

PATH TO 5 STARS

Quick Reference
Guide
for Quality
Measurements

Medicare
Medicaid
Marketplace



AZCHQUALITYMANAGEMENT
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Path to 5 Stars

Who is Arizona Complete Health?

At Arizona Complete Health (AzCH), our purpose is at the center of everything we do: Transforming the Health of the Community, One Person at a Time. AzCH has a proud history of serving Arizonans statewide through Medicare Advantage, Marketplace, and AHCCCS health plans. AzCH is operated by Centene Corporation, a diversified multi-national Fortune 500 company. Centene provides a portfolio of services to government-sponsored healthcare programs, focusing on under-insured and uninsured individuals. For more information about AzCH and Centene, visit our website at www.azcompletehealth.com or Centene's website at www.centene.com.

Allwell

Allwell from AzCH is a contracted Medicare Advantage Health Plan. Quality and performance metrics for Allwell are identified by the Centers for Medicare & Medicaid Services (CMS) and are primarily associated with the Health Effectiveness Data and Information Set (HEDIS®) and Pharmacy Quality Alliance (PQA) specifications. Medicare quality performance scores are referred to as Stars Ratings. For more information about CMS visit the website: www.cms.gov/Medicare.

Ambetter

Ambetter from AzCH is a contracted Marketplace Health Plan. Quality performance metrics are also identified by CMS and are primarily associated with HEDIS and PQA specifications. However, Marketplace quality performance metrics are maintained under the Quality Rating System (QRS). For more information visit the QRS website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Quality-Rating-System/About-the-QRS>.

AZCH-Complete Care Plan (AzCH-CCP)

AzCH-CCP is a contracted state Medicaid plan with the Arizona Health Care Cost Containment System (AHCCCS) for two populations. AzCH-CCP AHCCCS Complete Care (ACC) a standard Medicaid plan and AzCH-CCP Regional Behavioral Health Authority (RBHA) which provides integrated care to members diagnosed with a serious mental illness. AzCH-CCP ACC & RBHA quality performance metrics are identified by AHCCCS and are primarily aligned with the CMS Adult Core Set, CMS Child Core Set, and state chosen HEDIS® measures. For more information about AHCCCS, visit the website: www.azahcccs.gov.

Quality and Performance Measurement

While the star rating scale was originally created for Medicare, AzCH has chosen to apply the 5 Star scale for all contracted health plans for at a glance understanding. Each star represents a level of performance as defined below:

- ★ = Poor Performance
- ★★ = Below Average Performance
- ★★★ = Average Performance
- ★★★★ = Above Average Performance
- ★★★★★ = Excellent Performance

The identified goals throughout this guide are sourced as determined by the specified contractor and affiliated measure stewards.

CMS Core

CMS Core is comprised of two sets – one Adult and one Child. These sets hold the CMS identified quality and performance metrics for Medicaid plans. The CMS Child Core set was created in 2009 in response to the Children’s Health Insurance Program Reauthorization Act (CHIPRA). The CMS Adult Core set was created in 2012 by the Department of Health and Human Services. For more information on the CMS Core sets, visit the website: www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/index.html.

HEDIS®

HEDIS® is defined by the National Committee for Quality Assurance (NCQA). It is the gold standard in healthcare performance measurement and consists of over 70 standardized measures affecting mortality and morbidity. The use of HEDIS measures is an exciting opportunity to show the quality of our services. Specifications for HEDIS measures are proprietary and must be purchased through NCQA. For more information on HEDIS®, visit the NCQA website: www.ncqa.org/hedis/.

PQA

The Pharmacy Quality Alliance (PQA) was established in 2006 as a public private-partnership with SME shortly after the implementation of the Medicare Part D Prescription Drug Benefit. Since the early years developing measures for the Star Ratings program, the multi-stakeholder membership of PQA has engaged in a transparent, consensus-based development process. This foundation was the basis for PQA’s evolution to becoming a nationally recognized quality measure organization with industry roles as a measure developed, quality educator, researcher, and convener. For more information on PQA, visit the website: www.pqaalliance.org.

QRS

The Quality Rating System (QRS), part of the Affordable Care Act (ACA), directs the U.S. Department of Health and Human Services (HHS) Secretary to develop a system that rates Qualified Health Plans (QHP) based on relative quality and price. It also requires Marketplaces to display QHP quality ratings on Marketplace websites to assist in consumer selection of QHPs. Based on this authority, CMS established standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Marketplace. QHP issuers must submit quality rating information (specifically QRS

clinical measure data and QHP Enrollee Response data) for its QHPs in accordance with CMS guidelines as a condition of certification and participation in the Marketplaces. For more information, visit: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page.

MIPS

The Merit-based Incentive Payment System (MIPS) is a performance-based payment adjustment for Medicare patients based on quality performance data, advancing care information, and improvement activities. For more information on MIPS and other Quality Payment Programs for Providers from CMS, visit their website at <https://qpp.cms.gov/about/qpp-overview>.

UDS

The Uniform Data System (UDS) is a standardized reporting system for Federally Qualified Health Centers (FQHC) and look-alikes to report quality performance data reflecting the Health Center Program impact. For more information on UDS, visit the HRSA website at <https://bphc.hrsa.gov/datareporting/index.html>.

Be a 5 STAR Provider

Create a Culture of Quality

- Ensure every staff member within the practice receives education around quality interventions, documentation standards, and quality goals.
- Establish a cross-functional quality team to regularly review internal processes and procedures; track and trend quality interventions; and create action plans to increase quality performance.
- Create a process to verify that medical record documentation aligns with claims data submitted to AzCH.

Enhance the Provider & Patient Partnership

- Proactively reach out to patients requiring preventive screenings, annual wellness visits, or follow-up.
- Practice clear communication with patients to include care coordination activities with specialists and other providers, reconciliation and verification of all medications, and ensure diagnostic understanding at every visit.
- Close the loop with every visit by ensuring the patient has received any results, followed-up with specialist, or is maintaining a new diagnostic protocol comfortably.

Measure Quality Activities

- Utilize CPT-II coding and timely filing of claims to close care gaps administratively.
- Review health care gaps via Provider Analytics to pinpoint areas of focus for interventions.
- Evaluate progress and implement revisions as needed to the interventions within your action plan.

Prioritize Member Experience

- Create and support a culture focused on excellence in customer service and member experience.
- Maintain awareness of patient wait times and limit them to under 15 minutes as much as possible. Clearly communicate delays and offer adjusted times when possible.
- Encourage patients to receive annual preventive vaccines such as influenza and pneumococcal.
- Discuss and provide counsel for physical activity, falls risks, tobacco cessation, and preventive screening & testing.
- Address member concerns in a timely fashion and connect them back to AzCH for assistance versus calling CMS to file a complaint.
- Post signs and provide resources such as flyers and handouts that educate members on how to access needed care quickly. For example, how quickly should they expect an urgent appointment with their primary provider and places to access urgent care.

Medical Record Collection Process

Off season, the AzCH Accreditation and Audit Team conducts year round medical record collection to more accurately reflect the rates of compliancy for performance measures. In an effort to reduce the burden to our providers and reflect a more accurate picture of quality performance metrics throughout the year, AzCH partners with providers to obtain medical records for this year round review.

On season, data is gathered through claims and medical records to determine quality metrics for all lines of business: Medicare, Medicaid, and Marketplace. Medical Record Reviews are done on an annual basis starting in January and ending in May each year. We understand how busy provider offices can be, especially during medical record review season. This is why we ask you to utilize the plan's "Coding for Quality" guide to help you reduce medical record requests as submitting codes via a claim will close those gaps electronically.

The plan handles patient Protected Health Information (PHI) in a careful and confidential manner. AzCH is covered by the Health Insurance Portability and Accountability Act (HIPAA). As defined by HIPAA, our role is a "Covered Entity", as such, we are ethically and legally bound to protect, preserve and maintain the confidentiality of any PHI received from you.

Data Collection Methods

AzCH offers a variety of methods to submit needed medical record documentation. Providers can submit via an automatic data feed, upload via the AzCH Provider Portal, or even through direct access to EHR systems to reduce the need to utilize provider staff to collect, scan, email, or even print medical records.

AzCH will continue to accept records submitted via fax, secured email, electronically in office via USB transfer or printed copies, and postal mail.

If you are interested in setting up an automatic data feed, sending records through the AzCH provider portal, or allowing plan access to your EHR system please reach out to the HEDIS® Operations Team at HEDIS_Operations@azcompletehealth.com.

If you have questions related to the record retrieval process, contact us at (480) 665-3183. We thank you for partnering with us to improve the health of our community one person at a time.

Tools for Success

Coding for Quality

A reference guide with frequently used CPT-II & ICD-10 codes to assist in meeting quality performance measures administratively through claims. This reference can be found on the AzCH Provider webpage at www.azcompletehealth.com/providers.html.

Coordination of Care Protocol

Developed to assist health care providers coordinate care and develop comprehensive treatment plans with physical, specialty, and behavioral health providers for all patients with a direct focus on complex care patients with a behavioral health and/or substance abuse diagnosis, and/or other comorbid chronic conditions.

Readmissions and Patient Experience Toolkits

These toolkits assist providers with reducing the number of readmissions and improving member experience. The toolkits provide useful guidelines, tips, and other resources that will assist providers in addressing the key elements related to improved outcomes and improving the member's experience.

AzCH Provider Portal

Used to verify member eligibility, manage claims & authorizations, and view patient lists. Contracted AzCH providers are able to register at any time. Non-contracted providers will be able to register after the first claim submission. Access the AzCH Provider Portal at www.azcompletehealth.com/providers.html.

AzCH Provider Analytics

A program to provide patient's open care gap information to assigned providers. Provider Analytics is accessible on the AzCH Provider Portal and offers real-time data needed for targeted outreach and gap closure.

For more information on or a copy of any of the Tools for Success listed above, please reach out to our team at AZCHQualityManagement@azcompletehealth.com.

AzCH Websites

AzCH	www.azcompletehealth.com
Allwell	www.allwell.azcompletehealth.com
Ambetter	www.ambetter.azcompletehealth.com
Facebook	www.facebook.com/AZCompleteHealth
Twitter	www.twitter/AzCHHealthPlan
YouTube	www.youtube.com/channel/UCsWTIfk3X2LqREWtSDm7-g/featured

Quality Interventions

AzCH is committed to doing all we can to ensure your success in improving health outcomes for members. We have multiple ongoing interventions to support those outcomes across all lines of business.

Member Gap Closure Outreach

Includes campaigns such as Fluvention, which encourages members to obtain their annual flu shot. This is a reoccurring campaign, which runs September through March, and is a multi-prong outreach to all members comprising of mailers, emails, texts, calls, social media posts, and AzCH website postings.

Promotoras

The Promotoras are highly skilled, dedicated community members that share a desire to serve their community and are committed to improving overall community health and wellness by directly outreaching members to educate and assist with obtaining needed health services. The Promotoras are currently outreaching and assisting AzCH members in Yuma County.

Strategic Collaborative Partnerships

AzCH is dedicated to building collaborative partnerships to drive innovative efforts aimed at keeping our members healthy. Current efforts include utilization of a mobile retinal camera to conduct in-home diabetic eye exams and in-home test kits to screen for colorectal cancer. Adobe Care and Wellness covers AzCH members in Cochise, Santa Cruz, Yuma, Greenlee, Graham, La Paz, and Yavapai counties. Equality Health Network (EHN) and US Health Systems (USHS) cover AzCH members in Maricopa and Pima counties. P3 partners with providers in the southern half of Arizona.

