



**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 2020 | Reporting Year 2021





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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).



## 2021 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	SNOMED
Outpatient	90791, 90792, 90832-90834, 90836-90840, 90845, 90847,	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72			
Community Health Center	90849, 90853, 90875, 90876, 99221-99223,	53			
Telehealth	99231-99233,	02			
Intensive Outpatient or Partial Hospitalization	99238, 99239, 99251-99255	52	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913	7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391223001, 391226009, 391228005, 391229002, 391232004, 391233009, 391237005, 391252003, 391254002, 391255001, 391256000, 391257009
Telephone Visit	98966-98968, 99441-99443				185317003, 314849005, 386472008, 386473003, 401267002
Online Assessments (E-visit or Virtual Check-in)	98969-98972, 99421-99444, 99457		G0071, G2010, G2012, G2061, G2062, G2063		

Treatment Setting	CPT	POS	HCPCS	UBREV	SNOMED
Observation	99217-99220				
Health and Behavior Assessment	96150-96154, 96156, 96158, 96159, 96164-96168, 96170, 96171				
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, 99510		G0155, G0176, G0177, G0409, G0463, 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	30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105

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

- ▶ Members diagnosed with narcolepsy anytime during their medical history to Dec. 31, 2020.
- ▶ 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 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.

## 2021 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	SNOMED
Major Depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9	832007, 2618002, 14183003, 15193003, 15639000, 18818009, 20250007, 25922000, 28475009, 33078009, 33736005, 36474008, 36923009, 38694004, 39809009, 40379007, 42925002, 60099002, 63778009, 66344007, 69392006, 71336009, 73867007, 75084000, 76441001, 77911002, 79298009, 87512008, 191604000, 191610000, 191611001, 191613003, 268621008, 319768000, 320751009, 370143000, 430852001, 450714000, 719592004, 720451004, 720452006, 720453001, 720454007, 720455008, 726772006, 251000119105, 281000119103, 10811121000119102, 10811161000119107, 16264621000119109, 16264821000119108, 16264901000119109, 16265951000119109, 16266831000119100, 16266991000119108

### 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 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, Community 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.

## 2021 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	SNOMED
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	11641008, 12428000, 13151001, 18041002, 19849005, 34015007, 37981002, 41553006, 55570000, 56968009, 57607007, 59786004, 85761009, 195949008, 195967001, 195977004, 225057002, 233672007, 233678006, 233679003, 233687002, 266361008, 281239006, 304527002, 370218001, 370219009, 370221004, 404804003, 404806001, 404808000, 405944004, 407674008, 409663006, 418395004, 426656000, 426979002, 427295004, 442025000, 707444001, 707445000, 707446004, 707447008, 707511009, 707512002, 707513007, 707979007, 707980005, 707981009, 708038006, 708090002, 708093000, 708094006, 708095007, 708096008, 733858005, 734904007, 734905008, 735587000, 735589002, 762521001, 782513000, 782520007, 786836003, 401000119107, 901000119100, 1751000119100, 5281000124103, 99031000119107, 103781000119103, 124991000119109, 125001000119103, 125011000119100, 135171000119106, 135181000119109, 2360001000004109, 10674711000119105, 10675391000119101, 10675431000119106, 10675471000119109, 10675551000119104, 10675751000119107, 10675871000119106, 10675911000119109, 10675991000119100, 10676391000119108, 10676431000119103, 10676511000119109, 10692681000119108, 10692721000119102, 10692761000119107, 16055311000119107, 16584951000119101

### 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
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, 2020.

Description	ICD-10-CM	ICD-9-CM*	SNOMED
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9, J98.2, J98.3	492.0, 492.8, 518.1, 518.2	2912004, 4981000, 16003001, 16838000, 16846004, 23851004, 23958009, 31898008, 33325001, 45145000, 47895001, 54288002, 57686001, 60805002, 68328006, 77690003, 86680006, 87433001, 195957006, 195958001, 195959009, 195963002, 196026004, 233674008, 233675009, 233677001, 266355005, 266356006, 708030004
Chronic Obstructive Pulmonary Disease	J44.0, J44.1, J44.9	493.20, 493.21, 493.22, 496	13645005, 135836000, 195951007, 196001008, 285381006, 313296004, 313297008, 313299006, 1751000119100, 106001000119101
Obstructive Chronic Bronchitis		491.20, 491.21, 491.22	185086009, 293241000119100



Description	ICD-10-CM	ICD-9-CM*	SNOMED
Chronic Respiratory Conditions Due to Fumes or Vapors	J68.4	506.4	15908004, 31803008, 32544004, 43098002, 61233003, 66110007, 69454006, 72163003, 74800004, 196025000, 196026004, 308905009
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9	277.00, 277.01, 277.02, 277.03, 277.09	81423003, 86092005, 86555001, 190905008, 190909002, 235978006, 720401009, 762269004, 762270003, 762271004
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 undeserved 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 National Asthma Control Initiative Program is 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, Community 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.

## 2021 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	SNOMED CT
Cholesterol Test	82465, 83718, 83722, 84478		2085-9, 2093-3, 2571-8, 3043-7, 9830-1	14740000, 28036006, 77068002, 104583003, 104584009, 104586006, 104784006, 104990004, 104991000, 121868005, 166832000, 166838001, 166839009, 166849007, 166850007, 167072001, 167073006, 167082000, 167083005, 167084004, 271245006, 275972003, 314035000, 315017003, 390956002, 412808005, 412827004, 443915001
Cholesterol Result				166830008, 166831007, 166848004, 259557002, 365793008, 365794002, 365795001, 365796000, 439953004, 442193004, 442234001, 442350007, 442480001, 707122004, 707123009, 67991000119104
LDL-C Test	80061, 83700, 83701, 83704, 83721		12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2	113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004
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	7918005, 22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000, 313631001, 313697000, 313698005, 313810002, 412928005, 440576000, 443780009, 444008003, 444127006
Glucose Result				26298008, 111556005, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166922008, 166923003, 190406000, 237621004, 310505005, 365812005, 395204000, 398140007, 420270002, 420422005, 421075007, 421750000, 421847006, 441656006, 442545002, 444780001, 735537007, 822995009, 367991000119101, 368051000119109
HbA1c Test	83036, 83037		17856-6, 4548-4, 4549-2	43396009, 313835008
HbA1c Result		3044F, 3046F, 3051F, 3052F		165679005, 451051000124101, 451061000124104

**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 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, Community 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.



