



2013 HEDIS® Resource Guide

— Adult —

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What is HEDIS®?

HEDIS (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

Why HEDIS is Important

HEDIS ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

Value of HEDIS to You, Our Providers

HEDIS can help save you time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care.

HEDIS can also help you:

- Identify noncompliant members to ensure they receive preventive screenings
- Understand how you compare with other WellCare providers as well as with the national average

Value of HEDIS to Your Patients, Our Members

HEDIS ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

What You Can Do

- Encourage your patients to schedule preventive exams
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members.

If you have questions about **HEDIS** or need more information, please contact your local Provider Relations representative.

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Source: www.ncqa.org

HEDIS® Quick Reference Guide for Adults

The following diagnosis and/or procedure codes in the HEDIS Quick Reference Guide are in compliance with the HEDIS® 2013 Volume 2 Technical Specifications. Reimbursement for these services will be in accordance with the terms and conditions of your provider agreement.

Prevention and Screening

Chlamydia Screening in Women:

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

CPT Codes	87110, 87270, 87320, 87490, 87491, 87492, 87810
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Cervical Cancer Screening:

Percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year and/or 2 years prior..

CPT Codes	88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175
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HCPCS	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
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ICD-9	91.46
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Exclusion Criteria:

Women who had a total hysterectomy with no residual cervix are excluded.

CPT Codes	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135
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ICD-9 CM Diagnosis	618.5, V67.01, V76.47, V88.01, V88.03,
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Adult BMI Assessment:

Percentage of members 18–74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.

ICD-9-CM Diagnosis:	V85.0 – V85.5
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Breast Cancer Screening:

Percentage of women 40–69 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year.

CPT Codes:	77055-77057
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HCPCS:	G0202, G0204, G0206
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ICD-9-CM Procedure	87.36, 87.37
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Exclusion Criteria:

Members who have a diagnosis of bilateral mastectomy

Bilateral mastectomy	ICD-9_CM Procedure	85.42, 85.44, 85.46, 85.48
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Unilateral mastectomy	ICD-9_CM Procedure	85.41, 85.43, 85.45, 85.47
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CPT	19180, 19200, 19220, 19240, 19303-19307	
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Bilateral modifier	CPT	50, 09950
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Colorectal Cancer Screening:		
<i>Percentage of members 50–75 years of age who had appropriate screening for colorectal cancer during the measurement year.</i>		
CPT Codes:	FOBT – 82270, 82274	
	Flexible Sigmoidoscopy – 45330-45335, 45337-45342, 45345	
	Colonoscopy – 44388-44394, 44397, 45355, 45378-45387, 45391, 45392	
HCPCS:	FOBT – G0328	
	Flexible Sigmoidoscopy – G0104	
	Colonoscopy – G0105, G0121	
ICD-9-CM	Flexible Sigmoidoscopy – 45.24	
	Colonoscopy – 45.22, 45.23, 45.25, 45.42, 45.43	
Exclusion Criteria:		
<i>Members with a diagnosis of colorectal cancer or total colectomy are excluded.</i>		
CPT Codes:	Total colectomy	44150-44153, 44155-44158, 44210-44212
HCPCS:	Colorectal cancer	G0213-G0215, G0231
ICD-9-CM Diagnosis	Colorectal cancer	153, 154.0, 154.1, 197.5, V10.05
ICD-9-CM Procedure	Total colectomy	45.8

Glaucoma Screening:	
<i>Percentage of members 65 years of age or older, who received a glaucoma eye exam by an eye care professional for early identification of glaucomatous conditions during the measurement year or the year prior to the measurement year.</i>	
CPT Codes:	92002, 92004, 92012, 92014, 92081-92083, 92100, 92120, 92130, 92140, 99202-99205, 99213-99215, 99242-99245
HCPCS:	G0117, G0118, S0620, S0621

Care for Older Adults:	
<i>Percentage of adults 66 years and older who had each of the following during the measurement year;</i>	
<ul style="list-style-type: none"> ▪ <i>Advance care planning – Presence of an advanced care plan; or documentation of an advanced care planning discussion and date; or notation in the medical record that the member previously executed an advance care plan.</i> ▪ <i>Medication review – At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record</i> ▪ <i>Functional status assessment – Documentation must include evidence of a complete functional status assessment and the date completed.</i> ▪ <i>Pain screening – Documentation must include a comprehensive pain screening or pain management plan and date performed.</i> 	
CPT Codes:	Medication Review – 90862, 99605, 99606
CPT II Codes:	Advanced Care Planning – 1157F, 1158F
	Medication Review – 1160F
	Medication List – 1159F
	Functional Status Assessment – 1170F
	Pain Screening – 0521F, 1125F, 1126F
HCPCS:	Advanced Care Planning - S0257

Utilization

Adolescent Well-Care Visits:	
<i>Percentage of members 12–21 years of age who had at least one comprehensive well care visit with a PCP or OB/GYN during the measurement year. Documentation must contain evidence of the following: health and developmental history (physical and mental), a physical exam, and health education/anticipatory guidance required and the date visit is completed..</i>	
ICD-9-CM Diagnosis	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
CPT Codes	99383-99385, 99393-99395
HCPCS	G0438, G0439

Access/Availability of Care

Annual Dental Visits: <i>Percentage of members 2–21 years of age who had at least one dental visit during the measurement year. (This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.)</i>	
CPT	70300, 70310, 70320, 70350, 70355
HCPCS/CDT	D0120- D0999, D1110- D2999, D4210- D4999, D5110- D5899, D6010- D6205, D7111- D7999, D8010- D8999, D9110- D9999

Adults' Access to Preventive/Ambulatory Health Services: <i>Percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.</i>	
CPT	Office Visit/ Outpatient Services – 99201- 99205, 99211- 99215, 99241- 99245
	Home Services- 99341- 99345, 99347- 99350
	Nursing facility care- 99304- 99310, 99315, 99316, 99318
	Custodial care services- 99324- 99328, 99334- 99337
	Preventive medicine- 99385- 99387, 99395- 99397, 99401- 99404, 99411, 99412, 99420, 99429
	Ophthalmology and optometry- 92002, 92004, 92012, 92014
HCPCS	Preventive medicine- G0402, G0438, G0439
	Ophthalmology and optometry- S0620, S0621
ICD-9 Diagnosis	General Medical Exam- V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Prenatal Care: Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment. Frequency of Ongoing Prenatal Care: Percentage of deliveries that had the expected prenatal visits.	
ICD-9-CM Diagnosis:	640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647x.3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23,V28
ICD-9 Procedure	88.78
CPT Codes:	E/M – 99201-99205, 99211-99215, 99241-99245, 99500
	OB Fetal Monitoring – 76801, 76805, 76811, 76813, 76815-76821, 76825-76828
	OB Panel – 80055
	TORCH – 86644; 86694, 86695, 86696; 86762, 86777
	Rubella/ABO/Rh: 86762; 86900; 86901
HCPCS:	H1000-H1004, 76801, 76805, 76811, 76813, 76815-76821, 76825- 76828, 80025, 99201- 99205, 99211- 99215, 99241- 99245
CPT	99500

