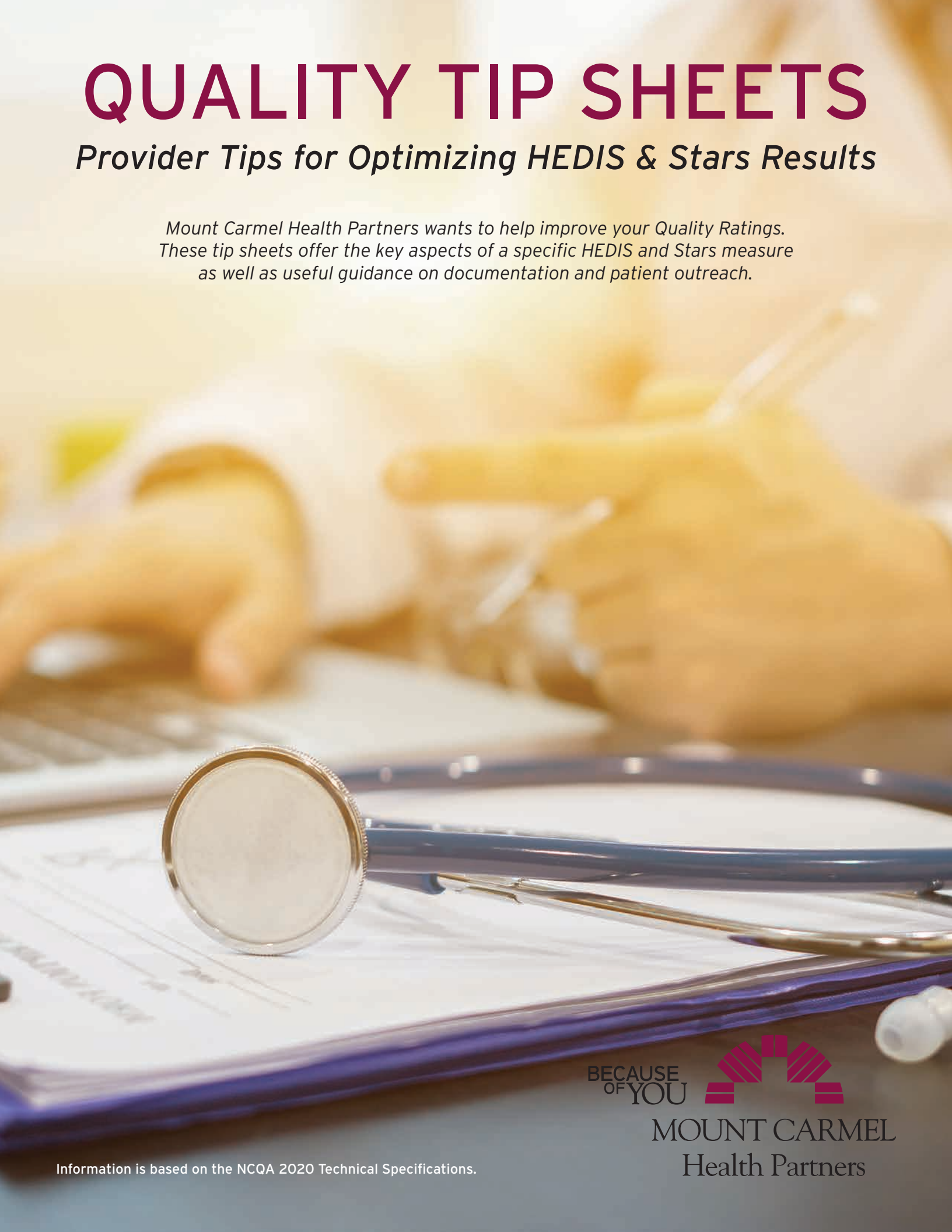


QUALITY TIP SHEETS

Provider Tips for Optimizing HEDIS & Stars Results

Mount Carmel Health Partners wants to help improve your Quality Ratings. These tip sheets offer the key aspects of a specific HEDIS and Stars measure as well as useful guidance on documentation and patient outreach.





The Healthcare Effectiveness Data and Information Set (HEDIS) are nationally recognized performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS is used by more than 90 percent of U.S. health plans to measure quality of care, access to care, and satisfaction with care.

HEDIS measures address a broad range of important health issues. If screenings are done in your office, thoroughly documenting them helps assess quality care for HEDIS measures and allows us to develop appropriate programs to assist members with health conditions. The more accurately claims are documented, the fewer medical record reviews are needed for HEDIS measures.

Center for Medicare & Medicaid Services (CMS) Stars rating is comprised of HEDIS quality measures, a Pharmacy Quality Alliance (PQA) measures and survey measures based on questions from the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey).

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HEDIS Tip Sheet

Annual Monitoring for Patients on Persistent Medications: Angiotensin Converting Enzyme (ACE) Inhibitor and Angiotensin Receptor Blockers (ARBs)

Definition: Percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for an ACE inhibitor or ARB during the measurement period and at least one therapeutic monitoring event during the measurement period.

Service Needed: At least one serum potassium and serum creatinine during the measurement period. Either a lab panel test (CMP, BMP, Chem7, and Chem14) or serum creatinine and serum potassium meet the guideline.

Exclusions: Hospice care in the measurement year.

Chart Review Tips:

- ACE inhibitors and ARBs can be found in the "Medications" section of the chart or noted in the recent office visit/progress note.
- Serum creatinine and serum potassium levels can be found in the "Lab" section of the chart.

Member Outreach Tips:

- Ask patients if they are taking (or have been prescribed) a medication for high blood pressure (hypertension), the name of the medication, and how long they have been taking it before asking if they have had any lab tests.
- If patients have not had their potassium and creatinine levels checked within the last year, ask them to schedule an appointment with their PCP to have this scheduled. More than likely, this would be at their annual preventive visit.

Supplemental Data Tips

- There should be little need for supplemental data for this measure because the potassium and creatinine values are not needed to meet the measure; in other words, a simple claim that the tests were done is sufficient.
- The serum creatinine and serum potassium tests do not need to be on the same day, only done within the current measurement year.
- A patient may switch with any medication on the ACE/ARB list during the measurement year.

