



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# MCAS

Managed Care Accountability Set

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TIP SHEET REFERENCE GUIDE

Measurement Year 2022 | Reporting Year 2023





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## Introduction

Gold Coast Health Plan (GCHP) monitors and reports the Managed Care Accountability Set (MCAS) performance measures to assess and improve clinical quality of care.

To help providers understand the MCAS performance measure requirements, GCHP's Quality Improvement Department has developed this tip sheet reference guide to share key information on individual MCAS measures. This guide is not intended to direct clinical judgment, but to serve as a resource in understanding measure specifications while providing guidance for measure compliance.

For more information, email the Quality Improvement Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
<p>Adults' Access to Preventive / Ambulatory health Services (AAP) <b>New Measure for 2023</b></p> <p>Administrative Measure<sup>4</sup></p>	<p>The percentage of members 20 years of age and older who had an ambulatory or preventive care visit in 2022.</p>	<p>Claims / encounter data indicating member completed an ambulatory or preventive care visit.</p>	<p><b>CPT:</b> 99201, 98966, 98970 <b>HCPCS:</b> G0402, G0071 <b>ICD-10-CM:</b> Z00.0x, Z00.8</p>
<p>Antidepressant Medication Management (AMM)</p> <p>Administrative Measure<sup>4</sup></p>	<p>Adults, 18 years of age and older, who had a diagnosis of major depression and were treated with antidepressants. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Effective Acute Phase Treatment: Percentage of members that remained on antidepressant medication for at least 84 days (12 weeks).</li> <li>• Effective Continuation Phase Treatment: Percentage of members that remained on antidepressant medication for at least 180 days (six months).</li> </ul>	<p>Claims or encounter data indicating the member had a diagnosis of depression and pharmacy data indicating antidepressant medication was dispensed.</p>	<p><b>CPT:</b> 99221-99223, 99304-99310, 99241-99245, 98966-98968 <b>ICD-10-CM:</b> F32.0-F32.4, F33.0-F33.3</p>
<p>Asthma Medication Ratio (AMR)</p> <p>Administrative Measure<sup>4</sup></p>	<p>Members, 5 to 64 years of age, who had persistent asthma and had a <math>\geq 0.50</math> ratio of controller medications to total asthma medications in 2022.</p>	<p>Claims / encounter data indicating member had a diagnosis of asthma in 2021 and 2022 and pharmacy data indicating asthma medication was dispensed.</p>	<p><b>CPT:</b> 99201-99205, 99241-99245 <b>ICD-10-CM:</b> J45.21-J45.22, J45.30-J45.32</p>
<p>Breast Cancer Screening (BCS)</p> <p>Administrative Measure<sup>4</sup></p>	<p>Women, 50 to 74 years of age, who had a mammogram to screen for breast cancer between Oct. 1, 2020 and Dec. 31, 2022.</p>	<p>Claims / encounter data indicating one of the following types of mammograms was performed: screening, diagnostic, film, digital or digital breast tomosynthesis. <b>Note:</b> MRIs, ultrasounds and biopsies do not count as screening mammograms.</p>	<p><b>CPT:</b> 77061-77063, 77065-77067</p>

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Cervical Cancer Screening (CCS)  Hybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Women, 21 to 64 years of age, who were screened for cervical cancer using one of the following methods: <ul style="list-style-type: none"> <li>• Women 21 to 64 years of age who had a Pap exam between Jan. 1, 2020 to Dec. 31, 2022.</li> <li>• Women 30 to 64 years of age who had a cervical high-risk human papillomavirus (hrHPV) test between Jan. 1, 2018 to Dec. 31, 2022.</li> <li>• Women 30 to 64 years of age, who had a Pap/hrHPV co-test between Jan. 1, 2018 to Dec. 31, 2022.</li> </ul>	Claims / encounter or lab data indicating a cervical cancer screening was completed or clinical documentation or lab reports that includes the following: <ul style="list-style-type: none"> <li>• The date of the cervical cancer screening.</li> <li>• The result or finding.</li> </ul>	<b>CPT:</b> Pap Test: 88141-88143, 88147-88148, 88150, 88164-88167, 88174-88175  HPV Test: 87624, 87625
Child and Adolescent Well-Care Visits (WCV)  Administrative Measure <sup>4</sup>	Children and adolescents, 3 to 21 years of age, who had at least one comprehensive well-care exam with a PCP or OB/GYN in 2022.	Claims / encounter data indicating the member had a well-care exam in 2021.	<b>CPT:</b> 99381-99385, 99391-99395, 99461 <b>ICD-10-CM:</b> Z00.00, Z00.110, Z00.111, Z00.121
Childhood Immunization Status (CIS) Combo 10  Hybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Children who received the following immunizations on or before their second birthday in 2022: <ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 4 PCV</li> <li>• 3 Hib</li> <li>• 3 IPV</li> <li>• 3 Hep B</li> <li>• 1 Hep A</li> <li>• 2 Influenza (Flu)</li> <li>• 1 MMR</li> <li>• 1 VZV</li> <li>• RV (two 2-dose or three 3-dose)</li> </ul>	Claims / encounter data with codes indicating the vaccine and dose administered or clinical documentation and/or immunization records documenting the vaccine, dose and date administered. <b>Note:</b> All PCPs are required to enter vaccines into the California Immunization Registry (CAIR). DHCS recommends entering information within 14 days of administering an immunization to ensure all historical vaccines and doses are entered into the registry for children that have moved out of the area. <a href="https://cairweb.org/">https://cairweb.org/</a>	<b>CPT:</b> DTaP: 90698, 90700 Hep B: 90723, 90740 Hep A: 90633 IPV: 90698, 90713 Flu: 90655, 90657 MMR: 90707, 90710 PCV: 90670 RV: 90680, 90681 VZV: 90710, 90716 HiB: 90644, 90648
Chlamydia Screening in Women (CHL)  Administrative Measure <sup>4</sup>	Women, 16 to 24 years of age, who were identified as sexually active and had at least one test for chlamydia in 2022.	Claims / encounter data, pharmacy data and labs to identify members who are sexually active and/or dispensed contraceptives and had at least one chlamydia test.	<b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
<b>Colorectal Cancer Screening (COL)</b> <b>New Measure for 2023</b>  Administrative Measure <sup>4</sup>	The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.	Claims / encounter data indicating one of the following exams were completed: <ul style="list-style-type: none"> <li>• FOBT in 2022</li> <li>• Flexible sigmoidoscopy 2018-2022</li> <li>• Colonoscopy 2013-2022</li> <li>• CT colonography 2018-2022</li> <li>• FIT-DNA 2020-2022</li> </ul>	<b>CPT:</b> 82270, 45330, 44388, 74261, 81528 <b>HCPCS:</b> G0328 <b>ICD-10-PCS:</b> 45.24, 45.22 <b>LOINC:</b> 12503-9
<b>Contraceptive Care for All Women Ages 15-44 (CCW)</b>  Administrative Measure <sup>4</sup>	Women, 15 to 44 years of age, at risk of unintended pregnancy, who were provided the following contraceptive care in 2022: <ul style="list-style-type: none"> <li>• A most or moderately effective contraception.</li> </ul>	Claims / encounter and pharmacy data with codes to identify women who were dispensed contraceptive medication.	<b>CPT:</b> 58300, 58565, 58600, 58605 <b>HCPCS:</b> J7306, J7307 <b>ICD-10-CM:</b> Z30.2, Z30.014, Z30.433 <b>NDC:</b> 66116043628, 00023585801
<b>Contraceptive Care for Postpartum Women Ages 15-44 (CCP)</b>  Administrative Measure <sup>4</sup>	Women, 15 to 44 years of age, who had a live birth between Jan. 1, 2022 to Oct. 31, 2022 and were provided the following contraception in 2022: <ul style="list-style-type: none"> <li>• A most or moderately effective contraceptive within three to 60 days of delivery.</li> </ul>	Claims / encounter and pharmacy data to identify women with a live birth delivery who were dispensed contraceptive medication.	<b>CPT:</b> 58300, 58565, 58600, 58605 <b>HCPCS:</b> J7306, J7307 <b>ICD-10-CM:</b> Z30.2, Z30.014, Z30.433 <b>NDC:</b> 66116043628, 00023585801
<b>Controlling Blood Pressure (CBP)</b>  Hybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Adults, 18 to 85 years of age, with a diagnosis of hypertension that had adequately controlled blood pressure (<140/90 mm Hg) in 2022.	Claims / encounter data with codes indicating a hypertension diagnosis on two separate dates between Jan. 1, 2021 to June 30, 2022 and claims / encounter or clinic documentation of the most recent blood pressure (BP) reading in 2022. <b>Note:</b> The BP reading must occur on or after the date of the second diagnosis of hypertension.	<b>CPT:</b> 98969-98972, 99201-99205, 99211-99215, 99304-99310, <b>CPT II:</b> 3074F, 3075F, 3077F – 3080F <b>ICD-10-CM:</b> I10 <b>LOINC:</b> 75995-1, 75997-7

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Depression Remission or Response for Adolescents and Adults (DRR-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	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 four – eight months of the elevated score.	ECDS data (e.g., claims, encounter, EHR, HIE, registry), indicating outcome of an elevated PHQ-9 follow-up.	<b>ICD-10-CM:</b> F32.0, F34.1 <b>LOINC:</b> 44261-6, 89204-2
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	<b>CPT:</b> 98960, 99366, 90791 <b>HCPCS:</b> G0071, G0512, G0155 <b>LOINC:</b> 44261-6, 55758-7, 89204-2
Developmental Screening (DEV)  Administrative Measure <sup>4</sup>	Children, 1 to 3 years of age, who were screened for risk of developmental, behavioral, and social delays, using a standardized screening tool, on or before their first, second, or third birthday in 2022.	Claims / encounter data with a code indicating a developmental screening was completed using a standardized screening tool.	<b>CPT:</b> 96110
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)  Administrative Measure <sup>4</sup>	Adults, 18 to 64 years of age, diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a glucose or HbA1c test in 2022 to screen for diabetes.	Claims / encounter, pharmacy and lab data indicating the member was dispensed antipsychotic medication and had a diabetes screening test (glucose or HbA1c test).	<b>ICD-10-CM:</b> F20.0, F30.10 <b>CPT:</b> Glucose Test: 80047, 80048 HbA1c Test: 83036, 83037
Follow-Up After Emergency Department Visit for Alcohol and Other drug Abuse or Dependence (FUA)  Administrative Measure <sup>4</sup>	Members, 13 years of age and older, who had an emergency department (ED) visit between Jan. 1, 2022 and Dec. 1, 2022 with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and had two follow-up visits with a principal diagnosis of AOD within seven and 30 days after the ED visit.	Claims / encounter data indicating the member had a principal diagnosis of AOD in the ED and in the two follow-up visits within seven and 30 days of the ED visit.	<b>ICD-10-CM:</b> F10.10, F15.20, F19.29 <b>CPT:</b> 90791, 98971, 99217, 99281, 99510



## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Follow-Up After Emergency Department Visit for Mental Illness (FUM)  Administrative Measure <sup>4</sup>	Members, 16 years of age and older, who had an emergency department (ED) visit between Jan. 1, 2022 and Dec. 1, 2022 with a principal diagnosis of mental illness or intentional self-harm and had two follow-up visits with a principal diagnosis of mental illness or intentional self-harm within seven and 30 days after the ED visit.	Claims / encounter data indicating the member had a principal diagnosis of mental illness or intentional self-harm in the ED and in the two follow-up visits within seven and 30 days of the ED visit.	<b>ICD-10-CM:</b> F20.0, F32.1, F93.0, T14.91XA, T40.7X2A, T53.5X2A, T71.112A <b>CPT:</b> 90791, 98960, 98966, 99245, 99281
Follow-Up Care for Children Prescribed ADHD Medications (ADD)  Administrative Measure <sup>4</sup>	Children, 6 to 12 years of age, who were newly prescribed ADHD medication between Mar. 1, 2021 to Feb. 28, 2022 and had at least three follow-up care visits during the following 10-month time period: <ul style="list-style-type: none"> <li>Initial phase: One follow-up visit with a prescribing practitioner 30 days after first ADHD medication is dispensed.</li> <li>Continuation and Maintenance Phase: The rate of children who completed an Initiation Phase visit, remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner within nine months after the Initiation Phase ended.</li> </ul>	Claims / encounter and pharmacy data to identify the following: <ul style="list-style-type: none"> <li>Initial Phase: Members dispensed ADHD medication and had a follow-up visit with a prescribing provider within 30 days of dispensing date.</li> <li>Continuation and Maintenance Phase: Members who remained on ADHD medication for 210 days and had at least two follow-up visits on different dates of service with any practitioner, within nine months (31 – 300 days) after the dispensed date.</li> </ul>	<b>CPT:</b> 90832-90834, 98960-98962, 99217-99220, 99251-99255
Hemoglobin A1c Control for Patients with Diabetes (HBD)  Hybrid Measure <sup>3</sup>	Adults, 18 to 75 years of age, with a diagnosis of diabetes (type 1 and type 2) who had the following screening in 2022: <ul style="list-style-type: none"> <li>HbA1c results for Poor Control (&gt;9.0%)</li> </ul>	Claims / encounter and lab data with codes reporting HbA1c results or clinical documentation of HbA1c test date with results.	<b>CPT II:</b> 3044F, 3046F, 3051F, 3052F

