



**Gold Coast
Health Plan**SM
A Public Entity

MCAS

Managed Care Accountability Set

TIP SHEET REFERENCE GUIDE

Measurement Year 2021 | Reporting Year 2022





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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.

2022 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

| Measure | Description | Required Documentation | Sample Codes ² |
|---|---|--|---|
| Antidepressant Medication Management (AMM) Administrative Measure ⁴ | Adults, 18 years of age and older, who had a diagnosis of major depression and were treated with antidepressants. Two rates are reported: <ul style="list-style-type: none"> Effective Acute Phase Treatment: Percentage of members that remained on antidepressant medication for at least 84 days (12 weeks). Effective Continuation Phase Treatment: Percentage of members that remained on antidepressant medication for at least 180 days (six months). | Claims or encounter data indicating the member had a diagnosis of depression and pharmacy data indicating antidepressant medication was dispensed. | CPT: 99221-99223, 99304-99310, 99241-99245, 98966-98968 ICD-10-CM: F32.0-F32.4, F33.0-F33.3 |
| Asthma Medication Ratio (AMR) Administrative Measure ⁴ | Members, 5 to 64 years of age, who had persistent asthma and had a ≥ 0.50 ratio of controller medications to total asthma medications in 2021. | Claims / encounter data indicating member had a diagnosis of asthma in 2020 or 2021 and pharmacy data indicating asthma medication was dispensed. | CPT: 99201-99205, 99241-99245 ICD-10-CM: J45.21-J45.22, J45.30-J45.32 |
| Breast Cancer Screening (BCS) Administrative Measure ⁴ | Women, 50 to 74 years of age, who had a mammogram to screen for breast cancer between Oct. 1, 2019 and Dec. 31, 2021. | Claims / encounter data indicating one of the following types of mammograms was performed: screening, diagnostic, film, digital or digital breast tomosynthesis. Note: MRIs, ultrasounds and biopsies do not count as screening mammograms. | CPT: 77061-77063, 77065-77067 HCPCS: G0202, G0204 |
| Cervical Cancer Screening (CCS) Hybrid Measure ³ | Women, 21 to 64 years of age, who were screened for cervical cancer using one of the following methods: <ul style="list-style-type: none"> Women 21 to 64 years of age who had a Pap exam between Jan. 1, 2019 to Dec. 31, 2021. Women 30 to 64 years of age who had a cervical high-risk human papillomavirus (hrHPV) test between Jan. 1, 2017 to Dec. 31, 2021. Women 30 to 64 years of age, who had a Pap/hrHPV co-test between Jan. 1, 2017 to Dec. 31, 2021. | Claims / encounter or lab data indicating a cervical cancer screening was completed or clinical documentation or lab reports that includes the following: <ul style="list-style-type: none"> The date of the cervical cancer screening. The result or finding. | CPT: Pap Test: 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175 HPV Test: 87624, 87625 |

2022 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

| Measure | Description | Required Documentation | Sample Codes ² |
|--|---|---|---|
| Child and Adolescent Well-Care Visits (WCV) Administrative Measure ⁴ | Children and adolescents, 3 to 21 years of age, who had at least one comprehensive well-care exam with a PCP or OB/GYN in 2021. | Claims / encounter data indicating the member had a well-care exam in 2021. | CPT: 99381-99385, 99391-99395, 99461 ICD-10-CM: Z00.00, Z00.110, Z00.111, Z00.121 |
| Childhood Immunization Status (CIS) Combo 10 Hybrid Measure ³ | Children who received the following immunizations on or before their second birthday in 2021: <ul style="list-style-type: none"> • 4 DTaP • 4 PCV • 3 Hib • 3 IPV • 3 Hep B • 1 Hep A • 2 Influenza (Flu) • 1 MMR • 1 VZV • RV (two 2-dose or three 3-dose) | Claims / encounter data with codes indicating the vaccine and dose administered or clinical documentation and/or immunization records documenting the vaccine, dose and date administered. Note: All PCPs are required to enter vaccines into the California Immunization Registry (CAIR). DHCS recommends entering information within 14 days of administering an immunization to ensure all historical vaccines and doses are entered into the registry for children that have moved out of the area. https://cairweb.org/ | CPT: DTaP: 90698, 90700 Hep B: 90723, 90740 Hep A: 90633 IPV: 90698, 90713 Flu: 90655, 90657 MMR: 90707, 90710 PCV: 90670 RV: 90680, 90681 VZV: 90710, 90716 HiB: 90644, 90648 |
| Chlamydia Screening in Women (CHL) Administrative Measure ⁴ | Women, 16 to 24 years of age, who were identified as sexually active and had at least one test for chlamydia in 2021. | Claims / encounter data, pharmacy data and labs to identify members who are sexually active and/or dispensed contraceptives and had at least one chlamydia test. | CPT: 87110, 87270, 87320, 87490-87492, 87810 |
| Comprehensive Diabetes Care – HbA1c Uncontrolled > 9.0 (CDC-H9) Hybrid Measure ³ | Adults, 18 to 75 years of age, with a diagnosis of diabetes (type 1 and type 2) who had the following screening in 2021: <ul style="list-style-type: none"> • HbA1c results for Poor Control (>9.0%) | Claims / encounter and lab data with codes reporting HbA1c results or clinical documentation of HbA1c test date with results. | CPT II: 3044F, 3046F, 3051F, 3052F |
| Concurrent Use of Opioids and Benzodiazepines (COB) Administrative Measure ⁴ | Adults, 18 years of age and older, with concurrent use of prescription opioids and benzodiazepines between Jan. 1, 2021 and Dec. 2, 2021. | Claim / encounter and pharmacy data with NDC codes indicating the member had two or more prescription claims for any benzodiazepine with different dates of service and concurrent use of opioids and benzodiazepines for 30 or more cumulative days. | NDC: Benzodiazepines: 00615800039, 00054318544 Opioids: 00023601001, 00023600201 |