Provider Partnership Program

Utilizing the strategic partnerships, providers are outreached and offered collaboration and prioritization opportunities to improve member experience, care gap closure, as well as, discussion of quality performance, CPT II code education, education of member benefits, and Social Determinants of Health.

If you are interested in partnering with AzCH Quality Management in an intervention or performance improvement project, please contact AzCHQualityManagement@azcompletehealth.com.

Member Experience Matters

How members experience their healthcare is pivotal to successful engagement and high quality care. Members are offered a survey for each line of business to provide feedback on their experience and satisfaction with care. AzCH takes this feedback very seriously and focuses action to improve the member experience in collaboration with the provider network. Below are descriptions of each survey, including frequency and content.

Medicare CAHPS Survey

Each spring, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is sent asking healthcare members to evaluate their experiences with healthcare services in various settings within the last 6 months. CAHPS focuses on measurable aspects of member experience based off the member's interaction with healthcare providers, services, and facilities. Member experience is the sum of all interactions of a plan's culture that influence member perception across the continuum of care. Member experience measures, also referred to as composite measures, cover topics that are important to members, such as:

- Getting Needed Care
- Getting Care Quickly
- Care Coordination
- Rating of Health Plan
- Ratings of Personal Doctors and Specialists
- Health Plan Customer Service
- Access to Personal Care Services
- Getting Needed Prescription Drugs
- Annual Flu Vaccine

Member Experience makes up 60% of the overall Medicare Star Rating. Encourage members to participate in this annual anonymous, voluntary survey if they are selected. Medicare Stars and CAHPS are performance driven and primarily concerned with the plan's ability to effectively manage care based on industry standards and best practices. For more information on the CAHPS Survey, visit www.ahrq.gov/cahps/surveys-guidance/hp/index.html.

CAHPS Survey Measure	5 STAR Goal
Annual Flu Vaccine	≥ 79%
Getting Needed Care	85%
Getting Appointments and Care Quickly	81%
Care Coordination	88%

Medicare HOS Survey

Late each summer and into fall, the Medicare Health Outcomes Survey (HOS) measuring quality of life and functional health status is sent to Medicare beneficiaries. HOS is an important vehicle for collecting data because it provides insight about the member's perception of both their physical and emotional health status.

Results of HOS are gathered over a two year period. This data is used to determine changes in the member’s perception of their own health. Five HOS measures directly impact Star or display measures:

- Improving or Maintaining Mental Health
- Improving or Maintaining Physical Health
- Monitoring Physical Activity
- Improving Bladder Control
- Reducing the Risk of Falling

For more information on the HOS Survey, visit www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS.

HOS Survey Measure	5 STAR Goal
Improving or Maintaining Physical Health	≥ 75%
Improving or Maintaining Mental Health	≥ 86%
Monitoring Physical Activity	≥ 60%
Reducing the Risk of Falling	≥ 71%
Improving Bladder Control	≥ 53%

Marketplace QHP Enrollee Survey

Each spring the Qualified Health Plan (QHP) Enrollee Experience Survey, based on CAHPS, is sent to Marketplace members. The QHP Enrollee Survey asks healthcare members to evaluate their experiences with healthcare services in various settings. This survey focuses on measurable aspects of member experience based on the member’s interaction with healthcare providers, services, and facilities.

QHP Enrollee Survey Measure	5 STAR Goal
Access to Care	≥ 79.7%
Care Coordination	≥ 86.8%
Flu Vaccinations for Adults 18-64 years	≥ 57.6%
Medical Assistance with Smoking and Tobacco Use Cessation Plan Administration	≥ 63%
Rating of All Health Care	≥ 81.5%
Rating of Personal Doctor	≥ 89.6%
Rating of Specialist	≥ 87.5%

For more information on the QHP Survey, visit www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Consumer-Experience-Surveys/Surveys-page.

Medicaid Member Survey

A monthly anonymous and voluntary survey sent to a sample of AzCH-CCP & RBHA members. Ten questions evaluate satisfaction in multiple areas via email or text. The survey uses a Likert scale of 1-5 (high) to measure the member experience. Results are reported to AHCCCS quarterly. The survey questions measure the following:

- Patient Experience
- Outcomes and Improved Functioning
- Access to Care
- Overall Satisfaction with Health Plan
- Tobacco Cessation

If you would like more information on the Medicaid member survey process, please reach out to our team at AzCHQualityManagement@azcompletehealth.com.

Best Practices for Survey Score Improvement

- Make a connection – smile and practice patience with every interaction.
- Listen, encourage, and demonstrate empathy.
- Utilize Motivational Interviewing techniques including asking open ended questions to promote dialogue and treatment planning as a team.
- Educate members about preventive care, healthy habits, treatment options, medication use, risks and benefits, how and where to access care quickly, and timeframes on receiving care timely.
- Follow-up with test results as quickly as possible.
- Ensure members know you are coordinating care with other providers they receive medical services from.
- Encourage physical movement and exercise.
- Have a conversation with the member about their emotional well-being and encourage social connection with others as loneliness impacts a person's overall health.
- Use the teach-back method to help the member remember and demonstrate understanding. Provide members with written instructions at the conclusion of every visit.
- Provide training and supervision to every employee on your team regarding Member Experience and how they impact it.

Adult Preventive Care & Treatment



Appropriate Testing for Pharyngitis (CWP)



Definition

Members 3 years and older who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode during any outpatient, emergency, telephonic, or virtual visit.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Inpatient stay
- Episodes including diagnoses other than CWP on same DOS
- ED or OBV visit resulting in inpatient stay

Quality Program(s) Affected:

- Marketplace Quality Rating System
- MIPS Quality ID #66

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Group A Strep Test & Outpatient Visit Codes

ICD-10 Diagnosis J02.0, J02.9, J43.9
 CPT Group A Strep Test: 87070, 87081, 87651, 87880

In Person Visit: 98966-98968, 99212-99215, 99201-99205

Telephone Visit: 99441-99443

Virtual/Online Visit: 99457, 99444

HCPCS In Person Visit: G0402, G0438, G0439, G0463, T1015

Virtual/Online Visit: G2012

Best Practices

- Refer to Appendix Table 2 for antibiotic medications compliant with this measure.
- Pharyngitis diagnosis should be accompanied by a strep test and antibiotic prescription.
- A rapid strep test or throat culture should confirm diagnosis before prescribing antibiotics.
- Clinical findings alone do not adequately distinguish Strep vs. no Strep pharyngitis. The patient's strep may have become resistant and needs a culture.
- Educate parents/caregivers that an antibiotic is not necessary for viral infections if rapid strep test and/or throat culture is negative.

2021 Cut Points

	4 STARS	5 STARS
Marketplace Percentile	92.3	95.2
MIPS Decile	97.11 – 99.99 (Decile 9)	

Measure steward(s) referenced: HEDIS®

Appropriate Treatment for Upper Respiratory Infection (URI)



Definition

Percentage of episodes for members aged 3 months and older who were diagnosed with an upper respiratory infection and were **not** dispensed an antibiotic medication during any outpatient, emergency, telephonic, or virtual visit. Please note this measure addresses appropriate treatment for URI **without** prescribing antibiotics.

Data Collection Method:

- Administrative

Exclusions:

- Episodes including diagnoses other than URI on same DOS
- ED or OBV visit resulting in inpatient stay

Quality Program(s) Affected:

- Marketplace Quality Rating System
- MIPS Quality ID #65

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Upper Respiratory Infections That Do Not Need Antibiotics & Outpatient Visit Codes

ICD-10 Diagnosis	J00, J06.0, J06.9
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205
	Telephone Visit: 99441-99443
	Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015
	Virtual/Online Visit: G2012

Best Practices

- Educate members on inappropriate use of antibiotic treatments.

2021 Cut Points

	4 STARS	5 STARS
Marketplace Percentile	95.0	97.3
MIPS Decile	97.11 – 99.99 (Decile 9)	

Measure steward(s) referenced: HEDIS®

Avoidance of Antibiotic Treatment for Bronchitis (AAB)



Definition

Percentage of members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis and were **not** dispensed an antibiotic prescription for the episode during any outpatient, emergency, telephonic, or virtual visit. Please note this measure addresses appropriate treatment for bronchitis **without** prescribing an antibiotic.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Episodes including diagnoses other than AAB on same DOS
- ED or OBV visit resulting in inpatient stay

Quality Program(s) Affected:

- Marketplace Quality Rating System
- MIPS Quality ID #116

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	J20.3, J20.5, J20.4, J20.9, J43.9
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205
	Telephone Visit: 99441-99443
	Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015
	Virtual/Online Visit: G2012

Best Practices

- Avoid prescribing antibiotics for acute bronchitis/bronchiolitis.
- Educate members on inappropriate use of antibiotic treatments.

2021 Cut Points

	4 STARS	5 STARS
Marketplace Percentile	38.6	48.3
MIPS Decile	98.43 – 99.99 (Decile 9)	

Measure steward(s) referenced: HEDIS®



Breast Cancer Screening (BCS)

Definition

Percentage of women aged 50 to 74 years who had a mammogram to screen for breast cancer.

Data Collection Method:

- Administrative (2 year, 3 month lookback period)

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- Members with a bilateral or two unilateral mastectomies.

Quality Program(s) Affected:

- Medicare Star Ratings
- Medicaid MPS
- Marketplace Quality Rating System
- MIPS Quality ID #112
- Uniform Data System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Mammography Codes

CPT 77055-77057, 77061-77063, 77065-77067
 HCPCS G0202, G0204, G0206, G9054, M1017

Exclusion Codes

ICD-10 Diagnosis Z90.13, Z90.11, Z90.12

Best Practices

- This measure evaluates primary screening only. This does not count biopsies, breast ultrasounds, or MRIs.
- Document the month and year mammogram was completed, including for self-reported mammograms.
- Documentation for members with mastectomies should include the type of surgery performed.
- Educate members about the importance of early detection and screening. Address any fears or concerns expressed and assist in overcoming barriers.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 76 - <83	≥ 83
Medicaid 66 th Percentile	61.79	69.22
Marketplace Percentile	73.2	78.8
MIPS Decile	≥ 85.85 (Decile 10)	
UDS	Table 6B Line 11a	

Measure steward(s) referenced: HEDIS®



Care for Older Adults (COA)

Definition: COA Medication Review

Members aged 66 and older whose doctor or clinical pharmacist reviewed a list of all the members' medications during the measurement year (applies to SNP plans only).

Definition: Pain Assessment

Members aged 66 and older who had at least one pain assessment during the measurement year (applies to SNP plans only).

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Medication List
 - Pain Assessment Tool

Exclusions:

- None

Quality Program(s) Affected:

- Medicare Star Ratings
- MIPS Quality ID #130 (Medication Review)

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

COA Medication Review

CPT II 1159F & 1160F (both must be present to count)

COA Pain Assessment

CPT II 1125F, 1126F

Best Practices

Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.

Medication Review

- Medication list should include any prescription and non-prescription drugs, vitamins, herbal remedies, or supplements with dosage & frequency signed & dated by practitioner.
- Documentation that member is not taking any medication with date noted.
- The member does not need to be present for the medication review.

