

## 2020 Incentive Measure Guide

### Update on the 2020 Incentive Measure Program

#### **Claims-Based Measures:**

1. **Childhood Immunization Status:** Children who turn two years old in 2020 and complete the following Combo 2 vaccinations prior to their birthdate: Dtap, IPV, MMR, HiB, Hepatitis B, VZV.
2. **Emergency Department Utilization for Individuals Experiencing Mental Illness:** Patients with a previous diagnosis of mental illness who have a physical health visit at an ED that does not result in an inpatient encounter and is not for mental health or chemical dependency reasons.
3. **Assessments for Children in DHS Custody:** Patients ages 0-17 in DHS custody for 60 days who received physical health, mental health, and dental health assessments within 60 days of notification or 30 days prior.
4. **Immunizations for Adolescents:** Adolescents who turn 13 years of age in 2020 and complete the meningococcal, Tdap, and HPV vaccinations prior to their 13<sup>th</sup> birthdate.
5. **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment:** Patients age 13 years and older with an episode of AOD abuse or dependence who initiate treatment within 14 days of the episode and engage in ongoing treatment within 34 days of the episode.
6. **Oral Evaluation for Adults with Diabetes:** Patients ages 18 and older with a diagnosis of diabetes who received a comprehensive, periodic, or periodontal oral evaluation in 2020.
7. **Preventive Dental Services:** Patients ages 1-5 and 6-14 who receive preventive dental services in 2020.
8. **Well-Child Visits in 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, & 6<sup>th</sup> Years of Life:** Patients ages 3-6 who complete at least one well-child visit during 2020.

#### **Chart Review Measure:**

9. **Timeliness of Prenatal and Postpartum Care:** Pregnant mothers who received prenatal care in their first trimester or 42 days of enrollment and received postpartum care between 7 and 84 days after delivery.

#### **Clinical Quality Measures:**

10. **Depression Screening and Follow-up Plan:** Patients ages 12 and older who are screened for depression and, if positive, a follow-up plan is documented on the date of the positive screen.
11. **Diabetes HbA1c Poor Control:** Patients ages 18-75 with a diagnosis of diabetes whose most recent HbA1c level is > 9.0%.
12. **Cigarette Smoking Prevalence:** Patients ages 13 and older who are screened for tobacco use that identify as cigarette smokers.
13. **Alcohol and Drug Misuse Screening:** (1) Patients who received an age appropriate brief screen with a negative result or a full screen. (2) Patients with a positive full screen who received a brief intervention and/or referral to treatment documented within 48 hours of the screen.

## Updates on the 2020 Incentive Measure Program

The statewide Metrics and Scoring Committee met on July 17<sup>th</sup> to discuss how to adjust the incentive program to account for COVID-19-related disruptions to the healthcare system.

*The Committee voted to make all 2020 incentive measures report-only.*

This means that clinics and CCOs will not be expected to meet specific improvement targets for the 2020 measurement year. We will still be responsible for reporting data on the chart review measure and four EHR-based clinical quality measures; but will *not* need to meet improvement target rates.

### 2020 Improvement Targets:

We have included the 2020 targets below for informational purposes only. Again, you will not be required to meet these targets, but we encourage clinics to refer to them as internal guidelines to track measure progress.

Incentive Measure	2020 Target
<i>Claims-Based Measures</i>	
Childhood Immunization Status	80.8%
Emergency Department Utilization for Individuals Experiencing Mental Illness	102.6 per 1,000 member months
Assessments for Children in DHS Custody	89.7%
Immunizations for Adolescents	39.0%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation	38.6%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement	13.0%
Oral Evaluation for Adults with Diabetes	26.8%
Preventive Dental Services – Ages 1-5	45.4%
Preventive Dental Services – Ages 6-14	65.5%
Well-Child Visits in 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , & 6 <sup>th</sup> Years of Life	61.2%
<i>Chart Review Measure</i>	
Timeliness of Prenatal and Postpartum Care: Postpartum Care	61.3%
<i>Clinical Quality Measures</i>	
Depression Screening and Follow-Up Plan	Report-only
Diabetes HbA1c Poor Control	23.4%
Cigarette Smoking Prevalence	26.6%
Alcohol and Drug Misuse Screening	Report-only

## Childhood Immunization Status Combo 2

**Measure Description:** The percentage of children who turn two years of age in the measurement year and complete the Combo 2 vaccinations prior to their second birthday.