2022 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

| Measure | Description | Required Documentation | Sample Codes ² |
|--|---|---|---|
| Contraceptive Care for All Women Ages 15-44 (CCW) Administrative Measure ⁴ | Women, 15 to 44 years of age, at risk of unintended pregnancy, who were provided the following contraceptive care in 2021: <ul style="list-style-type: none"> • A most or moderately effective contraception. • A long-acting reversible contraception (LARC). | Claims / encounter and pharmacy data with codes to identify women who were dispensed contraceptive medication. | CPT: 58300, 58565, 58600, 58605 HCPCS: J7306, J7307 ICD-10-CM: Z30.2, Z30.014, Z30.433 NDC: 66116043628, 00023585801 |
| Contraceptive Care for Postpartum Women Ages 15-44 (CCP) Administrative Measure ⁴ | Women, 15 to 44 years of age, who had a live birth between Jan. 1, 2021 to Oct. 31, 2021 and were provided the following contraception in 2021: <ul style="list-style-type: none"> • A most or moderately effective contraceptive within three to 60 days of delivery. • A long-acting reversible contraceptive (LARC) within three to 60 days of delivery. | Claims / encounter and pharmacy data to identify women with a live birth delivery who were dispensed contraceptive medication. | CPT: 58300, 58565, 58600, 58605 HCPCS: J7306, J7307 ICD-10-CM: Z30.2, Z30.014, Z30.433 NDC: 66116043628, 00023585801 |
| Controlling Blood Pressure (CBP) Hybrid Measure ³ | Adults, 18 to 85 years of age, with a diagnosis of hypertension that had adequately controlled blood pressure (<140/90 mm Hg) in 2021. | Claims / encounter data with codes indicating a hypertension diagnosis on two separate dates between Jan. 1, 2020 to June 30, 2021 and claims / encounter or clinic documentation of the most recent blood pressure (BP) reading in 2021. Note: The BP reading must occur on or after the date of the second diagnosis of hypertension. | CPT: 93784, 93788, 98969-98972, 99201-99205, 99211-99215, 99304-99310, CPT II: 3074F, 3075F, 3077F – 3080F ICD-10-CM: I10 |
| Developmental Screening (DEV) Administrative Measure ⁴ | Children, 1 to 3 years of age, who were screened for risk of developmental, behavioral, and social delays, using a standardized screening tool, on or before their first, second, or third birthday in 2021. | Claims / encounter data with a code indicating a developmental screening was completed using a standardized screening tool. | CPT: 96110 |
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD) Administrative Measure ⁴ | Adults, 18 to 64 years of age, diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a glucose or HbA1c test in 2021 to screen for diabetes. | Claims / encounter, pharmacy and lab data indicating the member was dispensed antipsychotic medication and had a diabetes screening test (glucose or HbA1c test). | ICD-10-CM: F20.0, F30.10 CPT: Glucose Test: 80047, 80048 HbA1c Test: 83036, 83037 |

