><u>Fluticasone Salmeterol Medications List</u></a>	Inhalation
<b>Inhaled steroid combinations</b>	Fluticasone-vilanterol	<a href="#"><u>Fluticasone Vilanterol Medications List</u></a>	Inhalation
<b>Inhaled steroid combinations</b>	Formoterol-mometasone	<a href="#"><u>Formoterol Mometasone Medications List</u></a>	Inhalation
<b>Inhaled corticosteroids</b>	Beclomethasone	<a href="#"><u>Beclomethasone Medications List</u></a>	Inhalation
<b>Inhaled corticosteroids</b>	Budesonide	<a href="#"><u>Budesonide Medications List</u></a>	Inhalation
<b>Inhaled corticosteroids</b>	Ciclesonide	<a href="#"><u>Ciclesonide Medications List</u></a>	Inhalation
<b>Inhaled corticosteroids</b>	Flunisolide	<a href="#"><u>Flunisolide Medications List</u></a>	Inhalation
<b>Inhaled corticosteroids</b>	Fluticasone	<a href="#"><u>Fluticasone Medications List</u></a>	Inhalation
<b>Inhaled corticosteroids</b>	Mometasone	<a href="#"><u>Mometasone Medications List</u></a>	Inhalation
<b>Leukotriene modifiers</b>	Montelukast	<a href="#"><u>Montelukast Medications List</u></a>	Oral
<b>Leukotriene modifiers</b>	Zafirlukast	<a href="#"><u>Zafirlukast Medications List</u></a>	Oral
<b>Leukotriene modifiers</b>	Zileuton	<a href="#"><u>Zileuton Medications List</u></a>	Oral
<b>Methylxanthines</b>	Theophylline	<a href="#"><u>Theophylline Medications List</u></a>	Oral

*\*Disclosure – Refer to Medi-Cal Rx*

## Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	<a href="#">Albuterol Medications List</a>	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	<a href="#">Levalbuterol Medications List</a>	Inhalation

*\*Disclosure – Refer to Medi-Cal Rx*

### Helpful Tips:

- Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present.
- Educate patients on use of asthma medications and importance of using asthma controller medications daily.
- Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications.
- Refer patients for health management interventions and coaching by contacting chronic disease management and/or health education at Kern Health Systems.
- When a refill request for Albuterol comes from a Pharmacy, add a chart reviewed refill of a maintenance inhaler if refill is also needed.
- Through Community Support Services (CCS), KHS has an Asthma Remediation Program. The program helps members make necessary modifications to their home or living environment, to ensure they can maintain a healthy and supportive lifestyle while living with asthma. This may include the purchasing of air purifiers and other medical supplies. An authorization can be submitted through the KHS Provider Portal.



## BCS: Breast Cancer Screening\*

Administrative, Held to MPL for MY2022

### Measure Description:

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

CPT Codes:	
<b>Mammogram</b>	77061, 77062, 77063, 77065, 77066, 77067

Exclusion CPT Codes:	
<b>Z90.11</b>	Acquired absence of right breast and nipple
<b>Z90.12</b>	Acquired absence of left breast and nipple
<b>Z90.13</b>	Acquired absence of bilateral breasts and nipples

### Helpful Tips:

- Educate female patients about the importance of early detection and encourage testing.
- Use ‘Gaps in Care’ list to identify patients in need of mammograms in KHS’ Provider Portal.
- Document a bilateral mastectomy in the medical record.
- Be sure to offer a Mammogram to your high-risk patients under age 50.
- Have a list of mammogram facilities available to share with the patient.
- Add posters and educational materials too waiting rooms and exam rooms to encourage conversation.
- Motivate office staff to use tools within offices to promote awareness of Breast Cancer Screening, such as reminder cards, chart or EMR Flags and education.
- Aid the member in the office at point of care by scheduling a mammogram appointment for them.
- Reminders inform health care providers it is time for a member’s cancer screening test or that the client is overdue for screening. The reminders can be provided in different ways, such as in client charts or by e-mail to both the providers and the members.

## **CCS: Cervical Cancer Screening\*\***

Hybrid, Held to MPL for MY 2022

### **Measure Description:**

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21–64 years of age who had cervical cytology (Pap smear) performed within the last 3 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing testing within the last 5 years.

#### **CPT Codes:**

**88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175, P3000, P3001, Q0091**

#### **ICD 10 Code:**

<b>Z12.4</b>	Encounter for screening for malignant neoplasm of cervix
<b>Z01.411-Z01.42</b>	Encounter for routine gynecologic exam
<b>Z11.51</b>	Encounter for screening for human papillomavirus (HPV)

### **Helpful Tips:**

- Use a reminder/recall system for member outreach when testing is due.
- Documentation of hysterectomy alone does not meet criteria. There is not sufficient evidence that the cervix was removed.
- Request to have results of pap tests sent to you if done at OB/GYN visits and document those results in their medical record.
- Document in the medical record if the patient has had a hysterectomy with no residual cervix.
- To avoid missed opportunities, consider completing pap tests during regularly scheduled well woman visits, sick visits, urine pregnancy tests, UTI, and chlamydia/STI screening.

### **Exclusions:**

- Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix. Use ‘total,’ ‘complete,’ or ‘radical’ when documenting in medical record.
- Members receiving Hospice services.

## WCV: Child and Adolescent Well Care Visits\*

Administrative, Held to MPL for MY2022

### Measure Description:

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

#### CPT Codes:

99382-99385, 99392-99395, 99393	Well Child Exam
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#### ICD 10 Codes:

Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.8	Encounter for other general examination

*\*Add Modifier 25 on a sick visit to capture the Well Child Visit*

### Helpful Tips:

- Avoid missed opportunities by taking advantage of every office visit, including sick visits, to provide well-child elements, including immunizations, BMI percentile calculations and counseling for nutrition and physical activity.
- Turn sports/daycare physicals into well-care visits by performing the required services and submitting appropriate codes. Add Modifier 25 on sick visits to capture well child components.
- Include the date when a health and developmental history and physical exam were performed, and health education/anticipatory guidance was given in the medical record.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- Use gap lists on the Provider Portal to help manage your total member population.
- Use outreach calls and mailed letters to inform members of gaps in preventives.
- If you need assistance accessing this information on the portal, contact your KHS Provider Network Representative.

## **CIS-Combo 10: Childhood Immunization Status\*\***

Hybrid, Held to MPL for MY2022

### **Measure Description:**

The percentage of children 2 years of age who had all 24 immunizations by their second birthday.

### **Codes for Immunizations:**

Vaccine	Dose	CPT Codes:
<b>DTaP</b>	4	90696, 90698, 90700, 90723
<b>IPV</b>	3	90698, 90713, 90723
<b>MMR</b>	1	90707, 90710
<b>Hib</b>	3	90644-90648, 90698, 90748
<b>Hepatitis B</b>	3	90723, 90740, 90744, 90747, 90748, 90759
<b>VZV</b>	1	90710, 90716
<b>Hepatitis A</b>	1	90633, 90634
<b>PCV</b>	4	90670, 90671, 90677
<b>RV</b>	2 or 3	90680 (3-doses), 90681 (2-doses)
<b>Flu</b>	2	90630, 90653-90658, 90660, 90660-90662, 90664, 90666-90668, 90672-90674, 90682, 90685-90689, 90694, 90756

*\*Add Modifier 25 on a sick visit to capture the Well Child Visit*

### **Exclusions:**

- Any Vaccine: Anaphylactic reaction due to vaccination.
- MMR, VZV, Flu: diseases of the Immune system (HIV 1 and 2, immunodeficiency), Cancer, and anaphylactic reaction to neomycin.
- DTaP: Encephalopathy due to the vaccination
- Rotavirus: Intussusception and Immunodeficiency

**Helpful Tips:**

- Avoid missed opportunity by taking advantage of every office visits, including sick visits and sports physicals.
- Use California immunization registry or CAIR 2.
- Review a child's immunization record before every visit and administer needed vaccines.
- Have providers recommend immunizations to parents. Parents/guardian are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations, e.g., MMR causes autism which is now completely disproven.
- Have a system for patient reminders.
- Make next immunization appointment before parent/guardian leaves after visit with child.
- Remind each parent/guardian to bring in yellow card when he/she is new to the office.

