



# MY2025 WellCare of North Carolina Provider Pocket Guide

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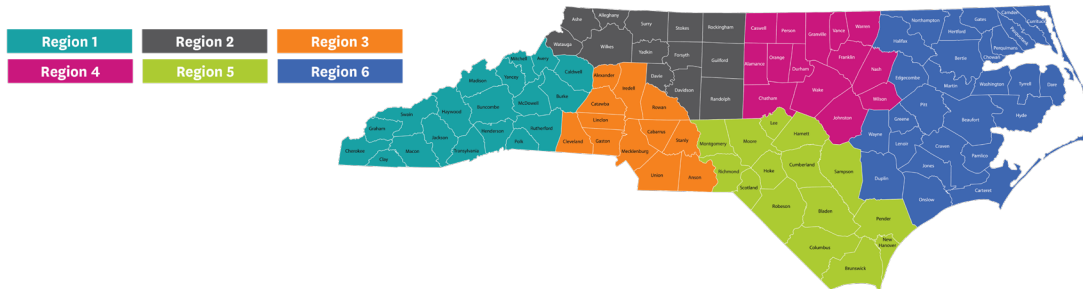
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## Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis - AAB

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

**Lookback Period:** July 1, PY – June 30, MY

**Episode date:** The date of service for any outpatient, telephone, or ED visit, e-visit, or virtual check-in during the intake period with a diagnosis of acute bronchitis/bronchiolitis.

### Criteria to Meet the Goal

**The following can be used to meet numerator compliance:**

- Administrative Data – includes medical, and pharmacy claims.

The measure is reported as an inverted rate [ $1 - (\text{numerator}/\text{initial population})$ ]. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).

**Denominator Exclusions:**

- Members who use hospice services or elect to use a hospice benefit.
- Members who die during the measurement year.

This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements. For additional details and specifications for HEDIS measures please to go <https://www.ncqa.org/hedis/measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Adults' Access to Preventative/Ambulatory Health Services - AAP

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 20 years of age and older who had an ambulatory or preventative care visit.

### Reporting on 3 separate percentages

- Medicaid and Medicare members who had an ambulatory/preventative care visit during the measurement year.
- Commercial members who had an ambulatory or preventative care visit during the measurement year or 2 years prior to the measurement year.

### Criteria to Meet the Goal

**Use the following value sets to identify ambulatory or preventative care visits:**

- Ambulatory Visits Set Value
- Reason for Ambulatory Visit Value Set. Do not include laboratory claims.

### Denominator Exclusions:

- Members who use hospice services or elect to use a hospice benefit.
- Members who die during the measurement year. .

The measure is reported as an inverted rate  $[1 - (\text{numerator}/\text{initial population})]$ . A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).

### Criteria to Meet the Goal

- Recommendations for timely preventative care visits for Medicare and Medicaid health care patients.
- Schedule preventative care visits during the measurement year.
- Document the date and type of visit.

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## Follow-Up Care for Children Prescribed ADHD Medications – ADD-E

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of children ages 6-12 with newly prescribed 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:** Assesses members 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

**Continuation & Maintenance Phase:** Assesses members 6 - 12 years of age who had a prescription for ADHD medication and remained on the medications for at least 210 days and had at least 2 follow-up visits with a practitioner in the 9 months after the Initiation Phase.

### Criteria to Meet the Goal

#### Medical Record Documentation:

**Initiation Phase (Rate 1):** Members who had a follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSP (do not include visits on the IPSP). Any of the following code combinations meet criteria for a visit; the visit must be with a provider with prescribing authority.

**Continuation and Maintenance (C&M) Phase (Rate 2):** Numerator compliant for Rate 1 — Initiation Phase, and At least two follow-up visits on different dates of service with any practitioner, from 31–300 days after the IPSP.

#### Any of the following code combinations meet criteria for follow-up visits:

- An outpatient visit.
- A health and behavior assessment or intervention.

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## Follow-Up Care for Children Prescribed ADHD Medications – ADD-E (cont.)

- An intensive outpatient encounter or partial hospitalization.
- A community mental health center visit.
- A telehealth visit.
- An e-visit or virtual check-in.
- Only one of the two visits may be an e-visit or virtual check-in.

### WellCare in Action

- Project Manager to work directly with provider to develop action plans for improvement.

### Best Practices

- Complete a comprehensive medical and psychiatric exam, including checklists for rating ADHD symptoms before diagnosing and prescribing.
- Educate and encourage the patient & parent/guardian to attend follow-up appointments monthly until the child's symptoms have stabilized, then every 3-6 months for continued assessment of learning & behavior.
- If parents/guardians cancel the patient's appointment, be sure to reschedule right away to keep within measurement time periods.

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## Asthma Medication Ratio – AMR

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater during the measurement year.

**Measurement Year:** January 1, MY to December 31, MY

### Exclusions:

- Members who use hospice services or elect to use a hospice benefit during the MY.
- Members who die during the MY.
- Members who had a diagnosis that required a different treatment approach than members with asthma.
- Members who had no asthma controller or reliever medications dispensed during the MY.

### Criteria to Meet the Goal

#### Documentation in the medical record must include the following:

- Dated evidence of having persistent asthma in the MY and year prior to the MY.
- At least one asthma controller or reliever medication dispensing event in MY.
- Evidence of a medication ration  $\geq 0.50$ .

#### Acceptable examples of documentation:

- Medications described as “injection,” “prefilled syringe,” “subcutaneous,” “intramuscular,” or “auto-injections” are considered “injections” (route).
- Medications described as “metered dose inhaler,” “dry powder inhaler,” or “inhalation powder” are considered “inhalation” (route).

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## Asthma Medication Ratio – AMR (cont.)

### WellCare in Action

- Providing education through the Quality Provider Newsletter and highlighted for measure of the month.

### Best Practices

- Promote controller adherence through patient education
- Implement 90-day fills or mail-order options.
- Engage pharmacists and case managers to reinforce medication understanding.
- Use alerts or outreach when controller-to-reliever ratios are low.

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## Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics – APP

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

Measure evaluates the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

### What is Included?

Members 1-17 years old who had a new antipsychotic prescription without a diagnosis of schizophrenia, bipolar disorder, other psychotic disorders, autism, or other developmental disorders on at least two different dates of service during the measurement year.

### Criteria to Meet the Goal

Claims: Adherence is met with a claim for psychosocial care or residential treatment in the 121-day period prior to the earliest prescription date through 30 days after.

Denominator Exclusions:

- Members who use hospice or elect to use a hospice benefit.
- Members who die.
- Members for whom first-line antipsychotic medications may be clinically appropriate, members with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder.

**Medical Record Documentation:** A visit note that indicates a referral was made for psychosocial care 90 days prior to the new prescription through 30 days after.

The negative medication history is a period of 120 days prior to the IPSD when the member had no antipsychotic medications

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## Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics – APP (cont.)

dispensed for either new or refill prescriptions.

The ISPD is the dispensing date of the earliest antipsychotic prescription between January 1 and December 1 of the measurement year with a negative medication history.

### WellCare in Action

- Project Manager to work directly with providers to create a work plan to help overcome barriers/challenges to improve performance.

### Best Practices

- Refer patients for a trial of first line, evidence-based psychosocial care before prescribing antipsychotic medications.
- When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- Periodically review the ongoing need for continued therapy with antipsychotic medications.
- Assess the need for care management; refer if necessary and available.

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## Breast Cancer Screening – BCS - E

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

#### This measure assesses:

- The percentage of women 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

#### Lookback Period:

- There is a 27-month lookback period from 10/1, 2 years prior to 12/31 of the measurement year.

#### Denominator Exclusions:

- Members who use hospice services or elect to use a hospice benefit or receive palliative care.
- Members who die.
- Members who had bilateral mastectomy or history of bilateral mastectomy.
- Members who had gender affirming chest surgery with a diagnosis of gender dysphoria.
- Medicare members age 66 and older by the end of the measurement year and have advanced illness or frailty

### Criteria to Meet the Goal

#### Documentation Requirements:

- All types and methods of mammograms qualify for numerator compliance (screening, diagnostic, film, digital, or digital tomosynthesis)
- Member reported results are acceptable if the information is recorded, dated and maintained in the member's legal health record. The service must be collected by a primary care practitioner or ongoing care provider, while taking a person's health history.

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## Breast Cancer Screening – BCS - E (cont.)

- A documented mammogram that has a date specific enough to support compliance within the lookback period anywhere in the medical record.
- Report indicating the date and type of screening completed

### Acceptable Codes:

- Mammograms: **CPT** – 77061, 77062, 77063, 77065, 77066, 77067
- Mastectomy: **ICD-10** – Z90.13, 19180, 19200, 19220

### WellCare in Action

- Mammogram Facility Incentive Program (MFIP) . Facilities could get \$50 per member that completes a screening.
- Partnering with Providers to schedule Mammogram bus. WellCare calling to schedule members.
- Medicaid Only\* – Push notifications reminders to members
- Medicare Only\* – Digital messages to reminder members; Healthmine (Member Rewards)

### Best Practices

- Schedule regular Mammogram screenings for women ages 40-74 years at least once every 2 years.
- Discuss importance of screenings and early detection
- Encourage routine self-breast exams and to notify provider of changes

\*Programs are subject to change during the year. Contact your QPA to verify program status.

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## Blood Pressure Control for Patients with Hypertension – BPC - E

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was <140/90 mm Hg during the measurement year.

**Lookback Period:** Jan. 1, MY – Dec. 31, MY

**The following meets criteria:** The systolic and diastolic BP values <140/90 from the most recent day a BP was recorded during the measurement year, on or after the date of the second hypertension event.

### Criteria to Meet the Goal

**Documentation in the medical record must include the following:**

- The BP reading and the date.

### Denominator Exclusions:

- Members who use hospice or elect to use a hospice benefit.
- Members who die during the measurement year.
- Members receiving palliative care or had an encounter for palliative care.
- Members with a diagnosis/procedure that indicates end-stage renal disease.
- Members 66-80 years of age as of Dec 31 MY with frailty AND advanced illness.
- Members with a diagnosis of pregnancy.
- Member with a nonacute inpatient admission.

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## Blood Pressure Control for Patients with Hypertension – BPC - E (cont.)

### WellCare in Action

- **Free** BP reminder door hangers to providers.
- Utilize EMR access to look for compliant records.
- Member education is provided via Member Newsletter, and handouts at Community Engagement events.

### Best Practices

- Blood pressure readings can be collected via telehealth visit and do not require a remote monitoring device to be the source.
- Encourage prescheduling routine appointments for members with hypertension.
- Retake BP readings if the reading is >140/90 mm Hg. **You may request FREE “Reminder” Door Hangers from your QPA!** These will help your office staff remember to retake blood pressures.



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## Blood Pressure Control for Patients with Diabetes - BPD

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 18-75 years of age with diabetes (types 1 & 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

**Lookback Period:** Jan. 1, MY – Dec. 31, MY

**The following meets criteria:** The systolic and diastolic BP values <140/90 from the most recent day a BP was recorded during the measurement year, on or after the date of the second hypertension event.

### Things to remember:

- BP readings taken by the member & documented in the member's medical record are eligible for use in reporting. Must use digital BP device.
- Ranges & thresholds do NOT meet the criteria for this measure.
- BP readings taken on the same day that a patient receives a common low-intensity or preventive procedure are eligible.
- Do not use BP reading taken during an inpatient stay or ED visit.
- Do not use BP reading taken by the member using a non-digital device, such as a manual bp cuff & stethoscope.

### Criteria to Meet the Goal

To satisfy the numerator of the BPD measure, documentation in the medical record must include the following:

- The date of the BP reading

### Denominator Exclusions:

- Members who use hospice services or elect to use a hospice benefit.
- Members who die.

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## Blood Pressure Control for Patients with Diabetes - BPD (cont.)

- **Medicare** members 66 yrs and older who are either enrolled in an institutional SNP or living in a long-term institution.
- Members 66 yrs and older by the end of the MY with frailty **and** advanced illness.
- Members receiving or who had an encounter for palliative care.

### Criteria to Meet the Goal

- **Free** BP reminder door hangers to providers.
- Utilize EMR access to look for compliant records.
- Member education provided via Member Newsletter, & handouts during Community Engagement events.
- Medicaid Only\* – Digital messages to members.
- Medicare & Medicaid\* – Krames educational emails to members

### Best Practices

Blood pressure readings can be collected via telehealth visit and it does not require a remote monitoring device to be the source. Retake BP readings if the reading is >140/90 mm Hg. **You may request FREE “Reminder “Door Hangers from your QPA!** These will help your office staff remember to retake blood pressures.