2022 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

| Measure | Description | Required Documentation | Sample Codes ² |
|--|--|--|--|
| <p>Follow-Up After Emergency Department Visit for Alcohol and Other drug Abuse or Dependence (FUA)</p> <p>New Measure for 2022 Administrative Measure⁴</p> | <p>Members, 13 years of age and older, who had an emergency department (ED) visit between Jan. 1, 2021 and Dec. 1, 2021 with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and had two follow-up visits with a principal diagnosis of AOD within seven and 30 days after the ED visit.</p> | <p>Claims / encounter data indicating the member had a principal diagnosis of AOD in the ED and in the two follow-up visits within seven and 30 days of the ED visit.</p> | <p>ICD-10-CM: F10.10, F15.20, F19.29 CPT: 90791, 98971, 99217, 99281, 99510</p> |
| <p>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</p> <p>New Measure for 2022 Administrative Measure⁴</p> | <p>Members, 16 years of age and older, who had an emergency department (ED) visit between Jan. 1, 2021 and Dec. 1, 2021 with a principal diagnosis of mental illness or intentional self-harm and had two follow-up visits with a principal diagnosis of mental illness or intentional self-harm within seven and 30 days after the ED visit.</p> | <p>Claims / encounter data indicating the member had a principal diagnosis of mental illness or intentional self-harm in the ED and in the two follow-up visits within seven and 30 days of the ED visit.</p> | <p>ICD-10-CM: F20.0, F32.1, F93.0, T14.91XA, T40.7X2A, T53.5X2A, T71.112A CPT: 90791, 98960, 98966, 99245, 99281</p> |
| <p>Follow-Up Care for Children Prescribed ADHD Medications (ADD)</p> <p>Administrative Measure⁴</p> | <p>Children, 6 to 12 years of age, who were newly prescribed ADHD medication between Mar. 1, 2020 to Feb. 28, 2021 and had at least three follow-up care visits during the following 10-month time period:</p> <ul style="list-style-type: none"> Initial phase: One follow-up visit with a prescribing practitioner 30 days after first ADHD medication is dispensed. Continuation and Maintenance Phase: The rate of children who completed an Initiation Phase visit, remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner within nine months after the Initiation Phase ended. | <p>Claims / encounter and pharmacy data to identify the following:</p> <ul style="list-style-type: none"> Initial Phase: Members dispensed ADHD medication and had a follow-up visit with a prescribing provider within 30 days of dispensing date. Continuation and Maintenance Phase: Members who remained on ADHD medication for 210 days and had at least two follow-up visits on different dates of service with any practitioner, within nine months (31 – 300 days) after the dispensed date. | <p>CPT: 90832-90834, 98960-98962, 99217-99220, 99251-99255</p> |

2022 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

| Measure | Description | Required Documentation | Sample Codes ² |
|--|--|---|--|
| Immunizations for Adolescents (IMA) Administrative Measure ⁴ | Adolescents who received the following immunizations on or before their 13 th birthday in 2021: <ul style="list-style-type: none"> • 1 MCV (between the 11th and 13th birthday) • 1 Tdap (between the 10th and 13th birthday) • HPV series (between the 9th and 13th birthday) | Claims / encounter data with codes indicating the vaccine and dose administered or clinical documentation and/or immunization records documenting the vaccine, dose and date administered. Note: All PCPs are required to enter vaccines into the California Immunization Registry (CAIR). DHCS recommends entering information within 14 days of administering an immunization to ensure all historical vaccines and doses are entered into the registry for children that have moved out of the area. https://cairweb.org/ | CPT: Meningococcal: 90734 Tdap: 90715 HPV: 90649 |
| Metabolic Monitoring for Children and Adolescents (APM) Administrative Measure ⁴ | Children and adolescents, 1 to 17 years of age, who had two or more antipsychotic prescriptions and had metabolic testing in 2021. Three rates are reported: <ul style="list-style-type: none"> • Rate of blood glucose testing • Rate of cholesterol testing • Rate of blood and cholesterol testing | Claims / encounter, pharmacy and lab data indicating the member was dispensed antipsychotic medication and had the following tests: <ul style="list-style-type: none"> • Blood glucose • Cholesterol | CPT: Cholesterol Test: 82465 LDL-C Test: 80061 Glucose Test: 80047 |

2022 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

| Measure | Description | Required Documentation | Sample Codes ² |
|---|---|--|--|
| Prenatal and Postpartum Care (PPC) Hybrid Measure ³ | Women, with a live birth delivery between Oct. 8, 2020 to Oct. 7, 2021, who had prenatal and postpartum care within the following time periods: <ul style="list-style-type: none"> • A prenatal exam within the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan. • A postpartum exam within seven to 84 days after delivery. | <p>Prenatal Exam: Claims / encounter data indicating a prenatal exam was completed or clinical documentation with the date of a prenatal care visit AND evidence of ONE of the following:</p> <ul style="list-style-type: none"> • Physical obstetrical exam that includes auscultation for fetal heart tone or fundus height or pelvic exam with obstetric observations. • Evidence that a prenatal care procedure was performed, i.e., ultrasound, obstetric panel, or TORCH antibody panel. • Documentation of pregnancy or reference to pregnancy, i.e., LMP or EDD, prenatal risk assessment or complete obstetrical history. <p>Postpartum Exam: Claims / encounter data indicating a postpartum exam was completed or clinical documentation with the date of a postpartum visit AND evidence of ONE of the following:</p> <ul style="list-style-type: none"> • Pelvic exam • Evaluation of weight, BP, breasts, and abdomen • Notation of postpartum care (PP care, six-week check, or pre-printed postpartum care form) • Perineal or cesarean wound check • Screening for depression, tobacco use, substance use disorder • Glucose screening for GDM women • Family planning, resumption of intercourse • Infant care or breastfeeding | <p>Prenatal: CPT: 99201-99205, 99241-99245, 59400, 59425, 59510, 99500 ICD-10-CM: 009.0x</p> <p>Postpartum: CPT: 57170, 59400, 88141 ICD-10-CM: Z01.411, Z01.419, Z01.42</p> |

