



Quick Reference Guide HEDIS[®] MY 2022

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 **meridian wellcare™ ambetter:**

Meridian, Wellcare, and Ambetter are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.

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This guide has been updated with information from the release of the HEDIS® MY 2022 Volume 2 Technical Specifications by NCQA and is subject to change.

HEDIS[®] MY 2022 Quick Reference Guide

Updated to reflect NCQA HEDIS[®] MY 2022 Technical Specifications

Meridian, WellCare, and Ambetter from Meridian strive to provide quality healthcare to our membership as measured through HEDIS[®] quality metrics. We created the HEDIS[®] MY 2022 Quick Reference Guide to help you increase your practice's HEDIS[®] rates and to use to address care opportunities for your patients. Please always follow the State and/or CMS billing guidance and ensure the HEDIS[®] codes are covered prior to submission.



What is HEDIS[®]?

HEDIS[®] (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS[®] measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.



What are the scores used for?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS[®] rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS[®] rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS[®] score determines your rates for physician incentive programs that pay you an increased premium — for example Pay for Performance or Quality Bonus Funds.

To learn more about the Provider Incentive Programs offered by Meridian, Wellcare, and Ambetter from Meridian, please refer to the *2022 Provider Incentive Guidebook*.



How are rates calculated?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.



How can I improve my HEDIS® scores?

- ✓ Submit claim/encounter data for each service rendered
- ✓ Make sure that chart documentation reflects all services billed
- ✓ Bill (or report by encounter submission) for all delivered services, regardless of contract status
- ✓ Ensure that all claim/encounter data is submitted in an accurate and timely manner
- ✓ Consider including CPT II codes to provide additional details and reduce medical record requests



Questions?



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Providers and other healthcare staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary staff: Please check the tabular list for the most specific ICD-10 code choice.



For more information, visit www.ncqa.org

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Adult Health



(AAP) Adults' Access to Preventive/ Ambulatory Health Services

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit.

- ✓ At least one visit during the measurement year for Meridian and Wellcare members
- ✓ At least one visit during the measurement year or two years prior for Ambetter from Meridian members

Description	Codes*
Ambulatory Visits	<p>CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483, 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99234-99328, 99334-99337</p> <p>HCPCS: S0620, S0621, G0402, G0438, G0439, G0463, T1015</p>
Hospice Care	<p>HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046</p> <p>CPT: 99377, 99378</p>

*Codes subject to change

(continued)

(AAP) Adults' Access to Preventive/ Ambulatory Health Services *(continued)*

Action

- ✓ Complete an appointment with all assigned patients annually

Tips and Best Practices

- ✓ Address all preventive health screenings and tests at appropriate intervals
- ✓ Schedule next appointment at close of visit and offer flexible appointment availability, including evening, weekends, telehealth, and family appointments
- ✓ Provide appointment reminders

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
 - ✓ Meridian Pay for Performance
-



(ACP) Advance Care Planning

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Wellcare (Medicare)

Description

Measure evaluates percentage of adults 66-80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year.

(ACP) Advance Care Planning (continued)

Description	Codes*
Advance Care Planning	CPT: 99483, 99497 CPT-CAT-II: 1123F, 1124F, 1157F, 1158F HCPCS: S0257
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Talk with patients about their decisions for resuscitation, life sustaining treatment, and end-of life-care
- ✓ If member does not wish to put an advance directive on file, have an advance care planning discussion with member at least once a year and document in the medical record

Tips and Best Practices

- ✓ Regularly encourage all patients to think about what goals they would have for care if they faced a life-threatening illness or injury; identify someone they would want to have decisions on their behalf if they did not have decision-making capacity; make their views known to their designated surrogate and to other family members
- ✓ Incorporate notes from the advance care planning discussion into the medical record
- ✓ Periodically review with the patient his or her goals, preferences, and chosen decision maker, which often change over time or with changes in health status

Earn Rewards!

Providers contracted through Wellcare are eligible for rewards through the following provider incentive programs:

- ✓ Wellcare Partnership



(AMM) Antidepressant Medication Management

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

- ✓ Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- ✓ Percentage of members who remained on an antidepressant medication for at least 180 days (six months)

Antidepressant Medications	
Description	Prescription
Miscellaneous antidepressants	<ul style="list-style-type: none"> • Bupropion • Vilazodone • Vortioxetine
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> • Isocarboxazid • Selegiline • Phenelzine • Tranylcypromine
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> • Nefazodone • Trazodone
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Amitriptyline-chlordiazepoxide • Fluoxetine-olanzapine • Amitriptyline-perphenazine
SNRI antidepressants	<ul style="list-style-type: none"> • Desvenlafaxine • Duloxetine • Venlafaxine • Levomilnacipran

(AMM) Antidepressant Medication Management *(continued)*

Antidepressant Medications			
Description	Prescription		
SSRI antidepressants	<ul style="list-style-type: none"> • Citalopram • Fluvoxamine 	<ul style="list-style-type: none"> • Escitalopram • Paroxetine 	<ul style="list-style-type: none"> • Fluoxetine • Sertraline
Tetracyclic antidepressants	<ul style="list-style-type: none"> • Maprotiline 	<ul style="list-style-type: none"> • Mirtazapine 	
Tricyclic antidepressants	<ul style="list-style-type: none"> • Amitriptyline • Desipramine • Nortriptyline 	<ul style="list-style-type: none"> • Amoxapine • Doxepin (>6 mg) • Protriptyline 	<ul style="list-style-type: none"> • Clomipramine • Imipramine • Trimipramine

