

2025

# QUALITY OFFICE INSTRUCTIONS BOOKLET

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## QUALITY CARE IMPROVEMENT

Our Quality Care Improvement Staff are dedicated to ensuring the highest quality of care is provided to all patients we serve.

## WE ARE HERE FOR YOU!

For General Quality Related Inquiries, please email us at:  
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# SUMMARY OF ASTRANA HEALTH QUALITY BOOKLET CHANGES

## New Additions

- Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH) is added in the Medicare Star Rating measures set.
- Concurrent Use of Opioids and Benzodiazepines (COB) is added in Medicare Star Rating measures set.
- Care of Older Adults – Functional Status Assessment is brought back for Medicare Star Rating measures.

## Revised Measures /Updates

- Breast Cancer Screening includes patients ages 40+ as NCQA is lowering the age requirement.
- Chlamydia Screening in Women measure to include transgender patients and measure renamed as Chlamydia Screening by NCQA

\*For the list of commonly used codes, please refer to the HEDIS measure sections.

For more information regarding HEDIS MY 2025, please contact the Quality Care Improvement Department at 626.800.9365 & 626.590.2586 or email us at [QualityImprovement.dept@astranahealth.com](mailto:QualityImprovement.dept@astranahealth.com) and for General Quality related inquiries please email us at [Quality.Dept@astranahealth.com](mailto:Quality.Dept@astranahealth.com)

## Social Determinants of Health (SDOH)

**2025 Priority Initiative for All Lines of Business:** Utilization of the below mentioned ICD-10 codes related to Social Determinants of Health (SDOH) when performing assessments (i.e., Annual Wellness Visit, Annual Physical Exam, routine office visits) on patients are strongly encouraged by Health Plans. Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) are gathering SDOH data from Health Plans needed to support and improve population health management. Below you will find SDOH Z codes and sample corresponding questions to assist your practice capture data through Z Codes.



Z Codes	Description / Related Situation	Sample Questions for Corresponding Z Codes (These sample questions are to aid your practice if the situation with patient is unclear. Questions to be approached with sensitivity and empathy - One question per z code is sufficient to provide insight on patient's situation - Note full response from patient in progress notes and submit claim using the Z Code)
<b>Z55.0</b>	<b>Illiteracy and low-level literacy</b>	• How would you describe the level of formal education you have completed (i.e., middle school, high school diploma, college degree)?
		• Have you ever experienced challenges in accessing educational opportunities due to factors such as financial constraints or lack of resources?
		• Did you face any barriers in your educational journey, such as language barriers or learning disabilities?
		• To what extent do you feel your level of education has influenced your employment opportunities and economic stability?
<b>Z59.0</b>	<b>Housing / Homelessness</b>	• Have you ever experienced a period of homelessness or lack of stable housing?
		• How frequently do you move between different living arrangements or temporary shelters?
		• Have you ever had trouble affording rent/mortgage payments?
		• Do you feel safe and secure in your current living environment?
		• Have you had difficulties accessing necessary resources or services due to your housing situation?
<b>Z59.1</b>	<b>Inadequate housing (lack of heating/space, unsatisfactory surroundings)</b>	• Are you able to afford and maintain your housing expenses without significant financial burden?
		• Have you experienced issues with overcrowding in your living situation?
		• Do you have access to basic amenities in your housing, such as clean water, heating/cooling, and sanitation facilities?
		• Have you ever faced problems with safety or security in your housing environment?
<b>Z59.3</b>	<b>Problems related to living in residential institution</b>	• Are you currently residing in a residential institution such as a nursing home, halfway housing, or rehabilitation center?
		• How would you describe your experience living in a residential institution in terms of comfort and quality of care?
		• Have you experienced challenges or difficulties in maintaining your personal autonomy and independence while residing in a residential institution?
<b>Z59.4</b>	<b>Lack of adequate food and safe drinking water</b>	• Have you experienced periods of inadequate access to nutritious food?
		• How often do you worry about not having enough food to eat for yourself or your household?
		• How often do you worry about not having safe drinking water?
<b>Z59.7</b>	<b>Insufficient social insurance and welfare support</b>	• Have you faced any discrimination or prejudice based on your race, ethnicity, gender, or other factors that have impacted your mental and social health?
		• Are you currently experiencing any stressors or pressures in your work or personal life that are affecting your overall well-being?
		• Do you have a support network of friends, family, or community resources to turn to in times of need?
<b>Z59.8</b>	<b>Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)</b>	• Have you experiencing risk of losing your home due to financial difficulties?
		• Do you live in a location that is isolated or far away from essential services like grocery stores, healthcare facilities or transportation?
		• Have you experienced challenges in managing your debts or encountered difficulties paying bills?
<b>Z59.82</b>	<b>Excessive transportation time, inadequate transportation, lack of transportation,</b>	• Do you have reliable access to transportation for attending medical appointments or accessing essential services?
		• Have you experienced any challenges with transportation, such as difficulty affording it or lack of accessible options?

	<b>unaffordable transportation, unreliable transportation, unsafe transportation</b>	<ul style="list-style-type: none"> <li>• Are there any specific barriers or limitations in transportation that you face due to your current physical or mental health condition?</li> <li>• Have you ever missed or delayed medical appointments due to transportation-related issues?</li> </ul>
<b>Z60.2</b>	<b>Problems related to living alone</b>	<ul style="list-style-type: none"> <li>• How long have you been living alone?</li> <li>• What are some of the challenges you face living alone?</li> <li>• Do you have adequate support systems in place to cope with living alone?</li> </ul>
<b>Z60.4</b>	<b>Social exclusion and rejection (physical appearance, illness, or behavior)</b>	<ul style="list-style-type: none"> <li>• Do you feel excluded or rejected by your family, friends, or community?</li> <li>• Have you experienced any instances of social isolation or loneliness?</li> <li>• What social activities or connections do you currently engage in to combat social exclusion?</li> </ul>
<b>Z62.819</b>	<b>Personal history of unspecified abuse in childhood</b>	<ul style="list-style-type: none"> <li>• Have you experienced abuse or trauma in your childhood? If so, has it impacted your well-being and present relationships?</li> <li>• Are there any specific triggers or situations that remind you of the abuse and cause distress?</li> <li>• Have you sought or received any support or therapy to help you cope with the impact of the abuse?</li> </ul>
<b>Z63.0</b>	<b>Problems in relationship with spouse or partner</b>	<ul style="list-style-type: none"> <li>• Are you experiencing challenges or conflicts with your spouse or partner?</li> <li>• Are there any specific events or triggers that tend to worsen the conflicts in your relationship?</li> <li>• Have you sought any form of couples therapy or counseling to address these problems/conflicts?</li> </ul>
<b>Z63.4</b>	<b>Disappearance &amp; death of family member (assumed death, bereavement)</b>	<ul style="list-style-type: none"> <li>• Have you recently experienced loss or death of a family member?</li> <li>• How did the loss or death of the family member occur? Was it due to natural causes, an accident, or other circumstances?</li> <li>• How has the loss or death affected you and your family? Are you receiving any support or counseling to cope with the loss?</li> </ul>
<b>Z63.5</b>	<b>Disruption of family by separation and divorce (marital estrangement)</b>	<ul style="list-style-type: none"> <li>• Has there been a separation or divorce that has disrupted your family? Could you tell me about it?</li> <li>• Have there been any specific challenges or difficulties that have arisen because of the separation or divorce?</li> <li>• Have you sought any support or counseling to help navigate through this disruption within your family?</li> </ul>
<b>Z63.6</b>	<b>Dependent relative needing care at home</b>	<ul style="list-style-type: none"> <li>• Who is the dependent relative in need of care at home? What is their relationship to you?</li> <li>• Could you please provide some details about the dependent's condition and care requirements?</li> <li>• How long has this dependent relative been needing care at home? How has this impacted your own self-care?</li> </ul>
<b>Z63.72</b>	<b>Alcoholism and drug addiction in family</b>	<ul style="list-style-type: none"> <li>• Have you personally been impacted by alcoholism or drug addiction in your family? If so, how has it affected you?</li> <li>• How long has alcoholism or drug addiction been a problem with your family?</li> <li>• Are you seeking support or assistance in dealing with the effects of alcoholism or drug addiction? If so, what kind of support do you feel would be helpful?</li> </ul>
<b>Z65.1</b>	<b>Imprisonment and other incarceration</b>	<ul style="list-style-type: none"> <li>• How has imprisonment or incarceration affected you or your family emotionally, financially, or socially?</li> <li>• What are the specific challenges or difficulties you are facing related to the imprisonment/incarceration?</li> <li>• Have you sought any support or resources to cope with the aftermath of imprisonment/incarceration?</li> </ul>
<b>Z65.2</b>	<b>Problems related to release from prison</b>	<ul style="list-style-type: none"> <li>• Have you been able to secure stable housing and employment since your release?</li> <li>• Have you faced any specific challenges related to finding employment, accessing education, or rebuilding your personal relationships after leaving prison?</li> </ul>
<b>Z65.8</b>	<b>Other specified problems related to psychosocial circumstances (religious or spiritual problem)</b>	<ul style="list-style-type: none"> <li>• How do these problems or challenges impact your daily life and well-being?</li> <li>• What are your goals in addressing these challenges, and what steps have you taken or willing to take towards achieving them?</li> </ul>

## 2025 HEDIS CODES (ADULT MEASURES)

MEASURE	AGE RANGE	CODES	LINE OF BUSINESS	CLAIM SUBMITTER	DOCUMENTATION REQUIREMENTS	RECOMMENDATIONS OF BEST PRACTICE
 <p><b>Annual Physical Exam (APE)</b></p>	20-64 yrs.	<p><b>ICD-10:</b> Z00.00 (Normal)/ Z00.01 (Abnormal) <b>CPT:</b> 99385-99387 (New patient) 99395-99397 (Established patient)</p>	Medicaid Commercial	Primary Care Physician	<p>Completed <b>APE form</b>.</p> <p>Forms available in our Provider Portal/Resources (highlights priority topics/measures to be addressed with Medicaid and Commercial patients) Frequency: <b>Annually</b></p>	<p><b>Utilize</b> the APE form to guide care and screening needs of patients. <b>Submit</b> completed APE form in the provider portal. <b>Schedule</b> the next APE appointment before the patient leaves practice and set reminder calls.</p>
 <p><b>**Annual Wellness Visit (AWV)</b></p>	65+ yrs.	<p><b>HCPCS:</b> G0402 (Welcome to Medicare) G0438 (Initial visit) G0439 (Subsequent visit)</p>	Medicare	Primary Care Physician	<p>Completed <b>AWV form</b> for Paper Chart and EMR Providers are available in our Provider Portal/Resources (highlights priority measures impacting Medicare patients) Frequency: <b>Annually</b></p>	<p><b>Utilize</b> the AWV form to guide care and screening needs of patient. <b>Submit</b> completed AWV form in the provider portal. <b>Schedule</b> the next AWV appointment before the patient leaves practice and set reminder calls.</p>
 <p><b>Glycemic Status Assessment for Patients with Diabetes (GSD)</b></p>	18-75 yrs.	<p>HbA1c <b>&lt;8.0%</b> MEDICAID and COMMERCIAL; HbA1c <b>≤9.0%</b> MEDICARE <b>Diabetes ICD-10:</b> E10, E11, E13</p> <p><b>CPTII:</b> HbA1c &lt;7.0% – 3044F ≥7.0% – &lt;8.0% – 3051F ≥8.0% – ≤9.0% – 3052F &gt;9.0% – 3046F</p>	Medicare Medicaid Commercial	Lab or Primary Care Physician	<p>Document medical records with the date and result.</p> <p><b>Please note that result 8 or higher is considered non-compliant for Medicaid and Commercial &amp; result higher than 9 is considered non-compliant for Medicare.</b> Frequency: <b>Annually</b></p>	<p><b>Obtain</b> at least one HbA1c value &lt;8% for Medicaid and Commercial patients; at least one value ≤9% for Medicare patients. <b>Follow up</b> results and findings with the patient. <b>High priority measure!</b> Double weighted for Medicaid and Commercial. Triple weighted for Medicare patients.</p>
 <p><b>Eye Exam for Patients with Diabetes (EED)</b></p>	18-75 yrs.	<p><b>Diabetes ICD-10:</b> E10, E11, E13 <b>Positive Retinal Eye Exam Reviewed</b> <b>CPTII:</b> 2022F, 2024F, 2026F <b>Negative Retinal Eye Exam Reviewed</b> <b>CPTII:</b> 2023F, 2025F, 2033F <b>CPTII:</b> 3072F (Negative retinopathy prior year)</p>	Medicare Medicaid Commercial	Optometrist or Ophthalmologist or Primary Care Physician	<p>Document the type of eye exam performed including findings. Documentation of only the order or statement that test was performed is not sufficient. <b>Please clarify if the result is Positive or Negative.</b> Frequency: <b>Positive - Annually</b> <b>Negative - Every 2 years</b></p>	<p><b>Refer</b> patients with a diagnosis of diabetes (Type 1 or Type 2) to optometrist or ophthalmologist for dilated retinal eye exam. <b>Follow up</b> and discuss the results and findings with the patient.</p>
 <p><b>Kidney Health Evaluation for Patients with Diabetes (KED)</b></p>	18-85 yrs.	<p><b>ICD-10 Diabetes:</b> E10, E11, E13</p> <p><b>Estimated Blood Glomerular Filtration Rate (eGFR):</b> 80048, 80053, 80069, 82565</p> <p><b>Urine Albumin-Creatinine Ratio (uACR):</b> 82043, 82570</p>	Medicare Medicaid Commercial	Lab	<p>At least 1 estimated <b>Blood</b> glomerular filtration Rate (<b>eGFR</b>) <b>AND</b> Quantitative <b>urine</b> albumin test AND a urine creatinine test 4 or less days apart OR Urine and Albumin-Creatinine Ratio (<b>uACR</b>)</p> <p><b>BOTH eGFR and uACR must be performed in the measurement year to be compliant</b> Frequency: <b>Annually</b></p>	<p><b>Refer</b> patients with diagnosis of diabetes (Type 1 or Type 2) to lab to receive a kidney health evaluation during the measurement year. Follow up with patients who have not completed tests. <b>Schedule</b> regular follow ups with patients to monitor changes, discuss lab results and educate on how diabetes can affect the kidneys by offering tips for prevention and diet. <b>Follow up</b> and discuss the results and findings with the patient.</p>
 <p><b>Blood Pressure Control for Patients with Diabetes (BPD)</b></p>	18-75 yrs.	<p>Systolic BP: &lt; 130 mmHg – <b>CPTII:</b> 3074F</p> <p>130-139 mmHg – <b>CPTII:</b> 3075F</p> <p>Diastolic BP: &lt; 80 mmHg – <b>CPTII:</b> 3078F</p> <p>80-89 mmHg – <b>CPTII:</b> 3079F</p>	Medicaid Commercial	Primary Care Physician	<p>Record the patient's blood pressure at every office visit. If multiple readings were recorded for a single date, use the lowest systolic and diastolic BP on that date. Submit one systolic CPT and one diastolic CPT with an office visit code on the claim/encounter.</p> <p><b>Blood pressure equal to or above 140/90 is considered as non-compliant.</b> Frequency: <b>Annually</b></p>	<p><b>Educate</b> patients to report blood pressure readings via telehealth encounters if they have digital monitors. <b>Encourage</b> patients to take blood pressure at home, keep a log, and report back to the provider at their next in person visit or telehealth visit. <b>Reassess</b> patient for compliance and medication regimen while stressing the importance of healthy diet, exercise, and medication intake if blood pressure readings are compromised.</p> <p><b>High priority measure!</b></p>