2022 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

| Measure | Description | Required Documentation | Sample Codes ² |
|---|---|--|---|
| Screening for Depression and Follow-Up Plan: Ages 12 and Older (CDF) Administrative Measure ⁴ | Members, 12 years of age and older, who were screened for depression using an age appropriate standardized screening tool, and if positive, had a follow-up plan documented on the date of the positive screening. | Claims / encounter data with codes indicating a depression screening was completed and the outcome; positive and a follow-up plan is documented or negative and a follow-up plan is not required. | CPT: 59400, 59510, 59610, 99201-99205 HCPCS: G8431, G8510 |
| Use of Opioids at High Dosage in Persons without Cancer (OHD) Administrative Measure ⁴ | Adults, 18 years of age and older, who received prescription opioids between Jan. 1, 2021 to Oct. 3, 2021, with an average daily dosage \geq 90 morphine milligram equivalents (MME) over a period of 90 days or more. | Claims / encounter and pharmacy claims with codes indicating the member was dispensed two or more prescriptions for any opioid medications with different dates of service with a cumulative day supply of 15 or more days during the measurement year. | NDC Codes: Opioids: 00023601001, 00023600201 |
| Weight Assessment and Counseling for Nutrition and Physical Activity in Children and Adolescents (WCC) Hybrid Measure ³ | Children and adolescents, 3 to 17 years of age, who had one or more outpatient visits with a PCP or OB/GYN in 2021 that included all of the following assessments: <ul style="list-style-type: none"> • BMI percentile • Counseling for nutrition • Counseling for physical activity | Claims / encounter data with separate codes for BMI, nutrition and physical activity assessments or the following dated clinical documentation: <ul style="list-style-type: none"> • BMI assessment: i.e., documentation of height, weight and BMI percentile or BMI percentile plotted on a growth chart. • Counseling for nutrition: i.e., current nutrition behaviors, referral for nutritional education, anticipatory guidance, or weight or obesity counseling. • Counseling for physical activity: i.e., documentation of physical activity behaviors, referrals for physical activity, anticipatory guidance. | OP Visit: CPT: 99201-99205, 99211-99215, 99241-99245 BMI: ICD-10-CM: Z68.51-Z68.54 Nutrition Counseling: ICD-10-CM: Z71.3 CPT: 97802 HCPCS: G0270 Physical Activity Counseling: ICD-10-CM: Z02.5, Z71.82 HCPCS: G0477, S9451 |

2022 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

| Measure | Description | Required Documentation | Sample Codes ² |
|---|---|---|--|
| Well-Child Visits in the First 30 Months of Life (W30) Administrative Measure ⁴ | Children who had the following number of well-child visits with a PCP during the last 15 months: <ul style="list-style-type: none"> Children who turned 15 months old in 2021 and had six or more well-child visits. Children who turned 30 months old in 2021 and had two or more well-child visits. | Claims / encounter data indicating a well-care exam were completed in 2021. | CPT: 99381-99385, 99391-99395 ICD-10-CM: Z00.110, Z00.111, Z00.121, Z00.129 |

¹ The 2021 measurement year / 2022 reporting year Managed Care Accountability Set (MCAS) is a set of performance measures selected by the state Department of Health Care Services (DHCS) to monitor the performance of Medi-Cal managed care health plans in California. The MCAS measures are based on the Centers for Medicare and Medicaid (CMS) Adult and Child Core Sets for Medicaid.

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

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

| Data Collection Method | Denominator Used to Calculate Rate | Data Sources Used to Evaluate if Services Were Performed |
|-----------------------------|--|---|
| Hybrid ³ | A sample (usually 411) of the eligible population for the measure. | <ul style="list-style-type: none"> Administrative data sources (e.g., claims, encounter, lab, radiology, pharmacy, immunization registries) Medical Record Reviews (e.g., progress notes, immunization records) |
| Administrative ⁴ | The entire eligible population for the measure. | Administrative data sources (e.g., claims, encounter, lab, radiology, pharmacy, immunization registries) |

MANAGED CARE ACCOUNTABILITY SET (MCAS) FREQUENTLY ASKED QUESTIONS

1. What is MCAS?

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

Starting in 2019, the state Department of Health Care Services (DHCS) replaced the External Accountability Set (EAS) measures with the MCAS measures set to monitor and report the performance of Medi-Cal Managed Care Plans (MCPs).

2. Who participates in MCAS?

All MCPs.

3. What is the purpose of MCAS?

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

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

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

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

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

5. How is MCAS reported?

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

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

6. How can providers track their MCAS performance?

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

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

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

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

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

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

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

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



9. What data sources are used in MCAS Reporting?

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

10. How are MCAS performance measures evaluated?

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

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

11. What MCAS performance measures are reported?

There are 36 MCAS performance measures for Measurement Year (MY) 2021 / Reporting Year (RY) 2022. The following 15 MCAS performance measures are held to a minimum performance level (MPL) that is set by DHCS.

Children's Health

- CIS 10 - Childhood Immunization Status Combination 10
- IMA 2 - Immunizations for Adolescents Combination 2
- W30-Well-Child Visits in the First 15 Months of Life
- W30-Well-Child Visits in the First 30 Months of Life
- WCC BMI - Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents: BMI Assessment
- WCC N - Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents: Nutrition
- WCC PA - Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents: Physical Activity
- WCV - Child and Adolescent Well-Care Visits

MCAS RY 2022

Women's Health

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

Acute and Chronic Disease

- CBP - Controlling High Blood Pressure
- CDC H9 - Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)



The remaining 21 MCAS performance measures are not held to the MPL but are monitored for performance by DHCS, as they are focus areas when evaluating the quality of care provided to members.