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence
- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through CVS CareMark

Tips and Best Practices

- ✓ Discuss how to take antidepressants, how they work, the benefits, and how long to take them
- ✓ Tell your patients how long they can expect to be on the antidepressant before they start to feel better
- ✓ Stress the importance of taking the medication even if they begin feeling better
- ✓ Talk about common side effects, how long they may last, and how to manage them
- ✓ Monitor for signs and symptoms of serotonin syndrome, suicidal thoughts, allergic reactions, mania, and seizures. Educate patients on proper actions to take if any of these are observed
- ✓ When doses are being adjusted or if therapy is being discontinued, please remember to titrate medication accordingly

(AMM) Antidepressant Medication Management *(continued)*

- ✓ Let your patients know what to do if they have questions or concerns
- ✓ Monitor with scheduled follow-up appointments

Earn Rewards!

Providers contracted through MeridianComplete and Ambetter from Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Pay for Performance



(BPD) Blood Pressure Control for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

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

Description	Codes*
Diastolic Less Than 80	CPT-CAT-II: 3078F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/ Equal To 90	CPT-CAT-II: 3080F

(BPD) Blood Pressure Control for Patients With Diabetes *(continued)*

Description	Codes*
Systolic Less Than 130	CPT-CAT-II: 3074F
Systolic 130-139	CPT-CAT-II: 3075F
Systolic Greater Than/ Equal To 140	CPT-CAT-II: 3077F
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Take member’s blood pressure at each outpatient visit
- ✓ Indicate in the medical record all recorded blood pressure measurements, blood pressure results taken by the patient at home and reviewed via telehealth, or member-reported blood pressure readings

Tips and Best Practices

- ✓ If BP result is >140/90 mmHg, recheck the BP at end of the visit and document
- ✓ Follow the American Medical Association’s seven simple tips to get an accurate blood pressure reading at:
www.ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading
- ✓ Your patient may be eligible for automatic home blood pressure monitor through their standard Over-the-Counter benefits when supplied through in-network durable medical equipment provider

(BPD) Blood Pressure Control for Patients With Diabetes *(continued)*

Earn Rewards!

Providers contracted through Meridian, Ambetter from Meridian, MeridianComplete, and Wellcare are eligible for rewards through the following provider incentive programs:

- ✓ Wellcare Partnership for Quality
- ✓ Wellcare RxEffect®
- ✓ Meridian Pay for Performance
- ✓ MeridianComplete Pay for Performance
- ✓ Ambetter from Meridian Pay for Performance
- ✓ Meridian Quality Bonus Program



(CBP) Controlling High Blood Pressure

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Description	Codes*
Diastolic Less Than 80	CPT-CAT-II: 3078F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/ Equal To 90	CPT-CAT-II: 3080F

(CBP) Controlling High Blood Pressure *(continued)*

Description	Codes*
Systolic Less Than 130	CPT-CAT-II: 3074F
Systolic 130-139	CPT-CAT-II: 3075F
Systolic Greater Than/ Equal To 140	CPT-CAT-II: 3077F
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Take member's blood pressure at each outpatient visit
- ✓ Indicate in the medical record all recorded blood pressure measurements, blood pressure results taken by the patient at home and reviewed via telehealth, or member-reported blood pressure readings

Tips and Best Practices

- ✓ If BP result is >140/90 mmHg, recheck the BP at end of the visit and document
- ✓ Follow the American Medical Association's seven simple tips to get an accurate blood pressure reading at:
www.ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading
- ✓ Your patient may be eligible for automatic home blood pressure monitor through their standard Over-the-Counter benefits when supplied through in-network durable medical equipment provider

(CBP) Controlling High Blood Pressure *(continued)*

Earn Rewards!

Providers contracted through Meridian, and MeridianComplete, and Wellcare are eligible for rewards through the following provider incentive programs:

- ✓ Wellcare Partnership for Quality
 - ✓ Wellcare RxEffect®
 - ✓ Meridian Pay for Performance
 - ✓ MeridianComplete Pay for Performance
 - ✓ Meridian Quality Bonus Program
-



(COA) Care for Older Adults

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Wellcare (Medicare)

Description

Measure evaluates percentage of adults 66 years and older who had each of the following:

- ✓ Medication review
- ✓ Functional status assessment
- ✓ Pain assessment

Description	Codes*
Medication Review (would need both CPT-CAT II codes to get credit) 1159F (Medication List) & 1160F (Medication Review)	CPT: 90863, 99605, 99606, 99483, 99495, 99496 CPT-CAT-II: 1159F, 1160F

(COA) Care for Older Adults *(continued)*

Description	Codes*
Functional Status Assessment	CPT: 99483 CPT-CAT-II: 1170F HCPCS: G0438, G0439
Pain Assessment	CPT-CAT-II: 1125F, 1126F
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 CPT: 99377, 99378

*Codes subject to change

Action

✓ Medication review

- Perform an annual medication review of the patient’s medications, including prescription medications, over-the-counter medications and herbal or supplemental therapies. This must be completed by a prescribing provider or a clinical pharmacist

✓ Functional status assessment

- Assess the patient’s ability to perform daily tasks and identify any functional decline
- This can be documented through assessing ADLS, IADLS, or using a standardized functional status assessment tool

✓ Pain assessment

- Perform an annual comprehensive pain assessment to screen the patient for the presence of pain and to assess pain intensity
- This can be documented through the use of a standardized pain assessment tool or documentation that the patient was assessed for pain and the date it was performed

(COA) Care for Older Adults *(continued)*

Tips and Best Practices

- ✓ Ask your Quality Improvement or Provider Network Management Representative for a COA attestation form to document all required assessments

Earn Rewards!