ACEIs Include:		
Lotrel (amlodipine/benazepril)	Vaseretic (enalapril/HCTZ)	Uniretic (moexipril/HCTZ)
Lotensin (benazepril)	Fosinopril	Perindopril
Lotensin HCT (benazepril/hydrochloro-thiazide[HCTZ])	Fosinopril/HCTZ	Accupril (quinapril)
Captopril	Prinivil (lisinopril)	Accuretic (quinapril/HCTZ)
Captopril/HCTZ	Zestril (lisinopril)	Altace (Ramipril)
Epaned (enalapril powder for oral solution)	Zestoretic (Lisinopril/HCTZ)	Mavik (trandolapril)
Vasotec (enalapril)	Univasc (moexipril)	Tarka (trendolapril/verapamil)

ARBs Include:		
Azor (amlodipine/olmesartan)	Teveten (eprosartan)	Benicar HCT (olmesartan/HCTZ)
Exforge HCT (amlodipine/valsartan)	Teveten HCT (eprosartan/HCTZ)	Tribenzor (olmesartan/amlodipine/HCTZ)



HEDIS Tip Sheet

Exforge HCT (amlodipine/valsartan/HCTZ)	Avapro (irbesartan)	Micardis (telmisartan)
Edarbi (azilsartan)	Avalide (irbesartan/HCTZ)	Micardis (telmisartan/HCTZ)
Edarbyclor (azilsartan/chlorthalidone)	Cozaar (losartan)	Twynsta (telmisartan/amlodipine)
Atacand (candesartan)	Hyzaar (losartan/HCTZ)	Diovan (valsartan)
Atacand HCT (candesartan/HCTZ)	Benicar (olmesartan)	Diovan HCT (valsartan/HCTZ)

HEDIS Tip Sheet

Annual Monitoring for Patients on Persistent Medications: Digoxin

Definition: Percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy with digoxin during the measurement period and at least one therapeutic monitoring event within the measurement period.

Service Needed: At least one serum potassium AND serum creatinine AND a serum digoxin level during the measurement period. Either a lab panel test (Chem7, Chem14, CMP, and BMP) or serum creatinine and serum potassium meet the first portion of the guideline.

Exclusions: Hospice care in measurement year.

Chart Review Tips:

- Digoxin can be found in the “Medications” section of the chart or noted in the recent office visit/progress note.
- Serum creatinine and serum potassium levels can be found in the “Lab” section of the chart.
- Serum digoxin levels can be found in the “Lab” section of the chart.

Member Outreach Tips:

- Ask patients if they are taking (or have been prescribed) digoxin and how long they have been taking it before asking if they have had any lab tests.
- If patients have not had their potassium and creatinine OR digoxin levels checked in the last year, ask them to schedule an appointment with their PCP to have this scheduled. More than likely, this would be their annual preventive visit.

Supplemental Data Tips

- There should be little need for supplemental data for this measure because the potassium, creatinine and digoxin values are not needed to meet the measure; in other words, a simple claim that the tests were done is sufficient.
- The serum creatinine, serum potassium, and serum digoxin tests do not need to be on the same day, only within the measurement period.
- Digoxin may also be prescribed as digitalis or lanoxin.

HEDIS Tip Sheet

Annual Monitoring for Patients on Persistent Medications: Diuretics

Definition: Percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a diuretic during the measurement period and at least one therapeutic monitoring event within the measurement period.

Service Needed: At least one serum potassium and serum creatinine during the measurement period. Either a lab panel test (Chem7, Chem14, CMP, BMP) or serum creatinine and serum potassium meet the guideline.

Exclusions: Hospice care in measurement year.

Chart Review Tips:

- Diuretics can be found in the “Medications” section of the chart or noted in the recent office visit/progress note.
- Serum creatinine and serum potassium levels can be found in the “Lab” section of the chart.

Member Outreach Tips:

- Ask patients if they are taking (or have been prescribed) a diuretic (some patients will call these “water pills”), the name of the medication, and how long they have been taking it before asking if they have had any lab tests.
- If patients have not had their potassium and creatinine levels checked within the last year, ask them to schedule an appointment with their PCP to have this scheduled. More than likely, this would be their annual preventive visit.

Supplemental Data Tips

- There should be little need for supplemental data for this measure because the potassium and creatinine values are not needed to meet the measure; in other words, a simple claim that the tests were done is sufficient.
- The serum creatinine and serum potassium tests do not need to be on the same day, only within the measurement period.
- It is very common for diuretics to be found in combination with hypertension medications.
- A patient may switch with any medication on the Diuretics list during the measurement year

Loop diuretics:			
Bumex (bemetanide)	Lasix (furosemide)	Demadex (torsemide)	Edecrin (ethacrynic acid)
Potassium-sparing diuretics:			
Aldactone (spironolactone)	Dyrenium (triamterene)	Inspra (eplerenone)	Midamor (amiloride)
Thiazide diuretics:			
Aquatensen, Enduron (methychlothiazide)	Diuril (chlorothiazide)	Microzide (hydrochlorothiazide [HCTZ])	Thalitone (chlorthalidone)
Mykrox, Zaroxolyn (metolazone)	Lozol (indapamide)		

HEDIS Tip Sheet

Antihypertensive combinations:			
Teckturna HCT (aliskiren-HCTZ)	Corzide (bendroflumethiazide-nadolol)	Avalide (HCTZ-irbesartan)	Inderide (HCTZ-propranolol)
Amturnide (aliskiren-amlodipine-HCTZ)	Ziac (bisoprolol-HCTZ)	Zestoretic (HCTZ-lisinopril)	Accuretic (HCTZ-quinapril)
Moduretic (amiloride-HCTZ)	Atacand HCT (candesartan-HCTZ)	Hyzaar (HCTZ-losartan)	Aldactazide (HCTZ-spirolactone)
Tribenzor (amlodipine-HCTZ-olmesartan)	Capozide (captopril-HCTZ)	Aldoril (HCTZ-methyldopa)	Micardis HCT (HCTZ-telmisartan)
Exforge HCT (amlodipine-HCTZ/valsartan)	Clorpres (chlorthalidone-clonidine)	Dutoprol (HCTZ-metoprolol)	Dyazide (HCTZ-triamterene)
Tenoretic (atenolol-chlorthalidone)	Vaseretic (enalapril-HCTZ)	Uniretic (HCTZ-moexipril)	Diovan HCT (HCTZ-valsartan)
Edarbyclor (azilsartan-chlorthalidone)	Teveten HCT (eprosartan-HCTZ)	Benicar HCT (HCTZ-olmesartan)	
Lotensin HCT (benazepril-HCTZ)	Monopril HCT (fosinopril-HCTZ)		

Body Mass Index (BMI)

Definition: Percentage of members ages 18 – 74 who had an outpatient visit **AND** a BMI documented during the measurement year or year prior.

Service Needed: Outpatient visit and calculated BMI during the measurement year or year prior.

Coding:				
ICD-10-CM	BMI 19 or Less	Z68.1	BMI 32.0-32.9	Z68.32
	BMI 20.0-20.9	Z68.20	BMI 33.0-33.9	Z68.33
	BMI 21.0-21.9	Z68.21	BMI 34.0-34.9	Z68.34
	BMI 22.0-22.9	Z68.22	BMI 35.0-35.9	Z68.35
	BMI 23.0-23.9	Z68.23	BMI 36.0-36.9	Z68.36
	BMI 24.0-24.9	Z68.24	BMI 37.0-37.9	Z68.37
	BMI 25.0-25.9	Z68.25	BMI 38.0-38.9	Z68.38
	BMI 26.0-26.9	Z68.26	BMI 39.0-39.9	Z68.39
	BMI 27.0-27.9	Z68.27	BMI 40.0-44.9	Z68.41
	BMI 28.0-28.9	Z68.28	BMI 45.0-49.9	Z68.42
	BMI 29.0-29.9	Z68.29	BMI 50.0-59.9	Z68.43
	BMI 30.0-30.9	Z68.30	BMI 60.0-69.9	Z68.44
	BMI 31.0-31.9	Z68.31	BMI 70 or greater	Z68.45

Exclusions:

- Diagnosis of pregnancy during the measurement year or year prior.
- Hospice care in the measurement year.