Postpartum Care: <i>The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</i>	
ICD-9-CM Diagnosis	V24.1, V24.2, V25.1, V72.3, V76.2
CPT Codes	57170, 58300, 59430, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175, 99501
HCPCS	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
CPT II Codes	0503F

Respiratory Conditions

Use of Appropriate Medications for People with Asthma: <i>Percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.</i>	
ICD-9-CM Diagnosis	493.0, 493.1, 493.8, 493.9
FDA-Approved Asthma Medications	
Antiasthmatic combinations	<ul style="list-style-type: none"> Dyphylline-guaifenesin Guaifenesin-theophylline
Antibody inhibitor	<ul style="list-style-type: none"> Omalizumab
Inhaled steroid combinations	<ul style="list-style-type: none"> Budesonide-formoterol Fluticasone-salmeterol Mometasone-formoterol
Inhaled corticosteroids	<ul style="list-style-type: none"> Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone CFC free Mometasone Triamcinolone
Leukotriene modifiers	<ul style="list-style-type: none"> Montelukast Zafirlukast Zileuton
Mast cell stabilizers	<ul style="list-style-type: none"> Cromolyn
Methylxanthines	<ul style="list-style-type: none"> Aminophylline Dyphylline Theophylline
Short Acting, Inhaled beta-2 agonist	<ul style="list-style-type: none"> Albuterol Levalbuterol Metaproterenol Pirbuterol

Medication Management for People with Asthma: <i>Percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:</i>	
<ol style="list-style-type: none"> Percentage of members who remained on an asthma controller medication for at least 50% of their treatment period. Percentage of members who remained on an asthma controller medication for at least 75% of their treatment 	
ICD9-CM -Diagnosis	493.0, 493.1, 493.8, 493.9

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: <i>Percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</i>	
ICD-9-CM Diagnosis:	466.0

Use of Spirometry testing in COPD: <i>Percentage of adults 40 and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.</i>	
ICD-9-CM Diagnosis	491, 492, 493.2, 496
CPT Codes:	94010, 94014-94016, 94060, 94070, 94375, 94620

Pharmacotherapy Management of COPD Exacerbation:	
Percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED encounter on or between January 1– November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:	
1. Dispensed a systemic corticosteroid within 14 days of the event	
2. Dispensed a bronchodilator within 30 days of the event	
ICD-9-CM Diagnosis:	491, 492, 493.2, 496
Bronchodilators	
Anticholinergic agents	<ul style="list-style-type: none"> • Acclidinium bromide • Albuterol-ipratropium • Ipratropium • Tiotropium
Beta 2-agonists	<ul style="list-style-type: none"> • Albuterol • Arformoterol • Budesonide-formoterol • Fluticasone-salmeterol • Formoterol • Indacaterol • Levalbuterol • Metaproterenol • Mometasone-formoterol • Pirbuterol • Salmeterol
Methylxanthines	<ul style="list-style-type: none"> • Aminophylline • Dyphylline • Dyphylline-guaifenesin • Guaifenesin-theophylline • Theophylline
Glucocorticoids	<ul style="list-style-type: none"> • Betamethasone • Dexamethasone • Hydrocortisone • Methylprednisolone • Prednisolone • Prednisone • Triamcinolone

Behavioral Health

Follow-Up After Hospitalization for Mental Illness:	
Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.	
ICD-9-CM Diagnosis	295-299, 300.3, 300.4, 301, 308, 309, 311-314
CPT	HCPCS
Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health practitioner.	
90832-90834, 90836 90838, 90785, 90839, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485
CPT	POS
Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.	
90791, 90792, 90785, 90832 - 90834, 90836- 90838, 90839, 90845, 90847, 90849, 90853, 90862, 90870, 90875, 90876	WITH 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH 52, 53

Antidepressant Medication Management:

Percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported:

1. *Effective Acute Phase Treatment - Percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)*
2. *Effective Continuation Phase Treatment - Percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months)*

ICD-9-CM Diagnosis: 296.20-296.25, 296.30-296.35, 298.0, 311

Antidepressant Medications

Miscellaneous antidepressants	<ul style="list-style-type: none"> • Bupropion • Vilazodone
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> • Isocarboxazid • Phenelzine • Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> • Nefazodone • Trazodone
Psychotherapeutic antidepressants	<ul style="list-style-type: none"> • Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine • Fluoxetine-olanzapine
SSNRI antidepressants	<ul style="list-style-type: none"> • Desvenlafaxine • Duloxetine • 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 • Imipramine • Nortriptyline • Protriptyline • Trimipramine

Cardiovascular Conditions

Controlling High Blood Pressure:

Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) on or before June 30 of the measurement year and whose BP was adequately controlled (<140/90) during the measurement year.

ICD-9-CM Diagnosis:	401
CPT II Codes:	Systolic – 3074F (<130 mm Hg), 3075F (130-139 mm Hg), 3077F (≥140 mm Hg) Diastolic – 3078F (<80 mm Hg), 3079F (80-89 mm Hg), 3080F (≥90 mm Hg)

Cholesterol Management for Patients with Cardiovascular Conditions:

Percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1 - November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year.

- LDL-C screening
- LDL-C control (<100 mg/dl)

CPT Codes:	80061, 83700, 83701, 83704, 83721
CPT II Codes:	3048F, 3049F, 3050F

Persistence of Beta-Blocker Treatment After a Heart Attack:

Percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

ICD-9 - CM Diagnosis:	410.x1
Beta Blockers	
Cardioselective beta-blockers	<ul style="list-style-type: none"> • Atenolol • Acebutolol • Betaxolol • Bisoprolol • Metoprolol • Nebivolol
Noncardioselective beta-blockers	<ul style="list-style-type: none"> • Carteolol • Carvedilol • Labetalol • Nadolol • Penbutolol • Pindolol • Propranolol • Timolol • Sotalol
Antihypertensive combinations	<ul style="list-style-type: none"> • Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide- metoprolol • Hydrochlorothiazide-propranolol

Diabetes

Comprehensive Diabetes Care (CDC):

The percentage of members 18–75 years of age with diabetes (Type 1 and Type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- HbA1c control (<7.0%)- exclude those >65 years of age
- Eye exam (retinal) performed by an eye care provider
- LDL-C screening
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy- either evidence of nephrology or a nephropathy screen
- BP control (<140/80 mm Hg)
- BP control (<140/90 mm Hg)

*Additional exclusion criteria are required for this indicator. . The exclusion criteria are: CABG or PCI, IVD, CHF, Prior MI, Thoracic Aortic Aneurysm, CRF, Dementia, Blindness, Amputation of lower extremity.