### Measure Specifications:

**Data Source:** ALERT IIS/Claims

**2020 Target:** Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

**2020 Benchmark:** 80.8%

**Denominator:** Children who turn two years of age during the measurement year.

**Denominator Exclusions:** Patients in hospice during the calendar year.

**Numerator:** Children who turned two years of age in the measurement year and had all of the following vaccinations prior to their second birthday: Dtap, IPV, MMR, HiB, Hepatitis B, VZV.

- The MMR and VZV vaccinations must be administered *on or between* the child's first and second birthdays.

### Coding:

Vaccine Type	CVX	CPT/HCPCS/ICD-10
DTaP – at least 4	01, 09, 11, 12, 20, 22, 28, 50, 102, 106, 107, 110, 113, 115, 120, 130, 132, 146, 195	90698, 90700, 90721, 90723
IPV – at least 3	2, 10, 89, 110, 120, 130, 132, 146, 195	90698, 90713, 90723
MMR – at least 1	MMR: 03, 94	90707, 90710
	Measles/Rubella: 04	90708
	Measles: 05	90705; B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, 05.89, B05.9
	Mumps: 07, 38	90704; B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
	Rubella: 06, 38	90706; B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
HiB – at least 3	17, 22, 45, 46-51, 102, 120, 132, 146	90644-90648, 90698, 90721, 90748
Hepatitis B – at least 3	08, 42-45, 51, 102, 104, 110, 132, 146, 193	90723, 90740, 90744, 90747, 90748, G0010 B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
	Newborn Hepatitis B – can count as 1 Hepatitis B dose	99.55, 3E0234Z
VZV – at least 1	21, 36, 94, 117	90710, 90716; B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.49, B02.7, B02.8, B02.9

**Continuous Enrollment Criteria:** Patient must be enrolled for 12 months prior to their 2<sup>nd</sup> birthday.

**Allowable Enrollment Gaps:** No more than 1 gap in enrollment of up to 45 days.

**Anchor Date:** Enrolled on the child's 2<sup>nd</sup> birthday.

**Strategies for Improvement:**

- Use the outreach rosters on the EOCCO provider progress reports.
- Use ALERT IIS reports to monitor immunizations status.
- Immunize patients during wellness visits.
- Schedule immunization visits well before patient's second birthday.
- Implement an immunization recall workflow.

## Emergency Department Utilization for Individuals Experiencing Mental Illness

**Measure Description:** Patients 18 years or older with a previous diagnosis of mental illness who have a physical health visit to the emergency department that does not result in an inpatient stay, per how many months each patient has been enrolled with EOCCO during the measurement year.

### Measure Specifications:

Data Source: Claims

2020 Target: Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

2020 Benchmark: 86.5 per 1,000 member months (lower is better)

**Denominator:** Total member months as a rate per 1,000 for patients 18 years and older, who are identified as having experienced mental illness through two or more claims in the past 36 months. See OHA technical specifications for Members Experiencing Mental Illness Value Set.

**Denominator Exclusions:** Patients in hospice during the measurement year.

Exclusions	Codes
Inpatient Stay Visits	0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Mental and Behavioral Disorders	Total of 724 diagnosis codes are included. See HEDIS 2019 Value Set Dictionary for details.
Psychiatry	90785, 90791, 90792, 90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90863, 90865, 90867 - 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899
Electroconvulsive Therapy	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

**Numerator:** Number of emergency department visits among patients experiencing mental illness. Count each visit to an ED that does not result in an inpatient encounter once; count multiple ED visits on the same date of service as one visit.

**Numerator Exclusions:** ED visits for mental health and chemical dependency services.

**Coding:** ED visits are specified by the following codes:

ED Value Set		OR	ED Procedure Code Value Set	+	ED POS Value Set
CPT	UB Revenue		CPT		POS
99281- 99285	0450, 0451, 0452, 0456, 0459, 0981		Total of 5,824 CPT codes are included. See HEDIS 2020 Value Set Dictionary for details.		23

**Continuous Enrollment Criteria:** None.

**Allowable Enrollment Gaps:** None.

**Anchor Date:** None.

### Strategies for Improvement:

- Use the ED Disparity Measure cohort in PreManage to follow up with patients.
- Ensure patients are connected to a behavioral health provider and that there is an effective communication loop between mental health and primary care.

## Assessments for Children in DHS Custody

**Measure Description:** The percentage of patients 0-17 years of age in DHS custody for 60 days who received a physical health assessment, a mental health assessment, and a dental health assessment within 60 days of the notification date (when CCOs are notified that the patient is in DHS custody), or within 30 days prior to the notification date.