Chart Review Tips:

- BMIs may be found with the "Vital Signs" in the chart or in the recent the office visit/progress note.
- If the patient meets the exclusion criteria, please note for future reference.
- BMI results may be used from a Specialist's Consult note.

Member Outreach Tips:

- Encourage patients to schedule an appointment with their PCP if they have not had a BMI calculated during the measurement year or year prior.
- Before calling patients solely for the purpose of a BMI screening, it may be beneficial to evaluate why a BMI has not been calculated within the measurement year or year prior. Have they not had a preventive visit? Have they refused a weight measurement? Is the BMI not calculated and in the chart?

HEDIS Tip Sheet



Supplemental Data Tips

- The BMI must be calculated AND documented in the chart by the office staff for the patient to meet the measure. Documentation of height and weight ONLY does not meet the standard.
- BMI is calculated using the following equation:
BMI = weight (lb.) / [height (inches)]² x 703 OR BMI = weight (kg) / [height (meters)]².

Breast Cancer Screening

Definition: Women 50 to 74 years old who have had a mammogram.

Service Needed Mammogram between October 1 two years before the measurement year and December 31 of the measurement year.

Coding:	
CPT 4	77055 - 77057
	77061 - 77063
	77065 - 77067
HCPCS	G0202
	G0204
	G0206
Revenue	0401
	0403

Exclusions:

- Bilateral mastectomy.
- Hospice care in the measurement year.

Chart Review Tips:

- Mammograms are usually in the "Radiology" section of the medical record.
- Types of mammograms: screening, diagnostic, film, digital, or digital breast tomosynthesis.
- Women need to have a mammogram every 2 years.
- If the patient has had a unilateral mastectomy, the patient still needs a mammogram on the remaining side.
- Review progress notes and correspondence for history of a mastectomy.

Member Outreach Tips:

- Ask the patient if she has had a bilateral mastectomy or recent mammogram before reminding her that she is due for a screening.
- If the patient has had a bilateral mastectomy, please note it for future reference.
- If the patient is due to have another mammogram within the next 1-2 months, call to remind her to schedule one soon.
- Patients may request an appointment for their mammogram with a physician order by visiting.
<https://www.mountcarmelhealth.com/mammogram-appointment-request> or calling 614-234-7400.

Supplemental Data Tips

- A copy of the actual mammogram must be in the chart to close the care gap. Self-reported data does not count.
- Avoid biopsies, breast ultrasounds and MRIs' results due to these are not appropriate methods for primary breast cancer screening.

Cervical Cancer Screening

Definition: Percentage of women 21–64 years of age who were screened for cervical cancer:

- Women ages 21–64 who had cervical cytology performed every 3 years.
- Women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Service Needed: Cervical cytology between January 1 two years prior to the measurement year and December 31 of the measurement year. For women ages 35 – 64, cervical cytology and an HPV test performed on the same date between January 1 four years prior to the measurement year and December 31 of the measurement year.

Exclusions:

- Hysterectomy (total, complete, or radical) with no residual cervix any time during the member’s history through December 31 of the measurement year.
- Hospice care in the measurement year.

Chart Review Tips:

- Cervical cytology and HPV tests and results are usually listed in the “Lab” section of the chart.
- Review the "History" section of the chart for note of a complete, total, or radical hysterectomy (exclusion). Note the exclusion for future reference.
- Review chart for indication patient sees Ob-Gyn for annual cervical cancer screening, if so review "Correspondence" section for results, you may need to outreach to the patient's Ob-Gyn physician.

Member Outreach Tips:

- Ask patients if they have had a (total, complete, or radical) hysterectomy before reminding them they are due.
- If a patient is due to have her cervical cancer screening within the next 1-2 months, call to remind her to schedule an appointment with her PCP or Ob-Gyn soon.

Supplemental Data Tips

- A cervical cytology date and result must be present for the screening to meet the measure. A note of “inadequate cells” or “no cervical cells” without a valid result does not meet the measure.
- For those women ages 35 – 64 who have an HPV and a cervical cytology test, ensure the tests were performed on the SAME DATE and that results are present. A note of “inadequate cells” or “no cervical cells” without a valid result does not meet the measure.
- In order for the patient to meet the hysterectomy exclusion, her cervix must have been completely removed.
- Screening may be performed by either the patient's PCP or OB/GYN, whomever normally does her PAP or pelvic exams.
- Avoid cervical biopsy results due to they are diagnostic and not valid for primary cervical cancer screening.

Chlamydia Screening in Women

Definition: Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Service Needed: Cervical cytology between January 1 two years prior to the measurement year and December 31 of the measurement year. For women ages 35 – 64, cervical cytology and an HPV test performed on the same date between January 1 four years prior to the measurement year and December 31 of the measurement year.

Exclusions:

- Women who have had a pregnancy test and either prescription for Retinoid (isotretinoin) or x-ray on the date or within 6 days of the pregnancy test.
- Hospice care in the measurement year.

Chart Review Tips:

- Chlamydia results are usually listed in the “Lab” section of the chart.
- Review chart for indication patient sees Ob-Gyn for annual cervical cancer screening, if so review "Correspondence" section for results, you may need to outreach to the patient's Ob-Gyn physician.

Member Outreach Tips:

- Ask patients if they have had a (total, complete, or radical) hysterectomy before reminding them they are due.
- If a patient is due to have her cervical cancer screening within the next 1-2 months, call to remind her to schedule an appointment with her PCP or Ob-Gyn soon.

Supplemental Data Tips

- A date and result must be present for the screening to meet the measure.
- In order for the patient to meet the hysterectomy exclusion, her cervix must have been completely removed.
- Screening may be performed by either the patient's PCP or OB/GYN, whomever normally does her PAP or pelvic exams.

Colorectal Cancer Screening

Definition: Members ages 50 - 75 years who have had an appropriate screening for colon cancer.

Service Needed: One of the following:

- Fecal occult blood test between January 1 and December 31 of the measurement year.
- FIT-DNA (cologuard) during the measurement year or two years prior.
- Flexible sigmoidoscopy or CT colongraphy during the measurement year or four years prior.
- Colonoscopy during the measurement year or nine years prior.

