



of Tennessee



BlueCarePlus
Tennessee

Medicare Advantage and BlueCare Plus

**QUALITY CARE
REWARDS
PROGRAM
MEASURES 2017**



QUALITYCARE

REWARDS

We value your partnership and participation in the 2017 Quality Rewards Program, and hope you will find this guide helpful. It will provide information and tips to assist you in maximizing your STAR rating with each measure included in the program.

The measures listed in the following pages are a combination of HEDIS® and CMS STAR measures. If you would like additional assistance with any of these measures, please contact your local Quality Care Rewards Finance Manager or Consultant.

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HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)

Developed by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of performance measures in the managed care industry. It contains measures that show health plans those areas where a stronger focus could lead to improvements in member health. HEDIS reporting is mandated by NCQA for compliance and accreditation.

MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
<p>Breast Cancer Screening (BCS)</p> <p>Percentage of women 50-74 years old who had a mammogram</p>	<p>Mammogram between 10/1/2015 - 12/31/2017 for all women 52-74 years</p> <p>NOTE: Do not count biopsies, breast ultrasounds, MRIs or tomosynthesis (3D mammography).</p> <p>Documentation in the medical record must clearly include the date mammogram or mastectomy/mastectomies were performed.</p>	<p>Encounter/Claim with Codes:</p> <ul style="list-style-type: none"> CPT[®]: 77055, 77056, 77057 HCPCS: G0202, G0204, G0206 	<p>Any time during member's history through 12/31/16:</p> <p>Bilateral mastectomy</p> <ul style="list-style-type: none"> ICD-10-CM: OHTV0ZZ <p>OR Unilateral mastectomy:</p> <ul style="list-style-type: none"> CPT[®]: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307 ICD-10-CM: OHTU0ZZ, OHTT0ZZ Billed twice with service dates 14 days or more apart With bilateral modifier: 50, 09950 ; codes must be on the same claim
<p>Colorectal Cancer Screening (COL)</p> <p>Percentage of members 50-75 years of age who had one of these screenings for colorectal cancer:</p> <ul style="list-style-type: none"> Fecal occult blood test Flexible sigmoidoscopy Colonoscopy CT Colonography FIT-DNA Test 	<ul style="list-style-type: none"> Fecal occult blood test (gFOBT, iFOBT) during 2017 <ul style="list-style-type: none"> gFOBT requires 3 returned samples iFOBT requires 1 returned sample <p>AND/OR</p> <ul style="list-style-type: none"> Flexible sigmoidoscopy during 2017 or last 4 years <p>AND/OR</p> <ul style="list-style-type: none"> Colonoscopy during 2017 or last 9 years CT Colonography during 2017 or during the last 4 years FIT-DNA Test during 2017 or during the last 2 years <p>NOTE: Clear documentation of colonoscopy, sigmoidoscopy, CT colonography or FIT-DNA test, including year performed, is required.</p> <p>Do not count FOBT screenings performed from sample collected in provider office. Clearly document type of FOBT screening performed with exact date(s) of sample(s) returned.</p>	<p>Encounter/Claim with Codes:</p> <p>Fecal occult blood test between 1/1/2017 - 12/31/2017</p> <ul style="list-style-type: none"> CPT[®]: 82270, 82274 HCPCS: G0328 <p>Flexible sigmoidoscopy between 1/1/2017 - 12/31/2017</p> <ul style="list-style-type: none"> CPT[®]: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350 HCPCS: G0104 <p>Colonoscopy between 1/1/2008 - 12/31/2017</p> <ul style="list-style-type: none"> CPT[®]: 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45388, 45389, 45390, 45393, 45398 HCPCS: G0105, G0121 <p>CT Colonography between 1/1/2013 and 12/31/2017</p> <ul style="list-style-type: none"> CPT: 74263 <p>FIT-DNA Test between 1/1/2015 and 12/31/2017</p> <ul style="list-style-type: none"> CPT: 81528 HCPCS: G0464 LOINC: 77353-1, 77354-9 	<p>Any time during member's history through 12/31/2017:</p> <p>Colorectal cancer</p> <ul style="list-style-type: none"> ICD-10-CM: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 HCPCS: G0213-G0215, G0231 <p>AND/OR</p> <p>Total Colectomy</p> <ul style="list-style-type: none"> CPT[®]: 44150-44153, 44155-44158, 44210-44212 ICD-10-CM: ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ

Note: HEDIS codes can change from year to year. The codes in this document are from the HEDIS 2017 specifications.

MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
<p>Adult BMI (BMI)</p> <p>Percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented. The weight and BMI must be from the same data source.</p>	<p>Documented BMI for outpatient visit in 2016 or 2017</p> <p>NOTE: Documentation in medical record must include date, weight and BMI value for members 20 and over; members 18 & 19 must have date, weight, height and BMI percentile.</p>	<p>Encounter/Claim with Codes:</p> <ul style="list-style-type: none"> ICD-10-CM: Z68.1, Z68.20-Z68.45 	<p>Pregnancy in 2016 or 2017:</p> <ul style="list-style-type: none"> ICD-10-CM: 000.0-004.89, 007.0-016.9, 020.0-026.93, 028.0-036.93X9, 040.1XX0-048.1, 060.00-077.9, 080, 082, 085, 086.0-092.79, 098.011-099.89, 09A.111-09A.113, 09A.119, 09A.12, 09A.13, 09A.211-098.53, Z03.71-Z03.75, Z03.79, Z33.1, Z33.2, Z34.00-Z34.93, Z36
<p>Osteoporosis Management in Women with Fracture (OMW)</p> <p>Percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p> <p>Note: Approved osteoporosis therapies include:</p> <ul style="list-style-type: none"> Biphosphonates: alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid Other agents: calcitonin, denosumab, raloxifene, teriparatide 	<ul style="list-style-type: none"> Perform bone mineral density testing within six months on members 67-85 years old who experience a fracture <p>AND/OR</p> <ul style="list-style-type: none"> Prescribe a medication to treat osteoporosis within six months of a fracture 	<p>Encounter/Claim with Codes:</p> <ul style="list-style-type: none"> CPT[®]: 76977, 77078, 77080, 77081, 77082, 77085, 77086 HCPCS: G0130 ICD-10-CM: BP48ZZ1, BP49ZZ1, BP4GZZ1-BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1 Coding done by health care provider completing testing <p>AND/OR</p> <p>Pharmacy Claim for Osteoporosis Drug Therapy:</p> <ul style="list-style-type: none"> HCPCS: J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051 <p>Codes to Identify Fractures:</p> <ul style="list-style-type: none"> CPT[®]: 21800, 21805, 21810-21813, 21820, 21825, 22305, 22310, 22318, 22319, 22520, 22521, 22523, 22524, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575-24577, 24579, 24582, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605-25609, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 26600, 26605, 26607, 26608, 26615, 27193, 27194, 27200, 27202, 27215-27218, 27220, 27222, 27226-27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27267-27269, 27500-27503, 27506-27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758-27760, 27762, 27766-27769, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822-27828, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485, 29850, 29851, 29855, 29856 	<p>Bone mineral density testing during 24 months prior to fracture:</p> <ul style="list-style-type: none"> CPT[®]: 76977, 77078, 77080-77082 HCPCS: G0130 ICD-10-CM: BP48ZZ1, BP49ZZ1, BP4GZZ1-BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, B104ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1 <p>AND/OR</p> <p>Osteoporosis therapy during 12 months prior to fracture:</p> <ul style="list-style-type: none"> HCPCS: J0630, J0897, J1740, J3110, J3487-J3489 <p>AND/OR</p> <p>Dispensed or active prescription to treat osteoporosis during 12 months prior to fracture:</p> <ul style="list-style-type: none"> Listing of Approved therapies (first column)

MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
		<ul style="list-style-type: none"> HCPCS: S2360 ICD-10-CM: M48.40XA-M48.48XA, M84.311A-M84.38XA, S12.000A, S12.000B, S12.001A, S12.001B, S12.01XA, S12.01XB, S12.02XA, S12.02XB, S12.030A, S12.030B, S12.031A, S12.031B, S12.040A, S12.040B, S12.041A, S12.041B, S12.090A, S12.090B, S12.091A, S12.091B, S12.100A-S12.151B, S12.190A-S12.201B, S12.230A-S12.231B, S12.24XA, S12.24XB, S12.250A-S12.251B, S12.290A-S12.301B, S12.330A-S12.351B, S12.390A-S12.9XXA, S22.000A-S22.9XXB, S32.000A-S32.9XXB, S42.001A-S42.92XB, S49.001A-S49.199A, S52.001A-S52.92XC, S59.001A-S59.299A, S62.001A-S62.92XB, S72.001A-S72.92XC, S79.001A-S79.199A, S82.001A-S82.92XC, S89.001A-S89.399A, S92.001A-S92.909B 	
<p>Controlling High Blood Pressure (CBP)</p> <p>Percentage of members 18-85 years old who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during 2017</p>	<p>Chart documentation of: Hypertension diagnosis on or before June 30, 2017</p> <p>AND</p> <p>The most recent BP in 2017 meeting one of the following:</p> <ul style="list-style-type: none"> Members age 18-59 whose most recent BP was $\leq 139/89$ mm Hg. <p>OR</p> <ul style="list-style-type: none"> Members age 60-85 with a diagnosis of diabetes whose most recent BP was $\leq 139/89$ mm Hg. <p>OR</p> <ul style="list-style-type: none"> Members age 60-85 without a diagnosis of diabetes whose most recent BP was $\leq 149/89$ mm Hg. 	<p>Chart Documentation of Member's Blood Pressure</p> <p>Document the actual blood pressure reading in the member's medical record</p> <p>ICD-10-CM diagnosis code for identifying hypertension: I10</p>	<ul style="list-style-type: none"> ESRD or kidney transplant anytime on or before 12/31/2017: CPT[®]: 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512; 50300, 50320, 50340, 50360, 50365, 50370, 50380 HCPCS: G0257, S9339; S2065 ICD-10-CM (ESRD): N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 51D60Z ICD-10-CM (kidney transplant): Z94.0, OTY00Z0-OTY00Z2, OTY10Z0-OTY10Z2 <p>AND/OR</p> <ul style="list-style-type: none"> Pregnancy anytime during 2017: ICD-10-CM: O00.0-004.89, 007.0-016.9, 020.0-026.93, 028.0-036.93X9, 040.1XX0-048.1, 060.00-077.9, 080, 082, 085, 086.0-092.79, 098.011-099.89, 09A.111-09A.113, 09A.119, 09A.12, 09A.13, 09A.211-098.53, Z03.71-Z03.75, Z03.79, Z33.1, Z33.2, Z34.00-Z34.93, Z36 <p>AND/OR</p> <ul style="list-style-type: none"> A non-acute inpatient admission during 2017

Note: HEDIS codes can change from year to year. The codes in this document are from the HEDIS 2017 specifications.

MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
<p>Disease-modifying Anti-rheumatic Drug (DMARD) Therapy for Rheumatoid (ART)</p> <p>Percentage of members diagnosed with rheumatoid arthritis who were dispensed at least one DMARD during 2017</p> <p>NOTE: DMARDs include:</p> <ul style="list-style-type: none"> • Aminoquinolines: Hydroxychloroquine • 5-Aminosalicylates: Sulfasalazine • Alkylating agents: Cyclophosphamide • Anti-rheumatics: Auranofin, gold sodium thiomalate, leflunomide, methotrexate, penicillamine • Immunomodulators: Abatacept, adalimumab, anakinra, certolizumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, tocilizumab • Immunosuppressive agents: Azathioprine, cyclosporine, mycophenolate • Tetracyclines: Minocycline • Janus kinase (JAK) inhibitor: Tofacitinib 	<p>Assess all members with diagnosis of rheumatoid arthritis for DMARD treatment in 2017</p>	<p>Encounter/Claim with Codes:</p> <ul style="list-style-type: none"> • ICD-10-CM: M05.00-M06.89, M06.9 <p>AND/OR</p> <p>Pharmacy Claim for DMARD in 2016: HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310</p>	<ul style="list-style-type: none"> • HIV anytime on or before 12/31/2017: ICD-10-CM: B20, Z21 <p>AND/OR</p> <ul style="list-style-type: none"> • Pregnancy anytime during 2017: ICD-10-CM: 000.0-004.89, 007.0-016.9, 020.0-026.93, 028.0-036.93X9, 040.1XX0-048.1, 060.00-077.9, 080, 082, 085, 086.0-092.79, 098.011-099.89, 09A.111-09A.113, 09A.119, 09A.12, 09A.13, 09A.211-098.53, Z03.71-Z03.75, Z03.79, Z33.1, Z33.2, Z34.00-Z34.93, Z36