## 2021 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	HCPCS	LOINC	SNOMED
Mammograms	77055-77057, 77061-77063, 77065-77067	G0202, G0204, G0206	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	12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102

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 Dec. 31, 2020 (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 Dec. 31, 2020 who were diagnosed with frailty and advanced illness.



**Mastectomy Codes**

Description	ICD-10-CM	ICD-10-PCS	ICD-9-PCS	CPT	CPT Modifier	SNOMED	SNOMED Modifier
Bilateral Mastectomy		OHTVOZZ	85.42, 85.44, 85.46, 85.48		-50	14693006, 14714006, 17086001, 22418005, 27865001, 52314009, 60633004, 76468001, 456903003, 726636007	
Unilateral Mastectomy with Bilateral Modifier				19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307	-50 -RT -LT	66398006, 70183006, 172043006, 237367009, 237368004, 274957008, 287653007, 287654001, 318190001, 359728003, 359731002, 359734005, 359740003, 384723003, 395702000, 406505007, 428564008, 446109005, 446420001, 447135002, 447421006	51440002, 7771000, 24028007
Right Unilateral Mastectomy		OHTTOZZ				429400009, 726430006, 726434002, 726436000, 741010006, 741019007, 451201000124106	
Left Unilateral Mastectomy		OHTUOZZ				428571003, 726429001, 726435001, 726437009, 741009001, 741018004, 451211000124109	
Absence of Right Breast	Z90.11					429242008, 137681000119108	
Absence of Left Breast	Z90.12					429009003, 137671000119105	
History of Bilateral Mastectomy	Z90.13					428529004, 136071000119101	



**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.

<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.



## 2021 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, 2019 and June 30, 2020. 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, 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	SNOMED
Essential Hypertension	I10	1201005, 10725009, 46481004, 48146000, 56218007, 59621000, 59720008, 65518004, 78975002, 371125006, 429457004, 762463000, 461301000124109, 1078301000112100

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

Description	CPT II	LOINC	SNOMED
Systolic	3074F, 3075F, 3077F	8480-6	271649006
Diastolic	3078F, 3079F, 3080F	8462-4	271650006

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

Description	CPT	HCPCS	SNOMED
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		185317003, 314849005, 386472008, 386473003, 401267002
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		448678005, 725956001



Description	CPT	HCPCS	SNOMED
Non-Acute Inpatient Visit	99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337		36723004, 112690009, 183430001, 183921001, 304567001, 304568006, 305336008, 305340004, 305381007, 306804001, 449411000124106, 449421000124103, 449431000124100

**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, 2020 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, 2020 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, Community 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.

## 2021 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, 2020 through October 31, 2020 and were provided:**

- ▶ A most effective or moderately effective method of contraception within 3 and 60 days of delivery.
- OR**
- ▶ A long-acting reversible method of contraception (LARC) 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).
- ▶ Please click [here](#) for a complete list of codes used to identify LARC (i.e. contraceptive implants, intrauterine devices or systems).

**Note:** Contraceptive surveillance codes (e.g. Z30.41) are included in the first rate for most or moderately effective contraceptive provision because this measure is intended to capture both new and existing contraceptive users. The second rate for LARC provision is designed to capture new LARC insertions, so contraceptive surveillance codes are not included in the second rate.

### 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:

- ▶ Obstetricians should offer LARC contraception insertion prior to hospital discharge as well as during the postpartum office visit.
- ▶ 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.

<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.

## 2021 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	SNOMED
Cervical Cytology Test	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 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	171149006, 416107004, 417036008, 439958008, 440623000, 448651000124104
Cervical Cytology Results				168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 62051000119105, 62061000119107, 98791000119102

Description	CPT	HCPCS	LOINC	SNOMED
hrHPV Test	87620, 87621, 87622, 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	35904009, 448651000124104
hrHPV Results				718591004

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

- ▶ Women who received hospice care in 2020.
- ▶ Women who received palliative care in 2020.
- ▶ Women who had evidence of absence of cervix or hysterectomy with no residual cervix anytime during their medical history up to Dec. 31, 2020 (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	SNOMED
Absence of Cervix	Q51.5, Z90.710, Z90.712		618.5, 752.43, V88.01, V88.03			37687000, 248911005, 428078001, 429290001, 429763009, 723171001, 10738891000119107
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	24293001, 27950001, 28301000, 31545000, 35955002, 41566006, 46226009, 59750000, 86477000, 88144003, 116140006, 116142003, 116143008, 116144002, 176697007, 236888001, 236891001, 287924009, 307771009, 361222003, 361223008, 387626007, 414575003, 440383008, 446446002, 446679008, 447771005, 708877008, 708878003, 739671004, 739672006, 739673001, 739674007, 740514001, 740515000, 767610009, 767611008, 767612001

\* 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](#).

<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.



## 2021 MCAS MEASURE: COMPREHENSIVE DIABETES CARE HbA1c POOR CONTROL > 9.0% (CDC-H9)

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, "*Comprehensive Diabetes Care HbA1c Poor Control > 9% (CDC-H9)*."

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

- ▶ An HbA1c test in poor control (> 9%) in the measurement year.