**\*\*Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the Annual Wellness Visit on the same day.**

## 2025 HEDIS CODES (ADULT MEASURES)

MEASURE	AGE RANGE	CODES	LINE OF BUSINESS	CLAIM SUBMITTER	DOCUMENTATION REQUIREMENTS	RECOMMENDATIONS OF BEST PRACTICE	
<b>Colorectal Cancer Screening (COL)</b>  	45-75 yrs.	Colonoscopy/ CT Colonography/ Sigmoidoscopy Upload report if gap exists	Medicaid Medicare Commercial	Gastroenterologist or Radiology Imaging Center	Document the date, type, and result of colorectal cancer screening clearly.  Patient reported colonoscopy is acceptable by documenting the date and as much detail as the patient can offer.  Frequency: <b>FOBT Annually; FIT DNA test every 3 years; CT Colonography every 5 years; Flexible Sigmoidoscopy every 5 years; Colonoscopy every 10 years.</b>	<b>Educate</b> patients about the importance of colorectal cancer screening. Discuss different screening options if the patient is hesitant. Provide at-home FOBT kits if refused other options. <b>Create</b> referral and/or standing order to share with the patient. <b>Provide</b> a list of locations where colorectal cancer screening can be performed based on the recommendations and the patient's preference. <b>Follow up</b> and discuss the results and findings with the patient	
		iFOBT/FIT DNA – Codes submitted by laboratories					Lab
		Exclusions Colorectal Cancer – <b>ICD-10:</b> C18.0-C18.9, C19, C20, Z85.038, Z85.048 Colectomy – <b>CPT:</b> 44150–44158, 44210–44212					
<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF)</b>  	12yrs.and older	<b>Captured Through EHR System:</b>  PHQ-2 <b>LOINC:</b> 55758–7  PHQ-9 <b>LOINC:</b> 44261–6  PHQ-Teens <b>LOINC:</b> 89204–2	Medicare Medicaid Commercial	Primary Care Physician	Utilize validated tools PHQ9/PHQ2 and ensure that the total score is written clearly on the form with DOS.  Please upload your completed assessment forms of PHQ9/PHQ2 on to the Provider Portal  Record notation of patient refusal on medial record.  Frequency: <b>Annually</b>	<b>Screen</b> for depression and mood changes at every visit using validated tools (i.e., PHQ9/PHQ2) <b>Educate</b> the patient on the importance of follow-up and adherence to treatment recommendations. <b>Schedule the next</b> DSF appointment before the patient leaves practice and set reminder calls. <b>Refer</b> to practitioner who is qualified to diagnose and treat depression, as needed.	
<b>Chlamydia Screening (CHL)</b>  	16-24 yrs.	<b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810	Medicaid Commercial	Lab	Document the date and findings of the most recent screening.  Frequency: <b>Annually patients within the age range identified as sexually active</b>	<b>Educate</b> patients on the importance of CHL. Conduct chlamydia screening via urine test as part of the annual physical exam. Parental consent is not required. <b>Follow up</b> and discuss the results and findings with the patient.	
<b>Breast Cancer Screening (BCS)</b>  	Female 40-74 yrs.	Mammography <b>CPT:</b> 77065–77067	Medicare Medicaid Commercial	Radiology Imaging Center	This measure should be collected and reported through the E-clinical data system. Document the month and year of the most recent mammogram with the result and/or mastectomy status in the medical record. Patient reported mammograms are acceptable by documenting the date. BI-RADS screening, regardless of the result, can close gaps. Biopsies, breast ultrasounds, or MRIs do not count towards this measure.  Frequency: <b>Every 2 years</b>	<b>Educate</b> patients on the importance of early detection and encourage screening. <b>Discuss</b> possible fears the patient might have about mammograms and advise them that the present available testing methods are less uncomfortable and require less radiation. <b>Create</b> referral and/or standing order to share with the patient. <b>Provide</b> a list of locations where mammogram screening can be performed. <b>Follow up</b> and discuss the results and findings with the patient	
		Digital Breast Tomosynthesis <b>CPT:</b> 77061–77063					
		Exclusion – History of Bilateral Mastectomy – <b>ICD-10:</b> Z90.13					

**\*\*Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the Annual Wellness Visit on the same day.**

## 2025 HEDIS CODES (ADULT MEASURES)

MEASURE	AGE RANGE	CODES	LINE OF BUSINESS	CLAIM SUBMITTER	DOCUMENTATION REQUIREMENTS	RECOMMENDATIONS OF BEST PRACTICE
<b>Cervical Cancer Screening (CCS)</b>  	Patients 21-64 yrs.	Pap Smear / Cytology  <b>HCPCS:</b> G0123	Medicaid Commercial	Lab or Gynecologist or Primary Care Physician	Document the date when cervical cancer screening was performed with specific test names and results in the medical record. The cervical cytology and HPV test must be from the same data source. Request to have the results of pap tests sent over if completed by OB/GYN. Frequency: <b>Patients 21-64 years of age who had cervical cytology in the measurement year or 2 years prior; Patients 30-64 years of age who had cervical high-risk human Papillomavirus (hrHPV) testing performed in the measurement year or 4 years prior; Patients 30-64 years of age who had cervical cytology and human papillomavirus (hrHPV) co-testing performed in the measurement year or 4 years prior.</b>	<b>Educate</b> patients about the importance of cervical cancer screening. <b>Create</b> referral and/or standing order to share with the patient. <b>Provide</b> a list of locations where cervical cancer screening can be performed. <b>Follow up</b> and discuss the results and findings with the patient.
		HPV Test  <b>HCPCS:</b> G0476				
		Exclusions – Acquired absence of cervix <b>ICD-10:</b> Z90.712 (w/uterus) & <b>ICD-10:</b> Z90.710 (w/o uterus) Total abdominal hysterectomy <b>CPT:</b> 58150				
<b>Prenatal and Postpartum Care (PPC)</b>  	All Ages	Timeliness of Prenatal Care  <b>ICD-10:</b> Z34.90 Primary diagnosis codes for pregnancy must be present  <b>CPTII:</b> 0500F (initial), 0502F (subsequent)  Postpartum Care <b>ICD-10:</b> Z01.411 <b>CPTII:</b> 0503F	Medicaid Commercial	OBGYN or Primary Care Physician	Prenatal document must include the date of visit and indicate at least one of the following: Fetal heart tone auscultation; Pelvic exam with OB observations; Fundal height measurement. Pre-Frequency: <b>1st trimester or within 42 days after enrollment Postpartum, document must include the date and at least one of the following: Pelvic exam; Evaluation of weight, BP, breast, and abdomen; notation of postpartum care; depression screening and follow up.</b>  Post-Frequency: <b>On or between 7-84 days (1-12 weeks after delivery)</b>	<b>Encourage</b> and stress the importance of prenatal visits. <b>Refer</b> the patient to an OB/GYN for continued prenatal care. <b>Schedule</b> the next visit before the patient leaves the office. Utilizing telehealth visits if the patient cannot make it to the office. <b>Encourage</b> a postpartum visit between 7-84 days of delivery.
<b>Controlling High Blood Pressure (CBP)</b>  	18-85 yrs.	Systolic BP: < 130 mmHg – <b>CPTII:</b> 3074F  130-139 mmHg – <b>CPTII:</b> 3075F  ≥140 mmHg – <b>CPTII:</b> 3077F  Diastolic BP: < 80 mmHg – <b>CPTII:</b> 3078F  80-89 mmHg – <b>CPTII:</b> 3079F	Medicare Medicaid Commercial	Primary Care Physician	Record the patient's blood pressure at every office visit. If multiple readings were recorded for a single date, use the lowest systolic and diastolic BP on that date.  Submit one systolic CPT and one diastolic CPT with an office visit code on the claim/encounter.  <b>Blood pressure equal to or above 140/90 is considered as non-compliant.</b>  Frequency: <b>Annually</b>	<b>Educate</b> patients to report blood pressure readings via telehealth encounters if they have digital monitors. <b>Encourage</b> patients to take blood pressure at home, keep a log, and report back to the provider at their next in person visit or telehealth visit. <b>Reassess</b> patient for compliance and medication regimen while stressing the importance of healthy diet, exercise, and medication intake if blood pressure readings are compromised. <b>High priority measure! Double weighted for Medicaid and Commercial. Triple weighted for Medicare patients.</b>
<b>Osteoporosis Management in Women who had a Fracture (OMW)</b>  	67-85 yrs.	BMD Test  <b>CPT:</b> 77078 (CT), 77080 (DEXA)  Osteoporosis Meds <b>HCPCSII:</b> J0897, J1740, J3110–J3111, J3489,		Orthopedist or Radiology Imaging Center or Primary Care Physician	Documentation should include Bone Mineral Density (BMD) testing on the day of fracture or within 180 days (6months) after the fracture. Inpatient BMD test is acceptable. <b>OR</b> Prescribe medication to treat osteoporosis on the day of fracture or <b>within 180 days (6 months) of fracture.</b>  Frequency: <b>180 days (6months) after the fracture.</b>	<b>Discuss</b> osteoporosis prevention tips with the female patients within the age range. Ask if the patient had any recent fractures or falls that the provider is not aware of.

**\*\*Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the Annual Wellness Visit on the same day.**

## 2025 HEDIS CODES (ADULT MEASURES)

MEASURE	AGE RANGE	CODES	LINE OF BUSINESS	CLAIM SUBMITTER	DOCUMENTATION REQUIREMENTS	RECOMMENDATIONS OF BEST PRACTICE
<b>Care for Older Adults (COA)</b>  	66+ yrs.	Functional Status Assessment  <b>CPTII:</b> 1170F	Medicare  (Only for Dual Eligible Special Needs)	Primary Care Physician	Functional assessment was conducted to evaluate the patient's ability to independently perform <b>activities of daily living (ADLs)</b> -bathing, dressing, eating, toileting, transferring and <b>instrumental activities of daily living (IADL)</b> -transportation, cooking, managing medication, finances, housekeeping, and related activities. Frequency: <b>Annually</b>	<b>Encourage</b> regular physical activity and exercise to maintain and improve strength and mobility. <b>Evaluate</b> the need for additional home support services or caregiver assistance in functional decline is observed.
		Medication Review  <b>CPTII:</b> 1159F (list)  <b>and</b>  <b>CPTII:</b> 1160F (review)			Comprehensive medication review was conducted to evaluate the appropriateness, safety, and efficacy of the medication regimen for the patient Documentation of the current medications, medication reconciliation to identify discrepancies of current and past list. Any adverse drug reactions, allergies, medication compliance and adherence, patient education and follow up care. Frequency: <b>Annually</b>	<b>Educate</b> patients on their condition and the portance of taking medication as prescribed. <b>Encourage</b> medication compliance and adherence. Timely medication pickup. <b>Discuss</b> follow-up care assessment, medication assessment and adjustment when applicable.
		Pain Assessment  <b>CPTII:</b> 1125F (+pain)  <b>CPTII:</b> 1126F (-pain)			Pain assessment was conducted using validated scale, such as for example, the Numerical Rating Scale (NRS). Documentation that the patient was able to report the intensity of pain on the scale provided. Documentation of the patient's pain level during the visit, description of the pain intensity and location of pain. Frequency: <b>Annually</b>	<b>Develop</b> a plan of care with patient with set goals to improve pain management and enhance overall well-being. <b>Discuss</b> pain reassessment plan to evaluate the effectiveness of the treatment plan (with medication or without). <b>Schedule</b> follow up care visit to monitor progress.
<b>Transition of Care (TRC)</b>  	18+ yrs.	Patient Engagement after Inpatient Discharge  <b>CPT:</b> 99211-99215, 99395-99397	Medicare	Primary Care Physician	Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. <b>Patient engagement that takes place on the day of discharge is not measure compliance.</b> Frequency: <b>Within 30 days of every inpatient discharge</b>	<b>Time sensitive measure!!</b> <b>Schedule</b> the patient for a post discharge visit once you are notified that the patient is admitted. This appointment should be made <b>within 7 days of hospital discharge.</b> <b>Outpatient visits</b> , including office or home visits. Utilize telehealth visits when possible. If the patient is unable to communicate, the provider can interact with the caregiver. <b>Review</b> discharge summaries and work with the hospital to obtain access to the electronic medical records for the patient. <b>Identify</b> all TRC visits within the measurement year, if a patient has multiple hospital admissions
		Medication Reconciliation Post – Discharge  <b>CPTII:</b> 1111F			Documentation of medication reconciliation of the current and newly prescribed medications. <b>Patient engagement that takes place on the day of discharge is not measure compliance.</b> Frequency: <b>Within 30 days of every inpatient discharge</b>	
<b>Follow-Up after Emergency Department Visit (FMC)</b>  	18+ yrs	<b>Multiple CPT codes:</b> Requires reviewing codes and provider workflow to meet claims submission requirement <b>Outpatient and Telehealth Visits CPT:</b> 98966-98981, 99202- 99205, 99211- 99215, 99241-99245 <b>Please see page 24 of Quality Booklet for additional common codes</b>  <b>Transitional Care Management CPT:</b> 99495, 99496	Medicare	Primary Care Physician	Document visit within 7 days of discharge (8 total days) with the reason and outcome of the hospitalization along with the reconciliation of any changes to medication due to the ED visit. Visits on the day of ED visits, are measure compliance. ED visits resulting in inpatient care are excluded. If the patient has more than one ED visit within an 8-day period, include only the first eligible visit. Frequency: <b>Within 7 days of every ER discharge</b>	<b>Time sensitive measure!!</b>  <b>Follow up</b> post emergency department visit for people with 2+ chronic conditions prior to the ED visit, within 7 days of discharge (8 total days). Outpatient office or telehealth visits. <b>Identify</b> all ED visits within the measurement year, if a patient had multiple ED visits.

**\*\*Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the Annual Wellness Visit on the same day.**

## 2025 HEDIS CODES (PEDIATRIC MEASURES)

MEASURE	AGE RANGE	CODES	LINE OF BUSINESS	CLAIM SUBMITTER	DOCUMENTATION REQUIREMENTS	RECOMMENDATIONS OF BEST PRACTICE
<b>**Well-Child Visits (W15/W30)</b>  	First 30 months	<b>ICD-10:</b> Z00.121 (Abnormal), Z00.129 (Normal)	Medicaid Commercial	Primary Care Physician	Document office visit notes with dated growth chart with the evidence of the following: Health history; Physical development history; Mental development history; Physical exam; Health education/anticipatory guidance.  Frequency: <b>Children 0-15 months old 6+ visits; 15-30 months old 2+ visits during measurement year</b>	<b>Schedule</b> timely visits within the recommended timeframe and educate parents on the importance of preventive care visits. <b>Utilize</b> every visit, including sick visits, to capture the components of this measure. <b>Schedule</b> the next well child visit appointment before the patient leaves practice and set reminder calls.
		Well-child visits in the first 15 months – <b>Six (6) or more visits</b> <b>CPT:</b> 99381 (Initial) 99391 (Periodic) <b>*Before the 15<sup>th</sup> month</b>				
		Well-child visits for age 15 – 30 months – <b>Two (2) or more visits</b> <b>CPT:</b> 99382 (Initial) 99392 (Periodic) <b>*After 15<sup>th</sup> month, before 30<sup>th</sup> month</b>				
<b>**Child and Adolescent Well Care Visits (WCV)</b>  	3-21 yrs.	<b>ICD-10:</b> Z00.121 (Abnormal) Z00.129 (Normal)  <b>CPT:</b> 99382 – 99385 (New)  99392 – 99395 (Established)	Medicaid Commercial	Primary Care Physician	Document office visit notes with dated growth chart with the evidence of the following: Health history; Physical development history; Mental development history; Physical exam; Health education/anticipatory guidance.  Frequency: <b>Annually</b>	<b>Educate</b> parents and patients on the importance of preventive care visits. Take advantage of every visit, including sick visits for both evaluation and management to capture this measure. <b>Utilize</b> telehealth visits when possible. <b>Schedule</b> the next well child visit appointment before the patient leaves practice and set reminder calls.
<b>Lead Screening in Children (LSC)</b>  	After 1 <sup>st</sup> birthday, before 2 <sup>nd</sup> birthday	<b>CPT:</b> 83655	Medicaid	Lab	Documentation must include the date of LSC performed with the results or findings.  Frequency: <b>After child's 1st before their 2<sup>nd</sup> birthday</b>	<b>Schedule</b> timely appointments that must occur between the 1 <sup>st</sup> and 2 <sup>nd</sup> birthdays. <b>Communicate</b> with parents about your findings and educate them on the prevention of LCS.
<b>Developmental Screening (DEV)</b>  	1-3 yrs.	<b>CPT:</b> 96110 Developmental Screening (i.e., developmental milestone survey, speech, and language delay screen)	Medicaid	Primary Care Physician	Utilize validated Developmental Screening tools and ensure that the result of the screening is documented with DOS.  Frequency: <b>Annually</b>	<b>Educate</b> parents on the importance of assessment for developmental delays. <b>Encourage</b> parents to monitor developmental milestones such as smiling, waving, crawling, first steps, etc. <b>Refer</b> the child to the appropriate specialist as needed.