Coding:	
CPT 4	FOBT – 82270, 82274
	Flexible Sigmoidoscopy – 45330-45335, 45337-45342, 45345-45347, 45349, 45350
	FIT – 81528
	Colonoscopy – 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
	CT Colonoscopy – 74261-74263
HCPCS	FOBT – G0328
	Flexible Sigmoidoscopy – G0104
	FIT – G0464
	Colonoscopy – G0105, G0121

Exclusions:

- Diagnosis of colorectal cancer OR total colectomy at any time in the patient’s chart through December 31 of the measurement year.
- Hospice care in the measurement year.

Chart Review Tips:

- Fecal occult blood tests (FOBT) and FIT-DNA (cologuard) are usually in the "Laboratory" section of the medical record.
- Flexible sigmoidoscopy or colonoscopy reports are usually found in the “Procedures” or “Operative/Surgical” sections of the medical record.
- CT colongraphy reports are usually found in the "Procedures" or "Radiology" sections of the medical record.
- Review progress notes and correspondence for history of total colectomy or colorectal cancer.
- FOBTs are needed every year.
- FIT-DNA (cologuard) tests are needed every 3 years.
- Flexible sigmoidoscopies and CT colongraphies are needed every 5 years.
- Colonoscopies are needed every 10 years.
- If the patient has had a total colectomy or colorectal cancer, the patient does not need a screening; please note for future reference.

HEDIS Tip Sheet



Member Outreach Tips:

- Ask patients if they have had screening for colorectal cancer (see above for types of tests).
- Ask patients if they have had colorectal cancer or a total colectomy if not noted in the chart. If patients have had colorectal cancer or a total colectomy, please note for future reference.
- A colorectal cancer screening should be covered under a patient's insurance benefits. For questions regarding coverage, the patient should contact his or her insurance company.
- Patients may need a referral from their PCP for screening.

Supplemental Data Tips

- Any colonoscopy within the past 10 years counts for meeting the measure, even if the patient has had a FOBT or flexible sigmoidoscopy since then.
- Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed, may use pathology report as long as it indicates the date and type of screening.
- A result is not required if the documentation is clearly part of the "Medical History" section of the record; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered). It is always best to have the results.
- Member-reported data is not allowed. For example, the patient states, "I had a colonoscopy in June," is not valid.

HEDIS Tip Sheet

Controlling Blood Pressure

Definition: Percentage of members ages 18 – 85 who have a diagnosis of hypertension AND whose **most recent** blood pressure was adequately controlled during the measurement year.

Service Needed: Blood pressure measurement between January 1 and December 31 of the measurement year.

Coding		
CPT 2	Systolic BP <130 mmHg.	3074F
	Systolic BP 130-139 mmHg.	3075F
	Systolic BP ≥140 mmHg.	3077F
	Diastolic BP <80 mmHg.	3078F
	Diastolic BP 80-89 mmHg.	3079F
	Diastolic BP ≥90 mmHg.	3080F

Exclusions:

One of the following:

- Diagnosis of end stage renal disease (ESRD) or kidney transplant or dialysis documented in the chart on or before December 31 of the measurement year.
- Diagnosis of pregnancy during the measurement year.
- Hospice care in the measurement year.

Chart Review Tips:

- Blood pressure measurements may be found in the "Vital Signs" section of the chart. Some practices have them on the recent visit/progress note.
- In order to meet the measure, a patient's **most recent** blood pressure should be:
 - less than 140/90 in patients ages 18-59.
 - less than 140/90 in patients ages 60-85.
- If patient meets any of the exclusion criteria, please note for future reference.

Member Outreach Tips:

Before calling patients solely for the purpose of a blood pressure screening, it may be beneficial to evaluate why patients have not had their blood pressure measured **or** why they are not controlled: Have they not had a preventive visit? Have they refused measurement? Did the physician start new medications?

Supplemental Data Tips

When documenting a blood pressure measurement, if a patient has had multiple blood pressures taken on the same day, you may document the lowest systolic (top number) and the lowest diastolic (bottom number), even if they were not calculated together. For example: a patient's blood pressure measurements on 11/20/2020 were calculated as 135/92 and 142/78. You may record the patient's blood pressure as 135/78.

Diabetes—Eye Exam

Definition: Percentage of members ages 18 - 75 who have had an eye screening test for diabetic retinal disease.

Service Needed: One of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to or during the measurement year.

Coding:		
CPT 2	Diabetic Retinal Screening with Eye Care Professional:	2022F*, 2023F*, 2024F*, 2025F*, 2026F*, 2033F*
	Diabetic Retinal Screening Negative:	3072F

*2022F(Revised)-Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed: with evidence of retinopathy (DM)2

*2023F(New)- Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy (DM)2

*2024F-(Revised)-7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)2

*2025F(New)- 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)2

*2026F(Revised)-Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)2

*2033F(New)- Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)2

Exclusions:

- One of the following:
- A diagnosis of polycystic ovaries, in any setting, any time during the member’s history through December 31 of the measurement year.
- A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior.
- Hospice care in the measurement year.

Chart Review Tips:

- Dilated eye exams are usually found either in the “Correspondence” or “Progress notes” sections of the chart.
- Retina photography such as from Optimap, dated and reviewed by optometrist or ophthalmologist usually found in the "Correspondence" sections of the chart.
- If patient meets any of the exclusion criteria, please note for future reference.



HEDIS Tip Sheet

Member Outreach Tips:

- Ask patients if they have had a dilated eye exam this year before reminding them they are due.
- If patients have not had a dilated eye exam this year, encourage them to schedule one with their optometrist or ophthalmologist.

Supplemental Data Tips

- Record the date of the dilated eye exam, as well as the result (negative or positive for nephropathy).
- Member reported data is not allowed; please make sure there is a letter or report (including the date of the exam) from an optometrist or ophthalmologist present in the medical record.
- If the patient meets exclusion criteria, please record it for future reference.

HEDIS Tip Sheet

Diabetes -- HbA1c Control

Definition: Percentage of members ages 18-75 whose **most recent** HbA1c is less than 8.

Service Needed: HbA1c test **and** result from January 1 – December 31 of the measurement year.

Coding:		
CPT 2	Level <7.0%	3044F
	Level 7.0-9.0%	3045F
	Level >9.0%	3046F
CPT4	83036-83037	

Exclusions: One of the following:

- A diagnosis of polycystic ovaries, in any setting, any time during the member’s history through December 31 of the measurement year.
- A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior.
- Hospice care in the measurement year.

Chart Review Tips:

- HbA1c tests are usually found in the “Laboratory” section of the chart.
- Minimally, diabetic patients should have an HbA1c every year (usually physicians will order it more frequently, at least every 6 months if controlled or every 3 months if uncontrolled).
- You may review correspondence for letter/progress note from endocrinologist (specialist) noting a recent HbA1c.
- You may review the progress notes and history for exclusion criteria (polycystic ovaries **or** gestational or steroid induced diabetes).
- If patient meets any of the exclusion criteria, please note for future reference.

