

# Health Spark

Get a jump-start on improving health outcomes...



Utilizing data-driven interventions, through meaningful partnerships, collaboration, innovation and accountability; we will improve the lives of the people we serve.



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### Overview

Arizona Complete Health (AZCH) contracts with the Arizona Health Care Cost Containment System (AHCCCS) and reports required quality and performance metrics to ensure members receive a high quality of care. Metrics are identified by AHCCCS and associated with specifications, primarily the Health Effectiveness Data and Information Set (HEDIS) and the Centers for Medicare & Medicaid Services (CMS) Core Set. Arizona Complete Health is responsible for meeting the Minimum Performance Standard (MPS) on 66 performance measures/sub-measures selected by AHCCCS that are a combination of HEDIS and CMS Core Measures. Measures can apply to both our Complete Care (CCP) and RBHA (SMI Integrated and Non-integrated) populations.

### What is HEDIS?

HEDIS is the Healthcare Effectiveness Data and Information Set defined by the National Committee for Quality Assurance (NCQA). It is the gold standard in healthcare performance measurement and consists of over 70 measures affecting mortality and morbidity. The use of HEDIS measures is an exciting opportunity to show the quality of our services. Specifications for HEDIS measures are proprietary and must be purchased through the National Committee for Quality Assurance (NCQA). More information is available on the NCQA website at <http://www.ncqa.org/homepage>.

### What is CMS?

CMS is the Center for Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services. CMS is responsible for administering the Medicare program, working in conjunction with state governments in administering the Medicaid and Children's Health Insurance programs, as well as providing oversight of healthcare quality standards, the Health Insurance Portability and Accountability Act (HIPAA), and of HealthCare.gov. CMS, commercial plans, Medicare and Medicaid managed care plans, purchasers, physicians and other care provider organizations, and consumers worked together through the Core Quality Measures Collaborative to identify core sets of quality measures. The guiding principles used by the Collaborative in developing the core measure sets are that they remain meaningful to patients, and providers, while reducing variability in measure selection, collection burden, and cost. [Retrieved from <https://www.cms.gov>]. The 2020 Technical Specifications and Resource Manual for Child and Adult Core Measures are available online at <https://www.medicaid.gov/medicaid/quality-of-care/index.html>.



## Arizona Complete Health Performance Measures

### Table of Performance Measures & Minimum Performance Standards (MPS)

Key	Performance Measure Group and Name	Page	Source	MPS by Population		
				Complete Care Plan	Non-Integrated (RBHA)	SMI Integrated (RBHA)
<b>Children &amp; Adolescent Access to Care &amp; Well Care Measures</b>						
AUD	Audiological Diagnosis No Later than 3 Months of Age	9	CMS	Baseline		
AWC	Adolescent Well-Care Visits: 12-21 years	10	CMS	41%		41%
CAP	Children's Access to PCPs: 12 months to 19 years	11	CMS	95%		89%
PC02	Cesarean Birth	12	CMS	Baseline		Baseline
LBW	Live Births Weighing Less Than 2,500 Gams	13	CMS	Baseline		Baseline
DEV	Developmental Screening First 3 Years of Life	14	CMS	55%		
CDF	Screening for Depression and Follow-Up Plan: Ages 12-17	15	CMS	Baseline		Baseline
W15	Well-Child Visits: 15 months (6 or more)	16	CMS	62%		
W34	Well-Child Visits: 3-6 years	17	CMS	66%		
<b>Children &amp; Adolescent Dental Care Measures</b>						
SEAL	Dental Sealants for Children: 6-9 years w/ Elevated Caries Risk	18	CMS	25%*		
PDENT	Preventive Dental Services	19	CMS	46%		46%
<b>Children &amp; Adolescent Medication Monitoring Measures</b>						
AMR	Asthma Medication Ratio: 5-18 years	20	CMS	60%*		
ADD	Follow-Up Care for Children Prescribed ADHD Medication	21	CMS	Baseline	Baseline	
APM	Metabolic Monitoring for Youth on Antipsychotics	22	HEDIS	45%*	35%*	
APP	Use of First-Line Psychosocial Care for Youth on Antipsychotics	23	CMS	50%*	80%*	
APC	Use of Multiple Concurrent Antipsychotics in Youth	24	CMS	≤2%	≤2%	
<b>Children Immunization Measures</b>						
CIS	Chickenpox (VZV)	25	CMS	88%		
	Combination 3	25	CMS	68%		
	Combination 7	25	CMS	50%		
	Combination 10	25	CMS	25%		
	Diphtheria, tetanus, and whooping cough (DTaP)	25	CMS	76%		
	Haemophilus Influenzae Type b (Hib)	25	CMS	88%		
	Hepatitis A (HepA)	25	CMS	85%		
	Hepatitis B (HBV)	25	CMS	88%		
	Influenza	25	CMS	45%		
	Measles, Mumps, Rubella (MMR)	25	CMS	89%		
	Pneumococcal Conjugate (PCV)	25	CMS	77%		
	Polio (IPV)	25	CMS	88%		
	Rotavirus	25	CMS	65%		
<b>Adolescent Immunization &amp; Preventive Care Measures</b>						
IMA	Adolescent Combination 1	26	CMS	85%		
	Adolescent Combination 2	26	CMS	21%		
	Adolescent Meningococcal	26	CMS	85%		
	Adolescent Tdap/Td	26	CMS	85%		
	Human Papillomavirus Vaccine (HPV)	26	CMS	25%		
CHL	Adolescent Chlamydia Screening	27	CMS	57%		57%
WCC	Body Mass Index (BMI) Assessment for Youth	28	CMS	55%		
CCP	Contraceptive Care – Postpartum Members: 15-20 years	29	CMS	35%*		35%*
CCW	Contraceptive Care – All Women: 15-20	30	CMS	Baseline		Baseline

\* Internally Identified MPS



Key	Performance Measure Group and Name	Page	Source	MPS by Population		
				Complete Care Plan	Non-Integrated (RBHA)	SMI Integrated (RBHA)
<b>Utilization Measures</b>						
AAR	Asthma in Young Adults Admission Rate	31	CMS	≤9		≤20
CHF	Chronic Heart Failure Admission Rate	32	CMS	≤23		≤32
CPR	COPD or Asthma in Older Adults Admission Rate	33	CMS	≤55		≤90
DSR	Diabetes Admissions: Short Term Complication Rate	34	CMS	≤16		≤40
AMB	Emergency Department (ED) Utilization	35	CMS	≤58		
PCR	Plan All-Cause Readmissions	36	CMS	≤14%		≤23%
<b>Adult Preventive and Screening Measures</b>						
ABA	Adult Body Mass Index (BMI) Assessment	37	CMS	Baseline		Baseline
CHL	Adult Chlamydia Screening	38	CMS	57%		57%
BCS	Breast Cancer Screening	39	CMS	55%		55%
CCS	Cervical Cancer Screening	40	CMS	53%		53%
CDC	Comprehensive Diabetes Care - HbA1c Tests	41	CMS	86%		86%
	Comprehensive Diabetes Care - Poor Control (HbA1c > 9.0%)	42	CMS	≤43%		≤43%
HPCMI	Diabetes Care for People with Serious Mental Illness – Poor Control (HbA1c > 9.0%)	43	CMS	Baseline		Baseline
CCP	Contraceptive Care – Postpartum Members: 21-44 years	44	CMS	35%*		35%*
CCW	Contraceptive Care – All Women: 21-44	45	CMS	Baseline		Baseline
CBP	Controlling High Blood Pressure	46	CMS	Baseline		Baseline
FVA	Influenza Shots: 18-64 years	47	CMS	50%*		50%*
HVL	HIV Viral Load Suppression	48	CMS	Baseline		Baseline
MSC	Medical Assistance with Smoking & Tobacco Use Cessation	49	CMS	Baseline		Baseline
PPC	Timeliness of Prenatal Care	50	CMS	80%		80%
PPC	Postpartum Care	51	CMS	64%		64%
CDF	Screening for Depression & Follow-Up Plan	52	CMS	Baseline		Baseline
<b>Adult Medication Monitoring Measures</b>						
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	53	CMS	Baseline		Baseline
MPM	Annual Monitoring for Patients on Persistent Medications	54	CMS	87%		87%
AMM	Antidepressant Medication Management	55	CMS	Baseline		Baseline
AMR	Asthma Medication Ratio: 19-64 years	56	CMS	60%*		40%*
COB	Concurrent Use of Opioids & Benzodiazepines	57	CMS	Baseline		Baseline
SSD	Diabetes Screening for People with Schizophrenia/Bipolar Disorder who are using Antipsychotic Medications	58	CMS	80%*		80%*
OHD	Use of Opioids in High Dosage	59	CMS	Baseline		Baseline
<b>Follow-Up Measures</b>						
FUA	Follow-Up After ED Visit for Alcohol & Other Drug, 7 Days & 30 Days	60	CMS	Baseline		Baseline
FUM	Follow-Up after ED Visit for Mental Illness, 7 Days & 30 Days	61	CMS	Baseline		Baseline
FUH	Follow-Up After Hospitalization for Mental Illness, 7 Days	62	CMS	60%	60%	60%
	Follow-Up After Hospitalization for Mental Illness, 30 Days	62	CMS	85%	85%	85%
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment	63	CMS	Baseline		Baseline

\*Internally Identified MPS



## Helpful Tips

- Majority of the measures have a continuous enrollment requirements that identify set time frames for members to be included in measure calculations. Members must be enrolled for a minimum of 12 months, with no more than one gap of 45 days.
- All measures exclude members in hospice.
- Acute care is active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery
- Most measures are administrative, meaning they are based on claims data. Timely and accurate billing has a large effect on the measures.
- Coordinate care effectively with all involved practitioners, hospitals and agencies to ensure members receive appropriate services. This includes rapport building and efficient information sharing.
- Easy Ways to Increase Performance Measures:
  - Utilize reliable performance measures tracking tools connected to the EHRs.
  - Identify members who have the highest number of gaps in care and focus on helping them overcome any barriers they are facing to get the care they need.
  - Add an EPSDT Well Visit to a sick visit for children up to age 21.
  - Know your scores. Monitor your data and look for single interventions that will impact multiple measures. For example, development of a chronic disease management program for diabetes. This would impact utilization as well as preventive screenings to improve the health of our members.
  - Avoid missed opportunities. Ensure each appointment addresses all care gaps to improve member care.
- Strategies and tools to improve CAHPS scores:
  - Foster an environment of member-centricity and empowerment by:
  - Understanding what your members expect: how quickly they want to receive care; who they want engaged in their care; what accommodations they may need at your office
  - Encouraging members to ask questions and participate through decision making
  - Asking open-ended questions and avoid interrupting the member
  - Building a positive relationship: knock before entering the exam room, smile and make eye contact, empathize with member concerns
  - Educating members about preventive care and healthy habits, treatment options, medication use, risks and benefits. Including how and where to access care quickly and timeframes on getting care timely.
  - Include questions on your internal survey that provide insight to the CAHPS composite measures.
  - Train all of your staff on CAHPS, what questions members are being asked and how they impact the way in which members respond.
- Better Member Outcomes:
  - Did you know that practitioners have the most influence over a member's decision to complete recommended testing? To help you capitalize on that, our Member Appointment Checklist for Providers/Practitioners has suggestions for utilizing appointment time to assist members in achieving their needed screenings. We have also created a quick reference guide for performance measures divided by age group. Both the checklist and quick reference guide are located at the back of this book.
  - Important questions to ask within your practice:
    - How does your practice currently measure member experience?
    - If you utilize a survey, does it go beyond asking about the member's satisfaction?
    - How well do you understand the expectations of your members?