## **CHL: Chlamydia Screening in Women\***

Administrative, Held to MPL for MY2022

### **Measure Description:**

The 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.

Measure is Administrative, must Code properly to achieve compliant status.

CPT Codes:	
<b>86631-86632</b>	Qualitative or Semi quantitative Immunoassays
<b>87110, 87270, 87320, 87490, 87491, 87810</b>	Chlamydia Test

### **Exclusions:**

Medical Record must include the following to exclude:

- A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test or the six days after the pregnancy test.
- A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test or the six days after the pregnancy test.

Exclusion CPT Codes:	
<b>81025, 84702, 84703</b>	Pregnancy Test

### **Helpful Tips:**

- Share with members that Chlamydia can lead to infertility if left undiagnosed or untreated.
- Perform chlamydia screening every year on every 16 to 24 years old females identified as sexually active (use any visit opportunity).
- Add chlamydia screening as a standard lab for women 16 to 24 years old. Use well-child exams and well women exams for this purpose.
- Reinforce confidentially within limits. When speak with adolescents, try to complete a sexual history.
- Remember that chlamydia screening can be performed through a urine test. Offer this as an option for your patients.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Develop or implement standing orders for Mid-Level Providers to screen for STIs.

## COL: Colorectal Cancer Screening

Hybrid, Not held to MPL for MY2022

### Measure Description:

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer during the measurement period of January 1 – December 31.

One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test during the Measurement Period.
- Flexible sigmoidoscopy during the Measurement Period or the four years prior to the Measurement Period.
- Colonoscopy during the Measurement Period or the nine years prior to the Measurement Period.
- CT colonography during the Measurement Period or the four years prior to the Measurement Period.
- FIT-DNA test during the Measurement Period or the two years prior to the Measurement Period.

**\*Note:** Digital rectal exams and fecal occult blood tests performed in an office setting do not meet criteria.

### Exclusions:

Colorectal cancer or total colectomy

CPT Codes:	
81528	FIT_DNA
82270, 82274	FOBT
45330-45335, 45337-45342, 45345-45347, 45349, 45350	Flexible Sigmoidoscopy
44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	Colonoscopy
74261-74263	CT Colonography

HCPCS Codes:	
G0464	FIT_DNA
G0328	FOBT
G0104	Flexible Sigmoidoscopy
G0105, G0121	Colonoscopy

**Helpful Tips:**

- Include a note indicating the date when the colorectal cancer screening was performed.
- Education patients on importance of early detection:
  - Colorectal cancer growths usually start in the colon or rectum without noticeable symptoms.
  - Colorectal cancer can be prevented by removing growths before they become harmful cancers.
- Review all applicable screening options with patients and determine their preference, which will increase their likelihood of completing a screening.
  - Have FIT kits available to give patients during their office visit and instruct them to return the sample to the office/lab.
- Document and update patient history yearly to include date and type of colon cancer screening tests, or exclusions such as history of colon cancer or total colectomy.
- If utilizing telehealth visits, discuss gaps in care for colorectal cancer screening, and refer patients for testing.



## CCW-MMEC: Contraceptive Care – All Women, Most or Moderately Effective

Administrative, Not held to MPL for MY2022

### Measure description:

Among women ages 15-20 and 21-44 at risk of unintended pregnancy, the percentage that:

1. Were provided a most effective or moderately effective method of contraception.

**The measure is captured through administrative data:** Claims, service codes and pharmacy data. Contraceptive surveillance codes can be used to document repeat prescriptions, contraceptive maintenance, or routine checking of a contraceptive device or system. Surveillance codes cannot be used for the initial prescription.

The first reported result is used to monitor the provision of contraception in the immediate postpartum period of 3 days, while the second contraceptive rate within 60 days of delivery is used to monitor the provision of contraception throughout the postpartum period.

Definitions:	
<b>Provision of a most effective method of contraception</b>	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
<b>Provision of a moderately effective method of contraception</b>	Provision of injectables, oral pills, patch, ring, or diaphragm.
<b>Measurement year</b>	January 1 – December 31

Eligible Population:	
<b>Age</b>	Women ages 15 to 20 and 21 to 44 as of December 31 of the measurement year.
<b>Continuous enrollment</b>	The measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

<b>CPT Codes:</b>	
<b>59812</b>	Dilatation and Curettage, any trimester
<b>59820</b>	Dilatation and Curettage, 1 <sup>st</sup> trimester
<b>59821</b>	Dilatation and Curettage, ultrasound-guided
<b>59830</b>	Treatment of septic abortion
<b>59840</b>	Induced Termination
<b>58542</b>	Total Laparoscopic Hysterectomy
<b>58543</b>	Detachment of uterus from cervix, without tubes and/or ovaries
<b>58544</b>	Laparoscopic detachment of uterus and surrounding tissue without cervix

<b>ICD 10 Codes:</b>	
<b>10D00Z0</b>	Cesarean delivery with live birth, high, open approach
<b>10D00Z1</b>	Cesarean delivery with live birth, low, open approach
<b>10D00Z2</b>	Cesarean delivery with extraperitoneal, open approach
<b>10D07Z3</b>	Forceps, Via Natural or Artificial Opening
<b>10D07Z4</b>	Mid forceps, Via Natural or Artificial Opening
<b>O14.23</b>	HELLP Syndrome, third trimester
<b>O14.90</b>	Postpartum with pre-eclampsia, unspecified trimester
<b>O14.92</b>	Pregnancy with pre-eclampsia, in second trimester
<b>O14.93</b>	Pregnancy with pre-eclampsia, in third trimester
<b>O15.00</b>	Eclampsia in any trimester

**Helpful Tips:**

- Unintended pregnancy remains a significant issue in the United States. Appropriate use of contraceptives can significantly decrease unintended pregnancy and lengthen interpregnancy intervals.
- While patient is still under care, discussion of contraceptive methods is convenient for both member and doctor.
- Have MAs, health educators, care coordinators or other staff identify patients due for birth control during chart check and share during huddles.
- Have a ‘pap cart’ stored in each exam room stocked with products for Pap smear materials. Keep carts stocked in identical way so materials will be easy to grab. Create a ‘second to last one’ protocol. Create regular restocking protocol.

## CCP-MMEC3 & CCP-MMEC60: Contraceptive Care – Postpartum Women, Most or Moderately Effective Contraception – 3 Days & 60 Days

Administrative, Not held to MPL for MY2022

### Measure Description:

Among women ages 15-20 and 21-44 who had a live birth, the percentage that:

1. Were provided a most or moderately effective method of contraception within 3 days or within 60 days of delivery.

**The measure is captured through administrative data:** Claims, Services Codes and Pharmacy Data. Contraceptive surveillance codes can be used to document repeat prescriptions, contraceptive maintenance, or routine checking of a contraceptive device or system. Surveillance codes cannot be used for the initial prescription.

The first reported result is used to monitor the provision of contraception in the immediate postpartum period of 3 days, while the second contraceptive rate within 60 days of delivery is used to monitor the provision of contraception throughout the postpartum period.

Definitions:	
<b>Provision of a most effective method of contraception</b>	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
<b>Provision of a moderately effective method of contraception</b>	Provision of injectables, oral pills, patch, ring, or diaphragm.
<b>Measurement year</b>	January 1 – December 31

Eligible Population:	
<b>Age</b>	Women ages 15 to 20 and 21 to 44 as of December 31 of the measurement year.
<b>Continuous enrollment</b>	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.
<b>Anchor date</b>	Date of delivery.