ICD-9 Diagnosis	250, 357.2, 362.0, 366.41, 648.0
HbA1C Testing	CPT Codes – 83036, 83037
	CPT II Codes – 3044F (<7.0%), 3046F (>9%)
LDL-C Screening	
CPT Codes	80061, 83700, 83701, 83704, 83721
CPT II Codes	3048F (<100 mg/dl), 3049F (100-129 mg/dl), 3050F (≥130 mg/dl)
Nephropathy Screening	
CPT Codes	82042, 82043, 82044, 84156
CPT II Codes	3060F, 3061F
Identify Evidence of Nephropathy	
Urine Macroalbumin	
CPT Codes	81000-81003, 81005
CPT II Codes	3062F
Evidence of Treatment for Nephropathy	
ICD9-CM Diagnosis	250.4, 403, 404, 405.01, 405.11, 405.91, 580-588, 753.0, 753.1, 791.0, V42.0, V45.1
ICD-9 Procedure	38.95, 39.27, 39.42, 39.43, 39.53, 39.93- 33.95, 54.98, 55.4-55.6
CPT Codes	36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512
HCPCS	G0257, S9339
ACE/ARB Therapy	
CPT II Codes:	4009F
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"> • Aliskiren- valsartan • Amlodipine-benazepril • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-olmesartan • Amlodipine-telmisartan • Amlodipine-valsartan • Benazepril-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Hydrochlorothiazide-irbesartan • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-losartan • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-valsartan • Trandolapril-verapamil

Identify Systolic and Diastolic BP Levels <140/80	
CPT II	Systolic – (Compliant <140/80) 3074F, 3075F; (Non-compliant ≥ 140/80) 3077E
	Diastolic - (Compliant <140/80) 3078F; (Non-compliant ≥ 140/80) 3079F, 3080F
Identify Systolic and Diastolic BP Levels <140/90	
CPT II	Systolic – (Compliant <140/90) 3074F, 3075F; (Non-compliant ≥ 140/90) 3077E
	Diastolic - (Compliant <140/90) 3078F, 3079F; (Non-compliant ≥ 140/90) 3080F
Retinal Eye Exam	
CPT	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
CPT II	2022F, 2024F, 2026F, 3072F
HCPCS Codes	S0620, S0621, S0625, S3000

Musculoskeletal Conditions

Use of Imaging Studies for Low Back Pain:	
<i>Percentage of members 18-50 years of age with a primary diagnosis of low back pain who did <u>not</u> have an imaging study within 28 days of the diagnosis.</i>	
ICD-9-CM Diagnosis:	721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.7, 738.5, 739.3, 739.4, 846, 847.2
Imaging Studies CPT	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220

Osteoporosis Management in Women who had a fracture:	
<i>The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.</i>	
CPT Codes: Bone Mineral Density Test	76977, 77078-77083, 78350, 78351
HCPCS: Bone Mineral Density Test	G0130
ICD-9 Procedure	88.98
FDA-Approved Osteoporosis Therapies	
Description	
Biphosphonates	<ul style="list-style-type: none"> • Alendronate • Alendronate- cholecalciferol • Calcium carbonate-risedronate • Ibandronate • Risedronate • Zoledronic acid
Estrogens	<ul style="list-style-type: none"> • Conjugated estrogens • Conjugated estrogens synthetic • Esterified estrogens • Estradiol • Estradiol acetate • Estradiol cypionate • Estradiol valerate • Estropipate
Sex Hormone Combinations	<ul style="list-style-type: none"> • Conjugated estrogens-medroxy-progesterone • Estradiol-levonorgestrel • Estradiol-norethindrone • Estradiol-norgestimate • Ethinyl estradiol-norethindrone
Other agents	<ul style="list-style-type: none"> • Calcitonin • Denosumab • Raloxifene • Teriparatide

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis:	
<i>Percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).</i>	
ICD-9-CM Diagnosis:	714.0, 714.1, 714.2, 714.81
DMARDs	
5-Aminosalicylates	<ul style="list-style-type: none"> • Sulfasalazine
Alkylating agents	<ul style="list-style-type: none"> • Cyclophosphamide
Aminoquinolines	<ul style="list-style-type: none"> • Hydroxychloroquine
Anti-rheumatics	<ul style="list-style-type: none"> • Auranofin • Gold sodium thiomalate • Leflunomide • Methotrexate • Penicillamine

Immunomodulators	<ul style="list-style-type: none"> • Abatacept • Adalimumab • Anakinra • Certolizumab • Certolizumag pegol • Etanercept • Golimumab • Infliximab • Rituximab • Tocilizumab
Immunosuppressive agents	<ul style="list-style-type: none"> • Azathioprine • Cyclosporine • Mycophenolate
Tetracyclines	<ul style="list-style-type: none"> • Minocycline

Medication Management

Medication Reconciliation Post-Discharge:

Percentage of discharges from January 1 to December 1 of the measurement year for members 66 years of age and older for whom medications were reconciled on or within 30 days of discharge.

CPT II Codes:

1111F

Annual Monitoring for Patients on Persistent Medications:

Percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Medications include ACE inhibitors or ARB, digoxin, diuretics and, anticonvulsants.

CPT Codes:

Physiologic Monitoring Tests – 80047, 80048, 80050, 80051, 80053, 80069, 82565, 82575, 84132, 84520, 84525
Drug Serum Concentration Monitoring Tests – 80156, 80157, 80164, 80184, 80185, 80186

Potentially Harmful Drug-Disease Interactions in the Elderly:

Percentage of members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis.