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

### CDC 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 test results in claims submissions.



**Methods used to identify member diagnosed with diabetes.**

**Method 1: Identify members with diabetes through claims and encounter data.**

**ICD-10-CM Codes**

E10.10-E13.9, 024.011-024.33, 024.811-024.83

**SNOMED Codes**

2751001, 4783006, 4855003, 5969009, 8801005, 9859006, 19378003, 23045005, 24203005, 25412000, 26298008, 28032008, 33559001, 35777006, 38205001, 39058009, 39127005, 39181008, 42954008, 44054006, 46635009, 48951005, 49455004, 50620007, 51002006, 57886004, 59079001, 59276001, 63510008, 70694009, 73211009, 75524006, 75682002, 76751001, 79554005, 81531005, 81830002, 91352004, 110996009, 111307005, 111552007, 123763000, 126534007, 126535008, 127011001, 127012008, 127013003, 190330002, 190331003, 190368000, 190369008, 190372001, 190389009, 190390000, 190406000, 190407009, 190410002, 190411003, 190412005, 193141005, 193183000, 193184006, 193185007, 193349004, 193350004, 197605007, 199223000, 199225007, 199226008, 199227004, 199228009, 199229001, 199230006, 199231005, 230572002, 230574001, 230575000, 230576004, 230577008, 230579006, 232020009, 232021008, 232022001, 232023006, 237599002, 237600004, 237601000, 237604008, 237613005, 237618001, 237619009, 237627000, 237651005, 237652003, 238981002, 311366001, 311782002, 312903003, 312904009, 312905005, 312906006, 312907002, 312908007, 312909004, 313435000, 313436004, 314010006, 314011005, 314014002, 314015001, 314771006, 314893005, 314902007, 314903002, 314904008, 359611005, 359642000, 361216007, 390834004, 399862001, 399863006, 399864000, 399865004, 399866003, 399868002, 399869005, 399870006, 399871005, 399872003, 399873008, 399874002, 399875001, 399876000, 399877009, 401110002, 408409007, 408410002, 408411003, 408412005, 408413000, 408414006, 408539000, 414894003, 414910007, 417677008, 420279001, 420436000, 420486006, 420662003, 420683009, 420789003, 420918009, 420996007, 421075007, 421326000, 421365002, 421437000, 421468001, 421725003, 421779007, 421847006, 421893009, 421895002, 421966007, 422034002, 422088007, 422099009, 422166005, 424736006, 426705001, 426875007, 427027005, 427089005, 427571000, 427943001, 428007007, 445170001, 445260006, 609561005, 609562003, 609563008, 609564002, 609566000, 609567009, 609568004, 609569007, 609570008, 609571007, 609572000, 609573005, 609574004, 609575003, 609576002, 609577006, 609578001, 707221002, 709147009, 710815001, 712882000, 712883005, 713457002, 713702000, 713703005, 713704004, 713705003, 713706002, 716362006, 719216001, 720519003, 722454003, 723074006, 724136006, 724810001, 724997001, 733072002, 734022008, 735538002, 735539005, 737212004, 739681000, 762489000, 769181007, 769182000, 769183005, 769184004, 769185003, 769186002, 769187006, 769188001, 769190000, 769191001, 769221001, 769222008, 769244003, 769245002, 770094004, 770095003, 770096002, 770097006, 770098001, 770323005, 770324004, 770581008, 770582001, 770599000, 770600002, 770765001, 770766000, 782755007, 783722008, 816067005, 691000119103, 1481000119100, 1501000119109, 1511000119107, 1551000119108, 28331000119107, 31211000119101, 31321000119102, 41911000119107, 60951000119105, 60961000119107, 60971000119101, 60991000119100, 71441000119104, 71721000119101, 71791000119104, 82541000119100, 82551000119103, 82571000119107, 82581000119105, 87921000119104, 97331000119101, 97341000119105, 102781000119107, 103981000119101, 104941000119109, 104961000119108, 105401000119101, 106281000119103, 109171000119104, 110181000119105, 138881000119106, 138891000119109, 138901000119108, 138911000119106, 138921000119104, 138941000119105, 368101000119109, 368521000119107, 368581000119106, 368711000119106, 368721000119104, 368741000119105, 10754881000119104, 530558861000132104





**Method 2: Identify members who were dispensed insulin or hypoglycemic / anti-hyperglycemic medication on an ambulatory basis through pharmacy data.**

**Diabetic Medication**

- Alpha-glucosidase inhibitors
- Amylin analogs
- Antidiabetic combinations
- Insulin
- Meglitinides
- Glucagon-like peptide-1 (GLP1) agonists
- Sodium glucose cotransporter 2 (SGLT2) inhibitor
- Sulfonylureas
- Thiazolidinediones
- Dipeptidyl peptidase-4 (DDP-4) inhibitors

**Codes used to identify the clinic setting where diabetes was diagnosed.**

Description	CPT	HCPCS	UB REV	SNOMED
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	0510-0517, 0519-0523, 0526-0529, 0982-0983	30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 439740005, 3391000175108, 444971000124105
Observation	99217-99220			
Telephone	98966-98968, 99441-99443			185317003, 314849005, 386472008, 386473003, 401267002
Online Assessment	98969-98972, 99421-99444, 99457	G0071, G2010, G2012, G2061-G2063		
Emergency Department	99281-99285		0450-0452, 0456, 0459, 0981	4525004
Non-Acute	99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337		0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002	36723004, 112690009, 183430001, 183921001, 304567001, 304568006, 305336008, 305340004, 305381007, 306804001, 449411000124106, 449421000124103, 449431000124100