- Do you use any techniques to manage the expectations of your members?
- Post signs and provide resources like fliers and handouts that educate members on how to access needed care quickly. For example, how quickly they should expect an urgent appointment with their personal doctor and places to access urgent care.
- Communication is Key:
  - Ask members if they understand what is being explained to them
  - Coordinate care with other providers, specialists and facilities responsible for member care and ensure the member knows this communication occurs
  - Use the teach-back method to help the member remember and demonstrate understanding
  - Monitor and track complaints by members and conduct root cause analyses on persistent themes to ensure meaningful change occurs through quality improvement activities.

### REMEMBER!

Having high performance measure scores means better member outcomes and better member outcomes is the reason why we are all working to transform the health of our communities, one person at a time.

- Early and Periodic Screening, Diagnostic & Treatment (EPSDT)
  - Keep an eye out for the quarterly notification of which members are due for a well visit, dental visit and/or immunizations.
  - If a member misses an appointment, fill out & fax the Missed Appointment Log to the EPSDT department to help address barriers and reschedule appointments.
  - Reminder: All PCPs are required to enter all administered immunizations into the Arizona State Immunization Information System (ASIIS) system within 30 days. <https://asiis.azdhs.gov/>
  - Fax all completed EPSDT tracking forms to (844) 266-5339.
- The My Health Pays program incentivizes members to obtain needed wellness visits & screenings. This is a great way to encourage members to stay healthy. For more information on what incentives are currently being offered please visit <https://www.azcompletehealth.com/members/medicaid/benefits-services/healthy-rewards-program.html>.
- Just a reminder: Members within the measure specified age range, do not need a referral or prior authorization in order to get their screenings. This includes:
  - Flu shots
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Chlamydia Screening
  - Comprehensive Diabetes Care
  - Contraceptive Care





## Hybrid Measures & Supplemental Data

Performance Measures are grouped into two broad categories: Administrative measures and Hybrid measures. Administrative measures are captured with claims data only. Hybrid measures are captured through both claims and supplemental data. Supplemental data is information found in member's medical records.

For instance, the comprehensive diabetes care measure (CDC) which looks at HbA1c testing:

- Was the test done?
  - Yes, we've received a claim for the test (administrative 'hit').
- What is the A1c level?
  - Not sure, we need to look in the chart and get a copy of the lab result (hybrid 'hit').

The performance measures that allow for hybrid hits are noted within the quick reference guide under Data Collection Method. The hybrid measures also include what is needed to capture that "hit" under the Medical Records Documentation Guideline section of the Performance Measure Specifications Guide on the following pages.

### *Medical Record Collection Process*

The Arizona Complete Health HEDIS Operations team conducts year round medical record collection to more accurately reflect the rates of compliancy for performance measures at any given time. AHCCCS (Medicaid) performs routine audits of plan data and performance rates through the year.

The rates of compliance for performance measures is demonstrated by adding together rates from claims (administrative) and supplemental data (hybrid) which includes automatic data feeds from providers and the actual medical record.

The above processes along with year- round requests for records are intended to reduce the burden to the provider offices and to show a truer picture of the rates of compliance throughout the year. We understand how busy provider offices are, especially during the HEDIS season. It is our goal to partner with providers to demonstrate the high quality of care we provide our members by showing high rates of compliance with the performance measures. Methods to submit records when requested are through the provider portal, paper (mail or we can pick up), fax, email if your system supports it, CD or onsite visits where we can gather the records using a USB.

If providers are interested in setting up an automatic data feed, sending medical records to AzCH through the provider portal, allowing the plan access to your EHR or have other questions or concerns the HEDIS Operations team can be reached at [HEDIS\\_Operations@azcompletehealth.com](mailto:HEDIS_Operations@azcompletehealth.com).





## Performance Measure Specifications Guide

### Children & Adolescent Access to Care & Well Care Measures

#### AUDIOLOGICAL DIAGNOSIS NO LATER THAN THREE (3) MONTHS OF AGE

Measure Key: AUD

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 35

Minimum Performance Standard (MPS): Baseline Measurement

Data Collection Method: Hybrid

Age Range: Birth to 3 Months old (90 days)

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

Numerator: Number of members under 91 days old during measurement year who failed the hearing test

Denominator: Members with under 3 months of age with failed hearing screening

#### Exclusions:

- Newborns who died before 91 days of age.

#### Helpful Tips:

- Continuous enrollment from date of birth to 90 days of age with no allowable gap during the continuous enrollment period.
- Review hearing screening results with family once completed.
- Assist family in setting up follow up appointment after discharge and remove barriers (ex. transportation).
- Ensure all needed developmental screenings are completed.

#### Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 92590, 92591, 92592, 92593, 92594, 92595, 92596
- LOINC#54109-4, 54108-6, SNOMED-CT



## ADOLESCENT WELL-CARE VISITS: AGES 12-21 YEARS

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Measure Key: AWC

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 37

Minimum Performance Standard (MPS): CCP  $\geq$  41%, SMI  $\geq$  41%

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: 12-21 years of age

Description: Percentage of adolescents aged 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year.

Numerator: Members aged 12-21 who had at least one well-care visit with a PCP or OB/GYN

Denominator: All members aged 12-21

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### Exclusions:

- Services rendered during an inpatient or ED visit.

### Helpful Tips:

- Medical records must contain a note indicating:
  - date of visit with PCP
  - health history
  - physical & mental developmental history
  - physical exam
  - health education/anticipatory guidance
- Well-child preventive services count toward the measure, regardless of the primary intent of the visit.
- Services that occur over multiple visits may be counted, as long as all services occur in the period specified by the measure.

### Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461, G0438, G0439, Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9



## CHILDREN'S ACCESS TO CARE: 12 MONTHS TO 19 YEARS

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Measure Key: CAP

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 40

Minimum Performance Standard (MPS): CCP

12mths-24mths	≥ 95%	7yrs-11yrs	≥ 90%
25mths-6yrs	≥ 87%	12yrs-19yrs	≥ 89% (CCP/SMI)

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 12 months-19 years of age

Description: Percentage of children and adolescents aged 12 months to 19 years who had an appropriate preventative visit with a primary care practitioner (PCP).

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Numerator: Members aged 12 months to 19 years who received a preventative visit with a PCP  
Denominator: All members aged 12 months to 19 years

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### Helpful Tips:

- Continuous Enrollment (12 months to 6 years of age): The measurement year with no more than one gap in continuous enrollment of up to 45 days during the measurement year.
- Continuous Enrollment (7-19 years of age): The measurement year and the year prior with no more than one gap in continuous enrollment of up to 45 days during the measurement year.
- Outreach the Arizona Complete Health EPSDT team for additional assistance via email at: [AZCHQualityManagment@azcompletehealth.com](mailto:AZCHQualityManagment@azcompletehealth.com)
- Medical records must contain a note indicating:
  - date of visit with PCP
  - health history
  - physical & mental developmental history
  - physical exam
  - health education/anticipatory guidance
- Well-child preventive services count toward the measure, regardless of the primary intent of the visit.
- Services that occur over multiple visits may be counted, as long as all services occur in the period specified by the measure.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 99203, 99212, 99213, 99214, 99392, 99393, 99394



## CESAREAN BIRTH

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Measure Key: PC02

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 91

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Hybrid

Age Range: 8-65 years of age

Description: Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth (C-section).

Numerator: Members with Cesarean births

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Denominator: Members who delivered a live term singleton newborn in vertex position

### Helpful Tips:

- Lower rate indicates better performance.
- Prenatal and Neonatal healthcare promotion and education.
- Coordination of care with member's treatment/delivery team.
- Admission date, birth date & discharge date must be clearly documented within the medical record.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 59510, 59514, 59515, 59618, 59620, 59622



## LIVE BIRTHS WEIGHING LESS THAN 2,500 GRAMS

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Measure Key: LBW

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 90

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: At Birth

Description: Percentage of live births that weighed less than 2,500 gram in the state during reporting period.

Numerator: Number of live births less than 2,500 grams

Denominator: Number of live births

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### Helpful Tips:

- Lower rate indicates better performance.
- Prenatal and Neonatal healthcare promotion and education.
- Coordination of care with member's treatment/delivery team.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- P07.00, P07.10, P07.14-P07.18



## DEVELOPMENTAL SCREENING FIRST 3 YEARS OF LIFE

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Measure Key: DEV

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 76

Minimum Performance Standard (MPS): CCP  $\geq$  55%

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: 1-3 years of age

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

Numerator: Members aged 1 to 3 who received an appropriate screening with a standardized tool

Denominator: Members aged 1 to 3 during the measurement year

---

### Helpful Tips:

- Continuous enrollment of 12 months prior to the child's first, second or third birthday with no more than one gap in enrollment of up to 45 days.
- Examples of appropriate screening tools:
  - Ages and Stages Questionnaire (ASQ/ASQ-3)
  - Battelle Developments Inventory Screening Tool (BDI-ST)
  - Bayley Infant Neuro-developmental Screen (BINS)
  - Brigance Screens-II
  - Infant or Child Developmental Inventory (CDI)
  - Parents' Evaluation of Developmental Status (PEDS/PEDS-DM)
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 96110, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215



## SCREENING FOR DEPRESSION & FOLLOW-UP PLAN: AGE 12 TO 17 YEARS

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Measure Key: CDF

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 52

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative - paid, suspended, pending, and denied claims

Age Range: 12-17 years of age

Description: Percentage of members aged 12 to 17 screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Numerator: Members screened for depression & if positive, a documented follow up plan

Denominator: Members aged 12-17 with an outpatient visit

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Exclusions:

- Members who have an active diagnosis of Depression or Bipolar Disorder.