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Immunizations for Adolescents (IMA)  Hybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Adolescents who received the following immunizations on or before their 13 <sup>th</sup> birthday in 2022: <ul style="list-style-type: none"> <li>• 1 MCV (between the 11<sup>th</sup> and 13<sup>th</sup> birthday)</li> <li>• 1 Tdap (between the 10<sup>th</sup> and 13<sup>th</sup> birthday)</li> <li>• HPV series (between the 9<sup>th</sup> and 13<sup>th</sup> birthday)</li> </ul>	Claims / encounter data with codes indicating the vaccine and dose administered or clinical documentation and/or immunization records documenting the vaccine, dose and date administered.  <b>Note:</b> All PCPs are required to enter vaccines into the California Immunization Registry (CAIR). DHCS recommends entering information within 14 days of administering an immunization to ensure all historical vaccines and doses are entered into the registry for children that have moved out of the area. <a href="https://cairweb.org/">https://cairweb.org/</a>	<b>CPT:</b> Meningococcal: 90734 Tdap: 90715 HPV: 90649
Metabolic Monitoring for Children and Adolescents (APM)  Administrative Measure <sup>4</sup>	Children and adolescents, 1 to 17 years of age, who had two or more antipsychotic prescriptions and had metabolic testing in 2022. Three rates are reported: <ul style="list-style-type: none"> <li>• Rate of blood glucose testing</li> <li>• Rate of cholesterol testing</li> <li>• Rate of blood and cholesterol testing</li> </ul>	Claims / encounter, pharmacy and lab data indicating the member was dispensed antipsychotic medication and had the following tests: <ul style="list-style-type: none"> <li>• Blood glucose</li> <li>• Cholesterol</li> </ul>	<b>CPT:</b> Cholesterol Test: 82465 LDL-C Test: 80061 Glucose Test: 80047
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate (NTSV CB)  <b>New Measure for 2023</b>  Administrative Measure <sup>4</sup>	The percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.	Claims / encounter data indicating member had an NTSV cesarean delivery.	<b>ICD-10-CM:</b> Z37.0 <b>ICD-10-PCS:</b> 10D00Z0, 10E0XZZ
Pharmacotherapy for Opioid Use Disorder (POD)  <b>New Measure for 2023</b>  Administrative Measure <sup>4</sup>	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.	Claims / encounter and pharmacy data indicating members diagnosed with OUD received pharmacotherapy.	<b>ICD-10-CM:</b> F11.10, F11.29 Medications: Buprenorphine, Naltrexone

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Postpartum Depression Screening and Follow-Up (PDS-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of deliveries, between Sept. 8, 2021, to Sept. 7, 2022, in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	<b>CPT:</b> 98960, 99366, 90791 <b>HCPCS:</b> G0071, G0512, G0155 <b>LOINC:</b> 44261-6, 55758-7, 89204-2

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Prenatal and Postpartum Care (PPC)  HHybrid <sup>3</sup> / Administrative <sup>4</sup> Measure	Women, with a live birth delivery between Oct. 8, 2021 to Oct. 7, 2022, who had prenatal and postpartum care within the following time periods: <ul style="list-style-type: none"> <li>• A prenatal exam within the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan.</li> <li>• A postpartum exam within seven to 84 days after delivery.</li> </ul>	<p><b>Prenatal Exam:</b> Claims / encounter data indicating a prenatal exam was completed or clinical documentation with the date of a prenatal care visit AND evidence of ONE of the following:</p> <ul style="list-style-type: none"> <li>• Physical obstetrical exam that includes auscultation for fetal heart tone or fundus height or pelvic exam with obstetric observations.</li> <li>• Evidence that a prenatal care procedure was performed, i.e., ultrasound, obstetric panel, or TORCH antibody panel.</li> <li>• Documentation of pregnancy or reference to pregnancy, i.e., LMP or EDD, prenatal risk assessment or complete obstetrical history.</li> </ul> <p><b>Postpartum Exam:</b> Claims / encounter data indicating a postpartum exam was completed or clinical documentation with the date of a postpartum visit AND evidence of ONE of the following:</p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of weight, BP, breasts, and abdomen</li> <li>• Notation of postpartum care (PP care, six-week check, or pre-printed postpartum care form)</li> <li>• Perineal or cesarean wound check</li> <li>• Screening for depression, tobacco use, substance use disorder</li> <li>• Glucose screening for GDM women</li> <li>• Family planning, resumption of intercourse</li> <li>• Infant care or breastfeeding</li> </ul>	<p><b>Prenatal:</b>  <b>CPT:</b> 99201-99205, 99241-99245, 59400, 59425, 59510, 99500  <b>ICD-10-CM:</b>            009.0x</p> <p><b>Postpartum:</b>  <b>CPT:</b> 57170, 59400, 88141  <b>ICD-10-CM:</b> Z01.411, Z01.419, Z01.42</p>

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes <sup>2</sup>
Prenatal Depression Screening and Follow-Up (PND-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of deliveries in which members were screened for clinical depression while pregnant, and if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	<b>CPT:</b> 98960, 99366, 90791 <b>HCPCS:</b> G0071, G0512, G0155 <b>LOINC:</b> 44261-6, 55758-7, 89204-2
Prenatal Immunization Status (PRS-E) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of deliveries in the measurement period in which women received flu and Tdap vaccinations.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating the vaccine and dose administered.	<b>CPT:</b> 90630, 90715 <b>CVX:</b> 88, 115
Topical Fluoride for Children (TFL) <b>New Measure for 2023</b>  ECDS Measure <sup>5</sup>	The percentage of children 1 through 20 years of age who received at least two topical fluoride applications in 2022.	Claims / encounter data indicating a dental varnish service was completed.	<b>CPT:</b> 99188 <b>CDT:</b> D1206, D1208
Well-Child Visits in the First 30 Months of Life (W30)  Administrative Measure <sup>4</sup>	Children who had the following number of well-child visits with a PCP during the last 15 months: <ul style="list-style-type: none"> <li>• Children who turned 15 months old in 2022 and had six or more well-child visits.</li> <li>• Children who turned 30 months old in 2022 and had two or more well-child visits.</li> </ul>	Claims / encounter data indicating a well-care exam were completed in 2022.	<b>CPT:</b> 99381-99385, 99391-99395 <b>ICD-10-CM:</b> Z00.110, Z00.111, Z00.121, Z00.129

<sup>1</sup> The 2022 measurement year / 2023 reporting year Managed Care Accountability Set (MCAS) is a set of performance measures selected by the state Department of Health Care Services (DHCS) to monitor the performance of Medi-Cal managed care health plans in California. The MCAS measures are based on the Centers for Medicare and Medicaid (CMS) Adult and Child Core Sets for Medicaid.

<sup>2</sup> This is a sample list of codes from each measure's technical specification guidelines and does not represent the complete list of codes used to evaluate compliance with the measure indicators.

## 2023 MANAGED CARE ACCOUNTABILITY SET (MCAS)<sup>1</sup> QUICK REFERENCE GUIDE

The data collection methods defines the types of data sources used to evaluate if services were performed and report rates.

Data Collection Method	Denominator Used to Calculate Rate	Data Sources Used to Evaluate if Services Were Performed
Hybrid <sup>3</sup>	A sample (usually 411) of the eligible population for the measure.	<ul style="list-style-type: none"> <li>• Administrative data sources (e.g., claims, encounter, lab, radiology, pharmacy, immunization registries)</li> <li>• Medical Record Reviews (e.g., progress notes, immunization records)</li> </ul>
Administrative <sup>4</sup>	The entire eligible population for the measure.	Administrative data sources (e.g., claims, encounter, lab, radiology, pharmacy, immunization registries)
Electronic Clinical Data Systems (ECDS) <sup>5</sup>	The entire eligible population for the measure.	ECDS is a HEDIS <sup>®</sup> reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease / cases management systems) to report rates on ECDS designated measures.

<sup>6</sup> For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan (GCHP) has chosen to report using the hybrid methodology. Measures reported using the hybrid data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

## MANAGED CARE ACCOUNTABILITY SET (MCAS) FREQUENTLY ASKED QUESTIONS

### 1. What is MCAS?

The Managed Care Accountability Set (MCAS) is a standardized set of performance measures based on the Centers for Medicare and Medicaid Services (CMS) Child and Adult Core Set Measures.

### 2. Who participates in MCAS?

All Managed Care Plans (MCPs) in California.

### 3. What is the purpose of MCAS?

- Evaluate quality of care and services provided to health plan members.
- Evaluate accessibility of care.
- Develop performance improvement initiatives based on identified opportunities.
- Compare performance with other health plans.

### 4. What is the difference between MCAS and HEDIS®?

Previously, Gold Coast Health Plan (GCHP) reported on the EAS list of performance measures. This list was exclusively comprised of Healthcare Effectiveness Data and Information Set (HEDIS®) metrics, which are a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA).

The MCAS performance measure list not only includes HEDIS® measures, but performance measures developed by other institutions as well. These institutions (measure stewards) include the U.S. Office of Population Affairs, Oregon Health and Sciences University, Health Resources and Services Administration, Pharmacy Quality Alliance, and Centers for Medicare and Medicaid Services.

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

## 5. How is MCAS reported?

MCAS performance measures typically evaluate the previous year's clinical data. For example, most MCAS rates reported in 2022 are based on clinical services performed in 2021. However, some measures, such as the Cervical Cancer Screening (CCS) measure, look for services performed up to five years prior to the reporting year.

The results of GCHP's annual MCAS reviews are reported to DHCS in June each year. In addition, HEDIS measures will continue to be reported to NCQA.

## 6. How can providers track their MCAS performance?

For annual performance reviews, providers may review the annual MCAS Provider Report Cards distributed by GCHP, which detail clinic-level outcomes on each performance measure and identify areas of high and low performance to help determine future improvement opportunities.

For monthly prospective reporting, providers may use Inovalon's INDICES<sup>®</sup> platform. INDICES<sup>®</sup>, a group of data visualization and reporting dashboards, is designed to support quality improvement efforts by monitoring measure performance and producing member-level gap reports to enable outreach to identified members to close gaps in care. For additional information regarding INDICES<sup>®</sup>, please contact the Quality Improvement Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

## 7. What is a provider's role in MCAS reporting?

Providers play a central role in promoting the health of GCHP members. Providers and office staff can help facilitate MCAS performance and process improvement by:

- Providing appropriate care within designated timeframes, i.e., annual screenings.
- Monitoring patients with chronic conditions and/or who are on persistent medications.
- Documenting all care in a patient's medical record.
- Coding for all services completed and submitting claims timely.
- Responding timely to requests for medical records.
- Staying up-to-date with MCAS measure criteria.

## 8. Do I need member consent to release personal health information (PHI) for MCAS reporting?

No. Under the Health Information Portability and Accountability Act (HIPAA), data collection for MCAS is permitted. Health plan requests for medical records do not require additional patient consent or authorization.

GCHP members' PHI is maintained in accordance with all state and federal laws.



## 9. What data sources are used in MCAS Reporting?

- Medical records.
- Administrative data: claims, encounter, pharmacy, member and provider data.
- Supplemental data: lab, vision, immunization registry, electronic medical records.

## 10. How are MCAS performance measures evaluated?

MCAS measures can require either an administrative or hybrid review of data.

- Measures reported using the *administrative* data collection method report on the entire eligible population. These use only administrative data sources, such as claims, encounter, lab, and immunization registries to evaluate if services were performed.
- Measures reported using the *hybrid* data collection method report on a sample of the population (usually 411) and use administrative and medical record data sources to evaluate if services were performed.

## 11. What MCAS performance measures are reported?

There are 39 MCAS performance measures for Measurement Year (MY) 2022 / Reporting Year (RY) 2023. The following 15 MCAS performance measures are held to a minimum performance level (MPL) that is set by DHCS.

### Children's Health

- CIS 10 - Childhood Immunization Status Combination 10
- IMA 2 - Immunizations for Adolescents Combination 2
- LSC - Lead Screening in Children
- W30-Well-Child Visits in the First 15 Months of Life
- W30-Well-Child Visits in the First 30 Months of Life
- WCV - Child and Adolescent Well-Care Visits

### Behavioral Health

- FUM - Follow-up After ED Visit for Mental Illness - 30 days
- FUA - Follow-Up After ED Visit for Substance Abuse - 30 days

### MCAS RY 2023

### Women's Health

- BCS - Breast Cancer Screening
- CCS - Cervical Cancer Screening
- CHL - Chlamydia Screening
- PPC Pre - Timeliness of Prenatal Care
- PPC Pst - Postpartum Care

### Acute and Chronic Disease

- CBP - Controlling High Blood Pressure
- HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Poor Control (>9%)



The remaining 24 MCAS performance measures are not held to the MPL but are monitored for performance by DHCS, as they are focus areas when evaluating the quality of care provided to members.

## Children's Health

- DEV - Developmental Screening in the First Three Years of Life
- TFL-CH - Topical Fluoride for Children

## Women's Health

- CCW - Contraceptive Care: All Women Ages 15 to 44
  - » Most or moderately effective contraceptive (MMEC)
- CCP - Contraceptive Care: Postpartum Women Ages 15 to 44
  - » Most or moderately effective contraceptive - 60 days (MMEC60)
- NTSV CB - Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate
- PDS-E - Postpartum Depression Screening and Follow Up
- PND-E - Prenatal Depression Screening and Follow Up
- PRS-E - Prenatal Immunization Status

## Behavioral Health

- AMM Acute - Antidepressant Medication Management Acute Phase Treatment
- AMM Cont - Antidepressant Medication Management Continuation Phase Treatment
- APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics
- DRR-E - Depression Remission or Response for Adolescents and Adults
- DSF-E - Depression Screening and Follow-Up for Adolescents and Adults

## Pharmacy

- ADD Init - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications - Initiation Phase
- ADD C&M - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications - Continuation and Maintenance Phase
- POD - Pharmacotherapy for Opioid Use Disorder



## Acute and Chronic Disease

- AMR - Asthma Medication Ratio
- FUA - Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - seven days
- FUM - Follow-up After Emergency Department for Mental Illness - seven days

## Health Care Access

- AMB ED - Ambulatory Care: Emergency Department (ED) Visits
- AAP - Adults' Access to Preventive / Ambulatory Health Services
- COL - Colorectal Cancer Screening
- PCR - Plan All-Cause Readmissions

## 12. How will Gold Coast Health Plan collect MCAS medical records?

- GCHP's vendor, Inovalon, will contact providers directly to request medical records for selected members.
- Each request will include the members and measure(s) selected for review and the relevant portions of medical records that are requested.
- Data collection methods include fax, mail, onsite visits, and remote electronic medical record (EMR) system access.
- Providers should submit requested documentation within five days of the request.

## 13. Who is the contact for MCAS for medical record requests?

- When the record requests are sent, contact instructions will be listed on the request.
- Questions can also be submitted to GCHP via email at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

## 14. When does medical record review begin and end?

Medical record requests will begin in February and end in early May.

## 15. Should the entire medical record be sent?

No. Please provide the specific records noted in the medical record request.