Pain Assessment

- Pain management or treatment plan does not meet the criteria for this measure.
- Medical record must contain pain assessment and date completed.
- Pain Assessment must include one of the following:
 - Documentation that member was assessed for pain.
 - Result of assessment using a standardized pain assessment tool.
- Screening or documentation for chest pain alone does not meet the criteria.
- Pain assessment completed during a telephone or virtual visit meet measure criteria.

2021 Cut Points

	4 STARS		5 STARS	
	Medication Review	Pain Assessment	Medication Review	Pain Assessment
Medicare STARS	≥ 88 - < 96	≥ 88 - < 96	≥ 96	≥ 96
MIPS Decile	99.91 – 99.99 (Decile 8)		Not Applicable	

Measure steward(s) referenced: HEDIS®



Cervical Cancer Screening (CCS)

Definition

Percentage of women aged 21 to 64 years screened for cervical cancer using either of the following criteria (the measure applies to women aged 24 to 64 years as of the end of the measurement year to account for the 3-year look-back period).

- Women aged 24 to 64 years who had cervical cytology (Pap test) performed every 3 years.
- Women aged 30 to 64 years who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Test results
 - Historical Documentation

Exclusions:

- Hospice in MY
- Palliative Care
- Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix

Quality Program(s) Affected:

- Medicaid MPS
- Marketplace Quality Rating System
- MIPS Quality ID #309
- Uniform Data System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Cervical Cytology and HPV Testing Codes

CPT 88175, 87624, 87625, 58571, 58552, 58150
 HCPCS G0145, G0147, G0148, Q0091, G0476

Exclusion Codes

CPT 58571, 58552, 58150

Best Practices

- Medical record must include the date test performed and results.
- Biopsy is considered a diagnostic test and not a screening test.
- Educate members on the importance of preventative screenings and early detection.
- Documentation must state complete, total, or radical hysterectomy to meet exclusion criteria.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66th Percentile	65.69	72.99
Marketplace Percentile	65.2	72.5
MIPS Decile	≥ 55.56 (Decile 10)	
UDS	Table 6B Line 11	

Measure steward(s) referenced: HEDIS®



Chlamydia Screening (CHL)

Definition

Percentage of women aged 16 – 24 years identified as sexually active and who had at least one test for chlamydia during the measurement year.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Pregnancy with isotretinoin prescription or x-ray within 6 days after pregnancy test

Quality Program(s) Affected:

- Marketplace Quality Rating System
- Medicaid Benchmarks
- MIPS Quality ID #310

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Chlamydia Tests

ICD-10 Diagnosis O80, O76
 CPT 87110, 87490 – 87492

Exclusion Codes

HCPCS G0101, G0123, G0124, G0141, G0143 – G0145, Q0091

Best Practices

- Medical record should include date test was performed and the results.
- Sexually active members are identified by encounter and claim data for dispensed contraceptive prescriptions and sexual activity.
- Remember to code for Chlamydia when using global prenatal or postpartum visit as the screening may not be captured.

2021 Cut Points

	4 STARS		5 STARS	
	Ages 16-20	Ages 21-24	Ages 16-20	Ages 21-24
Medicaid 66 th Percentile	63.53	68.97	71.18	74.38
Marketplace Percentile	55.4		67.3	
MIPS Decile	≥ 56.07 (Decile 10)			

Measure steward(s) referenced: HEDIS®



Colorectal Cancer Screening (COL)

Definition

Members aged 50 to 75 years who had an appropriate screening for colorectal cancer by a FOBT test or FIT immunoassay (good for 1 year), Sigmoidoscopy or CT colonography (good for 5 years), or Colonoscopy (good for 10 years).

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Test Results
 - Documentation of specific testing and year performed

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty and/or advanced illness diagnosis
- History of colorectal cancer and/or total colectomy

Quality Program(s) Affected:

- Medicare STAR Ratings
- Marketplace Quality Rating System
- MIPS Quality ID #113
- Uniform Data System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Colorectal Screening Codes

CPT	FOBT Test - 82270	Colonoscopy - 45380, 45385, 45378
	FIT immunoassay (iFOBT) - 82274	FIT-DNA - 81528
HCPCS	FIT immunoassay (iFOBT) - G0328	Colonoscopy - G0121
		FIT-DNA - G0464

Exclusion Codes

ICD-10 Diagnosis C18.0 – C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

Best Practices

- Standing orders and FIT Kits available in the office increase compliancy.
- Test result is not required if the documentation is clearly a part of the medical history section of the record and includes date performed. At minimum, documentation should include month and year.
- Results must be documented for FIT-DNA and iFOBT.
- Digital rectal exams do not count as FOBT tests or as samples collected for FOBT testing.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 75 - < 82	≥ 82
Marketplace Percentile	63.0	69.1
MIPS Decile	≥ 90.42 (Decile 10)	
UDS	Table 6B Line 19	

Measure steward(s) referenced: HEDIS®



Contraceptive Care - Postpartum (CCP)

Definition

Percentage of members aged 15 to 44 years who had a live birth and provided a most effective or moderately effective method of contraception within 3 and 60 days of delivery or provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Data Collection Method:

- Administrative

Exclusions:

- Live births occurring during last two months of MY

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

**Codes below are examples only and not recommendations*

Contraceptive Codes

ICD-10 Diagnosis	O80, 082, 10E0XZZ, Z30.016, Z30.44, Z30.017, J7307, O03.1
CPT	11981, 11983, 57170, 58300, 58565, 58600, 58605, 58611, 58615, 58670, 58671
HCPCS	A4261, A4264, A4266, J1050, J7296 – J7298, J7300, J7301, J7303, J7304, J7306, J7307, S4981, S4989, S4993

Best Practices

- Schedule a postpartum visit at the time of discharge from the hospital.
- Review birth control status at postpartum visit or at the time of wound check.

2021 Cut Points: Most or Moderately Effective

	4 STARS		5 STARS	
	3 Days	60 Days	3 Days	60 Days
Medicaid 66 th Percentile	11.3	40.2	14.4	46.6

2021 Cut Points: LARC

	4 STARS		5 STARS	
	3 Days	60 Days	3 Days	60 Days
Medicaid 66 th Percentile	1.6	12.6	2.1	14.7

Measure steward(s) referenced: CMS Adult Core Set



Contraceptive Care – All Women (CCW)

Definition

Percentage of members aged 15 to 44 years who were provided a most effective or moderately effective (M/M) method of contraception or provided a long-acting reversible method of contraception (LARC).

Data Collection Method:

- Administrative

Exclusions:

- Members who are pregnant at end of MY
- Members not at risk of unintended pregnancy due to non-contraceptive reasons

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

**Codes below are examples only and not recommendations*

Contraceptive Codes

ICD-10 Diagnosis	Z30.011, Z30.013 - Z30.016, Z30.017, Z30.2, Z30.41, Z30.42, Z30.430, Z30.431, Z30.433, Z30.44, Z30.45, Z30.46
CPT	11981, 11983, 57170, 58300, 58565, 58600, 58605, 58611, 58615, 58670, 58671
HCPCS	A4261, A4264, A4266, J1050, J7296 – J7298, J7300, J7301, J7303, J7304, J7306, J7307, S4981, S4989, S4993

Best Practices

- Assist member in addressing any barriers to attending appointments or obtaining medications by educating members on the variety of interventions available.
- Review birth control status as a part of all visits.

2021 Cut Points

	4 STARS		5 STARS	
	M/M Effective	LARC	M/M Effective	LARC
Medicaid 66 th Percentile	29.5	4.8	32.6	5.9

Measure steward(s) referenced: CMS Adult Core Set

Osteoporosis Management in Women Who Had a Fracture (OMW)



Definition

Women ages 67 to 85 years who have suffered a fracture and had either a bone mineral density (BMD) test or a prescription to treat osteoporosis in the six months after the fracture.

Data Collection Method:

- Administrative
- Pharmacy Data

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- Finger, toe, face, and skull fractures
- Member received osteoporosis therapy or medication during PY

Quality Program(s) Affected:

- Medicare Stars Ratings
- MIPS Quality ID #418

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Osteoporosis Testing Codes

ICD-10 Diagnosis G20, E0431
 CPT Bone Mineral Density: 77080, 77081, 77085
 HCPCS Radiology: J3489, J0897, J1740, J3111, G9054, M1017

Exclusion Codes

HCPCS Osteoporosis therapy: J3489, J0897

Best Practices

- Please review Appendix Table 3 for osteoporosis medication reference list.
- Consider ordering a DEXA scan or BMD screening on all women 65 years of age and older every two years. (SEXA test does not meet criteria)

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 55 - < 70	≥ 70
MIPS Decile	No Benchmark for 2021	

Measure steward(s) referenced: HEDIS®



Prenatal & Postpartum Care: Postpartum Care (PPC)

Definition

Percentage of live births where the member received a postpartum visit on or between 7 – 84 days after delivery.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Visit Notes

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #336

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Postpartum Care Codes

ICD-10 Diagnosis	O99.342, O26.813, O26.812, 10E0XZZ
CPT	59430, 59400
	Cervical cytology: 88142
CPT II	0503F
HCPCS	G0101

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- Postpartum visit, cervical cytology, and bundled service documenting date when postpartum care was rendered meet all criteria.
- Include the dates of service for all visits with the bundled charge.
- Medical record must include date, notation of postpartum care, and at least one of the following:
 - Pelvic exam (PAP test meets criteria).
 - Evaluation of weight, BP, breasts (or notation of breastfeeding), and abdomen.
 - Notation of postpartum care documented during the visit such as PP care, PP check, 6-week check, or a preprinted postpartum care form.
 - Documentation of any of infant care, breastfeeding, family planning, sleep/fatigue, and/or resumption of physical activity and attainment of healthy weight.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	79.32	84.18
Marketplace Percentile	82.1	87.6
MIPS Decile	No Score Measure	

Measure steward(s) referenced: HEDIS®



Timeliness of Prenatal Care (PPC)

Definition

Percentage of live births where member received a prenatal care visit in the first trimester of the pregnancy or within 42 days of enrollment.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress Notes

Exclusions:

- Member in Hospice during MY

Quality Program(s) Affected:

- Medicaid MPS
- Marketplace Quality Rating System
- Uniform Data System

Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Prenatal Codes

ICD-10 Diagnosis	Z34.91
CPT	59400, 99201
CPT II	0500F, 0501F, 0502F
HCPCS	G0463, T1015

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- Medical record documentation must include a pregnancy-related diagnosis code, the date of the prenatal care visit, name and title of OB/GYN or PCP, and evidence of prenatal procedure.
- Assist member in completion and submittal of the Notification of Pregnancy Form (NOP). Completing the NOP will enroll member in the Start Smart for Your Baby program, designed to provide information and support throughout the pregnancy and first year of child's life.
 - Notification of Pregnancy form is found within the member portal or notification via phone call to Member Services at 1-888-788-4408 (TTY: 711).
- Prenatal visit must include at least one of the following:
 - Basic obstetrical exam that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or fundal height measurement.
 - Obstetric panel screening.
 - Ultrasound of pregnant uterus.
 - TORCH antibody panel.
 - Rubella antibody test AND ABO, Rh, or ABO/Rh test.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66th Percentile	91.73	95.85
Marketplace Percentile	91.1	95.2
UDS	Table 6B Lines 1-9	

Measure steward(s) referenced: HEDIS®



Use of Imaging Studies for Low Back Pain (LBP)

Definition

Members age 18 to 50 years with primary diagnosis of low back pain who had an imaging study (x-ray, MRI, CT scan) completed within 28 days of diagnosis.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Members with Cancer, Recent Trauma, IV drug abuse, Neurologic impairment, HIV, Spinal infection, Major organ transplant, or Prolonged use of corticosteroids

Quality Program(s) Affected:

- Marketplace Quality Rating System

Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Imaging Codes

ICD-10 Diagnosis	Trauma: S02.32XA, S72.354A Uncomplicated low back pain: M54.5, M54.16
CPT	Imaging Study: 72100, 72110, 72148 Osteopathic and Chiropractic: 98941, 98940, 98926

Best Practices

- Higher score indicates appropriate treatment of low back.
- Avoid imaging studies for acute back pain if not medically indicated.
- Educate members on comfort measures, pain control, and other alternative treatments.