**\*\*Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the (WCV, W15, W30) visit on the same day.**

## 2025 HEDIS CODES (PEDIATRIC MEASURES)

MEASURE	AGE RANGE	CODES	LINE OF BUSINESS	CLAIM SUBMITTER	DOCUMENTATION REQUIREMENTS	RECOMMENDATIONS OF BEST PRACTICE
<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF)</b>  	12+yrs.	<b>Captured Through EHR System:</b>  <b>PHQ-2 LOINC:</b> 55758-7  <b>PHQ-9 LOINC:</b> 44261-6  <b>PHQ-Teens LOINC:</b> 89204-2	Medicare Medicaid Commercial	Primary Care Physician	Utilize validated tools PHQ9/PHQ2 and ensure that the total score is written clearly on the form with DOS. <b>Please upload your completed assessment forms of PHQ9/PHQ2 on to the Provider Portal</b> Record notation of patient refusal on medial record.  Frequency: <b>Annually</b>	<b>Screen</b> for depression and mood changes at every visit using validated tools (i.e., PHQ9/PHQ2) <b>Educate</b> the patient on the importance of follow-up and adherence to treatment recommendations. <b>Schedule</b> the next DSF appointment before the patient leaves practice and set reminder calls. <b>Refer</b> to a practitioner who is qualified to diagnose and treat as needed.
<b>Childhood Immunizations Status (CIS)</b>  	Less than 2 yrs.	DTaP – 4 doses <b>CPT:</b> 90697, 90698, 90700, 90723 <hr/> IPV – 3 doses <b>CPT:</b> 90697, 90698, 90713, 90723 <hr/> MMR – 1 dose <b>CPT:</b> 90707, 90710 <hr/> HiB – 3 doses <b>CPT:</b> 90644, 90647, 90648, 90697, 90698, 90748 <hr/> Hepatitis B – 3 doses <b>CPT:</b> 90697, 90723, 90740, 90744, 90747, 90748 <hr/> Varicella Zoster – 1 dose <b>CPT:</b> 90710, 90716 <hr/> Pneumococcal Conjugate – 4 doses <b>CPT:</b> 90670 <hr/> Hepatitis A – 1 dose <b>CPT:</b> 90633 <hr/> Rotavirus – 2 or 3 doses <b>CPT:</b> 90681 (2 doses), 90680 (3 doses) <hr/> Influenza – 2 doses <b>CPT:</b> 90655, 90657, 90661, 90673, 90685-90688	Medicaid Commercial	Primary Care Physician	Document the current and/or historical date and type of each immunization administered to CAIR2.  <b>All immunizations must be captured to close this measure.</b>	<b>Time sensitive measure!</b>  <b>Schedule</b> newborns for vaccines as soon patient turns six weeks old to prevent them from falling behind. <b>Educate</b> parents on the importance of completing each vaccine series. Administer vaccinations during patients' office visits. <b>Schedule</b> visits within the guideline timeframes. Contact and follow up with parents on their child's vaccination appointments.
<b>Immunizations for Adolescents (IMA)</b>  	By 13 <sup>th</sup> birthday	Meningococcal (between 11 <sup>th</sup> and 13 <sup>th</sup> birthday) <b>CPT:</b> 90734 <hr/> Tdap (between 10 <sup>th</sup> and 13 <sup>th</sup> birthday) <b>CPT:</b> 90715 <hr/> HPV (2 or 3 times; 2 doses between 9 <sup>th</sup> and 13 <sup>th</sup> birthday) <b>CPT:</b> 90649-90651	Medicaid Commercial	Primary Care Physician	Document the current and/or historical date and type of each immunization administered to CAIR2.  <b>All immunizations must be captured to close this measure.</b>	<b>Time sensitive measure!</b>  <b>Educate</b> parents on the importance of completing each vaccine series. Administer vaccinations during patients' office visits. <b>Schedule</b> visits within the guideline timeframes. <b>Contact</b> and follow up with parents on their child's vaccination appointments.

**\*\*Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the (WCV, W15, W30) visit on the same day.**

# ADULT HEALTH

# ANNUAL PHYSICAL EXAM (APE)

COMMERCIAL | MEDICAID

**NOTE: THIS MEASURE APPLIES TO ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)**

DESCRIPTION
<p>This measure is not a HEDIS requirement, rather a recommendation for patients 20 years and older to schedule and complete their Annual Physical Exam early in the year as an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits can also help them address acute episodes or manage chronic conditions.</p> <p><b>Exclusion(s):</b> patients in hospice</p>
<p>Sample screenings that can be captured during APE: (CBP, Request authorization for: Ophthalmologist, mammogram, lab order (HbA1C) follow up.</p>
CODES
<p><b>ICD-10:</b> Z00.00 (Normal) / Z00.01 (Abnormal)</p> <p><b>CPT:</b> 99385-99387 (New patient) 99395-99397 (Established patient)</p> <p><b>** Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the Annual Wellness Visit on the same day.</b></p>



## OFFICE INSTRUCTIONS

- I. Please visit the provider portal to obtain a list of patients assigned to your practice  
**Important Note:** It is your responsibility to follow up with all patients assigned to your office
- II. During the visit, use standardized templates for the Annual Physical Exam and set up a screening schedule for appropriate preventive services
- III. Have **all** the following components documented on the medical record:
  - ✓ Record height, weight, blood pressure and other measurements
  - ✓ Review medical and family history
  - ✓ Assess risk factors for preventable diseases and treatment options
  - ✓ Review Health Risk Assessment: demographic data, self-assessment of health status, psychosocial and behavioral health risks, activities of daily living, pain assessment and review of medications
  - ✓ Update list of providers and prescriptions
- IV. Submit one ICD 10 and CPT code from the codes provided above
- V. APE forms are available on the provider portal-<https://provider-portal.astranahealth.com/resources/forms>



## UPLOADING RECORDS

- If your office missed submitting ICD 10 or CPT code on an encounter, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

**PLEASE REFER TO THE APPENDIX AND/OR PROVIDER PORTAL UNDER RESOURCES/FORMS FOR ANNUAL PHYSICAL EXAM (APE) ADULTS AND CHILD/ADOLESCENT FORMS**

# ANNUAL WELLNESS VISIT (AWV)

## MEDICARE

DESCRIPTION		
<p>Patients who had an annual wellness visit during the measurement year to discuss and develop patient’s personalized preventive care plan and perform a health risk assessment.</p> <p><b>Exclusion(s):</b> patients in hospice</p>		
<p>Sample measures that can be captured during AWV: (COA, CBP, Reducing Risk of Falling, Improve Bladder Control, Physical Activity in Older Adults, etc.)</p>		
<p><b>Reducing Risk of Falling</b></p> <p>Screen patients for any recent falls and discuss fall risk interventions (visual exam, medication reconciliation, exercise, etc.)</p>	<p><b>Improving Bladder Control</b></p> <p>Screen patients for urinary incontinence and, if positive, discuss treatment options. Educate patients about noninvasive behavioral interventions for incontinence.</p>	<p><b>Physical Activity in Older Adults</b></p> <p>Screen patients for physical activity. Educate patients about regular physical exercises such as increasing daily walking from 10 to 20 minutes or taking part in physical exercise programs.</p>
CODES		
<p><b>HCPCS:</b> G0402 (Welcome to Medicare) – covered once in a lifetime within 12 months of Part B enrollment.                      G0438 (Initial) – covered once in a lifetime within 12 months after Welcome to Medicare)                      G0439 (Subsequent) – covered annually                      + G0468 – coded with above G codes for FQHCs</p> <p><b>** Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the Annual Wellness Visit on the same day.</b></p>		



### OFFICE INSTRUCTIONS

- I. Please visit the provider portal to obtain a list of patients assigned to your practice  
**Important Note:** It is your responsibility to follow up with all patients assigned to your office
- II. During the visit, use standardized templates for AWV and set up a screening schedule for appropriate preventive services
- III. Be sure to assess and code for all chronic conditions
- IV. Have all the following components documented on the medical record:
  - ✓ Record height, weight, blood pressure and other measurements
  - ✓ Review medical and family history
  - ✓ Assess risk factors for preventable diseases and treatment options
  - ✓ Review Health Risk Assessment: demographic data, self-assessment of health status, psychosocial and behavioral health risks, activities of daily living, pain assessment and review of medications
  - ✓ Update list of providers and prescriptions
  - ✓ Look for signs of cognitive impairment
  - ✓ Screen the patients for Reduce Risk of Falling, Improving Bladder Control, and Physical Activity in Older Adults
  - ✓ Review necessary preventative screenings (BCS, COL, CCS, EED): document date and type of screening in the medical record, refer patients for all applicable screenings.
- V. Submit one HCPCS code from the codes provided above



### UPLOADING RECORDS

- If your office missed submitting a HCPCS or CPT code on an encounter, please upload the record with the proper documentation to receive credit for services rendered.
- Refer to Appendix section for corrected claims submission
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

**PLEASE REFER TO THE APPENDIX AND/OR PROVIDER PORTAL UNDER RESOURCES/FORMS FOR ANNUAL WELLNESS VISIT (AWV) FORM**

# CARE FOR OLDER ADULTS (COA)

## MEDICARE (DUAL ELIGIBLE SPECIAL NEEDS PLAN)

DESCRIPTION		
Patients 66+ years of age who had both of the following assessments with a PCP during the measurement year.		
<b>Exclusion(s):</b> <ul style="list-style-type: none"> <li>• Patients in hospice</li> <li>• Patients who have died during the measurement year</li> </ul>		
<b>Functional Status Assessment</b> Assessment completed during the measurement year. Visit must include a complete functional status assessment and date performed to include either: <ul style="list-style-type: none"> <li>• a notation of assessment of at least five activities of Daily living (bathing, dressing, eating, transferring, using toilet, walking) or</li> <li>• a notation of assessment of at least 4 instrumental activities of daily living (driving, using public transportation, using telephone, meal prep, housework, taking medications, laundry, handling finances) Or</li> <li>• Results of assessment using a standardized functional assessment tool</li> </ul>	<b>Medication Review</b> Medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year with a documented medication list or a notation that the patient is not taking any medications. The review may be conducted via telehealth or during an outpatient visit.	<b>Pain Assessment</b> Assessment completed during the measurement year. Documentation must include evidence of pain assessment and date performed.
CODES		
<b>Functional Status Assessment</b> <b>CPT II:</b> 1170F	<b>Medication Review</b> <b>CPT II:</b> 1159F (list) and 1160F(review)  *Both codes must be billed on the same claim	<b>Pain Assessment</b> <b>CPT II:</b> 1125F (+pain), 1126F (-pain)

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



### OFFICE INSTRUCTIONS

- I. Have PCP complete **all components** and document in the medical record.
  - ✓ Functional Status Assessment: document that ADL's/IADL's were assessed.
  - ✓ Medication Review: list and review current medications
  - ✓ Pain Assessment: i.e., face scale 😊😞, numeric scale 1-10
- II. Please submit CPT II code(s) from component (Functional Status Assessment, Medication Review and Pain Assessment,) along with an Annual Wellness Visit or an E/M code on the claim to capture the measure
- III. Functional status medication review, and pain assessment may be completed during a telephone visit, e-visit or virtual check in.



### UPLOADING RECORDS

- If your office missed submitting a CPT II code on a claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD)

COMMERCIAL | MEDICAID | MEDICARE | MSSP



DESCRIPTION	
<p>Patients 18–75 years old with diabetes (type 1 and type 2) must have at least ONE Glycemic Status Test (either Hemoglobin A1c or Glucose Management Indicator) within the measurement year. Results must meet specific thresholds based on the line of business to indicate diabetes is controlled:</p> <ul style="list-style-type: none"> <li>• <b>&lt;8.0%</b> for MEDICAID and COMMERCIAL</li> <li>• <b>≤9.0%</b> for MEDICARE</li> </ul>	
<p><b>Exclusion(s):</b></p> <ul style="list-style-type: none"> <li>• Patients who have gestational diabetes or steroid induced diabetes</li> <li>• Medicare – patients 66 and older who have both frailty and advanced illness or live in a long-term institutional setting</li> <li>• Patient in hospice or receiving palliative care</li> <li>• Patients who have died during the measurement year</li> </ul>	
CODES	
Hemoglobin HbA1c	
<p><b>Diabetes ICD-10:</b> E10, E11, E13</p>	<p>HbA1c &lt; 7.0% – <b>CPT II:</b> 3044F                      HbA1c &gt;7.0%-&lt;8.0% – <b>CPT II:</b> 3051F                      HbA1c &gt;8.0%-&lt;9.0% – <b>CPT II:</b> 3052F</p> <p>HbA1c &lt; 7.0% - <b>HCPCS</b> Code: M1371                      HbA1c ≥ 7.0% - &lt; 8.0% - <b>HCPCS</b> Code: M1372                      HbA1c ≥ 8.0% - ≤ 9.0% - <b>HCPCS</b> Code: M1372</p>

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Best Practice: Obtaining at least one GSD value <8% for measurement year  
 Attention: If HbA1c value >8%, repeat test in 3 months  
 Please note: Only the most recent AbA1c value in the measurement year counts toward the measure.
- II. Document A1c value in the medical record including the date of service
- III. Be sure to submit the CPT II code in order to receive credit for the measure
- IV. Add GSD testing as a standard lab for patients with Diabetes; use standing orders for lab testing.



## UPLOADING RECORDS

- If patient with a persistent HEDIS gap not closed by lab data submission
- Upload lab report completed in 2025
- Office can also upload a progress note with exam noted, date of service, and results
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)



## HIGH PRIORITY MEASURE

- Double weighted measure for Medicaid and Commercial
- Triple weighted measure for Medicare

# EYE EXAM FOR PATIENTS WITH DIABETES (EED)

COMMERCIAL | MEDICAID | MEDICARE

DESCRIPTION	
Patients 18–75 years old with diabetes (type 1 and type 2) should have the following:	
<b>Retinal Eye Exam</b> – One retinal eye exam every year (positive/no result) or two years (negative result)	
<b>Exclusion(s):</b>	
<ul style="list-style-type: none"> <li>• Patients who have gestational diabetes or steroid induced diabetes</li> <li>• Patients with bilateral eye enucleation</li> <li>• Medicare – patients 66 and older who have both frailty and advanced illness or living long term in institutional settings</li> <li>• Patients in hospice or receiving palliative care</li> <li>• Patients who have died during the measurement year</li> </ul>	
CODES	
Eye Exam (Diabetic Retinal Exam)	
<b>Diabetes ICD-10:</b> E10, E11, E13	
Positive Retinal Eye Exam Reviewed <b>CPT II:</b> 2022F, 2024F, 2026F	Negative Retinal Eye Exam Reviewed <b>CPT II:</b> 2023F, 2025F, 2033F

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Retinal or dilated eye exam must be performed by an eye care professional (optometrist or ophthalmologist) in the measurement year (positive/no indicated result) or two years (negative result)
- II. For patient reported eye exam you must document the date, result, and name of eye care provider with credentials within the medical record
- III. Educate patients importance of yearly retinal eye exams the risk of retinopathy
- IV. Request a copy of retinal eye exam, if not received, from patient’s eye specialist

**Note: MUST clarify if the result is Positive or Negative for Retinal Eye Exam**



## UPLOADING RECORDS

- If patient with a persistent HEDIS gap not closed by claims/encounters submission,
- Upload any retinal eye exam report completed in 2025 or a negative retinal eye exam report completed in 2024
- Office can also upload a progress note with exam noted, date of service, and results
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

COMMERCIAL | MEDICAID | MEDICARE

DESCRIPTION	
<ul style="list-style-type: none"> <li>Patients 18-85 with diabetes (Types 1 and 2) who had a kidney evaluation in the measurement year. Must include: At least 1 estimated Blood glomerular filtration rate (<b>eGFR</b>); and quantitative urine albumin test AND a urine creatinine test 4 or less days apart</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>Urine and Albumin-Creatinine Ratio (<b>uACR</b>)</li> </ul>	
<p><b>Exclusion(s):</b></p> <ul style="list-style-type: none"> <li>Patients with a diagnosis of ESRD or dialysis anytime in the measurement year</li> <li>Patients on hospice or who are receiving palliative care</li> <li>Patients who have gestational diabetes or steroid induced diabetes</li> <li>Medicare – patients 66 and older who have a diagnosis of frailty and advanced illness or living long term in institutional settings.</li> <li>Patients who have died during the measurement year</li> </ul>	
CODES	
Kidney Health Evaluation for Patients with Diabetes (KED)	
<b>Diabetes ICD-10:</b> E10, E11, E13	
<p><b>Estimated glomerular filtration rate (eGFR):</b>            80048 – Basic metabolic panel (Calcium, total)            80053 – Comprehensive metabolic panel            80069 – Renal function panel            82565 – Blood creatinine level</p>	<p><b>Urine albumin-creatinine ratio (uACR):</b>            82043 – Urine microalbumin            82570 – Urine creatinine</p>