## 16. Where can I find more on these MCAS measures?

To educate and assist providers with increasing their MCAS rates, GCHP has created MCAS tip sheets for each measure reported. These tip sheets outline the key aspects of each MCAS measure, the medical codes associated with each measure, and documentation guidance. They are located on the GCHP website.

[Click Here](#) to view the MCAS tip sheets.

To view the 2022 CMS Child and Adult Core set measure technical specifications, click the links below:

- [2022 CMS Child Core Set](#)
- [2022 CMS Adult Core Set](#)

For a list of all CMS Child and Adult Core Set Measures, visit the DHCS website [here](#).

Learn about HEDIS<sup>®</sup> measures on NCQA's website [here](#).

## 2023 MCAS MEASURE: ADULTS' ACCESS TO PREVENTIVE / AMBULATORY HEALTH SERVICES (AAP)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Adults' Access to Preventive / Ambulatory Health Services (AAP)."

**Measure Description:** The percentage of members 20 years of age and older who had an ambulatory or preventive care visit within the measurement year.

The following are used to identify ambulatory or preventive care visits:

- ▶ Ambulatory Visits
- ▶ Telephone Visits
- ▶ Online Assessments

**Data Collection Method:** Administrative<sup>1</sup>

### AAP Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate codes for clinical services completed.

### Codes used to identify follow-up care during the Initiation Phase and Continuation / Management Phases.

Description	ICD-10-CM	CPT	HCPCS	UBREV
Ambulatory Visits	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99483, 92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337	G0402, G0438, G0439, G0463, S0620, S0621, T1015	0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0524, 0525, 0526, 0527, 0528, 0529, 0982, 0983
Telephone Visits		98966, 98967, 98968, 99441, 99442, 99443		
Online Assessments		98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063	

**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year.

**Best Practices:**

- ▶ Use the Inovalon<sup>®</sup> INDICES<sup>®</sup> Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a preventive care visit.
- ▶ Use proper coding.

<sup>1</sup> Measures reported using the administrative data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (ADHD) MEDICATION (ADD)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) score by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Follow-up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication (ADD)."

**Measure Description:** Measures the percentage of members 6 to 12 years of age with a 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:

- ▶ **Initiation Phase:** At least one follow-up visit with a practitioner with prescribing authority during the first 30 days of when the ADHD medication was dispensed.
- ▶ **Continuation and Maintenance (C&M) Phase:** Members who remained on the medication for at least 210 days and had at least two follow-up visits within 270 days (nine months) after the end of the Initiation Phase. Only one of the two follow-up visits may be an online assessment (e-visit or virtual check-in).

**Data Collection Method:** Administrative<sup>1</sup>

### ADD Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify follow-up care during the Initiation Phase and Continuation / Management Phases.

Treatment Setting	CPT	POS	HCPCS	UBREV
Outpatient	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72		
Community Health Center		53		
Telehealth		02, 10		
Intensive Outpatient or Partial Hospitalization		52	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913
Telephone Visit	98966-98968, 99441-99443			
Online Assessments (E-visit or Virtual Check-in)	98969-98972, 99421-99444, 99457		G0071, G2010, G2012, G2061, G2062, G2063	
Observation	99217-99220			
Health and Behavior Assessment	96150-96154, 96156, 96158, 96159, 96164-96168, 96170, 96171			



Treatment Setting	CPT	POS	HCPCS	UBREV
Behavioral Health Outpatient	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510		G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983

**Exclusion Criteria – Members with the following condition(s) are excluded from the ADD measure:**

- ▶ Members diagnosed with narcolepsy anytime during their medical history through Dec. 31 of the measurement year.
- ▶ Members receiving hospice care during the measurement year.

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members / parents on the need for a visit.
- ▶ When prescribing a new medication to your patient, schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is in the office.
- ▶ Schedule two more visits in the nine months after the first 30 days to continue to monitor your patient's progress. Visits must be on different dates of service.
- ▶ Telehealth and telephone visits may be used for the follow-up visits for the Initiation Phase and Continuation and Maintenance Phase. For the Continuation and Maintenance Phase, one of the two follow-up visits can be an e-visit or virtual check-in.
- ▶ Do not continue these controlled substances without at least two visits per year to evaluate a child's progress. Monitor the child's growth at each visit to ensure the child is on the appropriate dosage.
- ▶ Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options). Providers may also use this link to access valuable information, forms and documents: [Click Here](#)
- ▶ Our team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community.
  - To learn more, please call GCHP's Care Management Team at:
    - » Providers, call: 1-805-437-5777
    - » Members, call: 1-805-437-5656
    - » GCHP website, Care Management: [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.



## 2023 MCAS MEASURE: ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Antidepressant Medication Management (AMM)."

**Measure Description: Measures 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.**

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

**Data Collection Method:** Administrative<sup>1</sup>

### Antidepressant Medication

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

### AMM Clinical Code Set

- For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify adults diagnosed with major depression.

Diagnosis	ICD-10-CM Codes
Major Depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9

### Codes used to identify treatment setting where major depression was diagnosed.

[Click here](#) for the list of codes.

### Exclusion Criteria - Members with the following condition are excluded from the AMM measure:

- Members receiving hospice care during the measurement year.



**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members / parents of the need for a visit.
- ▶ Monitor patients with the diagnosis of major depression through telehealth visits to ensure medication compliance and to make necessary medication adjustments.
- ▶ Educate patients on the following:
  - Depression is common and can be treated.
  - Importance of staying on prescribed antidepressant medication for a minimum of six months.
  - Common side effects and how long side effects may last.
  - Strategies for remembering to take the antidepressant on a daily basis, as prescribed.
- ▶ Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options): [Click Here](#)
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#).

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: ASTHMA MEDICATION RATIO (AMR)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Asthma Medication Ratio (AMR)."

**Measure Description: Measures the percentage of members ages 5 to 64 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.**

Inclusion into the measure can include any of the following four events:

- ▶ At least four outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, where there was a diagnosis of asthma and the patient received two separate asthma dispensing events.
- ▶ Acute inpatient visits where the patient received a principal diagnosis of asthma.
- ▶ Emergency Department (ED) visits with a principal diagnosis of asthma.
- ▶ At least four asthma medication dispensing events.

**Data Collection Method:** Administrative<sup>1</sup>

### AMR Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify children and adults diagnosed with asthma.

Description	ICD-10-CM
Asthma	J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998

### Codes used to identify clinic setting where asthma was diagnosed.

[Click here](#) for the list of codes.

### Asthma controller medications

Description	Prescription
Antiasthmatic Combinations	Dyphylline-guaifenesin
Antibody Inhibitors	Omalizumab
Anti-interleukin-4	Dupilumab
Anti-interleukin-5	Benralizumab Mepolizumab Reslizumab
Inhaled Steroid Combinations	Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Formoterol-mometasone
Inhaled Corticosteroids	Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone Mometasone

Description	Prescription
Leukotriene Modifiers	Montelukast Zafirlukast Zileuton
Methylxanthines	Theophylline

**Asthma reliever medications**

Description	Prescriptions
Short-Acting, Inhaled Beta-2 Agonists	Albuterol Levalbuterol

**Exclusion Criteria - Members with any of the following conditions are excluded from the AMR measure:**

- Received hospice care during the measurement year.
- Members who had any of the following conditions during their medical history through Dec. 31, 2022.

Description	ICD-10-CM	ICD-9-CM*
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9, J98.2, J98.3	492.0, 492.8, 518.1, 518.2
Chronic Obstructive Pulmonary Disease	J44.0, J44.1, J44.9	493.20, 493.21, 493.22, 496
Obstructive Chronic Bronchitis		491.20, 491.21, 491.22
Chronic Respiratory Conditions Due to Fumes or Vapors	J68.4	506.4
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9	277.00, 277.01, 277.02, 277.03, 277.09
Acute Respiratory Failure	J96.00, J96.01, J96.02, J96.20, J96.21, J96.22	518.81

\* ICD-9 codes used for the retrospective claim review prior to the Oct. 1, 2015 implementation of ICD-10 codes.



**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members / parents of the need for a visit.
- ▶ Monitor patients' compliance with medications and the need for reliever and controller medications via telehealth visits.
- ▶ Deliver preventive asthma care at non-asthma related visits, including assessing asthma symptoms to determine if preventive medication action is needed - especially for medically underserved populations where access to health care can be challenging.
- ▶ Prescribe extra rescue inhaler for school. If both inhalers (of the same medication) are picked up at the same time, it will count as one dispensing event.
- ▶ Increase asthma medication compliance by:
  - Providing education regarding the difference between a rescue inhaler versus a controller.
  - Creating a patient-centered interaction by listening and incorporating patients' opinions into an asthma action plan.
- ▶ Information about the Asthma Management Guidelines are available at the [National Heart, Lung, and Blood Institute \(NHBLI\)](#).
- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease-specific education, identification of social determinants of health and linkage to appropriate resources in the community.
  - To learn more, please call GCHP's Care Management Team at:
    - » Providers, call: 1-805-437-5777
    - » Members, call: 1-805-437-5656
    - » GCHP website, Care Management: [Click Here](#)
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)."

**Measure Description: Measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year.**

Testing must include the following during the measurement year:

- ▶ At least one test for blood glucose or HbA1c.
- ▶ At least one test for LDL-C or cholesterol.

**Data Collection Method:** Administrative<sup>1</sup>

**At least two antipsychotic medication dispensing events of the same or different medications, on different dates of service during the measurement year, must occur for the record to be compliant.**

### 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>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> </ul>	<ul style="list-style-type: none"> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Risperidone</li> </ul>	

### Antipsychotic Combination Medications

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

### Prochlorperazine Medications

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

**APM Clinical Code Sets**

- For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.
- Use CPT-II codes to report HbA1c and LDL-C test results in claims submissions.

**Codes used to identify blood glucose, HbA1c, LDL-C and cholesterol tests and results.**

Lab Test	CPT	CPT II	LOINC
Cholesterol Test	82465, 83718, 83722, 84478		2085-9, 2093-3, 2571-8, 3043-7, 9830-1
LDL-C Test	80061, 83700, 83701, 83704, 83721		12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
LDL-C Result		3048F, 3049F, 3050F	
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951		10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	83036, 83037		17856-6, 4548-4, 4549-2, 96595-4
HbA1c Result		3044F, 3046F, 3051F, 3052F	

**Exclusion Criteria - Members with the following condition are excluded from the APM measure:**

- Members receiving hospice care during the measurement year.

**Best Practices:**

The American Academy of Child and Adolescent Psychiatry (AACAP) recommends monitoring glucose and cholesterol levels for children and adolescents on antipsychotic medications. Antipsychotics are associated with potentially adverse metabolic impacts that include weight gain, diabetes, and cardiovascular concerns. Given the potential negative effects of these issues on a child's developmental path, it is critical to continuously (at least annually) monitor metabolic indices to ensure appropriate management of side-effects.

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Establish a baseline and continuously monitor (at least annually) blood glucose and cholesterol levels of children and adolescents on antipsychotic medication therapy.
- ▶ Monitor patients via telehealth visits, as appropriate.
- ▶ Arrange for lab tests to be done during a patient's in-office visit or schedule lab testing before the patient's telehealth visit.
- ▶ Assess whether the office Electronic Medical Record (EMR) can be set up to flag for lab tests based on diagnosis or when antipsychotic medications are added to the treatment plan.
- ▶ Educate the parent / guardian about the appropriate health screening for certain medication therapies.
- ▶ For coordination of care, ensure that the medical record contains the contact information for all of the patient's current providers.
- ▶ Explore partnering with key community and school-based organizations focused on child / adolescent health to provide additional education on healthy diet, nutrition, and exercise.
- ▶ Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options): [Click Here](#)



- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that includes transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community.
  - To learn more please call GCHP's Care Management Team at:
    - » Providers, call: 1-805-437-5777
    - » Members, call: 1-805-437-5656
    - » GCHP website, Care Management: [Click Here](#)
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.



## 2023 MCAS MEASURE: BREAST CANCER SCREENING (BCS)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "*Breast Cancer Screening (BCS)*."

**Measure Description:** *This measures the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer anytime on or between October 1 two years prior to the measurement year through December 31 of the measurement year.*

**Data Collection Method:** Administrative<sup>1</sup>

### BCS Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify mammograms (includes screening diagnostic, film, digital, or digital breast tomosynthesis).

Description	CPT	LOINC
Mammograms	77061-77063, 77065-77067	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0

Note: Magnetic resonance imaging, ultrasounds and biopsies do not count as screening for breast cancer since these screenings are performed as an adjunct to mammography.

Medical exclusions that do not meet the intent of the measure are:

- ▶ Bilateral mastectomy.
- ▶ Unilateral mastectomy **with** a bilateral modifier.
- ▶ Two unilateral mastectomies with service dates 14 days or more apart.
- ▶ History of bilateral mastectomy.
- ▶ Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service.

### Exclusion Criteria – Members with any of the following conditions are excluded from the BCS measure:

- ▶ A bilateral mastectomy any time during the member's medical history through December 31 of the measurement year (see Mastectomy Codes table).
- ▶ Members receiving hospice care during the measurement year.
- ▶ Members receiving palliative care during the measurement year.
- ▶ Members 66 years of age and older as of December 31 of the measurement year who were diagnosed with frailty and advanced illness.



**Mastectomy Codes**

Description	ICD-10-CM	ICD-10-PCS	ICD-9-PCS	CPT	CPT Modifier
Bilateral Mastectomy		OHTVOZZ	85.42, 85.44, 85.46, 85.48		-50
Unilateral Mastectomy with Bilateral Modifier				19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307	-50 -RT -LT
Right Unilateral Mastectomy		OHTTOZZ			
Left Unilateral Mastectomy		OHTUOZZ			
Absence of Right Breast	Z90.11				
Absence of Left Breast	Z90.12				
History of Bilateral Mastectomy	Z90.13				

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit. Ensure that outreach methods include educational information.
- ▶ Schedule mammogram screenings for your female patients ages 50 to 74 who have not had a mammogram screening since October 1 (two years prior).
- ▶ Encourage testing by educating your patients on the importance of early detection at every point of contact. This includes during clinic visits, telehealth or phone calls and outreach methods.
- ▶ Document and code screening mammograms and mastectomies (bilateral or unilateral) on claims / encounter data in a timely manner.
- ▶ Note: Mammograms do not require prior authorization. Provide the member with a list of nearby contracted imaging / mammography centers.
- ▶ Assist members by scheduling an appointment, whenever possible, to increase probability of compliance.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: CONTROLLING HIGH BLOOD PRESSURE (CBP)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Controlling High Blood Pressure (CBP)."