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<b>Benefit</b>	Medical or Family Planning Only Services
<b>Event/Diagnosis</b>	Delivery of a live birth

**CPT Codes:**

<b>59812</b>	Dilatation and Curettage, any trimester
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**ICD 10 Codes:**

<b>10D00Z0</b>	Cesarean delivery with live birth, high, open approach
<b>10D00Z1</b>	Cesarean delivery with live birth, low, open approach
<b>10D00Z2</b>	Cesarean delivery with extraperitoneal, open approach
<b>10D07Z3</b>	Forceps, Via Natural or Artificial Opening
<b>10D07Z4</b>	Mid forceps, Via Natural or Artificial Opening
<b>Z37.7</b>	Stillborn, multiple, with induced termination
<b>Z37.1</b>	Stillborn, single, with induced termination
<b>Z33.2</b>	Encounter for elective termination
<b>Z37.4</b>	Stillborn, twins, with induced termination
<b>0UL74CZ</b>	Occlusion of bilateral fallopian tubes, extra luminal device
<b>0UL74DZ</b>	Occlusion of bilateral fallopian tubes, percutaneous endoscopic approach
<b>0UL74ZZ</b>	Occlusion of bilateral fallopian tubes, open approach

**HCP Codes:**

<b>J7301</b>	Oral levonorgestrel, low dose
<b>J7302</b>	Oral levonorgestrel, high dose
<b>J7298</b>	Oval levonorgestrel, high dose

**Helpful Tips:**

- Unintended pregnancy remains a significant issue in the United States. Appropriate use of contraceptives can significantly decrease unintended pregnancy and lengthen interpregnancy intervals.
- While patient is still under care, discussion of contraceptive methods is convenient for both member and doctor.
- Have MAs, health educators, care coordinators or other staff identify patients due for birth control during chart check and share during huddles.
- Have a ‘pap cart’ stored in each exam room stocked with products for Pap smear materials. Keep carts stocked in identical way so materials will be easy to grab. Create a ‘second to last one’ protocol. Create regular restocking protocol.

## CBP: Controlling High Blood Pressure\*\*

Hybrid, Held to MPL for MY2022

### Measure Description:

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140 and <90 mm Hg) during the measurement year.

CPT II Codes:	
Systolic: < 140 mm Hg	<b>3074F</b> Less than 130 <b>3075F</b> 130-139
Diastolic: < 90 mm Hg	<b>3078F</b> Less than 80 <b>3079F</b> 80-89

### Helpful Tips:

- Calibrate the sphygmomanometer annually.
- Upgrade to an automated blood pressure machine.
- Select appropriately sized BP cuff.
- Retake the BP if it is high at the office visit (140/90 mm Hg or greater). You may use the lowest systolic and lowest diastolic readings on the same day and oftentimes the second reading is lower.
- Do not round BP values up or down. If using an automated machine, record exact values.
- Schedule telehealth appointments to follow-up with patients and acquire controlled blood pressure readings. However, the member should come in periodically based on clinical findings for controlled blood pressure.
- Review hypertensive medication history, patient compliance, and consider modifying treatments plans for uncontrolled blood pressure, as needed.
- Teach your staff about ‘White Coat’ syndrome. Some members get nervous going to see a provider, causing increased blood pressure. Take the member’s reading at discharge after they have sat and rested a few minutes.
- Changes to HEDIS technical specifications for measurement year 2022 allow BP readings taken by the member and documented in the member’s medical record to be eligible for use in reporting, provided it is from an electronic BP device, and was not taken while in the hospital or on the same day as diagnostic testing.

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

ECDS, Not held to MPL for MY2022

### Measure Description:

The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.

- **Follow-Up PHQ-9.** The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months (120-240 days) after the initial elevated score.
- **Depression Remission.** The percentage of members who achieved remission of depression symptoms within 4–8 months after the initial elevated PHQ-9 score, as demonstrated by a PHQ-9 score of <5.
- **Depression Response.** The percentage of members who showed response to depression treatment within 4–8 months after a PHQ-9 score of >9 associated with initial diagnosis of major depression. This is demonstrated by the most recent PHQ-9 score (within the 4-8 month follow up window) being at least 50 percent lower.

### Measurement Period:

January 1 – December 31

### Exclusions:

Members with any of the following at any time during the Measurement Period:

- Bipolar disorder.
- Personality disorder.
- Psychotic disorder.
- Pervasive developmental disorder.

#### ICD-10 Code:

<b>Z13.31</b>	Encounter for screening for depression
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#### HCPCS Code:

<b>G0444</b>	Medicare Depression Screen -15 minutes
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**CPT Code:**

<b>96127</b>	Brief emotional/behavioral assessment with scoring per standardized instrument (includes PHQ-9)
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**CPT II Codes:**

<b>G9509</b>	Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve-month (+/-60 days) PHQ-9 or PHQ-9m score of less than 5
<b>M1019</b>	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve-month (+/-60 days) PHQ-9 or PHQ-9m score of less than 5.

**Helpful Tips:**

- The PHQ-9 assessment may be completed over the telephone or through a web-based portal.
- Approach care with a whole person mindset, partnering with the patient using:
  - Antidepressant medications
  - Psychotherapy
  - Exercise regimen
  - Diet modification
  - Avoidance of alcohol and drugs
  - Meditation
  - Supportive care system (family, friends, support groups, religious, etc.)
  - Patient education on how depression works, managing expectations around the above interventions.
- Be alert for suicidal ideations, with trained staff and treatment plans in place for these patients.

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

ECDS, Not held to MPL for MY2022

### Measure Description:

The percentage of members 12 years of age and older who were screened for clinical depression using an age-appropriate standardized instrument and, if screened positive, received follow-up care.

- **Depression Screening.** The percentage of members who were screened for clinical depression using a standardized instrument performed between January 1 and December 1 of the measurement period.
- **Follow-Up on Positive Screen.** The percentage of members who received follow-up care within 30 days of a positive depression screen finding (31 total days).

Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
- A dispensed antidepressant medication.

### OR

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

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

### Exclusions:

- Members with bipolar disorder in the year prior to the Measurement Period.
- Members with depression that starts during the year prior to the Measurement Period.

Instruments for Adolescents (≤17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
Patient Health Questionnaire Modified for Teens (PHQ- 9M)®	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)® <sup>1</sup>	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)® <sup>1,2</sup>	Total Score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
PROMIS Depression	Total Score (T Score) ≥60

<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; may be cost or licensing requirement associated with use.

Instruments for Adolescents (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)® <sup>1</sup>	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)® <sup>1,2</sup>	Total Score ≥8
Beck Depression Inventory (BDI-II)	Total Score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	Total Score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)® <sup>2</sup>	Total Score ≥30
Geriatric Depression Scale Short Form (GDS) <sup>1</sup>	Total Score ≥5
Geriatric Depression Scale Long Form (GDS)	Total Score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
My Mood Monitor (M-3)®	Total Score ≥5
PROMIS Depression	Total Score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31

<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; may be cost or licensing requirement associated with use.

**Footnote: These Instruments for Screening came directly from NCQA Technical Specifications for this measure.**

CPT Codes:	
<b>90791; 90792; 90832-90834; 90836-90839</b>	Behavioral Health Encounter
<b>99366</b>	Depression Case Management Encounter

CPT II Codes:	
<b>3351F, 3352F</b>	No significant depressive symptoms as categorized by a standardized depression assessment tool
<b>3353F, 3354F</b>	Positive Depression Screening

**Helpful Tips:**

- Diagnosis, treatment, and follow-up for depression will lead to significant improvement in the patient's condition.
- Ensure the clinical care team understands the importance of depression screening and are trained to engage patients to assist with understanding of the tool.
- Screen patients at new visits, on an annual basis at well care visits, or when clinically indicated.
- Whenever possible, offer depression screening and treatment in the patient's first language.
- If screened positive, ensure that appropriate follow-up is established for the patient.