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Schedule regular follow-up with patients to monitor changes and adjust therapies as needed
  - For patients with a diagnosis of type 1 or type 2 diabetes routinely obtain **eGFR and uACR** values
- II. Follow up with patients to discuss and educate on lab results
- III. Educate on how diabetes can affect the kidneys and offer tips to your patients on preventing damage to their kidneys
  - Controlling their blood pressure, blood sugars, cholesterol, and lipid levels
  - Take medications as prescribed that can protect kidney function (ACE inhibitors or ARBs)
  - Offer education on medications that could be harmful to the kidneys (NSAIDs such as naproxen or ibuprofen)
  - Limit protein intake and salt in diet
- IV. Coordinate care with specialists such as an endocrinologist or nephrologist as need



## UPLOADING RECORDS

- If your office missed submitting a CPT code on a claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.dept@astranahealth.com](mailto:QualityImprovement.dept@astranahealth.com)

# COLORECTAL CANCER SCREENING (COL)

COMMERCIAL | MEDICAID | MEDICARE



DESCRIPTION	
<p>Patients 45-75 years of age who had one of the following appropriate screenings within the specified time frame:</p> <ul style="list-style-type: none"> <li>• Colonoscopy within the last ten (10) years</li> <li>• CT Colonography within the last five (5) years</li> <li>• Sigmoidoscopy within the last five (5) years</li> <li>• iFOBT during the measurement year</li> <li>• FIT DNA Test within the last three (3) years</li> </ul>	
<p><b>Exclusion(s):</b></p> <ul style="list-style-type: none"> <li>• Patient with colorectal cancer or total colectomy</li> <li>• Patients in hospice or receiving palliative care during the measurement year</li> <li>• Patients who have died during the measurement year</li> <li>• Patient 66 years of age and older enrolled in an institutional SNP or living in a long-term institution any time during the measurement year</li> <li>• Patients 66 years of age and older with both frailty and advanced illness</li> </ul>	
PROCEDURE	CODES
Colonoscopy (covers the patient for 10 yrs)	Codes submitted by endoscopists
CT Colonography (covers the patient for 5 yrs)	Code submitted by imaging center
Sigmoidoscopy (covers the patient for 5 yrs)	Codes submitted by endoscopists
iFOBT (covers the patient for 1 yrs)	Codes submitted by laboratories
FIT DNA Test (Cologuard) (covers the patient for 3 yrs)	Codes submitted by laboratories
<p><b>Exclusion(s):</b></p> -Colon Cancer -Total Colectomy	<p><b>ICD-10:</b> C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048  <b>HCPCS:</b> G0213-G0215, G0231  <b>CPT:</b> 44150-44158, 44210-44212  <b>HCPCS:</b> G9054, M1017</p>

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Refer patient to a Gastroenterology specialist for a colonoscopy or have them complete an Immunological Fecal Occult Blood Test (iFOBT)
- II. Document any history of colectomy and colon cancer
  - Be sure to bill the exclusion ICD-10/HCPCS/CPT code to have the patient excluded from this measure
- III. Have iFOBT kits available in your office and provide to patient during the visit  
 If your office needs iFOBT kits, please contact the contracted laboratory  
 For patient reported colorectal screening document type of test completed and approximate date of service in the medical record.



## UPLOADING RECORDS

- If the patient has received a colonoscopy within the last 10 years, a sigmoidoscopy or CT Colonography within the last 5 years, or a FIT DNA test within the last 3 years please upload the colonoscopy/pathology/Laboratory report or progress documenting specific test completed with the date of service  
 Note: Please upload the lab results if measure is open in Web Portal
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)



## HIGH PRIORITY MEASURE

# CONTROLLING HIGH BLOOD PRESSURE (CBP)

COMMERCIAL | MEDICAID | MEDICARE | MSSP



**NOTE: THIS MEASURE APPLIES TO BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)**

DESCRIPTION	
Patients 18-85 years of age who had a diagnosis of hypertension and whose most recent <b>systemic blood pressure (BP) was &lt; 140 mmHg and diastolic BP &lt; 90 mmHg</b> during the measurement year.	
<b>Exclusion(s):</b> <ul style="list-style-type: none"> <li>• Patients in hospice or receiving palliative care during the measurement year</li> <li>• Patients who have died during the measurement year</li> <li>• Patients diagnosed with ESRD or who have received dialysis any time during the measurement year</li> <li>• Patient 66 years of age and older enrolled in an institutional SNP or living in a long-term institution any time during the measurement year</li> <li>• Patients 66 years of age and older with both frailty and advanced illness</li> </ul>	
CODES	
Medicare Advantage Systolic BP: < 130 mmHg – <b>CPT II: 3074F</b> 130-139 mmHg – <b>CPT II: 3075F</b>  MSSP <u>Use HCPCS codes for every visit</u> Systolic: < 140 mmHg – G8752	Medicare Advantage Diastolic BP: < 80 mmHg – <b>CPT II: 3078F</b> 80-89 mmHg – <b>CPT II: 3079F</b>  MSSP <u>Use HCPCS codes for every visit</u> Diastolic: < 90 mmHg – G8754

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Record the patient’s blood pressure at every office visit. If multiple readings were recorded for a single date, use the lowest systolic and diastolic BP on that date
- II. Submit one systolic CPT and one diastolic CPT with an office visit code on the claim/encounter
- III. If utilizing EHR, submit CBP via claims/encounters utilizing appropriate CPT codes



## UPLOADING RECORDS

If your office missed submitting a CPT II code on a claim, please upload the record with the proper documentation to receive credit for services rendered on the Web Portal under appropriate category

- Patient’s full name
- DOB (Date of Birth)
- DOS (Date of Service of the most recent blood pressure screening)
- Controlled Blood Pressure <140/90 measure

If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)



## HIGH PRIORITY MEASURE

Double weighted measure for Medicaid and Commercial  
 Triple weighted measure for Medicare

# DEPRESSION SCREENING AND FOLLOW-UP ADOLESCENTS AND ADULTS (DSF)

COMMERCIAL | MEDICAID | MEDICARE | MSSP

DESCRIPTION
Patients 12 years and older screened for clinical depression using an age-appropriate standardized depression-screening tool prior to December 1 <sup>st</sup> of the measurement year. Patients who screen positive for depression must receive follow-up care within 30 days of the screening.
<b>Exclusion(s):</b> Patients who have a diagnosis of bipolar disorder or depression. Patients in hospice.
CODES
Approved standardized assessment instruments include: <b>PHQ2</b> -LOINC Code 55758-7 <b>PHQ9</b> -LOINC Code 44261-6 <b>PHQ</b> -Teens LOINC Code 89204-2  Codes to report depression screening results MSSP <b>G8510:</b> Screen negative, no follow-up plan required <b>G8431:</b> Screen positive, follow-up plan documented

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.

Resources: <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart1.html#DEPRESSION>  
<https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerEAS.aspx>



## OFFICE INSTRUCTIONS

- I. Provide patients a depression screening while waiting to be seen by the PCP in the exam room
- II. Ensure the total score is written clearly on the form along with patient name, date of birth, and date of service
- III. If the patient is positive for depression, schedule a follow-up visit within 30 days, this can include telehealth or virtual check-ins with a diagnosis of depression or other behavioral condition.
- IV. If there is a positive screen from administration of the PHQ-2, documentation of a negative finding from the PHQ-9 performed on the same day qualifies as evidence of follow-up.
- V. Record notation of patient refusal on medical record
- VI. Be sure to submit LOINC codes for standardized assessment tool



## UPLOADING RECORDS

- If your office missed submitting the CPT or HCPCS code on claim, please upload the completed PHQ-9 or PHQ-2 form with the proper documentation to close the gap
- Depression Screening (PHQ-9) forms are available on the provider portal-<https://provider-portal.astranahealth.com/resources/forms>
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

**PLEASE REFER TO THE APPENDIX AND/OR PROVIDER PORTAL UNDER RESOURCES/FORMS FOR DEPRESSION SCREENING (PHQ-9) FORM**

# TRANSITIONS OF CARE (TRC)

## MEDICARE

DESCRIPTION
<p>Patients 18 and older who had each of the following.</p> <ul style="list-style-type: none"><li>• <b>Patient Engagement after Inpatient Discharge.</b> Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.</li><li>• <b>Medication Reconciliation Post-Discharge.</b> Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).</li></ul>
<p><b>Exclusion(s):</b></p> <ul style="list-style-type: none"><li>• Patients in hospice</li><li>• Patients who have died during the measurement year</li></ul>
CODES
<p><b>Patient Engagement Encounter Codes:</b></p> <p><b>Outpatient CPT:</b> 99211–99215, 99395–99397 <b>Telephone visit CPT:</b> 98966–98968, 99441–99443</p> <p><b>Medication Reconciliation Intervention Code:</b> <b>CPT II:</b> 1111F</p>

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



### OFFICE INSTRUCTIONS

- I. Ensure you are enrolled in auto alerts for patient admissions or discharges from inpatient facilities through a local Health Information Exchange (HIE)
- II. As this is **time sensitive**, schedule the patient for a post-discharge visit once you are notified that the patient is admitted. Follow-up appointment should be made within 7 days of hospital discharge
- III. Patient engagement that takes place the day of discharge is not measure compliant
- IV. Request and review the hospital discharge summary prior to the follow-up visit to ensure you have discharge medications information
- V. On the medical record, reconcile current medications with newly prescribed medication.
- VI. Be sure to document hospital follow-up visits as well as discharge medications reconciled on the visit note.
- VII. Note “no new medications” on the medical record if none were prescribed during the inpatient stay
- VIII. The medication reconciliation can be completed over the phone by a clinical pharmacist, RN, or PCP  
Submit one CPT E/M code and 1111F as show above



### UPLOADING RECORDS

- If your office missed submitting a CPT code on a claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS (FMC)

## MEDICARE

### DESCRIPTION

Patients 18 and older with multiple high-risk chronic conditions visited the Emergency Department (ED) and had a follow-up service within 7 days of discharge (e.g., office visits, visits to the home, telehealth) 8 days total.

Patients with two or more of the following conditions are eligible for the measure and **must have a follow-up visit:**

- Chronic Obstructive Pulmonary Disease (COPD), asthma or unspecified bronchitis
- Alzheimer’s disease and related disorders
- Chronic kidney disease
- Depression
- Heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack

#### Exclusion(s):

- ED visit resulting in inpatient admission on day of visit or within seven days after ED visit
- Patients in hospice
- Patients who have died during the measurement year

### CODES

**Multiple CPT codes:** Requires reviewing codes and provider workflow to meet claims submission requirement

#### Outpatient and Telehealth Visits CPT:

98966-98981, 99202- 99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411,99412, 99421-99423, 99429, 99441-99458, 99483

#### Transitional Care Management CPT:

99495, 99496

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



#### OFFICE INSTRUCTIONS

- I. **Time sensitive** follow-up visit within 7 days of ED visit (8 total days)
- II. Follow-up visits may include telephone visits, e-visit, virtual check-ins, transitional care management services, case management visits, complex care management services or outpatient or telehealth behavioral health visits.
- III. Ensure you are enrolled in auto alerts for patient admissions or discharges from inpatient facilities through a local Health Information Exchange (HIE)
- IV. Visit on the day of ED visit is measure compliant
- V. If the patient had more than one ED visit in 8-day period, include only the first eligible ED visit
- VI. Submit one of the CPT codes listed above



#### UPLOADING RECORDS

- CPT codes above can be used to close HEDIS gaps in care. If your office missed submitting a CPT code on a claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# BREAST CANCER SCREENING (BCS)

COMMERCIAL | MEDICAID | MEDICARE | MSSP

DESCRIPTION	
Women 40-74 years of age who had a mammogram in the last 2 years.	
<b>Exclusion(s):</b> <ul style="list-style-type: none"> <li>• History of bilateral mastectomy</li> <li>• Patients in hospice or receiving palliative care</li> <li>• Medicare - Patients 66 and older as of 12/31 of the measurement year who had a diagnosis of frailty and advance illness</li> <li>• Medicare patient 66 years of age and older enrolled in an institutional SNP or long-term care facility</li> <li>• Patients who have died during the measurement year</li> </ul>	
CODES	
<b>Mammography</b> <b>CPT: 77065-77067</b>	<b>Digital Breast Tomosynthesis</b> <b>CPT: 77061-77063</b>
<b>Exclusion</b> – History of Bilateral Mastectomy ICD-10: Z90.13	

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Provide a direct referral to imaging center for a mammogram, provide a list of locations where mammogram screening can be performed
- II. Include the ICD-10 exclusion code on the claim if the patient had a total mastectomy
- III. The CPT and HCPCS codes provided above are for radiology to submit and close the gap
- IV. Review the patient’s medical history for mammography and schedule a follow-up visit if the patient had an abnormal result or due for another screening
- V. Self Reporting: please note that the patient reported mammogram is acceptable. Make sure to document the date on the medical record



## UPLOADING RECORDS

- If the patient has completed a mammogram screening in the past (valid time frame: 10/01/2023 – 12/31/2025), please upload the mammography report (electronic health records, personal health records, clinical registries, health information exchanges, administrative claims, immunization information systems or disease and case management registries)
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# CERVICAL CANCER SCREENING (CCS)

COMMERCIAL | MEDICAID

DESCRIPTION
Patients 21-64 years of age screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"><li>• Patients <b>21 – 64 years of age</b> who completed <b>cervical cytology</b> within the last three (3) years</li><li>• Patients <b>30 – 64</b> years of age who had cervical cancer screening and cervical high-risk human papillomavirus (hrHPV) testing performed within the last five (5) years</li><li>• Patients <b>30 – 64</b> years of age who had a cervical cytology and high-risk human papillomavirus (hrHPV) co-testing performed within the last five (5) years</li></ul>
<b>Exclusion(s):</b> <ul style="list-style-type: none"><li>• Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix</li><li>• Patients in hospice or receiving palliative care during the measurement year</li><li>• Patients who have died during the measurement year</li><li>• Patients with sex assigned at birth as male</li></ul>
CODES
<b>Cytology (Gynecological Samples Pap Smear)</b> <b>CPT II:</b> 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 <b>HCPCS:</b> G0123
<b>HPV Co-Testing</b> <b>CPT II:</b> 87624, 87625 <b>HCPCS:</b> G0476
<b>Exclusion(s):</b> <ul style="list-style-type: none"><li>• Encounter for palliative care <b>ICD-10:</b> Z51.5</li><li>• Absence of cervix diagnosis <b>ICD-10:</b> Z90.710, Z90.712</li><li>• Hysterectomy With No Residual Cervix <b>CPT:</b> 58150</li></ul>

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Schedule the patient for a pap smear or refer patient to OB/GYN provider
- II. Request screening results to be sent to you if completed at OB/GYN visit
- III. The CPT and HCPCS codes provided above are for the laboratory to submit and close the gap
- IV. Document hysterectomy in the medical record. Must state that the hysterectomy was either complete, total or radical to be excluded from the measure
- V. Establish standard practice to include hrHPV testing for all patients age 30-64



## UPLOADING RECORDS

- If the patient has completed a pap smear in the past 3 years, high risk HPV, or pap smear with high-risk HPV co-testing in the past 5 years, please upload the cytology report
- Or upload progress notes with results (normal or abnormal) indicated along with exam date and type of exam (pap smear or pap smear with HPV co-testing)
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# CHLAMYDIA SCREENING (CHL)

COMMERCIAL | MEDICAID

## DESCRIPTION

Patients 16-24 years of age **who were identified as sexually active** need an annual chlamydia screening.

### Exclusion(s):

- Patients in hospice
- Exclude patients based on a pregnancy test alone and who meet either of the following:
  - ✓ A pregnancy test in measurement year and a prescription for Isotretinoin (Retinoid) on the date of pregnancy test or the six days after the pregnancy test
  - ✓ A pregnancy test in measurement year and an X-Ray on the date of the pregnancy test or the six days after the pregnancy test
- Patients who have died during the measurement year
- Patients assigned as male at birth

## CODES

**CPT:** 87110, 87270, 87320, 87490-87492, 87810

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



### OFFICE INSTRUCTIONS

- I. Schedule the patient for preventive office visit or use any visit opportunity
- II. Add chlamydia screening as a standard lab test for female patients 16-24 years old
- III. Provide the patient a urine test and ensure the lab receives the specimen
- IV. Document the results/findings on the medical record
- V. Dispensing sexual contraceptives considers the patient as sexually active and/or on a specific treatment (i.e., chronic acne, Polycystic Ovary Syndrome, etc.). Patients on birth control are required to have a chlamydia regardless of reports of absence of sexual activity.