Member Outreach Tips:

- Ask patients if they have had an HbA1c test this year before reminding them they are due.
- If patients have not had an HbA1c this year, encourage them to schedule a visit with their PCP.
- If the HbA1c is greater than 8, encourage patients to attend available educational offerings and determine any barriers to medication or dietary adherence.

Supplemental Data Tips

- For the patient to meet the measure, the **most recent** HbA1c must be less than 8.
- It is helpful to have the most recent HbA1c result recorded, even if it is not less than 8.
- The test date, name of the test, and test result must be documented to meet the measure.

HEDIS Tip Sheet

Diabetes – Medical Attention for Nephropathy

Definition: Percentage of members ages 18 - 75 who have had a screening test for nephropathy **OR** evidence of nephropathy (see list under “Service Needed”).

Service Needed: A nephropathy screening test or evidence of nephropathy from January 1 - December 31 of the measurement year. Evidence of nephropathy includes:

- ACE/ARB therapy.
- At least one ACE inhibitor or ARB dispensing event.
- Diagnosis of stage 4 chronic kidney disease, end stage renal disease (ESRD), chronic or acute renal failure, renal insufficiency, or diabetic nephropathy.
- Documentation of kidney transplant or dialysis, hemodialysis or peritoneal dialysis.
- A visit with a nephrologist.
- A urine microalbumin or albumin or protein test in which laboratory data indicates a positive result (“trace” urine microalbumin test results are not considered numerator compliant).

Coding:		
CPT 2	Positive microalbuminuria test documented/reviewed	3060F
	Negative microalbuminuria test documented/reviewed	3061F
	Positive macro albuminuria test documented/reviewed	3062F
	Nephropathy treatment documentation	3066F, 4010F
CPT 4:	81000 - 81005	
	82042 - 81044	
	84156	

Exclusions: One of the following:

- A diagnosis of polycystic ovaries, in any setting, any time during the member’s history through December 31 of the measurement year.
- A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior.
- If patient meets any of the exclusion criteria, please note for future reference.
- Hospice care in the measurement year.

Chart Review Tips:

- Urine tests for nephropathy screening or monitoring are usually found in the “Laboratory” section of the chart. Any of the following meet the criteria:
 - Urine microalbumin.
 - 24-hour urine for albumin or protein.

HEDIS Tip Sheet

- Timed urine for albumin or protein.
- Spot urine (e.g., urine dipstick or test strip) for albumin or protein.
- Urine for albumin/creatinine ratio.
- 24-hour urine for total protein.
- Random urine for protein/creatinine ratio.
- ACE or ARB medications are usually found in the “Medications” section of the chart.
- Diagnosis of ESRD, stage 4 chronic kidney disease, chronic or acute renal failure, renal insufficiency, or diabetic nephropathy are usually found in the “History” or “Progress Notes” or “Consults” sections of the chart.
- Nephrology visits would be found in either the “Progress Notes” sections or the “Consults” sections of the chart.

Member Outreach Tips:

- Ask patients if they have had a urine microalbumin or urine protein/albumin test or a visit with a nephrologist in the measurement year if they are currently taking an ACE Inhibitor/ARB before reminding them they are due. Additionally, also ask if they have ever been diagnosed with kidney disease.
- If patients have not met any of the above criteria, encourage them to schedule a visit with their PCP for screening.

Supplemental Data Tips

- The urine microalbumin or protein/albumin test must indicate the test date and the result must be present for the patient to meet this measure.
- For ACE inhibitor or ARB medications, please list the name of the medication and date.
- For a nephrologist visit, please list the name of the nephrologist and the visit date (not just the consult date; the patient must actually see the nephrologist).
- For a diagnosis of ESRD, stage 4 chronic kidney disease, chronic or acute renal failure, renal insufficiency, or diabetic nephropathy, please indicate the date diagnosed.
- For any of the above, the testing, medications, or diagnosis must be completed, documented or re-documented during the measurement year.

Description	Prescription				
Angiotensin converting enzyme inhibitors	• Benazepril	<input type="checkbox"/> Enalapril	<input type="checkbox"/> Lisinopril	<input type="checkbox"/> Perindopril	<input type="checkbox"/> Ramipril
	• Captopril	<input type="checkbox"/> Fosinopril	<input type="checkbox"/> Moexipril	<input type="checkbox"/> Quinapril	• Trandolapril
Angiotensin II inhibitors	<input type="checkbox"/> Azilsartan	<input type="checkbox"/> Eprosartan	<input type="checkbox"/> Losartan	<input type="checkbox"/> Telmisartan	
	<input type="checkbox"/> Candesartan	<input type="checkbox"/> Irbesartan	<input type="checkbox"/> Olmesartan	<input type="checkbox"/> Valsartan	
Antihypertensive combinations	<input type="checkbox"/> Aliskiren-valsartan		<input type="checkbox"/> Azilsartan-chlorthalidone		<input type="checkbox"/> Hydrochlorothiazide-lisinopril
	<input type="checkbox"/> Amlodipine-benazepril		<input type="checkbox"/> Benazepril-hydrochlorothiazide		<input type="checkbox"/> Hydrochlorothiazide-losartan
	<input type="checkbox"/> Amlodipine-hydrochlorothiazide-valsartan		<input type="checkbox"/> Candesartan-hydrochlorothiazide		<input type="checkbox"/> Hydrochlorothiazide-moexipril
	<input type="checkbox"/> Amlodipine-hydrochlorothiazide-olmesartan		<input type="checkbox"/> Captopril-hydrochlorothiazide		<input type="checkbox"/> Hydrochlorothiazide-olmesartan
	<input type="checkbox"/> Amlodipine-olmesartan		<input type="checkbox"/> Enalapril-hydrochlorothiazide		<input type="checkbox"/> Hydrochlorothiazide-quinapril
	<input type="checkbox"/> Amlodipine-telmisartan		<input type="checkbox"/> Eprosartan-hydrochlorothiazide		<input type="checkbox"/> Hydrochlorothiazide-telmisartan
	<input type="checkbox"/> Amlodipine-perindopril		<input type="checkbox"/> Fosinopril-hydrochlorothiazide		<input type="checkbox"/> Hydrochlorothiazide-valsartan
	<input type="checkbox"/> Amlodipine-valsartan		<input type="checkbox"/> Hydrochlorothiazide-irbesartan		• Sacubitril-valsartan
				• Trandolapril-verapamil	

Diabetes – Statin Therapy

Definition: Percentage of members ages 40-75, who have been diagnosed with diabetes but **DO NOT** have a diagnosis of ASCVD (atherosclerotic cardiovascular disease) who fill their statin/cholesterol medication prescription 80% of the time they have been prescribed the medication.

Service Needed: Filling prescriptions for statin/cholesterol medications.

Exclusions: Hospice care in the measurement year.

Chart Review Tips:

- Cholesterol medications include statins.
- Cholesterol medications can be found in the “Medications” section of the chart or noted in an office visit/progress note.