2021 Cut Points

	4 STARS	5 STARS
Marketplace Percentile	81.3	85.7

Measure steward(s) referenced: HEDIS®

Child & Adolescent Preventive Care & Treatment





Annual Dental Visit (ADV)

Definition

Percentage of members ages 2 – 20 years as of December 31st of the measurement year, who have received one dental visit during the measurement year.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

CPT	70300, 70310, 70320, 70350, 70355
HCPCS	D0120-D0999, D1110-D1999, D2140-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D5994, D6010-D6205, D7111-D7999, D8010-D8999, D9110-D9999

Best Practices

- Refer members for a dental screening annually.
- Visits for many one year olds will be counted because the specification includes children whose second birthday occurs during the measurement year.
- Any visit by a DDS, DMD, or licensed dental hygienist is compliant for this measure.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66th Percentile	64.33	70.87
Marketplace Percentile	46.7	55.2

Measure Steward(s) Referenced: HEDIS®



Child and Adolescent Well-Care Visits (WCV & W30)

Definition: Child & Adolescent Well-Care Visits (WCV)

Members age 3 – 21 years who had at least one comprehensive well-care visit with a Primary Care Practitioner or an OB/GYN during the measurement year.

Definition: Well-Child Visits in the First 30 Months of Life (W30)

Percentage of members who turned 15 months during the measurement year who received six or more well-child visits between 0-15 months and members who turned 30 months during the measurement year who received two or more well-child visits between 15-30 months.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Well-Care Visit Code Specs

ICD-10 Diagnosis	Z00.00, Z00.01, Z00.129
CPT	99381 – 99385, 99391-99395
	Allowable Telehealth Modifiers: GT, 95, 02
HCPCS	G0438, G0439, S0302

Best Practices

- Visits with a nurse practitioner or physician assistant meet the measure.
- Utilize sick visits as an opportunity to complete screenings and immunizations as needed.
- WCV has replaced Well Care Visits for ages 3-6 years (W34) and Adolescent Well Care ages 12-21 years (AWC) for MY2021.
- W30 has replaced Well Care Visits for ages 0-15 months (W15) for MY2021.

2021 Cut Points

	4 STARS		5 STARS	
	WCV	W30	WCV	W30
Medicaid 66 th Percentile	70.0	72.0	73.4	77.8
Marketplace Percentile	84.2	83.1	88.2	88.7

Measure steward(s) referenced: HEDIS®

Childhood Immunization Status (CIS)

Definition

Percentage of members aged two years who have completed all required dosages for DTaP, IPV, MMR, HiB, VZV, PCV, Hep A, RV, and flu vaccines or allowed combinations before or on their second birthday.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress notes
 - Immunization record
 - Health history

Exclusions:

- Member contraindicated for immunizations

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #240
- Uniform Data System

Commonly Used Codes

**Codes below are examples only and not recommendations*

Vaccination Codes

CPT	DTaP - 90698, 90723, 90700 IPV - 90698, 90723 MMR - 90707, 90710 HiB - 90698, 90648, 90647 HepB - 90723	VZV - 90716, 90710 PCV - 90670 HepA - 90633 RV - 90681 (2 dose), 90680 (3 dose) Flu - 90686, 90688
CVX	DTaP - 120 IPV - 120, 110 MMR - 03, 94 HiB - 120 HepB - 110	VZV - 31, 83, 85 PCV - 133, 152, 33 HepA - 31, 83, 85 RV - 122, 116 (3 dose), 119 (2 dose) Flu - 158, 150, 153
HCPCS	HepB - G0010	PCV - G0009 Flu - G0008

Exclusion Codes

ICD-10 Diagnosis	T80.52XA, T80.52XD, T80.52XS
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Best Practices

- Documentation must include any of the following: evidence of antigen or combination vaccine with date given, documented history of the illness, a seropositive test result, or notation indicating contraindication for a specific vaccine
- Upload immunizations to Arizona State Immunization Information System (ASIS)
- Educate parents on the importance of vaccinations and provide an immunization schedule

2021 Cut Points

	4 STARS			5 STARS		
	Combo 3	Combo 7	Combo 10	Combo 3	Combo 7	Combo 10
Medicaid 66 th Percentile	73.24	63.26	42.82	79.45	68.75	52.07
Marketplace Percentile	81.1	N/A	N/A	86.1	N/A	N/A
MIPS Decile	≥ 49.57 (Decile 10)					
UDS	Table 6B Line 10					



Developmental Screening First 3 Years of Life (DEV)

Definition

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress Notes
 - Screening Tools

Exclusions:

- None

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

**Codes below are examples only and not recommendations*

Developmental Screening Codes

CPT 96110 with the EP modifier

Best Practices

- Examples of appropriate screening tools are: Ages and Stages Questionnaire (ASQ/ASQ-3), Battelle Developments Inventory Screening Tool (BDI-ST), Bayley Infant Neuro-Developmental Screen (BINS), Brigance Screens-II, Infant or Child Developmental Inventory (CDI), Parents' Evaluation of Developmental Status (PEDS/PEDS-DM).
- Please note that the ASQ-SE and M-chat are not accepted.
- The EP modifier is identified within the AHCCCS Medical Policy Manual (AMPM) Chapter 430.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66th Percentile	32.7	54

Measure steward(s) referenced: CMS Child Core Set

Immunizations for Adolescents (IMA)

Definition

Percentage of adolescents 13 years of age who have completed their meningococcal, Tdap, and HPV vaccines by their 13th birthday.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress notes
 - Immunization records

Exclusions:

- Member contraindicated for immunizations

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #394

Commonly Used Codes

**Codes below are examples only and not recommendations*

Vaccination Codes

CPT	Meningococcal – 90734 Tdap – 90715 HPV – 90649-90651
CVX	Meningococcal – 108, 114, 136, 147, 167 Tdap – 115 HPV – 62, 118, 137, 165

Exclusion Codes

ICD-10 Diagnosis	T80.52XA, T80.52XD, T80.52XS
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Best Practices

- Combination 1 (Meningococcal, Tdap), Combination 2 (Meningococcal, Tdap, HPV), Meningococcal, Tdap/Td, HPV, or any combination thereof may be used to meet criteria.
- Documentation must include any of the following: evidence of antigen or combination vaccine with date given, documented history of the illness, a seropositive test result, or notation indicating contraindication for a specific vaccine.
- Upload immunizations to Arizona State Immunization Information System (ASIS).
- Educate parents on the importance of vaccinations and provide an immunization schedule.

2021 Cut Points

	4 STARS		5 STARS	
	Combo 1	Combo 2	Combo 1	Combo 2
Medicaid 66 th Percentile	86.13	40.72	90.02	50.85
Marketplace Percentile	N/A	26.7	N/A	35.5
MIPS Decile	≥ 38.73 (Decile 10)			

Measure steward(s) referenced: HEDIS®



Weight Assessment, Counseling for Nutrition, & Physical Activity for Children/Adolescents (WCC)

Definition

Members ages 3 – 17 years who had an outpatient visit with a PCP or OB/GYN and documentation of three separate measures: BMI Percentile, counseling for nutrition (NC), and counseling for physical activity (PAC) during the measurement year.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Growth Chart
 - Progress Notes

Exclusions:

- Pregnancy during MY

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #239
- Uniform Data System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

BMI, Nutrition, Physical Counseling, and Outpatient Visit Code Specs

ICD-10 Diagnosis	BMI: Z68.51, Z68.54 Nutritional Counseling: Z71.3 Physical Activity: Z02.5, Z71.82
CPT	Nutritional Counseling: 97803, 97804 Telephone Visit: 99441-99443 (Does not include BMI) Virtual/Online Visit: 99457, 99444 (Does not include BMI)
HCPCS	Nutritional Counseling: G0270, G0271, G0447 Physical Activity: G0447, S9451 Virtual/Online Visit: G2012 (Does not include BMI)

Best Practices

- Anticipatory Guidance, Staying Healthy Assessment, Complete Physical Examination, Nutrition & Physical Activity Assessment, and What Does Your Child Eat forms are examples of documentation that meet measure criteria.

2021 Cut Points

	4 STARS			5 STARS		
	BMI	NC	PAC	BMI	NC	PAC
Medicaid 66 th Percentile	84.91	76.89	73.5	90.77	85.16	81.02
Marketplace Percentile	79.6			87.3		
MIPS Decile	≥ 65.53 (Decile 10)					
UDS	Table 6B Lines 12-13					

Measure steward(s) referenced: HEDIS®

Chronic Disease Management



Comprehensive Diabetes Care: Blood Sugar Controlled (CDC)



Definition

Members aged 18 – 75 years with diabetes who had an HbA1c test that showed their average blood sugar is under control (Medicare <9.0%; Marketplace <8.0%).

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Test results
 - Progress Notes
 - Lab Reports

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- Drug Induced Diabetes

Quality Program(s) Affected:

- Medicare Star Ratings
- Marketplace Quality Ratings Systems

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

HbA1c Testing

ICD-10 Diagnosis E11.621, E11.21, E11.9
 CPT 83036, 83037
 CPT II 3044F (<7.0%), 3046F (>9.0%), 3051F (7.0% - 8.0%), 3052F (8.0% - 9.0%)

Exclusion Codes

ICD-10 Diagnosis E09.65, E09.9

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- Medical record must include the HbA1c test date and results.
- Utilization of point of care testing during office visits or in-home testing kits.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 73 - < 86	≥ 86
Marketplace Percentile	63.8	67.5

Measure steward(s) referenced: HEDIS®

Comprehensive Diabetes Control: Poor Control (HbA1c >9.0%)



Definition

Percentage of members ages 18 – 75 years diagnosed with diabetes (Type I & Type II) who had a hemoglobin (HbA1c) result in poor control.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress Notes
 - Lab Results

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- POS, Gestational, or Drug Induced Diabetes

Quality Program(s) Affected:

- Medicaid Benchmarks
- MIPS Quality ID #1
- Uniform Data System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

HbA1c Test Code Specs

ICD-10 Diagnosis E11.621, E11.21, E11.9
 CPT 83036, 83037
 CPT II 3044F (<7.0%), 3046F (>9.0%), 3051F (7.0% - 8.0%), 3052F (8.0% - 9.0%)

Exclusion Codes

ICD-10 Diagnosis E28.2, O24.410

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- A member is considered to have poor control if:
 - HbA1c test result is >9.0%.
 - HbA1c test is not completed.
 - HbA1c test date or result is missing.
- Lower rate indicates better performance for this indicator.
- Utilize point of care testing during office visits or in-home testing kits.
- Implement a process to retest the member after 90 days.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	33.8	27.98
MIPS Decile	25.48 – 19.14 (Decile 8)	
UDS	Table 7 Section C	