### UPLOADING RECORDS

- If the patient has a persistent quality gap despite submission of lab claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

## MEDICARE

DESCRIPTION	
Female patients from ages <b>67-85 years</b> of age who have <b>suffered a fracture</b> and who have had a bone mineral density (BMD) test or a prescription for a drug to treat osteoporosis <b>within 6 months</b> of the fracture (does not include fractures to the finger, toe, face, or skull).	
<b>Exclusion(s):</b> <ul style="list-style-type: none"> <li>Patients in hospice or receiving palliative care</li> <li>Patients 67 to 80 with both frailty and advanced illness or patients 81 and older with at least two indications of frailty</li> <li>Patients 67 and older living long term in institutional settings</li> <li>Patients who had a BMD test 24 months prior to the fracture (Report must be submitted to be excluded from measure)</li> <li>Patients who had osteoporosis medication therapy or were dispensed a medication or had an active prescription for the medication to treat osteoporosis 12 months prior to the fracture.</li> <li>Patients who have died during the measurement year</li> </ul>	
AGENTS	PRESCRIPTION
Bisphosphonates	Alendronate, Alendronate-cholecalciferol, Risedronate, Zoledronic acid, Ibandronate
Other agents	Albandronate, Denosumab, Raloxifene, Teriparatide, Romosozumad
CODES	
<b>BMD Test</b> <b>CPT:</b> 76977, 77078, 77080, 77081, 77085, 77086	<b>Exclusion:</b> Encounter for palliative care <b>ICD-10:</b> Z51.5  Osteoporosis Medication <b>HCPCS II:</b> J0897, J1740, J3110-J3111, J3489

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



### OFFICE INSTRUCTIONS

- Submit an authorization for BMD test or prescribe medication to treat osteoporosis within 6 months of fracture date
- Document any osteoporosis medications on the medication list in the medical record including start date
- Request all BMD test report
- Submit a claim for one of the listed HCPCS II codes listed above for Osteoporosis Medication
- The BMD Test CPT codes provided above is for the radiology to submit and close the gap



### UPLOADING RECORDS

- Upload any BMD test within two years prior of fracture date
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# PRENATAL - TIMELINESS OF PRENATAL CARE (PPC-PNC)

COMMERCIAL | MEDICAID

DESCRIPTION
Patient that received prenatal care <b>within the first trimester OR within 42 days of enrollment with health plan.</b>
<b>Exclusion(s):</b> <ul style="list-style-type: none"><li>• Pregnancy did not result in live birth</li><li>• Patients in hospice or using hospice services</li><li>• Patients who have died during the measurement year</li></ul>
CODES
<b>CPT II:</b> 0500F, 0501F, 0502F <b>ICD-10:</b> Z34.90

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Documentation in medical record must include evidence of one of the following:
  - ✓ Physical OB exam with any of the following with gynecologist or family doctor:
    - Fetal heart tone auscultation
    - Pelvic exam with OB observations
    - Fundal height measurement
  - ✓ Documentation indicating the patient is pregnant or reference to pregnancy which can include any of the following:
    - Documentation in a standardized prenatal flowsheet or
    - Documentation of Last menstrual period, estimated delivery date or gestational age or A positive pregnancy test or
    - Documentation of gravidity and parity or
    - Prenatal risk assessment and counseling/education
    - Complete OB history
  - ✓ Evidence that a prenatal care procedure was performed such as:
    - Obstetrical panel or
    - TORCH antibody panel alone or
    - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
    - Ultrasound of a pregnant uterus
- II. Submit a claim with one ICD-10 diagnosis code along with a CPT II code provided above



## UPLOADING RECORDS

- If your office missed submitting a CPT II code on a claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# POSTPARTUM CARE - POSTPARTUM VISIT (PPC-PPC)

COMMERCIAL | MEDICAID

DESCRIPTION
Patient that received postpartum care <b>on or between 7-84 days (1-12 weeks) after delivery</b>
<b>Exclusion(s):</b> <ul style="list-style-type: none"><li>• Pregnancy did not result in live birth</li><li>• Patients in hospice or using hospice services</li><li>• Patients who have died during the measurement year</li></ul>
CODES
<b>ICD-10:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
<b>CPT II:</b> 0503F

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Schedule the patient for a postpartum care visit on or between 7-84 days after delivery
- II. Documentation in medical record must include evidence of **one of the following:**
  - ✓ Pelvic Exam
  - ✓ Evaluation of weight, blood pressure, breast, and abdomen
  - ✓ Notation of postpartum care e.g., 'PP check,' 'PP care,' '6-week check'
  - ✓ Perineal or cesarean incision/wound check
  - ✓ Screening for depression, anxiety, tobacco use, substance use disorder or pre-existing mental health disorders
  - ✓ Glucose screening for patients with gestational diabetes
  - ✓ Documentation of any of the following:
    - Infant care or breastfeeding
    - Resumption of intercourse, birth spacing or family planning
    - Sleep/fatigue
    - Resumption of physical activity
    - Attainment of healthy weight
- III. Submit a claim with one ICD-10 diagnosis code along with either a CPT II code provided above



## UPLOADING RECORDS

- If your office missed submitting a CPT II code on a claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# **PEDIATRIC HEALTH**

# CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

COMMERCIAL | MEDICAID

DESCRIPTION	
Patients <b>3-21 years of age</b> who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner <b>during the measurement year.</b>	
Exclusion: Patients in hospice any time during the measurement year Patients who have died during the measurement year	
CODES	
<b>CPT:</b> Ages 1-4 – 99382, 99381, 99392, 99391 Ages 5-11 – 99383, 99393 Ages 12-17 – 99384, 99394 Ages 18-21 – 99385, 99395, 99461	ICD-10: Z00.121, Z00.129
<b>** Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the Wellness Visit on the same day.</b>	

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Have **all** the components listed as headers on the medical record:
  - ✓ Health history
  - ✓ Physical health developmental
  - ✓ Mental health developmental history
  - ✓ Physical exam
  - ✓ Health education/anticipatory guidance
- II. A WCV can be done at **any** office visit (including sick visits)
- III. Submit both a CPT and ICD-10 code from the codes provided above



## UPLOADING RECORDS

- If your office missed submitting a CPT code on a claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# CHILDHOOD IMMUNIZATION STATUS (CIS)

COMMERCIAL | MEDICAID



## DESCRIPTION

Patients need all of the following vaccines administered before or on their 2<sup>nd</sup> birthday:

- 4 diphtheria, tetanus and acellular pertussis (DTaP);
- 3 polio (IPV); 1 measles, mumps and rubella (MMR);
- 3 haemophilus influenza type B (hib);
- 3 hepatitis B (hepb),
- 1 chicken pox (VZV); 4 pneumococcal conjugate (PCV);
- 1 hepatitis A (hepa);
- 2 or 3 rotavirus (RV);
- 2 influenza (flu)

**Exclusion(s):** Immunodeficiency, HIV, Lymphoma, multiple myeloma or leukemia, Intussusception, Severe combined immunodeficiency, and/or patient in hospice or using hospice services any time during the measurement year. Patients who died during the measurement year. Patients who had a contraindication to a childhood vaccine on or before their second birthday.

## CODES

**Diphtheria, tetanus and acellular pertussis (DTaP) Vaccine (4 doses)** \*\*Do not count a vaccination administered prior to 42 days after birth. \*

- CPT: 90697, 90698, 90700, 90723

**Hep A Vaccine (1 dose) or History of Hep A Illness**

- CPT: 90633
- ICD-10: B15.0, B15.9

**Hep B Vaccine (3 doses) or History of Hep B Illness**

- CPT: 90697, 90723, 90740, 90744, 90747, 90748
- HCPCS: G0010
- ICD-10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.1

**Haemophilus influenza type B (HiB) Vaccine (3 doses)** \*\*Do not count a vaccination administered prior to 42 days after birth. \*

- CPT: 90644, 90647, 90648, 90697, 90698, 90748

**Influenza Vaccine or Live Attenuated Influenza Virus/LAIV (2 doses)**

- CPT: 90655, 90657, 90661, 90673, 90685-90689, 90660, 90672
- HCPCS: G0008
- ICD-10: B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9

**IPV Vaccine (3 doses)** \*\*Do not count a vaccination administered prior to 42 days after birth. \*

- CPT: 90697, 90698, 90713, 90723

**Measles, Mumps and Rubella (MMR) Vaccine (1 dose) or History of MMR**

- CPT: 90707, 90710
- ICD-10: B05.0-B05.4, B05.81, B05.89, B05.9, B26.0-B26.3, B26.81-B26.85, B26.89, B26.9, B06.00-B06.2, B06.09, B06.81, B06.82, B06.89, B06.9

**Pneumococcal Conjugate (PCV) Vaccine (4 doses)** \*\*Do not count a vaccination administered prior to 42 days after birth. \*

- CPT: 90670
- HCPCS: G0009

**Rotavirus Vaccine (2 or 3 doses)** \*\*Do not count a vaccination administered prior to 42 days after birth. \*

- CPT: 90681, 90680

**Chicken Pox (VZV) Vaccine or History of Varicella Zoster**

- CPT: 90710, 90716
- ICD-10: 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

## Special circumstances

- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator for: DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and Influenza.
- If applicable, encephalitis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator for: DTaP only
- Can combine at least 1 dose of the 2-dose vaccine and at least 2 doses of the 3-dose vaccine for: Rotavirus vaccine
- Do not count dose administered prior to age 6 months for: Influenza Vaccine Only 1 of the 2 required vaccinations can be LAIV: for Influenza Vaccine
- History of Hep B, hep A, varicella, measles, mumps or rubella any time on or before the child's second birthday

\* CPT code is for combo vaccinations, which covers multiple vaccines. Please verify the correct CPT code is used for vaccine administered. The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS®

Value Set.



### OFFICE INSTRUCTIONS (ORGANIZE THE FORMATTING)

- Schedule newborns for vaccines as soon patient turns six weeks old to prevent them from falling behind, and place them on a schedule
- Document allergy or contraindication to vaccine
- Use the your state's Immunization Registry to record and keep track of immunizations
- Bill the correct vaccine CPT codes provided above
- Upload current and historical immunization records to the state immunization registry (CAIR2 for State of CA)
- Please note, all immunizations must be captured to close this measure



### UPLOADING RECORDS

- If your office missed submitting the HCPCS, CPT or ICD-10 code on a claim, please upload the record with the proper documentation to receive credit for services rendered



### HIGH PRIORITY MEASURE

- Double weighted measure for Medicaid and Commercial
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# IMMUNIZATIONS FOR ADOLESCENTS (IMA)

## COMMERCIAL | MEDICAID

DESCRIPTION		
Adolescents must complete the following immunizations before their 13 <sup>th</sup> birthday		
<b>Exclusion(s):</b> Patients who have died during the measurement		
VACCINE	AGE	CPT CODES
<b>One Meningococcal</b>	Between 11 <sup>th</sup> and 13 <sup>th</sup> birthday	90619, 90733, 90734
<b>One Tdap</b>	Between 10 <sup>th</sup> and 13 <sup>th</sup> birthday	90715
<b>HPV (2-3 dose series)</b>	2 doses between 9 <sup>th</sup> and 13 <sup>th</sup> birthday; 3 doses recommended if 1 <sup>st</sup> dose received on or after 15 <sup>th</sup> birthday	90649-90651
<b>Special circumstances:</b> <ul style="list-style-type: none"> <li>- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator</li> <li>- HPV Vaccine at least two vaccines given at least 150 days, with a 4- day grace period (146 days apart or three vaccines given on different days)</li> </ul>		

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



### OFFICE INSTRUCTIONS

- I. Schedule the patient for an immunization office visit
- II. Document allergy or contraindication to vaccine and patient refusal
- III. Use your state's Immunization Registry to keep track of immunizations
- IV. Upload current and historical immunization records to your state's immunization registry
- V. Bill the correct vaccine CPT codes from the codes provided above
- VI. Please note, all immunizations must be captured to close the gap for this measure



### UPLOADING RECORDS

- If your office missed submitting a CPT code on a claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W15/W30)

COMMERCIAL | MEDICAID

DESCRIPTION	
Patients who turn 15–30 months old during the measurement year and had the recommended number of well child visits with a primary care provider. <ul style="list-style-type: none"> <li>– Children <b>who turned 15 months old: 6 or more</b> well child visits in the first 15 months of life.</li> <li>– Children <b>who turned 30 months old: 2 or more</b> well child visits between 15–30 months of life.</li> </ul>	
<b>Exclusion(s):</b> <ul style="list-style-type: none"> <li>• Patients in hospice or using hospice services any time during the measurement year</li> <li>• Patients who have died during the measurement year</li> </ul>	
CODES	
<b>CPT:</b> 99381-99385, 99391-99395, 99461	<b>ICD-10:</b> Z00.121 (Abnormal), Z00.129 (Normal)
<b>** Modifier 25 should be appended to a problem-oriented visit when reported in conjunction with the Wellness Visit on the same day.</b>	

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



## OFFICE INSTRUCTIONS

- I. Have all the components in the medical records or listed as headers in your EHR system:
  - ✓ Health history
  - ✓ Physical health developmental
  - ✓ Mental health developmental history
  - ✓ Physical exam
  - ✓ Health education/anticipatory guidance
- II. Please submit one of the CPT codes listed above



## UPLOADING RECORDS

- If your office missed submitting the ICD-10 and Well-Child CPT code claim, please upload a progress note with all components provided above to close the gap
- Ensure clinic is registered and utilize your state’s immunization registry for bidirectional data flow guidance (See Appendix) Bidirectional Data Exchange (ca.gov)
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE (DEV)

## MEDICAID

DESCRIPTION
<p>Patient 1-3 years old who had a screening for risk of developmental, behavioral, and social delays using a standardized screening tool in 12 months preceding or on their 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> birthday.</p> <ul style="list-style-type: none"> <li>- Children who turned 1 during the measurement year</li> <li>- Children who turned 2 during the measurement year</li> <li>- Children who turned 3 during the measurement year</li> </ul>
<p><b>Exclusion(s):</b></p> <ul style="list-style-type: none"> <li>• Patients in hospice or using hospice services any time during the measurement year</li> <li>• Patients who have died during the measurement year</li> </ul>
CODES
<p><b>CPT:</b> 96110 (Developmental Screening)</p>



### OFFICE INSTRUCTIONS

- I. The American Academy of Pediatrics (AAP) recommends developmental and behavioral screenings for all children during regular child visits at 9 months, 18 months, and 30 months
- II. When conducting developmental screening for patients under the age of three years old, providers should focus on the following key areas

#### 1. Gross Motor Skills:

- By 3 months old: Lifts head and chest when lying on stomach
- By 6 months old: Rolls over in both directions
- By 12 months old: Stands briefly without support

#### 3. Cognitive Skills:

- By 6 months old: Recognizes familiar faces
- By 12 months: Responds to simple requests or questions
- By 24 months: Matches similar objects

#### 5. Social and Emotional Development:

- By 6 months: Smiles back in response to others
- By 12 months: Shows joy and affection
- By 24 months: Begins to show empathy towards others

#### 2. Fine Motor Skills:

- By 6 months old: Begins reaching for and grasping objects
- By 12 months old: Picks up small objects using thumb and one finger (pincer grasp)
- By 18 months old: Scribbles with a crayon or pencil

#### 4. Communication Skills:

- By 9 months: Babbling sounds with consonants
- By 18 months: Uses simple gestures like waving "bye-bye"
- By 24 months: Begins to combine words into short phrases

#### 6. Adaptive Skills:

- By 6 months: Begins to feed self-finger foods
- By 12 months: Drinks from a cup independently
- By 24 months: Begins to dress and undress with some assistance

#### I. Documentation

- ✓ Date of service
- ✓ Validated screening tools  
(i.e., <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>)
- ✓ Screening result, positive, negative, or screening score that includes numeric value associated with the numeric screening tool

- II. Refer the child to the appropriate specialist based on the screening tool outcome as needed, i.e., Developmental Pediatrician, Child Psychologist, Speech-language Pathologist, Occupational Therapist, etc.