- A history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents
- Dementia and a prescription for tricyclic antidepressants or anticholinergic agent
- CRF and prescription for non-aspirin NSAIDs or Cox-2 selective NSAIDs

ICD-9-CM Diagnosis:

Falls - E880, E884, E885.9, E887, E888

Hip Fractures - 820, V54.13

Dementia: 290, 291.2, 292.82, 294.0- 294.2, 331.0, 331.1, 331.82

Dementias (with delirium or delusions) - 290.11, 290.12, 290.20, 290.3, 290.41, 290.42, 290.8, 290.9

Transient mental disorder due to conditions classified elsewhere: 293

Dementia in conditions classified elsewhere with behavioral disturbance: 294.11, 294.21

Schizophrenic disorders: 295

Episodic mood disorders with psychotic behavior: 296.x4

Delusional disorders: 297

Other nonorganic psychoses: 298

Chronic Renal Failure: 585.5, 585.6, V42.0, V45.1

ICD-9 Procedure

Chronic Renal Failure: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93- 39.95, 54.98, 55.6

CPT Codes

Chronic Renal Failure - 36145, 36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, , 90935, 90937, 90940, 90945, 90947, 90960-90962, 90966, 90970, 90989, 90993, 90997, 90999, 99512

Hip Fracture: 27230, 27232, 27235, 27236, 27238, 27240, 2724427246, 27248, 27254, 27267- 27269

HCPCS

Chronic Renal Failure: G0257, G0392, G0393, S9339

Tricyclic Antidepressants	
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine
Tricyclic antidepressants	<ul style="list-style-type: none"> • Amitriptyline • Amoxapine • Clomipramine • Doxepin • Imipramine • Trimipramine
Antipsychotics and Sleep Agents	
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Asenapine • Aripiprazole • Clozapine • Haloperidol • Iloperidone • Loxapine • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Risperidone • Ziprasidone
Miscellaneous anxiolytics, sedatives and hypnotics	<ul style="list-style-type: none"> • Eszopiclone • Ramelteon • Zaleplon • Zolpidem
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Prochlorperazine • Chlorpromazine • Fluphenazine • Perphenazine • Thioridazine • Trifluoperazine
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Fluoxetine-olanzapine
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene
Medications for Dementia	
Cholinesterase inhibitors	<ul style="list-style-type: none"> • Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	<ul style="list-style-type: none"> • Memantine
Anticholinergic Agents	
Anticholinergic antiemetics	<ul style="list-style-type: none"> • Cyclizine • Dimenhydrinate • Meclizine • Scopolamine • Trimethobenzamide
Anticholinergic anti-Parkinson agents	<ul style="list-style-type: none"> • Benztropine • Trihexyphenidyl

Anticholinergics/ antispasmodics	<ul style="list-style-type: none"> • Belladonna • Dicyclomine • Hyoscyamine • Propantheline
Antihistamines	<ul style="list-style-type: none"> • Azatadine • Brompheniramine • Clemastine • Chlorpheniramine • Cyproheptadine • Dexychlorpheniramine • Diphenhydramine • Hydroxyzine hydrochloride • Hydroxyzine pamoate • Triprolidine
Skeletal muscle relaxants	<ul style="list-style-type: none"> • Carisoprodol • Chlorzoxazone • Cyclobenzaprine • Metaxalone • Methocarbamol • Orphenadrine
Upper respiratory combinations	<ul style="list-style-type: none"> • APAP/diphenhydramine/pseudoephedrine • Atropine/CPM/hyoscyamine/PSE/scopolamine • Brompheniramine/carbetapentane/phenylephrine • Brompheniramine/detromethorphphenylephrine • Brompheniramine/dextromethorphan/PSE • Brompheniramine/DM/quaifenesin/phenylephrine • Brompheniramine/hydrocodone/phenylephrine • Brompheniramine/hydrocodone/pseudoephedrine • Brompheniramine-phenylephrine • Brompheniramine-pseudoephedrine • Carbetapentane/chlorpheniramine/phenylephrine • Carbetapentane/CPM/ephedrine/phenylephrine • Carbetapentane/diphenhydramine/phenylephrine • Carbetapentane-chlorpheniramine • Carbetapentane/codeine/PE/K iodine • Chlorpheniramine/codeine/pseudoephedrine • Chlorpheniramine/dextromethorp/phenylephrine • Chlorpheniramine/dextromethorphan/PSE • Chlorpheniramine/dihydrocodeine/phenylephrine • Chlorpheniramine/dihydrocodeine/PSE • Chlorpheniramine/DM/guaifenesin/phenylephrine • Chlorpheniramine/DM/methscopolamine • Chlorpheniramine/DM/phenylephrine • Chlorpheniramine/guaifenesin/phenylephrine • Chlorpheniramine/hydrocodone/phenylephrine • Chlorpheniramine/hydrocodone/PSE • Chlorpheniramine/methscopolamine/PE • Chlorpheniramine/methscopolamine/PSE • Chlorpheniramine/PE/phenyltoloxamine • Chlorpheniramine/phenylephrine/pyrilamine • Chlorpheniramine-hydrocodone • Chlorpheniramine-methscopolamine • Chlorpheniramine-phenylephrine • Chlorpheniramine-pseudoephedrine

Upper respiratory combinations	<ul style="list-style-type: none"> • Codeine/phenylephrine/promethazine • Codeine/pseudoephedrine/tripolidine • Codeine-promethazine • Dexchlorpheniramine/dextrometho/PE/pyrilamine • Dexchlorpheniramine/dextromethorphan/PE • Dexchlorpheniramine/dextromethorphan/PSE • Dexchlorpheniramine/hydrocodone/phenylephrine • Dexchlorpheniramine/methscopolamine/PE • Dexchlorpheniramine/methscopolamine/PSE • Dexchlorpheniramine-pseudoephedrine • Dextromethorphan/diphenhydramine/PE • Dextromethorphan-promethazine • Diphenhydramine/hydrocodone/phenylephrine • Diphenhydramine-phenylephrine • Phenylephrine-promethazine • Pseudoephedrine-tripolidine
Urinary antispasmodics	<ul style="list-style-type: none"> • Butabarbital/hyoscyamine/phenazopyridine • Flavoxate • Hyoscyamine/methenam/m-blue/phenyl/salicyl • Oxybutynin • Tolterodine
NSAIDs and Cox-2 Selective NSAIDs	
Cox-2 inhibitors	<ul style="list-style-type: none"> • Celecoxib
Nonsteroidal anti-inflammatory agents	<ul style="list-style-type: none"> • Diclofenac potassium • Diclofenac sodium • Etodolac • Fenoprofen • Flurbiprofen • Ibuprofen • Indomethacin • Ketoprofen • Ketorolac • Meclofenamate • Mefenamic acid • Meloxicam • Nabumetone • Naproxen • Naproxen sodium • Oxaprozin • Piroxicam • Sulindac • Tolmetin

Use of High Risk Medications in the Elderly:

1. Percentage of members 66 years of age and older who received at least one high-risk medication.

2. Percentage of members 66 years of age and older who received at least two different high-risk medications.

High-Risk Medications

Description	Prescription
Anticholinergics (excludes TCAs), First-generation antihistamines	<ul style="list-style-type: none"> • Brompheniramine • Carinoxamine • Chlorpheniramine • Clemastine • Cyproheptadine • Dexbrompheniramine • Dexchlorpheniramine • Diphenhydramine (oral) • Doxylamine • Hydroxyzine • Promethazine • Tripolidine
Anticholinergics (excludes TCAs), anti-Parkinson agents	<ul style="list-style-type: none"> • Benztropine (oral) • Trihexyphenidyl
Antithrombotics	<ul style="list-style-type: none"> • Dipyridamole, oral short-acting • Ticlopidine
Cardiovascular, alpha agonists, central	<ul style="list-style-type: none"> • Guanabenz • Guanfacine • Methyldopa
Cardiovascular, other	<ul style="list-style-type: none"> • Disopyramide • Nifedipine, immediate release
Central nervous system, tertiary TCAs	<ul style="list-style-type: none"> • Amitriptyline • Clomipramine • Imipramine • Trimipramine
Central nervous system, barbituates	<ul style="list-style-type: none"> • Amobarbital • Butabarbital • Butalbital • Mephobarbital • Pentobarbital • Phenobarbital • Secobarbital
Central nervous system, vasodilators	<ul style="list-style-type: none"> • Ergot mesylates • Isoxsuprine
Central nervous system, other	<ul style="list-style-type: none"> • Thioridazine • Meprobamate • Chloral Hydrate
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	<ul style="list-style-type: none"> • Conjugated estrogen • Esterified estrogen • Estradiol • Estropipate

Description	Prescription
Endocrine system, sulfonylureas, long-duration	<ul style="list-style-type: none"> • Chlorpropamide • Glyburide
Endocrine system, other	<ul style="list-style-type: none"> • Desiccated thyroid • Megestrol
Pain medications, skeletal muscle relaxants	<ul style="list-style-type: none"> • Carisoprodol • Chlorzoxazone • Methocarbamol • Cyclobenzaprine • Metaxalone • Orphenadrine
Pain medications, other	<ul style="list-style-type: none"> • Indomethacin • Ketorolac, includes parenteral • Meperidine • Pentazocine

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Source: HEDIS® 2013 Volume 2 Technical Specifications

Updated: 5/28/2013



2013 Adult Preventive Health Care Guidelines for Providers

The best practice recommendations detailed below represent services that are considered medically necessary by WellCare for the prevention of certain diseases and medical conditions in adults. WellCare strongly recommends that all members receive the necessary preventive services, leading to improved healthcare quality and outcomes.

Frequency of Physical Examination

All members should visit their physician on a regular basis. A baseline physical exam visit should occur for all new non-pregnant adult members regardless of age, within the first 90 days of enrollment. *Pregnant members should be seen within the first 14 days of enrollment.* Recommendations for periodic health exam visits for asymptomatic adults include:

- **Ages 18 to 39 years:** Exam frequency: every 1 to 3 years (Annual Pap smears are indicated for females unless 3 consecutive normal smears, allowing pap smears every 3 years.)
- **Ages 40 to 64 years:** Exam Frequency: every 1 to 2 years based on risk factors
- **Ages 65 and Over:** Exam frequency: every year

Age	Screening	Frequency
<ul style="list-style-type: none"> • 18 and older 	Blood Pressure, Height, Body Mass Index (BMI), Alcohol Use	Annually, 18-21 years. After 21, every 1-2 years or per PCP recommendations
<ul style="list-style-type: none"> • Male > 35 years or female > 45 years of age or any adults age 20 or older at high risk 	Cholesterol	Every 5 years (More frequent if elevated)
<ul style="list-style-type: none"> • Male 35 – 65 years • Female 45 - 65 years 	Cholesterol	Every 5 years (More frequent if elevated)
<ul style="list-style-type: none"> • Female 18 years of age and older who are sexually active or pregnant (consider at age 12 if sexually active) 	Pap Smear and Chlamydia	Every 1-3 Years or per PCP's recommendations
<ul style="list-style-type: none"> • Female 40 years and older 	Mammography	Every 1-2 years
<ul style="list-style-type: none"> • 50 years and older • 50 years and older 	Colorectal Hearing Screening	Periodically depending upon test Periodically
<ul style="list-style-type: none"> • Female > 65 years old, or > 60 years at risk • 65 years and older, or younger for those that have diabetes or other risk factors 	Osteoporosis (Bone Mass Measurement) Vision including a Glaucoma or Diabetic Retinal exam as needed	Every two years or per PCP's recommendations Every two years for routine exams or annual if diabetic or other risk factors

Hepatitis C Testing

Due to a steady increase in deaths among individuals born between 1945 and 1965 (“baby boomers”), testing for hepatitis C is recommended for those born during this time. Baby boomers are five times more likely than other American adults to be infected; over 75% of American adults with hepatitis C are baby boomers. New treatments are available which can cure up to 75% of hepatitis C cases.

Immunization* (see attached schedule)	
Tetanus-Diphtheria and acellular pertussis (Td/Tdap)	18 years and older, Tdap: Substitute 1-time dose of Tdap for Td then boost with Td every 10 years
Varicella (VZV)	All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only 1 dose.
Measles, Mumps, Rubella (MMR)	Adults born during or after 1957 should receive 1-2 doses
Pneumococcal polysaccharide (PPSV)	65 years of age and older, all adults who smoke or have certain chronic medical conditions – 1 dose may, need a 2nd dose if identified at risk.
Seasonal Influenza	All adults annually
Hepatitis A Vaccine (HepA)	All unvaccinated individual who anticipate close contact with an international adoptee or those with certain high-risk behaviors.
Hepatitis B vaccine (HepB)	Adults at risk, 18 years of age and older – 3 doses
Meningococcal conjugate vaccine (MCV)	College freshmen living in dormitories not previously vaccinated with MCV and others at risk, 18 years of age and older – 1 dose. Meningococcal polysaccharide vaccine) is preferred for adults aged > 56 years.
Human Papillomavirus (HPV)**	*For eligible members through 26 years of age (three dose series)
Zoster	Age 60 and older 1 dose
Haemophilus Influenza type b (Hib)	For eligible members who are at high-risk and who have not previously received Hib vaccine (1 dose)

(Source: CDC, 2012)

Clinical Practice Guideline page 1 Original Effective Date: 2/2008 Revised: 2/2010, 5/19/2011, 6/7/2012, 9/6/2012, 3/2/2013

Prevention

- Discuss aspirin to prevent cardiovascular events.
 - Men – 40 years and older periodically
 - Women – 50 years and older periodically
- Discuss the importance of preventive exams (mammograms and breast self-examination for women at high risk and who have family history.)
- Discuss prostate-specific antigen (PSA) test and rectal exam for men after 40 years old per PCP discretion.