### **Measure Specifications:**

Data Source: Claims

2020 Target: Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

2020 Benchmark: 90%

**Denominator:** Identified children/adolescents 0-17 years of age as of the first date of DHS/OHA notification and remained in custody for at least 60 days. Only children/adolescents that DHS/OHA notified CCOs about will be included in the denominator.

**Denominator Exclusions:** Children will be excluded from the final measure denominator if there are issues with the notification process from OHA and if continuous enrollment is not met. See [OHA technical specifications](#) for a complete list of exclusions.

**Denominator Exceptions:** Children who did not complete all required assessments should be excluded from the final denominator if their enrollment start was delayed or if their status changed to ‘trial reunification’ during the 60-day assessment period.

**Numerator:** Depending on the age at CCO notification date, patients in the denominator are required to receive a physical health assessment (all ages 0-17), a dental health assessment (ages 1-17), and a mental health assessment (ages 4-17), within 60 days of the notification date, or within 30 days prior to the notification date.

- Ages < 1 need a physical health assessment
- Ages 1-3 need a physical and dental health assessment
- Ages 4-17 need a physical, dental and mental health assessment

### Coding:

Physical Health Assessment Codes	Mental Health Assessment Codes	Dental Health Assessment Codes
99201-99205, 99212- 99215, 99381-99384, 99391-99394, G0438, G0439	90791-90792, 96136-96139, H0031, H1011, H2000-TG (need modifier), H0019*, H2013, H0037	D0100-D0199

\*H0019: use of this code counts as both mental and physical health assessment for children in PRTS

**Notes:** If physical health assessments as indicated in E&M codes 99201-99205 include qualifying mental health or child abuse/neglect diagnosis on the same claim (see list below), they will count as both mental and physical health assessments.

- Mental health diagnosis: F03, F20, F53, F59-F69, F80-F99
- Diagnoses related to child abuse or neglect: T74.02xA, T74.02xD, T74.12xA, T74.12xD, T74.22xA, T74.32xA, T74.32xD, T74.22xD, T76.02xA, T76.02xD, T76.12xA, T76.12xD, T76.22xA, T76.22xD, T76.32xA, T76.32xD, T76.92xA, T76.92xD

**Continuous Enrollment Criteria:** All cases must remain in DHS custody for at least 60 days from the OHA notification date to be included in the measure. Cases with a delayed start of enrollment of up to 7 days are only included if they are numerator compliant.

**Allowable Enrollment Gaps:** None

**Anchor Date:** None

**Strategies for Improvement:**

- Prioritize scheduling mental, dental, and physical health visits for children in foster care:
  - Use the DHS outreach roster on the EOCCO progress report or reach out to [EOCCMetrics@modahealth.com](mailto:EOCCMetrics@modahealth.com) to start receiving the OHA notification file via email when a child is assigned to your clinic.
    - Use the contact information provided to call the foster parent to schedule assessments.
- Medical providers can become First Tooth trained and provide dental assessments and code the assessment (D0191) when performed during a well-child check.
- Medical providers can provide a mental health assessment and code the assessment (99201-99205) with a qualifying mental health diagnosis code (outlined above) when performed during a well-child check.
- Remind foster parents of the necessary DHS assessments when contact is made:
  - Request foster parent incentive material and/or DHS stickers from [EOCCMetrics@modahealth.com](mailto:EOCCMetrics@modahealth.com) to help outline the DHS assessment requirements for the foster parent.



## **Immunizations for Adolescents** **(NQF 1407)**

**Measure Description:** The percentage of adolescents who turn 13 years of age in the measurement year and complete the meningococcal, Tdap, and HPV vaccinations prior to their 13<sup>th</sup> birthdate.

### **Measure Specifications:**

**Data Source:** ALERT IIS/Claims

**2020 Target:** Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

**2020 Benchmark:** 40.4%

**Denominator:** Children who turn 13 years of age during the measurement year.

**Denominator Exclusions:** Patients in hospice during the measurement year.

**Numerator:** Children who turned 13 years of age in the measurement year and had all of the following vaccinations in the specified time periods:

- Meningococcal: At least 1 meningococcal serogroups A, C, W, Y vaccine on or between the member’s 11<sup>th</sup> and 13<sup>th</sup> birthdays
- Tdap: At least 1 tetanus, diphtheria toxoids and acellular pertussis vaccine on or between the member’s 10<sup>th</sup> and 13<sup>th</sup> birthdays
- HPV – Option 1: At least 2 human papillomavirus vaccines with different dates of service at least 5 months apart on or between the member’s 9<sup>th</sup> and 13<sup>th</sup> birthdays.
- HPV – Option 2: At least 3 human papillomavirus vaccines with different dates of service on or between the member’s 9<sup>th</sup> and 13<sup>th</sup> birthdays.