Providers contracted through Wellcare are eligible for rewards through the following provider incentive programs:

- ✓ Wellcare Partnership for Quality



(COL) Colorectal Cancer Screening

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates the percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.

Description	Codes*
Colonoscopy	CPT: 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261–74263
FIT-DNA Lab Test	CPT: 81528 HCPCS: G0464
Flexible Sigmoidoscopy	CPT: 45330–45335, 45337–45342, 45346, 45347, 45349, 45350 HCPCS: G0104

(COL) Colorectal Cancer Screening *(continued)*

Description	Codes*
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 CPT: 99377, 99378

*Codes subject to change

Action

Inform your patient that while a colonoscopy needs to be done the least frequently, there are multiple options for colorectal cancer screenings:

- ✓ Colonoscopy: during the measurement year or nine years prior
- ✓ Fecal immunochemical test (FIT)-DNA test or Cologuard®: during the measurement year or two years prior
- ✓ Fecal occult blood test (FOBT): during the measurement year
- ✓ Flexible sigmoidoscopy: during the measurement year or four years prior
- ✓ CT colonography: during the measurement year or four years prior

Tips and Best Practices

- ✓ Support colonoscopy scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality Improvement or Provider Network Management Representative to find out if your patient received a FIT home test kit from the health plan

(COL) Colorectal Cancer Screening *(continued)*

Earn Rewards!

Providers contracted through Wellcare and MeridianComplete are eligible for rewards through the following provider incentive programs:

- ✓ Wellcare Partnership for Quality
 - ✓ MeridianComplete Pay for Performance
-



(EED) Eye Exam for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

Description	Codes*
Eye Exam with Evidence of Retinopathy	CPT: 2022F, 2024F, 2026F
Eye Exam Without Evidence of Retinopathy	CPT: 2023F, 2025F, 2033F

(EED) Eye Exam for Patients With Diabetes *(continued)*

Description	Codes*
Diabetic Retinal Screening	CPT: 67028, 67030, 67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245 HCPCS: S0620, S0621, S3000
Diabetic Retinal Screening Negative in Prior Year	CPT: 3072F
Unilateral Eye Enucleation With a Bilateral Modifier	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 CPT Modifier: 50
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Make sure your patients with diabetes complete a retinal or dilated eye exam annually that is reviewed by an ophthalmologist or optometrist
- ✓ If patient tests negative for retinopathy, eye exam can be performed every other year

(EED) Eye Exam for Patients With Diabetes *(continued)*

Tips and Best Practices

- ✓ Conduct outreach to diabetic population about yearly Dilated Retinal Exams
- ✓ Remind patients concerned with costs of Dilated Retinal Exams that it's a covered medical benefit
- ✓ Support exam scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality or Provider Network Management Representative to find out about retinal camera rental or if your patient is eligible for in-home retinal screening

Earn Rewards!

Providers contracted through Meridian, MeridianComplete, Ambetter from Meridian, and Wellcare are eligible for rewards through the following provider incentive programs:

- ✓ Wellcare Partnership for Quality
 - ✓ Meridian Pay for Performance
 - ✓ MeridianComplete Pay for Performance
 - ✓ Ambetter from Meridian Pay for Performance
 - ✓ Meridian Quality Bonus Program
-



(HBD) Hemoglobin A1c Control for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- ✓ HbA1c control (<8.0%)
- ✓ HbA1c poor control (>9.0%)

Description	Codes*
HbA1c Level Less Than 7	CPT-CAT-II: 3044 F
HbA1c Level Greater Than/ Equal to 7 and Less Than 8	CPT-CAT-II: 3051F
HbA1c Level Greater Than/ Equal to 8 and Less Than/ Equal to 9	CPT-CAT-II: 3052F
HbA1C Greater Than 9	CPT-CAT-II: 3046F
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 CPT: 99377, 99378

*Codes subject to change

Action

- ✓ Perform at least one HbA1c test annually
- ✓ For results >8%, repeat the test later in the measurement year

(HBD) Hemoglobin A1c Control for Patients With Diabetes *(continued)*

Tips and Best Practices

- ✓ Discuss the importance of HbA1c/blood glucose control in patients with diabetes and long-term effects of elevated blood glucose
- ✓ Offer referrals to Diabetes Education, Endocrinologist, and/or Dietician
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received a HbA1c home test kit from the health plan
- ✓ For patients taking diabetes medication, encourage adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through CVS CareMark
- ✓ Your patient may be eligible for diabetes education services through an approved in network provider

Earn Rewards!