### UPLOADING RECORDS

- If your office missed submitting the ICD-10 code on a claim, please upload the record with proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# LEAD SCREENING IN CHILDREN (LSC)

## MEDICAID

DESCRIPTION
Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their <b>second birthday</b> .
<b>Exclusion(s):</b> <ul style="list-style-type: none"><li>• Patients in hospice or using hospice services any time during the measurement year.</li><li>• Patients who have died during the measurement year</li></ul>
CODE
<b>CPT:</b> 83655

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



### OFFICE INSTRUCTIONS

- I. Order at least one lead capillary or venous blood test on or before the child's second birthday
- II. Documentation in the medical records must include both of the following
  - Date test was performed
  - Result or Finding

**“Unknown” is not considered a result/finding for medical record reporting**



### UPLOADING RECORDS

- If patient with persistent gap not captured by lab claim, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# DEPRESSION SCREENING AND FOLLOW-UP ADOLESCENTS AND ADULTS (DSF)

COMMERCIAL | MEDICAID | MEDICARE | MSSP

DESCRIPTION
Patients 12 years and older screened for clinical depression using an age-appropriate standardized depression-screening tool prior to December 1 <sup>st</sup> of the measurement year. Patients who screen positive for depression must receive follow-up care within 30 days of the screening.
<b>Exclusion(s):</b> Patients who have a diagnosis of bipolar disorder or depression. Patients in hospice.
CODES
Approved standardized assessment instruments include: <b>PHQ2</b> -LOINC Code 55758-7 <b>PHQ9</b> -LOINC Code 44261-6 <b>PHQ</b> -Teens LOINC Code 89204-2  Codes to report depression screening results MSSP <b>G8510:</b> Screen negative, no follow-up plan required <b>G8431:</b> Screen positive, follow-up plan documented

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.

Resources: <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart1.html#DEPRESSION>  
<https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerFEAS.aspx>



## OFFICE INSTRUCTIONS

- I. Provide patients a depression screening while waiting to be seen by the PCP in the exam room
- II. Ensure the total score is written clearly on the form along with patient name, date of birth, and date of service
- III. If the patient is positive for depression, schedule a follow-up visit within 30 days, this can include telehealth or virtual check-ins with a diagnosis of depression or other behavioral condition.
- IV. If there is a positive screen from administration of the PHQ-2, documentation of a negative finding from the PHQ-9 performed on the same day qualifies as evidence of follow-up.
- V. Record notation of patient refusal on medical record
- VI. Be sure to submit LOINC codes for standardized assessment tool



## UPLOADING RECORDS

- If your office missed submitting the CPT or HCPCS code on claim, please upload the completed PHQ-9 or PHQ-2 form with the proper documentation to close the gap
- Depression Screening (PHQ-9) forms are available on the provider portal-<https://provider-portal.astranahealth.com/resources/forms>
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

**PLEASE REFER TO THE APPENDIX AND/OR PROVIDER PORTAL UNDER RESOURCES/FORMS FOR DEPRESSION SCREENING (PHQ-9) FORM**

# **MEDICATION RELATED**

# MEDICATION ADHERENCE FOR CHOLESTEROL

## MEDICARE



### DESCRIPTION

Patients who have filled **at least two prescriptions** for a statin or a similar medication within its therapeutic category and maintained adherence to their prescribed therapy for at least 80% of the treatment period as evidenced by pharmacy claims.

**Exclusion(s):** Patients who are in a hospice and/or with ESRD

### CODES

No codes required. Processed as Pharmacy claim and with patient Health Plan Insurance card



#### OFFICE INSTRUCTIONS

- I. Discuss with patients why they are on medication, the importance of taking medication as prescribed and timely refills. Confirm instructions.
- II. For patients that are non-compliant, outreach to assess why they are not taking their medications and try to resolve barriers.
- III. Remind the patients to pick up their medications before they leave your office
- IV. Document patient's medication and dosage
- V. Review any barriers with taking the medication. Does the patient have any concerns related to health benefits, side effects or cost, are there any problems getting medications from pharmacy?
- VI. Consider converting prescriptions from 30–60-day supply to **100-day** supplies when clinically appropriate. (reference Health Plan Medication Adherence Matrix 2025 in appendix section)
- VII. Recommend patients to use home delivery or mail order



#### UPLOADING RECORDS

- Not applicable



#### HIGH PRIORITY MEASURE

- Triple weighted measure for Medicare

# MEDICATION ADHERENCE FOR DIABETES

## MEDICARE



### DESCRIPTION

Patients who have filled at least two prescriptions for a diabetes medication (non-insulin) and maintained adherence to their prescribed therapy for at least 80% of the treatment period as evidenced by pharmacy claims.

**Exclusion(s):** Patients who take insulin and/or patients who are in a hospice and/or with ESRD

### CODES

No codes required. Processed as Pharmacy claim and with patient Health Plan Insurance card

Medications included in measure:

- Biguanides
- Sulfonylureas
- Thiazolidinediones
- Dipeptidyl peptidase (DPP)-IV inhibitors
- GLP-1 receptor agonists\*
- Meglitinides
- Sodium glucose cotransporter 2 (SGLT2) inhibitors
  - \*Please note that patients prescribed GPL-1's for weight loss only cannot be excluded from the measure



### OFFICE INSTRUCTIONS

- I. Discuss with patients why they are on a medication, the importance of taking medication as prescribed and timely refills. Confirm instructions.
- II. For patients that are non-compliant, outreach to assess why they are not taking their medications and try to resolve barriers. Remind the patients to pick up their medications before they leave your office
- III. Document patient's medication and dosage
- IV. Review any barriers with taking the medication. Does the patient have any concerns related to health benefits, side effects or cost, are there any problems getting medications from pharmacy?
- V. Consider converting prescriptions from 30–60-day supply to **100-day** supply supplies when clinically appropriate., (reference Health Plan Medication Adherence Matrix 2025 in appendix section) Recommend patients to use home delivery or mail orders



### UPLOADING RECORDS

- Not applicable



### HIGH PRIORITY MEASURE

- Triple weighted measure for Medicare

# MEDICATION ADHERENCE FOR HYPERTENSION

## MEDICARE



DESCRIPTION
Patients who have filled at least two prescriptions for a blood pressure medication and maintained adherence to their prescribed therapy for at least 80% of the treatment period as evidenced by pharmacy claims.
<b>Exclusion(s):</b> Patients on hospice, with ESRD or who take sacubitril/valsartan
CODES
No codes required. Processed as Pharmacy claim and with patient Health Plan Insurance card
Medications included in measure: <ul style="list-style-type: none"><li>• Angiotensin II receptor blockers (ARB)</li><li>• Angiotensin-converting enzyme inhibitors (ACEI)</li><li>• Direct renin inhibitors</li></ul>



### OFFICE INSTRUCTIONS

- I. Discuss with patients why they are on medication, the importance of taking medication as prescribed and timely refills. Confirm instructions.
- II. For patients that are non-compliant, outreach to assess why they are not taking their medications and try to resolve barriers. Remind the patients to pick up their medications before they leave your office
- III. eDocument patient's medication and dosage
- IV. Review any barriers with taking the medication. Does the patient have any concerns related to health benefits, side effects or cost, are there any problems getting medications from pharmacy?
- V. Consider converting prescriptions from 30–60-day supply to **100-day** supplies when clinically appropriate. (reference Health Plan Medication Adherence Matrix 2025 in appendix section)
- VI. Recommend patients to use home delivery or mail orders



### UPLOADING RECORDS

- Not applicable



### HIGH PRIORITY MEASURE

- Triple weighted measure for Medicare

# STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

COMMERCIAL | MEDICAID | MEDICARE

DESCRIPTION	
<p><b>Denominator</b> Male patients 21–75 years of age and female patients 40-75 years of age during the measurement year, identified as having clinical atherosclerotic cardiovascular disease (ASCVD) are eligible for the measure. *Must meet the criteria below</p>	
NUMERATOR	
<p><b>Received Statin Therapy</b> Patients diagnosed with ASCVD must be dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</p>	<p><b>Statin Adherence 80%</b> Patients must remain on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</p>
<p><b>Exclusion(s):</b></p> <ul style="list-style-type: none"> <li>- Patients with diagnosis of pregnancy or in vitro fertilization</li> <li>- Patients with at least one prescription for clomiphene</li> <li>- Patients with ESRD</li> <li>- Patients with cirrhosis</li> <li>- Patients with myalgia, myositis, myopathy, or rhabdomyolysis</li> <li>- Patients using hospice at any time during the measurement year</li> <li>- Patients receiving palliative care any time during the measurement year</li> <li>- Patients 66 and older living long term in institutional settings or enrolled in an institutional SNP</li> <li>- Patients 66 and older who have Frailty and advanced illness</li> </ul>	
HIGH-INTENSITY STATINS	MODERATE-INTENSITY STATINS
<ul style="list-style-type: none"> <li>• atorvastatin 40-80mg</li> <li>• rosuvastatin 20-40mg</li> <li>• simvastatin 80mg</li> <li>• amlodipine-atorvastatin 40-80mg</li> </ul>	<ul style="list-style-type: none"> <li>• atorvastatin 10-20mg</li> <li>• lovastatin 40mg</li> <li>• pravastatin 40-80mg</li> <li>• rosuvastatin 5-10mg</li> <li>• simvastatin 20-40mg</li> <li>• amlodipine-atorvastatin 10-20mg</li> </ul>
CODES	
<p>ASCVD diagnosis via encounter data and a Pharmacy claim processed with patient Health Plan Insurance card</p>	



**OFFICE INSTRUCTIONS**

- I. Prescribe appropriate statin medication **Or** document and submit exclusions in claims and encounters annually
- II. Call patients to ensure they are picking up and taking their medications as prescribed
- III. Remind the patients to fill and pick up their medications before they leave your office
- IV. Document patient’s medication and dosage
- V. Consider prescribing **100-day** supply with refills when clinically appropriate, (reference Health Plan Medication Adherence Matrix 2025 in appendix section)
- VI. Recommend patients to use home delivery or mail orders



**UPLOADING RECORDS**

- Not applicable

# STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

COMMERCIAL | MEDICAID | MEDICARE

DESCRIPTION	
<p><b>Denominator</b> Patients 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD).</p>	
NUMERATOR	
<p><b>Received Statin Therapy</b> Patients with diabetes must be dispensed <b>at least one statin</b> medication of any intensity during the measurement year.</p>	<p><b>Statin Adherence 80%</b> Patients must remain on <b>any statin</b> medication of any intensity for at least 80% of the treatment period.</p>
<p><b>Exclusion(s):</b></p> <ul style="list-style-type: none"> <li>• Patients in hospice or receiving palliative care</li> <li>• Patients with polycystic ovarian syndrome.</li> <li>• Patients 66 and older living long term in institutional settings or enrolled in an Institutional SNP</li> <li>• Patients 66 years of age and older with both frailty and advanced illness</li> <li>• Patients with cirrhosis, ESRD, or on dialysis</li> <li>• Patients who are pregnant, taking clomiphene or receive in vitro fertilization in the measurement year or one year prior to the measurement year</li> <li>• Patients with myalgia, myositis, myopathy, or rhabdomyolysis</li> <li>• Patients who have ischemic vascular disease, coronary artery bypass grafting, myocardial infarction, other revascularization procedure, or percutaneous coronary intervention.</li> </ul>	
CODES	
<p>Diabetes diagnosis via encounter data and a Pharmacy claim processed with patient Health Plan Insurance card</p>	



## OFFICE INSTRUCTIONS

- I. Prescribe appropriate statin medication or document and submit exclusions in claims and encounters annually
- II. Call patients to ensure they are picking up and taking their medications as prescribed
- III. Remind the patients to fill and pick up their medications before they leave your office
- IV. Document patient's medication and dosage
- V. Consider prescribing **100-day** supply with refills when clinically appropriate, (reference Health Plan Medication Adherence Matrix 2025 in appendix section)
- VI. Recommend patients to use home delivery or mail orders



## UPLOADING RECORDS

- Not applicable

# STATIN USE IN PERSONS WITH DIABETES (SUPD)

## MEDICARE

DESCRIPTION
Medicare Part D patients 40-75 years of age who were dispensed at least two diabetes medication fills during the measurement year and were received at least one statin medication of any intensity during the measurement year.
<b>Exclusion(s):</b> Patients in hospice, ESRD or dialysis coverage dates
CODES
Pharmacy claims processed with patient Health Plan Insurance card



### OFFICE INSTRUCTIONS

- I. Prescribe appropriate statin medication or document and submit exclusions in claims and encounters annually
- II. Call patients to ensure they are picking up and taking their medications as prescribed
- III. Remind the patients to fill and pick up their medications before they leave your office
- IV. Document patient's medication and dosage
- V. Consider prescribing **100-day** supply with refills when clinically appropriate, (reference Health Plan Medication Adherence Matrix 2025 in appendix section)
- VI. Recommend patients to use home delivery or mail orders



### UPLOADING RECORDS

- Not applicable

# POLYPHARMACY USE OF MULTIPLE ANTICHOLINERGIC MEDICATIONS (POLY-ACH)

## MEDICARE

DESCRIPTION	
Patients 65 years and older of age with concurrent use of $\geq 2$ unique anticholinergic medications. A lower rate indicates better performance.	
<b>Exclusion(s):</b> Patients in hospice	
APPLICABLE MEDICATIONS	
Antiparkinsonian Agent Medications	Antiarrhythmic Medications
Skeletal Muscle Relaxant Medications	Antimuscarinic (urinary incontinence) Medications
Antiemetic Medications	Antispasmodic Medications
Antipsychotic Medications	



### OFFICE INSTRUCTIONS

- I. **Review patient medications** at every visit to ensure they are not on multiple anticholinergic medications
- II. **Review the indication and duration for each anticholinergic medication** at every visit and discontinue any medication in which potential harm outweighs the benefits.
- III. **Educate** the patient on risks and side effects of using multiple anticholinergic medications such as cognitive decline, blurry vision, increased fall risk, and what to do if side effects appear.



### UPLOADING RECORDS

- Not applicable

# CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (COB)

## MEDICARE

DESCRIPTION	
Patients > 18 years of age with concurrent use of prescription opioids and benzodiazepines. * A lower rate indicates better performance.	
<b>Exclusion(s):</b> Patients in hospice or receiving palliative care or with a diagnosis of cancer or sickle cell disease	
OPIOIDS	BENZODIAZEPINES
<ul style="list-style-type: none"> <li>• benzhydrocodone</li> <li>• buprenorphine</li> <li>• butorphanol</li> <li>• codeine</li> <li>• dihydrocodeine</li> <li>• fentanyl</li> <li>• hydrocodone</li> <li>• hydromorphone</li> <li>• levorphanol</li> <li>• meperidine</li> <li>• methadone</li> <li>• morphine</li> <li>• opium</li> <li>• oxycodone</li> <li>• oxymorphone</li> <li>• pentazocine</li> <li>• tapentadol</li> <li>• tramadol</li> </ul>	<ul style="list-style-type: none"> <li>• alprazolam</li> <li>• chlordiazepoxide</li> <li>• clobazam</li> <li>• clonazepam</li> <li>• clorazepate</li> <li>• diazepam</li> <li>• estazolam</li> <li>• flurazepam</li> <li>• lorazepam</li> <li>• midazolam</li> <li>• oxazepam</li> <li>• quazepam</li> <li>• temazepam</li> <li>• triazolam</li> </ul>
CODES	
No codes required. Pharmacy claims processed with patient Health Plan Insurance card	



### OFFICE INSTRUCTIONS

- I. Coordinate care with all the patient’s treating providers to avoid co-prescribing.
- II. Discuss the benefits, risks, and availability of non-opioid therapies (chiropractic, acupuncture, physical therapy, etc.) with your patient.
- III. If new prescriptions are needed, limit the dose and duration.
- IV. Avoid initial combination by offering alternative approaches such as cognitive behavioral therapy or other medication classes.
- V. Taper long-standing medications gradually and, whenever possible, discontinue.