### **Coding:**

<b>Vaccine Type</b>	<b>CVX</b>	<b>CPT</b>
<b>Meningococcal – at least 1</b>	32, 103, 108, 114, 136, 147, 148, 162, 163, 164, 167	90734
<b>Tdap – at least 1</b>	9, 11, 35, 112, 113, 115, 138, 139, 142	90715
<b>HPV – at least 2</b>	62, 118, 137, 165	90649, 90650, 90651

**Continuous Enrollment Criteria:** Patient must be enrolled for 12 months prior to their 13<sup>th</sup> birthday.

**Allowable Enrollment Gaps:** No more than 1 gap in enrollment of up to 45 days.

**Anchor Date:** Enrolled on the adolescent’s 13<sup>th</sup> birthday.

### **Strategies for Improvement:**

- Use the outreach rosters on the EOCCO provider progress reports.

- Use ALERT IIS reports to monitor immunization status.
- Immunize patients during wellness visits.
- Schedule immunization visits well before patient's 13th birthday.
- Implement an immunization recall workflow.

## Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

(NQF 0004)

**Measure Description:** Patients age 18 years and older with an episode of AOD abuse or dependence who initiate treatment within 14 days of the episode and engage in ongoing AOD treatment within 34 days of initiating treatment.

### Measure Specifications:

Data Source: Claims

2020 Target: Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

2020 Benchmark:

- Initiation: 46.8%
- Engagement: 18.5%

### Definitions:

- Intake Period: The period from January 1 to November 13 of the measurement year that is used to capture new episodes of alcohol or other drug (AOD) abuse or dependence.
- Index Episode: The *earliest* encounter during the Intake Period with an AOD abuse or dependence diagnosis.
- Index Episode Start Date (IESD): The Index Episode date of service.
  - For outpatient visits, the IESD is simply the date of service.
  - For an inpatient stay, including ED and observations visits that results in an inpatient stay, the IESD is the date of discharge.
  - For direct transfers, the IESD is the discharge date from the last admission.
- Negative Diagnosis History: A period of 60 days before the IESD in which the patient had no claims or encounters with a diagnosis of AOD abuse or dependence.
  - For an inpatient stay, use the admission date to determine Negative Diagnosis History.
  - For ED or observation visits that result in an inpatient stay, use the earliest date of service to determine the Negative Diagnosis History.
  - For direct transfers, use the first admission date to determine the Negative Diagnosis History.
- Direct transfer: When the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.

**Denominator:** Members 18 years and older as of December 31<sup>st</sup> of the measurement year with an episode of AOD abuse or dependence during the Intake Period. For members with more than one episode of AOD abuse or dependence in the measurement year, use the first episode. The denominator is the same for both rates (initiation and engagement).

The following events qualify a patient for the denominator if they are billed with the appropriate AOD abuse or dependence diagnosis code(s)\*: an outpatient visit, telehealth, intensive outpatient visit or partial hospitalization, detoxification visit, ED visit, observation visit, acute or non-acute inpatient discharge, telephone visit, or online assessment.

**Denominator Exclusions:** Patients in hospice during the measurement year. Patients with a claim or encounter with a diagnosis of AOD abuse or dependence during the Negative Diagnosis History period.

**Numerator – Initiation:** Patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the IESD.

If the Index Episode was an inpatient discharge or an ED visit that resulted in an inpatient stay, the member is already considered compliant in the Initiation phase.

If the Index Episode was an outpatient visit, the member must initiate treatment on the IESD or the 13 days following (14 total days). The following events qualify a patient as compliant in the Initiation phase if they are billed with the appropriate AOD abuse or dependence diagnosis code(s)\*:

- An acute or non-acute inpatient admission
- IET Stand Alone Visits Value Set.
- Observation Value Set.
- IET Visits Group 1 Value Set with IET POS Group 1 Value Set.
- IET Visits Group 2 Value Set with IET POS Group 2 Value Set.
- A telephone visit (Telephone Visit Value Set).
- An online assessment (Online Assessment Value Set).
- If the Index Episode was for a diagnosis of alcohol abuse or dependence, a medication treatment dispensing event (Alcohol Use Disorder Treatment Medications List) or medication treatment during a visit (AOD Medication Treatment Value Set).
- If the Index Episode was for a diagnosis of opioid abuse or dependence, a medication treatment dispensing event (Opioid Use Disorder Treatment Medications List) or medication treatment during a visit (AOD Medication Treatment Value Set).