Measure steward(s) referenced: HEDIS®



Comprehensive Diabetes Care: Eye Exam

Definition

Members ages 18 -75 years with diabetes who had a retinal or dilated eye exam during the year or bilateral eye enucleation in the members' history.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress Notes
 - Test Results

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- Drug Induced Diabetes

Quality Program(s) Affected:

- Medicare Star Ratings
- Marketplace Quality Rating System
- MIPS Quality ID #117

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Diabetic Eye Exam Code Specs

ICD-10 Diagnosis	E11.621, E11.21, E11.9
CPT II	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F
HCPCS	S0621

Exclusion Codes

ICD-10 Diagnosis	E09.65, E09.9
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Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- Documentation must include who completed the procedure or reviewed the results, date of procedure, and results.
- Eye exams positive for retinopathy require an annual exam, otherwise exams are only needed every other year.
- Fundus photography must be interpreted by an eye care provider, unless the camera utilizes artificial intelligence.
- Documentation of hypertensive retinopathy counts as POSITIVE result of retinopathy.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 75 - < 80	≥ 80
Marketplace Percentile	56.1	66.4
MIPS Decile	69.4 – 94.16 (Decile 8)	

Measure steward(s) referenced: HEDIS®

Comprehensive Diabetes Care: Monitoring for Nephropathy



Definition

Members ages 18 – 75 years with diabetes who had a nephropathy screening, monitoring test, or evidence of nephropathy.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Medical history
 - Progress Notes
 - Lab Results
 - Medications

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- Drug Induced Diabetes

Quality Program(s) Affected:

- Medicare Star Ratings
- Marketplace Quality Rating System
- MIPS Quality ID #119

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Urine Protein Tests & Nephropathy Treatment Codes

ICD-10 Diagnosis E11.21, N.19, E11.22
 CPT Urine Protein Tests: 81001, 81003, 81002
 CPT II Urine Protein Tests: 3061F, 3060F, 3062F
 Nephropathy Treatment: 4010F, 3066F

Exclusion Codes

ICD-10 Diagnosis E09.65, E09.9

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- The following documentation will meet criteria: Urine test for albumin or protein; documentation of nephrologist visit; documentation of renal transplant; evidence of ACE inhibitor/ARB therapy; or medical attention for Albuminuria, chronic kidney disease, acute or chronic renal failure, diabetic nephropathy, dialysis, hemodialysis, peritoneal dialysis.
- Update/reconcile medication list at every encounter.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 96 - < 98	≥ 98
Marketplace Percentile	92.7	94.5
MIPS Decile	98.68 – 99.99 (Decile 9)	

Measure steward(s) referenced: HEDIS®



Controlling High Blood Pressure (CBP)

Definition

Members ages 18 -85 years diagnosed with hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during measurement year.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress Notes

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- Pregnancy
- ESRD Diagnosis
- Kidney Transplant

Quality Program(s) Affected:

- Medicare Star Ratings
- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #236
- Uniform Data System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Hypertension Codes

ICD-10 Diagnosis I110
 CPT Remote Blood Pressure Monitoring: 99091, 99454
 CPT II* Systolic Blood Pressure: 3074F, 3075F, 3077F
 Diastolic Blood Pressure: 3078F, 3079F, 3080F
 ****Both Systolic and Diastolic must be billed.***

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- Member is considered uncontrolled if there is no BP reading in the record during the MY.
- Retake BP at least 20 minutes later if $\geq 140/90$ and document results.
- Documentation of member reported BP readings does not count if the member is using a non-digital device.
- Refer member to nephrology or cardiology if unable to achieve a lower blood pressure after repeated attempts.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	$\geq 79 - < 88$	≥ 88
Medicaid 66th Percentile	65.69	72.75
Marketplace Percentile	69.8	75.4
MIPS Decile	70.00 – 79.99 (Decile 8)	
UDS	Table 7 Section B	

Measure steward(s) referenced: HEDIS®

Behavioral Health



Diabetes Care for People with Serious Mental Illness – Poor Control (HbA1c >9.0%) (HPCMI)



Definition

Percentage of members ages 18 – 75 years with a serious mental illness and diagnosed with diabetes (Type I & Type II) whose most recent hemoglobin A1c (HbA1c) is > 9.0%.

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress Notes
 - Lab Results

Exclusions:

- Frailty/Advanced Illness
- Members with gestational or steroid-induced diabetes during MY or PY

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

SMI and HbA1c Codes

ICD-10 Diagnosis	Schizophrenia: F20.9, F25.0, F25.9 Bipolar Disorder: F31.32, F31.2, F31.3 Other Bipolar Disorders: F31.81, F31.89, F31.9
CPT	83036, 83037
CPT II	3044F (<7.0%), 3046F (>9.0%), 3051F (7.0% - 8.0%), 3052F (8.0% - 9.0%)

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- A lower rate indicates better performance for this measure.
- A member is considered to have poor control if the:
 - HbA1c test result is >9.0%.
 - HbA1c test not completed.
 - HbA1c test date or result missing.
- Utilize point of care testing during office visits or in-home testing kits.
- Implement a process to retest the member after 90 days.
- Utilize AzCH for assistance by contacting the Customer Care Center and asking for Care Management at 1-888-788-4408 (TTY: 711).

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	73.6	81.25

Measure steward(s) referenced: HEDIS®

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)



Definition

Percentage of members ages 18 – 64 years with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Diabetes diagnosis

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Diagnostic and HbA1c Codes

ICD-10 Diagnosis	Schizophrenia: F20.9, F25.0, F25.9 Bipolar Disorder: F31.32, F31.2, F31.3 Other Bipolar Disorders: F31.81, F31.89, F31.9
CPT	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037
CPT II	3044F (<7.0%), 3046F (>9.0%), 3051F (7.0% - 8.0%), 3052F (8.0% - 9.0%)
HCPCS	G0438, H0004, H0031, H2010, H2014, H2019

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medial record requests by AzCH.
- Ensure utilization of appropriate diagnostic codes.
- Consider standing lab orders to increase compliance.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	83.84	87.78

Measure steward(s) referenced: HEDIS®

Follow-Up After ED Visit for Alcohol & Other Drugs: 7 Days & 30 Days (FUA)

Goal:
33%

Definition

Percentage of emergency department (ED) visits for members age 18 years and older on the date of the visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD within seven days and within 30 days after ED visit.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- ED visits that result in inpatient stays

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

AOD & Outpatient Visit Codes

ICD-10 Diagnosis	F11.20, F10.10, F10.20, F15.20
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015 Virtual/Online Visit: G2012

Best Practices

- Follow-up appointments within seven days of discharge are key to reducing readmissions.
- Schedule the first follow-up visit within 5 days to allow rescheduling flexibility to meet the 7 day requirement.
- If the member is not seen within 7 days after discharge, ensure a follow-up appointment occurs within 30 days of discharge.
- Include the AOD diagnosis during outpatient visit to meet the criteria.

2021 Cut Points:

	4 STARS		5 STARS	
	7 Days	30 Days	7 Days	30 Days
Medicaid 66 th Percentile	15.54	23.62	23.98	33.2

Measure steward(s) referenced: HEDIS®

Follow-Up After ED Visit for Mental Illness: 7 Days & 30 Days (FUM)



Definition

Percentage of emergency department (ED) visits for members age 18 years and older on the date of the visit with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within seven and thirty days after ED visit.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- ED visits that result in inpatient stays

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	T50.902A, T42.6X2A, T14.91XA, F99, F29, F39, F33.1, F28, F43.23
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015 Virtual/Online: G2012

Best Practices

- Follow-up appointments completed within seven days of discharge are key to reducing readmissions.
- Schedule the first follow-up visit within 5 days to allow rescheduling flexibility to meet the 7 day requirement.
- If the member is not seen within 7 days after discharge, ensure a follow-up appointment occurs within 30 days of discharge.
- Include the mental health diagnosis during outpatient visit to meet the criteria.

2021 Cut Points:

	4 STARS		5 STARS	
	7 Days	30 Days	7 Days	30 Days
Medicaid 66th Percentile	45.21	61.6	64.93	75.56

Measure steward(s) referenced: HEDIS®

Follow-Up After Hospitalization for Mental Illness: 7 Days & 30 Days (FUH)



Definition

Percentage of discharges for members age 6 years and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health provider (MHP) within seven and thirty days of discharge.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Non-acute inpatient stays

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #391

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

FUH Stand Alone & Outpatient Visit Codes

ICD-10 Diagnosis	T50.902A, T42.6X2A, T14.91XA, F99, F29, F39, F33.1, F28, F43.23
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015 Virtual/Online Visit: G2012

Best Practices

- Refer to Appendix Table 4 for mental health provider (MHP) definitions.
- Follow-up appointments within seven days of discharge are key to reducing readmissions.
- Schedule the first follow-up visit within 5 days to allow for rescheduling flexibility.
- If the member is not seen within 7 days after discharge, ensure a follow-up appointment occurs within 30 days of discharge.
- Visits occurring on the date of discharge do not count towards measure compliance.
- Include the mental health diagnosis during outpatient visit to meet the criteria.

2021 Cut Points:

	4 STARS		5 STARS	
	7 Days	30 Days	7 Days	30 Days
Medicaid 66 th Percentile	40.98	63.92	52.45	73.13
Marketplace Percentile	54.78	N/A	59.5	N/A
MIPS Decile	No Benchmark for 2021			

Measure steward(s) referenced: HEDIS®

Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET)



Definition

Percentage of members aged 13 years and older with a new episode of Alcohol or Other Drug (AOD) abuse or dependence who initiated AOD treatment and have two or more additional AOD or medication assisted treatment (MAT) within 34 days of initiation.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Members with diagnosis of AOD claim/encounter or MAT dispensing event during 60 days before initiation of treatment date

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #305

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

AOD & Outpatient Visit Codes

ICD-10 Diagnosis	F10.20, F10.10, F10.239, F11.20, F10.20, F11.23
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015 Virtual/Online Visit: G2012

Best Practices

- Refer to Appendix Table 9a and 9b for MAT reference lists.
- A new episode of AOD abuse or dependence is determined by:
 - An outpatient visit, telehealth, intensive outpatient visit, or partial hospitalization with diagnosis of AOD abuse or dependence.
 - Detoxification visit, ED visit, acute or non-acute inpatient discharge, telephone visit, or online assessment; with one of the following: Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for Care Management:
 - For AzCH-CCP (Medicaid) Members: 1-888-788-4408 (TTY: 711).
 - For Ambetter (Marketplace) Members: 1-866-918-4450 (TTY: 711).

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	46.47	52.52
Marketplace Percentile	27.2	31.8
MIPS Decile	≥ 2.91 (Decile 10)	

Measure steward(s) referenced: HEDIS®



Metabolic Monitoring for Youth on Antipsychotics (APM)

Definition

Percentage of members ages 1 – 17 years who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

HbA1c & LDL-C Code Specs

CPT	HbA1c: 83036, 83037 LDL-C: 80061, 83712
CPT II	HbA1c: 3044F (<7.0%), 3046F (>9.0%), 3051F (7.0%-8.0%), 3052F (8.0%-9.0%) LDL-C: 3049F, 3050F, 3048F

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- Both blood glucose (HbA1c) and cholesterol (LCL-C) metabolic tests are required for compliance. Perform these tests annually to meet compliance.
- Consider using “Point of Care” testing in office and submitting a corresponding claim with the results of the test or pre-scheduling lab and follow-up visits when writing new prescriptions and refilling medications.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	39.91	56.34

Measure steward(s) referenced: HEDIS®

Use of First-Line Psychosocial Care for Youth On Antipsychotics (APP)



Definition

Percentage of members ages 1 -17 years who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as a first-line treatment.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Diagnostic & Outpatient Visit Codes

ICD-10 Diagnosis	F31.32, F31.2, F31.3, F20.9, F25.0, F25.9, F29, F22, F28
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, H0004, T1015 Virtual/Online Visit: G2012

Best Practices

- Refer member for individual, family, or group therapy while monitoring symptoms.
- Identify and remove barriers such as transportation to member attending therapy or follow-up appointments.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for Care Management or Pharmacy at 1-888-788-4408 (TTY: 711).