## DEV: Developmental Screening in the First Three Years of Life

Administrative, Not held to MPL for MY2022

### Measure Description:

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

### Useful Information for Measure:

- Add to all claims the code 96110.
- CPT code 96110 represents ‘Developmental testing, with interpretation and report.’
- Developmental Tools must screen for developmental, behavioral, and social delays. Examples of tools that meet criteria are:
  - Ages and Stages Questionnaire (ASQ)
  - Ages and Stages Questionnaire-3rd Edition (ASQ-3)
  - Battelle Developmental Inventory Screening Tool (BDI-ST)
  - Brigance Screens-II
  - Child Developmental Inventory (CDI)
  - Infant Developmental Inventory
  - Parents Evaluation of Developmental Status (PEDS)
  - Parents Evaluation of Developmental Status-Developmental Milestones

**These tools are examples cited in Bright Futures that have met the above criteria.**

CPT Code:	
96110	Numerator for the Developmental Screening

### Helpful Tips:

- Developmental Screening must include *both* physical and mental development.
- Below are some examples:
  - Mental Development:
    - Think, learn, and solve problems
    - Learn to count
    - Learn colors and names
    - Coos and babbles
  - Physical Development
    - Able to handle everyday tasks
      - Eating, dressing, bathing
    - Includes both gross and fine motor skills
    - Sit, crawl, stand, pull to standing, scoot
    - Scribble with large crayon
    - Pinch, poke, play
  - Social Delays are documented as such:
    - “Failure to respond to their name”
    - “Resistance to playing with others”
    - “Lack of facial expression”
    - “Inability to speak” or “difficulty speaking, carrying on a conversation, or remembering words or sentences”
    - “Repetitive motions” or “coordination problems”
  - Behavioral Delays are documented as such:
    - “Difficulty dealing with frustrations or coping with change”
    - “Prolonged temper tantrums longer than normal”
    - “Takes longer than normal to calm down”
    - “Trouble understanding social cues”
    - ADD-ADHD
    - Autism spectrum

**Advise parents that developmental screening tools will not provide a diagnosis but can assist in determining if a child is developing according to standard developmental milestones.**



## **SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications**

Administrative, Not held to MPL for MY2022

### **Measure Description:**

The 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 (glucose or HbA1c) during the measurement year.

### **Exclusions:**

Any member with diabetes

<b>CPT Codes:</b>	
<b>83036, 83037</b>	HbA1c Testing
<b>80047, 80048, 80053, 80069, 82950, 82951</b>	Glucose Test

<b>Diagnosis Codes:</b>	
<b>F20.0-F20.9</b>	Schizophrenia Disorder
<b>F25.0-F25.9</b>	Schizoaffective Disorder
<b>F31.0, F31.10-F31.13, F31.2-F31.30, F31.9</b>	Bipolar Disorder

**Helpful Tips:**

- Order a diabetes screening test every year and check every visit to ensure that it has been completed. Reorder if not completed.
- Educate patients about the importance of the test.
- As a preventative measure, screen patients for diabetes at least annually (Glucose Test or HbA1c) and document the results.
- Set care gap alerts/flags in your EMR (if available) or develop a tracking method for patients due or past due for lab work.
- Communicate and coordinate care between primary care physicians (PCPs) and behavioral health specialists by requesting test results and/or communicating test results.
- To increase compliance, consider using standing orders for routine screening lab tests.
- Educate patients and their caregivers on the importance of completing annual visits and blood work.
- Assess whether the office EMR can be set up with a flag for lab tests based on diagnosis or when antipsychotic medications are added to the treatment plan.
- If the patient reports having had previous work, providers must obtain the
- official results. Member reporting is not valid for medical record entry.
- Educate patients and their caregivers that there is a correlation between elevated blood sugars and weight gain when using anti-psychotic medications; this is especially prevalent in patients with Schizophrenia and/or Bipolar Disorder.
- Educate patients and their caregivers about increased risk of diabetes with antipsychotic medications, importance of screening for diabetes, and symptoms of new-onset diabetes.
- Encourage staff to reach out to patients who cancel appointments and assist them with rescheduling as soon as possible.



## FUM: Follow-Up After Emergency Department Visit for Mental Illness\*

30 Day Follow up: Administrative, Held to MPL for MY2022

7 Day Follow Up: Administrative, Not held to MPL for MY2022

### Measure Description:

The 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 with any practitioner for mental illness. You may include visits that occur on the date of the ED visit.

Two rates are reported:

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

For both indicators, any of the following meet criteria for a follow-up visit *with* a principal diagnosis of a mental health disorder -OR- *with* a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder:

- An outpatient visit
- An intensive outpatient encounter or partial hospitalization
- A community mental health center visit
- Electroconvulsive therapy
- A telehealth visit
- An observation visit
- A telephone visit
- An e-visit or virtual check-in

CPT Codes:	
99217-99220, 99224-99226	Observation
98960-98962; 99202-99205, 99212-99215	Behavioral Health Outpatient Visit

## **Helpful Tips**

- Conduct follow-up phone calls with the patient 24 to 72 hours after discharge to verify appointments are scheduled and address additional needs the patient may have. Contact KHS case management if assistance is needed to obtain follow-up appointment.
- Assist the patient with navigation of the health system to lessen the impact of barriers, such as using their transportation benefit to get to their follow-up appointment.
- Encourage members to bring their discharge paperwork to their first appointment.
- Educate members about the importance of following up and adhering to treatment recommendations, such as medications and outpatient services.
- Ensure your patient understands the local community support resources and what to do in the event of a crisis.
- Coordinate care between behavioral health and primary care physicians:
  - Share progress notes and updates
  - Include the diagnosis for mental illness
  - Reach out to members who cancel appointments and help them reschedule as soon as possible.

## FUA: Follow-Up After Emergency Department Visit for Substance Use\*

30 Day Follow up: Administrative, Held to MPL for MY2022

7 Day Follow Up: Administrative, Not held to MPL for MY2022

### Measure Description:

The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
  - A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
  - A follow-up visit or a pharmacotherapy dispensing event within 7 days after the ED visit (8 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

For both indicators, any of the following meet criteria for a follow-up visit *with* any diagnosis of SUD, substance use, or drug overdose -OR- a mental health provider:

- An outpatient visit
- An intensive outpatient encounter or partial hospitalization
- A non-residential substance abuse treatment facility visit
- A community mental health center visit
- An observation visit
- A telehealth visit
- A telephone visit
- An e-visit or virtual check-in

The following meet criteria for a follow-up visit *with* any diagnosis of SUD, substance use, or drug overdose:

- A peer support service
- An opioid treatment service that bills monthly or weekly

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

- A substance use disorder service
- A behavioral health screening or assessment for SUD or mental health disorders
- A substance use service
- A pharmacotherapy dispensing event

*\*NOTE: Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date, and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (within 30 days after the ED visit or within 7 days after the ED visit).*

<b>ICD-10 Codes:</b>	
<b>F11.10-F11.29</b>	Opioid Abuse and Dependence
<b>F12.10-F12.29; F13.10-F13.29; F14.10-F14.29; F15.10-F15.29; F16.10-F16.29; F18.10-F18.29; F19.10-F19.29</b>	Other Drug Abuse and Dependence
<b>F10.10-F10.29</b>	Alcohol Abuse and Dependence

<b>CPT Codes:</b>	
<b>98966-98968; 99441-99443; (99202-99205 and 99211-99215 with POS 02 and modifier 95)</b>	Telephone Visit
<b>98969-98972; 99421-99423; 99444; 99458</b>	Online Assessments
<b>98960-98962; 99202-99205; 99211-99215</b>	IET Stand Alone Visits

### **Helpful Tips:**

- Referring the member to a mental health provider or service right away is essential in treating the alcohol or drug abuse dependence.
- Provide credible sources to address any fears and stigma surrounding treatment.
- Utilize a trauma-informed approach to address member safety, peer and family support, trust and transparency, empowerment, and any historical/cultural/gender issues.

**ADD: Follow Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Initiation Phase (ADD-Int) and Continuation & Maintenance Phase (ADD-C&M)**

Administrative, Not held to MPL for MY2022

**Measure Description:**

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (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. Two rates are reported.

1. **Initiation Phase.** The percentage of members 6–12 years of age with prescription dispensed for ADHD medication, who had one follow-up visit during the 30-day (1 month) Initiation Phase.
2. **Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age with prescription dispensed for ADHD medication, who remained on the medication for at least 210 days (7 months) and who, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

**Useful Information for Measure:**

This measure is captured through administrative data:

- Claims
- Codes
- Medication Dispensed

The 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February 1 of the measurement year. (March 1, 2020 to February 28, 2021).

<b>Definitions:</b>	
<b>Initiation Phase</b>	The 30 days following the prescription start date.
<b>C&amp;M Phase</b>	The 300 days (10 months) following the prescription start date.

