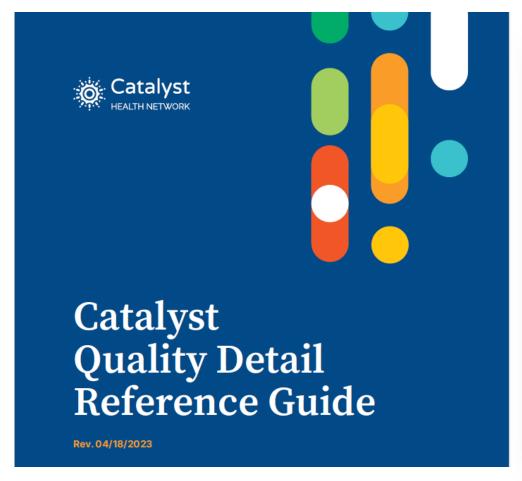
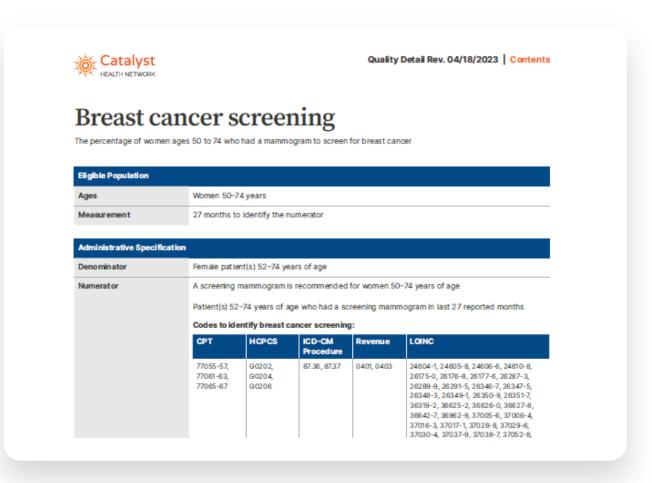


## Quality Performance

### Detailed Quality Reference Guide









## **Quality Measures**

### The specific measures Catalyst practices a

Comprehensive list of <u>all quality measures</u> included in Catalyst payer contracts.

Measures vary by payer contract.

Quality Measures included in **most** contracts:

- Breast Cancer Screening
- Colorectal Cancer Screening
- Diabetes: Retinal Eye Exam
- Diabetes: HbA1c control (less than 8%)
- Child & Adolescent Well-Care Visits 3-21 years
- Childhood immunization status

- 3 Breast cancer screening
- 5 Cervical cancer screening
- 7 Colorectal cancer screening
- 9 Chlamydia screening in women
- 11 Diabetes: Retinal eye exam
- 13 Diabetes: Hemoglobin A1c testing
- 15 Diabetes: Hemoglobin A1c control (<8.0%)</p>
- 17 Diabetes: Kidney Health Evaluation (KED)
- 19 Controlling high blood pressure
- 20 Childhood immunization status (Combination 3)
- 23 Depression screening
- 24 Well child visits in the first 30 months of life
- 26 Child and Adolescent Well-Care Visits 3-21 years

- 28 Coronary Artery Disease (CAD): Patients currently taking a statin
- 29 Statin therapy for patients with cardiovascular disease
- 31 Diabetes: Patients compliant with prescribed statin-containing medication
- 33 Asthma medication ratio
- 35 Persistence of beta-blocker treatment after heart attack
- 37 Use of opioids at high dosage
- 39 Appropriate testing for pharyngitis
- 41 Appropriate treatment for upper respiratory infection (URI)
- 43 Avoid antibiotics for acute bronchitis/bronchiolitis
- 45 Imaging in uncomplicated low back pain
- 47 Plan all-cause readmissions (actual to expected)



### **KED Quality Measure Opportunity**

### How to perform in this measure

- The most efficient lab for addressing this measure is the ACR (albumin to creatinine ratio test) + eGFR (estimated Glomerular filtration rate
- For all diabetic patients, order and complete labs routinely during their 6 month follow up or Annual Wellness visit
- Discuss the importance of kidney screening with diabetic patients

## Diabetes: Kidney Health Evaluation (KED)

Percentage of members age 18 to 85 with diabetes (Type 1 and Type 2) who had a kidney health evaluation during the measurement year

Eligible Population		
Ages Members age 18 through 85 years old		
Measurement	12 Months	

Administrative Specif	ication			
Denominator	Members 18-85 years of age having diabetes			
	Diagnosis codes to identify diabetes:			
	ICD-CM Diagnosis			
	250 - 250.93, 357.2, 362.0 - 362.07, 366.41, E10*, E11*, E13*, O24.011-O24.83			
Numerator	Documentation within the medical record of any of the following meet criteria for a kidney health evaluation:			
	At least 1 estimated glomerular filtration rate (eGFR); AND			
	<ul> <li>At least 1 urine albumin-creatinine ratio (uACR) test identified by one of the following:</li> </ul>			
	<ul> <li>A quantitative urine albumin test AND a urine creatinine test 4 or less days apart; OR</li> </ul>			
	- A uACR			