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	68.33	79.37

Measure steward(s) referenced: HEDIS®

Medication Management



Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)



Definition

Percentage of members ages 19 – 64 years with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period* during the MY.

*Treatment Period is the time from first medication fill date through end of MY.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Dementia Diagnosis

Quality Program(s) Affected:

- Medicaid Benchmarks
- MIPS Quality ID #383

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

*Codes below are examples only and not recommendations

Schizophrenia/Schizoaffective & Outpatient Visit Codes

ICD-10 Diagnosis	F20.9, F25.0, F25.9
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015 Virtual/Online Visit: G2012

Exclusion Codes

ICD-10 Diagnosis	Dementia: G30.9, F03.90, F03.92
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Best Practices

- Refer to Appendix Table 5 for list of Antipsychotic medications to meet compliance.
- Positive therapeutic relationship with physician increases adherence.
- Consider using long-acting injections versus oral medication to increase compliance.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the Care Management and/or Pharmacy department at 1-888-788-4408 (TTY:711).
- Remind members that medication home delivery is available through Caremark.com. Other details can be found at www.azcompletehealth.com/members/medicaid/benefits-services/pharmacy.html.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	65.72	72.5
MIPS Decile	95.52 – 99.99 (Decile 6)	

Measure steward(s) referenced: HEDIS®



Antidepressant Medication Management (AMM)

Definition

Percentage of members ages 18 years and older with a diagnosis of major depression treated with and remained on an antidepressant medication treatment.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #9

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Major Depression & Outpatient Visit Codes

ICD-10 Diagnosis	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015 Virtual/Online Visit: G2012

Best Practices

- Reference Appendix Table 6 for Antidepressant medication reference list.
- Measure includes monitoring of acute phase (12 weeks) and continuation phase (6 months).
- Review member's antidepressant therapy regimen to ensure medication adherence.
- Educate members that it can take several weeks before symptoms improve.
- PHQ-9 should be repeated 4-8 months after initial elevated PHQ-9.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the Care Management and/or Pharmacy department at 1-888-788-4408 (TTY: 711).
- Remind members that medication home delivery is available through Caremark.com. Other details can be found at www.azcompletehealth.com/members/medicaid/benefits-services/pharmacy.html for Medicaid Members and www.ambetter.azcompletehealth.com/resources/pharmacy-resources.html for Marketplace members.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	57.12	64.29
Marketplace Percentile	69.4	73.1
MIPS Decile	≥ 86.67 (Decile 10)	

Measure steward(s) referenced: HEDIS®



Asthma Medication Ratio: 5 - 64 Years (AMR)

Definition

Percentage of members ages 5 - 64 years identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Members with acute respiratory failure, chronic respiratory conditions due to fumes/vapors, COPD, cystic fibrosis, obstructive chronic bronchitis, or emphysema

Quality Program(s) Affected:

- Medicaid Benchmarks
- Marketplace Quality Rating System
- MIPS Quality ID #444

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Asthma & Outpatient Visit Codes

ICD-10 Diagnosis	J45.41, J45.901, J45.909
CPT	In Person Visit: 98966-98968, 99212-99215, 99201-99205 Telephone Visit: 99441-99443 Virtual/Online Visit: 99457, 99444
HCPCS	In Person Visit: G0402, G0438, G0439, G0463, T1015 Virtual/Online Visit: G2012

Exclusion Codes

ICD-10 Diagnosis	J42, J96.00, J43.9
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Best Practices

- Refer to Appendix Table 7 for Asthma Controller & Reliever medication reference list.
- Appropriate monitoring of asthma medication ratio can assist with a decrease in asthma related ED visits and inpatient hospitalizations.
- Encourage regular and consistent use of controller medication to help decrease use of rescue medications for breakthrough occurrences.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the Care Management and/or Pharmacy department.
 - For AzCH-CCP (Medicaid) Members: 1-888-788-4408 (TTY: 711)
 - For Ambetter (Marketplace) Members: 1-866-918-4450 (TTY: 711)

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	65.87	73.69
Marketplace Percentile	Baseline for MY 2021	
MIPS Decile	No Benchmark for 2021	

Measure steward(s) referenced: HEDIS®

Follow-Up Care for Children Prescribed ADHD Medication (ADD)



Definition

Percentage of members ages 6 – 12 years newly prescribed an attention-deficit/hyperactivity disorder (ADHD) medication with at least three follow-up care visits within a 10-month period, one within 20 days of when the first ADHD medication was dispensed.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Narcolepsy diagnosis
- Acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

ADHD Codes

ICD-10 Diagnosis	F90.0, F90.2, F90.9
CPT	99214, 99213, 99232, 996152, 996150, 99220, 99457, 99232, 99441
HCPCS	H2010, S9485, H2012, G2012, S9484

Best Practices

- Refer to Appendix Table 8 for ADHD medication reference list.
- Schedule a follow-up appointment within 30 days for all children who are dispensed new ADHD medication at time of initial visit.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the Care Management department at 1-888-788-4408 (TTY:711).

2021 Cut Points

	4 STARS		5 STARS	
	Initiation	Continuation	Initiation	Continuation
Medicaid 66 th Percentile	46.53	58.76	55.66	67.98

Measure steward(s) referenced: HEDIS®



Medication Adherence (MA)

Definition: MA for Cholesterol (Statins)

Members age 18 years and older who have been prescribed a cholesterol medication and who fill their prescriptions at least 80% of the time they are supposed to be taking it.

Definition: MA for Diabetes

Members age 18 years and older with diabetes who are prescribed medication to manage their diabetes and who fill their prescriptions at least 80% of the time they are supposed to be taking it.

Definition: MA for Hypertension (RAS Antagonists)

Members age 18 years and older who have been prescribed a blood pressure medication who fill their prescriptions at least 80% of the time they are supposed to be taking it.

Data Collection Method:

- Administrative
- Pharmacy Data

Exclusions:

For All:

- ESRD diagnosis

For Diabetes Only:

- Members who filled an insulin prescription

For Hypertension Only:

- Members with prescription for Sacubital/Valstartan

Quality Program(s) Affected:

- Medicare Star Ratings

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Exclusion Codes

ICD-10 Diagnosis ESRD Diagnosis: N18.6, Z99.2

Best Practices

- Please refer to Appendix Tables 10 – 12 for medication specific reference lists.
- Write prescriptions for 90-day supply and encourage members to request a 90-day supply from the pharmacy.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the Care Management and/or Pharmacy department at 1-800-977-7522 (TTY: 711).
- Remind members that medication home delivery is available through Caremark.com. Additional details can be found at www.allwell.azcompletehealth.com/drug-pharmacy/mail-order.html.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 88 - 90	≥ 90

Measure steward(s) referenced: PDE



Medication Reconciliation Post-Discharge (MRP)*

Definition

Members 18 years and older who were discharged from an acute or non-acute admission from January 1 – December 1 of the MY where their medications were reconciled within 30 days after discharge.

**Sub-measure for Transitions of Care (TRC).*

Data Collection Method:

- Administrative
- Hybrid/Medical Record
 - Progress Notes
 - Phone Notes

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicare Star Ratings

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Codes

CPT II 1111F

Best Practices

- Utilizing CPT II codes is the best way to ensure compliance is met for the measure, and will reduce the need for medical record requests by AzCH.
- Member is not required to be present for the medication reconciliation.
- Medication reconciliation must be completed by a prescribing practitioner, clinical pharmacist, or registered nurse.
- If member is readmitted within 30 days or directly transferred to an acute or non-acute inpatient care setting after discharge, then only count the last discharge.
- Documentation must include a list of current medications with a notation that the provider reconciled the current and discharge medications or a notation that no medications were prescribed or ordered upon discharge.
- Follow-up care can include office, home, and telehealth visits.
- Member or family notification of admission or discharge does not meet the criteria.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 75 - < 86	≥ 86

Measure steward(s) referenced: HEDIS®



Proportion Days Covered by Medication (PDC)

Definition

Percentage of members 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for:

- Renin Angiotensin System Antagonists (PDC-RASA).
- Diabetes All Class (PDC-DR).
- Statins (PDC-STA).

Data Collection Method:

- Administrative
- Pharmacy Data

Exclusions:

- Hospice in MY
- ESRD Diagnosis

Quality Program(s) Affected:

- Marketplace Quality Rating System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Exclusion Codes

ICD-10 Diagnosis ESRD Diagnosis: N18.6, Z99.2

Best Practices

- Refer to Appendix Tables 10 – 12 for medication specific reference lists.
- Write prescriptions for 90-day supply and encourage members to request a 90-day supply from the pharmacy.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the Pharmacy department at 1-866-918-4450 (TTY: 711).
- Remind members that medication home delivery is available through Caremark.com. Additional details can be found at www.ambetter.azcompletehealth.com/resources/pharmacy-resources.html.

2021 Cut Points

	4 STARS			5 STARS		
	RASA	DR	STA	RASA	DR	STA
Marketplace Percentile	81.7	77.5	78.6	85.1	81.6	81.8

Measure steward(s) referenced: PQA

Statin Therapy for Patients with Cardiovascular Disease (SPC)



Definition

Male members age 21-75 years and female members age 40-75 years identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed a high or moderate intensity statin medication.

Data Collection Method:

- Administrative
- Pharmacy Data

Exclusions:

- Hospice in MY
- Palliative Care
- Pregnancy in MY or PY
- Received clomiphene during MY or PY
- ESRD or Cirrhosis diagnosis during MY or PY
- Myalgia, myositis, myopathy, or rhabdomyolysis in MY

Quality Program(s) Affected:

- Medicare Star Ratings
- MIPS Quality ID #438
- Uniform Data System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

ASCVD Codes

ICD-10 Diagnosis	412, I21.9, I70.1, I25.10, I25.810
CPT	33533, 33518, 33519, 92928, 92920, 99214, 99213, 89457, 99232, 90999, 99391, 99220, 99441
HCPCS	T1015, G0257, G9045

Best Practices

- Pre-schedule follow-up and lab visits when writing/dispensing new medications.
- Educate members that statin therapy can reduce the risk of heart attack and stroke.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the pharmacy department:
 - For Allwell (Medicare) Members: 1-800-977-7522 (TTY: 711).
 - For AzCH-CCP (Medicaid) Members: 1-888-788-4408 (TTY: 711).

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 85 - < 89	≥ 89
MIPS Decile	93.1 – 99.99 (Decile 9)	
UDS	Table 6B Line 17a	

Measure steward(s) referenced: HEDIS®



Statin Use in Persons with Diabetes (SUPD)

Definition

Percentage of members ages 40 – 75 years who were dispensed at least two diabetes medication fills and that received a statin medication or statin combination fill during the measurement year.