Providers contracted through Meridian, MeridianComplete, Ambetter from Meridian, and Wellcare are eligible for rewards through the following provider incentive programs:

- ✓ Wellcare Partnership for Quality
 - ✓ Wellcare RxEffect®
 - ✓ Meridian Pay for Performance
 - ✓ MeridianComplete Pay for Performance
 - ✓ Ambetter from Meridian Pay for Performance
 - ✓ Meridian Quality Bonus Program
-



(KED) Kidney Health Evaluation for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

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

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Creatinine Lab Test	CPT: 82570
Quantitative Urine Albumin Lab Test	CPT: 82043
Urine Albumin Creatinine Ratio Lab Test	LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-0, 77253-3, 77254-1, 89998-9, 9318-7
ESRD Diagnosis	ICD: N18.5, N18.6, Z99.2
Dialysis Procedure	CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS: G0257, S9339
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 CPT: 99377, 99378

*Codes subject to change

(KED) Kidney Health Evaluation for Patients With Diabetes *(continued)*

Action

- ✓ Perform both eGFR and uACR testing annually for patients with diabetes. UACR testing can be either of the following:
 - Urine Albumin Creatinine Ratio Lab Test
 - Both a quantitative urine albumin lab test and a urine creatinine test with service dates four days or less apart

Tips and Best Practices

- ✓ Encourage members to have annual testing for appropriate identification, staging, monitoring and treatment of kidney disease
 - ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
 - ✓ Your patient may be eligible for diabetes education services through an approved in network provider
 - ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received an eGFR and uACR home test kit from the health plan
-

Women's Health



(BCS) Breast Cancer Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

Description	Codes*
Mammography	CPT: 77061–77063, 77065–77067 HCPCS: G0202, G0204, G0206
History of Bilateral Mastectomy	ICD-10: Z90.13
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Action

- ✓ Make sure your patient completes a mammogram at least every two years

Tips and Best Practices

- ✓ Support mammogram scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders

(BCS) Breast Cancer Screening *(continued)*

- ✓ Identify barriers to getting mammogram, such as transportation
- ✓ If your patient has had a bilateral mastectomy or two unilateral mastectomies, please be sure to include applicable codes in billing and document in medical record

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
 - ✓ Meridian Pay for Performance
-



(CCS) Cervical Cancer Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

This measure demonstrates the percentage of women 21-64 years of age who were screened for cervical cancer using one of the following criteria:

- ✓ Women 21-64 years of age who had cervical cytology performed within last 3 years.
- ✓ Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- ✓ Women 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

(CCS) Cervical Cancer Screening (continued)

Description	Codes*
Cervical Cytology Lab Test (21-64)	CPT: 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30-64)	CPT: 87624, 87625 HCPCS: G0476
Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CPT: 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 59856, 59135 ICD-10: Q51.5, Z90.710, Z90.712
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Action

- ✓ Offer cervical cancer screening in office if possible or support scheduling with accessible in-network provider during patient visits and have referrals easily accessible or standing orders.

Tips and Best Practices

- ✓ Provide cervical cancer screening reminder at the time of appointment scheduling so the patient is aware and prepared for the exam during the visit
- ✓ Offer support to patients that are fearful of the exam and be mindful of barriers related to trauma history

(CCS) Cervical Cancer Screening (continued)

- ✓ If your patient has had a total hysterectomy with no residual cervix, please be sure to include applicable codes in billing and document in the medical record

Earn Rewards!

Providers contracted through Meridian and Ambetter from Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
- ✓ Meridian Pay for Performance
- ✓ Ambetter from Meridian Pay for Performance



(CHL) Chlamydia Screening in Women

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia.

Description	Codes*
Chlamydia Tests	CPT: 87110, 87270, 87320, 87490–87492, 87810
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

(CHL) Chlamydia Screening in Women *(continued)*

Action

- ✓ Conduct chlamydia screenings at yearly physicals for patients who are sexually active
- ✓ Annual chlamydia screening is recommended for:
 - Women under age 25 identified as sexually active
 - Women 25 and older with risk factors such as new or multiple sex partners or a sex partner who has an STI

Tips and Best Practices

- ✓ Chlamydia screening can be completed via urine specimen, clinician-collected vaginal swab or self-collected vaginal swab. Providing options to patient may ease fear
- ✓ Include chlamydia screening as a part of routine clinical preventive care, walk-in visits, pregnancy testing, and emergency contraception counseling visits
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received a chlamydia home test kit from the health plan

Earn Rewards!

Providers contracted through Meridian and Ambetter from Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
 - ✓ Meridian Pay for Performance
 - ✓ Ambetter from Meridian Pay for Performance
-



(OMW) Osteoporosis Management in Women Who Had a Fracture

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Wellcare (Medicare)

Description

Measure evaluates the percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Description	Codes*
Bone Mineral Density Tests	CPT: 76977, 77078, 77080, 77081, 77085, 77086
Osteoporosis Medication Therapy	HCPCS: J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	HCPCS: J0897, J1740, J3489
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Osteoporosis Medications	
Description	Prescription
Bisphosphonates	<ul style="list-style-type: none"> · Alendronate · Alendronate-cholecalciferol · Ibandronate · Risedronate · Zoledronic acid
Other agents	<ul style="list-style-type: none"> · Abaloparatide · Romosozumab · Denosumab · Teriparatide · Raloxifene

(OMW) Osteoporosis Management in Women Who Had a Fracture *(continued)*

Action

- ✓ Make sure that all women ages 65-75 receive a routine osteoporosis screening with a BMD test. For women who have suffered a fracture, complete a BMD test or fill a medication for osteoporosis treatment within six months.