#### Exclusions:

Members who meet any of the following criteria are excluded:

- Received hospice and/or palliative care during the measurement year
- Age 66 or older with both frailty and advanced illness, or members ages 81 and older with frailty
- Members with End-Stage Renal Disease (ESRD), or who were on dialysis during the measurement year
- Medicare members ages 66 and older who were enrolled in an Institutional Special Needs Plan (I-SNP) or were living long-term in an institution during the measurement year
- Members who have no diagnosis of diabetes in any setting and a diagnosis of polycystic ovarian syndrome, gestational or steroid-induced diabetes during measurement year or year prior



### **KED Quality Measure Opportunity**

### **CPT II codes and exclusions to consider**

- Are exclusion codes being utilized for patients that don't have a clinical reason for this test?
- Is the patient already established with an endocrinologist or nephrologist that may have already performed this lab?
- **CPTII Coding Tip:** Adding a CPT II Code ensures the lab is measured. If the patient has labs from another facility don't forget to add the CPT II codes to capture the value.
  - 3060F Positive Microalbuminuria test result documented and reviewed
  - 3061F Negative microalbuminuria test result documented and reviewed
  - 82043 Urine microalbumin semi quantitative
  - 82570 Creatinine; other source

Description		СРТ	ICD-CM Diagnosis
Dialysis Procedure		90935, 90937, 90945, 90945, 90947, 90997, 90999, 99512	-
ESRD Diagnosis		-	N18.5-6, Z99.2
Steroid-induced Diabetes		-	E09.9
Gestational Diabetes		-	024.4
Polycystic Ovarian Syndrome Diagnosis		-	E28.2

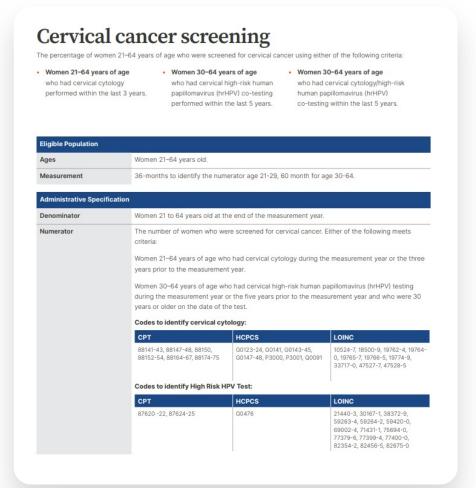
Numerator (Continued)	Estimated Glomerular Filtration Rate (eGFR) Lab Test:					
	СРТ	LOINC				
	80047, 80048, 80050, 80053, 80069, 82565	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1,				
	Quantitative Urine Albumin Lab Test:					
	СРТ	LOINC				
	82043	14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7				
	Urine Creatinine Lab Test					
	СРТ	LOINC				
	82570	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5				
	Urine Albumin Creatinine Ratio Test					
	LOINC					
	13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44	1292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9,				



# Cervical Cancer Screening Quality Measure Opportunity

### How to perform in this measure

- Identify if the patient currently has a gynecologist or OBGYN. If so, verify & record the date of their last visit or encourage follow up
- Establish completing routine PAP during annual wellness visit.





# Appropriate Testing for Children with — Pharyngitis Quality Measure Opportunity

### How to perform in this measure

- Patient presents with correct symptoms complete a rapid Group A strep test OR throat culture if the patient is 3 months or older
- If an antibiotic is dispensed patient enters denominator this requires a follow up test to determine follow up care





### **Uncontrolled A1c**

A1c > 8%

### **Strategies**



- Refer to Care Manager
- New to Diabetes? = Care Team referral for Diabetic education
- Problem with access to Medication = Pharmacy Referral
- Supplemental Data Submission
- CPT II codes to capture value

### Diabetes: Hemoglobin A1c control (<8.0%)

The percentage of members age 18 to 75 with diabetes that demonstrate glycemic control, based on a HbA1c level less than 8%.

\*\*\*NEW HEDIS REQUIREMENT FOR THIS MEASURE\*\*\* Document patients race and ethnicity within medical record.

Eligible Population						
Ages	Member age 18 through 75 years old.					
Measurement	12 Months.					
Administrative Specif	ication					
Denominator Members 18 to 75 years old with diagnosis of type 1 or type 2 diabetes.						