Counseling

- Calcium intake: 1,000mg/day (women age 18-50 years old), 1200-1500 mg/day (women >50 years).
- Folic Acid: 0.4 mg/day (women of childbearing age); women who have had children with Neural Tube Defects (NTD) should take 4 mg/day.
- Breastfeeding: Women after childbirth.
- Tobacco cessation, drug and alcohol use, STD’s and HIV, nutrition, physical activity, sun exposure, oral health, and injury prevention.
- Medication list.
- Advance directives.

* Unless there is a medical reason not to get a specific vaccine. **Subject to individual state coverage.

Recommended adult immunization schedule, by vaccine and age group United States, 2013

VACCINE ↓	AGE GROUP →	19-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years	
Influenza ^{1,*}		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years					Td booster every 10 years
Varicella ^{3,*}		2 doses					
Human papillomavirus (HPV) ^{4,*}		3 doses (females)					
Zoster ⁵					1 dose		
Measles, mumps, rubella (MMR) ^{6,*}		1 or 2 doses		1 dose			
Pneumococcal (polysacchride) ^{7,8}		1 or 2 doses				1 dose	
Meningococcal ^{9,*}		1 or more doses					
Hepatitis A ^{10,*}		2 doses					
Hepatitis B ^{11,*}		3 doses					

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., base on medical, occupational, lifestyle, or other indications)

No recommendation

Vaccines that might be indicated for adults, based on medical and other indications - United States, 2013

INDICATION →	VACCINE ↓	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{3,5,6,13}	HIV infection ^{3,6,12,13} CD 4 ⁺ T lymphocyte count		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy) and persistent complement component deficiencies	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
				< 200 cells/μL	≥200 cells/μL					
Influenza ^{1,*}		1 dose TIV annually							1 dose TIV or LAIV annually	
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}	Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years								
Varicella ^{3,*}		Contraindicated			2 doses					
Human papillomavirus (HPV) ^{4,*}		3 doses through age 26 years								
Zoster ⁵		Contraindicated				1 dose				
Measles, mumps, rubella (MMR) ^{6,*}		Contraindicated			1 or 2 doses					
Pneumococcal (polysacchride) ^{7,8}		1 or 2 doses								
Meningococcal ^{9,*}		1 or more doses								
Hepatitis A ^{10,*}		2 doses								
Hepatitis B ^{11,*}					3 doses					

*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., base on medical, occupational, lifestyle, or other indications)

No recommendation

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Adult HEDIS Measures

This document outlines the required medical record documentation needed to demonstrate compliance with adult HEDIS measures. This information is from “2013 Technical Specifications for Health Plans”.

Measure	Description	Required Documentation	Key Notes
Adult BMI Assessment	Members 18-74 years of age who had an outpatient visit and whose BMI was documented in current or previous year.	<ul style="list-style-type: none"> Documentation of Weight and BMI value 	
Breast Cancer Screening	Women 42-69 years of age who had a screening mammogram in the current or previous year	<ul style="list-style-type: none"> A note indicating the date the test was performed, and the result or finding 	Unable to count biopsies, ultrasounds, or MRI's as they are not appropriate primary methods for breast screening.
Cervical Cancer Screening	Women 21-64 years of age who received one or more Pap tests to screen for cervical cancer in the current year or the 2 previous years.	<ul style="list-style-type: none"> A note indicating the date the test was performed, and the result or finding 	<ul style="list-style-type: none"> Labs that indicate the sample was inadequate or “no cervical cells were present” cannot be counted Biopsies cannot be counted Documentation of “Hysterectomy” alone cannot be counted
Chlamydia Screening	Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in the current year.	<ul style="list-style-type: none"> A note indicating the date the test was performed, and the result or finding 	
Colorectal Cancer Screening	Members 51-75 years of age who had appropriate screening for colorectal cancer.	<ul style="list-style-type: none"> A note indicating the date the test was performed. A result is not required if the documentation is clearly part of the medical history section of the record. If it is not clear, the result or finding must also be present. FOBT in current year, or Flexible sigmoidoscopy in current year or the 4 years prior, or Colonoscopy in current year or the 9 years prior 	<ul style="list-style-type: none"> Digital rectal exams do not count
Glaucoma Screening in Older Adults	Medicare members 67 years and older who received a glaucoma eye exam by an eye care professional for early identification of glaucomatous conditions.	<ul style="list-style-type: none"> A glaucoma screening by an optometrist or ophthalmologist in the measurement year, or A note or letter prepared by an optometrist or ophthalmologist, the date the exam (in the measurement year) was performed and the result or finding 	

Measure	Description	Required Documentation	Key Notes
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Adults 42 years and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	<ul style="list-style-type: none"> A note indicating the date the spirometry test was performed, and the result or finding 	
Care for Older Adults	<p>Adults 66 years and older who had each of the following in current year:</p> <ul style="list-style-type: none"> Advance care planning Medication review Functional status assessment Pain screening 	<p>1) Advance Care Planning:</p> <ul style="list-style-type: none"> The presence of an advanced care plan in the medical record, or Documentation of an advanced care planning discussion with the provider and the date when it was discussed. The documentation of the discussion must be in the measurement year, or Notation that the member previously executed an advanced care plan. <p>2) Medication Review:</p> <ul style="list-style-type: none"> A medication list in the medical record, and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed. <p>3) Functional Status Assessment:</p> <ul style="list-style-type: none"> Notation that Activities of Daily Living (ADL) were assessed Notation that Instrumental Activities of Daily Living (IADL) were assessed Result of assessment using a standardized functional status assessment tool Notation that at least three of the following four components were assessed: <ul style="list-style-type: none"> Cognitive status Ambulation status Sensory ability (hearing, vision, speech) Other functional independence (exercise, ability to perform job) <p>4) Pain Screening:</p> <ul style="list-style-type: none"> Notation of a comprehensive (multiple system) pain assessment Evidence of a pain management plan that includes: <ul style="list-style-type: none"> Notation of no pain intervention and the rationale, notation of plan for treatment of pain, notation of plan for reassessment of pain and time interval 	<ul style="list-style-type: none"> A review of side effects for a single medication at the time of prescription alone is not sufficient. Pain assessment limited to an acute or single condition, event or body system (toothache, earache, back pain) does not count
Cholesterol Management for Patients with Cardiovascular Conditions	Adults 18-75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) or who had a diagnosis of ischemic vascular disease (IVD), who had an LDL-C screening and LDL-C control (<100 mg/dL).	<ul style="list-style-type: none"> Notation of the most recent LDL-C test in current year and the result or finding 	<ul style="list-style-type: none"> Calculated or direct LDL can be used. Must obtain the total cholesterol, HDL, and triglyceride levels. If the triglycerides are >400 mg/dL, the calculated method cannot be used.