COMPREHENSIVE DIABETES CARE (CDC)

<p>Diabetes Care - Retinal Eye Exam (CDC)</p> <p>Percentage of diabetic members 18-75 years old who have had an eye screening for diabetic retinal disease</p>	<ul style="list-style-type: none"> • A retinal or dilated eye exam by an optometrist or ophthalmologist in 2017 <p>OR</p> <ul style="list-style-type: none"> • A retinal or dilated eye exam negative for retinopathy by an optometrist or ophthalmologist in 2016 <p>Encourage and/or refer member to see an eye care professional for a comprehensive eye exam in 2017.</p> <p>Obtain and place copy of all 2016 or 2017 eye exams in the member's medical record. In order to count 2016 exams, documentation in the medical record must clearly indicate results were negative for retinopathy.</p>	<p>Encounter/Claim with Codes:</p> <ul style="list-style-type: none"> • CPT[®]: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 • CPT[®] II: 2022F, 2024F, 2026F, 3072F • HCPCS: S0620, S0621, S3000 <p>NOTE: Providers performing retinal imaging in office and sending results to eye care professionals to review and interpret should use CPTII codes 2026F or 3072F.</p>	<p>Non-diabetic members during 2016 and 2017 with:</p> <ul style="list-style-type: none"> • Gestational or steroid-induced diabetes during 2016 or 2017: 249.00-249.91, 251.8, 648.80-648.84, 962.0
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MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
<p>Diabetes Care - Nephropathy (CDC)</p> <p>Percentage of diabetic members 18-75 years old who received medical attention for nephropathy (nephropathy screening test or evidence of nephropathy)</p> <p>Note that approved ACE Inhibitors/ARBs are:</p> <ul style="list-style-type: none"> • Angiotensin converting enzyme inhibitors: Benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril • Angiotensin II inhibitors: Azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan • Combinations of these with antihypertensive(s) 	<p>Nephropathy screening testing on all diabetic members in 2017 with any of the following:</p> <ul style="list-style-type: none"> • Time, spot or 24-hour urine for microalbumin • 24-hour urine for total protein • Urine for microalbumin/creatinine ratio • Random urine for protein/creatinine ratio <p>AND/OR</p> <p>Documented evidence of nephropathy in 2017 with any of the following:</p> <ul style="list-style-type: none"> • Any positive urine macroalbumin test • Medical attention for evidence of nephropathy • Visit to a nephrologist (claim billed w/ specialty provider code) • Kidney transplant <p>AND/OR</p> <ul style="list-style-type: none"> • A dispensed prescription for angiotensin converting enzyme inhibitor (ACE), angiotensin receptor blockers (ARB) or antihypertensive combinations therapy in 2017 	<p>Laboratory Claim/Encounter with Codes:</p> <ul style="list-style-type: none"> • CPT®: 82042, 82043, 82044, 84156 • CPT® II: 3060F, 3061F <p>AND/OR</p> <p>Physician Encounter/Claim with Codes:</p> <ul style="list-style-type: none"> • CPT®: <ul style="list-style-type: none"> – Urine macroalbumin test: 81000-81003, 81005 – ESRD: 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512 – Kidney transplant: 50300, 50320, 50340, 50360, 50365, 50370, 50380 • CPT® II: <ul style="list-style-type: none"> – Positive urine macroalbumin test: 3062F – Nephropathy treatment: 3066F, 4010F • HCPCS: <ul style="list-style-type: none"> – ESRD: G0257, S9339 – Kidney transplant: S2065 • ICD-10-CM: <ul style="list-style-type: none"> – Nephropathy treatment: E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29 – CKD: I12.0, I12.9, I13.0, I13.10, I13.11, I13.2 – ESRD: N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 5A1D60Z – Kidney Transplant: Z94.0, OTY00Z0-OTY00Z2, OTY10Z0-OTY10Z2 <p>AND/OR</p> <p>Pharmacy Claim for ACE/ARB Therapy</p> <p>All testing and results should be dated and documented in the member's medical record</p>	<p>Non-diabetic members during 2016 and 2017 with:</p> <ul style="list-style-type: none"> • Gestational or steroid-induced diabetes during 2016 or 2017: 249.00-249.91, 251.8, 648.80-648.84, 962.0
<p>Diabetes Care - HbA1c Control (CDC)</p> <p>Percentage of diabetic members 18-75 years old who have evidence of:</p> <ul style="list-style-type: none"> • HbA1c testing • HbA1c controlled ≤8.9% 	<ul style="list-style-type: none"> • HbA1c testing on all diabetic patients in 2017 <p>AND</p> <ul style="list-style-type: none"> • Diabetes management so that all members have the most recent HbA1c in 2017 ≤8.9% 	<p>Encounter/Claim with Codes:</p> <ul style="list-style-type: none"> • CPT®: 83036, 83037 • CPT® II: 3044F, 3045F, 3046F <p>NOTE: In order to pass, HbA1c must be ≤8.9%</p> <p>A copy of all lab results should be kept in member's medical record</p>	<p>Non-diabetic members during 2016 and 2017 with:</p> <ul style="list-style-type: none"> • Gestational or steroid-induced diabetes during 2016 or 2017: 249.00-249.91, 251.8, 648.80-648.84, 962.0

MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
<p>Medication Adherence for Cholesterol (Statins) Percentage of members 18 years and older with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.</p>	<p>Assess all members with a prescription for a cholesterol medication for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</p>	<p>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</p>	
<p>Medication Adherence for Hypertension (RAS Antagonists) Percentage of members with a prescription for a blood pressure medication (ACE, ARB or direct renin inhibitor drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.</p>	<p>Assess all members with a prescription for a blood pressure medication for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</p>	<p>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</p>	
<p>Medication Adherence for Oral Diabetes Medications Percentage of members with a prescription for diabetes medication (biguanide drug, sulfonylurea drug, thiazolidinedione drug, DPPIV inhibitor, incretin mimetic drug, meglitinide drug or SGLT2 inhibitor) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Note: Members taking insulin are not included in this measure.</p>	<p>Assess all members with a prescription for diabetes medication for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</p>	<p>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</p>	
<p>Plan All-Cause Readmissions Percentage of members 65 and older discharged from an acute hospital stay who were readmitted (acute, unplanned) to a hospital within 30 days, either for the same condition as their recent hospital stay or a different reason. Patients may have been readmitted back to the same hospital or to a different one.</p>	<p>Collaborate with hospitals in order to be notified of your patients' admissions and discharges.</p> <p>Ensure comprehensive follow up visit including medication reconciliation is completed within 7-10 days post discharge.</p> <p>Arrange for post-hospital care as appropriate.</p>	<p>The data for this measure comes from HEDIS calculation methodology. See technical specifications for details.</p>	

MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
<p>Care for Older Adults (COA) - Medication Review</p> <p>Percent of plan members whose doctor or clinical pharmacist has reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year. (This information about a yearly review of medications is collected for Medicare Special Needs Plans only.)</p>	<p>Medication Review in 2017 includes any of the following:</p> <p>Medication list in the record AND notation in the medical record of medication review in 2017 by the prescribing practitioner or clinical pharmacist AND the date the medication review was performed</p> <p>--OR--</p> <p>Medication list signed and dated in 2017 by practitioner or pharmacist in the medical record</p> <p>--OR--</p> <p>Notation in the medical record in 2017 that the member is not taking any medication AND the date it was noted.</p> <p>NOTE: A review of side effects for a single medication at the time of prescription alone is not sufficient to meet criteria of the medication review.</p>	<ul style="list-style-type: none"> • CPT® <ul style="list-style-type: none"> - Medication Review: 1159F, 90863, 99605, 99606, 1160F - Transitional Care Management: 99495, 99496 • HCPCS: G8427 	<p>Members in Hospice</p>
<p>Care for Older Adults (COA) - Functional Status Assessment</p> <p>Percent of plan members whose doctor has done a functional status assessment to see how well they are able to do “activities of daily living” (such as dressing, eating, and bathing). (This information about the yearly assessment is collected for Medicare Special Needs Plans only.)</p>	<p>Documentation of a Functional Status Assessment must include evidence of a complete functional status assessment performed in 2017 AND the date the functional status assessment was performed.</p> <p>Any of the following can be considered a complete functional status assessment:</p> <p>Notation in the medical record that Activities of Daily Living (ADLs) were assessed or at least 5 of the following were assessed:</p> <ul style="list-style-type: none"> • Bathing • Dressing • Eating • Transferring • Toileting • Walking <p>--OR--</p> <p>Notation in the medical record that Instrumental Activities of Daily Living (IADLs) were assessed or at least 4 of the following were assessed:</p> <ul style="list-style-type: none"> • Shopping for groceries • Driving or using public transportation • Using the telephone • Meal preparation • Housework • Home repair • Laundry • Taking medications • Handling finances <p>--OR--</p>	<ul style="list-style-type: none"> • CPT®: 1170F 	<p>Members in Hospice</p>

MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
	<p>A Standardized Functional Status Assessment Tool including but not limited to:</p> <ul style="list-style-type: none"> • SF-36 (add superscript "R" for registered trademark) • ALSAR (Assessment of Living Skills and Resources) • Barthel ADL Index Physical Self-Maintenance (ADL) Scale • Bayer ADL (8-ADL) Scale • Barthel Index • EADL (Extended ADL Scale) • ILS (Independent Living Scale) • Katz Index of Independence in ADL • Kenny Self-Care Evaluation • Klein-Bell ADL Scale • KELS (Kohlman Evaluation of Living Skills) • Lawton & Brody's IADL Scales • PROMIS (Patient Reported Outcome Measurement Information System) Global of Physical Function Scales <p>--OR--</p> <p>Notation that at least 3 of the following 4 components were assessed:</p> <ul style="list-style-type: none"> • Cognitive status • Ambulation status • Hearing, vision and speech (must have all 3) • -Other functional independence (exercise, ability to perform job) <p>NOTE: The components of the functional status assessment may take place in separate visits in 2017.</p> <p>Functional status assessment related to a single condition, event or body system does not meet criteria for a comprehensive functional status assessment.</p>		

MEASURE	WHAT SERVICE IS NEEDED	WHAT TO REPORT (sample of codes)	EXCLUSIONS (report on DOS/if applicable)
<p>Care for Older Adults (COA) - Pain Assessment”</p> <p>Percent of plan members who had a pain screening or pain management plan at least once during the year. (This information about pain screening or pain management is collected for Medicare Special Needs Plans only.)</p>	<p>Documentation in the medical record must include evidence of a pain assessment performed in 2017.</p> <p>Either of the following will meet criteria for a pain assessment:</p> <p>Documentation in the medical record that the patient was assessed for pain (could be positive or negative findings)</p> <p>--OR--</p> <p>Results of a Standardized Pain Assessment Tool not limited to:</p> <ul style="list-style-type: none"> • Numeric rating scales (verbal or written) • Face, Legs, Activity, Cry, Consolability (FLACC) Scale • Verbal descriptor scales (5-7 Word Scales, Present Pain Inventory) • Pain Thermometer • Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale) • Visual Analogue Scale • Brief Pain Inventory • Chronic Pain Grade • PROMIS Pain Intensity Scale • Pain Assessment in Advanced Dementia (PAIN AD) Scale <p>NOTE: The following do not meet criteria for a pain assessment:</p> <ul style="list-style-type: none"> • Notation of a pain management plan alone • Notation of pain treatment alone • Notation of screening for chest pain alone 	<ul style="list-style-type: none"> • CPT®: 1125F, 1126F 	<p>Members in Hospice</p>

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HCPCS is the Healthcare Common Procedure Coding System.

ICD-9-CM is the International Classification of Diseases, Ninth Revision, Clinical Modification.

ICD-10-CM is the International Classification of Diseases, Tenth Revision, Clinical Modification.

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