\*Programs are subject to change during the year. Please contact your QPA to verify program status.

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## Controlling High Blood Pressure - CBP

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled. (<140-90 mm Hg) during the MY.

**Data Sources** – How data is collected

- Claims
- Medical Records (chart review)
- Electronic Clinical Data Systems (ECDS)

**Measurement Year:** Jan 1, MY – Dec. 31, MY

### Criteria to Meet the Goal

#### Documentation:

The most recent BP reading during the measurement year on or after the second diagnosis of hypertension.

#### Denominator Exclusions: Any time during MY:

- Members receiving or having an encounter for palliative care, use hospice services or expire during the measurement year.
- Medicare members ages 66 and older by the end of the measurement period who meet either: Enrolled in an Institutional SNP (I-SNP), or Living Long-term in an institution.
- Members 66-80 years of age as of December 31 of the MY with frailty and advanced illness. Members must meet both frailty and advanced illness criteria.
- Members diagnosed as pregnant, or who had a non-acute inpatient admission.
- Members with a diagnosis that indicates end-stage renal disease (ESRD)/Members with a procedure that indicates ESRD.

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## Controlling High Blood Pressure - CBP (cont.)

### WellCare in Action

- **Free** BP reminder door hangers to providers.
- Utilize EMR access to look for compliant records.
- Provider education/best practices during Wednesdays with WellCare.
- Member outreach via SMS text message reminders of status and to visit PCP.
- Medicaid Only\* – Digital reminder messages.
- Medicare Only\* – Modified Diabetes Program; Pharmacy Quality Solutions; Relay reminder messaging.
- Medicaid & Medicare\* – In Home assessments.

### Best Practices

- Ensure BP readings are documented at every eligible encounter.
- Re-measure high BP readings if initial BP is  $\geq 140/90$ , allow 5 mins of rest and recheck. Document both readings. **You may request FEE “Reminder” Door Hangers from your QPA!** These will help office staff remember to recheck blood pressures.
- Outreach to uncontrolled members: prioritize gap course outreach for members with past high BP or missing readings.
- Medication adherence & Intensification: assess and address non-adherence to anti-hypertensive medications.



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## Cervical Cancer Screening – CCS-E

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members aged 21-64 who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria:

- Cervical Cytology for members 21-64: January 1, MY + 2 years prior – December 31, MY (3 years)
- hrHPV test for members 30-64: January 1, MY + 4 years prior – December 31, MY (5 years)
- Cervical Cytology/hrHPV cotest for members 30-64: January 1, MY + 4 years prior – December 31, MY (5 years)

**Measurement Period:** Jan.1, MY – Dec. 31, MY

### Criteria to Meet the Goal

#### Documentation:

#### Documentation Requirements:

- The type of screening, date of the screening and the result

#### Acceptable Codes:

#### Cervical Cytology Lab Test:

- CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
- HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001

#### HPV Tests:

- CPT: 87624, 87625, 87626, 0502U
- HCPCS: G0476

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## Cervical Cancer Screening – CCS-E (cont.)

### Denominator Exclusions:

- Members receiving or have an encounter for palliative care.
- Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.
- Members who die within the MY.
- Members receiving hospice care or elect to use a hospice benefit.

### WellCare in Action

- Calling members to schedule appointments.
- Partnering with Care Everywhere Mobile Unit\* to assist with screenings for members in specific areas of NC. (not available in all areas, for a list of locations, contact your QPA)
- Digital reminder messages to members

### Best Practices

- Use post card mailers, automated calls, or text messaging reminders to patients in need of cancer screenings.
- Complete a Pap test during regular scheduled well-woman visits, sick visits, urine pregnancy test, UTI, and chlamydia/STI screenings, when appropriate.
- Review & document patient's surgical & preventative screening history (include date performed & results).

\*Not available in all areas. For a list of locations, contact your QPA.

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## Depression Screening and Follow-Up - CDF

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 12 years of age and older who were screened for clinical depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

#### **What is Included?**

Medicaid members 12 years of age and older

#### **Denominator Exclusions:**

A patient is not eligible if 1 or more of the following conditions are documented during the measurement year:

- The patients have an active diagnosis prior to any encounter
- The patient has diagnosed bipolar disorder prior to any encounter

#### **Criteria to Meet the Goal**

Medical Record Documentation: Any of the following on or 30 days after the first positive screen:

- Outpatient or telephone follow-up visit with a diagnosis of depression or other behavioral health condition.
- Depression Case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- Collaborative care management encounter.
- Behavioral health encounters, including assessment, therapy, or medication management.
- Dispensed antidepressant medication (prescribed and filled at pharmacy).

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## Depression Screening and Follow-Up - CDF (cont.)

- Additional evaluation for depression:
  - Further assessment on same day subsequent to the positive screen.
  - Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up.

### WellCare in Action

- Project Manager to work directly with providers to improve depression screening rates using BH screening tools and encourage collaboration among all providers.

### Best Practices

- Always use the follow up after a positive screen code and document the referral (G8431).
- Follow up with members referred to behavioral health options after a positive screening.
- Provide education about what a positive screening means.
- Develop a mechanism that makes it easier for staff to document the screenings.
- Rescreen at each visit if possible but at least every 6 months.
- Set flags if available in EHR or develop tracking methods for patients who may need screenings and follow-up visits.

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## Chlamydia Screening - CHL

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of members 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year.

**Measurement Year:** 1/1/MY – 12/31/MY

### Criteria to Meet the Goal

#### Documentation Requirements:

- The date of the chlamydia test and the result

#### Acceptable Codes – Chlamydia Tests:

- **CPT:** 87110, 87270, 87320, 87490, 87491, 87492, 87810

#### Denominator Exclusions:

- Members who use hospice services or elect to use a hospice benefit.
- Members who die.
- Members who have had a pregnancy test and a prescription for isotretinoin on the date of the pregnancy test through 6 days after the pregnancy test.
- Members who have had a pregnancy test and an x-ray on the date of the pregnancy test through 6 days after the pregnancy test.

### WellCare in Action

- Outreach to members to assist with scheduling appointments for screening.
- Partnering with Care Everywhere Mobile Unit\* to schedule appointments for screenings.

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## Chlamydia Screening - CHL (cont.)

### Best Practices

- Add Chlamydia screening as a standard lab for members 16–24 years old.
- Screening can be performed through a throat swab when symptoms are present orally or simply through a urine test.
- Keep chlamydia swabs next to Pap tests or pregnancy detection materials.
- Meet with teens and young adults separately from their parents to allow open conversation.
- Screen members for chlamydia during wellness visits or when they are seen for birth control.

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## Childhood Immunization Status (Combo 10) – CIS-E

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of children 2 years of age who received the following prior to or on the 2nd birthday:

- 4 diphtheria, tetanus and acellular pertussis (DTaP)
- 3 Polio (IPV)
- 1 measles, mumps and rubella (MMR)
- 3 haemophilus influenza type B (HiB)
- 3 hepatitis B (HepB)
- 1 chicken pox (VZV)
- 4 pneumococcal conjugate (PCV)
- 1 hepatitis A (HepA)
- 2 or 3 rotavirus (RV)
- 2 influenza (flu) vaccines

The measurement year includes children who turn two years of age between 1/1/MY – 12/31/MY.

The lookback period is birth through the members 2nd birthday.

### Criteria to Meet the Goal

#### Evidence of immunization administration submitted via:

- Electronic Health Record (EHR)/Personal Health Record (PHR)

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## Childhood Immunization Status (Combo 10) – CIS-E (cont.)

- Health Information Exchange (HIE)/Clinical Registry (NCIR)
- Claims coding

*\*Documentation must include the name of the immunization and date of administration.*

### **Denominator Exclusions:**

- Members who use hospice services or elect to use a hospice benefit anytime during the MY.
- Members who die in the MY.
- Members who had a contraindication to a childhood vaccine, including members who had an organ or bone marrow transplant.

### **WellCare in Action**

- Outreach to members via post card mailings who are due for immunizations.
- My Health Pays incentives
- Partner with other departments/provider offices to facilitate Shots for Shoes, and Vaccine Party events.
- Providers receive incentive for assisting members to complete the Combo 10 vaccine series.
- Digital reminder messages to members

### **Best Practices**

- Use automated reminders (calls, texts, EHR) for appointment scheduling
- Follow up with caregivers to reschedule missed appointments
- Consider standing orders for recommended vaccines
- Verify integration of EHR with NCIR where applicable

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## Childhood Immunization Status (Combo 10) – CIS-E (cont.)

Immunization	Common Codes
DTap (4 doses)	90697, 90698, 90700, 90723
IPV (3 doses)	90697, 90698, 90713, 90723
MMR (1 dose)	90707, 90710
HiB (3 doses)	90644, 90647, 90648, 90697, 90698, 90748
Hep B (3 doses)	90697, 90723, 90740, 90744, 90747, 90748 HCPCS Code: G0010
Varicella VZV (1 dose)	90710, 90716
Pneumococcal conjugate (4 doses)	90670, 90671, 90677 HCPCS Code: G0009
Hepatitis A (1 dose)	90633
Rotavirus (2 dose series)	90681
Rotavirus (3 dose series)	90680
Influenza (2 doses)	90655, 90656, 90657, 90661, 90674, 90685, 90686, 90687, 90698, 90689, 90756

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## Care for Older Adults - COA

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of adults 66 years and older who had both of the following during the MY:

- Medication Review
- Functional Status Assessment

**Measurement Year:** Jan. 1, MY – Dec. 31, MY.

#### Denominator Exclusions:

- Members who use hospice or elect to use a hospice benefit during the MY.
- Members who die.

**Medication Review Acceptable Codes:** CPT – 90863, 99483, 99605, 99606, 1160F

**Functional Status Assessment Acceptable Codes:** CPT – 99483, 1170F

### Criteria to Meet the Goal

#### Evidence of immunization administration submitted via:

- Electronic Health Record (EHR)/Personal Health Record (PHR)

#### Medication Review:

- A medication list in the medical record, which includes a comprehensive medication list (including all prescriptions, over the counter, herbal, and supplement therapies).
- Evidence of a medication review by a prescribing practitioner (MD, NP, APRN, PA) or clinical pharmacist and the date when it was performed.
- The date the medication review was performed.

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## Care for Older Adults - COA (cont.)

### Functional Status Assessment:

- Evidence of a complete functional status assessment during MY.
- The date(s) when the assessments were performed.
- Notations for a complete functional status assessment must include one of the following:

<b>Activities of Daily Living</b>	<b>Notation of at least 5:</b> Bathing, Dressing, Eating, Using the toilet, Walking, Transferring
<b>Instrumental Activities of Daily Living</b>	<b>Notation of at least 4:</b> Shopping for groceries, driving or using public transportation, using the telephone, cooking/ meal prep, housework, home repair, laundry, taking medications, handling finances

### WellCare in Action

- Utilizing EMR access for complaint records.
- Member outreach via automated calls
- Medicare Only\* - Preventive Service Outreach Program; Relay reminder messaging.
- Medicare & Medicaid\* – In Home assessments

### Best Practices

- Complete the Medication Review & a Functional Status Assessment in the same visit.
- The medical record must contain a med list or documentation the member is not taking any medications.
- A medication review & medication list code must be billed simultaneously for a patient to be compliant.

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## Concurrent Use of Prescription Opioids and Benzodiazepines - COB

**Line of Business:** ● Medicaid ● Medicare

### Pharmacy Quality Alliance Measure

The percentage of patients with 30 cumulative days of overlap with opioids and benzodiazepines.

#### Initial Population (Denominator):

18 years and older who have 2 or more fills of any opioid with at least 15 cumulative days supply during measurement year.

***A lower rate is better.***

#### Criteria to Meet the Goal

Compliance with this measure is determined by prescription claims submitted to the patient's WellCare pharmacy benefit. No medical record documentation is accepted.

**Data Source:** Pharmacy data.

#### Denominator Exclusions:

- Diagnosis of cancer or sickle cell disease
- Hospice

#### WellCare in Action

- Project Manager to work directly with providers to develop action plans for improvement.

#### Best Practices

- Evaluate medication lists at every visit. Ask about prescriptions from other providers.
- Avoid initial combinations of opioid and benzodiazepines.
- Consider and encourage non-drug options, such as cognitive therapy, sleep hygiene, and relaxation techniques.