Description	CPT	HCPCS	UB REV	SNOMED
Acute Inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291			417005, 1505002, 2252009, 2876009, 4563007, 5161006, 8715000, 10378005, 15584006, 18083007, 19951005, 25986004, 32485007, 5702004, 47348005, 48183000, 0699000, 51032003, 51501005, 2748007, 60059000, 63551005, 0755000, 71290004, 73607007, 4857009, 76193006, 76464004, 78680009, 81672003, 82942009, 112689000, 183450002, 183452005, 183481006, 183487005, 183488000, 183489008, 183491000, 183492007, 183493002, 183494008, 183495009, 183496005, 183497001, 183498006, 183499003, 183500007, 183501006, 183502004, 183503009, 183504003, 183505002, 183506001, 183507005, 183508000, 183509008, 183510003, 183511004, 183512006, 235313004, 287927002, 304566005, 305337004, 305338009, 305339001, 305341000, 305342007, 305350003, 305354007, 305355008, 305356009, 305357000, 305358005, 305359002, 305360007, 305361006, 305362004, 305363009, 305364003, 305365002, 305366001, 305367005, 305368000, 305369008, 305370009, 305371008, 305372001, 305374000, 305375004, 305376003, 305377007, 305378002, 305379005, 305380008, 305382000, 305383005, 305384004, 305385003, 305386002, 305387006, 305388001, 305389009, 305390000, 305391001, 305392008, 305393003, 305394009, 305395005, 305396006, 305397002, 305399004, 305400006, 305401005, 305402003, 305403008, 305404002, 305405001, 305406000, 305407009, 305408004, 305409007, 305410002, 305411003, 305412005, 305413000, 305414006, 305415007, 305416008, 305417004, 305418009, 305419001, 305420007, 305421006, 305422004, 305423009, 305424003, 305425002, 305426001, 305427005, 305428000, 305429008, 305430003, 305431004, 305432006, 305433001, 305434007, 305435008, 306732000, 306803007, 306967009, 308251003, 308252005, 308253000, 310361003, 373113001, 397769005, 398162007, 405614004, 699124006, 3241000175106, 432621000124105, 442281000124108, 447941000124106, 448421000124105, 448431000124108, 448441000124103, 448851000124103

**Codes used to identify HbA1c test results.**

Description	CPT-II	SNOMED
HbA1c < 7.0	3044F	165679005
HbA1c > 9.0	3046F	451061000124104
HbA1c ≥ 7.0 to < 8.0	3051F	
HbA1c ≥ 8.0 to ≤ 9.0	3052F	
HbA1c 7.0 – 9.0		451051000124101

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

- ▶ Members who did not have a diagnosis of diabetes in 2019 or 2020 and had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes in 2019 or 2020.
- ▶ 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 Dec. 31, 2020 who were diagnosed with both frailty and advanced illness.

**The Medical Record Must Include:**

- ▶ A note indicating the date when the most recent HbA1c test was performed and the result.
- ▶ A distinct numeric result, which is required for compliance. Ranges and thresholds do not meet criteria for the measures.
- ▶ Notation of A1c, Hemoglobin A1c, Glycohemoglobin A1c, Glycohemoglobin, Glycated hemoglobin, and Glycosylated hemoglobin count for the measure.

**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.
- ▶ Use telehealth visits to monitor patients with diabetes and order HbA1c tests accordingly.
- ▶ Perform A1C test at least two times per year in patients who are meeting treatment goals (and who have stable glycemic control).
- ▶ Perform A1C test every 3 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 testing for A1C provides the opportunity for more timely treatment changes.
- ▶ Recommend lifestyle changes as appropriate.

**CDC Best Practices:**

- ▶ 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, Community 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.

## 2021 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.
- OR**
- ▶ A long-acting reversible method of contraception (LARC).

**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).
- ▶ Please click [here](#) for a complete list of codes used to identify LARC (i.e. contraceptive implants, intrauterine devices or systems).

**Note:** Contraceptive surveillance codes (e.g. Z30.41) are included in the first rate for most or moderately effective contraceptive provision because this measure is intended to capture both new and existing contraceptive users. The second rate for LARC provision is designed to capture new LARC insertions, so contraceptive surveillance codes are not included in the second rate.

### 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.
- ▶ Expand long-acting reversible contraception counseling and access.
- ▶ 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.

## 2021 MCAS MEASURE: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (CDF)

Measure Steward: Centers for Medicare and Medicaid Services (CMS)

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, "Screening for Depression and Follow-Up Plan (CDF)."

**Measure Description:** Measures the percentage of beneficiaries ages 12 and older screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan documented on the date of the positive screen.

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

### Compliant screening tools for members ages 12-17.

Adolescent Screening Tools	<ul style="list-style-type: none"> <li>• Patient Health Questionnaire for Adolescents (PHQ-A)</li> <li>• Beck Depression Inventory-Primary Care Version (BDI-PC)</li> <li>• Mood Feeling Questionnaire (MFQ)</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D)</li> <li>• Patient Health Questionnaire (PHQ-9)</li> <li>• Pediatric Symptom Checklist (PSC-17)</li> <li>• PRIME MD-PHQ2</li> </ul>
Perinatal Screening Tools	<ul style="list-style-type: none"> <li>• Edinburgh Postnatal Depression Scale</li> <li>• Postpartum Depression Screening Scale</li> <li>• Patient Health Questionnaire 9 (PHQ-9)</li> <li>• Beck Depression Inventory</li> <li>• Beck Depression Inventory-II</li> <li>• Center for Epidemiologic Studies Depression Scale</li> <li>• Zung Self-Rating Depression Scale</li> </ul>

### Compliant screening tools for members ages 18 and older.

Adult Screening Tools	<ul style="list-style-type: none"> <li>• Patient Health Questionnaire (PHQ-9)</li> <li>• Beck Depression Inventory (BDI or BDI-II)</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D)</li> <li>• Depression Scale (DEPS)</li> <li>• Duke Anxiety-Depression Scale (DADS)</li> <li>• Geriatric Depression Scale (GDS)</li> <li>• Cornell Scale for Depression in Dementia (CSDD)</li> <li>• PRIME MD-PHQ2</li> <li>• Hamilton Rating Scale for Depression (HAM-D)</li> <li>• Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)</li> </ul>
Perinatal Screening Tools	<ul style="list-style-type: none"> <li>• Edinburgh Postnatal Depression Scale</li> <li>• Postpartum Depression Screening Scale</li> <li>• Patient Health Questionnaire 9 (PHQ-9)</li> <li>• Beck Depression Inventory</li> <li>• Beck Depression Inventory-II</li> <li>• Center for Epidemiologic Studies Depression Scale</li> <li>• Zung Self-Rating Depression Scale</li> </ul>