**Measure Description: Measures the percentage of members ages 18 to 85 who had a diagnosis of Hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.**

### This measure requires the following:

- ▶ Two separate outpatient visits with a diagnosis of hypertension, including telephone, e-visits or virtual check-ins, on or between Jan. 1, 2021 and June 30, 2022. Visit types do not need to be the same.
- ▶ The most recent BP assessment in the measurement year that was on or after the second HTN diagnosis date.
- ▶ Blood pressure readings reported or taken by the member using a digital device, as well as blood pressure readings obtained from any remote digital device, count toward the measure.

**Data Collection Method:** Hybrid<sup>1</sup>

### CBP Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.
- ▶ Use CPT-II codes to report BP results on claims.

### Codes used to identify members diagnosed with essential hypertension.

Description	ICD-10-CM
Essential Hypertension	I10

### Codes used to identify most recent BP using claims / encounter data.

Description	CPT II	LOINC
Systolic	3074F, 3075F, 3077F	75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7
Diastolic	3078F, 3079F, 3080F	75995-1, 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9

### Codes used to identify clinic setting of most recent BP reading.

Description	CPT	HCPCS
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015
Telephone	98966-98968, 99441-99443	
Online Assessment	98969-98972, 99421-99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063
Remote BP Monitoring	93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474	
Non-Acute Inpatient Visit	99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337	



**Exclusion Criteria – Members with any of the following conditions are excluded from the CBP measure:**

- ▶ Members receiving hospice care during the measurement year.
- ▶ Members receiving palliative care during the measurement year.
- ▶ Members 66 to 80 years of age as of Dec. 31, 2021 who were diagnosed with frailty and advanced illness during the measurement year or year prior.
- ▶ Members 81 years of age and older as of Dec. 31, 2021 who were diagnosed with frailty.
- ▶ Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant.
- ▶ Females with a pregnancy diagnosis during the measurement year.
- ▶ Members with non-acute inpatient stays during the measurement year.

**Best Practices:**

- ▶ Monitor patient's BP through telehealth visits and clearly document readings reported or taken by the patient or obtained by any remote digital device.
- ▶ Instruct staff to always take a repeat reading if an abnormal BP value is obtained.
- ▶ Encourage the use of proper technique when obtaining BP readings:
  - Ensure the patient's bladder is empty.
  - Do not have a conversation.
  - Support the patient's back and feet.
  - Use the correct cuff size.
  - Place the cuff on the bare arm.
  - Support the arm at heart level.
  - Keep the patient's legs uncrossed.
- ▶ Treat associated cardiovascular risk factors as part of managing hypertension to lower overall cardiovascular risk.
- ▶ Encourage lifestyle changes (improved diet, exercise, smoking cessation, stress reduction).
- ▶ Initiate appropriate pharmacologic treatment to lower blood pressure.
- ▶ Make sure patients receive at least one blood pressure check per year.
- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community.
  - To learn more, please call GCHP's Care Management Team at:
    - » Providers, call: 1-805-437-5777
    - » Members, call: 1-805-437-5656
    - » GCHP website, Care Management: [Click Here](#)
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup>For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan has chosen to report using the hybrid methodology. Measures reported using the hybrid data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

## 2023 MCAS MEASURE: CONTRACEPTIVE CARE POSTPARTUM WOMEN AGES 15-44 (CCP)

Measure Steward: U.S. Office of Population Affairs (OPA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Contraceptive Care – Postpartum Women Ages 15-44 (CCP)."

**Measure Description: The percentage of women ages 15 to 44 who had a live birth between January 1, 2022 through October 31, 2022 and were provided:**

- ▶ A most effective or moderately effective method of contraception within 3 and 60 days of delivery.

**Data Collection Method:** Administrative<sup>1</sup>

### CCP Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify women with a live birth delivery who received contraceptive care:

- ▶ Please click [here](#) for a complete list of codes used to identify most effective contraception (i.e. female sterilization, contraceptive implants, intrauterine devices or systems) or moderately effective contraception (i.e. injectables, oral pills, patch, ring, or diaphragm).

**Note:** Contraceptive surveillance codes (e.g. Z30.41) are included in the rate for most or moderately effective contraceptive provision because this measure is intended to capture both new and existing contraceptive users.

### Exclusionary Criteria:

Women who did not have a live birth delivery (i.e. miscarriage, ectopic, still birth, or pregnancy termination) or who had a live birth delivery within the last two months of the measurement year are excluded from the CCP measure. Click [here](#) for a list of exclusionary codes.

### Best Practices:

- ▶ The American College of Obstetricians and Gynecologists (ACOG) encourages clinics to ask women about pregnancy intendedness and encourages patients to develop a reproductive life plan or a set of personal goals about when to have children.
- ▶ Expand long-acting reversible contraception counseling and access.
- ▶ Educate patients about the different methods of contraception: most effective, moderately effective, and long-acting reversible method.
- ▶ Educate patients on the safety of using birth control while breastfeeding: [Click here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: CERVICAL CANCER SCREENING (CCS)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Cervical Cancer Screening (CCS)."

**Measure Description: Measures women ages 21 to 64 during the measurement year who were screened for cervical cancer using either of the following criteria:**

- ▶ Women ages 21 to 64 who had cervical cytology screening within the last three years.
- ▶ Women ages 30 to 64 who had a cervical high-risk human papillomavirus (hrHPV) test within the last five years.
- ▶ Women ages 30 to 64 who had a cervical cytology / high-risk human papillomavirus (hrHPV) co-testing within the last five years.

The medical record must include:

- ▶ The date of the cervical cytology and/or the date the hrHPV test was performed.
- AND**
- ▶ The result or finding.

**Data Collection Method:** Hybrid<sup>1</sup>

### CCS Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify cervical cytology and high-risk human papillomavirus (hrHPV) tests and results.

Description	CPT	HCPCS	LOINC
Cervical Cytology Test	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
hrHPV Test	87624, 87625	G0476	21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3

**Exclusion Criteria** – Women with any of the following conditions are excluded from the CCS measure:

- ▶ Women who received hospice care in 2022.
- ▶ Women who received palliative care in 2022.
- ▶ Women who had evidence of absence of cervix or hysterectomy with no residual cervix anytime during their medical history up to Dec. 31, 2022 (see table below).

### Codes used to identify women excluded from the CCS measure due to absence of cervix or hysterectomy with no residual cervix.

Description	ICD-10-CM	ICD-10-PCS	ICD-9-CM*	ICD-9-PCS	CPT
Absence of Cervix	Q51.5, Z90.710, Z90.712		618.5, 752.43, V88.01, V88.03		



Description	ICD-10-CM	ICD-10-PCS	ICD-9-CM*	ICD-9-PCS	CPT
Hysterectomy with No Residual Cervix		OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ		68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8	51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135

\* ICD-9 codes used for the retrospective claim review prior to the Oct. 1, 2015 implementation of ICD-10 codes.

**Screenings That Do Not Meet the CCS Measure Specifications:**

- ▶ Cervical cytology lab results that explicitly state the sample was inadequate or that “no cervical cells were present.”
- ▶ Biopsies.
- ▶ Cervical cytology / HPV Reflex Testing. For example, if the medical record indicates the HPV test was performed only after determining the cytology result, this is considered reflex testing and does not meet criteria for cervical cytology / HPV co-testing.

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Designate a care team member to reach out to patients due for cervical cancer screening.
- ▶ Ensure screening is ordered when it is due, regardless of the reason for the visit.
- ▶ Empower your medical assistants and nurses with standing orders to screen and identify patients who are currently due or past due for their pap.
- ▶ Send targeted mailings, text messages or emails and follow-up telephone calls to chronically non-compliant patients.
- ▶ Display culturally-appropriate posters and brochures at an appropriate literacy level in patient areas to encourage patients to talk to providers about CCS.
- ▶ Cultural competency is not just limited to race, ethnicity and culture. Perceptions, values, beliefs and trust can also be influenced by factors such as religion, age, sexual orientation, gender identity and socioeconomic status.
- ▶ For patients who completed their cervical cancer screening at a different clinic, assess and document the date, location, and result of their last screening and have the physician sign the note. Also, have the patient sign a release of records.
- ▶ Create prompts in your EMR for screening that do not turn off until results are received, rather than when the test is ordered.
- ▶ Document the current care plan and routinely provide a copy to the patient.
- ▶ Promote GCHP’s Cervical Cancer Screening Member Incentive:
  - Members (21 to 64 years of age) are awarded a \$25 gift card from Target, Wal-Mart or Amazon for completing a cervical cancer screening within the measurement year. Members will need to mail or fax GCHP the completed form that includes a signature from their doctor and date of the exam. The member incentive form can be downloaded [here](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan has chosen to report using the hybrid methodology. Measures reported using the hybrid data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

## 2023 MCAS MEASURE: CONTRACEPTIVE CARE – ALL WOMEN AGES 15-44 (CCW)

Measure Steward: U.S. Office of Population Affairs (OPA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Contraceptive Care – All Women Ages 15-44 (CCW)."

**Measure Description: Measures the percentage of women ages 15 to 44 at risk of unintended pregnancy who were provided with one of the following in the measurement year:**

- ▶ A most effective or moderately effective method of contraception.

**Data Collection Method:** Administrative<sup>1</sup>

### CCW Clinical Code Sets

For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify women with contraceptive care.

- ▶ Please click [here](#) for a complete list of codes used to identify most effective contraception (i.e. female sterilization, contraceptive implants, intrauterine devices or systems) or moderately effective contraception (i.e. injectables, oral pills, patch, ring, or diaphragm).

**Note:** Contraceptive surveillance codes (e.g. Z30.41) are included in the rate for most or moderately effective contraceptive provision because this measure is intended to capture both new and existing contraceptive users.

### Exclusionary Criteria:

- ▶ Women who are not at risk of unintended pregnancy (i.e. menopause, evidence of oophorectomy, pregnant at the end of the measurement year or had a live birth delivery within the last two months of the measurement year) are excluded from the CCW measure. Click [here](#) for a list of exclusionary codes.

### Best Practices:

- ▶ Schedule routine screenings to learn about patients' reproductive intentions and to educate them on the different methods of contraception.
- ▶ The American College of Obstetricians and Gynecologists (ACOG) encourages clinics to ask women about pregnancy intendedness and encourages patients to develop a reproductive life plan or a set of personal goals regarding when to have children.
- ▶ Educate patients of the different methods of contraception: most effective, moderately effective, and long-acting reversible method.

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.





## 2023 MCAS MEASURE: CHLAMYDIA SCREENING IN WOMEN AGES 16-24 (CHL)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan’s (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, “*Chlamydia Screening in Women Ages 16-24 (CHL)*.”

**Measure Description:** *The percentage of women ages 16-24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.*

**Data Collection Method:** Administrative<sup>1</sup>

### Criteria to identify Eligible Population

- ▶ Evidence of sexual activity. Click [here](#) for a complete list of codes (ICD-10-CM, CPT, HCPCS).  
**AND/OR**
- ▶ Evidence of contraceptive prescription dispensing.

### Contraceptive Medications

Description	Prescription
Contraceptives	Desogestrel-ethinyl estradiol Dienogest-estradiol multiphasic Drospirenon-ethinyl estradiol Drospirenone-ethinyl estradiol-levomefolate biphasic Ethinyl estradiol-ethynodiol Ethinyl estradiol-etonogestrel Ethinyl estradiol-folic acid-levonorgestrel Ethinyl estradiol-levonorgestrel Ethinyl estradiol-norelgestromin Ethinyl estradiol-norethindrone Ethinyl estradiol-norgestimate Ethinyl estradiol-norgestrel Etonogestrel Levonorgestrel Medroxyprogesterone Mestranol-norethinndrone Norethindrone
Diaphragm	Diaphragm
Spermicide	Nonxynol 9

### CHL Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

**Codes used to identify chlamydia screening in women.**

Description	CPT	LOINC
Chlamydia Test	87110, 87270, 87320, 87490, 87491, 87492, 87810	14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926- 2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7

**Exclusion Criteria – Members with any of the following conditions are excluded from the CHL measure:**

- ▶ Members who received hospice care during the measurement year.
- ▶ Members who had a pregnancy test during the measurement year and one of the following:
  - Received a prescription of isotretinoin on the date of the pregnancy test or within the six days after the test.
  - Received a diagnostic radiology exam on the date of the pregnancy test or within the six days after the test.

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Provide training to all medical staff to empower them to educate and encourage screening during interactions with appropriate population. Include training and implementation of appropriate Sexual History Screening tool with a focus on the younger population. Building trust throughout the process is a key element to ensure compliance.
- ▶ Collect a sample when patient voids prior to pelvic exam and have a discussion in a private setting regarding CHL screening. An additional strategy is to place a UA sample cup or CHL swab on the tray when setting up the exam room for all visits with a women’s health provider. This can help prompt a discussion regarding CHL screening and increase the ease of sample collection.
- ▶ Include chlamydia screening as a part of routine clinical preventive care.
- ▶ Use normalizing and opt-out language, such as, “I recommend a test for chlamydia to all my clients under the age of 25.” AVOID questions like, “Do you want to be tested for chlamydia today?”
- ▶ Use the least invasive and highest quality recommended laboratory technologies available.
- ▶ Cultural competency is not just limited to race, ethnicity and culture. Perceptions, values, beliefs and trust can also be influenced by factors such as religion, age, sexual orientation, gender identity and socioeconomic status.
- ▶ Ensure screening is ordered when it is due, regardless of the reason for the visit.
- ▶ For patients who completed a prior women’s health visit at a different clinic, specifically request any prior CHL screenings. Upon receipt, assess and document the date, location, and result of their last screening and have the physician sign the note. Also, have the patient sign a release of records.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: CHILDHOOD IMMUNIZATION STATUS – COMBO 10 (CIS-10)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Childhood Immunization Status – Combo 10 (CIS-10)."