Helpful Tips:

- Continuous Enrollment: None
- Examples of appropriate screening tools:
  - Patient Health Questionnaire for Adolescents (PHQ-A)
  - Beck Depression Inventory-Primary Care Version (BDI-PC)
  - Mood Feeling Questionnaire (MFQ)
  - Patient Health Questionnaire (PHQ-9)
  - Pediatric Symptom Checklist (PSC-17)
  - PRIME (MD-PHQ2)
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- Outpatient Visits: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395
- Depression Screening: G8431, G8510





## WELL-CHILD VISITS: 0 TO 15 MONTHS

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Measure Key: W15

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 108

Minimum Performance Standard (MPS): CCP  $\geq$  62%

Data Collection Method: Administrative or Hybrid - paid, suspended, pending, and denied claims

Age Range: Children who turned 15 months during the measurement year

Description: Percentage of children who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life.

Numerator: Members who had 6+ well-child visits with a PCP during the first 15 months of life

Denominator: All members who turned 15 months during the measurement year

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### Helpful Tips:

- Continuous Enrollment: Ages 31 days to 15 months with no more than one gap in enrollment of up to 45 days
- Vaccinations must be given two weeks apart to avoid double counting events (HEDIS 14-Day Rule).
- The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
- Medical records must contain a note indicating:
  - date of visit with PCP
  - health history
  - physical & mental developmental history
  - physical exam
  - health education/anticipatory guidance
- Well-child preventive services count toward the measure, regardless of the primary intent of the visit.
- Services that occur over multiple visits may be counted, as long as all services occur in the period specified by the measure.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 99381, 99382, 99391, 99392, 99461, G0438, G0439, Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.71, Z02.82, Z00.5



## WELL-CHILD VISIT: 3-6 YEARS

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Measure Key: W34

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 112

Minimum Performance Standard (MPS): CCP  $\geq$  66%

Data Collection Method: Administrative or Hybrid - paid, suspended, pending, and denied claims

Age Range: 3-6 years of age

Description: The percent of children aged 3 to 6 who had one or more well child visits with a PCP during the measurement year.

Numerator: Members aged 3-6 who had at least one well-child visit with a PCP

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Denominator: All members aged 3-6

### Helpful Tips:

- The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
- Medical records must contain a note indicating:
  - date of visit with PCP
  - health history
  - physical & mental developmental history
  - physical exam
  - health education/anticipatory guidance
- Well-child preventive services count toward the measure, regardless of the primary intent of the visit.
- Services that occur over multiple visits may be counted, as long as all services occur in the period specified by the measure.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 99382, 99383, 99392, 99393, G0438, G0439, Z00.121, Z00.129, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6



## Children & Adolescent Dental Care Measures

### DENTAL SEALANTS FOR 6-9 YEARS WITH ELEVATED CARIES RISK

Measure Key: SEAL

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 104

Minimum Performance Standard (MPS): CCP  $\geq$  25%\*

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 6-9 years of age

Description: Percentage of members aged 6 to 9 at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year.

Numerator: Members aged 6-9 at elevated risk who received a sealant on permanent first molar

Denominator: All members aged 6-9 with elevated risk for dental caries

#### Helpful Tips:

- Member must be continuously enrolled for at least 180 days.
- Only dental hygienists who provide services under the supervision of a dentist should be classified as "dental" services. Services provided by independently practicing dental hygienists should be classified as "oral health" services and are not applicable for this measure.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- D1351, D1352, D1353



## PREVENTIVE DENTAL SERVICES

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Measure Key: PDENT

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 94

Minimum Performance Standard (MPS): CCP  $\geq$  46%, SMI  $\geq$  46%

Data Collection Method: Administrative - all paid, unpaid and denied claims

Age Range: 1-20 years of age

Description: Percentage of members aged 1 to 20 who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.

Numerator: Members aged 1-20 who had at least one preventive dental visit

Denominator: All members aged 1-20

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### Helpful Tips:

- Member must be eligible for EPSDT services for at least 90 continuous days.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Utilize the Dental Services Missed Appointment/No Show log. Our EPSDT team makes targeted outreach to members/parents of members to identify barriers to care and assist in rescheduling appointments.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- D1000-D1999



## Children & Adolescent Medication Monitoring Measures

### ASTHMA MEDICATION RATIO: AGES 5-18 YEARS

Measure Key: AMR

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 23

Minimum Performance Standard (MPS): CCP  $\geq$  60%\*

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 5-18 years of age

Description: Percentage of members aged 5 to 18 identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Numerator: Members aged 5-18 identified as having persistent asthma & a medication ratio of 0.50  
Denominator: Members aged 5-18 identified as having persistent asthma

#### Helpful Tips:

- Continuous enrollment for the measurement year and year prior with no more than one gap in enrollment of up to 45 days.
- Appropriate monitoring of asthma medication ratio can assist with a decrease in ED visits and inpatient hospitalizations in children with asthma.
- Consider utilizing best practice asthma control toolkits. Resources can be found at [www.cdc.gov/asthma/faqs.htm](http://www.cdc.gov/asthma/faqs.htm).

Commonly Used Codes: Codes are examples only and not coding recommendations

- J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901- J45.902, J45.909, J45.990-J45.991, J45.998



## FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) MEDICATION

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Measure Key: ADD

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 14

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 6-12 years of age

Description: Percentage of members aged 6 to 12 years newly prescribed an attention-deficit/hyperactivity disorder (ADHD) medication with at least three follow-up care visits within a 10 month period, one within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

Initiation Phase: Percentage of members aged 6-12 as of the Index Prescription Start Date (IPSD) with a prescription for ADHD medication, who had one follow up visit with a practitioner during 30-day initiation phase.

Numerator: Members aged 6-12 who had one follow up visit with a practitioner within 30 days

Denominator: Members aged 6-12 with a prescription for ADHD medication

Continuation & Maintenance (C&M) Phase: Percentage of members aged 6-12 of the IPSD with a prescription for ADHD medication who remained on the medication for at least 210 days and in addition to the Initiation Phase have at least two follow-up visits with a practitioner on different dates from 31-300 days after IPSD.

Numerator: Members aged 6-12 who remained on the prescribed medication and completed two follow up visits with practitioner after the Initiation Phase

Denominator: Members aged 6-12 with a prescription for ADHD medication and medication treatment for 120 days prior to the IPSD and 300 days after IPSD

Exclusions:

- Members diagnosed with narcolepsy.

Helpful Tips:

- Continuous enrollment 120 days prior to IPSD through 300 days after the IPSD.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- Outpatient Visit: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255
- BH Outpatient Visit: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99412, 99510, 99483
- Observation Visit: 99217-99220
- Health & Behavior Assessment/Intervention: 96150-96154
- Partial Hospitalization/Intensive Outpatient: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485



## METABOLIC MONITORING FOR YOUTH ON ANTIPSYCHOTICS

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Measure Key: APM

Specifications: HEDIS 2019 Volume 2, Pg. 238

Minimum Performance Standard (MPS): CCP  $\geq$  45%\*, N-INT  $\geq$  35%\*

Data Collection Method: Administrative – paid claims only

Age Range: 1-17 years of age

Description: Percentage of members aged 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year.

Numerator: Members aged 1-17 prescribed two or more antipsychotics & had metabolic testing

Denominator: Members aged 1-17 who had two or more antipsychotic dispensing events

### Helpful Tips:

- A lower rate indicates better performance for this measure.
- Both of the following metabolic tests are required for numerator compliance:
  - At least one test for blood glucose or HbA1c.
  - At least one test for LCL-C or cholesterol.
- Consider utilizing “Point of Care” testing in office and submitting a corresponding claim with the results of the test.

### Commonly Used Codes: *Codes are examples only and not coding recommendations*

- LDL-C Tests: 80061, 80048, 80050, 80053, 80069, 82947, 82950, 82951
- Glucose Tests: 80047, 80048, 80050, 800069, 82947, 82950, 82951
- HbA1c Tests: 83036, 83037





## USE OF FIRST LINE PSYCHOSOCIAL CARE FOR YOUTH ON ANTIPSYCHOTICS

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Measure Key: APP

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 32

Minimum Performance Standard (MPS): CCP  $\geq$  50%\*, N-INT  $\geq$  80%\*

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 1-17 years of age

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

Numerator: Members aged 1-17 who received psychosocial care

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Denominator: Members aged 1-17 who had a new prescription for an antipsychotic medication

### Helpful Tips:

- Strategies to minimize health risks associated with antipsychotic medications includes utilizing psychosocial interventions as a first line defense.
- Best practices include referring members for individual, family and group therapy while monitoring symptoms.
- The earliest prescription dispensing date for an antipsychotic medication where the date is in the Intake Period and there is a Negative Medication History Continuous Enrollment - 120 days (4 months) prior to the IPSD through 30 days after the IPSD.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875-90876, 90880



## USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN YOUTH

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Measure Key: APC

Specifications: 2019 Core Set of Children's Health Care Quality Measure for Medicaid, Pg. 28

Minimum Performance Standard (MPS): CCP ≤ 2%, N-INT ≤ 2%

Data Collection Method: Administrative – all paid, suspended and pending claims

Age Range: 1-17 years of age

Description: Percentage of members aged 1 to 17 who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.

Numerator: Members aged 1-17 on 2+ concurrent antipsychotic medications for at least 90 consecutive days during the measurement year

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Denominator: Members aged 1-17 with 90 days of continuous antipsychotic medication treatment during the measurement year

Commonly Used Codes: *Codes are examples only and not coding recommendations*

➤ 99377, 99378



## Children Immunization Measures

### CHILDHOOD IMMUNIZATIONS

Measure Key: CIS

Specifications: 2019 Core Set of Children’s Health Care Quality Measures for Medicaid Pg. 60

Minimum Performance Standard (MPS): CCP

DTAP	≥ 76%	Hib	≥ 88%	HepA	≥ 85%	Combo 3	≥ 68%
IPV	≥ 88%	HBV	≥ 88%	RV	≥ 65%	Combo 7	≥ 50%
MMR	≥ 89%	VZV	≥ 88%	Flu	≥ 45%	Combo 10	≥ 25%
PCV	≥ 77%						

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: Members who turned 2 years old during the measurement year

Description: Percentage of members aged 2 years who had four DTaP; three IPV; one MMR; three HiB; three Hep B, one VZV; four PCV; one HepA; two or three RV; and two flu vaccines before or on their second birthday.