Children's Health

- DEV - Developmental Screening in the First Three Years of Life

Women's Health

- CCW - Contraceptive Care: All Women Ages 15 to 44
 - » Most or moderately effective contraceptive (MMEC)
 - » Long Acting Reversible Contraceptive (LARC)
- CCP - Contraceptive Care: Postpartum Women Ages 15 to 44
 - » Most or moderately effective contraception - three days (MMEC3)
 - » Most or moderately effective contraceptive - 60 days (MMEC60)
 - » Long Acting Reversible Contraceptive (LARC) - three days (LARC3)
 - » Long Acting Reversible Contraceptive (LARC) - 60 days (LARC60)

Behavioral Health

- AMM Acute - Antidepressant Medication Management Acute Phase Treatment
- AMM Cont - Antidepressant Medication Management Continuation Phase Treatment
- APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics
- CDF - Screening for Depression and Follow-Up Plan
- SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Pharmacy

- ADD Init - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications - Initiation Phase
- ADD C&M - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications - Continuation and Maintenance Phase
- COB - Concurrent Use of Opioids and Benzodiazepines
- OHD - Use of Opioids at High Dosage in Persons without Cancer



Acute and Chronic Disease

- AMB ED - Ambulatory Care: Emergency Department (ED) Visits
- AMR - Asthma Medication Ratio
- FUA - Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- FUM - Follow-up After Emergency Department for Mental Illness
- PCR - Plan All-Cause Readmissions

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

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

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

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

14. When does medical record review begin and end?

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

15. Should the entire medical record be sent?

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



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

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

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

To view the 2021 CMS Child and Adult Core set measure technical specifications, click the links below:

- [2021 CMS Child Core Set](#)
- [2021 CMS Adult Core Set](#)

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

Learn about HEDIS measures on NCQA's website [here](#).



2022 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: Administrative¹

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 | 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, 2021.
- ▶ 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](#)

¹ 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.

2022 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: Administrative¹

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, Health Education Resources (provided in English and Spanish): [Click Here](#).

¹ 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.

2022 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: Administrative¹

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, 829976001, 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, 2021.

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

¹ 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.

2022 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: Administrative¹

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"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol | <ul style="list-style-type: none"> • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone | <ul style="list-style-type: none"> • Pimozide • Quetiapine • Quetiapine fumarate • Risperidone • Ziprasidone |
| Phenothiazine Antipsychotics | <ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine | <ul style="list-style-type: none"> • Thioridazine • Trifluoperazine | |
| Thioxanthenes | <ul style="list-style-type: none"> • Thiothixene | | |
| Long-Acting Injections | <ul style="list-style-type: none"> • Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate | <ul style="list-style-type: none"> • Olanzapine • Paliperidone palmitate • Risperidone | |

Antipsychotic Combination Medications

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

Prochlorperazine Medications

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



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, 96259-7 | 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, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Administrative¹

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 | 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, 833310007, 866234000, 866235004, 866236003, 866237007, 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, 2021 (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, 2021 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, 836436008, 870629001 | |
| 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, 836435007, 451201000124106 | |
| Left Unilateral Mastectomy | | OHTUOZZ | | | | 428571003, 726429001, 726435001, 726437009, 741009001, 741018004, 836437004, 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.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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, 2020 and June 30, 2021. 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: Hybrid¹

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

Best Practices:

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

¹ 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.

2022 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, 2021 through October 31, 2021 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: Administrative¹

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.

¹ 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.

2022 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: Hybrid¹

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 | 87624, 87625 | G0476 | 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3 | 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 2021.
- ▶ Women who received palliative care in 2021.
- ▶ Women who had evidence of absence of cervix or hysterectomy with no residual cervix anytime during their medical history up to Dec. 31, 2021 (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](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.



2022 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: Hybrid¹

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, 190372001, 190389009, 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, 237612000, 237613005, 237617006, 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, 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 2020 or 2021 and had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes in 2020 or 2021.
- ▶ 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, 2021 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, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Administrative¹

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.

¹ 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.

2022 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: Administrative¹

Compliant screening tools for members ages 12-17.

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

Compliant screening tools for members ages 18 and older.

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

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

| | |
|----------------|--|
| Follow-Up Plan | <ul style="list-style-type: none"> • Additional evaluation for depression. • Suicide risk assessment. • Referral to a practitioner who is qualified to diagnose and treat depression. • Pharmacological interventions. • Other interventions or follow-up for the diagnosis or treatment of depression. |
|----------------|--|

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, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 99078, 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, 99401, 99402, 99403, 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](#).

¹ 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.