**Numerator - Engagement:** Patients who are compliant in the Initiation phase *and* who engage in ongoing AOD treatment within 34 days of initiating treatment.

If the patient's Initiation of AOD treatment was a medication treatment event (Alcohol Use Disorder Treatment Medications List, AOD Medication Treatment Value Set, or AOD Medication Treatment Value Set), they must have **two** Engagement events in which only one can be a medication treatment event.

If the patient's Initiation of AOD treatment was *not* a medication treatment event, they must have either **one** Engagement medication treatment event, or **two** Engagement visits that are not medication treatment events.

The following events meet the criteria for **one Engagement visit** if they are billed with the appropriate AOD abuse or dependence diagnosis code(s)\*:

- An acute or non-acute inpatient admission
- IET Stand Alone Visits Value Set.
- Observation Value Set.
- IET Visits Group 1 Value Set with IET POS Group 1 Value Set.
- IET Visits Group 2 Value Set with IET POS Group 2 Value Set.
- A telephone visit (Telephone Visit Value Set).
- An online assessment (Online Assessment Value Set).

The following events meet the criteria for **one Engagement in medication treatment event**:

- If the Index Episode was for a diagnosis of alcohol abuse or dependence, one or more medication treatment dispensing events (Alcohol Use Disorder Treatment Medications List) or medication treatments during a visit (AOD Medication Treatment Value Set).
- If the Index Episode was for a diagnosis of opioid abuse or dependence, one or more medication treatment dispensing events (Opioid Use Disorder Treatment Medications List) or medication treatments during a visit (AOD Medication Treatment Value Set).

Please refer to the table below for an overview of the visit and event combinations needed to meet the Engagement phase of this measure:

Initiation Event	Engagement Event Options
Medication treatment event	1 medication treatment event + 1 engagement visit (may have same date of service and provider)
	<b>OR</b>
	2 engagement visits (may have same date of service but must be with different providers)
Not a medication treatment event	2 engagement visits (may have same date of service but must be with different providers)
	<b>OR</b>
	1 medication treatment event

\*Appropriate AOD abuse or dependence codes come from these value sets: Alcohol Abuse and Dependence Value Set, Opioid Abuse and Dependence Value Set, Other Drug Abuse and Dependence Value Set.

See OHA technical specifications for a complete list of value sets and medications that are compliant with the Engagement phase.

**Continuous Enrollment Criteria:** Patient must be enrolled for 60 days before the IESD through 48 days after the IESD (109 total days).

**Allowable Enrollment Gaps:** None.

**Anchor Date:** None.

**Strategies for Improvement:**

- *Specific strategies for this measure are still being created. An updated version of this document will be sent to all EOCCO partners soon.*

## Oral Evaluation for Adults with Diabetes

**Measure Description:** The percentage of patients ages 18 and older with a diagnosis of diabetes who received a comprehensive, periodic, or periodontal oral evaluation in the measurement year.

### **Measure Specifications:**

Data Source: Claims

2020 Target: Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

2020 Benchmark: 26.8%

**Denominator:** Unduplicated patients ages 18 years and older as of December 31<sup>st</sup> of the measurement year with diabetes identified from claim/encounter data or pharmacy data, during the measurement year or the year prior to the measurement year.

**Denominator Exclusions:** Patients who have gestational diabetes or steroid-induced diabetes, are in hospice during the measurement year, or are 66 years of age or older with frailty and advanced illness.

**Numerator:** Number of unduplicated patients in the denominator who received a comprehensive, periodic or periodontal oral evaluation in the measurement year, identified by any of the following CDT codes: D0120, D0150, or D0180.

### **Coding:**

Qualifying Visits	CDT
Comprehensive, periodic or periodontal oral evaluation	D0120, D0150, D0180

**Continuous Enrollment Criteria:** Patient must be enrolled for the measurement year.

**Allowable Enrollment Gaps:** No more than 1 gap in enrollment of up to 45 days.

**Anchor Date:** None.

### **Strategies for Improvement:**

- Discuss the importance of routine oral health care with diabetic patients.
- Ask when the patient's last dental visit was and encourage them to regularly engage with a dental provider.