Member Outreach Tips:

- Ask patients if they are taking (or have been prescribed) a statin medication for cholesterol.
- Encourage patients to take medications as prescribed. If patients do not take medication as prescribed, ask why: Lack of funds? A problem with side effects?

Supplemental Data Tips

- This measure must be met through either pharmacy data or claims, meaning supplemental data cannot be used.
- Patients may be taking medication as prescribed and not using their insurance benefits (for example: \$4 prescriptions) which would cause them to appear not meet the metric falsely.

Statin medications include:

- Advicor (niacin extended-release/lovastatin)
- Altoprev (lovastatin extended-release)
- Caduet (amlodipine and atorvastatin)
- Crestor (rosuvastatin)
- Juvisync (sitagliptin/simvastatin)
- Lescol (fluvastatin)
- Lescol XL (fluvastatin extended-release)
- Lipitor (atorvastatin)
- Liptruzet (atorvastatin-ezetimibe)
- Livalo (pitavastatin)
- Mevacor (lovastatin)
- Pravachol (pravastatin)
- Simcor (niacin extended-release/simvastatin)
- Vytorin (ezetimibe/simvastatin)
- Zocor (simvastatin)

Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy for Rheumatic Arthritis (RA)

Definition: Percentage of members ages 18 and older who were diagnosed with rheumatoid arthritis (RA) and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

Service Needed: At least one ambulatory prescription dispensed for a DMARD during the measurement year (this can be fulfilled through pharmacy data or claim/encounter data).

Coding:		
HCPCS	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J0129
	Injection, adalimumab, 20 mg	J0135
	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J0717
	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J1438
	Injection, gold sodium thiomalate, up to 50 mg	J1600
	Injection, golimumab, 1 mg, for intravenous use	J1602
	Injection, infliximab, excludes biosimilar, 10 mg	J1745
	Injection, tocilizumab, 1 mg	J3262
	Cyclosporine, oral, 100 mg	J7502
	Cyclosporine, oral, 25 mg	J7515
	Cyclosporine, parenteral, 250 mg	J7516
	Mycophenolate mofetil, 180 mg	J7517
	Mycophenolic acid, oral, 180 mg	J7518
	Methotrexate sodium, 5 mg	J9250
	Methotrexate sodium, 50 mg	J9260
	Injection, rituximab, 100 mg	J9310

Exclusions: One of the following:

- Diagnosis of pregnancy in the measurement year.
- Diagnosis of HIV at any time in the past through December 31 of the measurement year.
- Hospice care in the measurement year.

Chart Review Tips:

- Review the "Notes", "Medical History", or "Consult" section to find the diagnosis from either primary care physician or specialist and for any exclusions.
- If patients have a diagnosis of RA, review their medication list to ensure they are on one of the below medications.

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- If patient meets any of the exclusion criteria, please note for future reference.

Member Outreach Tips:

- Encourage patients to schedule an appointment with their PCP if they have not had a preventive visit during the measurement year.
- If the medical record indicates that the patient is on a DMARD and a prescription has not been filled, consider the following options: Has the patient not filled the prescription this year? Is the patient not filling the prescription through his or her insurance? Has the patient stopped taking the medication, and if so, why? Is the patient using discount cards/coupons which might prevent the prescription being run through insurance? Is the patient using copay assistance through the drug company?

Supplemental Data Tips

This measure must be met through either pharmacy data or claims, meaning supplemental data cannot be used. Below is a list of DMARDs

Description	Prescription
5-Aminosalicylates	<ul style="list-style-type: none"> • Sulfasalazine (Azulfidine)
Alkylating agents	<ul style="list-style-type: none"> • Cyclophosphamide (Cytoxan, Cytoxan Lypholized)
Aminoquinolines	<ul style="list-style-type: none"> • Hydroxychloroquine (Plaquenil)
Anti-rheumatics	<ul style="list-style-type: none"> • Auranofin (Ridaura) • Penicillamine (Cuprimine, Depen) • Leflunomide (Arava)
	<ul style="list-style-type: none"> • Methotrexate (Trexall, Rasuvo, Otrexup, Rheumatrex Dose Pack, Xatmep)
Immunomodulators	<ul style="list-style-type: none"> • Abatacept (Orencia) • Anakinra (Kineret) • Adalimumab (Humira)
	<ul style="list-style-type: none"> • Certolizumab (Cimzia) • Etanercept (Enbrel) • Golimumab (Simponi)
	<ul style="list-style-type: none"> • Infliximab (Inflixtra, Remicade) • Rituximab (Rituxan) • Tocilizumab (Actemra)
Immunosuppressive agents	<ul style="list-style-type: none"> • Azathioprine (Imuran) • Cyclosporine (Sandimmune, Gengraf, Neoral)
	<ul style="list-style-type: none"> • Mycophenolate mofetil (CellCept) • Mycophenolic Acid (Myfortic)
Janus kinase (JAK) inhibitor	<ul style="list-style-type: none"> • Tofacitinib (Xeljanz)
Tetracyclines	<ul style="list-style-type: none"> • Minocycline (Minocin, Vectrin, Solodyn)

Medication Reconciliation Post Discharge

Definition: Percentage of members ages 18 and older who have had an acute or non-acute inpatient discharge on or between January 1st and December 1st of the measurement year and for who medications were reconciled the date of discharge through 30 day after discharge (31 total days).

Coding:	
CPT 2	1111F
CPT4	99495
	99496

Exclusions: Hospice care in the measurement year.

Chart Review Tip:

- Documentation of the medication reconciliation can be found in the recent office visit/progress or telephonic note must include date of when medication reconciliation was completed.
- Current and discharge medications must be reviewed on the same date.
- Medication reconciliation can be completed by prescribing practitioner, clinical pharmacist or registered nurse.
- Documentation of both current and discharge medications, with notation indicating medications have been reconciled by provider.
- Documentation of the current medications with a notation referencing the discharge medications were reviewed or no changes since discharge or discontinue all discharge medications.
- Documentation of both current and discharge medications, with notation indicating medications have been reconciled by provider.

Supplemental Data Tips

- Member with multiple discharges, medication reconciliation must be completed for each discharge.
- Evidence of discharge summary was completed from acute or non-acute inpatient facility must be present in the medical record.

Medication Adherence for Cholesterol

Definition: Percentage of Part D beneficiaries, ages 18 and older, who fill their cholesterol medication (statin drug) enough to cover 80% or more of the time they are taking the medication.

Service Needed: Filling prescriptions for cholesterol medications.

Exclusions: Hospice care in the measurement year.

Chart Review Tips:

- Cholesterol medications include statins.
- Cholesterol medications can be found in the “Medications” section of the chart or noted in the recent office visit/progress note.

Member Outreach Tips:

- Ask patients if they are taking (or have been prescribed) a medication for cholesterol.
- Encourage patients to take medications as prescribed. If patients do not take medication as prescribed, ask why: Lack of funds? A problem with side effects?