Numerator: Members who received the required number of the specified vaccines before or on their 2<sup>nd</sup> birthday

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Denominator: Members who turned 2 years old during the measurement year

#### Exclusions:

- Members contraindicated for immunizations.

#### Helpful Tips:

- Continuous enrollment of 12 months prior to the child’s second birthday with no more than one gap of up to 45 days.
- Vaccinations must be given two weeks apart to avoid double counting events (HEDIS 14-Day Rule).
- For immunization evidence obtained from the medical record, count children where there is evidence that the antigen was rendered from one of the following:
  - A note indicating the name of the specific antigen and the date of the immunization.
  - A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

#### Commonly Used Codes: Codes are examples only and not coding recommendations

- DTaP: 90698, 90700, 90721, 90723
- IPV: 90698, 90713, 90723
- MMR: 90705, 90707, 90710, 90708, 90704, 90706
- Measles/Rubella: 90708; Measles: 90705; Mumps: 90704; Rubella: 90706
- HiB: 90644-90648, 90698, 90721, 90748
- Hepatitis B: 90723, 90740, 90744, 90747, 90748; HCPCS: G0010
- VZV: 90710, 90716
- Pneumococcal conjugate: 90669; HCPCS G0009



## Adolescent Immunization & Preventive Measures

### ADOLESCENT IMMUNIZATIONS

Measure Key: IMA

Specifications: 2019 Core Set of Children’s Health Care Quality Measures for Medicaid Pg. 86

Minimum Performance Standard (MPS): CCP

Meningococcal	≥ 85%	Combo 1	≥ 85%
Tdap	≥ 85%	Combo 2	≥ 21%
HPV	≥ 25%		

Data Collection Method: Administrative or Hybrid - all paid, suspended, pending, and denied claims

Age Range: Members who turned 13 during the measurement year

Description: Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine, and two or three doses of the HPV vaccine by their 13th birthday.

Numerator: Members who received the required number of the specified vaccines before or on their 13th birthday

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Denominator: Members who turned 13 during the measurement year

Exclusions:

- Anaphylactic reaction to the vaccine or its components any time on or before the member’s 13th birthday.

Helpful Tips:

- Continuous enrollment of 12 months prior to the adolescent’s 13<sup>th</sup> birthday with no more than one gap of up to 45 days.
- Vaccinations must be given two weeks apart to avoid double counting events (HEDIS 14-Day Rule).
- For immunization information obtained from the medical record, count adolescents where there is evidence that the antigen was rendered from either of the following:
  - A note indicating the name of the specific antigen and the date of the immunization.
  - A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

Commonly Used Codes: Codes are examples only and not coding recommendations

- Tdap: 90715
- Meningococcal: 90734
- HPV: 90649, 90650, 90651



## ADOLESCENT CHLAMYDIA SCREENING

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Measure Key: CHL

Specifications: 2019 Core Set of Child Health Care Quality Measures for Medicaid Pg. 58

Minimum Performance Standard (MPS): CCP  $\geq$  57%, SMI  $\geq$  57%

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 16-20 years of age

Description: Percentage of women aged 16 to 20 identified as sexually active and who had at least one test for chlamydia during the measurement year.

Numerator: Sexually active women aged 16-20 tested for chlamydia

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Denominator: Sexually active women aged 16-20

### Exclusions:

- Woman who qualify for the denominator based on a pregnancy test alone and who meet either of the following:
  - A pregnancy test and a prescription for isotretinoin on the date of the pregnancy test or within the 6 days after the pregnancy test.
  - A pregnancy test and an x-ray on the date of the pregnancy test or within the 6 days after the pregnancy test.

### Helpful Tips:

- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 87110, 87270, 87320, 87490-87492, 87810



## BODY MASS INDEX (BMI) ASSESSMENT FOR YOUTH

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Measure Key: WCC

Specifications: 2019 Core Set of Children's Health Care Quality Measures for Medicaid Pg. 115

Minimum Performance Standard (MPS): CCP  $\geq$  55%

Data Collection Method: Administrative or Hybrid - all paid, suspended, pending, and denied claims

Age Range: 3-17 years of age

Description: Percentage of members aged 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and who had evidence of BMI percentile documentation during the measurement year.

Numerator: Members aged 3-17 who have a BMI percentile documented

Denominator: Members aged 3-17 who had an outpatient visit

---

### Helpful Tips:

- Documentation must include height, weight and BMI percentile from the same data source.
- Either of the following meets criteria for BMI percentile:
  - BMI percentile documented as a value (e.g., 85th percentile).
    - Ranges and thresholds do not meet criteria.
  - BMI percentile plotted on age-growth chart.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- BMI Percentile: Z68.51, Z68.52, Z68.53, Z68.54
- Nutrition Counseling: 97802, 97803, 97804
- Physical Activity: G0447, S9451



## CONTRACEPTIVE CARE – POSTPARTUM MEMBERS: AGED 15-20 YEARS

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Measure Key: CCP

Specifications: 2019 Core Set of Children’s Health Care Quality Measures for Medicaid Pg. 42

Minimum Performance Standard (MPS): CCP  $\geq$  35%\*, SMI  $\geq$  35%\*

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 15-20 years of age

Description: The percentage of members aged 15 to 20 who had a live birth and provided a most effective or moderately effective method of contraception within 3 and 60 days of delivery or provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Numerator: Members aged 15-20 that provided an effective method of contraception

Denominator: Members aged 15-20 who had a live birth

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### Exclusions:

- Live births that occurred during the last 2 months of the measurement year. These deliveries should be excluded from the denominator because there may not have been an opportunity to provide the member with contraception during the postpartum period.

### Helpful Tips:

- Continuous enrollment includes members enrolled from the date of delivery to 60 days postpartum with no allowable gaps.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622





## CONTRACEPTIVE CARE – ALL WOMEN: AGED 15-20 YEARS

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Measure Key: CCW

Specifications: 2019 Core Set of Children’s Health Care Quality Measures for Medicaid Pg. 46

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 15-20 years of age

Description: The percentage of members aged 15-20 who were provided a most effective or moderately effective method of contraception or provided a long-acting reversible method of contraception (LARC).

Numerator: Members aged 15-20 provided an effective method of contraception

Denominator: Members aged 15-20 who were not pregnant

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### Exclusions:

- Members not at risk of unintended pregnancy due to non-contraceptive reasons.
- Members who had a live birth in the last two months of the measurement year.
- Members who are pregnant at the end of the measurement year.

### Helpful Tips:

- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for toolkits and other resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 58565, 58600, 58605, 58611, 58615, 58670, 58671, 58300, 11981, 11983, 57170



## Utilization Measures

### ASTHMA IN YOUNGER ADULT ADMISSIONS

Measure Key: AAR

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 133

Minimum Performance Standard (MPS): CCP ≤ 9, SMI ≤ 20

Data Collection Method: Administrative - paid claims only

Age Range: 18-39 years of age

Description: Number of inpatient hospital admissions for asthma per 100,000 member months for members aged 18 to 39.

Numerator: Inpatient Admissions for Asthma

Denominator: 100,000 Member Months

#### Exclusions:

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility.
- Obstetric admissions.

#### Helpful Tips:

- Continuous Enrollment: None
- Refer member to a chronic condition management program.
- Complete asthma medication reviews with member and evaluate the efficacy and any concerns the member may have.
- Assist member in addressing any barriers to obtain medication.
- Complete outreach to member to verify attendance at next medication review appointment and offer assistance if needed.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- J4521, J4522, J4531, J4532, J4541, J4542, J45901, J45902, J45990, J45991, J45998



## CHRONIC HEART FAILURE ADMISSION RATE

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Measure Key: CHF

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 131

Minimum Performance Standard (MPS): CCP ≤ 23, SMI ≤ 32

Data Collection Method: Administrative - paid claims only

Age Range: 18+ years of age

Description: Number of inpatient hospital admissions for heart failure per 100,000 member months for members aged 18 and older.

Numerator: Inpatient admissions with principle diagnosis of heart failure

Denominator: 100,000 Member Months

---

### Exclusions:

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility.
- Obstetric admissions.

### Helpful Tips:

- Continuous Enrollment: None
- Encourage members to participate in heart healthy activities and diet.
- Refer member to a chronic condition management program.
- Complete heart medication reviews with member and evaluate the efficacy and any concerns the member may have.
- Assist member in addressing any barriers to obtain medication.
- Complete outreach to member to verify attendance at next medication review appointment and offer assistance if needed.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- I0981, I110, I130, I132, I501, I5020-I5023, I5030-I15033, I5040-I5043, I509, I50810-I50814, I5082-I5084, I5089



## COPD OR ASTHMA IN OLDER ADULTS

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Measure Key: CPR

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 129

Minimum Performance Standard (MPS): CCP ≤ 55, SMI ≤ 90

Data Collection Method: Administrative – paid claims only

Age Range: 40+ years of age

Description: Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for members aged 40 and older.

Numerator: Inpatient admissions for COPD or asthma

Denominator: 100,000 Member Months

---

### Exclusions:

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility.
- Obstetric admissions.

### Helpful Tips:

- Continuous Enrollment: None
- Refer member to a chronic condition management program.
- Complete asthma medication reviews with member and evaluate the efficacy and any concerns the member may have.
- Assist member in addressing any barriers to obtain medication.
- Complete outreach to member to verify attendance at next medication review appointment and offer assistance if needed.

### Commonly Used Codes: *Codes are examples only and not coding recommendations*

- J410, J411, J418, J42, J430-J432, J440-J441, J470, J471, J479, J4521, J4522, J4531, J4532, J4541, J4542, J4551, J4552, J45901, J45902, J45990, J45991, J45998



## DIABETES ADMISSIONS: SHORT TERM COMPLICATIONS

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Measure Key: DSR

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 127

Minimum Performance Standard (MPS): CCP ≤ 16, SMI ≤ 40

Data Collection Method: Administrative – paid claims only

Age Range: 18+ years of age

Description: Number of inpatient hospital admissions with short-term complications of diabetes per 100,000 member months for members aged 18 and older.

Numerator: Diabetes short-term complication admissions

---

Denominator: 100,000 Member Months

### Exclusions:

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another health care facility.
- Obstetric admissions.