<b>Codes:</b>	
<b>99078</b>	Group visit
<b>99341-99345</b>	Home visit
<b>99202-99205, 99211-99215</b>	Various one on one E/M visits, based on severity
<b>99241-99245</b>	Outpatient consultation services
<b>98961-98962</b>	Education and training by non-physician health care professionals using Standard curriculum for patient self-management
<b>99441-99443</b>	Telephone, not face to face, Medicare
<b>99202-99205; 99211-99215 (POS 02 and modifier 95)</b>	Telephone, not face to face telehealth visit, Medi-Cal

### **Helpful Tips:**

- No refills until the initial follow-up visit is complete.
- Exclude patients with diagnosis of Narcolepsy.
- Appointments cannot be telehealth visits.
- Be sure to include the diagnosis for ADHD in billing.
- Conduct initial follow-up visit 2-3 weeks after member starts medication therapy.
- Member needs 2 additional visits within 9 months of starting medication. Schedule these appointments at end of initial visit.
- If member cancels, reschedule appointment right away.
- Education out in our quarterly KHS' public Newsletter.
- Other resources:
  - [www.healthychildren.org](http://www.healthychildren.org)
  - [www.brightfutures.org](http://www.brightfutures.org)
  - [www.chadd.org](http://www.chadd.org)

## HBD: Hemoglobin A1C Control for Patients with Diabetes (HgbA1C, poor control (>9%))\*\*

Hybrid, Held to MPL for MY2022

### Measure Description:

The percentage of members 18–75 years of age with diagnosis of Diabetes Mellitus (Type 1 and Type 2) who had the following lab test during the measurement year:

- Hemoglobin A1c (HbA1c) testing.
- The date of collection and value of the HbA1c test must be documented in the chart.
- Control of Diabetes is a value of <7.
- Poor control is a value >9.
- Must have a documented diagnosis of diabetes.

#### CPT Codes:

HbA1c Testing	<b>83036, 83037</b>
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#### CPT II Codes:

HbA1c Level 7.0-<8.0	<b>3051F</b>
HbA1c Level >9.0	<b>3046F</b>
HbA1c Level < 7.0	<b>3044F</b>
HbA1c Level 8.0 - <9.0	<b>3052F</b>

#### Type I and Type II Diabetes:

<b>E10.10-E10.9</b>	Type I diabetes mellitus (variations)
<b>E11.00-E11.9</b>	Type II diabetes mellitus (variations)

**Helpful Tips:**

- Review diabetes services needed at each office visit, ensuring that at least one HbA1c is performed every three months for uncontrolled diabetes, while twice a year is recommended for Controlled Diabetes.
- Order labs prior to patient appointments.
- Bill for point of care testing if completed in office and ensure HbA1c results and date of collection are documented in the chart.
- Adjust medication treatment to improve HbA1c and blood glucose levels; follow-up with patients to monitor changes.
- Refer patients for health management interventions and coaching by contacting Health Care Services at your affiliated Kern Family Health Care plan.



## IMA-Combo 2: Immunizations for Adolescents\*\*

Hybrid, Held to MPL for MY2022

### Measure Description:

The percentage of adolescents 13 years of age who had

- **one dose** of meningococcal vaccine (MCV), *and*
- **one dose** Tetanus, Diphtheria Toxoids and Acellular pertussis (Tdap) vaccine, *and*
- **two doses** of Human Papillomavirus (HPV) vaccine series by their 13th birthday.

The measure calculates a rate for each vaccine.

CPT Codes:	
90619, 90620, 90621, 90734	Meningococcal
90714, 90715	Tdap
90649, 90650, 90651	HPV

*\*Add Modifier 25 on a sick visit to capture the Well Child Visit*

### Exclusions:

- Any Vaccine where the member had an anaphylactic reaction.
- If the member developed encephalopathy due to the DTaP vaccination, it should be excluded.

### Helpful Tips:

- Use the CAIR immunization registry to avoid sending charts at HEDIS time.
- Keep Yellow Card (international certificate of vaccination (ICV)) up to date.
- For immunizations, schedule the second visit for HPV at end of the first HPV appointment.
- Have providers recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- Make every office visit count – take advantage of sick visits for catching up on needed vaccines.
- Devote time during each visit to review patient’s immunization record and update, if needed.
- Administer the HPV vaccine at the same time as other vaccines. Inform parents that the full HPV vaccine series requires 1 more shot after 6 months of the first vaccine (146 days).
- Have printed materials and posters on HPV in exam room for education and discussion.

## LSC: Lead Screening in Children\*\*

Hybrid, Held to MPL for MY2022

### Measure Description:

The 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, documented through either administrative data or medical record review.

Documentation in the medical record must include both of the following:

- A note indicating the date the test was performed.
- The result or finding.

### Rationale:

According to the Centers for Disease Control and Prevention (CDC), protecting children from lead exposure is important to lifelong good health. Studies have shown that even low levels of lead in the blood can affect IQ, the ability to pay attention, and academic achievement. Lead exposure can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems.

The most important step that can be taken is to prevent lead exposure before it occurs. While lead paint has historically been the greatest source of lead exposure, children can be exposed to lead from additional sources such as lead smelters, leaded pipes, solder, plumbing fixtures, and consumer products. Lead can also be present in air, food, water, dust, and soil.

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. In addition, MCPs are contractually required to cover and ensure that network providers provide blood lead screening tests in accordance with the California Code of Regulations (CCR).

CPT Code:	
<b>83655</b>	Lead Testing

ICD-10 Codes:	
<b>Z13.88</b>	Encounter for screening for disorder due to exposure to any contaminant.
<b>Z77.011</b>	Screening for contact, or suspected contact to lead.

**Helpful Tips:**

- Educate parents about the major sources of lead and poisoning prevention. Examples include:
  - Reduce exposure to household dust, which is a major source of lead.
  - Assure children have adequate amounts of iron and calcium, as well as regular meals. Lead is more easily absorbed on an empty stomach.
  - Children and pregnant women should not be present in housing built before 1978 that is undergoing renovation.
  - Block access to peeling paint or chewable surfaces that have been painted with lead-based paint.
- Identify children at greatest risk and screen beginning at 6 months old, utilizing standardized lead screening questionnaires.
- Children at lower risk for lead exposure may be tested at 12–15 months of age.
- Conduct necessary follow-up when needed.

## APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

Administrative, Not held to MPL for MY2022

### Measure Description:

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

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

### Measure is Administrative:

To be compliant must have codes for:

- At least one test for blood glucose or HbA1c during the measurement year.
- At least one test for LDL-C or cholesterol during the measurement year.

CPT Codes:	
83036, 83037	HbA1c Test
80047, 80048, 80053, 80069, 82950	Glucose Test
80061, 83700, 82951	LDL-C Test

CPT II Codes:	
3051F	HbA1c Level 7.0-<8.0
3046F	HbA1c Level >9.0
3044F	HbA1c Level < 7.0
3052F	HbA1c Level 8.0 - <9.0
3048F	Most recent LDL-C
3049F	Most recent LDL-C 100-129 mg/dL
3050F	Most recent LDL-C >=130 mg/dL

### Antipsychotic Combination Medications

Description	Prescription
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>● Fluoxetine- olanzapine</li> <li>● Perphenazine- amitriptyline</li> </ul>

*\*Disclosure – Refer to Medi-Cal Rx*

### Prochlorperazine Medications

Description	Prescription
Phenothiazine antipsychotics	<ul style="list-style-type: none"> <li>● Prochlorperazine</li> </ul>

*\*Disclosure – Refer to Medi-Cal Rx*

### Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> <li>● Aripiprazole</li> <li>● Asenapine</li> <li>● Brexpiprazole</li> <li>● Cariprazine</li> <li>● Clozapine</li> <li>● Haloperidol</li> </ul>	<ul style="list-style-type: none"> <li>● Iloperidone</li> <li>● Loxapine</li> <li>● Lurasidone</li> <li>● Molindone</li> <li>● Olanzapine</li> <li>● Paliperidone</li> </ul>	<ul style="list-style-type: none"> <li>● Pimozide</li> <li>● Quetiapine</li> <li>● Quetiapine fumarate</li> <li>● Risperidone</li> <li>● Ziprasidone</li> </ul>
Phenothiazine antipsychotics	<ul style="list-style-type: none"> <li>● Chlorpromazine</li> <li>● Fluphenazine</li> <li>● Perphenazine</li> </ul>	<ul style="list-style-type: none"> <li>● Thioridazine</li> <li>● Trifluoperazine</li> </ul>	
Thioxanthenes	<ul style="list-style-type: none"> <li>● Thiothixene</li> </ul>		
Long-acting injections	<ul style="list-style-type: none"> <li>● Aripiprazole</li> <li>● Olanzapine</li> <li>● Risperidone</li> </ul>	<ul style="list-style-type: none"> <li>● Paliperidone palmitate decanoate</li> <li>● Haloperidol decanoate</li> <li>● Fluphenazine decanoate</li> </ul>	

*\*Disclosure – Refer to Medi-Cal Rx*

**Helpful Tips:**

- Antipsychotic medications in children can increase poor cardiometabolic outcomes in adulthood; Routinely refer members to these HbA1c and LDL-C.
- Follow up with patient's parents to discuss and educate on lab results.
- Coordinate care with the patient's behavioral health specialists.
- Utilize NCQA coding tips to actively reflect care rendered. Routinely refer members on an antipsychotic medication out to have their blood glucose or HbA1c and LDL-C or cholesterol drawn at least annually.