2022 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: Administrative¹

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 | Nonxynol 9 |

CHL Clinical Code Sets

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



Codes used to identify chlamydia screening in women.

| Description | CPT | LOINC | 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.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Hybrid¹

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, 866226006, 866158005, 866159002, 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, 871752004, 871753009, 871754003, 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, 838380002, 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 | 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390865008, 396456003, 412762002, 412763007, 412764001, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007, 786846001, 866186002, 866227002, 868266002, 868267006, 868268001, 868273007, 868274001, 868276004, 868277008, 870670004, 572561000119108, 16290681000119103 |



| Vaccine / Disease | ICD-10-CM* | ICD-10-PCS | CPT | HCPCS | CVX | SNOMED |
|----------------------------------|--|------------|-----------------|-------|---------------------|--|
| 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 |
| 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 | 359686005, 38598009, 170433008, 432636005, 433733003, 150971000119104, 571591000119106, 572511000119105 |
| Pneumococcal Conjugate (PCV) | | | 90670 | G0009 | 133, 152 | 434751000124102 |
| Rotavirus | | | 90680, 90681 | | 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, 01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 | | 90710, 90716 | | 21, 94 | 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, 838357005, 98541000119101, 1087131000119102, 12551000132107, 12561000132105, 12571000132104, 331071000119101, 681221000119108, 15678761000119105, 15992351000119104, 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 2nd birthday meets criteria for evidence of antigen.

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](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Administrative¹

List of Opioid and Benzodiazepine Medications

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

| Opioids ^{1,2} | Benzodiazepines ^{2,3,4} |
|----------------------------|----------------------------------|
| Benzohydrocodone | Alprazolam |
| Buprenorphine ³ | Chlordiazepoxide |
| Butorphanol | Clobazam |
| Codeine | Clonazepam |
| Dihydrocodeine | Clorazepate |
| Fentanyl | Diazepam |
| Hydrocodone | Estazolam |
| Hydromorphone | Flurazepam |
| Levorphanol | Lorazepam |
| Meperidine | Midazolam |
| Methadone | Oxazepam |
| Morphine | Quazepam |
| Opium | Temazepam |
| Oxycodone | Traizolam |
| Oxymorphone | |
| Pentazocine | |
| Tapentadol | |
| Tramadol | |

¹ Excludes the following: injectable formulations; sufentanil (used in a supervised setting); and single-agent and combination buprenorphine products used to treat opioid use disorder (i.e., buprenorphine sublingual tablets, Probuphine[®] Implant kit subcutaneous implant, and all buprenorphine / naloxone combination products).

² Includes combination products and prescription opioid cough medications.

³ Excludes injectable formulations.

⁴ Includes 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.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Administrative¹

DEV Clinical Code Sets

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

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

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

Tools must meet the following criteria:

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

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

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



Important DEV Measure Specifications:

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

Best Practices:

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

¹ 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.

2022 MCAS MEASURE: FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA)

Measure Steward: National Committee for Quality Assurance (NCQA)

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

Measure Description: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

Two rates are reported:

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

Data Collection Method: Administrative¹

FUM Clinical Code Sets

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

Codes used to identify an emergency department visit.

| CPT | UBREV | SNOMED |
|-----------------------------------|------------------------------------|---------|
| 99281, 99282, 99283, 99284, 99285 | 0450, 0451, 0452, 0456, 0459, 0981 | 4525004 |

Codes used to identify a principal diagnosis of alcohol or other drug (AOD) abuse or dependence.

| ICD-10-CM | SNOMED |
|--|--|
| F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, | 281004, 1383008, 1686006, 1973000, 2403008, 5002000, 5444000, 5602001, 6348008, 7052005, 7071007, 7200002, 8635005, 8837000, 10028000, 10327003, 11387009, 14784000, 15167005, 15277004, 18653004, 18689007, 19445006, 20385005, 20876004, 21647008, 22574000, 25753007, 26714005, 27956007, 28864000, 29212009, 29733004, 30491001, 31956009, 32009006, 32358001, 32875003, 34938008, 37344009, 38247002, 39807006, 39951001, 40571009, 41083005, 42344001, 43497001, 46975003, 47664006, 50320000, 50933003, 51443000, 51493001, 52866005, 53050002, 53936005, 56194001, 57588009, 59651006, 61104008, 61144001, 63649001, 63983005, 64386003, 66590003, 70328006, 70340006, 70701004, 70932007, 71328000, 73097000, 74851005, 74934004, 75122001, 75544000, 77355000, 78267003, 78358001, 80868005, 82339009, 83367009, 84758004, 85005007, 85561006, 86325007, 87132004, 87810006, 88926005, 89451009, 91388009, 95635002, 95661003, 91475009, 91476005, 91478006, 91480000, 91802004, 91804003, 91805002, 91811004, 91812006, 91819002, 91820008, 91825003, 91826002, 91829009, 91831000, 91832007, 91837001, 91838006, 91843004, 91844005, 91849000, 91850000, 91853003, 91855005, 91856006, 91865004, 91867007, 91868002, 91877009, 91882002, 91883007, 91891003, 91893000, 91894006, 91899001, 91900006, 91905001, 91906000, 91909007, 91912005, 91913000, 91916008, 91918009, 91919001, 91924003, 91925002, 230443000, 231461004, |