### Helpful Tips:

- Continuous Enrollment: None
- Refer member to a chronic condition management program.
- Complete diabetes medication reviews with member and evaluate the efficacy and any concerns the member may have.
- Assist member in addressing any barriers to obtain medication.
- Complete outreach to member to verify attendance at next medication review appointment and offer assistance if needed.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- E1010, E1011, E10641, E11000, E1101, E11641, E1110, E1111



## EMERGENCY DEPARTMENT (ED) UTILIZATION

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Measure Key: AMB

Specifications: 2019 Core Set of Child Health Care Quality Measures for Medicaid Pg. 17

Minimum Performance Standard (MPS): CCP ≤ 58

Data Collection Method: Administrative – paid claims only

Age Range: 0-19 years of age

Description: This measure summarizes utilization of the Emergency Department by children 0 to 19 years of age.

Numerator: Total ED visits for members aged 0-19 years

Denominator: 1,000 Member Months

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### Exclusions:

- ED visits that result in an inpatient stay.
- Principal diagnosis of mental health, chemical dependency, alcohol, drug rehabilitation, detoxification, psychiatric encounters, or electroconvulsive therapy (ECT).

### Helpful Tips:

- Educate members and member's guardians on appropriate use of the emergency department versus primary care visits or urgent care visits.
- Develop internal tracking for members who frequently use emergency department to establish alternative treatment plans.
- Offer flexible appointment times and designated walk in hours.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99401-99404



## PLAN ALL CAUSE READMISSION

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Measure Key: PCR

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid, p. 113

Minimum Performance Standard (MPS): CCP ≤ 14%, SMI ≤ 23%

Data Collection Method: Administrative – pending and paid claims only

Age Range: 18-64 years of age

Description: This measure summarizes the number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Numerator: 30 Day Readmissions

---

Denominator: Acute Inpatient Stays

### Exclusions:

- Hospital transfers, inpatient stays with discharges for death, acute inpatient discharge with principal diagnosis of pregnancy, acute inpatient discharge with a principal diagnosis of a condition originating in the perinatal period, potential planned procedure without a principal acute stay, or planned readmissions.
- A principal diagnosis of maintenance chemotherapy or rehabilitation.
- An organ transplant (Kidney Transplant, Bone Marrow Transplant, Organ Transplant Other Than Kidney).

### Helpful Tips:

- One year prior to the index discharge date through 30 days after the index discharge date.
- Discharge planning begins at admission.
- Help member set up follow up appointments and transportation if needed before discharge.
  - Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
- Coordinate with member's care team to provide needed wrap around services, including medication reconciliation.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337



## Adult Preventative & Screening Measures

### ADULT BODY MASS INDEX (BMI) ASSESSMENT

Measure Key: ABA

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 14

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: 18-74 years of age

Description: Percentage of members aged 18 to 74 who had an outpatient visit and documented BMI during the measurement year or the year prior to the measurement year.

Numerator: Members aged 18-74 with documented BMI after an outpatient visit

Denominator: Members aged 18-74

#### Exclusions:

- Members diagnosed with pregnancy.

#### Helpful Tips:

- Continuous enrollment of the measurement year and year prior with no more than one gap in enrollment of up to 45 days.
- BMI for members aged 18-19 must be documented as a percentile.
- BMI for members aged 20-74 must be documented as a value.
- Documentation must include height, weight and BMI percentile or value from the same data source.
- Either of the following meets criteria for BMI percentile:
  - BMI percentile documented as a value (e.g., 85th percentile).
    - Ranges and thresholds do not meet criteria.
  - BMI percentile plotted on age-growth chart.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- Z68.1, Z68.20 - Z68.39, Z68.41-Z68.45





## ADULT CHLAMYDIA SCREENING

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Measure Key: CHL

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 54

Minimum Performance Standard (MPS): CCP  $\geq$  57%, SMI  $\geq$  57%

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 21-24 years of age

Description: Percentage of women aged 21 to 24 identified as sexually active and who had at least one test for chlamydia during the measurement year.

Numerator: Sexually active women aged 21-24 tested for chlamydia

---

Denominator: Sexually active women age 21-24

### Helpful Tips:

- Educate members on importance of completing preventive screenings and other healthy activities.
- Early detection is the best prevention.
- Offer screening during well visits.
- Schedule next annual appointment before member leaves current appointment.
- Provide reminder outreach 3 days before the member's appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 87110, 87270, 87320, 87490-87492, 87810



## BREAST CANCER SCREENING

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Measure Key: BCS

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 26

Minimum Performance Standard (MPS): CCP ≥ 55%, SMI ≥ 55%

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 50-74 years of age

Description: Percentage of women aged 50 to 74 who had a mammogram to screen for breast cancer (the measure applies to women aged 52 to 74 years of age to account for the 2-year, 3-month look-back period).

Numerator: Women aged 52-74 having one or more mammograms

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Denominator: Women aged 52-74

### Exclusions:

- Bilateral mastectomy or unilateral mastectomy with a bilateral modifier. Codes must be on the same claim.
- Two unilateral mastectomies with service dates 14 days or more apart.
- Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service.

### Helpful Tips:

- This measure requires a continuous enrollment period of 2 years and 3 months. Allowable gaps in enrollment may be one month or up to 45 days per full calendar year. No gap in enrollment allowed during the first 3 months of the continuous enrollment period.
- This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast cancer screening.
- Educate members on importance of completing preventive screenings and other healthy activities.
- Consider partnering with local imaging centers to launch mammogram scheduling campaigns.
- Early detection is the best prevention.
- Offer screening referrals during well visits.
- Schedule next annual appointment before member leaves current appointment.
- Provide reminder outreach 3 days before the member's appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 77055, 77056, 77057, 77061-77063, 77065-77067



## CERVICAL CANCER SCREENING

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Measure Key: CCS

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 38

Minimum Performance Standard (MPS): CCP  $\geq$  53%, SMI  $\geq$  53%

Data Collection Method: Administrative or Hybrid - all paid, suspended, pending, and denied claims

Age Range: 21-64 years of age

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

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

Numerator: Women aged 24-64 screened for cervical cancer

---

Denominator: All women aged 24-64

### Exclusions:

- Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member's history through the measurement year.

### Helpful Tips:

- The medical record must include the dated results of required tests.
- Biopsy is considered a diagnostic test and not a screening test.
- Educate members on importance of completing preventive screenings and other healthy activities.
- Early detection is the best prevention.
- Offer screening during well visits.
- Schedule next annual appointment before member leaves current appointment.
- Provide reminder outreach 3 days before the member's appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

### Commonly Used Codes: Codes are examples only and not coding recommendations

- Cervical Cytology: 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175
- HPV Test: 87620-87622
- Absence of Cervix: 51925, 56308, 57540, 57545, 57550, 5755, 57556, 58150, 58152, 58200, 58951, 58953, 58954, 59856, 59135



## COMPREHENSIVE DIABETES CARE (CDC) - HbA1c TESTING

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Measure Key: CDC

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 76

Minimum Performance Standard (MPS): CCP  $\geq$  86%, SMI  $\geq$  86%

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: 18-75 years of age

Description: Percentage of members aged 18 to 75 diagnosed with diabetes (type 1 & type 2) who had a hemoglobin A1c (HbA1c) test.

Numerator: Members aged 18-75 with diabetes who had an HbA1c test within the measurement year

---

Denominator: Members aged 18-75 with diabetes

### Exclusions:

- Members who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

### Helpful Tips:

- The medical record must include the date of the most recent HbA1c test and results.
- Refer member to a chronic condition management program.
- Consider utilizing point of care testing during office visits or offering in home testing kits.
- Educate members on importance of completing preventive tests and other healthy activities.
- If the member tested over 9.0%, retest after 90 days of original test.
- The most recent test during the measurement year is counted towards the numerator.

### Commonly Used Codes: *Codes are examples only and not coding recommendations*

- Outpatient Codes: 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411-99412, 99429, 99455, 99456, 99483, 99341-99345
- HbA1c: 83036, 83037



## COMPREHENSIVE DIABETES CARE (CDC) - POOR CONTROL (HbA1c > 9.0%)

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Measure Key: CDC

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 80

Minimum Performance Standard (MPS): CCP ≤ 43%, SMI ≤ 43%

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: 18-75 years of age

Description: Percentage of Members aged 18 to 75 diagnosed with diabetes (type 1 & type 2) who had hemoglobin A1c (HbA1c) in poor control.

Numerator: Members aged 18-75 with diabetes in poor control

---

Denominator: Members aged 18-75 with diabetes

### Exclusions:

- Members who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

### Helpful Tips:

- A lower rate indicates better performance for this indicator (low rates of poor control indicate better care).
- Poor Control is any of the following:
  - HbA1c >9.0%
  - HbA1c test not completed
  - HbA1c test result or date missing
- Work with the member to develop an individual treatment plan to manage their diabetes; including medication adherence, and healthy activities (exercise & diet).
- Refer member to a chronic condition management program.
- Consider utilizing point of care testing during office visits or offering in home testing kits.
- Educate members on importance of completing preventive tests and other healthy activities.
- If the member tested over 9.0%, retest after 90 days of original test.
- The most recent test during the measurement year is counted towards the numerator.

Commonly Used Codes: Codes are examples only and not coding recommendations

- HbA1c > 9.0: 83036, 83037, 3044F, 3045F, 3046F



## DIABETES CARE FOR PEOPLE WITH SERIOUS MENTAL ILLNESS: POOR CONTROL

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Measure Key: HPCMI

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 84

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: 18-75 years of age

Description: Percentage of Members aged 18 to 75 with a serious mental illness and diagnosed with diabetes (type 1 & type 2) whose most recent hemoglobin A1c (HbA1c) is >9.0%.

Numerator: Members aged 18-75 with serious mental illness and diabetes in poor control (>9.0%)

Denominator: Members aged 18-75 with serious mental illness and diabetes

---

### Exclusions:

- Members who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

### Helpful Tips:

- A lower rate indicates better performance for this indicator (low rates of poor control indicate better care).
- Poor Control is any of the following:
  - HbA1c >9.0%
  - HbA1c test not completed
  - HbA1c test result or date missing
- Work with the member to develop an individual treatment plan to manage their diabetes; including medication adherence, and healthy activities (exercise & diet).
- Refer member to a chronic condition management program.
- Consider utilizing point of care testing during office visits or offering in home testing kits.
- Educate members on importance of completing preventive tests and other healthy activities.
- If the member tested over 9.0%, retest after 90 days of original test.
- The most recent test during the measurement year is counted towards the numerator.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037



## CONTRACEPTIVE CARE - POSTPARTUM MEMBERS: AGED 21-44 YEARS

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Measure Key: CCP

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 34

Minimum Performance Standard (MPS): CCP  $\geq$  35%\*, SMI  $\geq$  35%\*

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 21-44 years of age

Description: The percentage of members aged 21 to 44 who had a live birth and provided a most effective or moderately effective method of contraception within 3 and 60 days of delivery or provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Numerator: Members aged 21-44 provided an effective method of contraception

Denominator: Members aged 21-44 who had a live birth

---

### Exclusions:

- Live births that occurred during the last 2 months of the measurement year. These deliveries should be excluded from the denominator because there may not have been an opportunity to provide the member with contraception during the postpartum period.