## NTSV CB: Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

Administrative, Not held to MPL for MY2022

### Measure Description:

Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.

### Rationale:

Per the Joint Commission (TJC), the removal of any pressure to *not* perform a cesarean birth has led to a sharp increase of hospital, state, and national cesarean birth (CB) rates. Hospitals with CB rates at 15-20% have infant outcomes that are just as good, as well as better maternal outcomes. This measure seeks to focus attention on the most variable portion of the CB epidemic, the term labor CB in nulliparous women.

As compared to other CB measures, what is different about NTSV CB rate (Low-risk Primary CB in first births) is that there are clear cut quality improvement activities that can be done to address the differences. Over 60% of the variation among hospitals can be attributed to first birth labor induction rates and first birth early labor admission rates. The results showed if labor was forced when the cervix was not ready the outcomes were poorer. The Joint Commission has elected to address the quality and safety priority of pregnant people in California.

**Numerator:** Patients with cesarean births

**Included Populations:** See codes below

ICD-10 Codes:	
10D00Z0	Extraction of Products of Conception, Classical, Open Approach
10D00Z1	Extraction of Products of Conception, Low Cervical, Open Approach
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach
O7582	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section



**Denominator Statement:** Nulliparous patients delivered of a live term singleton newborn in vertex presentation

**Included Populations:** See codes below

<b>ICD-10 Codes:</b>	
<b>10D00Z0</b>	Extraction of Products of Conception, High, Open Approach
<b>10D00Z1</b>	Extraction of Products of Conception, Low, Open Approach
<b>10D00Z2</b>	Extraction of Products of Conception, Extraperitoneal, Open Approach
<b>10D07Z3</b>	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening
<b>10D07Z4</b>	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening
<b>10D07Z5</b>	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening
<b>10D07Z6</b>	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening
<b>10D07Z7</b>	Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening
<b>10D07Z8</b>	Extraction of Products of Conception, Other, Via Natural or Artificial Opening
<b>10E0XZZ</b>	Delivery of Products of Conception, External Approach
<b>Z370</b>	Single live birth

**Excluded Populations:**

- Multiple gestation
- Other presentations
- Spontaneous abortion or intrauterine death
- Gestational Age < 37 weeks or UTD
- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days



**Helpful Tips:**

Multiple studies indicate that hospital and clinician policies, attitudes, and practices (rather than individual patient characteristics) are related to hospital rates of cesarean delivery. Narrowing variation and lowering the average C-section rate will lead to better quality care, improved health outcomes, and reduced costs. Consider implementing use of the interventions here:

- Addition of hospitalists and midwives.
- Clinician and nursing education on labor management, including manual rotation of occiput posterior, operative vaginal deliveries.
- Patient education on childbirth both in the prenatal and labor stages.
- Incorporate labor support activities, including peanut balls, doula programs, and nitrous oxide analgesia.
- Utilize labor management tools such as a labor dystocia checklist, active phase huddle, latent labor management, second stage management, and EMR order sets.
- When labor induction is necessary, utilize a scheduling form, an induction algorithm, and outpatient cervical ripening.
- Patient support after a traumatic birth experience.
- Involving health plans, hospital executives, and patients in a shared goal to support vaginal birth.

## POD: Pharmacotherapy for Opioid Use Disorder

Administrative, Not held to MPL for MY2022

### Measure Description:

The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD.

### Opioid Use Disorder Treatment Medications

Description	Prescription
Antagonist	Naltrexone (oral)
Antagonist	Naltrexone (injectable)
Partial agonist	Buprenorphine (sublingual tablet)
Partial agonist	Buprenorphine (injection)
Partial agonist	Buprenorphine (implant)
Partial agonist	Buprenorphine/ naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone (oral)

### Note:

- Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.
- Adherence for the POD measure is determined by the member remaining on their prescribed opioid use disorder treatment medication for at least 180 days after their medication was prescribed. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).

ICD-10 Codes:	
F11.10, F11.120, F11.121, F11.129, F11.14, F11.150, F11.19, F11.20, F11.220, F11.23, F11.24, F11.288, F11.29	OUD requiring pharmacotherapy

**Helpful Tips:**

- Refer members to treatment programs and services that offer a safe, supportive, and culturally competent environment.
- Build a partnership on trust and understanding with the patient and include their family in the process.
- Medication regimen adherence is essential for successful treatment.
- Provide credible sources to address any fears and stigma surrounding treatment.
- Recognize that the patient might want to participate at varying levels- meet them where they are.
- Closely monitor medication prescriptions and do not allow any gap in treatment of 8 or more consecutive days.
- Help the member manage stressors and identify triggers for a return to illicit opioid use.

## PRS-E: Prenatal Immunization Status

ECDS, Not held to MPL for MY2022

### Measure Description:

The percentage of deliveries in the Measurement Period (January 1 – December 31) in which women had received influenza and tetanus/diphtheria toxoids/acellular pertussis (Tdap) vaccinations.

### Immunization Status: Influenza

Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the Measurement Period and the delivery date.

### Immunization Status: Tdap

- Deliveries where members received at least one Tdap vaccine during the pregnancy (including on the delivery date), *or*
- Deliveries where members had Anaphylaxis or 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.

CPT Codes:	
90630; 90653; 90654; 90656; 90658; 90661; 90673; 90674; 90882; 90686; 90688; 90689; 90756	Adult Influenza Vaccine Procedure
90715	Tdap Vaccine Procedure

### Helpful Tips:

- Educate expectant mothers on the importance of vaccines during pregnancy to protect her and her baby.
- Newborns will receive passive immunity from a mother's vaccination antibodies.
- Influenza can result in serious illness which can affect the developing baby.
- The Tdap vaccine is recommended in the third trimester for better antibody protection against whooping cough (pertussis) and its potentially life-threatening complications during the first two months of life.
  - Pneumonia
  - Slowing or cessation of breathing
  - Feeding difficulties that can lead to weight loss or dehydration
  - Seizures
  - Brain damage



## PPC-Pre: Prenatal & Postpartum Care: Timeliness of Prenatal Care\*\*

Hybrid, Held to MPL for MY2022

### Measure Description:

Prenatal care visit in the first trimester to an OB/GYN or PCP. For visit to a PCP, a diagnosis of pregnancy must be present.

ICD 10 Codes:	
<b>Z1032 with modifier ZL</b>	Initial encounter for supervision of normal pregnancy, first trimester
<b>Z34.01</b>	Encounter for supervisions of other normal first pregnancy, first trimester
<b>Z34.81</b>	Encounter for supervision of other normal pregnancy, first trimester
<b>Z34.91</b>	Encounter for supervision of normal pregnancy, unspecified, first trimester

### Helpful Tips:

- Educate staff to schedule first prenatal visit within NCQA guideline of:
- The first trimester of 1 to 12 weeks (280-176 days prior to delivery),
- On or before enrollment start date,
- Within 42 days or 6 weeks of enrollment in the KHS health plan.
- Please call your Provider Representative about KHS' Perinatal Engagement Program, an incentive program designed to encourage members to attend Prenatal and Postpartum care.
- Educate members on how important prenatal care is to healthy fetal development and maternal health screening.
- Updates to HEDIS technical specifications for measurement year 2022 indicate services provided during a telephone visit, e-visit or virtual check-in may be used for Administrative and Hybrid collection methods.