| ICD-10-CM | SNOMED |
|--|--|
| F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29 | 231462006, 231468005, 231469002, 231470001, 231472009, 231473004, 231474005, 231475006, 231477003, 231478008, 231479000, 231480002, 268640002, 268641003, 268645007, 268646008, 268647004, 268648009, 275471001, 284591009, 301643003, 308742005, 312098001, 312936002, 361150008, 361151007, 416714005, 417143004, 425339005, 425885002, 426001001, 426095000, 426873000, 427205009, 427229002, 427327003, 428219007, 428370001, 429692000, 441527004, 442406005, 699449003, 703845008, 703846009, 703847000, 703848005, 703849002, 703850002, 713583005, 713862009, 714829008, 723926008, 723927004, 723928009, 723929001, 723930006, 723933008, 723936000, 723937009, 724653003, 724655005, 724656006, 724657002, 724658007, 724659004, 724660009, 724661008, 724662001, 724663006, 724664000, 724665004, 724666003, 724667007, 724668002, 724669005, 724670006, 724671005, 724672003, 724675001, 724688003, 724689006, 724690002, 724691003, 724692005, 724693000, 724695007, 724696008, 724700000, 724701001, 724702008, 724704009, 724706006, 724712001, 724714000, 724715004, 724720004, 724724008, 724725009, 724726005, 724727001, 724728006, 724732000, 735750005, 737338002, 762320004, 762321000, 762322007, 762324008, 762325009, 762326005, 762327001, 762333005, 762334004, 762335003, 762336002, 762337006, 762338001, 762339009, 762340006, 762344002, 762345001, 762346000, 762517008, 762672001, 785277001, 817962007, 1081000119105, 3601000119102, 34111000119108, 86391000119101, 86401000119104, 97571000119109, 125851000119106, 135301000119103, 135311000119100, 135321000119107, 144981000119109, 145101000119102, 145121000119106, 145841000119107, 154211000119108, 288021000119107, 288031000119105, 288461000119105, 288851000119106, 288861000119108, 10741871000119101, 10755041000119100, 11047881000119101, 11048011000119103, 12398281000119105, 12398651000119100 |

Codes used to identify a follow-up visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence.

| Type of Visit | CPT | POS | HCPCS | UBREV | SNOMED |
|-----------------------|--|-----|---|--|--|
| Observation | 99217, 99218, 99219, 99220 | | | | |
| Online Assessment | 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 | | G0071, G2010, G2012, G2061, G2062, G2063 | | |
| IET Stand Alone Visit | 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, | | G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, | 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983 | 14736009, 32142009, 37667001, 40274000, 60112009, 60689008, 69399002, 76464004, 83362003, 86181006, 90817005, 105395007, 108224003, 117250008, 165309004, 171047005, 171208001, 225885004, 313071005, 371883000, 385781007, 405778003, 408933008, 408934002, |



| Type of Visit | CPT | POS | HCPCS | UBREV | SNOMED |
|------------------------------------|--|--|--|-------|---|
| | 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510 | | H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 | | 408935001, 408936000, 408941008, 408942001, 408943006, 408944000, 408945004, 408946003, 408947007, 408948002, 409063005, 409066002, 409071009, 410273004, 410314003, 410321003, 413473000, 426928008, 710355008, 710893009, 733810001, 429291000124102, 448571000124105 |
| IET Visits Group 1 | 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876 | 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72 | | | |
| IET Visits Group 2 | 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 | 02, 52, 53 | | | |
| ODU Weekly Non-Drug Service | | | G2071, G2074, G2075, G2076, G2077, G2080 | | |
| ODU Weekly Drug Treatment Service | | | G2067, G2068, G2069, G2070, G2072, G2073 | | |
| ODU Monthly Office Based Treatment | | | G2086, G2087 | | |

Exclusion Criteria:

Members with the following condition(s) are excluded from the FUA measure:

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



Best Practices:

- ▶ Timely identification and referral of patients who have alcohol and other drug abuse or dependency issues.
- ▶ Referral resources for alcohol and/or substance abuse issues include:
 - [Ventura County Behavioral Health Substance Use Services](#)
 - [Ventura County Health Care Agency](#)
 - [Ventura County Health Care Agency Alcohol and Drug Programs](#)
- ▶ Ensure timely follow up appointments for patients who meet the measure description and criteria.

¹ 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.

2022 MCAS MEASURE: FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

Measure Steward: National Committee for Quality Assurance (NCQA)

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

Measure Description: The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Two rates are reported:

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

Data Collection Method: Administrative¹

FUM Clinical Code Sets

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

Codes used to identify an emergency department visit.

| CPT | UBREV | SNOMED |
|-----------------------------------|------------------------------------|---------|
| 99281, 99282, 99283, 99284, 99285 | 0450, 0451, 0452, 0456, 0459, 0981 | 4525004 |