**Measure Description: Children 2 years of age and under who completed their childhood immunizations before turning 2 in the measurement year. One dose of MMR, one dose of VZV, and one dose of Hep A must be given on or between the child's first and second birthday. One dose of the flu vaccine can be an LAIV vaccination that must be administered on the child's second birthday.**

▶ 4 DtaP/DTP	▶ 4 PCV
▶ 3 IPV	▶ 3 Hep B
▶ 3 Hib	▶ 2 or 3 Rotavirus
▶ 2 Influenza	▶ 1 Hep A
▶ 1 MMR	▶ 1 VZV

This measure follows the immunization guidelines from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Any exclusions to this measure must have occurred by the child's second birthday.

**Data Collection Method:** Hybrid<sup>1</sup> / Administrative<sup>2</sup>

### CIS Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify vaccines administered or evidence of disease.

Vaccine / Disease	ICD-10-CM*	ICD-10-PCS	CPT	HCPCS	CVX
Diphtheria, Tetanus, Pertussis (DTaP)			90697, 90698, 90700, 90723		20, 50, 106, 107, 110, 120, 146
Haemophilus Influenzae Type B (HiB)			90644, 90647, 90648, 90697, 90698, 90748		17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Hepatitis A*	B15.0, B15.9		90633		31, 83, 85
Hepatitis B*	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11	3E0234Z	90697, 90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110, 146
Influenza			90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90660, 90672, 90756	G0008	88, 111, 140, 141, 149, 150, 153, 155, 158, 161, 171, 186
Inactivated Polio Vaccine (IPV)			90697, 90698, 90713, 90723		10, 89, 110, 120, 146
Measles*	B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9		90705		05



Vaccine / Disease	ICD-10-CM*	ICD-10-PCS	CPT	HCPCS	CVX
Mumps*	B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9		90704		07
Measles, Rubella			90708		04
Measles, Mumps, Rubella (MMR)			90707, 90710		03, 94
Pneumococcal Conjugate (PCV)			90670	G0009	109, 133, 152
Rotavirus			90680, 90681		119, 116, 122
Rubella	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9		90706		06
Varicella Zoster (VZV)*	B01.0, B01.11, B01.12, B01.2, B01.81, 01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9		90710, 90716		21, 94

\* History of disease before the child's 2nd birthday meets criteria for evidence of antigen.

**Exclusionary Criteria:**

- Members receiving hospice care during the measurement year.
- Members who had a contraindication to a vaccine or one of the following conditions anytime during the member's medical history up to their second birthday.

**Codes used to identify exclusions for the CIS measure.**

Vaccine	Description	ICD-10-CM
Any Vaccine	Anaphylactic reaction to a vaccine	T80.52XA, T80.52XD, T80.52XS
DTaP	Encephalopathy due to vaccine	G04.32
	Code with vaccine-adverse effect code	Adverse effect codes: T50.A15A, T50.A15D, T50.A15S

Vaccine	Description	ICD-10-CM
MRR, VZV, Influenza	Immunodeficiency	D80.0-D80.9, D81.0-D81.7, D80.89-D81.9, D82.0-D82.9, D83.0-D83.9, D84.0-D84.9, D89.3, D89.810-D89.9
	HIV	B20, Z21
	HIV Type 2	B97.35
	Malignant Neoplasm of the Lymphatic System	C81.00-C81.99, C82.00-C82.99, C83.00-C83.99, C84.00-C84.Z9, C85.10-C85.99, C86.0-C86.6, C88.2-C88.9, C90.00-C96.Z
Rotavirus	Severe combined immunodeficiency	D81.0, D81.1, D81.2, D81.9
	History of intussusception	K56.1
Polio (IPV)	Anaphylactic reaction to streptomycin, polymyxin B or neomycin	T88.6x (Use additional code to identify drug.)
Hepatitis B	Anaphylactic reaction to common baker's yeast	T78.0x

**The Medical Record Must Include:**

- A note indicating the name of the specific antigen and the date of the immunization; or
- A certificate of immunization prepared by an authorized health care provider or agency that includes specific dates and types of immunizations administered.

**CIS Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members / parents of the need for a visit.
- ▶ The American Academy of Pediatrics (AAP) recommends health care professionals review a child's immunization record at every encounter to administer or schedule needed vaccines.
- ▶ Hold in-service staff meetings to educate team members about vaccines and correct common misconceptions.
- ▶ Provide resources to educate parents about the importance of vaccines and to correct any misinformation.
- ▶ Use available immunization registries and make sure staff have access to the [California Immunization Registry \(CAIR\)](#).
- ▶ Document all seropositive test results and illnesses of chicken pox, measles, mumps, and rubella with a note indicating the date of the event – all of which occur by the child's second birthday.
- ▶ For additional materials for clinical staff and parents, visit the California Department of Public Health [website](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

<sup>2</sup> Measures reported using the administrative data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: COLORECTAL CANCER SCREENING (COL)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Colorectal Cancer Screening (COL)."

**Measure Description:** *The percentage of members 50 to 75 years of age who had an appropriate screening for colorectal cancer.*

**Data Collection Method:** Hybrid<sup>1</sup>

One or more of the following meet the measure's criteria for colorectal cancer screening:

- ▶ Fecal occult blood test (FOBT) lab test during the measurement year.
- ▶ Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- ▶ Colonoscopy during the measurement year or the nine years prior to the measurement year.
- ▶ CT colonography during the measurement year or the four years prior to the measurement year
- ▶ FIT-DNA test during the measurement year or the two years prior to the measurement year.

### COL Clinical Code Sets

- ▶ For billing, reimbursement and reporting of services completed, submit claims in a timely manner with appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify colorectal cancer screening.

Description	ICD-9-PCS	CPT	HCPCS	LOINC
Fecal Occult Blood Test (FOBT)		82270, 82274	G0328	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
Flexible Sigmoidoscopy	45.24	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350	G0104	
Colonoscopy	45.22, 45.23, 45.25, 45.42, 45.43	44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398	G0105, G0121	
CT Colonography		74261, 74262, 74263		60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
FIT-DNA Test		81528		77353-1, 77354-9

### Exclusion Criteria:

- Members in hospice or using hospice services anytime during the measurement year.
- Members receiving palliative care during the measurement year.
- Members 66 years of age or older as of Dec. 31, 2022, who were enrolled in an Institutional SNP or living in long-term care anytime during the measurement year.
- Members 66 years of age or older as of Dec. 31, 2022, with a diagnosis of frailty and advanced illness during the measurement year.
- Members with colorectal cancer or total colectomy anytime during the member's history through Dec. 31, 2022.

Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed.

- ▶ A result is not required if the documentation is clearly part of the member's "medical history." If this is not clear, the result or finding must also be present.
- ▶ A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria.

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a screening.
- ▶ For the United States Preventive Task Force (USPTF) recommendations regarding Colorectal Cancer Screening, [click here](#).
- ▶ Ensure your documentation is clear and concise.
- ▶ Use proper coding.

<sup>1</sup>For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan has chosen to report using the hybrid methodology. Measures reported using the hybrid data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

## 2023 MCAS MEASURE: DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE (DEV)

Measure Steward: Oregon Health and Sciences University (OHSU)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, *"Developmental Screening in the First Three Years of Life (DEV)."*

**Measure Description:** *The 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.*

**Data Collection Method:** Administrative<sup>1</sup>

### DEV Clinical Code Sets

For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify developmental screening using a standardized developmental screening tool.

Description	CPT
Developmental screening using a standardized developmental screening tool with interpretation and report.	96110

### Tools must meet the following criteria:

1. Developmental Domains	Motor, language, cognitive, and social-emotional.
2. Established Reliability	Reliability scores of approximately 0.70 or above.
3. Established Findings Regarding the Validity	Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).
4. Established Sensitivity / Specificity	Sensitivity and specificity scores of approximately 0.70 or above.

### The following tools meet the above criteria and are included in the American Academy of Pediatrics Bright Futures Recommendations for Preventive Care:

Screening Tools	Age Group
Ages and Stages Questionnaire (ASQ – 3)	Ages 1 month to 5 1/2 years
Battelle Developmental Inventory Screening Tool (BDI-ST)	Birth to 95 months of age
Bayley Infant Neuro-Developmental Screen (BINS)	Ages 3 months to 2 years
Brigance Screens II	Birth to 90 months of age
Child Development Inventory (CDI)	Ages 18 months to 6 years
Infant Development Inventory	Birth to 18 months of age
Parents' Evaluation of Developmental Status (PEDS)	Birth to 8 years of age
Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)	Birth to 8 years of age
Survey of Well-Being in Young Children (SWYC)	Ages 1 month to 66 months





**Important DEV Measure Specifications:**

- ▶ Indicate on the medical record the date on which the test was performed, the standardized tool used, and evidence of a screening result or screening score.

**Best Practices:**

- ▶ According to Help Me Grow Ventura County, early developmental identification consists of three components:
  - *Surveillance* is the process of recognizing children at risk for developmental delays and should occur at every well-child visit.
  - *Screening* is the use of standardized tools to identify children at risk of developmental delays or disorders.
  - *Evaluation* is the in-depth process of identifying children with developmental delays or disorders and referring them to qualified professionals and early intervention services.
- ▶ Follow the [American Academy of Pediatrics \(AAP\) Bright Futures™ Periodicity Schedule](#) recommendation of completing child developmental screenings at 9, 18 and 30 months of age using a standardized screening tool. Screening tools are completed by the parent, then scored by the health care provider, and include standardized sets of questions to evaluate if a child's motor, language, cognitive, social, and emotional development are on track for their age.
- ▶ The following organizations provide information for health care providers on developmental screening resources and trainings:
  - [Help Me Grow Ventura County](#)
  - [American Academy of Pediatrics](#)
  - [Centers for Disease Control and Prevention](#)
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: DEPRESSION REMISSION OR RESPONSE FOR ADOLESCENTS AND ADULTS (DRR-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Depression Remission or Response for Adolescents and Adults (DRR-E)."

**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 Patient Health Questionnaire-9 (PHQ-9) score documented within four to eight months after the initial elevated PHQ-9 score.
- ▶ **Depression Remission.** The percentage of members who achieved remission within four to eight months after the initial elevated PHQ-9 score.
- ▶ **Depression Response.** The percentage of members who showed response within four to eight months after the initial elevated PHQ-9 score.

**Data Collection Method:** Electronic Clinical Data Systems (ECDS)<sup>1</sup>

### DRR-E Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

### Codes used to identify members with major depression or dysthymia.

Description	ICD-10-CM	LOINC
Major Depression or Dysthymia	F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1	
PHQ-9 Total Score		44261-6
PHQ-9 (Modified for Teens) Total Score		89204-2

### Eligible Screening Tools:

Selection of the appropriate PHQ-9 assessment should be based on the member's age.

- PHQ-9: 12 years of age and older.
- PHQ-9 Modified for Teens: 12–17 years of age.

### Exclusion Criteria – Members with any of the following conditions during the intake period or measurement year are excluded from the DSS-E measure:

- Bipolar disorder
- Personality disorder
- Psychotic disorder
- Pervasive development disorder
- Members in hospice

### The medical record must include:

- A note indicating the name of the specific antigen and the date of the immunization; or
- A certificate of immunization prepared by an authorized health care provider or agency that includes specific dates and types of immunizations administered.



**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Clinical recommendations:
  - Clinicians should establish and maintain follow-up with adult patients who have depression. Appropriate, reliable follow-up is highly correlated with improved response and remission scores.
  - The American Academy of Pediatrics recommends that adolescents with depression should be assessed for treatment response and remission of symptoms using a depression assessment tool, such as the PHQ-9 Modified for Teens.
- ▶ Always offer general checkups and follow ups even if the patient is being followed by a behavioral health provider. Encourage the following:
  - Antidepressant medications and regular medication check appointments.
  - Exercise and other behavioral changes.
  - Better eating habits and to avoid alcohol and drugs.
  - Meditation.
  - Mindfulness or breathing exercises.
- ▶ Collaboration with a behavioral health provider that can offer psychotherapy treatments.
- ▶ Members of the care team understand the importance of depression management and screening.
- ▶ Involve the patient's support in managing their depression.
- ▶ Set realistic expectations with the patient.
  - Know that achieving remission may not be a quick process. Medications prescribed for depression may take some time before they become effective. Patience is key.
- ▶ Always be alert for suicidal symptoms.
  - Have a standard workflow in place for patients who answer yes regarding suicidal ideation. Have staff and treatment plans in place for these patients.
- ▶ Ensure routine follow up for members who test positive on the PHQ-9, and test the member at each follow up encounter to track improvements or declines in their PHQ-9 score. Alter treatment based on scores.
- ▶ Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options). Providers may also use this link to access valuable information, forms and documents: [Click Here](#)
- ▶ Our team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community. To learn more, please call GCHP's Care Management Team at:
  - Providers, call: 1-805-437-5777
  - Members, call: 1-805-437-5656
  - GCHP website, Care Management: [Click Here](#)

<sup>1</sup>ECDS is a HEDIS® reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease / cases management systems) to report rates on ECDS designated measures.

## 2023 MCAS MEASURE: DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)."

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

- ▶ Depression Screening: The percentage of members who were screened for clinical depression using a standardized instrument between January 1 and December 1 of the measurement year.
- ▶ Follow-Up on Positive Screen: The percentage of members who received follow-up care on or within 30 days of a positive depression screening.

**Data Collection Method:** Electronic Clinic Data Systems (ECDS)<sup>1</sup>

**Standardized Instruments:** A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Standardized Instruments	Age ≤ 17	Age 18+	Positive Finding	LOINC Code
Patient Health Questionnaire Modified for Teens (PHQ- 9M) <sup>®</sup>	X		Total Score ≥ 10	89204-2
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	X	X	Total Score ≥ 10	44261-6
Patient Health Questionnaire-2 (PHQ-2) <sup>®2</sup>	X	X	Total Score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®2,3</sup>	X	X	Total Score ≥8	89208-3
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	X	X	Total Score ≥ 17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	X	X	Total Score ≥ 10	71354-5
PROMIS Depression	X	X	Total Score ≥ 60	71965-8
Beck Depression Inventory (BDI-II)		X	Total Score ≥ 20	89209-1
Duke Anxiety-Depression Scale (DUKEAD) <sup>®2</sup>		X	Total Score ≥ 30	90853-3
My Mood Disorder (M-3) <sup>®</sup>		X	Total Score ≥ 5	71777-7
Clinically Useful Depression Outcome Scale (CUDOS)		X	Total Score ≥ 31	90221-3
Geriatric Depression Scale Short Form (GDS) <sup>1</sup>		X	Total Score ≥ 5	48545-8
Geriatric Depression Scale Long Form (GDS)		X	Total Score ≥ 10	48544-1

### DSF-E Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

### Methods identify a follow-up on a positive screening within 30-Days:

- ▶ A clinic encounter.
- ▶ A dispensed antidepressant medication.
- ▶ 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.