**PPC-Post: Prenatal & Postpartum Care: Post-Partum Care\*\***

Hybrid, Held to MPL for MY2022

**Measure Description:**

The percentage of deliveries that had a postpartum visit on or between 1 and 12 weeks after delivery (7 to 84 days). Pregnancies fall on or between October 8 of the year prior to the measurement year to October 7 of the measurement year.

<b>CPT Codes:</b>	
<b>59425, 59400, 59510</b>	Vaginal Delivery
<b>59515</b>	Cesarean Delivery
<b>59618</b>	Delivered cesarean after attempted vaginal delivery with a hx of cesarean delivery
<b>59400</b>	Routine obstetric care with vaginal delivery
<b>59510</b>	Routine obstetric care with cesarean delivery
<b>59610</b>	Routine obstetric care with cesarean delivery after hx of cesarean delivery

<b>ICD 10 Codes:</b>	
<b>Z39.2</b>	Encounter for routine postpartum follow-up
<b>Z01.411</b>	Encounter for gynecological examination (general) (routine) with abnormal findings
<b>Z01.419</b>	Encounter for gynecological examination (general) (routine) without abnormal findings
<b>Z01.42</b>	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
<b>Z30.430</b>	Encounter for insertion of intrauterine contraceptive device
<b>Z38.00</b>	Single live born infant, delivered vaginally
<b>Z38.01</b>	Single live born infant, delivered by cesarean
<b>Z39.1</b>	Encounter for care and examination of lactating mother

**Helpful Tips:**

- Educate staff to schedule visits within the guideline time frames.
- Educate members on how important postpartum care is to healthy infant development and maternal health screening.
- Encourage postpartum visits between seven days (1 week) to 84 days (12 Weeks) after delivery for follow-up care.
- Schedule follow-up visit for C-section patients before they are discharged home from hospital.

## **PND-E: Prenatal Depression Screening and Follow-Up and**

## **PDS-E: Postpartum Depression Screening and Follow-Up**

Both measures are collective via ECDS; Not held to MPL for MY2022.

### **PND-E Measure Description:**

The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care within 30 days.

### **PDS-E Measure Description:**

The percentage of deliveries in which members were screened for clinical depression during the postpartum period (7–84 days following the date of delivery), and if screened positive, received follow-up care within 30 days.

### **Two components are reported:**

- ***Depression Screening.*** The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- ***Follow-Up on Positive Screen.*** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.
  - An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
  - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
  - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
  - A dispensed antidepressant medication.

### **OR**

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

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



Standardized Screening Instruments for Adolescents (≤17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)® <sup>1</sup>	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)® <sup>1,2</sup>	Total Score ≥8
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
PROMIS Depression	Total Score (T Score) ≥60

<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; may be cost or licensing requirement associated with use.

Standardized Screening Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)® <sup>1</sup>	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)® <sup>1,2</sup>	Total Score ≥8
Beck Depression Inventory (BDI-II)	Total Score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)® <sup>2</sup>	Total Score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
My Mood Monitor (M-3)®	Total Score ≥5
PROMIS Depression	Total Score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31

<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; may be cost or licensing requirement associated with use.

**Footnote: These Instruments for Screening came directly from NCQA Technical Specifications for this measure.**

<b>CPT Codes:</b>	
<b>59400, 59409, 59410, 59</b>	Vaginal Delivery
<b>59514, 59515</b>	Cesarean Delivery
<b>59610</b>	Routine obstetric care including antepartum care, vaginal delivery
<b>59612</b>	Vaginal delivery only, after previous cesarean delivery
<b>59614, 59618, 59620, 59622</b>	Delivery Procedures After Previous Cesarean Delivery
<b>90791; 90792; 90832-90834; 90836-90839</b>	Behavioral Health Encounter
<b>99366</b>	Depression Case Management Encounter
<b>98960-98962; 98966-98968; 99078; 99201-99205</b>	Follow Up Visit

<b>ICD-10 Codes:</b>	
<b>Z3A.37</b>	37 weeks gestation of pregnancy
<b>Z3A.38</b>	38 weeks gestation of pregnancy
<b>Z3A.39</b>	39 weeks gestation of pregnancy
<b>Z3A.40</b>	40 weeks gestation of pregnancy
<b>Z3A.41</b>	41 weeks gestation of pregnancy
<b>Z3A.42</b>	42 weeks gestation of pregnancy
<b>Z3A.49</b>	greater than 42 weeks gestation of pregnancy

<b>HCPCS Codes:</b>	
<b>G8510</b>	Screening for depression, negative
<b>G8431</b>	Screening for depression, positive, follow-up plan documented
<b>G8511</b>	Screening for depression, positive, follow-up plan not documented, with reason given

### Helpful Tips:

While it is important to have prenatal tests that check for genetic diseases and birth defects in the infant, it is equally important to routinely assess mothers for issues such as depression.

- Train all staff on depression screening and risk factors, such as:
  - Being a young mother (under the age of 20)
  - Lacking social support
  - Marital/relationship conflict (including divorce, being widowed)
  - Experience of other trauma in the past year
- Work with a care manager or team member to coordinate care and follow-up for members with a positive screening.
- Whenever possible, offer depression screening and treatment in the patient's first language.
- Have options for community counselors, psychiatry, support groups available for patients interested in that option.
- Explore nonmedicinal treatment options if optimal for patient.
  - Refer for psychotherapy
  - Omega-3 essential fatty acids, which are found in foods such as oily fish and walnuts, and can act as a natural mood-booster
  - Relaxation techniques
- Medication
  - Consider/assess the appropriateness of anti-depressant medications to provide during pregnancy.
- Add any of the indicated prenatal depression screening tools to the initial prenatal visit.

## CDF: Screening for Depression and Follow-Up Plan

### Measure Description:

Percentage of beneficiaries ages 12 and older screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

**Useful Information for Measure:** This measure is captured through administrative data.

### Definitions:

- Follow-Up: Proposed plan of care to be conducted because of a positive depression screening:
  - Additional evaluation for depression
  - Suicide risk assessment
  - Referral to a practitioner who is qualified to diagnose and treat depression
  - Pharmacological interventions
  - Follow-up for the diagnosis or treatment of depression

**Exclusions:** Those members with an existing active diagnosis of Depression and/or Bipolar Disorder.

Use HCPCS code G9717 to identify exclusions. G9717 is documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required.

Exclusion ICD 10 Diagnosis Codes:	
<b>F01.51</b>	Vascular dementia with behavioral disturbance
<b>F31.10 – F31.9</b>	Bipolar disorder
<b>F32.0 – F33.9</b>	Major depressive disorder
<b>F34.1, F34.81, F34.89, F43.21, F43.23</b>	Other Mood disorders
<b>F53.0, F53.1, O90.6, O99.340 – O99.345</b>	Pregnancy and postpartum mood disorders

<b>HCPCS Codes:</b>	
<b>G8433</b>	Screening for depression not completed, documented patient or medical reason.
<b>G8431</b>	Screening is positive and F/U Plan is documented
<b>G8510</b>	Screening is negative, no F/U Plan is needed
<b>G9717</b>	Documentation stating the patient has had a diagnosis of depression or bipolar disorder

**Helpful Tips:**

- Promote scheduling and attending follow up appointments to review effectiveness of treatment.
- Be sure member is compliant with long-term medication.
- Educate patient to not abruptly stop medication without consulting you
- Encourage member to call your office if they cannot get their medication filled.
- Ask to be contacted immediately if they experience unwanted/adverse reactions so that treatment can be re-evaluated.
- Discuss benefits for members who participate in a Behavioral Health Case Management Program.

## TFL-CH: Topical Fluoride for Children

Administrative, Not held to MPL for MY2022

### Measure Description:

Percentage of children aged 1–21 years who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications as oral health services within the reporting year.

### Rationale:

Dental caries is the most common chronic disease in children in the United States. For 2015–2016, prevalence of total caries (untreated and treated) was 45.8% and untreated caries was 13.0% among youth aged 2–19 years. Identifying caries early is important to reverse the disease process, prevent progression of caries, and reduce incidence of future lesions.

**Application of fluoride varnish by a PCP is reimbursed in addition to the office visit when fluoride varnish is applied by any trained medical staff.**

### HCPCS Codes:

<b>D1206, D1208</b>	Topical Fluoride
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HCPCS code D1206 is a Medi-Cal benefit for children younger than 6 years of age, up to three times in a twelve-month period.