**Follow-up for a positive depression screening must include one or more of the following:**

Follow-Up Plan	<ul style="list-style-type: none"> <li>• Additional evaluation for depression.</li> <li>• Suicide risk assessment.</li> <li>• Referral to a practitioner who is qualified to diagnose and treat depression.</li> <li>• Pharmacological interventions.</li> <li>• Other interventions or follow-up for the diagnosis or treatment of depression.</li> </ul>
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**CDF 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 depression screening using a standardized assessment tool in the outpatient setting.**

Description	CPT	HCPCS
Office / Outpatient visits	59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96150, 96151, 97165, 97166, 97167, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99483, 99484, 99492, 99493, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	G0101, G0402, G0438, G0439, G0444
Positive depression screening with follow-up plan documented		G8431
Negative depression screening with no follow-up plan required		G8510

**Exceptions and Exclusionary Criteria: Members with the following conditions can be removed from the CDF measure.**

Exceptions Criteria: A depression screening was not completed due to one of the following reasons.

Description of Exceptions	HCPCS
Member refuses to participate.	G8433
Member is in an urgent or emergency situation where time is of the essence and delaying treatment would jeopardize the member's health status.	
The member's functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools.	

**Exclusionary Criteria: The member has an active diagnosis of depression or bipolar disorder.**

Description	ICD-10-CM Code	HCPCS
Diagnosis of Active Depression	F01.51, F32.0-F32.9, F33.0-F33.9, F34.1-F34.89, F43.21, F43.23, F53.0, F53.1, 090.6, 099.340- 099.345	G9717
Diagnosis of Bipolar Disorder	F31.10 -F31.13, F31.2, F31.30-F31.2, F31.4, F31.5, F31.60-F31.64, F31.70 -F31.78, F31.81-F31.89, F31.9	G9717



**Best Practices:**

- ▶ Establish policies for routine depression screening that include developing clear roles and responsibilities for staff members.
- ▶ If screening is positive, establish a clear follow-up care plan.
- ▶ Members who test positive on PHQ-2 or PHQ-9 can be referred to Beacon Health Options by calling 1-855-765-9702. Providers can also visit the Beacon [website](#).
- ▶ For patients who are actively suicidal, contact the Ventura County Crisis Line at 1-866-998-2243. Providers can also visit the Ventura County Behavioral Health (VCBH) [website](#).

<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.



## 2021 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, HCPCPS and SNOMED).  
**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	Nonxyinol 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	SNOMED
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	104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315094009, 315095005, 315099004, 390784004, 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002

### 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.

<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.

## 2021 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>

### 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	SNOMED
Diphtheria, Tetanus, Pertussis (DTaP)			90698, 90700, 90723		20, 50, 106, 107, 110, 120	170395004, 170396003, 170397007, 170399005, 170400003, 170401004, 170402006, 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 787436003, 787438002, 428251000124104, 571571000119105, 572561000119108, 16290681000119103, 16298561000119108
Haemophilus Influenzae Type B (HiB)			90644, 90647, 90648, 90698, 90748		17, 46, 47, 48, 49, 50, 51, 120, 148	127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 414001002, 414259000, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003, 787438002



Vaccine / Disease	ICD-10-CM*	ICD-10-PCS	CPT	HCPCS	CVX	SNOMED
Hepatitis A*	B15.0, B15.9		90633		31, 83, 85	16060001, 18917003, 25102003, 40468003, 43634002, 79031007, 111879004, 165997004, 206373002, 278971009, 310875001, 424758008, 428030001, 170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 313188000, 313189008, 314177003, 314178008, 314179000, 394691002, 412742005, 412743000, 105801000119103, 571511000119102
Hepatitis B*	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11	3E0234Z	90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110	1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 60498001, 61977001, 66071002, 76795007, 111891008, 165806002, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 271511000, 313234004, 406117000, 424099008, 424340000, 442134007, 442374005, 446698005, 16584000, 170370000, 170371001, 170372008, 170373003, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 770608009, 770616000, 770617009, 770618004, 786846001, 787438002, 153091000119109, 572561000119108
Influenza			90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672	G0008	88, 140, 141, 150, 153, 155, 158, 161, 111, 149	86198006, 786847005, 787016008
Inactivated Polio Vaccine (IPV)			90698, 90713, 90723		10, 89, 110, 120	396456003, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007
Measles*	B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9		90705		05	14189004, 28463004, 38921001, 60013002, 74918002, 111873003, 161419000, 170364006, 186561002, 186562009, 195900001, 240483006, 240484000, 371111005, 406592004, 417145006, 47435007, 105841000119101, 572481000119103



Vaccine / Disease	ICD-10-CM*	ICD-10-PCS	CPT	HCPCS	CVX	SNOMED
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	10665004, 17121006, 31524007, 31646008, 36989005, 40099009, 44201003, 50583002, 63462008, 72071001, 74717002, 75548002, 78580004, 89231008, 89764009, 111870000, 161420006, 235123001, 236771002, 237443002, 240526004, 240527008, 240529006, 371112003, 105821000119107
Measles, Rubella			90708		04	
Measles, Mumps, Rubella (MMR)			90707, 90710		03, 94	38598009, 170433008, 432636005, 433733003, 150971000119104, 571591000119106, 572511000119105
Pneumococcal Conjugate (PCV)			90670	G0009	133, 152	434751000124102
Rotavirus			90681, 90680		119, 116, 122	434741000124104, 434731000124109
Rubella	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9		90706		06	10082001, 13225007, 19431000, 36653000, 51490003, 64190005, 79303006, 84611003, 111867004, 128191000, 161421005, 165792000, 186567003, 186570004, 192689006, 231985001, 232312000, 240485004, 253227001, 406112006, 406113001, 82314000, 1092361000119109, 10759761000119100