**Codes used to identify clinic encounters.**

Description	CPT	HCPCS	UBREV
An outpatient, telephone, e-visit, or virtual check-in with a diagnosis of depression or behavioral health condition. Click <a href="#">here</a> for list of the diagnosis codes.	98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99444, 99457, 99483	G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015	0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
Depression Case Management	99366, 99492, 99493, 99494	G0512, T1016, T1017, T2022, T2023	
Behavioral Health Encounter	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493	G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485	0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

**Evidence of an antidepressant medication dispensing event.**

Click [here](#) for the list of antidepressant medications.

**Exclusion Criteria – Members with any of the following conditions are excluded from the DSF-E measure:**

- ▶ Bipolar disorder in the prior measurement year.
- ▶ Depression that started in the prior measurement year.
- ▶ Members in hospice or using hospice services anytime during the measurement year.

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Clinical Recommendations:
  - The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents 12–18 years of age and the general adult population, including pregnant and postpartum women.
  - The USPSTF also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.
- ▶ Members of the care team understand the importance of depression screening.
- ▶ Patients are screened at new visits, on an annual basis at well care visits, or when clinically indicated.
- ▶ Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options). Providers may also use this link to access valuable information, forms and documents: [Click Here](#)



- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community.
- To learn more, please call GCHP's Care Management Team at:
  - » Providers, call: 1-805-437-5777
  - » Members, call: 1-805-437-5656
  - » GCHP website, Care Management: [Click Here](#)

<sup>1</sup> ECDS is a HEDIS<sup>®</sup> reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease/cases management systems) to report rates on ECDS designated measures.

<sup>2</sup> Brief screening instruments. All other instruments are full-length.

<sup>3</sup> Proprietary; may be cost or licensing requirement associated with use.

## 2023 MCAS MEASURE: FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR SUBSTANCE USE (FUA)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. "Follow-Up After Emergency Department Visit for Substance Use (FUA)."

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

Two rates are reported:

- ▶ The percentage of ED visits, between January 1 and December 1 of the measurement year, for which the member received follow-up within 30 days of the ED visit (31 total days).
- ▶ The percentage of ED visits, between January 1 and December 1 of the measurement year, for which the member received follow-up within seven days of the ED visit (eight total days).

**Data Collection Method:** Administrative<sup>1</sup>

### FUM Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services provided.

### Codes used to identify an emergency department visit.

CPT	UBREV
99281, 99282, 99283, 99284, 99285	0450, 0451, 0452, 0456, 0459, 0981

### Sample codes used to identify a principal diagnosis of SUDs. For a complete list of diagnosis codes with definitions, click [here](#).

Description	ICD-10-CM
Alcohol or Other Drug Abuse and Dependence	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188
Unintentional Drug Overdose	T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D

**Events used to identify (1) a pharmacotherapy dispensing event or (2) a follow-up visit with a mental health provider and/or a diagnosis of SUD within seven to 30 days after an ED visit for SUD:**

### Sample list of medications to identify a pharmacotherapy dispensing event. Click [here](#) for the complete list.

Medication Category	Brand Name
Alcohol use disorder treatment medication	ReVia Antabuse Vivitrol
Alcohol use disorder treatment medication	Buprenex Sublocade Suboxone



**Codes used to identify a following visit with a mental health provider or a diagnosis of SUD.**

Type of Visit	CPT	POS	HCPCS	UBREV
Behavioral Health Assessment for SUD or Mental Health Assessment	99408, 99409		G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049	
Behavioral Health Outpatient	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510		G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Community Mental Health Center		53		
Non-Residential Substance Abuse Treatment Facility		57, 58		
Observation	99217, 99218, 99219, 99220			
Opioid Use Disorder (OUD) Services			G2086, G2087, G2067, G2068, G2069, G2070, G2072, G2073, G2071, G2074, G2075, G2076, G2077, G2080	
Peer Support Services			G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016	
Substance Use Disorder Services	99408, 99409		G0396, G0397, G0443, H0001, H0005, H0006, H0007, H0015, H0016, H0022, H0028, H0047, H0050, H2035, H2036, T1006, T1012	0906, 0944, 0945
Telehealth		02, 10		
Telephone Visit	98966, 98967, 98968, 99441, 99442, 99443			
Virtual / E-Visits Online Assessments	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457		G0071, G2010, G2012, G2061, G2062, G2063	
Outpatient visit	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72		
Partial Hospitalization or Intensive Outpatient		52	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913





**Exclusion Criteria – Members with the following condition(s) are excluded from the FUA measure:**

- Members receiving hospice care during the measurement year.
- Members who were admitted for an inpatient visit on or within 30 days of the ED visit with a principal diagnosis of SUD because this may prevent an outpatient follow-up visit from occurring.

**Best Practices:**

- ▶ Timely identification and referral of patients who have SUD.
- ▶ Referral resources for SUD:
  - [Ventura County Behavioral Health Substance Use Services](#)
  - [Ventura County Health Care Agency](#)
  - [Ventura County Health Care Agency Alcohol and Drug Programs](#)
- ▶ Ensure timely follow up appointments for patients who meet the measure description and criteria.

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g., claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Follow-Up After Emergency Department Visit for Mental Illness (FUM)."

**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 for mental illness.

Two rates are reported:

- ▶ The percentage of ED visits, between January 1 and December 1 of the measurement year, for which the member received follow-up within 30 days of the ED visit (31 total days).
- ▶ The percentage of ED visits, between January 1 and December 1 of the measurement year, for which the member received follow-up within seven days of the ED visit (eight total days).

**Data Collection Method:** Administrative<sup>1</sup>

### FUM Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services provided.

### Codes used to identify an emergency department visit.

CPT	UBREV
99281, 99282, 99283, 99284, 99285	0450, 0451, 0452, 0456, 0459, 0981

Sample codes used to identify a principal diagnosis of mental illness or intentional self-harm. For the complete list of diagnosis codes with definitions, click [here](#).

ICD-10-CM codes
Mental Illness Codes
F20.0, F20.1, F30.10, F30.11 F30.4, F30.8, F30.9, F31.0, F31.10, F31.70, F32.0, F32.1, F33.0, F33.1, F34.1, F39, F42, F42.2, F43.0, F43.20F44.89, F53, F60.0, F60.9, F63.0, F68.10, F84.0, F90.0, F91.0, F93.0, F94.0
Intentional Self-Harm Codes
T14.91XA, T14.91XD, T36.3X2D, T40.7X2A, T41.0X2A, T46.6X2A, T47.2X2S, T48.3X2A, T49.1X2S, T50.0X2A, T51.3X2D, T52.1X2S, T52.2X2A, T53.5X2A, T54.0X2A, T56.0X2A, T57.0X2A, T58.92XD, T59.6X2S, T60.8X2D, T61.772D, T62.2X2S, T63.022S, T64.02XA, T65.0X2A, T65.0X2D, T71.112A, T71.232D, T71.232S

### Codes used to identify a follow-up visit with any practitioner with a principal diagnosis of mental health disorder or intentional self-harm.

Type of Visit	CPT	POS	HCPCS	UBREV
Telehealth	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	02, 10		
Community Mental Health Center		53		
Outpatient Visit		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72		



Type of Visit	CPT	POS	HCPCS	UBREV
Behavioral Health Out-patient Visit	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510		G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Observation	99217, 99218, 99219, 99220			
Telephone	98966, 98967, 98968, 99441, 99442, 99443			
E-visit, Virtual Check-In, Online Assessment	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457		G0071, G2010, G2012, G2061, G2062, G2063	
Electro-convulsive Therapy	90870		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72	
Intensive Outpatient or Partial Hospitalization			G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913

**Exclusion Criteria – Members with the following condition(s) are excluded from the FUM measure:**

- Members receiving hospice care during the measurement year.
- Members who were admitted for an inpatient visit on or within 30 days of the ED visit with a principal diagnosis of mental illness or intentional self-harm because this may prevent an outpatient follow-up visit from occurring.

**Best Practices:**

- ▶ Timely screening, identification and referral of patients who have mental illness or intentional self-harm issues.
- ▶ Referral resources for mental illness issues include:
  - [Carelton Behavioral Health \(formerly Beacon Health Options\)](#)
  - [Ventura County Behavioral Health](#)
  - [Ventura County Health Care Agency](#)
- ▶ Ensure timely follow up appointments for patients who meet the measure description and criteria.

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g., claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (HBD)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Hemoglobin A1c Control for Patients With Diabetes (HBD)."

**Measure Description: Members 18–75 years of age with a diagnosis of diabetes. This measure looks at whether these members have had:**

- ▶ HbA1c poor control (>9.0%)

**Data Collection Method:** Hybrid<sup>1</sup>

### HBD Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated, and services provided.

### Methods used to identify members diagnosed with diabetes.

Method 1: Members with a diagnosis of diabetes during the measurement year or year prior to the measurement year.	<ul style="list-style-type: none"> <li>• ICD-10-CM Codes E10.10-E13.9, 024.011-024.33, 024.811-024.83</li> </ul>
Method 2: Members who received insulin or hypoglycemics / antihyperglycemics during the measurement year or year prior to the measurement year.	<ul style="list-style-type: none"> <li>• Alpha-glucosidase inhibitors</li> <li>• Amylin analogs</li> <li>• Antidiabetic combinations</li> <li>• Insulin</li> <li>• Meglitinides</li> <li>• Glucagon-like peptide-1 (GLP1) agonists</li> <li>• Sodium glucose cotransporter 2 (SGLT2) inhibitor</li> <li>• Sulfonylureas</li> <li>• Thiazolidinediones</li> <li>• Dipeptidyl peptidase-4 (DDP-4) inhibitors</li> </ul>

**Note:** Glucophage / metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

### Methods used to identify members diagnosed with diabetes.

Description	CPT II
HbA1c < 7.0	3044F
HbA1c > 9.0	3046F
HbA1c 7.0 to 8.0	3051F
HbA1c 8.0 to 9.0	3052F

### Exclusion Criteria – Members who meet the following criteria are excluded from the HBD measure:

- ▶ Members who do not have a diagnosis of diabetes and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year.
- ▶ Members in hospice or using hospice services anytime during the measurement year.
- ▶ Members receiving palliative care during the measurement year.
- ▶ Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.



**The Medical Record Must Include:**

- ▶ At a minimum, a note indicating the date when the HbA1c test was performed and the result. The record is compliant for poor control if the result for the most recent HbA1c level is > 9.0% or missing, or if an HbA1c test was not done during the measurement year.
- ▶ Ranges and thresholds do not meet criteria for the measure. A distinct numeric result is required for compliance.

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a preventive care visit
- ▶ Use telehealth visits as appropriate to monitor patients with diabetes and order HbA1c tests accordingly.
- ▶ Perform the A1c test at least two times per year in patients who are meeting treatment goals and who have stable glycemic control.
- ▶ Perform the A1c test every three months in patients whose therapy has changed or who are not meeting glycemic goals (>8.0 HbA1c).
- ▶ Set appropriate individualized A1c goals based on relevant comorbidities, demographic factors, and other considerations.
- ▶ Point-of-care (POC) testing for A1c provides the opportunity for more timely treatment changes.
- ▶ Recommend lifestyle changes as appropriate.
- ▶ Ensure your documentation is clear and concise.
- ▶ Use proper coding.
- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that includes transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community.
  - To learn more, please call GCHP's Care Management Team at:
    - » Providers, call: 1-805-437-5777
    - » Members, call: 1-805-437-5656
    - » GCHP website, Care Management: [Click Here](#)
  - GCHP offers free health education services, materials and classes to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients/guardians/caregivers to the following information:
    - » Providers, call: 1-805-437-5718
    - » Members, call: 1-888-301-1128 / TTY 1-888-310-7347
    - » GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan has chosen to report using the hybrid methodology. Measures reported using the *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

## 2023 MCAS MEASURE: IMMUNIZATIONS FOR ADOLESCENTS (IMA)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Immunizations for Adolescents (IMA)."

**Measure Description: Measures the percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13<sup>th</sup> birthday.**

This measure requires members to have received the following vaccination combinations by their 13<sup>th</sup> birthday:

- ▶ One dose of meningococcal vaccine on or between the child's 11<sup>th</sup> and 13<sup>th</sup> birthdays.
- ▶ One Tetanus, diphtheria toxoids and acellular pertussis (Tdap) on or between the child's 10<sup>th</sup> and 13<sup>th</sup> birthdays **AND**
- ▶ At least two HPV vaccines with different dates of service at least 146 days between them on or between the adolescent's 9<sup>th</sup> and 13<sup>th</sup> birthdays, **OR**
- ▶ At least three HPV vaccines with different dates of service on or between the adolescent's 9<sup>th</sup> and 13<sup>th</sup> birthdays.

**Data Collection Method:** Hybrid<sup>1</sup>

### IMA Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify vaccines administered for the IMA measure.

Description	CPT	CVX
Meningococcal	90619, 90733, 90734	32, 108, 114, 136, 147, 167, 203
Tdap	90715	115
HPV	90649, 90650, 90651	62, 118, 137, 165

### Exclusion Criteria:

- Members receiving hospice care during the measurement year.
- Members who had a contraindication to a vaccine or one of the following conditions (see table below):

### Codes used to identify contraindications for a specific vaccine.

Vaccine	Description	ICD-9-CM*	ICD-10-CM
Any Vaccine	Anaphylactic reaction to vaccine	999.42	T80.52XA, T80.52XD, T80.52XS
Any Vaccine	Anaphylactic reaction to serum	999.4	
Tdap	Encephalopathy due to vaccine	323.51	G04.32
	Code with vaccine-adverse effect code	Code with one of the following: E948.4, E948.5, E948.6	Code with one of the following: T50.A15A, T50. A15D, T50.A15S

\* ICD-9-CM codes used for claim review prior to the Oct. 1, 2015 implementation of ICD-10 codes.