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

| ICD-10-CM codes | SNOMED |
|--|--|
| Mental Illness Codes | |
| F20.0, F20.1, F30.10, F30.11 F30.4, F30.8, F30.9, F31.0, F31.10, F31.70, F32.0, F32.1, F33.0, F33.1, F34.1, F39, F42, F42.2, F43.0, F43.20F44.89, F53, F60.0, F60.9, F63.0, F68.10, F84.0, F90.0, F91.0, F93.0, F94.0 | 109006, 2312009, 3109008, 3530005, 4306003, 4441000, 4926007, 4997005, 5464005, 5510009, 13746004, 14144000, 16506000, 22121000, 30336007, 40568001, 50705009, 61157009, 71294008, 85248005, 90790003, 109805003, 251000119105, 31081000119101, 60401000119104, 92501000119101 |
| Intentional Self-Harm Codes | |
| T14.91XA, T14.91XD, T36.3X2D, T40.7X2A, T41.0X2A, T46.6X2A, T47.2X2S, T48.3X2A, T49.1X2S, T50.0X2A, T51.3X2D, T52.1X2S, T52.2X2A, T53.5X2A, T54.0X2A, T56.0X2A, T57.0X2A, T58.92XD, T59.6X2S, T60.8X2D, T61.772D, T62.2X2S, T63.022S, T64.02XA, T65.0X2A, T65.0X2D, T71.112A, T71.232D, T71.232S | |



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

| Type of Visit | CPT | POS | HCPCS | UBREV | SNOMED |
|--|--|--|---|--|--|
| Telehealth | 90791, 90792, 90832, | 02 | | | |
| Community Mental Health Center | 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, | 53 | | | |
| Outpatient Visit | 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 | 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 | | | |
| Behavioral Health Outpatient Visit | 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510 | | G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 | 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 | 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105 |
| Observation | 99217, 99218, 99219, 99220 | | | | |
| Telephone | 98966, 98967, 98968, 99441, 99442, 99443 | | | | 185317003, 314849005, 386472008, 386473003, 401267002 |
| E-visit, Virtual Check-In, Online Assessment | 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 | | G0071, G2010, G2012, G2061, G2062, G2063 | | |
| Electro-convulsive Therapy | 90870 | | 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72 | | 10470002, 11075005, 23835007, 231079005, 231080008, 84468008, 313019002, 313020008 |



| Type of Visit | CPT | POS | HCPCS | UBREV | SNOMED |
|-------------------------|-----|-----|---|------------------------|--|
| Partial Hospitalization | | | 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 |

Exclusion Criteria:

Members with the following condition(s) are excluded from the FUM measure:

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

Best Practices:

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

¹ 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.

2022 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 13th birthday.

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

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

Data Collection Method: Hybrid¹

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 | 90619, 90734 | 108, 114, 136, 147, 167, 203 | 390892002, 428271000124109 |
| 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 | 219075006, 219083000, 219088009, 293105009, 293116002, 293120003, 293122006, 408672009, 428241000124101, 428281000124107, 428291000124105, 428301000124106, 428321000124101, 428331000124103, 433621000124101, 451291000124104, 462331000124105 |
| 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](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Administrative¹

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, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Administrative¹

List of Opioid Medications^{1,2}

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

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

¹ Includes combination products.

² Excludes the following: injectable formulations; opioid cough and cold products; and sufentanil (used in a supervised setting); and all buprenorphine products (as a partial opioid agonist is 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.

¹ 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.

2022 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: Hybrid¹

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 here 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 | | 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.

¹ 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.

2022 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: Administrative¹

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, 191531007, 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, 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 |



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"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Quetiapine • Quetiapine fumarate • Risperidone • Ziprasidone |
| Phenothiazine antipsychotics | <ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine |
| Psychotherapeutic combinations | <ul style="list-style-type: none"> • Amitriptyline-perphenazine |
| Thioxanthenes | <ul style="list-style-type: none"> • Thiothixene |
| Long-acting injections | <ul style="list-style-type: none"> • Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone |



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.²

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.³

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 / HbA1 screening test.
- ▶ Ensure the clinic has medication reconciliation protocol to collect and update each patient’s current medication list and dosage at each clinic encounter.
- ▶ Coordinate care between behavioral health and primary care physicians (PCPs) by:
 - » Requesting test results.
 - » Communicating test results.
 - » Scheduling appointments for testing.
- ▶ Create physician standing orders for diabetic screening tests (glucose and/or HbA1c) to improve and expedite care management by authorizing qualified members of the health care team to initiate diabetic screenings.
- ▶ Use point-of-care-testing within the clinic to expedite lab testing and to enable prompt diagnosing and the implementation of any required treatment plans while the patient is in the clinic.
- ▶ To facilitate coordination of care, document all lab services ordered and completed with the results or findings in the clinical record.
- ▶ Contact members who cancel appointments or are no-shows to reschedule appointments.

¹ 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.

² 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>

³ American Diabetes Association. (2018). *Standards of Medical Care in Diabetes – 2022*. https://diabetesjournals.org/care/issue/45/Supplement_1

2022 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: Administrative¹

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.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Hybrid¹

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., 85th 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)²
 - » 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.
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ 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.

2022 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: Administrative¹

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

¹ 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**SM
A Public Entity

MCAS

Managed Care Accountability Set

TIP SHEET REFERENCE GUIDE

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