## Preventive Dental Services – Kindergarten Readiness

**Measure Description:** The percentage of patients ages 1-5 and 6-14 who receive preventive dental services during the measurement year.

### Measure Specifications:

Data Source: Claims

2020 Target: Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

2020 Benchmark: 78.5%

- Ages 1-5: 45.4%
- Ages 6-14: 65.6%

Denominator: Patients ages 1-14 as of December 31<sup>st</sup> of the measurement year.

Numerator: Unique patients who receive preventive dental services from qualifying dental providers. See below for qualified providers:

Provider Grouping	Provider Classification	Taxonomy Code
Dental Providers	Dentist	122300000X, 1223D0001X, 1223D0004X, 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X
Dental Providers	Dental Hygienist*	124Q00000X
Dental Providers	Dental Therapist	125J00000X
Dental Providers	Advanced Practice Dental Therapist	125K00000X
Dental Providers	Oral Medicinist	125Q00000X
Ambulatory Health Care Facilities	Clinic/Center	261QF0400X, 261QR1300X

\*Note: Dental hygienist services do not need to be under the supervision of a dentist.

Coding:

Qualifying Visits	CDT
Preventive Services	D1000 - D1999

Continuous Enrollment Criteria: Patient must be enrolled for at least 180 days in the measurement year.

Allowable Enrollment Gaps: None.

Anchor Date: None.

### Strategies for Improvement:

- Ask when the child's last dental visit was and encourage them to schedule a dental exam and cleaning if it has been longer than six months.

- Provide information on and encourage families to participate in local health fairs where dental services are provided.
- Collaborate with local dental offices and provide patients with a list of contracted dental practices for their DCO.



## Well-Child Visits in 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, & 6<sup>th</sup> Years of Life – Kindergarten Readiness

(NQF 1516)

**Measure Description:** The percentage of patients ages 3-6 who complete at least one well-child visit during the measurement year.

### **Measure Specifications:**

Data Source: Claims

2020 Target: Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

2020 Benchmark: 78.5%

**Denominator:** Patients ages 3-6 as of December 31<sup>st</sup> of the measurement year.

**Denominator Exclusions:** Patients in hospice during the measurement year.

**Numerator:** At least one well-child visit during the measurement year.

**Numerator Exclusions:** Visits billed with a telehealth modifier or telehealth POS code.

### **Coding:**

CPT	HCPCS	ICD-10
99381-99385, 99391-99395, 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, Z02.82, Z76.1, Z76.2

**Continuous Enrollment Criteria:** Patient must be enrolled for the measurement year.

**Allowable Enrollment Gaps:** No more than 1 gap in enrollment of up to 45 days.

**Anchor Date:** December 31<sup>st</sup> of the measurement year.

### **Strategies for Improvement:**

- Use the outreach rosters on the EOCCO provider progress reports.
- Convert sick visits into comprehensive wellness exams whenever possible.
- Don't be concerned about providing more than one wellness exam within a one year time period. EOCCO will pay for multiple.
- Hold well-child visit events or designated clinic days.

## **Timeliness of Prenatal and Postpartum Care**

(NQF 1517)

**Measure Description:** The percentage of pregnant mothers who received prenatal care within the first trimester or within 42 days of enrollment and/or received postpartum care between 7 and 84 days after Estimated Date of Delivery (EDD).

### **Measure Specifications:**

**Data Source:** Claims and chart review

**2020 Target:** Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

**2020 Postpartum Care Benchmark:** 61.3%

**Denominator:** A sample size provided by OHA of 411 patients with live birth deliveries, an EDD in the period between October 8, 2019 and October 7, 2020, and continuous enrollment from 43 days prior to EDD and 60 days after EDD with no gaps.

**Denominator Exclusions:** Patients in hospice during the measurement year.

### **Numerator:**

***Prenatal Care:*** This visit must occur within the first trimester or within 42 days of enrollment. Documentation in the medical record must include a note indicating the date when the prenatal visit occurred and evidence of one of the following:

- Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height).
- Prenatal care procedure (obstetric panel, TORCH antibody panel, rubella antibody test, or ultrasound of pregnant uterus).
- Documentation of LMP, EDD, or gestational age in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history).