Data Collection Method:

- Administrative
- Pharmacy Data

Exclusions:

- ESRD diagnosis

Quality Program(s) Affected:

- Medicare Star Ratings

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Exclusion Codes

ICD-10 Diagnosis

ESRD Diagnosis: N18.6, Z99.2

Best Practices

- Refer to Appendix Table 11 for Statin medications.
- Write prescriptions for 90-day supply when possible and encourage members to request a 90-day supply from the pharmacy.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the pharmacy department:
 - For Allwell (Medicare) Members: 1-800-977-7522 (TTY: 711).
 - For AzCH-CCP (Medicaid) Members: 1-888-788-4408 (TTY: 711).
- Remind members that medication home delivery is available through Caremark.com.

Additional details can be found at:

- Medicaid Members: www.azcompletehealth.com/members/medicaid/benefits-services/pharmacy.html.
- Medicare Members: www.allwell.azcompletehealth.com/drug-pharmacy/mail-order.html.

2021 Cut Points

	4 STARS	5 STARS
Medicare STARS	≥ 87 - < 91	≥ 91

Measure steward(s) referenced: PDE



Use of Opioids in High Dosage (HDO)

Definition

Members ages 18 years and older without cancer who received prescriptions for opioids with a daily dosage greater than 90 morphine milligram equivalents (MME) for 15 consecutive days or longer.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Sickle Cell Disease
- Palliative Care

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Exclusion Codes

ICD-10 Diagnosis	Z51.5
HCPCS	M1017, G9054

Best Practices

- A lower rate indicates better performance in this measure.
- Centers of Disease Control (CDC) prescribing guidelines for opioid use for chronic, non-malignant pain recommend the use of additional precautions when prescribing dosages greater than 50 MME or to carefully justify dosages greater than 90 MME.
- Explain in a non-judgmental manner the risks and benefits of high-dosage opioids and encourage members to taper to a lower, safer dose.

2021 Cut Points

	4 STARS	5 STARS
Medicaid 66 th Percentile	3.6	1.54

Measure steward(s) referenced: HEDIS®

Utilization Management



Provider Impact on Utilization Measures

Monitoring Utilization Measures keeps a thumb on the pulse of the served population. Utilization rates are commonly inverse rates, which means the goal is to reduce the rates to meet goals. Keeping utilization low helps validate that members are receiving needed services before the necessity of using inpatient (acute/observation) or emergency department interventions.

Measure	Description	5 STAR Goal
Plan All-Cause Readmission Medicaid: Ages 18 - 64 years Marketplace: Ages 18 - 64 years	Number of members with an unplanned readmission within 30 days of acute inpatient and/or observation stays. <ul style="list-style-type: none"> • Observed Readmission Rate <ul style="list-style-type: none"> ○ The numerator is the count of observed 30-Day Readmissions. ○ The denominator is the total number of inpatient discharges and included paid claims; pended and denied claims were excluded. • Expected Readmission Rate <ul style="list-style-type: none"> ○ The numerator is the count of expected 30-day Readmissions. ○ The denominator is the total number of inpatient discharges and included paid claims; pended and denied claims were excluded. • Observed/Expected Ratio <p>The result is reported as a ratio of observed to expected (O/E) hospital readmissions. The observed number of readmissions is the actual number of 30-day readmissions. The expected number of admissions is the number of 30-day readmissions predicted for the plan based on the case mix.</p>	Medicaid: <0.718 Marketplace: <0.523 MIPS: 1.09 – 0.01 (Decile 7)
Asthma in Younger Adults Admissions Medicaid: Ages 18 - 39 years	Members with inpatient admission(s) for asthma.	Medicaid: < 3.5%
Chronic Heart Failure Admission Rate Medicaid: Ages 18 years & older	Members with inpatient hospital admission for heart failure.	Medicaid: <22%
COPD or Asthma in Older Adults Medicaid: Ages 40 years & older	Members with inpatient hospital admission(s) for COPD or asthma.	Medicaid: <50.5%
Diabetes Admissions: Short Term Complications Medicaid: Ages 18 years & older	Members with inpatient hospital admission(s) for short-term complications of diabetes.	Medicaid: <15.1%
Emergency Department (ED) Utilization Medicaid: Ages 0 - 19 years	Children & Adolescents with an ED visit(s).	Medicaid: <58%

Best Practices to Improve Utilization

- Have a defined process for monitoring member admission and discharge notifications daily.
- Begin discharge planning at hospital admission.
 - Assist member in setting up follow-up appointments and transportation, if needed, prior to discharge.
 - Coordinate with member's care team to provide wrap around services, including medication reconciliation.
- Assist members in resolving barriers to obtaining needed medications.
- Refer members to chronic condition management programs as needed.
 - Encourage members to follow chronic condition care plans, including diet and exercise recommendations.
- Educate members on the appropriate use of the emergency department versus primary care or urgent care visits.
- Establish alternative treatment plans for members with frequent emergency department visits.
- Ensure members attend timely follow-up appointments after inpatient discharge.

Measure steward(s) referenced: HEDIS®

New Measures Effective 2021



Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)

Definition

Percentage of members 18 years and older who are prescribed long-term opioid therapy and have not received a drug test at least once during the measurement year.

Data Collection Method:

- Administrative
- Hybrid/Medical Record

Exclusions:

- Hospice in MY
- Cancer diagnosis

Quality Program(s) Affected:

- Marketplace Quality Rating System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Exclusion Codes

ICD-10 Diagnosis C61, C20, C73

Best Practices

- A lower rate indicates better performance on this measure.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the Care Management and/or Pharmacy department at 1-866-918-4450 (TTY: 711).

Measure steward(s) referenced: PQA

Audiological Diagnosis No Later Than 3 Months of Age (AUD)

Definition

Percentage of newborns who did not pass hearing screening and have an Audiological diagnosis no later than 3 months of age (90 days).

Data Collection Method:

- Medical Record

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Audiological Codes

SNOMED Hearing Normal - 164059009
 Permanent Conductive - 44057004
 Sensorineural - 60700002
 Mixed - 77507001
 Auditory Neuropathy Spectrum Disorder - 443805006

Best Practices

- Completing the hearing screening by 3 months of age leads to better expressive and receptive language outcomes at preschool and elementary school ages for children.

Measure steward(s) referenced: CMS Child Core Set

Cardiac Rehabilitation (CRE)

Definition

Percentage of members 18 years and older, who attended cardiac rehabilitation (CR) following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Frailty/Advanced Illness

Quality Program(s) Affected:

- Marketplace Quality Rating System
- Medicaid Benchmarks
- Medicare Star Ratings

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Codes

ICD-10 Diagnosis	I21.9
CPT	93798, 93797

Best Practices

- The American College of Cardiology and American Heart Association (ACC/AHA) recommend CR for patients who have experienced MI, CABG, PCI, coronary revascularization or coronary artery and other atherosclerotic vascular disease.

Measure steward(s) referenced: HEDIS®

Concurrent Use of Opioids & Benzodiazepines (COB)

Definition

Percentage of members age 18 years and older with concurrent use of prescription opioids and benzodiazepines.

Data Collection Method:

- Administrative
- Pharmacy Data

Exclusions:

- Hospice in MY
- Cancer diagnosis

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Exclusion Codes

ICD-10 Diagnosis	C61, C20, C73
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Best Practices

- Refer to Appendix Table 14 for Opioids and Benzodiazepines reference list.
- A lower rate indicates better performance on this measure.

Measure steward(s) referenced: PQA

HIV Viral Load Suppression (HVL)

Definition

Percentage of members ages 18 years and older with a diagnosis of Human Immunodeficiency Virus (HIV) and who had an HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurement year.

Data Collection Method:

- Administrative
- Pharmacy

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks
- MIPS Quality ID #338

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

HIV Codes

ICD-10 Diagnosis B20, Z21

Best Practices

- Refer members to an infectious disease specialist if viral load continues to increase.
- Educate member on the need to stay compliant.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for Care Management and/or Pharmacy department at 1-888-788-4408 (TTY: 711).

Measure steward(s) referenced: CMS Adult Core Set

International Normalized Ratio Monitoring for Individuals on Warfarin (INR)

Definition

Percentage of members 18 years and older who had at least one 56-day interval of warfarin therapy and who received at least one (INR) monitoring test during each 56-day interval with active warfarin therapy.

Data Collection Method:

- Administrative
- Hybrid/Medical Record

Exclusions:

- Member on INR home monitoring

Quality Program(s) Affected:

- Marketplace Quality Rating System

Best Practices

- Remember to inquire about medication changes including over-the-counter drugs, and herbal and natural remedies.
- Educate the member on the need for medication adherence and to advise all health care providers (including dental) that they are actively taking the medication.

Measure steward(s) referenced: PQA

Kidney Health Evaluation for Patients with Diabetes (KED)

Definition

Percentage of members ages 18 – 85 years with diabetes who received a kidney health evaluation during the measurement year.

Data Collection Method:

- Administrative
- Pharmacy

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- ESRD Diagnosis

Quality Program(s) Affected:

- Medicare Star Ratings
- Medicaid Benchmarks
- Marketplace Quality Rating System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Codes

CPT Estimated Glomerular Filtration Rate Lab (eGFR): 80053, 80048, 80050
Quantitative Urine Albumin Lab test: 82043
Urine Creatinine Lab Test: 82570

Best Practices

- At least once a year, assess urinary albumin (e.g., spot urinary albumin-to-creatinine ratio) and estimated glomerular filtration rate in patients with type 1 diabetes with duration of ≥ 5 years, in all patients with type 2 diabetes, and in all patients with comorbid hypertension.

Measure steward(s) referenced: HEDIS®

Osteoporosis Screening in Older Women (OSW)

Definition

Percentage of women ages 65 – 75 years who received an osteoporosis screening.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY
- Palliative Care
- Frailty/Advanced Illness
- Member received osteoporosis therapy or medication during PY

Quality Program(s) Affected:

- Medicare Star Ratings
- MIPS Quality ID #039

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Osteoporosis Codes

CPT 77080, 77081, 77085

Best Practices

- Screening for osteoporosis will help prevent osteoporotic fractures.
- Order a DEXA scan or BMD screening on all women 65 years and older every two years.

Measure steward(s) referenced: HEDIS®

Screening for Depression & Follow-Up Plan (CDF)

Definition

Percentage of members age 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Data Collection Method:

- Administrative

Exclusions:

- Active diagnosis of Depression or Bipolar Disorder

Quality Program(s) Affected:

- Medicaid Benchmarks
- MIPS Quality ID #134
- Uniform Data System

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

Depression & Behavioral Health Code Specs

ICD-10 Diagnosis F29, F39, F22, F41.1, F33.1

HCPCS G8431, G8510

Best Practices

- Screening Tool Examples: Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI/BDI-II,PDI-PC), Mood Feeling Questionnaire (MFQ), Patient Health Questionnaire (PHQ-9), Pediatric Symptom Checklist (PSC-17), PRIME (MD-PHQ2).

Measure steward(s) referenced: CMS Adult Core Set

Sealant Receipt on Permanent First Molars (SFM)

Definition

Percentage of children who have ever received sealants on permanent first molar teeth by their 10th birthdate.

Data Collection Method:

- Administrative

Exclusions:

- None

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

**Codes below are examples only and not recommendations*

Sealant Code Specs

CPT D0602, D0603, D1351

Best Practices

- Utilize AHCCCS' dental periodicity schedule found in the AHCCCS Medical Policy Manual (AMPM) Chapter 431, Attachment A.
- Refer members for annual dental screenings.