Tips and Best Practices

- ✓ Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:
 - A BMD test on the date of fracture or in the 6-month period after fracture
 - Osteoporosis therapy on the date of fracture or in the 6-month period after the fracture
 - A dispensed prescription to treat osteoporosis on the date of fracture or in the 6-month period after the fracture
 - ✓ Support BMD scheduling with accessible in-network provider during patient visit
 - ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient is eligible for an in-home BMD with our partner
-



(OSW) Osteoporosis Screening in Older Women

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Wellcare (Medicare)

Description

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

Description	Codes*
Osteoporosis Screening Tests	CPT: 76977, 77078, 77080, 77081, 77085
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Action

- ✓ Make sure that all women ages 65-75 receive a routine osteoporosis screening with a BMD test
- ✓ BMD tests are the most effective method for determining bone health, identifying osteoporosis, determining risk for fractures, and assessing response to osteoporosis treatment

Tips and Best Practices

- ✓ Support BMD scheduling with accessible in-network provider during patient visit and have referrals easily accessible or standing orders
- ✓ Review osteoporosis risk factors and long-term effects to reinforce importance of routine screening
- ✓ Provider tool kit and additional resource trainings are available through the Bone Health & Osteoporosis Foundation (BHOFF) website at www.bonehealthandosteoporosis.org/



(PPC) Prenatal and Postpartum Care

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

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

Description	Codes*
Prenatal Visits	CPT: 99201–99205, 99211–99215, 99241–99245, 99483 HCPCS: G0463, T1015
Prenatal Bundled Services	CPT: 59400, 59425, 52426, 59510, 59610, 59618 HCPCS: H1005
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

(PPC) Prenatal and Postpartum Care *(continued)*

Action

- ✓ **For postpartum care,** send a note indicating the date of the visit with a physician, physician’s assistant, nurse practitioner, or certified nurse midwife, and at least one of the following:
 - Notation of “postpartum” care
 - Evaluation of weight, blood pressure, breasts, and abdomen
 - Perineal or cesarean incision/wound check
 - Screening for depression, anxiety, tobacco use, substance use, or preexisting mental health disorders
 - Glucose screening for women with gestational diabetes
 - Documentation of topics such as infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, or resumption of physical activity and healthy weight

- ✓ **For prenatal care,** send a note indicating the date of the visit with an OB/GYN, Midwife, PCP, Family Medicine, Family Practice, Nurse Practitioner, or Physician Assistant, and at least one of the following:
 - Diagnosis of pregnancy or reference to pregnancy
 - Documentation of LMP, EDD, or Gestational Age
 - Documentation of gravity and parity
 - Positive pregnancy test
 - Basic OB exam that includes one of the following: auscultation for fetal heart tones, pelvic exam with OB observations or measurement of fundal height

(PPC) Prenatal and Postpartum Care *(continued)*

Tips and Best Practices

- ✓ Prenatal care should be completed during the first trimester or during the first 42 days after patient enrolls in our plan
- ✓ Refer patients to the health plan's *Start Smart for Baby* program for additional education, support, and resources during pregnancy and postpartum
- ✓ Make the most of the visit by providing other services that may be necessary during OB visit, such as chlamydia screening or cervical cancer screening

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
 - ✓ Meridian Pay for Performance
-

Pediatric Health



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

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow up care visits with a practitioner with prescribing authority:

- ✓ At least one follow-up visit within 30 days prescription dispense date
- ✓ At least two follow-up visits 1-9 months after prescription dispense date

Description	Codes*
BH Outpatient Visit	<p>CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014–H2020, T1015</p>
Diagnosis or History of Narcolepsy	<p>ICD10CM: G47.411, G47.419, G47.421, G47.429</p>
Hospice Care	<p>HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378</p>

*Codes subject to change

(continued)

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

Action

- ✓ Schedule a follow-up appointment within one month for patients newly prescribed ADHD medication. Schedule a follow-up visit while your patient is still in the office

Tips and Best Practices

- ✓ Schedule two or more visits in the nine months after the initial follow-up visit to continue to monitor your patient's progress
- ✓ Write prescriptions for 30 days or less to encourage follow-up to assess treatment regimen
- ✓ Offer flexible appointment availability including evening, weekends, and telehealth options



(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates reported:

- 1 Percentage of children and adolescents on antipsychotics who received blood glucose testing
- 2 Percentage of children and adolescents on antipsychotics who received cholesterol testing
- 3 Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics *(continued)*

Description (Need either A1c or Glucose and LCL-C or Cholesterol)	Codes*
HbA1c Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F
Cholesterol Lab Tests	CPT: 82465, 83718, 83722, 84478
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Action

- ✓ Ensure patients who had two or more antipsychotic prescriptions have the following testing completed in the measurement year have:
 - A blood glucose test or HbA1C
 - At least one cholesterol or LDL-C test
- ✓ These tests can be on the same or different dates of service

Tips and Best Practices

- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visits and have referrals easily accessible or standing orders





(CIS) Childhood Immunization Status

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of children who turned two during the measurement year and completed the following immunizations on or before their second birthday:

- ✓ 4 DTAP (diphtheria, tetanus, and acellular pertussis) **or** anaphylaxis or encephalitis due to DTAP
- ✓ 3 IPV (polio)
- ✓ 1 MMR (measles, mumps and rubella) **or** history of measles illness, mumps illness, and rubella illness
- ✓ 3 HIB (haemophilus influenza type B) **or** anaphylaxis due to HiB
- ✓ 3 HepB (hepatitis B) **or** anaphylaxis due to HepB or history of HepB illness
- ✓ 1 VZV (chicken pox) **or** history of chicken pox illness
- ✓ 4 PCV (pneumococcal conjugate)
- ✓ 1 HepA (hepatitis A) **or** history of HepA illness
- ✓ 2 or 3 RV (rotavirus) **or** anaphylaxis due to RV
- ✓ 2 FLU (influenza)

Description	Codes*
DTAP Immunization	CPT: 90697, 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120, 146
Anaphylaxis Due to DTAP	SNOMED: 428281000124107, 428291000124105
Encephalitis Due to DTAP	SNOMED: 192710009, 192711008, 192712001
HIB Immunization	CPT: 90644, 90647, 90648, 90697, 90698, 90748 CVX: 17, 46-51, 120, 146, 148

(CIS) Childhood Immunization Status (continued)

Description	Codes*
Hep B Immunization	CPT: 90697, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146 HCPCS: G0010
Hep B Illness	ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV Immunization	CPT: 90697, 90698, 90713, 90723 CVX: 10, 89, 110, 120, 146
MMR Immunization	CPT: 90707, 97010 CVX: 03, 94
Measles, Mumps, and Rubella Illness	Measles, ICD-10: B05.0-B05.4, B05.81, B05.89, B05.9 Mumps, ICD-10: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 Rubella, ICD-10: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
PCV Immunization	CPT: 90670 CVX: 109, 133, 152 HCPCS: G0009
VZV Immunization	CPT: 90710, 90716 CVX: 21, 94
VZV (Chicken Pox) Illness	ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Hep A Immunization	CPT: 90633 CVX: 31, 83, 85
HepA Illness	ICD-10: B15.0, B15.9
Influenza Immunization	CPT: 90655, 90657, 90661, 90673, 90685-90689, 90660, 90672 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 111, 149 HCPCS: G0008

(CIS) Childhood Immunization Status *(continued)*

Description	Codes*
Rotavirus 2-Dose Immunization	CPT: 90681 CVX: 119
Rotavirus 3-Dose Immunization	CPT: 90680 CVX: 116, 122
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

NOTE: Rotavirus is either two dose **or** three dose for compliancy.

Action

Perform the following immunizations in listed timeframe:

- ✓ **From birth through second birthday**
 - Hepatitis B
- ✓ **From 42 days after birth through second birthday**
 - DTAP, IPV, HIB, PCV, Rotavirus
- ✓ **From 6 months through second birthday**
 - Influenza
- ✓ **From first birthday through second birthday**
 - MMR, VZV, Hepatitis A

Tips and Best Practices

IMMUNIZATION TIPS

- ✓ Try to complete immunizations at scheduled well-exams to reduce the number of appointments
- ✓ Offer immunizations on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Educate patients and parents/guardians on the diseases that are prevented with immunizations

(CIS) Childhood Immunization Status *(continued)*

- ✓ Address concerns and fears that parents may have regarding vaccination
- ✓ Recommend the following reputable health resources for parent-friendly information and answers to common questions
 - Centers for Disease Control & Prevention (CDC) website at **www.cdc.gov/vaccines/parents/index.html**
 - Michigan Department of Health and Human Services (MDHHS) website at **ivaccinate.org/answering-your-questions**

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
 - ✓ Meridian Pay for Performance
-



(IMA) Immunizations for Adolescents

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of adolescents who turned 13 during the measurement year and completed the following immunizations on or before their 13th birthday:

- ✓ 1 Meningococcal **or** anaphylaxis due to Meningococcal
- ✓ 1 Tdap (tetanus, diphtheria toxoids and acellular pertussis) **or** anaphylaxis or encephalitis due to Tdap
- ✓ 2 or 3 HPV (human papillomavirus) **or** anaphylaxis due to HPV

(IMA) Immunizations for Adolescents *(continued)*

Description	Codes*
Meningococcal Immunization	CPT: 90619, 90733, 90734 CVX: 32,108, 114, 136, 147, 167, 203
Tdap Immunization	CPT: 90715 CVX: 115
HPV Immunization	CPT: 90649-90651 CVX: 62, 118, 137, 165
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Action

Perform the following immunizations in listed timeframe:

- ✓ **From 9th through 13th birthday**
 - HPV (first and second doses must be 146 days apart)
- ✓ **From 10th through 13th birthday**
 - Tdap
- ✓ **From 11th through 13th birthday**
 - Meningococcal

Tips and Best Practices

- ✓ Try to complete immunizations at scheduled well-exams to reduce the number of appointments
- ✓ Offer immunizations on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Advise that the HPV vaccination is preventive. Although their child may not currently be sexually active, it is important to receive the HPV vaccination now to prevent their child from getting HPV in the future