### UPLOADING RECORDS

- Not applicable

# APPENDIX



# Annual Physical Exam (APE) - Progress Note – Adult

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Sex: M/F  
 Conducted:  In-person  Telehealth encounter (Audio and Video) with patient consent  
 Self-reported Vitals  BP reading obtained from a digital blood pressure machine  Unable to obtain BP reading

VITAL SIGNS	BP: /	HR:	HT: ft. in.	WT: lbs.	BMI:	TEMP:	RR:	PULSE OX: %
<b>REASON FOR VISIT:</b>			<b>PAST MEDICAL HISTORY:</b>					
<b>Annual Physical Exam</b>			<b>SOCIAL MEDICAL HISTORY:</b> <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Substance Use: _____					
			<b>FAMILY MEDICAL HISTORY</b>					
<b>HPI:</b>								
<b>CURRENT MEDICATIONS LIST (prescription &amp; non-prescription) or</b> <input type="checkbox"/> See medication list on file <input type="checkbox"/> Medication Reconciled & Reviewed								
					<b>MEDICATION ALLERGIES:</b>			

REVIEW OF SYSTEMS		
System	Normal	Abnormal Findings
HEENT	<input type="checkbox"/>	Eye pain, ear pain, neck pain, visual problems, masses, hoarseness, hearing & speech, other:
Lungs	<input type="checkbox"/>	Cough, wheezing, sputum, hemoptysis, other:
Heart/Circulation	<input type="checkbox"/>	Chest pain, SOB, palpitation, orthopnea, other:
Gastrointestinal	<input type="checkbox"/>	Abdominal pain, nausea, vomiting, diarrhea, other:
Kidneys/Urinary Tract	<input type="checkbox"/>	Difficult or painful urination, nocturia, frequency, hematuria, other:
Musculoskeletal	<input type="checkbox"/>	Joint pain, swelling, other:
Endocrine	<input type="checkbox"/>	Polyuria, heat or cold intolerance, other:
Neurological	<input type="checkbox"/>	Disoriented, paresthesia's, weakness, gait, other:
Skin	<input type="checkbox"/>	Skin breakdown, rashes, pruritus, other:

PHYSICAL EXAM		
Area	Normal	Describe Findings if Abnormal
Constitutional	<input type="checkbox"/>	
HEENT	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Psychiatric	<input type="checkbox"/>	

ASSESSMENT AND TREATMENT PLAN:			
ICD - 10	Diagnosis	Assessment	Treatment Plan
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:



# Annual Physical Exam (APE) -Provider Assessment & Treatment Plan-Adult

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Sex: M/F

RECOMMENDED VACCINES				
<b>Influenza</b>	Date given: _____	<b>Hep A Series</b>	Date given: _____	
<b>Pneumococcal</b>	Date given: _____	<b>Hep B Series</b>	Date given: _____	
<b>TDap</b>	Date given: _____	<b>HPV</b>	Date given: _____	
<b>Varicella</b>	Date given: _____	<b>MMR</b>	Date given: _____	
<b>Other</b>	Date given: _____	<b>Zoster</b>	Date given: _____	
Measure	Provider use: check all that apply	ICD-10	CPT	
1	<b>Annual Physical Exam (APE)</b> <input type="checkbox"/> Visit explained to patient	<b>Z00.00</b> (Normal) <b>Z00.01</b> (Abnormal)	<b>99385-99387</b> (New patient) <b>99395-99397</b> (Established patient)	
2	<b>Controlling Blood Pressure (CBP) or BP Control for Patients with Diabetes (BPD)</b> <input type="checkbox"/> Results reviewed with patient <input type="checkbox"/> On medication	<b>I10.</b> _____	<b>3074F</b> (<130 sBP) <b>3075F</b> (130-139 sBP)	<b>3078F</b> (<80 dBP) <b>3079F</b> (80-89 dBP)
3	<b>HbA1c - Glycemic Status Assessment for Patients with Diabetes (GSD)</b> <input type="checkbox"/> Lab results: _____	<b>E10.</b> _____ <b>E11.</b> _____ <b>E13.</b> _____	<b>3044F</b> (<7%) <b>3051F</b> (7-8%)	<b>3046F</b> (>9%) <b>3052F</b> (8-9%)
4	<b>Colorectal Cancer Screening 45- 75 years of age (COL)</b> Colonoscopy (within 10 years): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Upload results to portal if on GIC list) Findings: _____ FIT-DNA (3 years): <input type="checkbox"/> Negative <input type="checkbox"/> Positive FOBT- (Annually): <input type="checkbox"/> Negative <input type="checkbox"/> Positive Sigmoidoscopy (within 5 years): <input type="checkbox"/> Negative <input type="checkbox"/> Positive		Date of Screening: _____	
5	<b>Depression Screening (DSF)</b> <input type="checkbox"/> PHQ2/PHQ9 score _____ <input type="checkbox"/> - depression <input type="checkbox"/> + depression & f/u care: _____	<b>N/A</b> (- depression) <b>F3</b> _____ (+ depression)	<b>G8510</b> (- depression) <b>G8431</b> (+ depression w/ follow up) <b>G8511</b> (+ depression w/o follow up)	
6	<b>Eye Exam for Patients with Diabetes (EED)</b> <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	<b>E10.</b> _____ <b>E11.</b> _____ <b>E13.</b> _____	<b>2023F</b> (negative) <b>2022F</b> (positive) <b>3072F</b> (neg results in previous year)	
7	<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b> <input type="checkbox"/> Lab results: eGFR: _____ & Urine creatinine: _____ Urine albumin: _____ Or Urine albumin/creatinine ratio: _____	<b>E10.</b> _____ <b>E11.</b> _____ <b>E13.</b> _____  Exclusions: <b>CKD stage 5 - N18.5</b> <b>ESRD - N18.6</b> <b>Dialysis - Z99.2</b>	N/A	
8	<b>Breast Cancer Screening 40-74 years of age (BCS)</b> Mammogram (2 years): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Upload results to portal if on GIC list) Findings: _____		Date of Screening: _____	
9	<b>Cervical Cancer Screening Women 21-64 years of age (CCS)</b> Cervical cytology (within the last three years) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Cervical cytology/hrHPV co-testing (within the last 5 years) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Human papillomavirus (hrHPV) (within the last 5 years) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Absence of Cx Diagnosis: <b>ICD-10-CM: Q51.5, Z90.710, Z90.712</b>	Cervical Cytology: CPT: <b>88141-88143</b> HrHPV lab test: CPT: <b>87624, 87625</b>	
10	<b>Chlamydia Screening 16-24 years of age (CHL)</b> Identified as sexually active and at least had one Chlamydia test annually. Urine analysis or vaginal swab (may use same ThinPrep swab for PAP)		Date of Screening: _____ Results: _____	
11	<b>Advanced Care Planning (ACP)</b> <input type="checkbox"/> Discussed advance directive with patient <input type="checkbox"/> Advance directive filed in patient's chart <input type="checkbox"/> Patient refused	N/A	<b>1158F</b> (discussed & documented) <b>1157F</b> (legal documentation on file)	
12	<b>Social Determinants of Health (SDOH)</b> <input type="checkbox"/> Reviewed questionnaire with patient	Use SDOH Z code listing below	N/A	

### OTHER PHYSICIANS CURRENTLY INVOLVED IN PATIENT'S CARE

Specialty:	Name:	Specialty:	Name:
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I certify this is an outpatient record and I have reviewed it with the patient during the visit. I hereby verify all the above records are correct.

NP/PA's Name (Print): \_\_\_\_\_ Title: NP/PA Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name (Print): \_\_\_\_\_ Title: MD/DO Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Utilization of the below mentioned ICD-10 codes related to Social Determinants of Health (SDOH) when performing assessments on patients is strongly encouraged by Health Plans. Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) are gathering SDOH data needed to support and improve population health management.

Code	Description
Z55.0	Illiteracy and low-level literacy
Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
Z59.82	Excessive transportation time, inaccessible transportation, inadequate transportation, lack of transportation, unaffordable transportation, unreliable transportation, unsafe transportation
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness, or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)



# Annual Physical Exam - Progress Note- Child/Adolescent

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Sex: M/F  
 Conducted:  In-person  Telehealth encounter (Audio and Video) with patient or parent/guardian consent  
 Self-reported Vitals  BP reading obtained from a digital blood pressure machine  Unable to obtain BP reading

<b>VITAL SIGNS</b>	BP: /	HR:	HT: ft. in.	WT: lbs.	BMI %: Z68.	TEMP:	RR:	PULSE OX: %
<b>REASON FOR VISIT:</b>			<b>PAST MEDICAL HISTORY:</b>					
<b>Annual Physical Exam</b>			<b>SOCIAL MEDICAL HISTORY:</b> <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Substance Use: _____					
			<b>FAMILY MEDICAL HISTORY</b>					
<b>HPI:</b>								
<b>CURRENT MEDICATIONS LIST (prescription &amp; non-prescription) or</b> <input type="checkbox"/> See medication list on file <input type="checkbox"/> Medication Reconciled & Reviewed								
					<b>MEDICATION ALLERGIES:</b>			
<b>DEVELOPMENTAL ASSESSMENT:</b>								
<b>REVIEW OF SYSTEMS</b>								
<b>System</b>	<b>Normal</b>	<b>Abnormal Findings</b>						
HEENT	<input type="checkbox"/>	Eye pain, ear pain, neck pain, visual problems, masses, hoarseness, hearing & speech, other:						
Lungs	<input type="checkbox"/>	Cough, wheezing, sputum, hemoptysis, other:						
Heart/Circulation	<input type="checkbox"/>	Chest pain, SOB, palpitation, orthopnea, other:						
Gastrointestinal	<input type="checkbox"/>	Abdominal pain, nausea, vomiting, diarrhea, other:						
Kidneys/Urinary Tract	<input type="checkbox"/>	Difficult or painful urination, nocturia, frequency, hematuria, other:						
Musculoskeletal	<input type="checkbox"/>	Joint pain, swelling, other:						
Endocrine	<input type="checkbox"/>	Polyuria, heat or cold intolerance, other:						
Neurological	<input type="checkbox"/>	Disoriented, paresthesia's, weakness, gait, other:						
Skin	<input type="checkbox"/>	Skin breakdown, rashes, pruritus, other:						
<b>PHYSICAL EXAM</b>								
<b>Area</b>	<b>Normal</b>	<b>Describe Findings if Abnormal</b>						
Constitutional	<input type="checkbox"/>							
HEENT	<input type="checkbox"/>							
Cardiovascular	<input type="checkbox"/>							
Respiratory	<input type="checkbox"/>							
Gastrointestinal	<input type="checkbox"/>							
Genitourinary	<input type="checkbox"/>							
Musculoskeletal	<input type="checkbox"/>							
Neurological	<input type="checkbox"/>							
Skin	<input type="checkbox"/>							
Psychiatric	<input type="checkbox"/>							
<b>ASSESSMENT AND TREATMENT PLAN:</b>								
<b>ICD - 10</b>	<b>Diagnosis</b>	<b>Assessment</b>			<b>Treatment Plan</b>			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan: _____			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan: _____			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan: _____			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan: _____			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan: _____			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan: _____			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan: _____			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan: _____			



# Annual Physical -Provider Assessment & Treatment Plan-Child/Adolescent

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Sex: M/F

Measure	Provider use: check all that apply	ICD-10	CPT
1	<b>Well-Child Visits (W15)</b> <b>0-15 months old</b> <b>Before 15<sup>th</sup> month</b> <input type="checkbox"/> 1 <sup>st</sup> Visit <input type="checkbox"/> 3 <sup>rd</sup> Visit <input type="checkbox"/> 5 <sup>th</sup> Visit <input type="checkbox"/> 2 <sup>nd</sup> Visit <input type="checkbox"/> 4 <sup>th</sup> Visit <input type="checkbox"/> 6 <sup>th</sup> Visit	<b>Z00.129</b> (Normal) <b>Z00.121</b> (Abnormal)	<b>99381</b> (Initial) <b>99391</b> (Periodic)
2	<b>Well-Child Visits (W30)</b> <b>15-30 months old</b> <b>Before 30<sup>th</sup> month</b> <input type="checkbox"/> 1 <sup>st</sup> Visit <input type="checkbox"/> 2 <sup>nd</sup> Visit	<b>Z00.129</b> (Normal) <b>Z00.121</b> (Abnormal)	<b>99382</b> (Initial) <b>99392</b> (Periodic)
3	<b>Child &amp; Adolescent Well Care Visit (WCV)</b> <b>3-21 years of age</b> <input type="checkbox"/> Visit explained to patient/guardian	<b>Z00.129</b> (Normal) <b>Z00.121</b> (Abnormal)	<b>99382 – 99385</b> (New patient) <b>99392 – 99395</b> (Established patient)
4	<b>Childhood Immunization Status (CIS)</b> <b>Before 2<sup>nd</sup> birthday</b> <b>DTaP</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose <input type="checkbox"/> 3 <sup>rd</sup> dose <input type="checkbox"/> 4 <sup>th</sup> dose <b>IPV</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose <input type="checkbox"/> 3 <sup>rd</sup> dose <b>MMR</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 dose <b>HiB</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose <input type="checkbox"/> 3 <sup>rd</sup> dose <b>Hepatitis B</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose <input type="checkbox"/> 3 <sup>rd</sup> dose <b>Varicella Zoster</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 dose <b>Pneumococcal Conjugate</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose <input type="checkbox"/> 3 <sup>rd</sup> dose <input type="checkbox"/> 4 <sup>th</sup> dose <b>Hepatitis A</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 dose <b>Rotavirus</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose <input type="checkbox"/> 3 <sup>rd</sup> dose <b>Influenza</b> <input type="checkbox"/> Uploaded in CAIR2 <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose		<b>90697, 90698, 90700, 90723</b> <b>90697, 90698, 90713, 90723</b> <b>90707, 90710</b> <b>90644, 90647, 90648, 90697, 90698, 90748</b> <b>90697, 90723, 90740, 90744, 90747, 90748</b> <b>90710, 90716</b> <b>90670</b> <b>90633</b> <b>90681 (2 dose), 90680 (3 dose)</b> <b>90655, 90657, 90661, 90673, 90685-90688</b>
5	<b>Lead Screening in Children (LSC)</b> <b>After 1<sup>st</sup> birthday &amp; before 2<sup>nd</sup> birthday</b> <input type="checkbox"/> Lab results: _____ Date test performed: ____/____/____	N/A	83655
6	<b>Immunizations for Adolescents (IMA)</b> <b>Before 13<sup>th</sup> birthday</b> <b>Meningococcal</b> <b>DTaP</b> <b>HPV (2-3 doses)</b>	Between 11 <sup>th</sup> and 13 <sup>th</sup> birthday Between 10 <sup>th</sup> and 13 <sup>th</sup> birthday 2 doses between 9 <sup>th</sup> and 13 <sup>th</sup> birthday; and 3 doses recommended if 1 <sup>st</sup> dose received on or after 15 <sup>th</sup> birthday	<b>90734</b> <b>90715</b> <b>90649-90651</b>
7	<b>Weight Assessment &amp; Counseling of Nutrition &amp; Physical Activity (WCC)</b> BMI Percentile Nutrition Physical Activity	<b>Z68.51</b> (< 5%) <b>Z68.52</b> (5% to < 85%) <b>Z68.53</b> (85% to < 95%) <b>Z68.54</b> (≥ 95%) <b>Z71.3</b> <b>Z71.82</b>	N/A
8	<b>Depression Screening (DSF)</b> <input type="checkbox"/> PHQ2/PHQ9 score _____ <input type="checkbox"/> - depression <input type="checkbox"/> + depression & f/u care: _____	N/A (- depression) F3 ____ (+ depression)	<b>G8510</b> (- depression) <b>G8431</b> (+ depression w/ follow up) <b>G8511</b> (+ depression w/o follow up)
9	<b>Asthma Medication Ratio (AMR)</b> Educated patient on proper usage of rescue inhaler: _____		
10	<b>Social Determinants of Health (SDOH)</b> <input type="checkbox"/> Reviewed questionnaire with patient	Use SDOH Z code listing below	N/A
<b>OTHER PHYSICIANS CURRENTLY INVOLVED IN PATIENT'S CARE</b>			
Specialty:	Name:	Specialty:	Name:

I certify this is an outpatient record and I have reviewed it with the patient/guardian during the visit. I hereby verify all the above records are correct.

NP/PA's Name (Print): \_\_\_\_\_ Title: NP/PA    Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider's Name (Print): \_\_\_\_\_ Title: MD/DO    Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Utilization of the below mentioned ICD-10 codes related to Social Determinants of Health (SDOH) when performing assessments on patients is strongly encouraged by Health Plans. Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) are gathering SDOH data needed to support and improve population health management.