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## Concurrent Use of Prescription Opioids and Benzodiazepines - COB (cont.)

- Verify controlled substance use through the NC Controlled Substances Reporting System before prescribing an opioid or benzodiazepine.
- Discuss the risks and benefits of opioid therapy and educate about the risks of polysubstance use.
- Refer patients to pain management specialists when appropriate.
- Provide naloxone rescue therapy to all patients who receive an opioid.

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## Colorectal Cancer Screening – COL - E

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

**The measurement year** is 1/1/MY - 12/31/MY

- Fecal Occult Blood Testing (FOBT): January 1, MY – December 31, MY (1 year)
- Stool DNA (sDNA) with FIT test: January 1, MY + 2 years prior – December 31, MY (3 years)
- CT Colonography/Virtual Colonoscopy: January 1, MY + 4 years prior – December 31, MY (5 years)
- Flexible Sigmoidoscopy: January 1, MP + 4 years prior – December 31, MY (5 years)
- Colonoscopy: January 1, MY + 9 years prior – December 31, MY (10 years)

### Criteria to Meet the Goal

#### Claims

Proper utilization of correct coding is paramount to ensuring compliance data is captured.

#### Denominator Exclusions:

- Medicare members 66 years of age and older as of 12/31 of MY.
- Members in hospice or using hospice services during MY, or members that die.
- Members who have had colorectal cancer any time in history though Dec 31.
- Members who had a total colectomy any time in history though Dec 31 MY.
- Members 66 or older by end of MY with a diagnosis of Frailty and Advanced Illness.
- Members receiving palliative care or had an encounter for palliative care.

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## Colorectal Cancer Screening – COL - E (cont.)

### Medical Record Documentation

- A visit note that indicates the date of service of the most recent colon cancer screening test.
- A notation in history of a colon cancer screening test or procedure within the acceptable look back period.

### WellCare in Action

- Utilize EMR access for compliant records.
- Mailing members with open care gaps home testing kits.
- Direct outreach to members.
- Medicare Only\* – Healthmine Member Rewards program; Relay messaging.

### Best Practices

- Using automated reminders (calls, texts, letters) for patients due for screening.
- When recording a screening in the history of a member ensure the type of procedure is specified the date of the procedure or exam and the result.
- Assist members with scheduling colonoscopy screening appointments.
- Talk with members about using the home screenings for colorectal cancer screening.

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## Appropriate Testing for Pharyngitis - CWP

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of episodes for members 3 years and older where the person was diagnosed with pharyngitis, dispensed and antibiotic, and received a group A streptococcus (strep) test for the episode.

**Lookback Period:** June 28, PY – July 3, MY

### Criteria to Meet the Goal

**Documentation in the medical record MUST include the following:**

- The date of the Group A streptococcus test

**To satisfy the CWP measure:**

- A group A streptococcus test in the 7-day period from 3 days prior to the episode date through 3 days after the episode date.

**Denominator Exclusions:**

- Members who use hospice service or elect to use a hospice benefit during the measurement year.
- Member who die any time during the measurement year.

### Best Practices

- Review and document group A streptococcus test in the member's health record.
- Use the correct procedure codes on claims and encounters.
- In-person office visits are not required; follow-up can be provided via telehealth, telephone, e-visit or virtual visits.
- Vial pharyngitis does not require antibiotic treatment.
- Provide tips for managing viral infections and their symptoms such as over-the-counter medications.

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## Eye Exam for Patients with Diabetes - EED

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

**The measurement year** is 1/1/MY - 12/31/MY.

#### **The Lookback period is:**

- January 1, PY- December 31, PY **for negative results only.**

Medical Record Documentation

Evidence of diabetes diagnosis during the MY or year prior to the MY, & date of eye exam & result.

### Criteria to Meet the Goal

#### **Claims**

- Members who had at least two diagnoses of diabetes, on different dates of service, during the measurement year or the year prior to the measurement year.
- Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year **and** have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.

#### **Denominator Exclusions:**

- Members in hospice or using hospice services during the measurement year.
- Members receiving palliative care, or who die during the measurement year.
- Medicare members 66 years of age and older as of 12/31/MY:

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## Eye Exam for Patients with Diabetes - EED (cont.)

- Enrolled in an Institutional SNP or Living long term in an institution
- Members 66 years of age and older as of 12/31/MY with frailty and advanced illness.

### WellCare in Action

- WellCare clinical staff to utilize Premier Care eye cameras to complete eye exams at events.
- Member outreach to refer members to an eye care provider.
- Medicaid Only\* – Digital reminder messages.
- Medicare Only\* – Healthmine - Member Rewards, Relay messaging.
- Medicaid & Medicare\*- In Home Assessments

### Best Practices

- Send appointment reminders and call members to remind them of upcoming appointments and any necessary screenings.
- Follow up on lab test results, eye exam results, and any specialist referral and document on your chart.
- Remember to include the applicable **CPT II** reporting code to help reduce the burden of HEDIS medical record review.

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## Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions - FMC

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of emergency department visits for members 18 years of age and older, on the date of the visit, who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

**Lookback Period:** Jan. 1, MY – Dec. 31, MY

#### Denominator Exclusions:

- Members who use hospice services or elect to use a hospice benefit.
- Members who die.
- An ED visit followed by admission to an acute or nonacute inpatient care setting.

### Criteria to Meet the Goal

#### Documentation in the Medical Record must include the following:

- Date of ED visit.
- A follow-up service within 7 days after the ED visit (8 days total).
- The date of the follow-up visit.

#### The following are eligible chronic conditions diagnoses:

- COPD, Asthma, or Unspecified Bronchitis
- Alzheimer's disease and related disorders
- Chronic Kidney Disease
- Depression
- Heart Failure
- Acute Myocardial Infarction
- Atrial Fibrillation
- Stroke and Transient Ischemic Attack

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## Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions - FMC (cont.)

### The following meet criteria for follow-up:

- An outpatient visit, telephone, e-visit or virtual check-in.
- Transitional care management services/Case Management visits.
- Clinic visit or medical consultation.
- Behavioral health treatments, activity therapy, mental health therapy, or psychosocial rehabilitation.

### WellCare in Action

- Direct member outreach to remind members to get follow-up appointments.
- Utilize EMR access to identify diagnostic trends.
- Relay reminder messaging\*
- Reminder email and text campaigns\*.

### Best Practices

- If a person has more than one ED visit, they may be present in the measure more than once.
- Have reserved appointments so patients with ED visit can be seen within 7 days of discharge.
- In-person office visits are NOT required. Follow-up can be provided via telehealth, telephone, e-visit or virtual visit.

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

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

This measure assesses the percentage of emergency department visits for members ages 13 and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, for which there was follow-up.

#### Two rates are reported:

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

This measure is based on ED events, so a member may fall into the measure multiple times throughout

### Criteria to Meet the Goal

#### Claims

The visit can be with any practitioner if the claim includes a diagnosis of SUD (F10.xx-F19.xx) or drug overdose (e.g.T40-T43, T51). Coding Instructions Use CPT®, HCPCS and ICD-10 to close care gaps Initiation, Engagement and Treatment Follow-Up Visits

- BH Outpatient - CPT: 98960, 99078, 99211, 99384, 99394, 99401, 99411, 99483, 99510
- Substance Use Disorder - CPT: 99408, HCPCS: G0396, G0443, H0005, H0007, H0016, H0022, H0050, H2035
- Medication Treatment HCPCS: G2067, G2080, G2086, H0020, H0033, J0570, J0571, J2315, Q9991, S0109
- Substance Use Disorder Diagnosis Codes - ICD-10: F10-16.xx, F18-19.xx

#### Denominator Exclusions:

- Members in hospice or using hospice services.
- ED visits that resulted in any inpatient stay the day of or within 30 days.

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## Follow-Up After Emergency Department Visit for Substance Use - FUA (cont.)

### Best Practices

- Ensure care coordination for members who are discharged from the ED following high-risk substance use events, since those individuals may be particularly vulnerable to losing contact with the healthcare system. Follow-up visits that occur on the same day as the ED discharge count for compliance.
- Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling.
- If the member's appointment does not occur within the first 7 days following their ED visit, please schedule the appointment to occur within 30 days post-ED visit.

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## Follow-Up After Hospitalization for Mental Illness - FUH

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

This measure assesses the percentage of emergency department visits for members ages 13 and older with a principal diagnosis. The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any intentional self-harm, and had a mental health follow-up service.

#### Two rates are reported:

1. The percentage of discharges for which the person received follow-up within 30 days after discharge with a mental health provider
2. The percentage of discharges for which the person received follow-up within 7 days after discharge with a mental health provider.

#### Criteria to Meet the Goal

##### What is Included?

Medicaid and Medicare, members 6 and older between January 1 and December 1 of the measurement year. This measure is based on events, not members, so a member may fall into the measure multiple times throughout the measurement year.

Claims: The person has documented follow-up within 7 days after discharge with a mental health provider or at an approved setting as outlined by the National Committee for Quality Assurance. If the visit did not occur within 7 days, it must occur within 30 days after discharge. Follow-up visits that occur on the day of discharge will not count.

##### Denominator Exclusions:

- Members who use hospice or elect to use a hospice benefit.
- Members who die.

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## Follow-Up After Hospitalization for Mental Illness - FUH (cont.)

### WellCare in Action

- Project Manager to work directly with providers to learn best practices that can be implemented.
- Project Manger to analyze hospitals discharging and success with follow up in 7 and 30 days to determine barriers.

### Denominator Exclusions:

- Members in hospice or using hospice services.
- ED visits that resulted in any inpatient stay the day of or within 30 days.

### Best Practices

- Patient and family/caregiver engagement and education.
- “Bridging” strategies that foster coordination between inpatient and outpatient providers.
- Transportation arrangements for the follow-up appointment
- Connection to care coordinators or navigators who provide short-term case management until follow-up
- Early post-acute follow-up call or visit within 3 days of discharge
- Partner with community-based outreach models to increase touch-points with clients and improve follow-up, and discuss housing status and placement options during discharge and care transitions planning

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## Follow-Up After High-Intensity Care for Substance Use Disorder - FUI

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

This measure assesses the percentage of emergency department visits for members ages 13 and older with a principal diagnosis of mental illness, or any intentional self-harm, and had a mental health follow-up service. The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any intentional self-harm, and had a mental health follow-up service.

### Two rates are reported:

1. The percentage of discharges for which the person received follow-up within 30 days after discharge with a mental health provider.
2. The percentage of discharges for which the person received follow-up within 7 days after discharge with a mental health provider.

### What is Included?

- The denominator is based on all episodes between January 1 and December 1 of the measurement year.
- Only follow-up visits that occur after episode/discharge count toward measure compliance.

### Criteria to Meet the Goal

#### Denominator Exclusions:

- Nonacute inpatient stays, other than behavioral health is excluded from the denominator.
- Follow-up withdrawal management (detox) events are excluded from the numerator.
- Members in hospice or who died during the measurement year.

**Medical Record Documentation:** The measure is met when the person adheres to a 7-day follow-up visit or event with any practitioner for a principal diagnosis of SUD. If follow-up did not occur within 7 days, it must occur within 30 days after discharge.

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## Follow-Up After High-Intensity Care for Substance Use Disorder - FUI (cont.)

### Best Practices

- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making and a relapse prevention plan.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to reschedule.
- Provide integrated/coordinated care between the physical and behavioral health providers to address any comorbidity.
- Reinforce the treatment plan and evaluate any medication regimen considering presence/absence of side effects, etc.

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

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of emergency department visits for members ages 6 and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm who had a follow-up visit for mental illness.

#### Two rates are reported:

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

#### What is Included?

Medicaid and Medicare members 6 and older with an ED visit with a principal diagnosis of mental illness or any diagnosis of intentional self-harm between January 1 and December 1 of the measurement year.

#### Criteria to Meet the Goal

**Claims:** Adherence is met with a follow-up visit with any practitioner, with any diagnosis of a mental health disorder. If the follow-up does not occur within 7 days, it must occur within 30 days of the ED visit.

**Note:** if a visit is with a behavioral health provider, the diagnosis does not need to include a diagnosis of a mental health disorder.

#### Denominator Exclusions:

- ED visits that resulted in any inpatient stay the day of or within 30 days.
- Members in hospice.

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## Follow-Up After High-Intensity Care for Substance Use Disorder - FUI (cont.)

**Note:** ED visits that result in an inpatient stay within 30 days are not included.

This measure is based on ED events, not members, so a member may fall into the measure multiple times throughout the measurement year.