ICD-CM Diagnosis
250 - 250.93, 357.2, 362.0 - 362.07, 366.41, E10*, E11*, E13*, O24.011-O24.83

Lab results with most recent HbA1c result value less than 8.0%

Codes to identify HbA1c levels <8.0%:

Diagnosis codes to identify diabetes:

CPT II	LOINC		
3044F, 3051F	4548-4, 4549-2, 17856-6		

#### Exclusions:

Numerator

Members who meet any of the following criteria are excluded:

- Received hospice and/or palliative care during the measurement year
- Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine)
- Age 66 or older with both frailty and advanced illness
- Members who have no diagnosis of diabetes in any setting and a diagnosis of polycystic ovarian syndrome, gestational or steroid-induced diabetes during measurement year or year prior



## Appropriate Treatment of Children with a URI Quality Measure Opportunity

### How to perform in this measure

- Patient enters denominator after an URI episode
- Encourage a follow up assessment of the patient to determine if more intervention is needed
- Include date for first encounter or ED visit and URI diagnosis plus no new or refill of antibiotics





## Chlamydia Screening Quality Measure Opportunity

### How to perform in this measure

- Perform routine urine screenings during an annual wellness for 16 – 24 sexually active or pregnant females
- Identify if the patient has a gynecologist or OBGYN
- Discuss importance of screening

# Chlamydia screening in women Percentage of female members ages 16–24 who were identified as sexually active and had at least one test to screen for chlamydia during the measurement year. \*\*\*UHC & CIGNA MEASURE ONLY\*\*\*

OMES .	Warran 10 04 warrands				
Ages	Women 16–24 years old.				
Measurement	12 Months.				
Administrative Specif	ication				
Denominator	Patient(s) 16–24 years of age with a diagnosis of sexual activity or claim for birth control.				
Numerator	Patient(s) 16–24 years of age that had a chlamydia screening test in last 12 reported months.				
	During the 12-month report period did the patient have one or more claims with one of the following:  Diagnosis: 1) Sexual activity, 2) pregnancy  AND the service is NOT laboratory.  Chlamydia Screening Test:				
	AND the service is NOT laboratory.  Chlamydia Screening Test:				
	**************************************	LOINC			

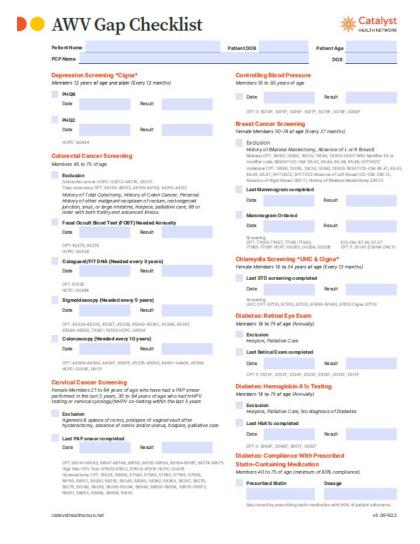


### **Annual Visit Checklist**

## Practice tool / resource to consider using to improve overall quality performance

- Utilize during pre-charting for patients completing an annual wellness visit
- Have patient complete during check in or add to pre wellness questionnaire
- MA/RN review with patient during the rooming process

AWV\_Gap\_Checklist\_v5.pdf







## **CPT Codes**





### **CPT-II Codes**

Condition and/or Metric CPT II Code(s)		Code(s)
Adult BMI	3008F	Body Mass Index (BMI) documented
		*use ICD 10 codes to indicate specific BMI scores
Diabetes: HbA1c Testing	3044F	Most recent A1c level < 7.0%
	3051F	Most recent A1c level > 7.0 - < 8.0
	3052F	Most recent A1c level > 8.0 < 9.0
	3046F	Most recent A1c level >9%
Diabetes: Retinal Eye Exam Performed	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
	2024F	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed
	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)
	2023 F	Dilated retinal eye exam interpreted by eye professional documented/ reviewed without evidence of retinopathy
	2025F	7 standard filed stereoscopic photos with interpretation by eye professional without retinopathy
	2033F	Eye imaging validated to match dx from 7 standard stereoscopic photos results without retinopathy
Diabetes: LDL-C Screening	3048F	Most recent LDL-C < 100 mg/DI
Diabetes: LDL-C Control	3049F	Most recent LDL-C 100-129 mg/dL
(<100 mg/dL) Hyperlipidemia	3050F	Most recent LDL-C ≥ 130 mg/dL
Diabetes: Medical Attention for	3060F	Positive microalbuminuria test result documented and reviewed
Nephropathy	3061F	Negative microalbuminuria test result documented and reviewed
	3062F	Positive macroalbuminuria test result documented and reviewed
	3066F	Documentation of treatment for nephropathy (patient receiving dialysis, patient being treated for ESRD, CKD, ARF, or renal insufficiency, any visit to a nephrologist)
	4010F	ACE inhibitor or ARB therapy prescribed
Diabetes: Kidney Health Evaluation	80047	eGFR: Basic metabolic panel (calcium, ionized)
(KED)	80048	eGFR: Basic metabolic panel (calcium, total)
	80050	eGFR: General health panel
	80053	eGFR: Comprehensive metabolic panel
	80069	eGFR: Renal function panel
	82565	eGFR: Creatinine; blood
	82043	Urine (e.g., micro albumin) semi quantitative (e.g., reagent strip assay)
	82570	Creatinine; other source (e.g., urine)