### Helpful Tips:

- Continuous enrollment - within the measurement year, members enrolled from the date of delivery to 60 days postpartum. No allowable gap during the continuous enrollment period.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for toolkits and other resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622



## CONTRACEPTIVE CARE – ALL WOMEN: AGED 21-44 YEARS

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Measure Key: CCW

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 42

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 21-44 years of age

Description: The percentage of members aged 21 to 44 who were provided a most effective or moderately effective method of contraception or provided a long-acting reversible method of contraception (LARC).

Numerator: Members aged 21-44 provided an effective method of contraception

Denominator: Members aged 21-44 who were not pregnant

---

### Exclusions:

- Members not at risk of unintended pregnancy due to non-contraceptive reasons.
- Members who had a live birth in the last two months of the measurement year.
- Members who are pregnant at the end of the measurement year.

### Helpful Tips:

- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for toolkits and other resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 11981, 11983, 58300, 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622





## CONTROLLING HIGH BLOOD PRESSURE

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Measure Key: CBP

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 29

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative, Hybrid – all paid, suspended, pending and denied claims

Age Range: 18-85 years of age

Description: Percentage of members aged 18 to 85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Numerator: Members aged 18-85 with hypertension and blood pressure controlled

Denominator: Members aged 18-85 with a diagnosis of Hypertension

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### Exclusions:

- Members with End Stage Renal Disease (ESRD).
- Members diagnosed with pregnancy during measurement year.
- Exclude from the eligible population all members who had a non-acute inpatient admission during the measurement year.

### Helpful Tips:

- Work with the member to develop an individual treatment plan to manage their blood pressure; including medication adherence, and healthy activities (exercise & diet).
- Refer member to a chronic condition management program.
- Educate members on importance of completing preventive tests and other healthy activities.
- The most recent test during the measurement year is counted towards the numerator.
- Poor Control is any of the following:
  - Blood Pressure > 140/90mm Hg
  - Blood Pressure reading not completed
  - Blood Pressure reading incomplete

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 3074F, 3075F, 3077F, 3078F, 3079F, 3080F
- Hypertension: I10



## FLU SHOTS FOR ADULTS

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Measure Key: FVA

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid, p. 74

Minimum Performance Standard (MPS): CCP  $\geq$  50%\*, SMI  $\geq$  50%\*

Data Collection Method: Administrative or Hybrid - paid, suspended, pending, and denied claims

Age Range: 18 to 64 years of age

Description: This measure summarizes the percent of members aged 18 to 64 years that received a Flu vaccination during the measurement year.

Numerator: Member aged 18-64 who received flu vaccination during the measurement year

---

Denominator: All members aged 18-64

### Helpful Tips:

- The medical record must include the immunization record.
- Continuous enrollment of the last six months of the measurement year.
- Educate members on importance of completing vaccinations and other healthy activities.
- Enter Flu Vaccinations into Arizona State Immunization Information System (ASIIS).

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 90630, 90654, 90655, 90656, 90658, 90672, 90673, 90686, 90688, 90661, 90662



## HIV VIRAL LOAD SUPPRESSION

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Measure Key: HVL

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 88

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative – all paid, suspended, pending and denied claims

Age Range: 18+ years of age

Description: The percentage of members aged 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) and who had a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurement year.

Numerator: Members aged 18 and older diagnosed with HIV & has an HIV viral load of less than 200 copies/mL

---

Denominator: Members aged 18 and older diagnosed with HIV and one medical visit

### Helpful Tips:

- Medical visit encompasses office, outpatient and ambulatory visits.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G9243, G9242



## MEDICAL ASSISTANCE WITH SMOKING & TOBACCO USE CESSATION

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Measure Key: MSC

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 102

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Survey

Age Range: 18+ years of age

Description: The percentage of members aged 18 and older who were current smokers and/or tobacco users and who received advice to quit. The following components of this measure assess different facets of providing medical assistance with smoking and tobacco cessation: Advising smokers and tobacco users to quit, discussing cessation medications, and discussing cessation strategies.

Survey Questions:

- Q39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- Q40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- Q41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?
- Q42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?

Helpful Tips:

- Continuous enrollment of the last six months of the measurement year.
- Incorporate smoking cessation efforts into normal medical consultations.
- Prescribe nicotine replacement therapy (NRT) appropriately.
- Encourage members to enroll in a tobacco cessation program.
- Check <https://www.azcompletehealth.com/providers/resources.html> for resources.



## TIMELINESS OF PRENATAL CARE

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Measure Key: PPC

Specifications: 2019 Core Set of Child Health Care Quality Measures for Medicaid Pg. 97

Minimum Performance Standard (MPS): CCP ≥ 80%, SMI ≥ 80%

Data Collection Method: Administrative or Hybrid - all paid, suspended, pending, and denied claims

Age Range: N/A

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

Numerator: Members who received an appropriate prenatal visit

---

Denominator: Members who delivered a live birth

### Helpful Tips:

- Continuous enrollment of 43 days prior to delivery through 56 days after delivery.
- Members who had two separate deliveries (different dates of service) during the measurement year should be counted twice. Women who had multiple live births during one pregnancy should be counted once.
- Medical record documentation must include the date of the prenatal care visit, name and title of OB/GYN or PCP, and evidence of the prenatal procedure.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Assist members with completing and submitting the Notification of Pregnancy Form, which can be found here: <https://www.azcompletehealth.com/providers/resources/forms-resources.html>.
- Consider utilizing The American Congress of Obstetricians and Gynecologists (ACOG) Prenatal Flow Sheet (or an internally developed EHR that includes the same elements as the ACOG) found at [www.ACOG.org](http://www.ACOG.org).

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- Prenatal Visits: 99201-99205, 99211-99215, 99241-99245, 99483
- Stand Alone Prenatal Visits: 99500
- Postpartum Visits: 5710, 58300, 59430, 99501



## POSTPARTUM CARE

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Measure Key: PPC

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 124

Minimum Performance Standard (MPS): CCP  $\geq$  64%, SMI  $\geq$  64%

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: N/A

Description: Percentage of live births where the member received a postpartum visit on or between 21-56 days after delivery.

Numerator: Members who received an appropriate postpartum visit

---

Denominator: Members who delivered a live birth

### Helpful Tips:

- Continuous enrollment of 43 days prior to delivery and 56 days after delivery.
- Any of the following meet criteria for a postpartum visit:
  - A postpartum visit
  - Cervical cytology
  - A bundled service where the state can identify the date when postpartum care was rendered
- Medical Record must include the date and notation that the postpartum visit occurred and at least one of the following:
  - Pelvic exam
  - Evaluation of weight, BP, breasts and abdomen (notation of breastfeeding works for breast evaluation).
- Notation of postpartum care documented during the visit, including but not limited to (PP care, PP check, 6-week check, a preprinted postpartum care form.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 57170, 58300, 59430, 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175, 99501



## SCREENING FOR DEPRESSION & FOLLOW-UP PLAN

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Measure Key: CDF

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 48

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative – all paid, suspended, pending and denied claims

Age Range: 18+ years of age

Description: The percentage of members aged 18 and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Numerator: Members aged 18 and older screened for depression using standardized tool AND if positive, a follow up plan is documented

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Denominator: Members aged 18 and older with outpatient visit

### Exclusions:

- Members with an active diagnosis of Depression or Bipolar Disorder.

### Helpful Tips:

- Continuous Enrollment: None.
- Examples of appropriate screening tools:
  - Beck Depression Inventory (BDI/BDI-II)
  - Patient Health Questionnaire (PHQ-9)
  - PRIME (MD-PHQ2)
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

### Commonly Used Codes: Codes are examples only and not coding recommendations

- Identify Outpatient Visits: G0444
- Document Depression Screenings: G8431, G8510



## Adult Medication Monitoring Measures

### ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA

Measure Key: SAA

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 135

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative – all paid, suspended, pending and denied claims

Age Range: 19-64 years of age

Description: Percentage of members aged 19 to 64 with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period during the measurement year.

Numerator: Members who achieved proportion of days covered for 80% of antipsychotic medications

Denominator: Members aged 19-64 who were diagnosed with schizophrenia or schizoaffective disorder

#### Helpful Tips:

- Factors related to adherence include a positive therapeutic relationship with physician.
- Assist member in addressing any barriers to obtain medication.
- Complete outreach to member to verify attendance at next medication review appointment and offer assistance if needed.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99238, 99239, 99251-99255





## ANNUAL MONITORING FOR MEMBERS ON PERSISTENT MEDICATIONS

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Measure Key: MPM

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 99

Minimum Performance Standard (MPS): CCP  $\geq$  87%, SMI  $\geq$  87%

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 18+ years of age

Description: Percentage of members aged 18 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.

Numerator: Members aged 18 and older who received an appropriate monitoring test

Denominator: Members aged 18 and older received at least 180 days of treatment

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Exclusions:

- Members who had an acute or non-acute inpatient encounter during the measurement year.

Helpful Tips:

- Follows continuous enrollment requirements.
- Appropriate Monitoring Tests include:
  - Lab Panel Test
  - Serum Potassium Test
  - Serum Creatinine Test
- Incorporate this service into regular medical screening consultations.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- Lab Panel: 80047, 80048, 80050, 80053, 80069
- Annual Serum Potassium Test: 80051, 84132
- Annual Serum Creatinine Test: 82565, 82575



## ANTIDEPRESSANT MEDICATION MANAGEMENT

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Measure Key: AMM

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 17

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative – all paid, suspended, pending and denied claims

Age Range: 18+ years of age

Description: Percentage of members aged 18 and older with a diagnosis of major depression and treated with and remained on an antidepressant medication treatment.