### WellCare in Action

- Care Managers follow up with members and will ensure they have a follow-up appointment.
- Project Manager to work directly with providers to identify barriers, challenges and to create an action plan for improvement.

### Best Practices

- Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling
- If the member's appointment does not occur within the first 7 days post-ED visit, please schedule the appointment to occur within 30 days post-ED visit
- Utilize telehealth options if needed
- The follow-up visit must have a principal diagnosis of a mental health disorder or intentional self-harm

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## Glycemic Status Assessment for Patients with Diabetes - GSD

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%
- Glycemic Status >9.0%

**The lookback period** is 1/1/MY-12/31/MY.

### Denominator Exclusions

- Members in hospice or using hospice services during the measure year.
- Members receiving or had an encounter for palliative care.
- Members who die anytime during the measure year.
- Medicare members 66 years of age and older as of 12/31/MY:
- Enrolled in an Institutional SNP or Living long term in an institution
- Members 66 years of age and older as of 12/31/MY with frailty and advanced illness.

### Criteria to Meet the Goal

#### Claims

- Members with at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. (Laboratory claims excluded)
- Members dispensed insulin or hypoglycemic/anti-hyperglycemic during the measurement year or year prior to the measurement year with at least one diagnosis of diabetes during the measurement year or year prior to the measurement year.

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## Glycemic Status Assessment for Patients with Diabetes - GSD (cont.)

### Medical Record Documentation

A note indicating the date when the glycemic status assessment (HbA1c or GMI) was performed with the result of the assessment documented.

### WellCare in Action

- Utilize EMR access to obtain compliant records.
- Nutrition classes for members are held in each region annually.
- Medicaid Only\* – Digital reminder messages.
- Medicare Only\* – Modify Diabetes Program, Healthmine-Member Rewards, Relay reminder messaging.
- Medicaid & Medicare – In Home assessments, Kranes Educational emails.

### Best Practices

- Document all A1c lab values and/or glucose management indicator (GMI) values with dates for patients at each appointment.
- Always include the relevant diagnosis codes when submitting claims with CPT II codes. Use the Appropriate CPT II code based on the most recent HbA1c result.

\*Programs are subject to change during the year. Please contact your QPA to verify program status.

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## Rate of Screening for Health -Related Resource Needs - HRRN

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

Assess the percentage of NC Medicaid Managed Care members who successfully complete a standardized screening for social determinants of health (SDOH) within the calendar year.

**The measure period** is 1/1/MY – 12/31/MY

**Initial Population:** All NC Medicaid Managed Care members who are enrolled in a health plan at any time during the calendar year.

### Criteria to Meet the Goal

#### Criteria:

- Completion of standardized SDOH screening using NC DHHS questions.
- A screening is considered successful if at least one domain is answered.

#### Denominator Exclusions:

- None

#### Operational Reporting:

- Plans report results through the BCM026 operational report.

### WellCare in Action

- Care Engagement Specialist have incorporated this screening into their daily call process.
- QR Code developed to use during community events. Members can scan the QR Code and will be directed to complete the screening.
- Integrating Care Needs Screening into Wellness and Resources events.

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## Rate of Screening for Health -Related Resource Needs - HRRN (cont.)

### Best Practices

#### **Integrate Screening Referrals into Routine Visits**

- During primary care or specialist visits, providers should assess whether the member has completed the HRRN screening.
- If not, refer the member to the plan's care management team for follow up.

#### **Use Electronic Health Records (EHR) Alerts**

- Train staff in the importance of HRRN screening and how to refer members to the plan.
- Provide scripts or referral forms to streamline the process.

#### **Leverage Community Health Workers and Care Managers**

- Providers should collaborate with plan-affiliated care managers or community health workers who can administer the screening.

#### **Include Screening in Discharge Planning**

- For members discharged from hospitals or emergency departments, include HRRN screening as part of the discharge checklist & refer to the plan if not completed.

#### **Promote Member Engagement**

- Explain the purpose and benefits of the HRRN screening to members.

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## Initiation and Engagement of Substance Use Disorder Treatment - IET

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of new substance use disorder episodes that result in treatment initiation and engagement.

Two rates are reported:

- 1. Initiation of SUD Treatment:** The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.
- 2. Engagement of SUD Treatment:** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

### Criteria to Meet the Goal

**Claims:** Principal diagnosis: F10.10-F10.29 (excludes remission codes) with one of the following:

Acute or nonacute inpatient admission	BH Outpatient visit with a mental health provider
Outpatient	Intensive outpatient encounter or partial hospitalization
Non-residential substance abuse treatment facility	An outpatient visit at a community mental health center
Telehealth/telephone visit	A substance use disorder service
A substance use disorder counseling & surveillance	Opioid treatment service that bills monthly or weekly
An alcohol use disorder medication dispensing event	An opioid use disorder medication dispensing event

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## Initiation and Engagement of Substance Use Disorder Treatment - IET (cont.)

**Note:** For all initiation events except medication treatment dispensing events and medication administration events, initiation on the same day as the SUD episode date must be with different providers to count.

**Medical Record Documentation:** Adherence is met for initiation when the person initiates treatment for SUD through an IP SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment event within 14-days of the SUD episode. Adherence is met for engagement when the member has (any combination of) two SUD visits or medication treatment events on the day after the initiation encounter through 34 days after.

### Best Practices

- Try to schedule the follow-up appointments before the patient leaves the hospital.
- Make sure that the patient has at least three appointments before they leave the visit
- If you are not going to care for the person after discharge from the facility or following the visit, make sure that the referral process is secured, that you've transitioned the treatment plan to the behavioral health provider and the primary care provider who will care for the patient after the hospitalization.

## Immunizations for Adolescents – IMA - E

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of adolescents who turn 13 years of age during the measurement year who had 1 dose of meningococcal, 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap), and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

#### **Medical Record Documentation:**

**Meningococcal:** on or between the person's 10th and 13th birthday.

**Tdap:** on or between the person's 10th and 13th birthday.

**HPV:** on or between the person's 9th and 13th birthday.

### Criteria to Meet the Goal

#### **Multiple data sources are eligible for ECDS reporting**

- Electronic Health Record (EHR)/Personal Health Record (PHR)
- Health Information Exchange (HIE)/Clinical Registry
- Case Management System
- Administrative

#### **Denominator Exclusions**

- Members who use or elect to use hospice services any time during the MY.
- Members who die during the MY.

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## Immunizations for Adolescents – IMA - E (cont.)

### WellCare in Action

- Member outreach to remind parents/guardians that their child is due for vaccinations.
- Push notification reminders to members.\*
- Digital reminder messages to members.\*

### Best Practices

- Use friendly reminders, such as texting or emailing appointment reminders.
- Use NCIR (North Carolina Immunization Registry) to capture all vaccines.
- Continue to educate parents on the importance of vaccines and make strong recommendation for the needed vaccines at each visit.
- Ensure team members and WellCare members are aware of age range for each of the vaccines.
- Schedule 2nd dose of HPV vaccine prior to member leaving the office.
- Start offering HPV at the age of 9, to decrease the number of shots per visit. .

\*Programs are subject to change during the year. Please contact your QPA to verify program status.

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## Kidney Health for Patients with Diabetes - KED

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

**The lookback period** is 1/1/MY - 12/31/MY.

### Claims:

- Members who had at least two diagnoses of diabetes, on different dates of service, during the MY or the year prior to the MY.
- Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the MY or the year prior to the MY.

### Criteria to Meet the Goal

#### Denominator Exclusions: .

- Members in hospice or using hospice services, receiving palliative care or who die during the MY.
- Members 66 years of age and older as of 12/31/MY:
  - Enrolled in an Institutional SNP or Living long term in an institution
- Members 66 years of age and older as of 12/31/MY with frailty and advanced illness.
- Members with a diagnosis of ESRD, or members who had dialysis.
- Members 81 years of age and older as of December 31 of the measurement year(all product lines) with at least two indications of frailty with different dates of service.

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## Kidney Health for Patients with Diabetes - KED (cont.)

### Medical Record Documentation

- At least one eGFR.
- At least one uACR identified by either of the following:
  - Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart.
  - A uACR.

### WellCare in Action

- Medicaid Only\* – Digital reminder messages.
- Medicare Only\* – KED test kits sent to members.
- Medicaid & Medicare\* – In Home assessments, Krane’s Educational emails.

### Best Practices

- Routinely refer members with a diagnosis of diabetes for both eGFR and uACR.
- Ensure both urine test, quantitative urine albumin lab test and urine creatinine lab test, are ordered, reported and all codes are appropriately billed.

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## Use of Imaging Studies for Low Back Pain - LBP

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of members 18-75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis.

**Lookback Period:** Jan. 1, MY – Dec. 31, MY

**Note:** The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain.

### Criteria to Meet the Goal

**Claims:** Principal diagnosis: F10.10-F10.29 (excludes remission codes) with one of the following:

### Denominator Exclusions\*:

Cancer or a history of cancer	Fragility fracture
HIV	Hospice
IV drug use	Lumbar surgery
Major organ transplant	Neurologic impairment
Osteoporosis	Palliative care
Prolonged Use of Corticosteroids	Recent trauma
Spinal Infection	Spondylopathy
Members 66 years old and older as of 12/31 of the MY with frailty & advanced illness	

\*For the time frame for exclusions please reference <https://www.ncqa.org/hedis/measures>.

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## Use of Imaging Studies for Low Back Pain - LBP (cont.)

### Best Practices

- Review and document group A streptococcus test in the member's health record.
- Use the correct procedure codes on claims and encounters.
- In-person office visits are not required; follow-up can be provided via telehealth, telephone, e-visit or virtual visits.
- Vial pharyngitis does not require antibiotic treatment.
- Provide tips for managing viral infections and their symptoms such as over-the-counter medications.

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## Lead Screening in Children - LSC

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday.

### Criteria to Meet the Goal

**Documentation in the medical records MUST include BOTH of the following:**

- A note indicating the date the test was performed.
- The result or finding. (“Unknown” is not consider a result/finding)

**Documentation in the medical records MUST include BOTH of the following:**

- Members using hospice services or elect to use a hospice benefit.
- Members who die any time during the measurement year.

### Best Practices

- Be aware of recommendation of LSC testing on or prior to the child’s second birthday.
- Document both the date and the result of the LSC testing.

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## Use of Opioids at High Dosage in Persons Without Cancer - OHD

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The proportion of members 18 years and older who received for opioids with an average daily dosage of  $\geq 90$  morphine milligram equivalents over a period of  $\geq 90$  days. .

### What is Included?

Medicaid members 18 years and older.

A lower rate indicates better performance.

### Criteria to Meet the Goal

#### Denominator Exclusions:

- Individuals in hospice or with a cancer or sickle cell disease diagnosis at any point during the measurement year are excluded from the denominator.
- Palliative care
- Hospice

#### Medication Table:

Cancer or a history of cancer	Fragility fracture
HIV	Hospice
IV drug use	Lumbar surgery

This reference guide is not intended to be a complete guide for all Pharmacy Alliance Measures® and requirements. For additional information and specifications for PQA® measures please go to <https://www.pqaalliance.org/pqa-measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Use of Opioids at High Dosage in Persons Without Cancer - OHD (cont.)

Major organ transplant	Neurologic impairment
Osteoporosis	Palliative care
Prolonged Use of Corticosteroids	Recent trauma
Spinal Infection	Spondylopathy
Members 66 years old and older as of 12/31 of the MY with frailty & advanced illness	

### WellCare in Action

- Project Manager to work directly with providers to develop action plans for improvement.

### Best Practices

- Use the lowest dosage of opioids in the shortest length of time possible.
- Establish and measure goals for pain and function.
- Discuss benefits and risks and availability of non-opioid therapies with patients.
- Evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation.
- Review the patient's history of controlled substance prescriptions using state Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put them at high risk for overdose.

This reference guide is not intended to be a complete guide for all Pharmacy Alliance Measures® and requirements. For additional information and specifications for PQA® measures please go to <https://www.pqaalliance.org/pqa-measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Osteoporosis Management in Women Who Had a Fracture - OMW

**Line of Business:** ● Medicare

### HEDIS Quality Measure

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.

**The measurement year:** 7/1/PY - 12/31/MY

### Denominator Exclusions

- Members who die in MY.
- Members in hospice or using hospice services during MY.
- Members 67-80 by end of MY with Diagnosis of Frailty and Advanced Illness.
- Members receiving or had an encounter for palliative care.
- Members 67 years of age and older as of December 31 of the measurement year who meet either of the following: Enrolled in an Institutional SNP (I-SNP) or living long-term in an institution.