### IMA Required Medical Record Documentation for Compliance

- ▶ A note indicating the name of the specific antigen used and date of the immunization documented on the progress note.  
**OR**
- ▶ A certificate of immunization prepared by an authorized health care provider or agency including specific dates and types of immunizations administered.

### Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members / parents on the need for a visit.
- ▶ The American Academy of Pediatrics (AAP) recommends health care professionals review the patient's immunization record at every encounter to administer or schedule needed vaccines.
- ▶ Hold in-service staff meetings to educate team members about vaccines for adolescents, correct common misconceptions, and answer questions.
- ▶ Provide resources to educate your adolescent patients and their parents about the importance of vaccines and to correct any misinformation.
- ▶ Use available immunization registries:
  - [California Immunization Registry \(CAIR\)](#)
- ▶ Assure that vaccines administered to patients, prior to becoming members, are included on the members' vaccination records, even if your office did not administer the vaccines.
- ▶ For additional material for clinical staff and parents, visit the California Department of Public Health website [here](#).
- ▶ View the American Academy of Family Physicians (AAFP) "20 Best Practices for Adolescent Immunizations" [here](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan has chosen to report using the hybrid methodology. Measures reported using the hybrid data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

## 2023 MCAS MEASURE: LEAD SCREENING IN CHILDREN (LSC)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Lead Screening in Children (LSC)."

**Measure Definition: 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.**

**Data Collection Method:** Hybrid<sup>1</sup>

### LSC Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify lead screening tests in children.

Lab Test	CPT	LOINC
Lead Screening Test	83655	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

### Exclusion Criteria - Members with the following condition are excluded from the LSC measure:

- Members who received hospice care during the measurement year.

### Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Lead screening can be performed adjacent with well-child exams or part of enrollment at a patient's first visit to establish care. If a parent / guardian refuses lead screening for their child, be sure to document the refusal in their medical record using a lead screening refusal form. A lead screening refusal form is available to you on GCHP's website.
- ▶ Free lead testing and other services are available for all Medi-Cal and Child Health and Disability Prevention Program (CHDP) enrolled members through the [Childhood Lead Poisoning Prevention Program \(CLPPP\) of Ventura County](#). Providers and members can contact CHDP at 1-805-981-5291.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measure reported using *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record sources to evaluate if services were performed.



## 2023 MCAS MEASURE: NULLIPAROUS WOMEN WITH A TERM, SINGLETON BABY IN A VERTEX POSITION DELIVERED BY CESAREAN BIRTH (NTSV)

Measure Steward: The Joint Commission

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Nulliparous Women with a Term, Singleton Baby in a Vertex Position Delivered by Cesarean Birth (NTSV)."

**Measure Description:** The percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.

**Data Collection Method:** Administrative<sup>1</sup>

### NTSV Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

### Codes used to identify NTSV deliveries.

Description	ICD-10CM	ICD-10-PCS
Single Live Birth	Z37.0	
Cesarean Birth		10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ

### Exclusion Criteria – Members with the following conditions are excluded from the NTSV measure:

- Women with multiple gestations
- Females < 8 years of age and ≥ 65 years of age.
- Women with a hospital length of stay > 120 days.
- Women with a gestation age < 37 weeks or unable to be determined.

### Best Practices:

- ▶ Providers have access to the INDICES<sup>®</sup> Provider Insights Dashboards to view their performance on MCAS measures, including member and clinic level data for monitoring current and projected measure performance, trending, and gap analysis. Reports can be downloaded for additional analytics, managing care gaps and patient outreach.
- ▶ Follow the guidelines recommended by the American College of Obstetricians and Gynecologists (ACOG) for establishing an ongoing prenatal care plan.
- ▶ Encourage patients to follow a safe and healthy diet, and get regular exercise.
- ▶ Review prescriptions, over-the-counter medications, and herbal products that the mother is currently taking to ensure they are not harmful to the fetus.
- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community. To learn more, please call GCHP's Care Management Team at:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP website, Care Management: [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g., claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: POSTPARTUM DEPRESSION SCREENING AND FOLLOW-UP (PDS-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Postpartum Depression Screening and Follow-Up (PDS-E)."

**Measure Description:** The percentage of deliveries, between Sept. 8, 2021, to Sept. 7, 2022, in which members were screened for clinical depression during the postpartum period (7-84 days following delivery), and if screened positive, received follow-up care.

- ▶ Depression Screening: The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- ▶ 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.

**Data Collection Method:** Electronic Clinic Data Systems (ECDS)<sup>1</sup>

### Standardized Instruments

- ▶ A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Standardized Instruments	Age ≤ 17	Age 18+	Positive Finding	LOINC Code
Patient Health Questionnaire Modified for Teens (PHQ- 9M) <sup>®</sup>	X		Total Score ≥ 10	89204-2
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	X	X	Total Score ≥ 10	44261-6
Patient Health Questionnaire-2 (PHQ-2) <sup>®2</sup>	X	X	Total Score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®2,3</sup>	X	X	Total Score ≥8	89208-3
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	X	X	Total Score ≥ 17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	X	X	Total Score ≥ 10	71354-5
PROMIS Depression	X	X	Total Score ≥ 60	71965-8
Beck Depression Inventory (BDI-II)		X	Total Score ≥ 20	89209-1
Duke Anxiety-Depression Scale (DUKEAD) <sup>®2</sup>		X	Total Score ≥ 30	90853-3
My Mood Disorder (M-3) <sup>®</sup>		X	Total Score ≥ 5	71777-7
Clinically Useful Depression Outcome Scale (CUDOS)		X	Total Score ≥ 31	90221-3

### Methods used to identify a follow-up on a positive screening within 30-Days:

- ▶ A clinic encounter.
- ▶ A dispensed antidepressant medication.
- ▶ 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.

### PDS-E Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

**Codes used to identify clinic encounters.**

Description	CPT	HCPCS	UBREV
An outpatient, telephone, e-visit, or virtual check-in with a diagnosis of depression or behavioral health condition. Click <a href="#">here</a> for list of the diagnosis codes.	98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99444, 99457, 99483	G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015	0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
Depression Case Management	99366, 99492, 99493, 99494	G0512, T1016, T1017, T202, T203	
Behavioral Health Encounter	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493	G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485	0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

**Evidence of an antidepressant medication dispensing event.**

- ▶ Click [here](#) for list of antidepressant medication.

**Exclusion Criteria – Members with the following conditions are excluded from the PDS-E measure:**

- ▶ Deliveries in which members were in hospice or using hospice services any time during the measurement period.

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Clinical Recommendations:
  - The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women.
  - The American College of Obstetricians and Gynecologists (ACOG) recommends multiple postpartum visits no later than 12 weeks after birth that include a full assessment of psychological well-being, including screening for postpartum depression and anxiety with a validated instrument.
  - The American Academy of Pediatrics recommends that pediatricians screen mothers for postpartum depression at the infant's one-, two-, four- and six-month visits.



- The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.
- ▶ Behavioral health referrals can be made through Caredon Behavioral Health (formerly Beacon Health Options). Providers may also use this link to access valuable information, forms and documents: [Click Here](#).
- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community. To learn more, please call GCHP's Care Management Team at:
  - Providers, call: 1-805-437-5777
  - Members, call: 1-805-437-5656
  - GCHP website, Care Management: [Click Here](#)

<sup>1</sup> ECDS is a HEDIS<sup>®</sup> reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease/cases management systems) to report rates on ECDS designated measures.

<sup>2</sup> Brief screening instruments. All other instruments are full-length.

<sup>3</sup> Proprietary; may be cost or licensing requirement associated with use.

## 2023 MCAS MEASURE: PHARMACOTHERAPY FOR OPIOID USE DISORDER (POD)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Pharmacotherapy for Opioid Use Disorder (POD)."

**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.*

**Data Collection Method:** Administrative<sup>1</sup>

### POD Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

### Codes used to identify members with opioid use disorder.

Description	ICD-10-CM
Opioid Use Disorder	F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29

### Sample list of medications to identify opioid use disorder treatment. Click [here](#) for the complete list.

Medication Category	Brand Name
Buprenorphine Implant Medications	Probuphine
Buprenorphine Injection Medications	Buprenex
Buprenorphine Naloxone Medications	Cassipa
Buprenorphine Oral Medications	Subutex
Naltrexone Injection Medications	Vivitrol
Naltrexone Oral Medications	ReVia

### Exclusion Criteria – Members with the following conditions are excluded from the PRS-E measure:

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

### Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Create a checklist of recommended actions when considering long-term opioid therapy.
- ▶ Establish goals for pain and function, discuss risks and benefits, and use strategies to mitigate any risk.
- ▶ The Centers for Disease Control and Prevention (CDC) has created a set of guidelines to prescribing opioids for chronic pain. Visit the CDC's website or click [here](#) to view this resource.
- ▶ Consider Medication Assisted Treatment (MAT) for opioid abuse or dependence.
- ▶ Refer to Turn the Tide RX's Pocket Card for Prescribing Opioids for Chronic Pain [here](#), an adaptation for quick reference of the CDC prescribing guidelines.
- ▶ Patients with OUD should be informed of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
- ▶ Helping the patient manage stressors and identify triggers for a return to illicit opioid use.
- ▶ Provide empathic listening and nonjudgmental discussion of triggers that precede use or increased craving and how to manage them.



- ▶ Provide ongoing assessment to mark progress. Revise treatment goals via shared decision making to incorporate new insights.
- ▶ Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options). Providers may also use this link to access valuable information, forms and documents: [Click Here](#)
- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community. To learn more, please call GCHP's Care Management Team at:
  - Providers, call: 1-805-437-5777
  - Members, call: 1-805-437-5656
  - GCHP website, Care Management: [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g., claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: PRENATAL AND POSTPARTUM CARE (PPC)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Prenatal and Postpartum Care (PPC)."

**Measure Description: Measures the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:**

- ▶ Timeliness of Prenatal Care – The percentage of women who received a prenatal care visit during the first trimester, on or before the enrollment start date, or within the first 42 days of enrollment with GCHP.
- ▶ Postpartum Care – The percentage of women who had a postpartum visit between 7 to 84 days after delivery.

**Data Collection Method:** Hybrid<sup>1</sup>

### PPC Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify prenatal services within the first trimester, on or before the enrollment start date, or within 42 days of enrollment.

Description	ICD-10-CM	CPT	CPT II	HCPCS
Prenatal Visit with a Pregnancy Diagnosis	Click <a href="#">here</a> for a complete list of the pregnancy diagnosis codes.	99201-99205, 99211-99215, 99241-99245, 99483		G0463, T1015
Telephone Visit with a Pregnancy Diagnosis		98966-98968, 99441-99443		
Online Assessment with a Pregnancy Diagnosis		98969-98972, 99421-99423, 99444, 99457		G0071, G2010, G2012, G2061, G2062, G2063
Prenatal Bundled Services		59400, 59425, 59426, 59510, 59610, 59618		H1005
Standalone Prenatal Visit		99500	0500F, 0501F, 0502F	H1000 - H1004

### Codes used to identify postpartum exams completed 7 to 84 days after delivery.

Description	ICD-10-CM	CPT	CPT II	HCPCS	LOINC
Postpartum Exam	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	57170, 58300, 59430, 99501	0503F	G0101	
Postpartum Bundled Services		59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622			



Description	ICD-10-CM	CPT	CPT II	HCPCS	LOINC
Cervical Cytology Exam		88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175		G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

**Exclusion Criteria - Members with the following conditions are excluded from the PPC measure:**

- Women with non-live birth deliveries during the measurement period.
- Members who received hospice care in the measurement year.

Medical records MUST include:

- ▶ For Timeliness of Prenatal Care
  - Prenatal care visit date AND evidence of ONE of the following:
    - » Documentation in a standardized prenatal flow sheet.
    - » Physical obstetrical exam that includes auscultation for fetal heart tone.
    - » Pelvic exam with obstetric observations.
    - » Measurement of fundus height.
    - » Evidence that a prenatal care procedure was performed, i.e. ultrasound, obstetric panel, or antibody test.
    - » Documentation of last menstrual period (LMP) or estimated date of delivery (EDD) in conjunction with either prenatal risk assessment or complete obstetrical history.
- ▶ For Postpartum Care
  - Postpartum visit date AND evidence of ONE of the following:
    - » Pelvic exam.
    - » Evaluation of weight, blood pressure, breasts, and abdomen.
    - » Notation of postpartum care. This can include: “PP care,” “six-week check,” or a pre-printed postpartum care form.
    - » Perineal or cesarean wound check.
    - » Screening for mental health, tobacco use, and substance use disorder.
    - » Glucose screening for gestational diabetes mellitus (GDM) women.
    - » Family planning and resumption of intercourse.
    - » Sleep / fatigue.
    - » Resumption of physical activity and attainment of healthy weight.
    - » Documentation of infant care or breastfeeding.

**Best Practices for Prenatal Care:**

- ▶ Use the Inovalon INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members on the need for a visit.
- ▶ Clinicians should provide education and counseling about what to expect during delivery.
- ▶ Follow the guidelines recommended by the American College of Obstetricians and Gynecologists (ACOG) for establishing an ongoing prenatal care plan.
- ▶ All women should receive the influenza vaccine, especially during the prenatal and postpartum periods.
- ▶ Recommend that patients eliminate smoking and alcohol use to reduce chances of Sudden Infant Death Syndrome (SIDS).
- ▶ Encourage patients to follow a safe and healthy diet, get regular exercise, and avoid exposure to harmful substances such as lead and radiation.
- ▶ Remind patients to ensure their prenatal vitamin contains 400 or more micrograms of folic acid.
- ▶ Review prescriptions, over-the-counter medications and herbal products that the mother is currently taking to ensure they are not harmful to the fetus.