Measure	Description	Required Documentation	Key Notes
Controlling High Blood Pressure	Adults 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90) during the current year.	<ul style="list-style-type: none"> Documented confirmation that the member had a HTN diagnosis on or before June 30, in current year in the medical record (problem list, office visit, discharge summary, etc.). Notation of the most recent BP in the medical record 	<ul style="list-style-type: none"> BPs taken during an acute inpatient stay, ER visit, an office visit in which a procedure is being performed (sigmoidoscopy, mole removal, etc.), surgical procedure, or major diagnostic procedure (stress test, radiology procedure, endoscopy, etc.) do not count. Documentation of member reported BP readings do not count.
Comprehensive Diabetes Care	Adults 18-75 years of age with diabetes (type 1 and type 2) who had: <ul style="list-style-type: none"> HbA1c screening LDL-C screening Dilated eye exam Attention for nephropathy Controlled BP (<140/80 and <140/90) 	<ul style="list-style-type: none"> Notation of the most recent HbA1c and LDL-C screening and result performed in current year A retinal or dilated eye exam by an optometrist or ophthalmologist in current year, or a <i>negative</i> retinal exam done by an optometrist or ophthalmologist in <i>previous year</i> A nephropathy screening test – the date when a urine microalbumin test was performed and the result, or evidence of nephropathy (visit to nephrologist, renal transplant, positive urine macroalbumin test, or prescribed ACE/ARB therapy) Notation of the most recent BP in the medical record 	<ul style="list-style-type: none"> Calculated or direct LDL can be used. Must obtain the total cholesterol, HDL, and triglyceride levels. If the triglycerides are >400 mg/dL, the calculated method cannot be used. BPs taken during an acute inpatient stay, ER visit, an office visit in which a procedure is being performed (sigmoidoscopy, mole removal, etc.), surgical procedure, or major diagnostic procedure (stress test, radiology procedure, endoscopy, etc.) do not count. Documentation of member reported BP readings do not count.
Annual Monitoring for Patients on Persistent Medications	Adults 18 years of age and older who received at least 180 treatment days of an ACE or ARB, digoxin, diuretic, or anticonvulsant agent in current year and had at least one monitoring event in current year.	<p>ACE/ARB, Digoxin, and Diuretic Agents</p> <ul style="list-style-type: none"> A lab panel performed in current year and the result, or a serum potassium and serum creatinine performed in current year and the result, or a serum potassium and blood urea nitrogen performed in current year and the result <p>Anticonvulsant Agents</p> <ul style="list-style-type: none"> A drug serum concentration level monitoring test for the prescribed drug performed in current year and the result 	
Medication Reconciliation Post Discharge	Adults 66 years of age or older who were Discharges from January 1–December 1, in current year for members 66 years of age and older for whom medications were reconciled on or within 30 days of discharge.	<ul style="list-style-type: none"> Notation that the medications prescribed or ordered upon discharge were reconciled with the current medications (in the outpatient record), or A medication list in a discharge summary that is present in the outpatient chart and evidence of a reconciliation with the current medications, or Notation that no medications were prescribed or ordered upon discharge 	

Pregnancy HEDIS Measures

This document outlines the required medical record documentation needed to demonstrate compliance with pregnancy related HEDIS measures. This information is from “2013 Technical Specifications for Health Plans”.

Measure	Description	Required Documentation
Timeliness of Prenatal Care	Women who had a live birth received a prenatal care visit in the first trimester or within 42 days of enrollment with the health plan.	<ul style="list-style-type: none"> • Prenatal care visit to an OB/GYN, midwife, family practitioner, or PCP. For visits to a PCP or family practitioner the diagnosis of pregnancy must be present. The medical record must include the date the visit occurred and at least one of the following: <ul style="list-style-type: none"> - A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height - Evidence that a prenatal care procedure was performed such as an OB lab panel, TORCH antibody panel, ABO/Rh blood typing, or ultrasound - Documentation of LMP or EDD in conjunction with prenatal risk assessment and counseling/education or complete obstetrical history
Frequency of Ongoing Prenatal Care	Women who had a live birth that had the expected number of prenatal visits, using ACOG's recommended schedule of visits	<ul style="list-style-type: none"> • Must identify gestational age at birth from the hospital record or birth certificate. • Prenatal care visits to an OB/GYN, midwife, family practitioner, or PCP. For visits to a PCP or family practitioner the diagnosis of pregnancy must be present. The medical record must include the date the visit occurred and at least one of the following: <ul style="list-style-type: none"> - A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height - Evidence that a prenatal care procedure was performed such as an OB lab panel, TORCH antibody panel, ABO/Rh blood typing, or ultrasound - Documentation of LMP or EDD in conjunction with prenatal risk assessment and counseling/education or complete obstetrical history
Postpartum Care	Women who had a live birth and had a postpartum visit on or between 21 and 56 days after delivery.	<ul style="list-style-type: none"> • Postpartum visit to an OB/GYN practitioner or midwife, family practitioner, or other PCP on or between 21 and 56 days after delivery. The medical record must include the date the visit occurred and at least one of the following: <ul style="list-style-type: none"> - Pelvic exam, or - Evaluation of weight, BP, breasts (notation of “breastfeeding” counts) and abdomen, or - Notation of postpartum care, including but not limited to: “postpartum care,” “PP care,” “PP check,” “6 week check” or completion of a preprinted “postpartum care” form



How to Be a Quality Star

What is the Medicare star rating?

The Medicare star rating system was created by the Centers for Medicaid & Medicare Services (CMS) and evaluates the relative quality of private health plans offered to Medicare beneficiaries. CMS scores Medicare health plans on a one-to-five star scale, with five stars representing the highest quality. Members can use these ratings as a way to gauge the quality of care, ease of access to care, provider responsiveness and beneficiary satisfaction of the health plan.

Quick reminders to help you boost your ratings ...

Don't keep your patients waiting too long

- Has the member been in the waiting room for more than 30 minutes?

Getting to know your patients' special needs

- Accommodate those who are frail/elderly or non-English speaking

Scheduling appointments appropriately

- Urgent – less than 24 hours
- Non-urgent – within one week
- Routine/preventive – within one month

Why is the Medicare star rating system important?