### Criteria to Meet the Goal

#### Medical Record Documentation

**Any of the following on the IESD (Index Episode Start Date) or in the 180-day period after the IESD:**

- Evidence of fracture
- The date of a BMD test, in any setting.
- Evidence of osteoporosis therapy
- The date of a dispensed prescription to treat osteoporosis

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## Osteoporosis Management in Women Who Had a Fracture - OMW (cont.)

### Any of the following if the IESD was an inpatient stay:

- Evidence of fracture
- The date of a BMD test during the inpatient stay
- Evidence of long-acting osteoporosis therapy during the inpatient stay.

### WellCare in Action

- Communication with providers regarding non-compliant members.
- Direct outreach to non-compliant members to assist in scheduling appointments to close care gaps.
- Medicare Only\* - Healthmine; OMW Concierge Program; Surescripts Provider Outreach; In Home Assessments

### Best Practices

- Discuss options for the member during post discharge follow-up visit after a fracture.
- Members must fill medication if they are prescribed to close the gap. The Inclusion of medication in the Medications list is not enough to satisfy requirements.
- Educate the person to the importance of the DEXA scan and medications to prevent further fractures.
- Be mindful that you have 180 days to address the measure after the fracture date.

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## Osteoporosis Screening in Older Women - OSW

**Line of Business:** ● Medicare

### HEDIS Quality Measure

The percentage of women 65-75 years of age who received osteoporosis screening.

**Lookback Period:** On or between the person's 65th birthday – December 31, MY.

### Criteria to Meet the Goal

**Documentation in the medical record MUST include the following:**

- Date of osteoporosis screening and evidence the screening was completed.

### Denominator Exclusions\*:

- Members who had a claim/encounter for osteoporosis therapy.
- Members who had a dispensed prescription to treat osteoporosis.
- Members who use hospice services or elect to use a hospice benefit.
- Members who die.
- Members receiving or who had an encounter for palliative care.
- Members 66 years of age and older by the end of the MY, with frailty AND advanced illness.

\*For the time frame for exclusions please reference <https://www.ncqa.org/hedis/measures>.

### Best Practices

- Order osteoporosis testing when the person turns 65.
- Discuss the importance of osteoporosis care and prevention.

This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements. For additional details and specifications for HEDIS measures please to go <https://www.ncqa.org/hedis/measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Pharmacotherapy Management of COPD Exacerbation - PCE

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between Jan. 1 – Nov. 30 of the measurement year and who were dispensed appropriate medications.

#### **2 rates are reported:**

1. Dispensed a Systemic Corticosteroid within 14 days of event.
2. Dispensed a Bronchodilator within 30 days of the event.

#### **Lookback Period:**

Systemic Corticosteroid: Jan. 1 MY – Dec. 14, MY.

Bronchodilator: Jan. 1, MY – Dec. 31, MY.

Based on the requirements to satisfy the numerator for this measure, services may need to be completed before the end of the lookback period.

### Criteria to Meet the Goal

#### **Documentation in the medical record MUST include the following:**

- Dispensed prescription for systemic corticosteroid on or 14 days after the episode date. Count bronchodilators that are active on relevant date.
- Dispensed prescription for a bronchodilator on or 30 days after the episode date. Count systemic corticosteroids that are active on the relevant date.

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## Pharmacotherapy Management of COPD Exacerbation - PCE (cont.)

### General Guidelines for Supplemental Pharmacy Data:

When pharmacy data are classified as supplemental data, all of the following data elements **MUST be present**:

- The generic name (or brand name)
- Strength/dose, route (e.g. oral, injection)
- Date when the medication was dispensed or shipped to the person.

### Mail Order Prescriptions:

- The “shipped date” meets criteria for the dispensed date.

### The following documentation in the medical record does NOT meet criteria for the dispensing date:

- “Start date”
- Generic documentation (e.g., that a patient “was prescribed” or “is taking” a medication) that does not include a drug name, strength/dose and dispense date.

### Best Practices

- Set follow-up appointments for members recently discharged with COPD diagnoses to ensure follow through with their medication regime.
- Provider awareness of the adherence requirements for their members to ensure they are refilling prescribed medications.
- Complete targeted outreach to patients to ensure they are refilling medications as prescribed.

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## Plan All-Cause Readmissions - PCR

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

**The measurement year** is 1/1/MY - 12/31/MY

The number of acute inpatient and observation stays during the measurement year that was followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission of members who are 18 years of age and older.

### Criteria to Meet the Goal

#### Denominator Exclusions

- Members in hospice or using hospice services anytime during the MY.
- Members that died during the inpatient stay.
- Members with a principal diagnosis of pregnancy on the discharge claim.
- Principal diagnosis of a condition originating in the perinatal period on the discharge claim
- Planned admissions for:
  - Chemotherapy maintenance
  - Principle diagnosis of rehabilitation
  - Organ transplant
  - Potentially planned procedure without a principal acute diagnosis
- Exclude the hospital stay if the direct transfer's discharge date occurs after December 1 of the measurement year.
- Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

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## Plan All-Cause Readmissions - PCR (cont.)

### WellCare in Action

- Partnering with the Care Management department to provide education to members and providers regarding reducing readmission rates.
- Relay reminder messages, emails and text campaigns\*.

### Best Practices

- Post discharge planning is the key to reducing re-admission.
- Monitor Admission, discharge, and ER visit reports to ensure timely follow-up and care coordination.
- Perform Medication reconciliation soon after discharge to prevent medication related re-admissions.
- Consider telehealth or home health visits for discharged patients, when appropriate.

\*Programs are subject to change during the year. Please contact your QPA to verify program status.

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## Polypharmacy – Use of Multiple Anticholinergic Medications in Older Adults – Poly-ACH

**Line of Business:** ● Medicaid ● Medicare

### Pharmacy Quality Alliance Measure

The percentage of Medicare members with concurrent use of 2 or more unique anticholinergic medications. Concurrent use is defined as overlapping days' supply for at least 30 cumulative days during the measurement year.

**A lower rate is better.**

### Criteria to Meet the Goal

#### Denominator Exclusions:

- Hospice coverage during the measurement year.

#### Eligible Population:

- Age 65 and older
- 2 or more prescription claims filled for the same anticholinergic medication on different dates of service during the measurement year.

*List is not all-inclusive.*

Category	Common Meds	Suggested Alternatives
<b>Antihistamines</b>	Hydroxyzine Doxylamine Meclizine	<b>Allergies:</b> Second-gen antihistamines, intranasal steroids, and/or nasal antihistamines <b>Sleep:</b> Melatonin, Sleep hygiene, non-BEERS sleep meds (doxepin 3mg, Belsomra) <b>Anxiety:</b> SSRI or SNRI, buspirone, mirtazapine

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## Polypharmacy – Use of Multiple Anticholinergic Medications in Older Adults – Poly-ACH (cont.)

<b>Antiemetics</b>	Prochlorperazine Promethazine	Serotonin 5-HT3 antagonists (e.g., ondansetron)
<b>Antidepressants</b>	Paroxetine Amitriptyline Nortriptyline	SSRIs and SNRIs (e.g., escitalopram, sertraline, venlafaxine ER) Mirtazapine Bupropion
<b>Skeletal Muscle Relaxants</b>	Cyclobenzaprine Orphenadrine	<b>Muscle Relaxant:</b> baclofen, tizanidine <b>Pain:</b> acetaminophen, naproxen
<b>Antipsychotics</b>	Chlorpromazine Olanzapine	<b>General recommendation:</b> avoid antipsychotics for dementia or delirium unless there is severe risk; try non-drug options first. <b>Safer drugs with some evidence:</b> SSRIs, anticonvulsants <b>When use is unavoidable</b> use quetiapine or risperidone at lowest effective dose and reassess regularly.
<b>Urinary Incontinence</b>	Oxybutynin Darifenacin	Non-drug therapy (e.g., bladder training, pelvic floor exercises)

### Best Practices

- Review medications at every visit
- Discontinue or consider safer alternatives, as appropriate.

This reference guide is not intended to be a complete guide for all Pharmacy Alliance Measures® and requirements. For additional information and specifications for PQA® measures please go to <https://www.pqaalliance.org/pqa-measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Timeliness of Prenatal and Postpartum Care – PPC

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

**Measure Description:** Evaluates the percentage of live birth deliveries on or between October 8th of the year prior to the MY and October 7th of the MY. For these members, the measure assesses the following:

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit in the 1st trimester, on or before the enrollment date, or within 42 days of enrollment in the organization.
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit between 7 and 84 days after delivery.

### Lookback Period:

- **Prenatal Care:** 280-176 days prior to delivery, on or before enrollment start date, or within 42 days of enrollment.
- **Postpartum Care:** 7-84 days after live delivery

### Criteria to Meet the Goal

**Provider Type:** OBGYN, PCP, and Other Prenatal Care Practitioners (including NP, PA, or CNM)

**Documentation Requirements:** Must include a note indicating the date of visit and at least one of the following for each sub measure:

#### **Prenatal:**

- Documentation of pregnancy (ex: LMP, EDD, GA, + Pregnancy test, ACOG flowsheet)
- Basic physical OB exam (ex: Fundal height, + FHT, pelvic exam with obstetrical observations)
- Evidence of a prenatal procedure was performed\* (ex: OB panel, TORCH antibody panel, Rubella antibody test, Ultrasound of a pregnant uterus)

*\*Prenatal procedures must be linked to an office visit with an appropriate provider type.*

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## Timeliness of Prenatal and Postpartum Care – PPC (cont.)

### ***Postpartum:***

- Pelvic exam; Perineal or cesarean incision/wound check
- Evaluation of weight, BP, breast, and abdomen (must contain all four)
- Notation of postpartum care (ex: “PP check”, “6-week PP”)
- Screenings for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Documentation of any of the following: infant care or breastfeeding, resumption of intercourse, family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight or glucose screening for members with gestational diabetes

### **WellCare in Action**

- Utilize EMR access year-round for chart retrieval for compliant records.

### **Best Practices**

- Educate people on the importance of prenatal care throughout pregnancy to include the postpartum visit.
- Ensure initial prenatal visit is scheduled with an acceptable provider type within the first 12 weeks of pregnancy and postpartum visits within 7-84 days following delivery.

## Coding – Prenatal and Postpartum Care Visits

The following codes can be used to close HEDIS care gaps for prenatal & postpartum care.

### Prenatal Bundled Services

**CPT®/CPT II** – 59400, 59425, 59426, 59510, 59610, 59618  
**HCPCS** – H1005

### Stand-Alone Prenatal Visits

**CPT®/CPT II** – 99500, 0500F, 0501F, 0502F  
**HCPCS** – H1000, H1001, H1002, H1003, H1004

### Prenatal Visits\*

**CPT®/CPT II** – 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457, 99458, 99483  
**HCPCS** – G0463, T1015, G0071, G2010, G2012, G2250, G2251, G2252

### Diagnosis of Pregnancy

**ICD-10** – O09.00, O20.8, O20.9, O60.00, O60.02, O71.1, O71.2, Z03.71, Z03.79, Z32.01, Z34.00, Z36.0

\*Visit code must include Diagnosis of Pregnancy

### Postpartum Bundled Services

**CPT®/CPT II** – 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

### Postpartum Visits

**CPT®/CPT II** – 57170, 58300, 59430, 99501, 0503F  
**HCPCS** – G0101

### Cervical Cytology

**CPT®/CPT II** – 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88166, 88167, 88174, 88175  
**HCPCS** – G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001  
**LOINC** – 10524-7, 18500-9, 19762-4, 19764-0, 19764-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

### Telehealth Visits\*

**CPT®/CPT II** – 98966, 98967, 98968, 99441, 99442, 99443  
Telehealth visits can be utilized to meet measure compliance for both prenatal and postpartum care when billed with a diagnosis of pregnancy code.

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## Diabetes Monitoring for People with Diabetes and Schizophrenia - SMD

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder AND diabetes who had both an LDL-C and an HbA1c test during the measurement year.

#### What is Included?

Medicaid members ages 18-64 who have at least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder, or at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute setting on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder.

#### Criteria to Meet the Goal

**Claims:** Adherence is met when the person has an LDL-C and HbA1c test between January 1 and December 31 of the measurement year. The tests do not need to be performed on the same date.

#### Denominator Exclusions:

- Members in hospice or using hospice services.
- Members who died.