(IMA) Immunizations for Adolescents *(continued)*

- ✓ Recommend the following reputable health resources for parent-friendly information and answers to common questions:
 - Centers for Disease Control & Prevention (CDC) website at **www.cdc.gov/vaccines/parents/index.html**
 - Michigan Department of Health and Human Services (MDHHS) website at **ivaccinate.org/answering-your-questions**

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
- ✓ Meridian Pay for Performance



(LSC) Lead Screening in Children

Product Lines

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of children who turned 2 during the measurement year who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Description	Codes*
Lead Tests	CPT: 83655
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

(LSC) Lead Screening in Children *(continued)*

Action

- ✓ Perform capillary or venous blood lead screening for all children on or before their second birthday
- ✓ Remember to follow up with patients that have not completed lead testing after a lab

Tips and Best Practices

- ✓ Offer testing on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Enter lead screening results in the Michigan Care Improvement Registry (MCIR)

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
- ✓ Meridian Pay for Performance



(WCV) Child and Adolescent Well-Care Visits

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

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

(WCV) Child and Adolescent Well-Care Visits *(continued)*

Description	Codes*
Well-Care Visits	CPT: 99381–99385, 99391–99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Action

- ✓ Perform annual checkups to evaluate physical, developmental, behavioral, and emotional well-being. Use this as an opportunity to offer guidance and counseling to parents

Tips and Best Practices

- ✓ When a child is in your office for a sick visit or back-to-school/sports physical, also conduct a well-child visit if appropriate. Simply add the modifier 25 to the sick visit or physical visit and bill for the appropriate well-visit
- ✓ Well-care visits can be completed via telehealth. For more information about telehealth visits at www.cms.gov/files/document/general-telemedicine-toolkit.pdf
- ✓ Screening and counseling for obesity should occur at these visits by calculating a child’s Body Mass Index (BMI) percentile for gender and age or plotting the value on a growth curve. Discuss physical activity and nutrition at every visit
- ✓ While a patient is in your office for a well-child visit, administer required vaccinations and testing
- ✓ For American Academy of Pediatrics (AAP) and Bright Futures recommendations for preventive pediatric health care, check out the Periodicity Schedule at downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

(WCV) Child and Adolescent Well-Care Visits *(continued)*

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
- ✓ Meridian Pay for Performance



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

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members who turned 15 or 30 months old during the measurement year and who had:

- ✓ **15 months:** 6 or more well-child visits between the ages of 0-15 months
- ✓ **30 months:** two or more well-child visits between the ages of 15-30 months

Description	Codes*
Well-Care Visits	CPT: 99381–99385, 99391–99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

(W30) Well Child Visits in the First 30 Months of Life *(continued)*

Action

- ✓ Complete appointments with all assigned patients according to the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care Periodicity Schedule

Tips and Best Practices

- ✓ When a child is in your office for a sick visit or back-to-school/sports physical, also conduct a well-child visit if appropriate. Simply add the modifier 25 to the sick visit or physical visit and bill for the appropriate well-visit
- ✓ Well-care visits can be completed via telehealth. For more information about telehealth visits: www.cms.gov/files/document/general-telemedicine-toolkit.pdf
- ✓ Screening and counseling for obesity should occur at these visits by calculating a child's Body Mass Index (BMI) percentile for gender and age or plotting the value on a growth curve. Discuss physical activity and nutrition at every visit
- ✓ While a patient is in your office for a well-child visit, administer required vaccinations and testing
- ✓ Schedule next appointment at close of visit and offer flexible appointment availability including evening, weekends, telehealth, and family appointments

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
 - ✓ Meridian Pay for Performance
-



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

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

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

Description	Codes*
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54
Nutrition Counseling	CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity	HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Action

- ✓ Complete a BMI percentile assessment at any visit for patients between 3 and 17 years of age. BMI percentile should be calculated or plotted on an appropriate age-growth chart
- ✓ Complete a nutrition and physical activity assessment followed by counseling or anticipatory guidance at any visit for patients 3 to 17 years of age

(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents *(continued)*

Tips and Best Practices

- ✓ This measure couples well with well-child visits. Both measures will benefit from one visit. Please ensure correct coding when billing for both measures
- ✓ Utilize sick visits and sports physicals to also complete this measure. Include and document all three measure components during a sick visit for a compliant WCC record
- ✓ When counseling for nutrition, discuss appropriate food intake, healthy eating habits, issues including body image and eating disorders, etc.
- ✓ When counseling for physical activity, discuss organized sports, activities, and document age-appropriate activity such as “rides bike for 30 minutes a day”

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program



General Health



(AMR) Asthma Medication Ratio

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

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

Asthma Reliever Medications		
Description	Prescriptions	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Inhalation

Asthma Controller Medications		
Description	Prescriptions	Route
Antiasthmatic combinations	Dyphylline-guaifenesin	Oral
Antibody inhibitors	Omalizumab	Injection
Anti-interleukin-4	Dupilumab	Injection
Anti-interleukin-5	Benralizumab	Injection
Anti-interleukin-5	Mepolizumab	Injection
Anti-interleukin-5	Reslizumab	Injection
Inhaled steroid combinations	Budesonide-formoterol	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Inhalation

(continued)