***Postpartum Care:*** The visit must occur on or between 7 and 84 days after delivery. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and evidence of one of the following:

- Pelvic exam
- Evaluation of weight, blood pressure, breasts and abdomen
- Notation of postpartum care, including, but not limited to “postpartum care,” “PP care,” “PP check,” or “6-week check”, or a preprinted “Postpartum care” form
- Perineal or cesarean incision/wound check
- Screening for mental health disorders, tobacco use, or substance use disorders
- Glucose screening for women with gestational diabetes
- Other discussion of infant care or breastfeeding, birth spacing or family planning, sleep/fatigue, or resumption of physical activity and attainment of healthy weight

**Continuous Enrollment Criteria:** Patient must be enrolled from 43 days prior to EDD through 60 days after EDD.

Allowable Enrollment Gaps: None.

Anchor Date: EDD.

**Strategies for Improvement:**

- Provide prenatal care as soon as possible after patient is enrolled in the Oregon Health Plan for those not already enrolled.
- Remind patients to return for 6 week postpartum check. If patient no shows, try and reschedule the visit as soon as possible.
- Document prenatal and postpartum care services provided and bill when appropriate.
- Bill 0500F-0502F, 99500, or H1000-H1004 at initial prenatal visit to satisfy numerator compliance to reduce chart review burden.
- Bill 57170, 58300, 59430, 99501, 0503F, G0101 at 6 week postpartum visit or append the appropriate ICD-10 code such as V24.2 to reduce chart review burden.
- For tracking purposes, EOCCO asks that claims be submitted with both the date of first prenatal visit and postpartum visit.
- When global billing, please remember to submit a claim to notify EOCCO of prenatal and postpartum dates of service. These should be billed as zero-dollar claim lines.

Description	Codes
Prenatal Visits	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99483 CPT-CAT-II: G0463, T1015
Stand Alone Prenatal Visits	CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical Cytology Lab Test	CPT: 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

**\*Table does not include all eligible codes**

## **Depression Screening and Follow-up Plan**

(NQF 0418e / CMS 2v9)

**Measure Description:** The percentage of patients 12 years and older who are screened for depression using an age appropriate standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen.

### **Measure Specifications:**

**Data Source:** EHR based

**2020 Target:** Reporting year only

**2020 Benchmark:** Reporting year only

**Denominator:** All patients 12 years and older at the beginning of the measurement year with at least one eligible encounter during the measurement year. Eligible encounters are identified through the Depression Screening Encounter Codes Grouping Value Set (2.16.840.1.113883.3.600.1916).

### **Denominator Exclusions:**

- Patients with an active diagnosis of depression.
- Patients with an active diagnosis of bipolar.

### **Denominator Exceptions:**

- Patient refuses to participate.
- Patient is in an urgent or emergent situation where delay to treatment would jeopardize the patient's health status.
- Patient's functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools.

**Numerator:** Patients 12 years and older who are screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized tool. If positive, a follow-up plan is documented on the date of the positive screen.

### ***Follow-up Plan:***

- Additional evaluation or assessment for depression such as psychiatric interview, psychiatric evaluation, or assessment for bipolar disorder
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

**Notes:** The use of a PHQ-9 as follow-up to a positive PHQ-2 no longer counts as additional evaluation and cannot be counted for numerator compliance. If the PHQ-9 is negative then no follow-up is needed.

**Continuous Enrollment Criteria:** OHA does not use continuous enrollment criteria for EHR-based measures.

Allowable Enrollment Gaps: N/A

Anchor Date: N/A

**Strategies for Improvement:**

- Screen all patients 12 years and older for depression screening at least annually.
- Document screening tool and results in EHR in a reportable format.
- Provide follow-up plan as soon as need is indicated.

## **Diabetes HbA1c Poor Control** **(CMS 122v8)**

**Measure Description:** The percentage of patients ages 18-75 with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level is >9.0%.

### **Measure Specifications:**

**Data Source:** EHR based

**2020 Target:** Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

**2020 Benchmark:** 23.4% (lower is better)

**Denominator:** Patients ages 18-75 with Type 1 or Type 2 diabetes with a visit during the measurement year.

### **Denominator Exclusions:**

- Patients in hospice during the measurement year
- Patients ages 66 and older who are living in a long term institution for more than 90 days during the measurement year
- Patients with advanced illness and frailty
- Patients with a diagnosis of secondary diabetes

**Numerator:** Patients whose most recent HbA1c level during the measurement year is >9.0%.

### **Notes:**

- Patient is numerator compliant if the most recent HbA1c level is >9.0%.
- Patient is numerator compliant if the most recent HbA1c level is missing.
- Patient is numerator compliant if there are no HbA1c tests performed or results documented during the measurement year.