**Medical Record Documentation:** HbA1c test • LDL-C test HbA1c tests may include: A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c

#### Note:

- Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service
- The member must have both tests to be compliant for this measure

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## Diabetes Monitoring for People with Diabetes and Schizophrenia - SMD (cont.)

### WellCare in Action

- The Project Manager will work directly with providers to determine barriers, challenges, and to create an action plan for improvement.

### Best Practices

- Encourage shared decision-making by educating people and caregivers about:
  - Increased risk of diabetes with antipsychotic medications
  - Importance of screening for diabetes
  - Symptoms of new-onset diabetes
- Order a diabetes screening test every year and build care gap “alerts” in your electronic medical record.
- Communicate and coordinate care between behavioral health and primary care physicians (PCPs) by requesting test results, communicating test results or scheduling an appointment for testing .
- Reach out to members who cancel appointments and assist them with rescheduling as soon as possible.

## Statin Therapy for Patients with Cardiovascular Disease - SPC

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of males 21-75 years of age & females 40-75 years of age during the measurement year who were identified as having Clinical Atherosclerotic Cardiovascular Disease (ASCVD)

#### Two rates are reported:

- 1. Received Statin Therapy** – Members who were dispensed at least 1 high-intensity or moderate-intensity statin medication during the measurement year.
- 2. Statin Adherence 80%** - Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

**Lookback Period:** January 1, MY – December 31, MY

#### Criteria to Meet the Goal

**Rate 1 Received Statin Therapy** – The number of members who had at least 1 dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year.

**Rate 2 Statin Adherence 80%** – Text.

#### Documentation in the medical record MUST include the following:

- Dated evidence of ASCVD during the measurement year or the year prior.
- At least 1 dispensing event for a high-intensity or moderate intensity medication during the measurement year.
- Evidence of achieving a PDC of at least 80% during the treatment period.

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## Statin Therapy for Patients with Cardiovascular Disease - SPC (cont.)

### Denominator Exclusions:

- Myalgia
- Myopathy
- ESRD/Dialysis
- Cirrhosis
- Members with frailty & advanced illness
- Members receiving palliative care
- Member receiving hospice
- Members who die during the measurement year
- Members dispensed at least 1 prescription for clomiphene
- Pregnancy/In vitro fertilization
- Living in SNP or long-term institution

### Best Practices

- Educate members about the importance of adhering to their medication therapy and follow-up visits.
- Schedule appropriate follow-up with members to assess if medication is taken as prescribed.
- Encourage members to sign up for mail orders at their retail or mail-order pharmacy.
- For Medicare Star Ratings, only Rate 1 is used to assess performance.

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

**Line of Business:** ● Medicaid

## HEDIS Quality Measure

This measure assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

**What is Included?** Medicaid members ages 18-64 who have at least one acute inpatient encounter with any diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder, or at least two visits in an outpatient, intensive outpatient, community mental health center, partial hospitalization, electroconvulsive, ED, telehealth, telephone, e-visit or virtual check-in, or nonacute setting on different dates of service.

## Criteria to Meet the Goal

**Claims:** Behavioral Health Codes Coding Instructions: Use ICD-10, CPT® and HCPCS to close gaps.

- Glucose Test Codes: CPT: 80047,80048, 80050, 80053, 80069, 82947, 82950-82951
- HgbA1c Codes CPT: 83036, 83037
- CPT-CAT II: 3044F, 3046F
- Long-Acting Injections HCPCS: J0401, J1631, J1942, J2358, J2426, J2794

## Denominator Exclusions:

- Members in hospice or using hospice services.
- Members who died.

## Medical Record Documentation:

Document when the member has had at least one HbA1c or blood glucose test in the measurement year.

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## Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications - SSD (cont.)

### WellCare in Action

- The Project Manager will work directly with the provider to determine barriers, challenges and assist with creating an action plan for improvement.

### Best Practices

- Monitor members with diabetes and schizophrenia at least annually, particularly those who do not have regular contact with a primary care physician (PCP).
- LDL-C and HbA1C are indicated for monitoring.
- Inform members when labs are due and help people find a lab location close to their homes.
- Discuss results with people and refer to PCP as appropriate.
- Collaborate with case management and PCPs on person care strategies.
- Ensure the results are communicated in a timely fashion to other healthcare providers involved in the care of the person.
- Perform other recommended monitoring, such as blood pressure, weight, regularly updated medical history, and medical lists.

## Statin Use in Persons with Diabetes - SUPD

**Line of Business:** ● Medicaid ● Medicare

### Pharmacy Quality Alliance Measure

Assesses percentage of adults 40–75 with diabetes who received a statin medication during the measurement year.

#### Eligible Population/Denominator:

- Age 40-75
- Diagnosis of diabetes (type 1 or 2)
- Continuously enrolled in Medicare Part D during MY

#### Data Sources:

- Pharmacy claims (Part D)
- Medical claims

**Measurement Year:** 1/1/MY - 12/31/MY

### Criteria to Meet the Goal

#### Age & Diagnosis Criteria:

Has at least 2 outpatient visits, or 1 inpatient visit with a diagnosis of diabetes (type 1 or 2) during the MY or PY.

#### Statin Therapy Requirement:

- Members must have at least one statin medication filled during the MY.
- The fill must be captured via Part D pharmacy claims.
- Any statin medication and dosage qualify (e.g., atorvastatin, simvastatin, rosuvastatin, etc.)

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## Statin Use in Persons with Diabetes - SUPD (cont.)

### Valid Statin Fills Include (but not limited to):

Atorvastatin	Rosuvastatin
Simvastatin	Lovastatin
Pravastatin	Fluvastatin

### Denominator Exclusions (Must Be Coded to Count):

Diagnosis of ESRD	Cirrhosis
Pregnancy	Hospice care/Palliative care
Rhabdomyolysis/Myopathy	Pre-Diabetes

### Best Practices

- Prescribe 90-day fills to reduce pharmacy trips.
- Using mail-order pharmacy options.
- Addressing patient concerns about side effects early (statin education).
- Follow-up calls to verify that the patient picked up the prescription.

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## Transitions of Care - TRC

**Line of Business:** ● Medicare

### HEDIS Quality Measure

The percentage of discharges for members 18 years of age and older who had each of the following rates reported:

**Notification of Inpatient Admission:** Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission.

**Receipt of Discharge:** Documentation of receipt of discharge information on the day of discharge through 2 days after discharge.

**Patient Engagement After Inpatient Discharge:** Documentation of patient engagement provided within 30 days after discharge.

**Medication Reconciliation Post-Discharge:** Documentation of medication reconciliation on the date of discharge through 30 days after discharge.

### Criteria to Meet the Goal

#### Notification of Inpatient Admission Examples:

- Communication between inpatient providers/ED/Health Plan/specialist or staff and PCP. (phone, email, fax, EMR)
- Indication the PCP admitted the member or order for tests/treatments during the members admission.

#### Receipt of Discharge:

Discharge summary that must include all of the following: practitioner responsible for the member's care during the admission; procedures/treatment provided; diagnosis at discharge; current medication list; test results or pending tests or no test pending; instructions for patient care post-discharge.

#### Patient Engagement After Inpatient Discharge:

Outpatient visits, office visits, home visits, telephone, e-visit or virtual check-in.

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## Transitions of Care - TRC (cont.)

### Medication Reconciliation Post Discharge:

**Current med list with notation that:** provider reconciled the current & discharge meds; references the discharge meds; that discharge meds were reviewed; discharge med list and notation that both lists were reviewed on the same date of service; that meds were prescribed or ordered upon discharge.

### WellCare in Action

- Provider education during monthly quality meetings.
- TRC team and CM teams performing post discharge TRC assessment & Med Rec by RN for all engaged members upon outreach.

### Best Practices

- Encourage patients to notify the office promptly upon hospital admission or discharge.
- Collaborate with your QPA to understand TRC metrics.
- Use appropriate CPT II codes to close care gaps effectively.
- Thoroughly document medication reconciliation after hospital discharge.

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## Use Of Opioids from Multiple Providers - UOP

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of members 18 years and older, receiving prescription opioids for  $\geq 15$  days during the measurement year, who received opioids from multiple providers.

Three rates are reported:

- 1. Multiple Prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- 2. Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- 3. Multiple Prescribers and Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.

### Criteria to Meet the Goal

#### Opioid Medications Include:

- Benzhydrocodone
- Dihydrocodeine
- Meperidine
- Oxymorphone
- Buprenorphine (buccal film & transdermal patch)
- Fentanyl
- Methadone
- Petazocine
- Butorphanol
- Hydrocodone
- Morphine
- Tapentadol
- Codeine
- Hydromorphone
- Opium
- Tramadol
- Levorphanol
- Oxycodone

#### Denominator Exclusions:

- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members who died any time during the measurement year.

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## Use Of Opioids from Multiple Providers - UOP (cont.)

### Best Practices

- Coordinating care with the patient's other providers
- Utilizing New Mexico's prescription monitoring program before prescribing an opioid
- Educating the person regarding the safe use and risks of opioids. This includes education and access to Naloxone (Narcan®). The Centers for Disease Control and Prevention recommends anyone at increased risk for an opioid overdose should be offered a Naloxone (Narcan) prescription

## Appropriate Treatment for Upper Respiratory Infection - URI

**Line of Business:** ● Medicaid ● Medicare

### HEDIS Quality Measure

The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) did not result in an antibiotic dispensing event.

**Lookback Period:** July 1, PY – June 30, MY

### Criteria to Meet the Goal

#### Denominator Exclusions:

- Members who use hospice services or elect to use hospice benefit.
- Members who die during the measurement year.

This measure is reported as an inverted rate. A higher rate indicates appropriate URI treatment.

**Note:** The denominator for this measure is based on episodes, not on persons. All eligible episodes that were not removed or deduplicated remain in the denominator.

## Well-Child Visits in the First 30 Months of Life – W30

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

Measures the percentage of members who had the following number of well-child visits with a PCP during the last 15 months. (2 rates reported)

- Six or more well visits in the first 15 months of life
- Two or more well visits from 15-30 months of life

### Lookback period:

- **Rate 1:** Birth to 15 months (first birthday + 90 days)
- **Rate 2:** 15 months + 1 day to 30 months (second birthday + 180 days)

### Denominator Exclusions:

- Members who use hospice services or elect to use a hospice benefit during the MY.
- Members who die.

### Criteria to Meet the Goal

Evidence of a well-care visit collected via claims or medical record review

### Frequently Used Codes:

- 99381, 99382, 99391, 99392, 99461
- G0438, G0439, S0302
- Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

Telehealth visits are no longer acceptable for MY2025.

Visits must be greater than 14 days apart to count toward the measure.

This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements. For additional details and specifications for HEDIS measures please to go <https://www.ncqa.org/hedis/measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Well-Child Visits in the First 30 Months of Life – W30 (cont.)

### WellCare in Action

- Utilize EMR access to ensure accuracy of claims capture.
- Confirming through internal systems appropriate coding is captured for gap closure.

### Best Practices

- Take advantage of every office visit (including sick visits) to provide a well-child visit.
- Schedule the following visit before the patient leaves the office.
- Use templates with checkboxes to ensure required information is documented.
- Follow up on and reschedule cancellations as soon as possible.

This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements. For additional details and specifications for HEDIS measures please to go <https://www.ncqa.org/hedis/measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - WCC

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

The percentage of persons 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of the following during the measurement year:

- BMI Percentile
- Counseling for Nutrition
- Counseling for Physical Activity

BMI norms for youth vary with gender and age. The WCC measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

**Lookback Period:** Jan. 1, MY – Dec. 31, MY

### Criteria to Meet the Goal

**BMI - Documentation in the medical record MUST include the following:**

- Documentation MUST include height, weight, and BMI percentile during the MY.
- The height, weight, and BMI percentile must be from the same data source.
- Either qualify: BMI percentile documented as a value or plotted on an age-growth chart.

**Note:** The BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity indicators do not require a specific setting; therefore, services rendered during a telephone, e-visit, or virtual check-in MEET criteria.

This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements. For additional details and specifications for HEDIS measures please to go <https://www.ncqa.org/hedis/measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - WCC (cont.)

### **Counseling for Nutrition – Documentation MUST include the following:**

- Discussion of current nutrition behaviors; checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education; weight or obesity counseling.
- Members received educational materials during a face-to-face visit.