### Effective Acute Phase Treatment:

Numerator: Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)

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Denominator: Members aged 18 and older with a diagnosis of major depression and treated with an antidepressant medication

### Effective Continuation Phase Treatment:

Numerator: Percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

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Denominator: Members aged 18 and older with a diagnosis of major depression and treated with an antidepressant medication

### Helpful Tips:

- Continuous enrollment of 105 days prior to the IPSD through 231 days after the IPSD.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9



## ASTHMA MEDICATION RATIO: AGED 19-64 YEARS

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Measure Key: AMR

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 21

Minimum Performance Standard (MPS): CCP  $\geq$  60%\*, SMI  $\geq$  40%\*

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 19-64 years of age

Description: Percentage of members aged 19 to 64 identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Numerator: Members aged 19-64 who have persistent asthma and a medication ratio of 0.50

---

Denominator: Members aged 19-64 identified as having persistent asthma

### Exclusions:

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

### Helpful Tips:

- Continuous enrollment of the measurement year and the year prior with no more than one gap of up to 45 days.
- Appropriate monitoring of asthma medication ratio can assist with a decrease in ED visits and inpatient hospitalizations for asthma.
- Consider utilizing best practice asthma control toolkits.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 87070, 87071, 87081, 87430, 87650-87652, 87880



## CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES

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Measure Key: COB

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 56

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative - paid claims only

Age Range: 18+ years of age

Description: Percentage of members aged 18 and older with concurrent use of prescription opioids and benzodiazepines.

Numerator: Members with 2+ prescription claims for any benzodiazepine with unique dates of service, and concurrent use of opioids and benzodiazepines for 30+ cumulative days

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Denominator: Members aged 18+ who were dispensed 2+ opioid medications

### Exclusions:

- Members with cancer
  - Any member with an ICD-10-CM diagnosis code for cancer, including primary diagnosis or any other diagnosis fields, any time during the measurement year.

### Helpful Tips:

- A lower rate indicates better performance.
- Continuous enrollment during the measurement year with no more than one gap of up to 31 days.
- Assess members on long-term opioid therapy every 90 days.
- Check the prescription drug-monitoring database prior to prescribing controlled substances.
- Consider using electronic prescriptions when prescribing controlled substances.
- Use non-opioid medications and therapies as first-line treatment for mild and moderate acute pain.
- Check <https://www.azcompletehealth.com/providers/resources/opioid-training-toolkit.html> for more resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- Any Cancer diagnosis.



## DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS

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Measure Key: SSD

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 140

Minimum Performance Standard (MPS): CCP  $\geq$  80%\*, SMI  $\geq$  80%\*

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 18-64 years of age

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

Numerator: Members aged 18-64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a Glucose or HbA1c test

Denominator: Members aged 18-64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication

### Exclusions:

- Members with diabetes.

### Helpful Tips:

- Consider utilizing “Point of Care” testing in office and submitting a corresponding claim with the results of the test.
- Incorporate this service into regular medical screening consultations.
- Complete medication reviews with member and evaluate the efficacy and any health concerns the member may have.
- Refer member to a chronic condition management program as necessary.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 80047, 80048, 80050, 80053, 80069, 83036, 83037



## USE OF OPIOIDS AT HIGH DOSAGE IN PERSONS WITHOUT CANCER

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Measure Key: OHD

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 106

Minimum Performance Standard (MPS): Baseline

Data Collection Method: Administrative – paid claims only

Age Range: 18+ years of age

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

Numerator: Members aged 18 and older without cancer who received prescriptions for opioids with a daily dosage greater than 90 MME for 90 consecutive days or longer

Denominator: Members' with two or more prescription claims for opioids with unique dates of service, for which the sum of the days' supply is  $\geq 15$

### Exclusions:

- Members with cancer.
  - Any member with an ICD-10-CM diagnosis code for cancer, including primary diagnosis or any other diagnosis fields, any time during the measurement year.

### Helpful Tips:

- Continuous enrollment during the measurement year with no more than one gap of up to 31 days.
- A lower rate indicates better performance.
- Assess members on long-term opioid therapy every 90 days.
- Check the prescription drug-monitoring database prior to prescribing controlled substances.
- Consider using electronic prescriptions when prescribing controlled substances.
- Use non-opioid medications and therapies as first-line treatment for mild and moderate acute pain.
- Check <https://www.azcompletehealth.com/providers/resources/opioid-training-toolkit.html> for more resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- F11.11-F.19, F.11.2, F11.9



## Follow-Up Measures

### FOLLOW-UP AFTER ED FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE

Measure Key: FUA

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 63

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 18+ years of age

Description: Percentage of emergency department (ED) visits for members aged 18 and older on the date of the visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD. Two rates reported:

Numerator: Follow-up visit with any practitioner within 7 days after discharge

Denominator: ED visits with a principal diagnosis of AOD

Numerator: Follow-up visit with any practitioner within 30 days after ED visit

Denominator: ED visits with a principal diagnosis of AOD

Exclusions:

- Non-acute inpatient stays.

Helpful Tips:

- Continuous enrollment of 30 days after ED visit.
- Help member set up follow up appointments and transportation if needed before discharge.
- Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
- Coordinate with member's care team to provide needed wrap around services, including medication reconciliation and substance abuse treatment.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 98960-98962, 99078, 99201-99205, 99211-99215, 99411, 99412, 99510



## FOLLOW-UP AFTER ED FOR MENTAL ILLNESS

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Measure Key: FUM

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 70

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 18+ years of age

Description: Percentage of emergency department (ED) visits for members aged 18 and older on the date of the visit with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates reported:

Numerator: Follow-up visit with any practitioner within 7 days after discharge

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Denominator: ED visits with a principal diagnosis of mental illness

Numerator: Follow-up visit with any practitioner within 30 days after ED visit

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Denominator: ED visits with a principal diagnosis of mental illness

### Exclusions:

- Non-acute inpatient stays.

### Helpful Tips:

- Continuous enrollment of 30 days after ED visit.
- Help member set up follow up appointments and transportation if needed before discharge.
- Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
- Coordinate with member's care team to provide needed wrap around services, including medication reconciliation and community based supports.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- 98960-98962, 99078, 99201-99205, 99211-99215, 99411, 99412, 99510





## FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

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Measure Key: FUH

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 66  
2019 Core Set of Children’s Health Care Quality Measures for Medicaid Pg. 82

Minimum Performance Standard (MPS):

CCP	7 Day ≥ 60%	30 Day ≥ 85%
N-INT*	7 Day ≥ 60%	30 Day ≥ 85%
SMI	7 Day ≥ 60%	30 Day ≥ 85%

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: Child 6-17 years of age, Adult 18+ years of age

Description: Percentage of discharges for members aged 6 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner (MHP). Two rates reported:

Numerator: Follow-up visit with a MHP within 7 days after discharge

Denominator: Total acute inpatient discharges for Mental Health stays

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Numerator: Follow-up visit with a MHP within 30 days after discharge

Denominator: Total acute inpatient discharges for Mental Health stays

---

Exclusions:

- Non-acute inpatient stays.

Helpful Tips:

- Continuous enrollment of 30 days after discharge.
- Help member set up follow up appointments and transportation if needed before discharge.
- Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
- Coordinate with member’s care team to provide needed wrap around services, including medication reconciliation.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 98960-98962, 99201-99205, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849



## INITIATION & ENGAGEMENT OF ALCOHOL OR OTHER DRUG ABUSE/DEPENDENCE TREATMENT

Measure Key: IET

Specifications: 2019 Core Set of Adult Health Care Quality Measures for Medicaid Pg. 90

Minimum Performance Standard (MPS): Baseline Measurement Year

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 18+ years of age

Description: Percentage of members aged 18 and older with a new episode of AOD abuse or dependence who initiated AOD treatment and members aged 18+ who initiated AOD treatment and had two or more additional AOD or medication assisted treatment (MAT) within 34 days of initiation.

### Initiation of AOD Treatment:

Numerator: Initiation of AOD treatment through an inpatient admission, outpatient visit, telehealth, intensive outpatient encounter, partial hospitalization, or MAT within 14 days of the IESD

Denominator: Members aged 18 and older with a new episode of AOD abuse or dependence

### Engagement of AOD Treatment:

Numerator: Members who are compliant with the Initiation of AOD Treatment and who had 2+ additional AOD services or MAT within 34 days of the IESD

Denominator: Members aged 18 and older with a new episode of AOD abuse or dependence

### Exclusions:

- Exclude members who had a claim/encounter with a diagnosis of AOD abuse or dependence or a MAT dispensing event during the 60 days (2 months) before the Index Episode Start Date (IESD).

### Helpful Tips:

- Continuous enrollment of 60 days prior to the IESD through 48 days after the IESD.
- A new episode of AOD abuse or dependence is determined by:
  - An outpatient visit, telehealth, intensive outpatient visit or partial hospitalization with a diagnosis of AOD abuse or dependence.
  - A detoxification visit, ED visit, acute or non-acute inpatient discharge, telephone visit or online assessment; with one of the following:
    - Alcohol Abuse and Dependence
    - Opioid Abuse and Dependence
    - Other Drug Abuse and Dependence
- Help member set up follow up appointments and transportation if needed before discharge.
- Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
- Coordinate with member's care team to provide needed wrap around services, including medication reconciliation and substance abuse treatment.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99411, 99412, 99510



**TABLE 1: DEFINITION OF MEDICAID/CHP CORE SET PRACTITIONER TYPES**

<i>Practitioner Type</i>	<i>Definition</i>
<b>Mental Health Practitioner</b>	<p>A practitioner who provides mental health services and meets any of the following criteria:</p> <ul style="list-style-type: none"> <li>• An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice</li> <li>• An individual who is licensed as a psychologist in his/her state of practice, if required by the state of practice</li> <li>• An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker’s Clinical Register; or who has a master’s degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice</li> <li>• A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master’s degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice</li> <li>• An individual (normally with a master’s or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy</li> <li>• An individual (normally with a master’s or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC)</li> </ul>
<b>Obstetrical Gynecological (OB/GYN) &amp; Other Prenatal Care Practitioners</b>	<ul style="list-style-type: none"> <li>• Physicians certified as obstetricians or gynecologists by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology</li> <li>• Certified nurse midwives, nurse practitioners, and physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider)</li> </ul>
<b>Primary Care Practitioner (PCP)</b>	<ul style="list-style-type: none"> <li>• A physician or non-physician (e.g., nurse practitioner, physician assistant) who offers primary care medical services.</li> <li>• Licensed practical nurses and registered nurses are not considered PCPs</li> </ul>
<b>Prescribing Practitioner</b>	<ul style="list-style-type: none"> <li>• A practitioner with prescribing privileges, including nurse practitioners, physician assistants, and other non-MDs who have the authority to prescribe medications.</li> </ul>



**TABLE 2: OPIOID & BENZODIAZEPINE MEDICATIONS**

**Opioids**

Buprenorphine*	Hydrocodone	Morphine	Oxymorphone
Butorphanol	Hydromorphone	Opium	Pentazocine
Codeine	Levorphanol	Oxycodone	Tapentadol
Dihydrocodeine	Meperidine		Tramadol
Fentanyl	Methadone		
*Exclusions for measures OHD & COB			