Vaccine / Disease	ICD-10-CM*	ICD-10-PCS	CPT	HCPCS	CVX	SNOMED
Varicella Zoster (VZV)*	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, 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	4740000, 10698009, 21954000, 23737006, 24059009, 36292003, 38907003, 42448002, 49183009, 55560002, 87513003, 111859007, 111861003, 161423008, 186524006, 186525007, 195911009, 230176008, 230198004, 230262004, 230536009, 232400003, 235059009, 240468001, 240470005, 240471009, 240472002, 240473007, 240474001, 309465005, 371113008, 397573005, 400020001, 402897003, 402898008, 402899000, 410500004, 410509003, 421029004, 422127002, 422446008, 422471006, 422666006, 423333008, 423628002, 424353002, 424435009, 424801004, 424941009, 425356002, 426570007, 428633000, 713250002, 713733003, 713964006, 715223009, 723109003, 12551000132107, 12561000132105, 12571000132104, 331071000119101, 681221000119108, 15678761000119105, 15678801000119102, 15680201000119106, 15680241000119108, 15685081000119102, 15685121000119100, 15685201000119100, 15685281000119108, 15936581000119108, 15936621000119108, 15989271000119107, 15989311000119107, 15989351000119108, 15991711000119108, 15991791000119104, 425897001, 428502009, 473164004, 571611000119101

\* History of disease before the child's second birthday meets criteria for evidence of antigen, vaccine, or history of illness.

**Exclusionary Criteria - Members with the any of the following conditions are excluded from the IMA measure:**

- 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. Click [here](#) to see complete list of contraindications and conditions.

**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](#).

<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.

## 2021 MCAS MEASURE: CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (COB)

Measure Steward: Pharmacy Quality Alliance (PQA)

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, "*Concurrent Use of Opioids and Benzodiazepines (COB)*."

**Measure Description:** *Measures the percentage of beneficiaries ages 18 and older with concurrent use of prescription opioids and benzodiazepines.*

### Concurrent Use:

- Two or more prescription claims for any benzodiazepine with different dates of service.
- Concurrent use of opioids and benzodiazepines for 30 or more cumulative days.

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

### List of Opioid and Benzodiazepine Medications

- Click [here](#) for the list of NDC codes used to identify opioids and benzodiazepines.

Opioids <sup>1,2</sup>	Benzodiazepines <sup>2</sup>
Buprenorphine <sup>3</sup>	Alprazolam
Butorphanol	Chlordiazepoxide
Codeine	Clobazam
Dihydrocodeine	Clonazepam
Fentanyl	Clorazepate
Hydrocodone	Diazepam
Hydromorphone	Estazolam
Levorphanol	Flurazepam
Meperidine	Lorazepam
Methadone	Midazolam
Morphine	Oxazepam
Opium	Quazepam
Oxycodone	Temazepam
Oxymorphone	Traizolam
Pentazocine	
Tapentadol	
Tramadol	

<sup>1</sup> Excludes injectable formulations.

<sup>2</sup> Includes prescription opioid cough medications.

<sup>3</sup> Excludes single-agent and combination buprenorphine products used to treat opioid use disorder (i.e. buprenorphine sublingual tables, Probuphine® Implant kit subcutaneous implant, and all buprenorphine / naloxone combination products).

### COB 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.

### Exclusionary Criteria

Members with a cancer diagnosis, or a sickle cell disease diagnosis, or in hospice anytime during the measurement year are excluded from the COB measure. Click [here](#) for a list of exclusionary ICD-10-CM diagnoses.



**Best Practices:**

- ▶ 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.
- ▶ Refer to Turn the Tide RX's [Pocket Card for Prescribing Opioids for Chronic Pain](#), an adaptation for quick reference of the CDC prescribing guidelines.

<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.



## 2021 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 are cited by Bright Futures (and the American Academy of Pediatrics statement on developmental screening) and meet the above criteria:

Screening Tools	Age Group
Ages and Stages Questionnaire (ASQ)	Ages 2 months to 5 years
Ages and Stages Questionnaire (ASQ – 3)	3 <sup>rd</sup> Edition
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



**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.
- ▶ For more information on implementing developmental screenings and local resources, visit the Help Me Grow Ventura County [website](#).

<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.

## 2021 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	SNOMED
Meningococcal	90734	108, 114, 136, 147, 167	390892002
Tdap	90715	115	428251000124104
HPV	90649, 90650, 90651	62, 118, 137, 165	428570002, 428741008, 428931000, 429396009, 734152003, 734154002, 995010001, 140611000119104, 16300531000119107

### Exclusion Criteria - Members with the any of the following conditions are excluded from the IMA measure:

- 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	SNOMED
Any Vaccine	Anaphylactic reaction to vaccine	999.42	T80.52XA, T80.52XD, T80.52XS	428241000124101, 428281000124107, 428291000124105, 428301000124106, 428321000124101, 428331000124103, 433621000124101
Any Vaccine	Anaphylactic reaction to serum	999.4		213320003



Vaccine	Description	ICD-9-CM*	ICD-10-CM	SNOMED
Tdap	Encephalopathy due to vaccine  Code with vaccine-adverse effect code	323.51  Code with one of the following: E948.4, E948.5, E948.6	G04.32  Code with one of the following: T50.A15A, T50.A15D, T50.A15S	192704009, 192705005, 192706006, 192707002, 192708007, 192709004, 192710009, 192711008, 192712001, 192713006, 192714000, 192715004, 192716003, 192717007, 192718002, 192719005, 192720004, 192721000, 192722007, 192723002, 192724008  Code with one of the following: 15920121000119103, 219084006, 219085007, 219096004, 287180004, 288309006, 292098007, 293104008, 293107001, 293108006, 293109003, 293110008, 293112000, 293113005, 293114004, 293115003, 293117006, 293119009, 293125008, 293126009, 293127000, 420113004, 429301000124101, 429521000124101, 451331000124106

\* 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 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 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](#).