Condition and/or Metric	CPT II C	code(s)
Hypertension: Blood Pressure Controlled	3074F	Most recent systolic blood pressure < 130 mm Hg
Controlled	3075F 3077F	Most recent systolic blood pressure 130-139 mm Hg Most recent systolic blood pressure > 140 mm Hg
	3077F	Most recent diastolic blood pressure < 80 mm Hq
	3079F	Most recent diastolic blood pressure 80-89 mm Hg
	3080F	Most recent diastolic blood pressure >90
Rheumatoid Arthritis Management	4187F	1 or more DMARD dispensed, prescribed or administered
Tobacco Use	1034F	Current tobacco smoker
	1035F	Current smokeless tobacco user
	1036F	Current tobacco non-user
	4000F	Tobacco use cessation intervention, counseling
	4001F	Tobacco use cessation intervention, pharmacologic therapy
Prenatal/Post-partum Care	0500F	Initial prenatal care visit
	0501F	Prenatal flow sheet documented in medical record by first prenatal visit
	0503F	Postpartum care visit
Immunizations	1030F	Influenza immunization status assessed
	4274F	Influenza immunization administered or previously received
	4037F	Influenza immunization ordered or administered
	1022F	Pneumococcus immunization status assessed
	4040F	Pneumococcal vaccine administered or previously received
Diagnosis of COPD	3023F	Spirometry results documented and reviewed
	3025F	Spirometry test results demonstrate FEV/FVC less than 70% with COPD symptoms (dyspnea, cough/sputum, wheezing)
	3027F	Spirometry test results demonstrate FEV/FVC greater than or equal to 70% or patient does not have COPD symptoms
	3023F	Spirometry results documented and reviewed
	3025F	Spirometry test results demonstrate FEV/FVC less than 70% with COPD symptoms (dyspnea, cough/sputum, wheezing)
	3027F	Spirometry test results demonstrate FEV/FVC greater than or equal to 70% or patient does not have COPD symptoms
Osteoporosis Management for Women with Fracture	4005F	Pharmacologic therapy (other than vitamins/minerals) for osteoporosis prescribed
	3095F	Central Dual-energy X-Ray Absorptiometry (DXA) results documented

CPT-II Codes



Condition and/or Metric	CPT II Code(s)	
Care for Older Adults	1157F	Advance care plan or similar legal document present in the medical record
	1158F	Advance care planning discussion documented in the medical record
	1123F	Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record
	1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record
	1170F	Functional status assessed
	0521F	Plan of care to address pain documented
	1125F	Pain severity quantified; pain present
	1126F	Pain severity quantified; no pain present

CPT-II Codes 3



## Annual Wellness Card



### Has the patient completed an Annual Wellness appointment?

#### **For Diabetic Patients**

- A1c in control: < 8% (annually) + CPTII
- KED: Urine Albumin Creatinine Ratio & eGFR (annually) \*same visit
- · Retinal Eye Exam (annually)
- Statin Therapy

### For Hypertensive Patients

- Complete blood pressure check + use CPTII codes to report values
- In control: < 139/89
- Statin therapy

#### **Review Immunization Status**

### **Colorectal Screening Age 45 - 75**

- Colonoscopy every 10 years <u>or</u>
- Flexible sigmoidoscopy every 5 years or
- Cologuard every 3 years or
- FOBT yearly

### **Female Patient Screenings**

- Breast Cancer Screening/Mammogram: Age 50-74 (every 27 months)
- Cervical Cancer Screening: Age 21-64 (every 3 or 5 years)
- Chlamydia Screening: Age 16–24 (annually if sexually active or have a claim for birth control)

<sup>\*\*</sup>See your Quality Detail Guide for exclusions

### **Quick Reference CPTII codes**

#### **A1c Value Indicators**

- 3044F A1c < 7.0%
- 3051F A1c > 7.0% < 8.0%
- 3052F A1c > 8.0 % < 9.0%

#### **Blood Pressure Value Indicators**

- 3074 < 130 mm systolic
- 3075 130 -139 mm systolic
- 3077 > 140 mm systolic
- 3078 < 80 mm diastolic
- 3079 80 89 mm diastolic