**Continuous Enrollment Criteria:** OHA does not use continuous enrollment criteria for EHR-based measures.

**Allowable Enrollment Gaps:** N/A

**Anchor Date:** N/A

### **Strategies for Improvement:**

- Order HbA1c tests every three months for patients with HbA1c levels >9.0% and every six months for patients in the controlled range.
- Refer patients to diabetes education classes.
- Ensure HbA1c data is entered into the EHR from the PCP and specialty clinics.
- Use a patient registry to manage this population.

## **Cigarette Smoking Prevalence**

**Measure Description:** The percentage of patients 13 years and older who had a qualifying visit in the measurement year and have their smoking and/or tobacco use status recorded as structured data.

### **Measure Specifications:**

Data Source: EHR based

2020 Target: Report-only (see [Updates on the 2020 Incentive Measure Program](#) for more details)

2020 Benchmark: 26.6% (lower is better)

**Denominator:** Use denominator criteria for MU Smoking Status Objective or Code sets included in NQF0028e/CMS138v8 plus adolescent visit codes.

**Numerator:** Three rates must be queried to determine the prevalence rate (2).

*Rate 1:* Of all your patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded?

*Rate 2:* Of all your patients with their cigarette smoking or tobacco use status recorded [Rate 1 numerator], how many are cigarette smokers?

*Rate 3:* Of all your patients with their cigarette smoking or tobacco use status recorded [Rate 1 numerator], how many are cigarette smokers *and/or* tobacco users?

**Numerator Exclusions:** This measure does not assess use of e-cigarettes, marijuana, or patients using nicotine replacement therapy (NRT) who no longer smoke cigarettes. Use of these products should be excluded.

**Continuous Enrollment Criteria:** OHA does not use continuous enrollment criteria for EHR-based measures.

**Allowable Enrollment Gaps:** N/A

**Anchor Date:** N/A

### **Strategies for Improvement:**

- Screen all patients 13 years and older for smoking/tobacco use at each visit.
- Follow the 5A's model for treating tobacco use and dependence.
- Refer patients to local tobacco cessation coach or telephonic health coach (877) 277-7281.
- If patient quits smoking or tobacco use, update this in the EHR.

## **Alcohol and Drug Misuse Screening**

### **Screening, Brief Intervention and Referral to Treatment (SBIRT)**

**Measure Description:** The percentage of patients 12 years and older who are age-appropriately screened for alcohol and drug use and had either a brief screen with a negative result or a full screen for rate 1. Patients with a positive full screen who had a brief intervention, and/or referral to treatment within 48 hours of screen satisfies rate 2.

#### **Measure Specifications:**

**Data Source:** EHR based

**2020 Target:** Reporting year only

**2020 Benchmark:** Reporting year only

**Denominator Rate 1:** Patients ages 12 years and older with at least one eligible encounter during the measurement year determined by Depression Screening Encounter Codes Grouping Value Set (2.16.840.1.113883.3.600.1916).

**Numerator Rate 1:** Patients who received an age-appropriate screening using an OHA approved SBIRT tool during the measurement year, and complete either a brief screen with a negative result or a full screen.

**Denominator Rate 2:** All patients in Rate 1 who had a positive full screen in the measurement year.

**Numerator Rate 2:** Patients who received a brief intervention and/or referral to treatment that is documented within 48 hours of the date of the positive screen.

#### **Denominator Exclusions:**

- Active diagnosis of alcohol or drug dependency
- Current engagement in alcohol or drug dependence treatment
- Dementia or mental degeneration
- Limited life expectancy
- Palliative care

#### **Denominator Exceptions:**

- Patient refuses to participate
- Patient is in an urgent or emergent situation where delay to treatment would jeopardize the patient's health status
- Patient's functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools

**Numerator Exclusions:** SBIRT services received in an ED or hospital setting.

**Continuous Enrollment Criteria:** OHA does not use continuous enrollment criteria for EHR-based measures.



Allowable Enrollment Gaps: N/A

Anchor Date: N/A

**Strategies for Improvement:**

- Screen all patients 12 and older for alcohol and drug misuse annually.
- Document screening tool and results in EHR in a reportable format.
- Provide brief intervention and/or referral to treatment as soon as need is indicated.