**Best Practices for Postpartum Care:**

- ▶ Clinicians providing antenatal care should actively engage families in their care and identify the health care professionals who will comprise the postpartum care team for the woman and her infant.
- ▶ Formulate a postpartum care plan during pregnancy and identify which health care providers will provide care for the woman and infant.
- ▶ At discharge from maternity care, provide the member with written contact information for the postpartum care team and instructions on timing of follow-up postpartum care.
- ▶ Obstetricians should offer long-acting reversible method of contraception (LARC) insertion prior to hospital discharge as well as during the postpartum office visit.
- ▶ Behavioral health referrals can be made through [Carelon Behavioral Health \(formerly Beacon Health Options\)](#). Providers may also use this link to access valuable information, forms and documents.
- ▶ The American College of Obstetricians and Gynecologists (ACOG) encourages clinics to ask women about pregnancy intendedness and encourages patients to develop a reproductive life plan or a set of personal goals about when to have children.

<sup>1</sup> Measures reported using the *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

## 2023 MCAS MEASURE: PRENATAL DEPRESSION SCREENING AND FOLLOW-UP (PND-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Prenatal Depression Screening and Follow-Up (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.*

- ▶ Depression Screening: The percentage of deliveries in which members were screened for clinical depression during 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.

**Data Collection Method:** Electronic Clinic Data Systems (ECDS)<sup>1</sup>

### Standardized Instruments:

- A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Standardized Instruments	Age ≤ 17	Age 18+	Positive Finding	LOINC Code
Patient Health Questionnaire Modified for Teens (PHQ- 9M) <sup>®</sup>	X		Total Score ≥ 10	89204-2
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	X	X	Total Score ≥ 10	44261-6
Patient Health Questionnaire-2 (PHQ-2) <sup>®2</sup>	X	X	Total Score ≥ 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®2,3</sup>	X	X	Total Score ≥ 8	89208-3
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	X	X	Total Score ≥ 17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	X	X	Total Score ≥ 10	71354-5
PROMIS Depression	X	X	Total Score ≥ 60	71965-8
Beck Depression Inventory (BDI-II)		X	Total Score ≥ 20	89209-1
Duke Anxiety-Depression Scale (DUKEAD) <sup>®2</sup>		X	Total Score ≥ 30	90853-3
My Mood Disorder (M-3) <sup>®</sup>		X	Total Score ≥ 5	71777-7
Clinically Useful Depression Outcome Scale (CUDOS)		X	Total Score ≥ 31	90221-3

### PND-E Clinical Code Set

For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

### Methods identify a follow-up on a positive screening within 30-Days:

- ▶ A clinic encounter.
- ▶ A dispensed antidepressant medication.
- ▶ 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.

**PND-E Clinical Code Set**

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

**Codes to identify clinic encounters.**

Description	CPT	HCPCS	UBREV
An outpatient, telephone, e-visit, or virtual check-in with a diagnosis of depression or behavioral health condition. Click <a href="#">here</a> for the list of diagnosis codes.	98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99444, 99457, 99483	G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015	0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
Depression Case Management	99366, 99492, 99493, 99494	G0512, T1016, T1017, T2022, T2023	Total Score ≥ 10
Behavioral Health Encounter	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493	G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485	0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

**Evidence of an antidepressant medication dispensing event.**

Click [here](#) for the list of antidepressant medication.

**Exclusion Criteria – Members with the following conditions are excluded from the PND-E measure:**

- Deliveries that occurred at less than 37 weeks gestation.
- Deliveries in which members were in hospice or using hospice services any time during the measurement period.

**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Clinical Recommendations:
  - The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women.
  - The American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen patients at least once during pregnancy or the postpartum period for depression and anxiety symptoms using a standardized, validated tool.
  - The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.



- ▶ Members of the care team understand the importance of depression screening and to recognize the risk factors for depression in pregnancy.
- ▶ Work with a care manager or team member to coordinate care and follow-up for members with a positive screening.
- ▶ Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options). Providers may also use this link to access valuable information, forms and documents: [Click Here](#)
- ▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community. To learn more, please call GCHP's Care Management Team at:
  - Providers, call: 1-805-437-5777
  - Members, call: 1-805-437-5656
  - GCHP website, Care Management: [Click Here](#)

<sup>1</sup> MECDS is a HEDIS® reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease/cases management systems) to report rates on ECDS designated measures.

<sup>2</sup> Brief screening instruments. All other instruments are full-length.

<sup>3</sup> Proprietary; may be cost or licensing requirement associated with use.

## 2023 MCAS MEASURE: PRENATAL IMMUNIZATION STATUS (PRS-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Prenatal Immunization Status (PRS-E)."

**Measure Description: The percentage of deliveries in the measurement period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.**

- ▶ Influenza Immunization Status:
  - 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.
- ▶ Tdap Immunization Status:
  - Deliveries where members received at least one Tdap vaccine during the pregnancy (including on the delivery date), or
  - Deliveries where members had any of the following:
    - » Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date.
    - » Encephalitis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date.
- ▶ Combination Immunization Status:
  - Deliveries that met criteria for influenza and Tdap.

**Data Collection Method:** Electronic Clinic Data Systems (ECDS)<sup>1</sup>

### DSF-E Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

Description	CPT	CVX
Adult Influenza	90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756	88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Tdap	90715	115

### Exclusion Criteria – Members with the following conditions are excluded from the PRS-E measure:

- Deliveries that occurred at less than 37 weeks gestation.
- Deliveries in which members were in hospice or using hospice services any time during the measurement period.

### Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ The American Academy of Pediatrics (AAP) recommends health care professionals review a patient's immunization record at every encounter to administer or schedule needed vaccines.
- ▶ Encourage scheduling appointments in advance.
- ▶ Pursue missed appointments with letters and reminder calls.
- ▶ Use alerts in the EMR system for outreach to members who are due for immunizations.
- ▶ Hold in-service staff meetings to educate team members about vaccines for adults, address common misconceptions, and answer questions.
- ▶ Provide resources to educate patients about the importance of vaccines.
- ▶ Use available immunization registries to enter vaccines administered and track each patient's vaccination status: [California Immunization Registry \(CAIR\)](#).



- ▶ View the American Academy of Family Physicians (AAFP) [20 Best Practices for Adolescent Immunizations](#).
- ▶ For additional materials for clinical staff and parents, visit the [California Department of Public Health website](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): Click [Here](#)

<sup>1</sup> ECDS is a HEDIS® reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease/cases management systems) to report rates on ECDS designated measures.

## 2023 MCAS MEASURE: DIABETIC SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATION (SSD)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Diabetic Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)."

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

Diabetic screening must include one of the following during the measurement year:

- ▶ Glucose Test or
- ▶ HbA1c Test

**Data Collection Method:** Administrative<sup>1</sup>

### SSD Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.
- Use CPT-II codes to report HbA1c tests results in claims submission.

### Codes used to identify members diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder.

Disorder	ICD-10-CM
Schizophrenia	F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Bipolar	F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9

### Codes used to identify glucose and HbA1c tests and results.

Test	CPT	CPT II	LOINC
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951		10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
Glucose Results			
HbA1c Test	83036, 83037		17856-6 4548-4 4549-2 96595-4
HbA1c Results		3044F, 3046F, 3051F, 3052F	



**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> <li>• Iloperidone</li> <li>• Loxapine</li> <li>• Lurasidone</li> <li>• Molindone</li> <li>• Olanzapine</li> <li>• Paliperidone</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> <li>• Prochlorperazine</li> <li>• Thioridazine</li> <li>• Trifluoperazine</li> </ul>
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>• Amitriptyline-perphenazine</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>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Risperidone</li> </ul>

**Exclusion Criteria:**

Members with any of the following conditions are excluded from the SSD measure:

- Members diagnosed with diabetes during the measurement year or the year prior to the measurement year.
- Members receiving hospice care during the measurement year.

**Best Practices:**

Antipsychotic medication increases the risk of developing diabetes through weight gain and by affecting insulin sensitivity and secretion.<sup>2</sup> To mitigate this potentially adverse effect of antipsychotics, the American Diabetes Association recommends that patients who use antipsychotic medication have annual glucose and/or HbA1c screenings for the prevention and early detection of diabetes.<sup>3</sup>

**Primary Care Providers and Behavioral Health Practitioners:**

- ▶ Follow the clinical practice guidelines recommended by the [American Diabetes Association](http://www.diabetes.org) to complete annual diabetic screening for patients prescribed antipsychotic medication.
- ▶ Educate members and caregivers about:
  - » The increased risk of diabetes when taking antipsychotic medication.
  - » The importance of screening for diabetes annually.
  - » How to recognize the symptoms of diabetes.
  - » Patient care plans to prevent diabetes.
- ▶ Create care gap “alerts” in the electronic medical record (EMR) to notify clinic staff if a member taking antipsychotic medication needs a diabetic blood glucose / HbA1 screening test.
- ▶ Ensure the clinic has medication reconciliation protocol to collect and update each patient’s current medication list and dosage at each clinic encounter.
- ▶ Coordinate care between behavioral health and primary care physicians (PCPs) by:
  - » Requesting test results.
  - » Communicating test results.
  - » Scheduling appointments for testing.
- ▶ Create physician standing orders for diabetic screening tests (glucose and/or HbA1c) to improve and expedite care management by authorizing qualified members of the health care team to initiate diabetic screenings.





- ▶ Use point-of-care-testing within the clinic to expedite lab testing and to enable prompt diagnosing and the implementation of any required treatment plans while the patient is in the clinic.
- ▶ To facilitate coordination of care, document all lab services ordered and completed with the results or findings in the clinical record.
- ▶ Contact members who cancel appointments or are no-shows to reschedule appointments.

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

<sup>2</sup> Holt R. (2019). Association Between Antipsychotic Medication Use and Diabetes. *Current diabetes reports*, 19(10), 96. <https://doi.org/10.1007/s11892-019-1220-8>

<sup>3</sup> American Diabetes Association. (2018). *Standards of Medical Care in Diabetes – 2022*. [https://diabetesjournals.org/care/issue/45/Supplement\\_1](https://diabetesjournals.org/care/issue/45/Supplement_1)

## 2023 MCAS MEASURE: TOPICAL FLUORIDE FOR CHILDREN (TFL)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Topical Fluoride for Children (TFL)."

**Measure Description:** *The percentage of children ages 1 through 20 who received at least two topical fluoride applications during the measurement year.*

**Data Collection Method:** Administrative<sup>1</sup>

### TFL Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated, and services provided.

### Codes used to identify fluoride varnish application.

Description	CPT	CDT
Fluoride Varnish Application	99188	D1206, D1208

**Exclusion Criteria** – None.

### Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ **[CDPH Oral health for infants and Toddler's provider's guide for oral assessment:](#)**
  - Begin oral assessment at birth.
  - Assess for signs of decay.
  - Assess fluoride intake; Rx as needed.
- ▶ **[United States Preventive Services Task Force \(USPSTF\) recommends:](#)**
  - PCPs apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption
- ▶ **[The American Academy of Pediatrics recommends:](#)**
  - Apply fluoride varnish according to the [recommended periodicity schedule](#). Fluoride varnish is a proven tool in early childhood caries prevention.
  - Smear or grain of rice-sized amount is recommended for children younger than 3 years, and a pea-sized amount of toothpaste is appropriate for most children starting at 3 years of age.
  - Know how to determine the concentration of fluoride in a child's primary drinking water and determine the need for systemic supplements.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed

## 2023 MCAS MEASURE: WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Well-Child Visits in the First 30 Months of Life (W30)."

**Measure Description: Measures the percentage of members who had the following number of well-child visits with a primary care provider (PCP) during the last 15 months. The following rates are reported:**

- ▶ **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement year: Six or more well-child visits.
- ▶ **Well-Child Visits for Ages 15 Months to 30 Months.** Children who turned 30 months old during the measurement year: Two or more well-child visits.

**Data Collection Method:** Administrative<sup>1</sup>

### W30 Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify well-care exams with a PCP.

Description	ICD-10-CM	CPT	HCPCS
Well-Care Exam	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2, Z01.411, Z01.419	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613

**Exclusion Criteria** - Members with the following condition are excluded from the W30 measure:

- Members receiving hospice care during the measurement year.

### Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members / parents of the need for a visit.
- ▶ Monitor patients via telehealth visits, as appropriate.
- ▶ Report correct preventive visit billing codes when services are provided and documented.
- ▶ Encourage scheduling appointments in advance.
- ▶ Pursue missed appointments with letters and reminder calls.
- ▶ When patients are seen for acute visits, take the opportunity to provide and document preventive services, when appropriate.
- ▶ Use alerts in the electronic medical record (EMR) system for outreach to members who are due for preventive services.
- ▶ Providers can review the Bright Futures [Periodicity Table](#) for a recommended schedule of well-care visits.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.

## 2023 MCAS MEASURE: CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Child and Adolescent Well-Care Visits (WCV)."

**Measure Description:** Measures the percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a primary care provider (PCP) or an OB/GYN practitioner during the measurement year.

**Data Collection Method:** Administrative<sup>1</sup>

### WCV Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.

### Codes used to identify well-care exams with a PCP or OB/GYN.

Description	ICD-10-CM	CPT	HCPCS
Well-Care Exam	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613

### Exclusion Criteria:

Members who had the following condition are excluded from the WCV measure:

- ▶ Members receiving hospice care during the measurement year.

### Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members / parents of the need for a visit.
- ▶ Promote GCHP's Child / Adolescent Well-Care member incentive.
  - Members (3 to 21 years of age) are awarded a \$20 gift card to Target, Wal-Mart or Amazon for completing a well-care exam within the measurement year. Members will need to mail or fax GCHP the completed form that includes a signature from their doctor and date of the exam. The member incentive form can be downloaded [here](#).
- ▶ Monitor patients via telehealth visits, as appropriate.
- ▶ Report correct preventive visit billing codes when services are provided and documented.
- ▶ Encourage scheduling appointments in advance.
- ▶ Pursue missed appointments with letters and reminder calls.
- ▶ When patients are seen for acute visits, take the opportunity to provide and document preventive services, when appropriate.
- ▶ Use alerts in the electronic medical record (EMR) system for outreach to members who are due for preventive services.
- ▶ Contact the parent / legal guardian of those children with no well-care visit in the last 12 months to schedule an appointment.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  - Providers, call: 1-805-437-5718
  - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

<sup>1</sup> Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed



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# MCAS

Managed Care Accountability Set

TIP SHEET REFERENCE GUIDE

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