Star ratings are available to:

- Help members make health plan decisions
- Increase premium dollars, rewarding strong performance for physicians affiliated with Independent Physician Associations (IPAs)
- Provide richer benefits for members
- Allow WellCare to expand

Keep in touch with patients

- Make sure each patient has an annual wellness visit and preventive screenings
- Allow extra time during appointments for questions and answers
- Reach out to patients who have not been seen

Schedule these important screenings as needed

- Colorectal cancer screening
- Glaucoma testing
- Diabetes care
- Breast cancer screening
- Cardiovascular care (cholesterol screening)
- Controlling hypertension

★ 2013 Medicare STAR Measures ★

DOMAIN 1: Staying Healthy, Screening, Tests and Vaccines	DOMAIN 2: Managing Chronic (Long Term) Conditions	DOMAIN 3: Member Experience with Health Plan	DOMAIN 4: Member Complaints, Problems Getting Services & Improvement in the Health Plan's Performance	DOMAIN 5: Health Plan Customer Service	PART D DOMAINS
Adult BMI Assessment	Care of Older Adults- Functional Status Assessment	Care Coordination	Beneficiary Access and Performance Problems	Call Center-Foreign Language Interpreter & TTY/TDD Availability	Appeals Auto Forward
Annual Flu Vaccine	Care of Older Adults- Medication Review	Customer Service	Complaints about the Health Plan	Enrollment Timeliness	Appeals Upheld
Breast Cancer Screening		Getting Appointments and Care Quickly			Plan Makes Timely Decision About Appeals
Cardiovascular Care- Cholesterol Screening	Care of Older Adults- Pain Screening	Getting Needed Care	Health Plan Quality Improvement	Reviewing Appeals Decisions	Call Center-Foreign Language Interpreter & TTY/TDD Availability
Colorectal Cancer Screening	Controlling High Blood Pressure	Overall Rating of Health Care Quality	Members choosing to Leave the Plan		Call Center-Pharmacy Hold Time
Diabetes Care- Cholesterol Screening	Diabetes Care- Blood Sugar Controlled	Overall Rating of Plan			Complaints about the Drug Plan
Glaucoma Testing	Diabetes Care- Cholesterol Controlled				
Improving or Maintaining Mental Health	Diabetes Care-Eye Exam				Drug Plan Quality Improvement
Improving or Maintaining Physical Health	Diabetes Care-Kidney Disease Monitoring				Enrollment Timeliness
Monitoring Physical Activity	Improving Bladder Control				Getting Information from Drug Plan
	Osteoporosis Management in Women who had a Fracture				Getting Needed Prescription Drug
	Plan All-Cause Readmissions				High Risk Medication
	Reducing the Risk of Falling				Medication Adherence for Cholesterol
	Rheumatoid Arthritis Management				Medication Adherence for Hypertension
					Medication Adherence for Oral Diabetes Medications
					Members Choosing to Leave the Plan
					MPF (Medicare Plan Finder) Composite (inaccurate price information for MPF website; drug price stability)
					Rating of Drug Plan



Pharmacy Tip Sheet For Medicare Part D (Prescription Drug Plans)

The Centers for Medicare & Medicaid Services (CMS) monitors “Part D Performance Metrics” for Prescription Drug Plans (PDPs). Here are tips for Medicare prescribers:

Drug Prices: Help Medicare members to avoid or delay entry into the Part D “donut hole” by prescribing lower-cost generic medications.

High-Risk Medication: For plan members 65 and older, limit or avoid prescriptions for certain drugs with a high risk of side effects when there may be safer drug choices.

The most commonly prescribed high-risk medications in the elderly include:

- Muscle relaxants (carisoprodol, cyclobenzaprine, and methocarbamol)
- Chronic use (> 90 days/year) of non-benzodiazepine hypnotics [Ambien® (zolpidem), Sonata® (zaleplon), and Lunesta® (eszopiclone)]
- Antihistamines (hydroxyzine and promethazine)
- Oral estrogens (Premarin®)

Diabetes Treatment: When people with diabetes also have high blood pressure, there are two types of blood pressure medication recommended: angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) medication.

Common generic anti-hypertensives: ACEI: benazepril and lisinopril. ARB: losartan.

Medication Adherence for Oral Diabetes Medications. Measure: Percent of plan members with a prescription for oral diabetes medication who fill their prescription 80% or more of the time. (Oral diabetes medication means a biguanide drug, a sulfonylurea drug, a thiazolidinedione drug, or a DPP-IV inhibitor. Plan members who take insulin are not included.)

Common generic oral diabetes medications: metformin and glipizide.

Medication Adherence for Hypertension (ACEI or ARB): Measure: Percent of plan members with a prescription for a blood pressure medication who fill their prescription 80% or more of the time they are supposed to be taking it. (Blood pressure medication means an ACE (angiotensin converting enzyme) inhibitor or an ARB (angiotensin receptor blocker) drug.)

Common generic anti-hypertensives: ACEI: benazepril and lisinopril. ARB: losartan.

Medication Adherence for Cholesterol (Statins): Measure: Percent of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription 80% or more of the time.

Common generic statins: simvastatin, pravastatin, and atorvastatin.

Personal Preventive Care Checklist

Health Care Provider: Please record date and results of screening (if applicable) and place the original (for your reference) in the member's medical record.



PATIENT NAME:

DOB:

Staying Healthy: Screenings, Tests, Vaccines (as applicable)	Date Service Performed	Screening Result
Blood Pressure Check		
Body Mass Index (BMI)		
Breast Cancer Screening (Screening Mammogram)		
Cervical Cancer Screening (Pap Smear)		
Colorectal Cancer Screening (FOBT, Sigmoidoscopy or Colonoscopy)		
Glaucoma Testing		
Flu Vaccine		
Pneumonia Vaccine		
Osteoporosis Testing (Bone Mineral Density Testing)		
Discuss Physical Activity		
Discuss Bladder Control Issues		
Discuss Fall Prevention		
Discuss Mental Health Issues		
Functional Status Assessment		
Medication Review		
Pain Screening		
Advance Directives		
Managing Chronic Conditions (as applicable)	Date Service Performed	Screening Result
Osteoporosis Management in Women Who Have Had a Fracture (Bone Mineral Density Testing)		
Comprehensive Diabetes Care (Type 1 & Type 2): Hemoglobin A1c (HbA1c) Testing (Goal: HbA1c level <7%)		
Dilated Retinal Eye Exam		
LDL Screening (Goal: LDL-C level <100 mg/dL)		
Medical Attention for Nephropathy (urine microalbumin)		
BP Control: a) <140/80 b) <140/90		
Cholesterol Screening (Goal: LDL-C level <100 mg/dL)		
Rheumatoid Arthritis Medication Management		
Spirometry Testing for Chronic Obstructive Pulmonary Disease (COPD)		

Printed Name of Clinician	Circle One	Clinician Signature	Date
	MD, DO, NP, PA		