<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.

## 2021 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:** Administrative<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	SNOMED CT
Lead Screening Test	83655	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7	8655006 35833009

### 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.
- ▶ 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, Community 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.

## 2021 MCAS MEASURE: USE OF OPIOIDS AT HIGHER DOSAGE IN PERSONS WITHOUT CANCER (OHD)

Measure Steward: Pharmacy Quality Alliance (PQA)

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, "Use of Opioids at Higher Dosage in Persons Without Cancer (OHD)."

**Measure Description:** Measures the percentage of beneficiaries age 18 and older as of January 1 of the measurement year who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more.

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

### List of Opioid Medications<sup>1,2</sup>

Click [here](#) for the list of NDC codes used to identify opioids.

Butorphanol	Methadone
Codeine	Morphine
Dihydrocodeine	Opium
Fentanyl	Oxycodone
Hydrocodone	Oxymorphone
Hydromorphone	Pentazocine
Levorphanol	Tapentadol
Meperidine	Tramadol

<sup>1</sup> Excludes injectable formulations and cough and cold formulations including elixirs and combination products containing antitussives, decongestants, antihistamines, and expectorants.

<sup>2</sup> Excludes all buprenorphine products, which are partial opioid agonists and not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids.

### OHD 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.

### Exclusionary Criteria

Members with a cancer diagnosis, or a sickle cell disease diagnosis, or who were in hospice care anytime during the measurement year are excluded from the OHD measure. Click [here](#) for a list of the exclusionary codes.

### Best Practices:

- ▶ 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.
- ▶ Refer to Turn the Tide RX's [Pocket Card for Prescribing Opioids for Chronic Pain](#), an adaptation for quick reference of the CDC prescribing guidelines.

<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.

## 2021 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	SNOMED
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	77406008, 281036007
Telephone Visit with a Pregnancy Diagnosis		98966-98968, 99441-99443			185317003, 314849005, 386472008, 386473003, 401267002
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	



Description	ICD-10-CM	CPT	CPT II	HCPCS	SNOMED
Standalone Prenatal Visit		99500	0500F, 0501F, 0502F	H1000 - H1004	17629007, 18114009, 58932009, 66961001, 134435003, 135892000, 169712008, 169713003, 169714009, 169715005, 169716006, 169717002, 169718007, 169719004, 169720005, 169721009, 169722002, 169723007, 169724001, 169725000, 169726004, 169727008, 171054004, 171055003, 171056002, 171057006, 171058001, 171059009, 171060004, 171061000, 171062007, 171063002, 171064008, 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001, 440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 700256000, 702396006, 702736005, 702737001, 702738006, 702739003, 702740001, 702741002, 702742009, 702743004, 702744005, 710970004, 713076009, 713233004, 713234005, 713235006, 713237003, 713238008, 713239000, 713240003, 713241004, 713242006, 713386003, 713387007, 717794008, 717795009

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

Description	ICD-10-CM	CPT	CPT II	HCPCS	LOINC	SNOMED
Postpartum Exam	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	57170, 58300, 59430, 99501	0503F	G0101		384633003, 408884008, 408886005, 409018009, 409019001, 440085006, 717810008
Postpartum Bundled Services		59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622				
Cervical Cytology Exam		88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 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	171149006, 416107004, 417036008, 439958008, 440623000, 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 62051000119105, 62061000119107, 98791000119102, 448651000124104





**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:**

- ▶ 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 [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.

## 2021 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 Definition:** 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	SNOMED CT
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	7025000, 12939007, 14291003, 16990005, 26025008, 26472000, 27387000, 29599000, 30336007, 31658008, 35218008, 35252006, 38295006, 42868002, 58214004, 64905009, 68995007, 70814008, 71103003, 76566000, 79204003, 79866005, 83746006, 85861002, 111482003, 111484002, 191526005, 191527001, 191530008, 191531007, 191538001, 191539009, 191542003, 191547009, 191548004, 191554003, 191555002, 191563001, 191577003, 247804008, 268617001, 416340002, 441833000
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	162004, 1499003, 3530005, 4441000, 5703000, 9340000, 10875004, 10981006, 13313007, 13581000, 13746004, 14495005, 16506000, 17782008, 21900002, 22121000, 26203008, 26530004, 28663008, 28884001, 29929003, 30935000, 31446002, 33380008, 35481005, 36583000, 38368003, 40926005, 41552001, 41832009, 41836007, 43769008, 45479006, 46229002, 49468007, 49512000, 51637008, 53049002, 53607008, 54761006, 55516002, 59617007, 61403008, 63249007, 64731001, 65042007, 66631006, 68569003, 70546001, 71984005, 73471000, 74686005, 75360000, 75752004, 78269000, 78640000, 79584002, 82998009, 85248005, 86058007, 87203005, 87950005, 111485001, 191618007, 191620005, 191621009, 191623007, 191625000, 191627008, 191629006, 191630001, 191632009, 191634005, 191636007, 191638008, 191639000, 191641004, 191643001, 192362008, 231444002, 371596008, 371599001, 371600003, 723903001, 765176007, 767631007, 767632000, 767633005, 767635003, 767636002, 261000119107, 271000119101, 23741000119105, 133091000119105, 16238741000119105, 1196001, 12969000, 16295005, 19300006, 20960007, 22407005, 30520009, 30687003, 34315001, 35722002, 35846004, 43568002, 48937005, 67002003, 71294008, 81319007, 83225003, 371604007, 723905008, 789061003, 61771000119106