**Benzodiazepines**

Alprazolam	Clorazepate	Lorazepam	Temazepam
Chlordiazepoxide	Diazepam	Midazolam	Triazolam
Clobazam	Estazolam	Oxazepam	
Clonazepam	Flurazepam	Quazepam	

**TABLE 3: SEAL-A. CDT CODES TO IDENTIFY “ELEVATED RISK”**

D2140	D2140	D2140	D2140	D2140	D2140
D2394	D2394	D2394	D2394	D2394	D2394
D2630	D2630	D2630	D2630	D2630	D2630
D2720	D2720	D2720	D2720	D2720	D2720
D2791	D2791	D2791	D2791	D2791	D2791
D3110	D3110	D3110	D3110	D3110	D3110
D2150	D2150	D2150	D2150	D2150	D2150
D2410	D2410	D2410	D2410	D2410	D2410
D2642	D2642	D2642	D2642	D2642	D2642
D2721	D2721	D2721	D2721	D2721	D2721
D2792	D2792	D2792	D2792	D2792	D2792
D3120	D3120	D3120	D3120	D3120	D3120

**TABLE 4: ANTIPSYCHOTIC MEDICATIONS**

<i>Description</i>	<i>Prescription</i>		
<i>Miscellaneous antipsychotic agents</i>	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Asenapine</li> <li>• Brexpiprazole</li> <li>• Cariprazine</li> <li>• Clozapine</li> <li>• Haloperidol</li> </ul>	<ul style="list-style-type: none"> <li>• Iloperidone</li> <li>• Loxapine</li> <li>• Lurasidone</li> <li>• Molindone</li> <li>• Olanzapine</li> <li>• Paliperidone</li> </ul>	<ul style="list-style-type: none"> <li>• Pimozide</li> <li>• Quetiapine</li> <li>• Quetiapine fumarate</li> <li>• Risperidone</li> <li>• Ziprasidone</li> </ul>
<i>Phenothiazine antipsychotics</i>	<ul style="list-style-type: none"> <li>• Chlorpromazine</li> <li>• Fluphenazine</li> <li>• Perphenazine</li> </ul>	<ul style="list-style-type: none"> <li>• Prochlorperazine</li> <li>• Thioridazine</li> <li>• Trifluoperazine</li> </ul>	
<i>Thioxanthenes</i>	<ul style="list-style-type: none"> <li>• Thiothixene</li> </ul>		
<i>Long-acting injections</i>	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> </ul>	<ul style="list-style-type: none"> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Risperidone</li> </ul>	



**TABLE 5: COMBINATION ANTIPSYCHOTIC MEDICATIONS**

<i>Description</i>	<i>Prescription</i>	
<i>Psychotherapeutic combinations</i>	<ul style="list-style-type: none"> <li>• Fluoxetine-olanzapine</li> </ul>	<ul style="list-style-type: none"> <li>• Perphenazine-amitriptyline</li> </ul>

**TABLE 6: MAT FOR ALCOHOL ABUSE OR DEPENDENCE MEDICATIONS**

<i>Description</i>	<i>Prescription</i>
<i>Aldehyde dehydrogenase inhibitor</i>	<ul style="list-style-type: none"> <li>• Disulfiram (oral)</li> </ul>
<i>Antagonist</i>	<ul style="list-style-type: none"> <li>• Naltrexone (oral and injectable)</li> </ul>
<i>Other</i>	<ul style="list-style-type: none"> <li>• Acamprosate (oral; delayed-release tablet)</li> </ul>

**TABLE 7: MAT FOR OPIOID ABUSE OR DEPENDENCE MEDICATIONS**

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



## Arizona Complete Health Interventions

Arizona Complete Health is committed to doing all that we can to ensure your success in improving health outcomes for members. Arizona Complete Health has multiple ongoing interventions to support those outcomes. If you would like to work with our Quality Management Team to collaborate on new ideas for outreach, participate in pilot programs, or assistance in creating your own interventions, please reach out to any of our QM team members or email us at: [AZCHQualityManagement@azcompletehealth.com](mailto:AZCHQualityManagement@azcompletehealth.com).

### Targeted Member Outreach

#### MEMBER MAILERS/EMAILS

Monthly mailers and emails go out to members in order to help close gaps in care and improve the overall health of our members. Each of these mailers and emails are sent to members to remind them to schedule appointments with their primary care physicians to receive their preventive screenings. Additionally, mailers and emails are sent to members offering resources to reduce ED and Urgent Care utilization, and information regarding appointment availability.

#### *Social Media*

The social media campaign utilizes Twitter to maximize member outreach and education, with the goal to increase member health and wellness by encouraging members to obtain their annual well visits, screenings & vaccinations. Twitter address is <https://twitter.com/azchccp> or @azchccp.

#### *Fluvention*

The Fluvention campaign is aimed at reminding members that getting their annual flu shot can help keep them and the people around them healthy. The campaign runs through flu season, typically October through March. All members are targeted with the following interventions: Mailers, emails, text messaging, phone messaging, as well as information on the website.

#### *Eliza Campaigns*

The Eliza Program reaches out to members through IVR calls, text messages and emails to educate and encourage the scheduling of essential screenings and exams. A few examples of the current Eliza campaigns include:

- **Adult Prevention Campaign:** Provides education about preventive screenings (Breast Cancer Screening, Cervical Cancer Screening and Chlamydia Screening) to members who have no history of completing these screenings during the recommended timeframe.
- **Well Baby & Well Child Campaigns:** Provides education and reminders to schedule recommended Well Baby & Child visits and includes information for immunizations (including HPV) and dental health.
- **Adult & Pediatric ER Utilization Campaign:** Aims to reduce emergency room utilization by reaching out to members within 30 days of a preventable ER visit, providing information on the proper emergency use, assessing if member has a PCP, and educating on other cost-effective, and less urgent alternative forms of care in their area.



### ***Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT)***

Our EPSDT department does a tremendous amount of member outreach and education including, but not limited to:

- 1st and 2nd reminder postcards for well child visits, dental visits and immunizations
- Missed appointment/no show targeted education
- “Unable to reach” letters
- 3 day reminder calls
- Birthday cards
- Member tracking forms
- Incentive programs

### ***Promotoras***

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

## **Targeted Provider Outreach & Interventions**

### **PROVIDER TOOLKITS**

#### ***Coordination of Care (COC) Protocol***

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

#### ***Readmissions and Patient Experience Toolkit***

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

### **PERFORMANCE IMPROVEMENT PROJECTS**

#### ***Coordination of Care Performance Improvement Project (COC PIP)***

Arizona Complete Health designed the Coordination of Care Performance Improvement Project aimed at implementing system level strategies that will improve coordination of care, performance measure rates, the discharge planning process and member outcomes.

#### ***Hospital Outreach / Against Medical Advice Project***

Arizona Complete Health developed a hospital outreach program that targets hospitals with higher rates of Against Medical Advice (AMA) discharges. AMA discharges account for 2% of the total discharges annually in the U.S., and are linked to significantly higher rates of 14-day readmissions, as well as up to a 45% increase in mortality rates. Arizona Complete Health is providing on-site training and collaborative sessions with key hospital staff that address strategies for reducing or preventing AMA discharges.



**PROVIDER VISITS**

In coordination with the Provider Engagement Department, Quality Management has developed a strategy focused on assisting providers with improving performance measures, member outcomes and member satisfaction. During visits, providers will receive useful tools and resources that can be utilized to improve member outcomes.

**Focus Performance Measures by Age Range**

Key	Child/Adolescent Performance Measures	Age Range	Health Spark
<b>Measures with an age range that begins at 0 mths</b>			
AUD	Audiological Diagnosis No Later than 3 Months of Age	0-3 mths	pg 9
W15	Well-Child Visits: 15 Months (6 or more visits)	0-15 mths	pg 16
<b>Measures with an age range that begins at 1 year</b>			
DEV	Developmental Screening: First 3 Years of Life	1-3 yrs	pg 14
PDENT	Preventive Dental Services	1-20 yrs	pg 19
<b>Measures with an age range that begins at 2 years</b>			
CIS	DTaP IPV MMR Hib HBV VZV PCV Hep A Influenza Rotavirus Combination 3, 7, 10	2 yrs	pg 25
<b>Measures with an age range that begins at 3 years</b>			
W34	Well-Child Visits	3-6 yrs	pg 17
WCC	Youth BMI Assessment	3-17 yrs	pg 28
<b>Measures with an age range that begins at 6 years</b>			
SEA	Dental Sealants Children @ Risk of Caries	6-9 yrs	pg 18
<b>Immunization Measures with an age range of 9-13 years</b>			
IMA	Human Papillomavirus Vaccine (HPV)	9-13 yrs	pg 26
	Adolescent Tdap/Td	10-13 yrs	
	Adolescent Meningococcal	11-13 yrs	
	Adolescent Combo 1	13 yrs	
	Adolescent Combo 2	13 yrs	
<b>Measures with an age range that begins at 12 years</b>			
CDF	Screening for Depression & Follow Up Plan	12-17 yrs	pg 15
AWC	Adolescent Well-Care Visits	12-21 yrs	pg 10
CHL	Adolescent Chlamydia Screening	16-20 yrs	pg 27
Key	Adult Performance Measures	Age Range	Health Spark
<b>Measures with an age range that begins at 18 years</b>			
FLU	Flu Shots	18+ yrs	pg 47
CDF	Screening for Depression & Follow Up Plan	18+ yrs	pg 52
ABA	Adult BMI Assessment	18-74 yrs	pg 37
CDC	Comprehensive Diabetes Care - HbA1c Tests	18-75 yrs	pg 41
CDC	Comprehensive Diabetes Care - Poor Control (HbA1c > 9.0%)	18-75 yrs	pg 42
CBP	Controlling High Blood Pressure	18-85 yrs	pg 46
<b>Measures with an age range that begins at 21 years</b>			
CHL	Chlamydia Screening	21-24 yrs	pg 38
CCS	Cervical Cancer Screening	21-64 yrs	pg 40
<b>Measures with an age range that begins at 50 years</b>			
BCS	Breast Cancer Screening	50-74 yrs	pg 39





## **Quality Management Contact Information**

We are here to help, please contact one of our Quality Management Staff to assist. Feel free to email any questions, comments, or concerns to our Quality Management department inbox at [AZCHQualityManagment@azcompletehealth.com](mailto:AZCHQualityManagment@azcompletehealth.com), and we will forward to the appropriate staff.