(AMR) Asthma Medication Ratio *(continued)*

Asthma Controller Medications		
Description	Prescriptions	Route
Inhaled corticosteroids	Beclomethasone	Inhalation
Inhaled corticosteroids	Budesonide	Inhalation
Inhaled corticosteroids	Ciclesonide	Inhalation
Inhaled corticosteroids	Flunisolide	Inhalation
Inhaled corticosteroids	Fluticasone	Inhalation
Inhaled corticosteroids	Mometasone	Inhalation
Leukotriene modifiers	Montelukast	Oral
Leukotriene modifiers	Zafirlukast	Oral
Leukotriene modifiers	Zileuton	Oral
Methylxanthines	Theophylline	Oral

*Codes subject to change

Action

- ✓ Prescribe controller medications and evaluate treatment plan regularly to assess effective and rescue inhaler over-utilization

Tips and Best Practices

- ✓ Educate your patients with asthma on the importance of adherence to controller medications to avoid asthma attacks
- ✓ Explain the differences between controller and rescue inhalers and their therapeutic importance
- ✓ Monitor and follow up with your patients regarding their prescription refills
- ✓ Address any barriers to medication adherence, such as access to prescription refills
- ✓ Talk to your patients about common side effects, how long they may last, and how to manage them

(AMR) Asthma Medication Ratio *(continued)*

- ✓ Encourage adherence by providing 90-day prescriptions
- ✓ Your patient may be eligible for prescription delivery by mail through CVS CareMark

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Pay for Performance
- ✓ Ambetter from Meridian Pay for Performance



(CWP) Appropriate Testing for Pharyngitis

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

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

Description	Codes*
Group A Strep Tests	CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

(CWP) Appropriate Testing for Pharyngitis *(continued)*

Action

- ✓ Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics.

Tips and Best Practices

- ✓ Educate patients that an antibiotic is not necessary for viral infections, if rapid strep test and/or throat culture is negative
- ✓ Offer non-antibiotic symptom relief options that can provide comfort for viral infections
- ✓ The Center for Disease Control and Prevention's Be Antibiotics Aware campaign offers many resources and trainings to help educate patients on appropriateness of antibiotic use on their website at www.cdc.gov/antibiotic-use/index.html

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ Meridian Quality Bonus Program
 - ✓ Ambetter from Meridian Pay for Performance
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(FUH) Follow-Up After Hospitalization for Mental Illness

Product Lines

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

Two rates are reported:

- 1 Discharges for which the member received **follow-up within 30 days after discharge**
- 2 Discharges for which the member received **follow-up within 7 days after discharge**

Description	Codes*
BH Outpatient Visit with Mental Health Practitioner	<p>CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99483, 99492–99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015</p>
Partial Hospitalization or Intensive Outpatient	<p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p>

(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Description	Codes*
Psychiatric Collaborative Care Management	CPT: 99492-99494 HCPCS: G0512
Outpatient POS Value Set	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Transitional Care Management	CPT: 99495, 99496
Electroconvulsive Therapy	CPT: 90870
Community Mental Health Center	POS: 53
Observation	CPT: 99217, 99218, 99219, 99220
Hospice Care	HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378

*Codes subject to change

Action

- ✓ Schedule the seven-day follow up visit within five days to allow flexibility in rescheduling. Involve the patient’s caregiver regarding the follow-up plan after inpatient discharge
- ✓ If the patient’s appointment does not occur within the first seven days post-discharge, please schedule the appointment to occur within 30 days
- ✓ Support follow up scheduling with accessible in-network behavioral health provider during patient visit and have referrals easily accessible

Tips and Best Practices

- ✓ Follow-up with mental health provider can be completed via telehealth visit
- ✓ Follow-up visit should not be completed on the date of discharge
- ✓ Contact Meridian for assistance locating a mental health provider

(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

- ✓ Identify barriers for the patient and address their concerns
- ✓ Review when to schedule office appointments versus seek urgent care and emergency department care
- ✓ Educate members on appropriate emergency department utilization and transition of care

Earn Rewards!

Providers contracted through Meridian are eligible for rewards through the following provider incentive programs:

- ✓ MeridianComplete Pay for Performance



(IET) Initiation and Engagement of Substance Use Disorder Treatment

Product Lines

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Two rates are reported:

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

(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

- 2 Engagement of SUD Treatment:** percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation

Description	Prescription
Initiation and Engagement/Treatment	<p>CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408–99409, 99411–99412, 99510, 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 99483, 99217–99220</p> <p>HCPS: G0155, G0176, G0177, G0396, G0397, G0409–G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H2000, H2001, H2010–H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p>
Hospice Care	<p>HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378</p>

*Codes subject to change

Action

- ✓ Offer SUD treatment option on-site or support treatment scheduling with accessible in-network treatment facility during patient visit and have referrals easily accessible

Tips and Best Practices

- ✓ Schedule the initial 14-day treatment visit within 10 days of new SUD episode to allow flexibility in rescheduling

(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

- ✓ At the end of the initial appointment, schedule two more appointments to occur within 34 days of the initial appointment
 - ✓ When treating a patient for issues related to SUD, code that diagnosis on every claim
 - ✓ Contact Meridian for assistance locating SUD treatment provider, if needed
 - ✓ Not all medications may be covered. For a list of covered medications, refer to the drug formulary at **mimeridian.com** or **www.wellcare.com**
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*For the follow-up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation, and management consultation or counseling service.