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

Test	CPT	CPT II	LOINC	SNOMED
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	7918005, 22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000, 313631001, 313697000, 313698005, 313810002, 412928005, 440576000, 443780009, 444008003, 444127006
Glucose Results				26298008, 111556005, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166922008, 166923003, 190406000, 237621004, 310505005, 365812005, 395204000, 398140007, 420270002, 420422005, 421075007, 421750000, 421847006, 441656006, 442545002, 444780001, 735537007, 822995009, 367991000119101, 368051000119109
HbA1c Test	83036, 83037		17856-6 4548-4 4549-2	43396009, 313835008
HbA1c Results		3044F, 3046F, 3051F, 3052F		165679005, 451051000124101, 451061000124104

**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](#) 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 / HbA1c 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 – 2018*. [https://care.diabetesjournals.org/content/diacare/suppl/2017/12/08/41.Supplement\\_1.DC1/DC\\_41\\_S1\\_Combined.pdf](https://care.diabetesjournals.org/content/diacare/suppl/2017/12/08/41.Supplement_1.DC1/DC_41_S1_Combined.pdf)

## 2021 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	SNOMED
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	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	G0438, G0439, S0302	103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 783260003, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

**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.

<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.

## 2021 MCAS MEASURE: WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN / ADOLESCENTS (WCC)

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, "Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents (WCC)."

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

- ▶ **BMI percentile documentation.\***
- ▶ **Counseling for nutrition.**
- ▶ **Counseling for physical activity.**

\* Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

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

### WCC 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 outpatient visits with a PCP or OB/GYN.

Description	CPT	HCPCS	UBREV	SNOMED
Outpatient Visit with PCP or OB/GYN	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	0510-0517, 0519-0523, 0526-0529, 0982-0983	30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 439740005, 3391000175108, 444971000124105

### Codes used to identify BMI assessment and counseling for nutrition and physical activity.

Description	ICD-10-CM	CPT	HCPCS	LOINC	SNOMED
BMI Assessment	Z68.51- Z68.54			59574-4, 59575-1, 59576-9	



Description	ICD-10-CM	CPT	HCPCS	LOINC	SNOMED
Nutrition Counseling	Z71.3	97802, 97803, 97804	G0270, G0271, G0447, S9449, S9452, S9470		11816003, 61310001, 183059007, 183060002, 183061003, 183062005, 183063000, 183065007, 183066008, 183067004, 183070000, 183071001, 226067002, 266724001, 275919002, 281085002, 284352003, 305849009, 305850009, 305851008, 306163007, 306164001, 306165000, 306626002, 306627006, 306628001, 313210009, 370847001, 386464006, 404923009, 408910007, 410171007, 410177006, 410200000, 429095004, 431482008, 443288003, 609104008, 698471002, 699827002, 699829004, 699830009, 699849008, 700154005, 700258004, 705060005, 710881000, 428461000124101, 428691000124107, 441041000124100, 441201000124108, 441231000124100, 441241000124105, 441251000124107, 441261000124109, 441271000124102, 441281000124104, 441291000124101, 441301000124100, 441311000124102, 441321000124105, 441331000124108, 441341000124103, 441351000124101, 445291000124103, 445301000124102, 445331000124105, 445641000124105
Physical Activity Counseling	Z02.5, Z71.82		G0447, S9451		103736005, 183073003, 281090004, 304507003, 304549008, 304558001, 310882002, 386291006, 386292004, 386463000, 390864007, 390893007, 398636004, 398752005, 408289007, 410200000, 410289001, 410335001, 429778002, 710849009, 435551000124105

**Exclusion Criteria:**

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

- ▶ Members receiving hospice care during the measurement year.
- ▶ Female members who had a pregnancy diagnosis during the measurement year.

**BMI Percentile:**

The compliant medical record must include any of the following documentation:

- ▶ Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source. Either of the following meets criteria for BMI percentile:
  - BMI percentile documented as a value (e.g., 85<sup>th</sup> percentile).
  - BMI percentile plotted on an age-growth chart. Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.
- ▶ Member-collected biometric values (height, weight, and BMI percentile) that meet the requirements of General Guideline 39: Member-Reported Services and Biometric Values are eligible for use in reporting.
- ▶ Ranges and thresholds do not meet criteria for this indicator. A distinct BMI percentile is required for numerator compliance. Documentation of > 99% or < 1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%).

**Counseling for Nutrition:**

The compliant medical record must include any of the following documentation:

- ▶ Documentation must include a note indicating the date and at least one of the following:
  - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
  - Checklist indicating nutrition was addressed.
  - Counseling or referral for nutrition education.
  - Member received educational materials on nutrition during a face-to-face visit.
  - Anticipatory guidance for nutrition.
  - Weight or obesity counseling.



### **Counseling for Physical Activity:**

The compliant medical record must include any of the following documentation:

- ▶ Documentation must include a note indicating the date and at least one of the following:
  - Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
  - Checklist indicating physical activity was addressed.
  - Counseling or referral for physical activity.
  - Member received educational materials on physical activity during a face to-face visit.
  - Anticipatory guidance specific to the child's physical activity.
  - Weight or obesity counseling.

### **Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ How to calculate BMI:
  - First divide height in centimeters by 100 to obtain height in meters then plug into formula:  $BMI = \text{Weight (kg)} / [\text{Height (m)}]^2$ 
    - » Example: Weight = 68 kg, Height = 165 cm (1.65 m)<sup>2</sup>
    - » Calculation:  $68 \div (1.65)^2 = 24.98$
- ▶ Be sure to document BMI percentile and counseling for nutrition and physical activity accurately in the medical record and on the claim.
- ▶ Take advantage of every office visit to document BMI percentile or plot the BMI on the age-growth chart.
- ▶ Monitor patients via telehealth visits, as appropriate.

<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.

## 2021 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	SNOMED
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	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	G0438, G0439, S0302	103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 783260003, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

### 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 \$15 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.

<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



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

# MCAS

Managed Care Accountability Set

TIP SHEET REFERENCE GUIDE

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