Supplemental Data Tips

- This measure must be met through either pharmacy data or claims, meaning supplemental data cannot be used.
 - Patients may be taking medication as prescribed and not using their insurance benefits (for example: \$4 prescriptions), which would cause them to appear not meet the metric falsely.

Statin medications include:

- Advicor (niacin extended-release/lovastatin)
- Altoprev (lovastatin extended-release)
- Caduet (amlodipine and atorvastatin)
- Crestor (rosuvastatin)
- Juvisync (sitagliptin/simvastatin)
- Lescol (fluvastatin)
- Lescol XL (fluvastatin extended-release)
- Lipitor (atorvastatin)
- Liptruzet (atorvastatin-ezetimibe)
- Lipitor (atorvastatin)
- Livalo (pitavastatin)
- Mevacor (lovastatin)
- Pravachol (pravastatin)
- Simcor (niacin extended-release/simvastatin)
- Vytorin (ezetimibe/simvastatin)
- Zocor (simvastatin)

HEDIS Tip Sheet

Medication Adherence for Diabetes

Definition: Percentage of Part D beneficiaries, ages 18 and older, who fill their diabetes medication enough to cover 80% or more of the time they are taking the medication.

Service Needed: Filling prescriptions for diabetes medications.

Exclusions: Hospice care in the measurement year.

Chart Review Tips:

- Diabetes medications are defined as: biguanide drugs, sulfonylurea drugs, thiazolidinedione drug, a DPP-IV inhibitor, an incretin mimetic drug, or a meglitinide drug. Insulin is not included.
- Diabetes medications can be found in the “Medications” section of the chart or noted in the recent office visit/progress note.

Member Outreach Tips:

- Ask patients if they are taking (or have been prescribed) a medication for diabetes.
- Encourage patients to take medications as prescribed. If patients do not take medication as prescribed, ask why: Lack of funds? A problem with side effects?

Supplemental Data Tips

- This measure must be met through either pharmacy data or claims, meaning supplemental data cannot be used.
- Patients may be taking medication as prescribed and not using their insurance benefits (for example: \$4 prescriptions), which would cause them to appear not meet the metric falsely.

Biguanides include:	Incretin mimetics include:
Glucophage (metformin)	Bydureon, Byetta (exenatide)
	Victoza (liraglutide)
Thiazolidinediones include:	Meglitinides include:
Avandia (rosiglitazone)	Starlix (nateglinide)
Actos (pioglitazone)	Prandin (repaglinide)
Sulfonylureas include:	DPP-IVs include:
Diabinese (chlorpropamide)	Januvia (sitagliptin)
Glucotrol and Glucotrol XL (glipizide)	Onglyza (saxagliptin)
Micronase, Glynase, and Diabeta (glyburide)	Tradjenta (linagliptin)
Amarly (glimepiride)	Nesina (alogliptin)

Medication Adherence for Hypertension

Definition: Percentage of Part D beneficiaries, ages 18 and older, who fill their hypertension medication enough to cover 80% or more of the time they are taking their medication.

Service Needed: Filling prescriptions for hypertension medications.

Exclusions: Hospice care in the measurement year.

Chart Review Tips:

- Hypertension medications are defined as renin angiotensin system (RAS) antagonists (angiotensin converting enzyme inhibitors (ACEI), angiotensin receptor blockers (ARB), or direct renin inhibitor medications).
- Hypertension medications can be found in the “Medications” section of the chart or noted in the recent office visit/progress note.

Member Outreach Tips:

- Ask patients if they are taking (or have been prescribed) a medication for hypertension.
- Encourage patients to take medications as prescribed. If patients do not take medication as prescribed, ask why: Lack of funds? A problem with side effects?

Supplemental Data Tips

- This measure must be met through either pharmacy data or claims, meaning supplemental data cannot be used.
- Patients may be taking medication as prescribed and not using their insurance benefits (for example: \$4 prescriptions), which would cause them to appear not meet the metric falsely.

Direct Renin Inhibitors:	
Terturna (aliskiren)	Amturnide (aliskiren/amlodipine/HCTZ)
Tekamlo (aliskiren/amlodipine)	Tekturna (aliskiren/HCTZ)

ACEIs Include:		
Lotrel (amlodipine/benazepril)	Vaseretic (enalapril/HCTZ)	Uniretic (moexipril/HCTZ)
Lotensin (benazepril)	Fosinopril	Perindopril
Lotensin HCT (benazepril/hydrochloro-thiazide[HCTZ])	Fosinopril/HCTZ	Accupril (quinapril)
Captopril	Prinivil (lisinopril)	Accuretic (quinapril/HCTZ)
Captopril/HCTZ	Zestril (lisinopril)	Altace (Ramipril)
Epaned (enalapril powder for oral solution)	Zestoretic (lisinopril/HCTZ)	Mavik (trandolapril)
Vasotec (enalapril)	Univasc (moexipril)	Tarka (trendolapril/verapamil)

Medication Adherence for Hypertension (*continued*)

ARBs Include:		
Azor (amlodipine/olmesartan)	Teveten (eprosartan)	Benicar HCT (olmesartan/HCTZ)
Exforge HCT (amlodipine/valsartan)	Teveten HCT (eprosartan/HCTZ)	Tribenzor (olmesartan/amlodipine/HCTZ)
Exforge HCT (amlodipine/valsartan/HCTZ)	Avapro (irbesartan)	Micardis (telmisartan)
Edarbi (azilsartan)	Avalide (irbesartan/HCTZ)	Micardis (telmisartan/HCTZ)
Edarbyclor (azilsartan/chlorthalidone)	Cozaar (losartan)	Twynsta (telmisartan/amlodipine)
Atacand (candesartan)	Hyzaar (losartan/HCTZ)	Diovan (valsartan)
Atacand HCT (candesartan/HCTZ)	Benicar (olmesartan)	Diovan HCT (valsartan/HCTZ)

Osteoporosis Management in Women Who Have Had a Fracture

Definition: Percentage of women 67 – 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test [DEXA scan] or prescription for a drug to treat or prevent osteoporosis within the six months after the fracture. The fracture must have occurred between July 1 prior to the measurement year and June 30 of the measurement year.

Service Needed: Testing or treatment for osteoporosis after the fracture:

- A BMD test [DEXA scan] on the date of fracture or within the 180-day (6-month) period after.
- A BMD test [DEXA scan] during the inpatient stay for the fracture (applies only to fractures requiring hospitalization).
- A dispensed prescription to treat osteoporosis on the date of fracture or within the 180-day (6-month) period after.