**Note:** Documentation related to a member’s “appetite” does NOT meet criteria.

### **Counseling for Physical Activity – Documentation MUST include the following:**

- Discussion of current physical activity behaviors (exercise routine, participation in sports)
- Checklists indicating physical activity was addressed, weight or obesity counseling.
- Counseling or referral for physical activity.
- Anticipatory guidance specific to the child’s physical activity.

**Note:** Anticipatory guidance related solely to safety, e.g., wears a helmet does NOT meet criteria.

### **Best Practices**

- Document all components of the WCC measure on every visit.
- Call members/caregivers to reschedule cancelled appointments.

## Child and Adolescent Well-Care Visits - WCV

**Line of Business:** ● Medicaid

### HEDIS Quality Measure

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

**Lookback period:** 1/1MY – 12/31/MY

### Denominator Exclusions:

- Members who use hospice services or elect to use a hospice benefit during the MY.
- Members who die during the measurement year.

### Criteria to Meet the Goal

Evidence of a well-care visit collected via claims or medical record review

### Frequently Used Codes:

- 99381, 99382, 99391, 99392, 99461
- G0438, G0439, S0302
- Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

Telehealth visits are no longer acceptable for MY2025.

### WellCare in Action

- Verifying that providers are recognized as PCPs within the WellCare systems.
- Utilize EMR systems when applicable.

This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements. For additional details and specifications for HEDIS measures please to go <https://www.ncqa.org/hedis/measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## Child and Adolescent Well-Care Visits - WCV (cont.)

### Best Practices

- Take advantage of every office visit (including sick visits) to provide a well-child visit
- Schedule the following visit before the patient leaves the office
- Use templates with checkboxes to ensure required information is documented.
- Follow up on and reschedule cancellations as soon as possible

This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements. For additional details and specifications for HEDIS measures please to go <https://www.ncqa.org/hedis/measures> or contact WellCare Quality Improvement at [WellCare\\_Provider\\_Quality@wellcare.com](mailto:WellCare_Provider_Quality@wellcare.com).

## The Consumer Assessment of Healthcare Providers and Systems - CAHPS

### Understanding CAHPS: Patient Experience Matters

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey evaluates how patients perceive their healthcare experience. It focuses on access to care, timeliness, communications, coordination, and overall satisfaction. These insights directly impact CMS Star Ratings.

### Improving CAHPS Patient Experience Metrics

- Help patients schedule urgent specialty visits and use patient portals for results.
- Reserve slots for urgent visits; offer NP/PA appointments; communicate wait times.
- Schedule post-discharge follow-ups; share records; review medications.
- Use Teach-Back Method; ask open-ended questions; avoid jargon.

## Early and Periodic, Screening, Diagnostic and Treatment - EPSDT

Medicaid's federally mandated comprehensive and preventive health program for individuals under 21.

**E – Early** – Assess and identify problems early.

**P – Periodic** – check children's health at PERIODIC, age-appropriate intervals.

- Children and adolescents are entitled to additional check-ups if a condition or problem is suspected.
- Schedules to use are American Academy of Pediatrics Periodicity Schedule and CDC Advisory Committee on Immunization Practices Recommendation Schedule.

**S – Screening** – Providing physical, mental, developmental, dental, hearing, vision, and other SCREENING tests to detect potential problems.

• Well-Child Check-up Includes:

- » Comprehensive health & developmental history (assess mental & physical health & substance use disorders)
- » Health education & anticipatory guidance for child & caregiver (include counseling for issues & risk factors, healthy lifestyle benefits, safety practices/accident avoidance, & disease prevention)
- » Comprehensive unclothed physical exam
- » Nutrition status assessment
- » Age-appropriate immunizations
- » Vision & hearing tests
- » Laboratory Tests (including lead toxicity screening)
- » Oral health risk assessment & referrals.

**D- Diagnostic** – Performing DIAGNOSTIC tests to follow up when a risk is identified.

**T – Treatment** – Control, correct or ameliorate, resolve or improve health problems found.

## Early and Periodic, Screening, Diagnostic and Treatment - EPSDT (cont.)

### Importance of the EP Modifier:

EP modifiers are used to identify Early and Periodic Screens, and services provided with them. Any service provided in an Early and Periodic Screen should have an EP modifier appended to it. EP modifiers are important, as some of these CPT codes are also used for services provided to adults. – *NC Medicaid Health Check Program Guide*

### Resources:

- **Bright Futures Toolkit (along with ADHD, Autism, and Mental Health Toolkits):** <https://publications.aap.org/toolkits/pages/bright-futures-toolkit>
- **CDC Immunization Schedules:** <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>
- **NC Medicaid Health Check Program Guide (health check overview, screening tools, coding, and more):** <https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/>
- **Periodicity Schedule:** <https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/>
- **WellCare of NC EPSDT Provider Toolkit:** <http://www.wellcarenc.com/providers/medicaid.html>

## The Medicare Health Outcomes Survey - HOS

### HOS 101: Key Measures for Providers

The Medicare Health Outcomes Survey (HOS) evaluates how well Medicare Advantage plans maintain or improve members' health over two years. It includes physical and mental health physical activity, bladder control, and fall risk. These measures influence CMS Star Ratings.

### Best Practices to Improve HOS Outcomes







- Physical Health: Assess pain/function; offer therapy; support self-management.
- Mental Health: Screen with PHQ-2/9; refer/manage care; promote digital tools.
- Physical Activity: Discuss benefits; tailor plans; refer to PT or community programs.
- Fall Risk: Assess history; recommend exercises; promote home safety.
- Bladder Control: Ask about UI; document; offer behavioral/pharma/surgical options.

# Immunization Schedule

**Table 1** Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)					1 dose (8–19 months). See Notes												
Hepatitis B (HepB)	1st dose	← 2nd dose →		← 3rd dose →														
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose	← 4th dose →			5th dose									
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		← 3rd or 4th dose (See Notes) →											
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose	← 4th dose →												
Inactivated poliovirus (IPV)			1st dose	2nd dose	← 3rd dose →					4th dose						See Notes		
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	See Notes																	
Influenza (IV3, cdlIV3)						1 or 2 doses annually							1 dose annually					
Influenza (LAIV3)											1 or 2 doses annually		1 dose annually					
Measles, mumps, rubella (MMR)					See Notes		← 1st dose →			2nd dose								
Varicella (VAR)					← 1st dose →			2nd dose										
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)											1 dose							
Human papillomavirus (HPV)											See Notes							
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)											See Notes							
Respiratory syncytial virus vaccine (RSV [Abrysvo])											Seasonal administration during pregnancy (See Notes)							
Dengue (DEN4CYD: 9–16 yrs)											Seropositive in endemic dengue areas (See Notes)							
Mpox																		

-  Range of recommended ages for all children
-  Range of recommended ages for catch-up vaccination
-  Range of recommended ages for certain high-risk groups or populations
-  Recommended vaccination can begin in this age group
-  Vaccination is based on shared clinical decision-making
-  No Guidance/ Not Applicable

You may find more information regarding immunization schedules at <https://www.cdc.gov/vaccines/hcp/immz-schedules/index.html>

## Medicaid Provider Quick Links & Resources

Medicaid Provider Links	Medicaid Provider Web Site Address
<a href="#">Medicaid Provider Homepage</a>	<a href="https://www.wellcarenc.com/providers.html">https://www.wellcarenc.com/providers.html</a>
<a href="#">WellCare Medicaid Provider Portal</a>	<a href="https://www.wellcarenc.com/login.html">https://www.wellcarenc.com/login.html</a>
<a href="#">Medicaid Provider Tools</a>	<a href="https://www.wellcarenc.com/providers/tools.html">https://www.wellcarenc.com/providers/tools.html</a>
<a href="#">Wednesdays with WellCare</a>	<b>To join Wednesdays with WellCare by phone:</b> <ul style="list-style-type: none"> <li>• 1-816-702-6560</li> <li>• Phone Conference ID: 115 172 320 0</li> </ul>
<a href="#">Tuesdays at Two</a>	<b>To join Tuesdays at Two by phone:</b> <ul style="list-style-type: none"> <li>• 1-816-702-6560</li> <li>• Phone Conference ID: 121 024 445#</li> </ul>
<a href="#">Medicaid Provider Bulletins</a>	<a href="https://www.wellcarenc.com/providers/news-and-education/bulletins.html">https://www.wellcarenc.com/providers/news-and-education/bulletins.html</a>

For general information email: [WellCareNC\\_Provider\\_Quality@WellCare.com](mailto:WellCareNC_Provider_Quality@WellCare.com)

## Medicare Provider Quick Links & Resources

Medicare Provider Links	Medicare Provider Web Site Address
<a href="https://www.wellcare.com/en/north-carolina/providers">Medicare Provider Homepage</a>	<a href="https://www.wellcare.com/en/north-carolina/providers">https://www.wellcare.com/en/north-carolina/providers</a>
<a href="https://provider.wellcare.com/">WellCare Medicare Provider Portal</a>	<a href="https://provider.wellcare.com/">https://provider.wellcare.com/</a>
<a href="https://auth.rxante.com/">RxEffect - Medication Adherence</a>	<a href="https://auth.rxante.com/">https://auth.rxante.com/</a>
<a href="https://www.wellcare.com/en/North-Carolina/Providers/Authorization-Lookup">Medicare Authorization Look-up Tool</a>	<a href="https://www.wellcare.com/en/North-Carolina/Providers/Authorization-Lookup">https://www.wellcare.com/en/North-Carolina/Providers/Authorization-Lookup</a>
<a href="https://www.wellcare.com/en/North-Carolina/Providers/Clinical-Guidelines">Medicare Clinical Guidelines</a>	<a href="https://www.wellcare.com/en/North-Carolina/Providers/Clinical-Guidelines">https://www.wellcare.com/en/North-Carolina/Providers/Clinical-Guidelines</a>
<a href="https://www.wellcare.com/north-carolina/providers/bulletins">Medicare Provider Bulletins</a>	<a href="https://www.wellcare.com/north-carolina/providers/bulletins">https://www.wellcare.com/north-carolina/providers/bulletins</a>

For general information email: [WellCareNC\\_Provider\\_Quality@WellCare.com](mailto:WellCareNC_Provider_Quality@WellCare.com)

## Medicaid Value Added Benefits

### **ASH Fitness**

- Yearly membership benefits for Members 18 and older.
- ASH Fitness lets Members visit any gym in its network as well as the Active & Fit Enterprise at home.
- Members must complete 2 My Health Pays activities to qualify.

### **WW (formerly Weight Watchers)**

- Adults 18 and older with a BME equal to or greater than 25.
- Physicians must complete a baseline form (can be found online under provider resources)

### **Asthma Management**

- Carpet Cleaning
- HEPA filter Vacuum cleaner
- Hypoallergenic Bedding
- Peak Flow Meter

### **Hearing Aids**

- Covers the cost of 1 hearing exam every 2 years for members ages 21 and older. As well as 1 hearing aid every 2 years if medically necessary.

### **Mental Health Support by Teladoc Health**

- Find help for stress, anxiety, chronic pain, and more.

### **Over the Counter (OTC) Pharmacy Allowance**

- WellCare members are provided with \$10 worth of OTC items each month. Choose from over 200 items and can be shipped to members.

### **GED Exam Voucher**

- WellCare will cover the cost of the exam.
- Students must be at least 16 years old. Not have a high school diploma or certificate. Not be currently enrolled in high school and have a valid State ID card.

## Medicaid Value Added Benefits (cont.)

### Reading Scholarships

- Students will be selected on the first come first serve basis.
- Members must be a student in Pre-Kindergarten to 12th grade who want to improve reading skills and complete a Reading Scholarship Request form.

### School Supplies

- WellCare offers all children ages 5-18 enrolled in Pre-K to 12th grad basic school supplies each year, up to \$50.

### Tutoring

- WellCare offers tutoring services for children ages 8-18. Children can receive 6 tutoring sessions per year for a maximum of 1 hour per session.

### Home Delivered Meals

- People can receive 10 meals for nutritional support when discharged from an inpatient hospital, rehabilitation or skilled nursing facility with prior authorization. No yearly limit.

### Housing & Utility Allowance

- Qualified members can receive an allowance of up to \$250.00 yearly to assist with housing or utilities.

### Supplemental Transportation (NEMT)

- WellCare provides transportation to appointments at no cost. Trips can include, and are not limited to: Girl/Boy Scouts, 4H Club, Community Baby Showers & Doula Services, Counselor, social worker, County DSS/Medicaid Eligibility, Drug or Alcohol Rehab meetings, Member Advisory Committee meetings, and jobs programs and employment opportunities.