Measure steward(s) referenced: CMS Child Core Set

Use of Pharmacotherapy for Opioid Use Disorder (OUD)

Definition

Percentage of members aged 18 to 64 years with an opioid use disorder (OUD) who filled or were dispensed an FDA-approved medication for the disorder during the measurement year.

Data Collection Method:

- Administrative

Exclusions:

- Hospice in MY

Quality Program(s) Affected:

- Medicaid Benchmarks

Commonly Used Codes

Refer to Appendix Table 1 for commonly used exclusion codes.

**Codes below are examples only and not recommendations*

OUD Codes

ICD-10 Diagnosis

F11.2, F11.23, F11.10, J2315, J0571-4

HCPCS

G2067, H0020, H0033, G2068-9, G2079, Q9991, Q9992

Best Practices

- Refer the member to a provider who can prescribe Suboxone.
- Utilize AzCH for assistance by calling the Customer Care Center and asking for the Care Management and/or Pharmacy department at 1-888-788-4408 (TTY: 711).

Measure steward(s) referenced: CMS Adult Core Set

Appendix



Table 1 - Common Exclusion Codes

*Codes below are examples only and not recommendations

Exclusion	ICD-10 Diagnosis	CPT	HCPCS
Hospice	N/A	99378	G0182 Q5006
Palliative Care	Z51.5	N/A	M1017 G9054
Frailty & Advanced Illness	G20	N/A	T1003 T1019

Table 2 - Appropriate Testing for Pharyngitis (CWP) Antibiotic Medication List

The following antibiotic medications, along with a positive strep test, will meet compliance for CWP:

Drug Category	Medications
Aminopenicillins	<ul style="list-style-type: none"> • Amoxicillin • Ampicillin
Beta-lactamase inhibitors	<ul style="list-style-type: none"> • Amoxicillin-clavulanate
First generation cephalosporins	<ul style="list-style-type: none"> • Cefadroxil • Cefazolin • Cephalexin
Folate antagonist	<ul style="list-style-type: none"> • Trimethoprim
Lincomycin derivatives	<ul style="list-style-type: none"> • Clindamycin
Macrolides	<ul style="list-style-type: none"> • Azithromycin • Clarithromycin • Erythromycin • Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Natural penicillins	<ul style="list-style-type: none"> • Penicillin G potassium • Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine
Penicillinase – resistant penicillins	<ul style="list-style-type: none"> • Dicloxacillin
Quinolones	<ul style="list-style-type: none"> • Ciprofloxacin • Levofloxacin • Moxifloxacin • Ofloxacin
Second generation cephalosporins	<ul style="list-style-type: none"> • Cefaclor • Cefprozil • Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> • Sulfamethoxazole-trimethoprim
Tetracyclines	<ul style="list-style-type: none"> • Doxycycline • Minocycline • Tetracycline
Third generation cephalosporins	<ul style="list-style-type: none"> • Cefdinir • Cefditoren • Cefixime • Cefpodoxime • Ceftibuten • Ceftriaxone

Table 3 - Osteoporosis Management in Women Who Had a Fracture (OMW) Medication List

Drug Category	Medications
Biphosphonates	<ul style="list-style-type: none"> • Alendronate • Alendronate-cholecaliferol • Ibandronate • Risedronate • Zoledronic Acid
Other Agents	<ul style="list-style-type: none"> • Abaloparatide • Romosozumab • Denosumab • Raloxifene • Teriparatide

Table 4 - Definitions of Mental Health Providers (FUH)

<p><u>A practitioner who provides mental health services and meets any of the following criteria:</u></p> <ul style="list-style-type: none"> • An MD or Doctor of Osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice. • An individual who is licensed as a psychologist in his/her state of practice, if required by the state of practice. • An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker’s Clinical Register; or who has a master’s degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice. • A Registered Nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master’s degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice. • An individual (normally with a master’s or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy. • An individual (normally with a master’s or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC).

Table 5 - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) Antipsychotic Medication List

Description	Prescription
Miscellaneous Antipsychotic Agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Lozapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Risperidone • Ziprasidone
Phenothiazine Antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene
Long-acting Injections	<ul style="list-style-type: none"> • Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone
Psychotherapeutic Combinations	<ul style="list-style-type: none"> • Fluoxetine-olanzapine • Perphenazine-amitriptyline

Table 6 - Antidepressant Medication Management (AMM) Antidepressant Medication List

Description	Prescription
Misc. Antidepressants	<ul style="list-style-type: none"> • Bupropion • Vilazodone • Vortioxetine
Monoamine Oxidase Inhibitors	<ul style="list-style-type: none"> • Isocarboxazid • Phenelzine • Selegiline • Tranylcypromine
Phenylpiperazine Antidepressants	<ul style="list-style-type: none"> • Nefazodone • Trazodone
Psychotherapeutic Combinations	<ul style="list-style-type: none"> • Amitriptyline-Chlordiazepoxide • Amitriptyline-Perphenazine • Fluoxetine-Olanzapine
SNRI Antidepressants	<ul style="list-style-type: none"> • Desvenlafaxine • Duloxetine • Levomilnacipran • Venlafaxine
SSRI Antidepressants	<ul style="list-style-type: none"> • Citalopram • Escitalopram • Fluoxetine • Fluvoxamine • Paroxetine • Sertraline
Tetracyclic antidepressants	<ul style="list-style-type: none"> • Maprotiline • Mirtazapine
Tricyclic Antidepressants	<ul style="list-style-type: none"> • Amitriptyline • Amoxapine • Clomipramine • Desipramine • Doxepin (> 6mg) • Imipramine • Nortriptyline • Protriptyline • Trimipramine

Table 7 - Asthma Medication Ration (AMR) Asthma Controller & Reliever Medications

Description	Prescription
Antiasthmatic Combinations	<ul style="list-style-type: none"> Dyphylline-guaifenesin Guaifenesin-theophylline
Antibody Inhibitors	<ul style="list-style-type: none"> Omalizumab
Anti-interleukin-5	<ul style="list-style-type: none"> Mepolizumab Reslizumab
Inhaled Steroid Combinations	<ul style="list-style-type: none"> Budesonide-formoterol Fluticasone-vilanterol Fluticasone-salmeterol Mometasone-formoterol
Inhaled Corticosteroids	<ul style="list-style-type: none"> Beclmoethasone Flunisolide Budesonide Fluticasone CFC free Ciclesonide Mometasone
Leukotriene Modifiers	<ul style="list-style-type: none"> Montelukast Zileuton Zafirlukast
Methylxanthines	<ul style="list-style-type: none"> Dyphylline Theophylline
Short-acting, inhaled beta-2 agonists	<ul style="list-style-type: none"> Albuterol Pirbuterol Levalbuterol

Table 8 - Follow-Up Care for Children Prescribed ADHD Medications (ADD) Medications List

Description	Prescription
CNS Stimulants	<ul style="list-style-type: none"> Amphetaminedextroamphetamine Lisdexamfetamine Dexmethylphenidate Methylphenidate Dextroamphetamine Methamphetamine
Alpha-2 Receptor Agonists	<ul style="list-style-type: none"> Clonidine Guanfacine
Misc. ADHD Medications	<ul style="list-style-type: none"> Atomoxetine

Table 9a - MAT for Alcohol Abuse or Dependence Medications

Description	Prescription
Aldehyde Dehydrogenase Inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral & injectable)
Other	Acamprosate (oral; delayed-release tablet)

Table 9b - MAT for Opioid Abuse or Dependence Medications

Description	Prescription
Antagonist	Naltrexone (oral & injectable)
Partial Agonist	<ul style="list-style-type: none"> Buprenorphine (sublingual tablet, injection, and implant) Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Table 10 - ACE Inhibitor & ARB Medications

Description	Prescription
Angiotensin converting enzyme inhibitors	<ul style="list-style-type: none"> • Benazepril • Captopril • Enalapril • Fosinopril • Lisinopril • Moexipril • Perindopril • Quinapril • Ramipril • Trandolapril
Angiotensin II inhibitors	<ul style="list-style-type: none"> • Azilsartan • Candesartan • Eprosartan • Irbesartan • Losartan • Olmesartan • Telmisartan • Valsartan
Antihypertensive combinations	<ul style="list-style-type: none"> • Amlodipine-benazepril • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-olmesartan • Amlodipine-perindopril • Amlodipine-telmisartan • Amlodipine-valsartan • Atenolol-chlorothalidone • Azilsartan-chlorthalidone • Benzaepril-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Hydrochlorothiazide-irbesartan • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-losartan • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-valsartan • Sacubitril-valsartan • Trandolapril-verapamil

Table 11 - Statin Medications

Description	Prescription
Statins	<ul style="list-style-type: none"> • Atorvastatin • Atorvastatin-Amlodipine • Fluvastatin • Lovastatin • Lovastatin-Niacin • Pitavastatin • Pravastatin • Rosuvastatin • Simvastatin • Simvastatin-Ezetimibe • Simvastatin-Niacin

Table 12 - Renin Angiotensin System Antagonist Medications

Description	Prescription	
Direct Renin Inhibitors	<ul style="list-style-type: none"> • Aliskiren • Aliskiren-Amlodipine 	<ul style="list-style-type: none"> • Aliskiren-Hydrochlorothiazide
ARB Medications & Combinations	<ul style="list-style-type: none"> • Azilsartan • Azilsartan-Chlorthalidone • Candesartan • Candesartan-Hydrochlorothiazide • Eprosartan • Eprosartan-Hydrochlorothiazide • Irbesartan • Irbesartan-Hydrochlorothiazide • Losartan • Losartan-Hydrochlorothiazide 	<ul style="list-style-type: none"> • Olmesartan • Olmesartan-Amlodipine • Olmesartan-Hydrochlorothiazide • Telmisartan • Telmisartan-Amlodipine • Telmisartan-Hydrochlorothiazide • Valsartan • Valsartan-Amlodipine • Valsartan-Hydrochlorothiazide • Nebivolol
ACE Inhibitors & Combinations	<ul style="list-style-type: none"> • Benazepril • Benazepril-Amlodipine • Benazepril-Hydrochlorothiazide • Captopril • Captopril-Hydrochlorothiazide • Enalapril • Enalapril-Hydrochlorothiazide • Fosinopril • Fosinopril-Hydrochlorothiazide 	<ul style="list-style-type: none"> • Lisinopril • Lisinopril-Hydrochlorothiazide • Moexipril • Moexipril-Hydrochlorothiazide • Perindopril • Perindopril-Amlodipine • Quinapril • Quinapril-Hydrochlorothiazide • Ramipril • Trandolapril • Trandolapril-Verapamil

Table 13 - Opioid & Benzodiazepine Medications

Description	Prescription	
Opioids	<ul style="list-style-type: none"> • Benzhydrocodone • Buprenorphine • Butorphanol • Codeine • Dihydrocodeine • Fentanyl • Hydrocodone • Hydromorphone • Levorphanol • Meperidine 	<ul style="list-style-type: none"> • Methadone • Morphine • Opium • Oxycodone • Oxymorphone • Pentazocine • Tapentadol • Tramadol
Benzodiazapines	<ul style="list-style-type: none"> • Alprazolam • Chlordiazepoxide • Clobazam • Clonazepam • Clorazepate • Diazepam • Estazolam 	<ul style="list-style-type: none"> • Flurazepam • Lorazepam • Midazolam • Oxazepam • Quazepam • Temazepam • Triazolam

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