### CPT Codes:

<b>99188</b>	Application of fluoride varnish by a physician or other qualified health professional
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CPT code 99188 is reimbursable for children through 5 years of age, up to three times a year.

### ICD-10 Codes:

<b>Z41.8</b>	Encounter for other procedures for purposes other than remedying health state-factors influencing health status
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<b>Z00.129</b>	Encounter for routine child health examination without abnormal findings
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<b>Z13.84</b>	Encounter for screening for dental disorders
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**Helpful Tips:**

- Fluoride from drinking water and other sources like toothpaste and mouth rinse can help prevent tooth decay (dental caries for cavities) and make children's teeth stronger.
- Encourage caregivers to assist children in using a "smear" of fluoride toothpaste twice a day when the first tooth appears and until age 3. Once the child has turned 3, a pea-sized amount of fluoride toothpaste can be used.
- Inform caregivers that fluoride varnish is used to help prevent or slow down tooth decay. Their child's pediatrician will apply the varnish starting when the baby is 6 months old at well-child visits. It is painted on the top and sides of each tooth and hardens quickly. Then, it is brushed off at home after several hours, per provider recommendations. It is recommended that children have varnish applied 2 to 4 times per year until they are 5 years old.
- Whether breast or bottle fed, infants under 6 months old do not need fluoride supplements or formula mixed with water than is fluoridated.
- Include assessing need for fluoride varnish application during annual well care visits.

## W30: Well-Child Visits in the First 30 Months of Life\*\*

Hybrid, Held to MPL for MY2022

### Measure Description:

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. This measure has 2 rates, the following rates are reported:

1. Well-Child Visits in the First 15 Months – children who turned 15 months old during the measurement year who had **six or more well-child visits**.
2. Well-Child Visits for Age 15 Months to 30 Months – children who turned 30 months old during the measurement year who had **two or more well-child visits**.

#### CPT Codes:

<b>99381, 99382, 99391, 99392</b>	Comprehensive preventive medicine evaluation and management
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#### ICD 10 Codes:

<b>Z00.110</b>	Health Examination for newborn under 8 days old
<b>Z00.111</b>	Health Examination for newborn 2 to 28 days old
<b>Z00.121</b>	Encounter for routine child health examination with abnormal findings
<b>Z00.129</b>	Encounter for routine child health examination without abnormal findings

*\*Add Modifier 25 on a sick visit to capture the Well Child Visit*

### Helpful Tips:

- Medical Records need to include the date when a health and development history and physical exam are performed. Health education and anticipatory guidance are both discussed and documented.
- Avoid missed opportunities by taking advantage of every office visit, including sick visits, to provide elements of a well-child visit, including immunizations, and lead testing.
- Schedule next visit at the end of each appointment.
- Use care gap lists, available on the Provider Portal or from your Provider Network Representative to help manage your total member population. Use outreach calls and mailed letters to inform members of gaps in preventives.

Be sure the 6<sup>th</sup> visit occurs before the member turns 15 months.





## KERN HEALTH SYSTEMS

### Acknowledgements

The codes and measure tips are informational only, not clinical guidelines or standards of medical care and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding appropriate care of members.

Your state and provider contract, member benefits, Center for Medicare and Medicaid and other guidelines determine reimbursement for the applicable codes. Proper coding and appropriate care decrease the need for medical record requests and provider audits. It also helps us to review your performance on the quality of care that was provided our members

Please note the information provided is based on both the Managed Care accountability Set (MCAS) for Measurement Year 2022, and the HEDIS Measurement Year 2022 technical specifications and is subject to change based on guidance given by the National Committee of Quality Assurance (NCQA), the Center for Medicare and Medicaid Services (CMS), and DHCS recommendations.

Please refer to the appropriate agency below for additional guidance:

- [DHCS' Medi-Cal Rx Educational Resources](#)
- [NCQA- ECDS Frequently Asked Questions](#)
- [Bright Futures Tool and Resource Kit 2<sup>nd</sup> Edition](#) has been produced by the American Academy of Pediatrics, supported under its cooperative agreement with the US Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).
- [HEDIS®](#) stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee of Quality Assurance (NCQA).
- CPT® is a registered trademark of the American Medical Association. All Rights Reserved.
- [CareCloud.com: What is HEDIS? Goals, Benefits, Improvements Magellan Health Insights: What is HEDIS and What Does it Mean to You?](#)
- Centers for Medicare & Medicaid Services (CMS): [Place of Service Code Set](#)
- Gold Coast Health Plan: [Introduction to HEDIS/MCAS](#)
- [Aetna Better Health of Kentucky: What is HEDIS?](#)
- [Kohler Healthcare Consulting Inc:](#) Coding Seminar: Tips to Improve HEDIS Measures
- Centers for Disease Control and Prevention (CDC): [Guideline for Prescribing Opioids for chronic pain-United States, 2016](#)
- CDC: [Learn the Signs. Act Early](#)
- NCQA: [Improving Chlamydia Screening: Strategies from Top Performing Health Plans](#)
- Medicaid.gov: [Adult and Child Health Care Quality Measures](#)
- [NCQA: Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#)
- Pediatrics® Official Journal of The American Academy of Pediatrics: [Guidelines for Adolescent Depression in Primary Care](#)
- State of California Department of Justice: [Controlled Substance Utilization Review and Evaluation System \(CURES\)](#)



## KERN HEALTH SYSTEMS

- CDC: [Treatment of Attention Deficit Hyperactivity Disorder \(ADHD\)](#)
- Children and Adults with Attention Deficit Hyperactivity Disorder ([chadd.org](#))
- National Institutes of Mental Health ([nimh.nih.gov](#))
- National institutes of Health ([nih.gov](#))
- Agency for Healthcare and Research and Quality ([ahrq.gov](#))
- United States Department of Health & Human Services ([hhs.gov](#))
- The SCAN Foundation ([thescanfoundation.org](#))
- Medicaid.gov: [Children's Health Insurance Program Reauthorization Act \(CHIPRA\)](#)
- American Academy of Pediatrics ([aap.org](#))
- Dell Children's Health Plan: [HEDIS Benchmarks and Coding Guidelines for Quality Care](#)
- BlueCross BlueShield of Alabama: [Obstetrics Documentation Requirements Tips](#)
- National Library of Medicine: [HEDIS antidepressant medication management measures and performance-based measures: an opportunity for improvement in depression care](#)
- Doctor Guidelines: [Child Development Assessment – Developmental Milestones and Denver Developmental Screening Test](#)
- American College of Obstetricians and Gynecologists (ACOG): [Long-Acting Reversible Contraception \(LARC\) Quick Coding Guide](#)
- ACOG: [Long-Acting Reversible Contraception \(LARC\): Implants and Intrauterine Devices](#)
- Ages & Stages Questionnaires® ([agesandstages.com](#))
- [AMA - Telehealth Quick Guide](#)
- [HHS - Helping Patients Prepare for Their Telehealth Appointment](#)
- [HHS - Introducing Patients to Telehealth](#)
- [National Consortium of Telehealth Resource Centers Fact Sheets](#)
- [California Telehealth Resource Center Patient Education Resources \(CTRC\)](#)
- [telehealth.hhs.gov](#)
- [IHI - Institute for Healthcare Improvement](#)
- California For All: [COVID19.CA.GOV](#)
- Kern County Public Health Services Department: [KCDPH](#)
- [DHCS All Plan Letter Outlining Blood Lead Screening](#)
- [The Joint Commission Measure Information, NTSV CB](#)
- [The Joint Commission, NTSV CB, Included and Excluded Populations](#)
- [JAMA Investigation into Rates of Cesarean Delivery for Nulliparous, Term, Singleton, Vertex Births in California](#)
- Dental Quality Alliance: [Fluoride for Children, Measure Specifications](#)
- [Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States \(cdc.gov\)](#)



KERN HEALTH  
SYSTEMS  
**Contacts**

QI HEDIS Team:	
Stephanie Kelly, QI RN II	
Julie Oxford, QI RN I	
Andrea Longoria, QI RN I	
Angie Gomez, Quality Improvement Coordinator	

[KHSQIHEDISTeam@khs-net.com](mailto:KHSQIHEDISTeam@khs-net.com)