### Breast Pump

- Covers 1 electric breast pump per delivery.

## Medicaid Value Added Benefits (cont.)

### **Community Baby Showers**

- People can attend a community baby shower in person or virtually. Food, gifts, and educational opportunities are provided.

### **Doula Program**

- WellCare offers this service to any maternity person that has had their first OB visit. Encouraged for people with high-risk pregnancies or those with a limited support system.

### **Parent Support & Training**

- Provides training and support for parents ages 21 and older who have a child or children with serious emotional disturbance and are at risk of out-of-home placement.

### **Prenatal Gift**

- People who complete their prenatal visit can select 1 baby item from the following: Stroller, Portable Playpen, Care Seat, or Diapers

### **Boys & Girls Club**

- WellCare will provide a free yearly membership and after school programs for persons ages 5-18. This does not include summer camps and program fees.

### **4H Club**

- WellCare will cover the program cost for 4H club activities for people ages 5-18, up to \$10 per person per year.

### **Sports Physicals**

- WellCare will cover the cost of 1 sports physical per calendar year for people ages 6-18.
- Must be given by a Primary Care Physical or Pediatrician.

### **Boy Scouts or Girl Scouts**

- WellCare will cover the cost of 1 membership per calendar year for people ages 5-18.
- Also covers the cost of a yearly adult membership, which allows a parent or caregiver to be a troop leader and/or participate in other activities.

## Medicare Member Benefits

**Medication Coverage:** Our plan offers coverage on brand name and generic prescription drugs, vitamins, supplements, preventative care, and vaccinations.

**Mail Order Prescriptions** – Get up to a 3-month supply of prescription drugs sent to your patient’s home. Learn more or sign up through <https://www.express-scripts.com/rx>.

**Medication Assistance** – If members are having a hard time paying for prescription drugs, the Medicare Extra Help and Social Security Drug Assistance can help with medication costs. Learn more by visiting: <https://www.wellcareca.com/medication-assistance.html>.

**Dental Benefit** – If your patients plan includes dental coverage, they will have access to dentists and dental specialist nationwide. Learn more about dental benefits here: <https://www.wellcare.com/en/resources/wellcare-benefits/dental-benefit>

**Vision Benefit** – Offers routine eye care, glasses, and more. For more information visit: <https://www.wellcare.com/resources/wellcare-benefits/vision-benefit>.

**Transportation Benefit** – Some of our Medicare Advantage plans may include a medical transportation benefit. Learn more here: <https://www.wellcare.com/resources/wellcare-benefits/transportation-benefit>

**My WellCare Rewards** – Many plans allow members to earn rewards for their healthy habits. When member complete healthy activities they will earn points and can redeem their points for gift card rewards.

**Hearing Benefit** – Member’s benefits will help cover their hearing exams, follow-ups, hearing aids and batteries and hearing aid fittings. Learn more here: <https://www.wellcare.com/resources/wellcare-benefits/hearing-benefit>.

**WellCare Spendables®** - The WellCare Spendables card is a preloaded card that gives members the flexibility to pay for eligible health items and services they need to stay healthy. To learn more about WellCare Spendables visit: <https://www.wellcare.com/en/resources/wellcare-benefits/wellcare-spendables>.

**Fitness Benefit** – Members fitness benefit covers the cost of a gym membership, in-person fitness classes, and online classes from home. There are options for all levels of abilities. To check the eligibility and get a SilverSneakersID visit: <https://tools.silversneakers.com/Eligibility/CheckEligibility/>

## Medication Adherence

The percentage of Medicare patients who are adherent to their medication at least 80% of the time during the Measurement Period (MP).

- Medication Adherence – Diabetes
- Medication Adherence – Hypertension (RAS Antagonists)
- Medication Adherence – Cholesterol (Statins)

### Measure Inclusion Criteria:

- Medicare patients  $\geq 18$  years
- At least two prescriptions filled on different dates of service during the MP from the same targeted class (Diabetes, RAS Antagonists, or Statins).
- Patients qualify for the measure after the second fill, but the measurement period starts with the date of the first fill.
- Only prescription claims submitted to the patient's Medicare pharmacy benefit count towards closure.
- Exclusions:
  - One or more prescriptions for insulin during the MP (Diabetes only).
  - One or more prescriptions for sacubitril/valsartan during the MP (Hypertension only).
  - Enrolled in hospice or using hospice services at any time during the MP.
  - Diagnosis of ESRD or dialysis coverage dates during the MP.

### Data Source:

- Pharmacy claims submitted to the patient's Medicare plan.
- Medical record documentation is not applicable for this measure.

### Best Practices:

- Prescribe 90-day supplies of medication.
- Discuss adherence barriers at every visit. Use open-ended questions to ask about side effects, cost, or other barriers.

## Medication Adherence (cont.)

- Educate patients on the benefits of adherence and the risks of non-adherence.
- Encourage patients to use medication synchronization, mail-order pharmacy or delivery options.
- Instruct patients to fill prescriptions using their Medicare pharmacy benefit for the lowest price and ensure claims are captured for measure compliance.
- Use RxEffect to identify patients at-risk for nonadherence.
  - Assign staff to check RxEffect at least weekly.
  - Patients are prioritized daily within RxEffect to easily identify those who need support.
  - Outreach at-risk patients early to prevent noncompliance.

### Medication Classes Included:

#### Diabetes

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- Biguanides
- Sulfonylureas
- Thiazolidinediones
- Meglitinides
- DPP-4 Inhibitors
- GLP-1 Receptor Agonists
- SGLT2 Inhibitors

#### Hypertension

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- Renin-Angiotensin System (RAS) Antagonists:
  - Angiotensin Converting Enzyme Inhibitors (ACEI)
  - Angiotensin Receptor Blockers (ARB)
  - Direct Renin Inhibitors

#### Cholesterol

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- Statins

## My Health Pays – Member Rewards

Members can earn up to \$75 per year.

Healthy Activity	Reward
Flu Shot – Ages 18+ One per Flu season Sept - April	\$25
Flu Shot – Ages 6 months – 2yrs. Requires 2 flu vaccines before 2nd birthday.	\$25
Adult Health Screening – Ages 20+ Once per year	\$25
Tobacco Cessation – Ages 18+ Call 1-866-784-8454 to get started	\$25
Children’s Well Visit – Complete 6 visits between 0-15 months	\$25
Children’s Well Visit – Complete 2 visits between 15-30 months	\$25

Healthy Activity	Reward
Children Well Visit – Ages 3-21 yrs. Once per year	\$25
Diabetic HbA1c Lab Test – Ages 18-75. Once per year	\$25
Cervical Cancer Screening – Ages 21-64 Once per year	\$25
Healthy Pregnancy Rewards – Ages 12+	\$25
Postpartum Care Visit – Ages 12+ Must attend postpartum visit on or between 7-84 days after delivery	\$25

### Bonus Reward Prenatal Care Visit\* (Ages 12+)

Members who complete a prenatal visit\* can choose one of the rewards listed below:

- Stroller
- Portable Playpen
- Car Seat
- Six packs of diapers

Bonus rewards are redeemable by contacting Member Services Monday through Saturday, from 7 am to 6 pm Eastern time.

\*Visit MUST be with OB/GYN, other prenatal care practitioner, or primary care provider (PCP).

The above list is not all inclusive. To see the full list, please visit [www.WellcareNC.com/MyHealthPays](http://www.WellcareNC.com/MyHealthPays).

## 2025 Provider Incentives – Medicaid

### Medicaid Provider Incentives\*

- **Pay for Quality (P4Q):** Providers are incentivized to close select HEDIS measure care gaps for assigned members. Incentive allotments reflect emphasis on priority measures identified by the North Carolina Department of Health and Human Services Managed Care Quality Strategy.
- **Maternity Provider – An eligible maternity practitioner:** OB/GYN certified Medical Doctors or Primary Care Provider, Certified Nurse Midwife, Nurse Practitioner or Physician Assistant, may utilize the coinciding CPT II codes for services to earn the specified dollar amount for care gap closure of services rendered in calendar year 2025.
- **Shared Savings Gateway:** A Provider's Quality Rating Score (QRS) determines the Providers ability to realize any shared savings that are described in the Provider contract. Contracted Tier 3 AMH providers who share electronic, medical records and have a patient panel of thirty (30) or more members per specified HEDIS measure may gain eligibility for shared service fund incentives by accomplishing a QRS threshold at or above 50% in the calendar year 2025.

\*See program details

\*\*Payment is dependent on program specific guidelines and physical practice eligibility. Please contact your local Quality Practice Advisor for additional details on the above programs.

## 2025 Provider Incentives - Medicare

### Medicare Provider Incentives\*

- **Partnership for Quality (P4Q):** Earn up to \$75 per measure gap by scheduling and conducting care gap closure (e.g., Care for Older Adult Assessments, Breast Cancer Screening, Diabetes Screenings, etc.) – measures ranging between \$25 and \$75.
- **Continuity of Care (CoC)+:** Earn **up to** \$300 for each completed Appointment Agenda (Health Condition History only), based on thresholds met, with a risk adjustable qualified claim, and **an additional \$150 for documenting responses to all High Risk, Care Guidance, Clinical, and/or Drivers of Health portions in the Appointment Agenda, if applicable.**
- **RxEffect:** Earn up to \$600 per member by utilizing the RxEffect tool. Bonus amount depends on market and number of eligible adherence therapies per member.

\*See program details

\*\*Payment is dependent on program specific guidelines and physical practice eligibility. Please contact your local Quality Practice Advisor for additional details on the above programs.

## Risk Adjustment

**Risk Adjustment is a model used to predict member expenditures for a future period based on the health status of the plan's membership using today's data.**

A member's health status is determined by calculating a risk score. A risk score may be different depending on the LOB Medicare, Medicaid, or Marketplace. A risk score can be a combination of:

- Member demographics
- Dual status (non-dual, partial dual, or full dual)
- Diagnostic data (ICD-10 codes)
- Pharmacy data (NCD codes)

**Successful Risk Adjustment outcomes rely on accurate documentation and coding procedures.**

**Best practices for optimal Risk Adjustment outcomes:**

- See each member at least once a year
- Treat each encounter as if it is the only encounter
- Focus on Excellent Documentation Practices
- Focus on Full Picture documentation practices: Clear, Concise, Complete Documentation
- Show **M.E.A.T**: Evidence of **M**onitoring **E**valuation **A**ssessment **T**reatment

**This aligns with high quality care that assesses the management of chronic conditions at least once annually and considers the whole patient in delivering the most appropriate care.**

- For more information regarding Risk Adjustment, you may contact someone on the risk adjustment team at:
- Jennifer Lang, LVN, CCS-P, Director Risk Adjustment at [jennifer.lang@wellcare.com](mailto:jennifer.lang@wellcare.com)
- Michalin Roberts, LPN, CRC-Risk Adjustment Auditor Educator at [Michalin.roberts@wellcare.com](mailto:Michalin.roberts@wellcare.com)
- Nadia Oliva, CCS-Risk Adjustment Auditor Educator at [Nadia.Oliva@wellcare.com](mailto:Nadia.Oliva@wellcare.com)

Join us each week for Tuesdays at 2! Risk Adjustment Education and CoC/CoC+ Info Session offered every Tuesday at 2pm.

**Join by Teams:** [Tuesdays at Two](#) **Join by Telephone:** 1-816-702-6560, Phone Conference ID: 121 024 445#

For more information, you may contact Michalin Roberts at [Michalin.roberts@wellcare.com](mailto:Michalin.roberts@wellcare.com)

## Wednesdays with WellCare - WWWC

Wednesdays with WellCare is a weekly forum where we discuss all things quality. We collaborate with pivotal groups such as NC AHEC and NC DHHS to deliver pertinent quality information. From Provider presentations regarding best practices, to educational discussions around different measures, our aim is to incorporate topics that benefit our provider groups and employees alike.

Join us every **Wednesday** for an in-depth discussions on topics like **Case Management Services, Clinical Programs,** and our **Measure of the Month**, where we take a closer look at individual measures. Feel free to bring your questions related to Quality as we will have a short Q&A at the end.

To join Wednesdays with WellCare you may use the following link: [Wednesdays with WellCare](#)

Or you may join by telephone: **1-816-702-6460**, Phone Conference ID: **115 172 320 0**

For more information you may contact Crystal Pennington at [Crystal.Pennington@wellcare.com](mailto:Crystal.Pennington@wellcare.com)