Coding:	
CPT 4	Bone Mineral Density Test: 76977, 77078, 77080 – 77082, 77085 - 77086
HCPCS	Bone Mineral Test: G0130
	Injection, calcitonin salmon, up to 400 units J0630
	Injection, Denosumab, 1 mg J0897
	Injection, Ibandronate sodium, 1 mg J1740
	Injection, Teriparatide, 10 mg J3110
	Injection, Zoledronic acid (zometa), 1 mg J3487
	Injection, Zoledronic acid (reclas), 1 mg J3488
	Injection, Zoledronic acid ,1 mg J3489
	Injection, Zoledronic acid, not otherwise classified, 1 mg Q2051
ICD-10-PCS	Ultrasonography of Right Shoulder, Densitometry BP48ZZ1
Ultrasonography of Left Shoulder, Densitometry BP49ZZ1	
Ultrasonography of Right Elbow, Densitometry BP4GZZ1	
Ultrasonography of Left Elbow, Densitometry BP4HZZ1	
Ultrasonography of Right Wrist, Densitometry BP4LZZ1	
Ultrasonography of Left Wrist, Densitometry BP4MZZ1	
Ultrasonography of Right Hand, Densitometry BP4NZZ1	
Ultrasonography of Left Hand, Densitometry BP4PZZ1	
Plain Radiography of Right Hip, Densitometry BQ00ZZ1	
Plain Radiography of Left Hip, Densitometry BQ01ZZ1	
Plain Radiography of Right Femur, Densitometry BQ03ZZ1	
Plain Radiography of Left Femur, Densitometry BQ04ZZ1	
Plain Radiography of Cervical Spine, Densitometry BR00ZZ1	
Plain Radiography of Thoracic Spine, Densitometry BR07ZZ1	
Plain Radiography of Lumbar Spine, Densitometry BR09ZZ1	
Plain Radiography of Whole Spine, Densitometry BR0GZZ1	

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Exclusions:

- Fractures of the fingers, face, skull, or toes are not included in this measure.
- A diagnosis/claim for osteoporosis or filled prescription for osteoporosis in the twelve months prior to the fracture within the eligible time period OR a BMD test [DEXA scan] within 24 months prior to the fracture.
- Hospice care in the measurement year.

Chart Review Tips:

- Look for any exclusions. If exclusions are identified, please note it for future reference.
- BMD tests [DEXA scan] can be found in the "Radiology" section of the chart.
- Osteoporosis medications can be found in the "Medications" section of the chart or noted in recent office visit /progress note.

Member Outreach Tips:

- If the patient has had a fracture and has no exclusions, ask if she has had a BMD test or is taking medications for the fracture. If she is not, encourage her to schedule an appointment with her doctor to discuss a BMD test [DEXA scan] or medications to strengthen her bones.

Supplemental Data Tips

A list of Osteoporosis medications are shown below.

Description	Prescription
Biphosphonates	<ul style="list-style-type: none"> • Alendronate (Fosamax) • Alendronate-cholecalciferol (Fosamax Plus D) • Calcium carbonate-risedronate (Actonel with calcium) • Ibandronate (Boniva) • Risedronate (Actonel) • Zoledronic acid (Reclast, Zometa)
Other agents	<ul style="list-style-type: none"> • Calcitonin (Fortical, Miacalcin) • Denosumab (Prolia, Xgeva) • Raloxifene (Evista) • Teriparatide (Forteo)



Transitions of Care (TRC)

Definition: Percentage of discharges for members 18 years of age and older who had each of the following services.

- **Service Needed:**
 - *Notification of Inpatient Admission.* Documentation of receipt of notification of inpatient admission on the day of admission or the following day.
 - *Receipt of Discharge Information.* Documentation of receipt of discharge information on the day of discharge or the following day.
 - *Patient Engagement On or after Inpatient Discharge.* Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days on or after discharge.
 - *Medication Reconciliation Post-Discharge.* Documentation of medication reconciliation on the date of discharge through 30 days on or after discharge (31 total days).

Coding:	
CPT 2	1111F
CPT4	99495
	99496

REQUIRED EXCLUSION: Members in hospice are excluded.

OPTIONAL EXCLUSION: Exclude both the initial and the readmission/direct transfer discharges if the last discharge occurs on or after December 1 of the management year.

Chart Review Tips:

Notification of Inpatient Admission

- Documentation must include evidence of receipt of notification of inpatient admission on the date of admission or the following day.
- Documentation must include evidence of receipt of notification with a date stamp.
- Any of the following may be used:
 - Communication between ER and the members PCP or ongoing care provider to admissions (e.g., phone call, email, fax)
 - Communication about admission to the member’s PCP or ongoing care provider through a health information exchange; an automated admission discharge and transfer (ADT) alert system; or a shared electronic medical record system
 - Communication about admission to the member’s PCP or ongoing care provider from the member’s health plan

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- Indication that the member's PCP or ongoing care provider admitted the member to the hospital
- Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider
- Indication that the PCP or ongoing care provider placed orders for test and treatments during the member's inpatient stay
- Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission. The timeframe that the planned inpatient admission must be communicated is not limited to the day of admit or the following day; documentation that either provider performed a preadmission exam or received notification of a planned admission prior to the admit date also meets criteria. The planned admission documentation or preadmission exam must clearly pertain to the denominator event.

Receipt of Discharge Information

- Documentation of receipt of discharge information on the day of discharge or the following day.
- Documentation must include evidence of receipt of discharge information on the day of discharge or the following day. Discharge information may be included in a discharge summary or summary of care record or be located in structured fields in an EHR. At a minimum, the discharge information should include **ALL** of the following:
 - The practitioner responsible for the member's care during the inpatient stay
 - Procedures or treatment provided
 - Diagnoses at discharge
 - Current medication list (including allergies)
 - Testing results, or documentation of pending tests or no tests pending
 - Instructions to the PCP or ongoing care provider for patient care

Patient Engagement On or after Inpatient Discharge

- Documentation of patient engagement (e.g., office visits, visits to the home, or telehealth) provided within 30 days on or after discharge.
 - (Do not include patient engagement that occurs on the date of discharge.)
- Either of the following may be used:
 - An outpatient visit, including office visits and home visits
 - A synchronous telehealth visit where real-time interaction occurred between the member and provider via telephone or videoconferencing.

Medication Reconciliation Post-discharge

Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days on or after discharge (31 total days).

- Documentation in the outpatient medical record must include evidence of reconciliation and the date it was performed.
- Any of the following may be used:
 - Documentation of the current medications with a notation that the provider reconciled the current and discharge medications

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- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications)
- Documentation of the member's current medications with a notation that the discharge medications were reviewed
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service
- Documentation of the current medications with evidence that the member was seen for post discharge hospital follow-up with evidence of medication reconciliation or review
- Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days on or after discharge (31 total days).

Supplemental Data Tips

- **Do not include:**
 - Documentation that the member or member's family notified the member's PCP or ongoing care provider of the admission –
 - Documentation of notification of admission that does not include a time frame or date stamp
- Documentation in the outpatient chart regarding Medication Reconciliation meets the intent of the measure, but an outpatient visit is not required.



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