Code	Description
Z55.0	Illiteracy and low-level literacy
Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
Z59.82	Excessive transportation time, inaccessible transportation, inadequate transportation, lack of transportation, unaffordable transportation, unreliable transportation, unsafe transportation
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness, or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)



## Annual Wellness Visit (AWV) - Progress Note

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Sex: M/F

Conducted:  In-person  Telehealth encounter (Audio and Video) with patient consent  
 Self-reported Vitals  BP reading obtained from a digital blood pressure machine

Unable to obtain BP reading

<b>VITAL SIGNS</b>	BP: /	HR:	HT: ft. in.	WT: lbs.	BMI: Z68.	TEMP:	RR:	PULSE OX: %
<b>REASON FOR VISIT:</b>			<b>PAST MEDICAL HISTORY:</b>					
<b>Annual Wellness Visit</b>			<b>SOCIAL MEDICAL HISTORY:</b> <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol TB Risk: Yes / No <b>FAMILY MEDICAL HISTORY</b>					
<b>HPI:</b>								
<b>CURRENT MEDICATIONS LIST (prescription &amp; non-prescription) or</b>					<input type="checkbox"/> Health Risk and Preventive Care Assessment (HRA) completed by member- please see attached			
<input type="checkbox"/> See medication list on file <input type="checkbox"/> Medication Reconciled & Reviewed 1159F list & 1160F review								
					<b>MEDICATION ALLERGIES:</b>			
<b>REVIEW OF SYSTEMS – Review with patient</b>								
<b>System</b>	<b>Normal</b>	<b>Abnormal Findings</b>						
HEENT	<input type="checkbox"/>	Eye pain, ear pain, neck pain, visual problems, masses, hoarseness, hearing & speech, other:						
Lungs	<input type="checkbox"/>	Cough, wheezing, sputum, hemoptysis, other:						
Heart/Circulation	<input type="checkbox"/>	Chest pain, SOB, palpitation, orthopnea, other:						
Gastrointestinal	<input type="checkbox"/>	Abdominal pain, nausea, vomiting, diarrhea, other:						
Kidneys/Urinary Tract	<input type="checkbox"/>	Difficult or painful urination, nocturia, frequency, hematuria, other:						
Musculoskeletal	<input type="checkbox"/>	Joint pain, swelling, other:						
Endocrine	<input type="checkbox"/>	Polyuria, heat, or cold intolerance, other:						
Neurological	<input type="checkbox"/>	Disoriented, paresthesias, weakness, gait, other:						
Skin	<input type="checkbox"/>	Skin breakdown, rashes, pruritus, other:						
<b>PHYSICAL EXAM</b>								
<b>Area</b>	<b>Normal</b>	<b>Describe Findings if Abnormal</b>						
Constitutional	<input type="checkbox"/>							
HEENT	<input type="checkbox"/>							
Cardiovascular	<input type="checkbox"/>							
Respiratory	<input type="checkbox"/>							
Gastrointestinal	<input type="checkbox"/>							
Genitourinary	<input type="checkbox"/>							
Musculoskeletal	<input type="checkbox"/>							
Neurological	<input type="checkbox"/>							
Skin	<input type="checkbox"/>							
Psychiatric	<input type="checkbox"/>							
<b>ASSESSMENT AND TREATMENT PLAN:</b>								
<b>ICD - 10</b>	<b>Diagnosis</b>	<b>Assessment</b>			<b>Treatment Plan</b>			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:			
		<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled			<input type="checkbox"/> Monitor <input type="checkbox"/> On Meds _____ <input type="checkbox"/> Other plan:			



## Annual Wellness Visit (AWV) – Provider Assessment & Treatment Plan

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Sex: M/F

RECOMMENDED VACCINES		OTHER PHYSICIANS CURRENTLY INVOLVED IN PATIENT'S CARE	
Influenza	Date given: / /	Specialty:	Name:
Zoster Vaccine	Date given: / /	Specialty:	Name:
Pneumococcal	Date given: / /	Specialty:	Name:
Tdap or Other	Date given: / /	Specialty:	Name:
Measure	Provider use: check all that apply	ICD-10	CPT
1 Annual Wellness Visit (AWV)	<input type="checkbox"/> Visit explained to patient <input type="checkbox"/> Reviewed HRA and medications with patient, gave personalized health advice per provided responses, discussed individualized preventative health screening schedule		G0402 (welcome)      G0438 (initial) G0439 (subsequent)
2 Hypertension: Controlling Blood Pressure (CBP)	<input type="checkbox"/> Results reviewed with patient <input type="checkbox"/> On medication	I10. _____	3074F (<130 sBP)      3078F (<80 dBP) 3075F (130-139 sBP)      3079F (80-89 dBP)
3 HbA1c - Glycemic Status Assessment for Patients with Diabetes (GSD)	<input type="checkbox"/> Lab results: _____	E10. _____ E11. _____ E13. _____	3044F (<7%)      3046F (>9%) 3051F (7-8%)      3052F (8-9%)
4 Colorectal Cancer Screening 45– 75 years of age (COL)	Colonoscopy (within 10 years): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Upload results to portal if on GIC list) Findings: _____ FIT-DNA (3 years): <input type="checkbox"/> Negative <input type="checkbox"/> Positive FOBT- (Annually): <input type="checkbox"/> Negative <input type="checkbox"/> Positive Sigmoidoscopy (within 5 years): <input type="checkbox"/> Negative <input type="checkbox"/> Positive		Date of Screening:
5 Medication Review (COA-MR)	<input type="checkbox"/> Meds & their side effects reviewed and reconciled w/ patient		1159F (list) and 1160F (review)
6 Functional Status Assessment (COA-FA)	<input type="checkbox"/> Able <input type="checkbox"/> Unable to perform ADLs Recommend: <input type="checkbox"/> IHSS <input type="checkbox"/> CBAS <input type="checkbox"/> other: _____	<input type="checkbox"/> No falls <input type="checkbox"/> 1+ fall(s) +/- injury (description) _____	1170F (assessed)
7 Pain Assessment (COA-PA)	<input type="checkbox"/> Negative pain <input type="checkbox"/> Positive pain <input type="checkbox"/> Pain management plan <input type="checkbox"/> Review any potential opioid use disorder (OUD) risk factors <input type="checkbox"/> Screen for potential substance use disorders (SUDs)		1126F (- pain) 1125F (+ pain)
8 Cognitive Assessment	<input type="checkbox"/> Mild Impairment <input type="checkbox"/> Moderate Impairment <input type="checkbox"/> Severe Impairment	N/A	
9 Advanced Care Planning (ACP)	<input type="checkbox"/> Discussed advance directive with patient <input type="checkbox"/> Advance directive filed in patient's chart <input type="checkbox"/> Patient refused	N/A	1158F (discussed & documented) 1157F (legal documentation on file)
10 Depression Screening (DSF)	<input type="checkbox"/> PHQ9 score _____ <input type="checkbox"/> + depression <input type="checkbox"/> - depression	N/A (- depression) F3. ____ (+ depression)	G8510 (- depression) G8431 (+ depression w/ follow up) G8511 (+ depression w/o follow up)
11 Eye Exam for Patients with Diabetes (EED)	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	E10. _____ E11. _____ E13. _____	2023F (negative)      2022F (positive) 3072F (neg results in previous year)
12 Kidney Health Evaluation for Patients with Diabetes (KED)	<input type="checkbox"/> Lab results: eGFR: _____ & Urine creatinine: _____ Urine albumin: _____ Or Urine albumin/creatinine ratio: _____	E10. _____ E11. _____ E13. _____  <b>Exclusions:</b> CKD stage 5 – N18.5 ESRD – N18.6 Dialysis – Z99.2	<b>Health education or preventive counseling services:</b>
			<input type="checkbox"/> Fall prevention <input type="checkbox"/> Alcohol <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical activity <input type="checkbox"/> Weight Loss
13 Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Spirometry Test <input type="checkbox"/> Spirometry Test Results: _____ <input type="checkbox"/> Pulmonologist Consultation <input type="checkbox"/> Pulmonary Test <input type="checkbox"/> Pulmonary Test Results : _____		
14 Breast Cancer Screening 40-74 years of age (BCS)	Mammogram (2 years): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Upload results to portal if on GIC list) Findings: _____		Date of Screening:
15 Osteoporosis Management w/ Fx (Patient has fracture within 6 months) (OMW)	<input type="checkbox"/> Bone Mineral Density; Result: _____ <input type="checkbox"/> Treatment; Drug Name: _____		77078 (CT) / 77080 (DEXA) Medication: J0897, J1740, J3110-J3111, J3489

I certify this is an outpatient record and I have reviewed it with the patient during the visit. I hereby verify all the above records are correct.

NP/PA's Name (Print): \_\_\_\_\_ Title: NP/PA      Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name (Print): \_\_\_\_\_ Title: MD/DO      Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Utilization of the below mentioned ICD-10 codes related to Social Determinants of Health (SDOH) when performing assessments on patients are strongly encouraged by Health Plans. Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) are gathering SDOH data needed to support and improve population health management.

<b>Code</b>	<b>Description</b>
<b>Z55.0</b>	Illiteracy and low-level literacy
<b>Z59.0</b>	Homelessness
<b>Z59.1</b>	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
<b>Z59.3</b>	Problems related to living in residential institution
<b>Z59.4</b>	Lack of adequate food and safe drinking water
<b>Z59.7</b>	Insufficient social insurance and welfare support
<b>Z59.8</b>	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
<b>Z59.82</b>	Excessive transportation time, inaccessible transportation, inadequate transportation, lack of transportation, unaffordable transportation, unreliable transportation, unsafe transportation
<b>Z60.2</b>	Problems related to living alone
<b>Z60.4</b>	Social exclusion and rejection (physical appearance, illness, or behavior)
<b>Z62.819</b>	Personal history of unspecified abuse in childhood
<b>Z63.0</b>	Problems in relationship with spouse or partner
<b>Z63.4</b>	Disappearance & death of family member (assumed death, bereavement)
<b>Z63.5</b>	Disruption of family by separation and divorce (marital estrangement)
<b>Z63.6</b>	Dependent relative needing care at home
<b>Z63.72</b>	Alcoholism and drug addiction in family
<b>Z65.1</b>	Imprisonment and other incarceration
<b>Z65.2</b>	Problems related to release from prison
<b>Z65.8</b>	Other specified problems related to psychosocial circumstances (religious or spiritual problem)



## Health Risk and Preventive Care Assessment

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service \_\_\_\_\_ Sex: M/F

**My overall health condition is**     **Excellent**         **Good**         **Fair**         **Poor**

Please answer questions 1-23 below as the preceding statement pertains to you & speak with your doctor if you have any questions

Diet			
1	I eat three balanced meals a day that includes fruits, vegetables, grains, and calcium rich foods.	Yes	No
2	I limit eating fried or fast foods and seldom drink soda, juice drinks, sports, or energy drink.	Yes	No
3	I have gained or lost over 10 lbs. in the last 6 months.	Yes	No
Physical Activity			
4	I exercise.	Yes	No
If you answered "Yes," please answer the following questions a and b:			
a. How many days a week do you exercise? <input type="checkbox"/> 1 to 2 days <input type="checkbox"/> 3 to 4 days <input type="checkbox"/> 5 to 7 days			
b. How long do you exercise? <input type="checkbox"/> <30 mins <input type="checkbox"/> > 30 mins <input type="checkbox"/> 1 hour <input type="checkbox"/> ≥ 1 hr			
Continence			
5	I have problems with urinating.	Yes	No
If you answered "Yes" to question 5, why do you have trouble with urinating?			
<input type="checkbox"/> Leaking <input type="checkbox"/> Frequent trips <input type="checkbox"/> Other			
6	I have frequent urinary tract infections (more than 2 times a year).	Yes	No
7	I have been diagnosed with an enlarged prostate.	Yes	No
Home and Safety			
8	I feel safe where I live.	Yes	No
9	I drive cautiously, always wear a seat belt while sitting in a car and have not had a car accident in the past year.	Yes	No
Fall Risk, Vision, and Hearing Problem			
10	I have fallen in the past 12 months.	Yes	No
If you answered "Yes" to question 10, please answer the following questions a and b:			
a. How many times did you fall? <input type="checkbox"/> 1 time <input type="checkbox"/> 2 or more times			
What caused your fall? _____			
b. Did your fall cause a fracture or serious injury?			
<input type="checkbox"/> Yes. Explain the injury: _____			
<input type="checkbox"/> No			
11	I have safety bars installed in my bathroom.	Yes	No
12	My vision and hearing changed a lot in the past 12 months.	Yes	No
Oral Health and Lifestyle & Staying Healthy			
13	I have problem with my oral health.	Yes	No
14	I can chew and swallow easily.	Yes	No
15	I smoke/chew tobacco.                    Frequency of Tobacco Use	Yes	No
16	I drink alcohol. If you answered "Yes," How many glasses do you drink a day?	Yes	No
<input type="checkbox"/> < 2 glasses <input type="checkbox"/> ≥ 2 glasses			
17	Have you had the following health vaccinations?		
a. Flu shot in the last year <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know or remember <input type="checkbox"/> Not Applicable			
b. Pneumonia shot in the last 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know or remember <input type="checkbox"/> Not Applicable			
c. Covid-19 vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know or remember <input type="checkbox"/> Not Applicable			
Functional Status Assessment			



## Health Risk and Preventive Care Assessment

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service \_\_\_\_\_ Sex: M/F

<b>18</b>	I can take care of my daily living activities: eating, toileting, bathing, dressing, walking, etc. If you answered "No," please explain:	Yes	No
<b>19</b>	I can handle jobs like doing laundry, cooking, paying bills, using the telephone, driving or taking buses, shopping, etc. If you answered "No," please explain:	Yes	No
<b>20</b>	I have trouble remembering important things such as taking my medications on time.	Yes	No

<b>Pain Scale</b>											<b>Location of Pain:</b> _____	
Circle the number that best describes pain level in the last five days												
<b>21</b>	0	1	2	3	4	5	6	7	8	9	10	
<b>Verbal Scale</b>	No Pain	Mild Pain		Moderate Pain				Severe Pain			Worst Possible	
	0	1	2	3	4	5	6	7	8	9	10	
<b>Activity Scale</b>	No Pain	Can be Ignored	Interferes with Tasks		Interferes with Concentration			Interferes with Basic Needs			Bed Rest Required	

<b>Advance Directive</b>			
<b>22</b>	Have you ever completed an Advance Care Plan?	Yes	No
	If you marked "No," do you want to receive one? *Please ask your PCP for materials	Yes	No
<b>23</b>	Do you have other questions or concerns about your health?	Yes	No
	If Yes, please describe:		

\* I understood the above questionnaire and received education and counseling from my Primary Care Physician.

<b>Office Use Only</b>			
<b>Six Item Cognitive Impairment Test (6CIT)</b>			<b>Score</b>
<b>24</b>	What year is this?	<input type="checkbox"/> Correct (0pts) <input type="checkbox"/> Incorrect (4pts)	
<b>25</b>	What month is this?	<input type="checkbox"/> Correct (0pts) <input type="checkbox"/> Incorrect (3pts)	
<b>26</b>	Give the patient an address phrase to remember with 5 components - <i>example</i> : John Doe, 52 Grand St, Arcadia.	Make sure patient can repeat address phrase properly and inform him/her that you will ask to repeat later.	
<b>27</b>	About what time is it (within one hour)?	<input type="checkbox"/> Correct (0pts) <input type="checkbox"/> Incorrect (3pts)	
<b>28</b>	Count backwards from 20-1.	<input type="checkbox"/> Correct (0pts) <input type="checkbox"/> 1 Error (2pts) <input type="checkbox"/> > than 1 Error (4 pts)	
<b>29</b>	Say the months of the year in reverse.	<input type="checkbox"/> Correct (0pts) <input type="checkbox"/> 1 Error (2pts) <input type="checkbox"/> > than 1 Error (4 pts)	
<b>30</b>	Repeat address phrase.	<input type="checkbox"/> Correct (0pts) <input type="checkbox"/> 1 Error (2pts) <input type="checkbox"/> 2 Errors (4pts) <input type="checkbox"/> 3 Errors (6pts) <input type="checkbox"/> 4 Errors (8pts) <input type="checkbox"/> All wrong (10 pts)	
<b>( 6CIT score) Add all scores to total =</b>			

**0-7 Normal      8 -9 Mild Cognitive Impairment (consider referral)      10-28 Significant Cognitive Impairment (referral)**



## Health Risk and Preventive Care Assessment

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service \_\_\_\_\_ Sex: M/F

### Depression Screening (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Not at all	Several Days	More Than Half the Days	Nearly Every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
10	If you circle any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all			<input type="checkbox"/>
		Somewhat difficult			<input type="checkbox"/>
		Very difficult			<input type="checkbox"/>
		Extremely difficult			<input type="checkbox"/>
<b>1-4</b> Minimal Depression <b>5-9</b> Mild Depression <b>10-14</b> Moderate Depression <b>15-19</b> Moderately Severe Depression <b>20-27</b> Severe Depression		<b>TOTAL:</b>			

**Provider's Name (Print):** \_\_\_\_\_ **Title: M.D. / D.O.**

**Provider's Signature:** \_\_\_\_\_ **Reviewed Date:** \_\_\_\_\_

\* I have reviewed this questionnaire with my patient and will schedule a follow up as needed.

# AWV (ANNUAL WELLNESS VISIT) VS PE (PHYSICAL EXAM)

**HMO – MEDICARE (Primary Insurance) – Use G codes for AWVs**

**NOTE:**

- For AWV (Annual Wellness Visit) use appropriate HCPCS Code: G0439, G0438 or G0402
- **Any age-as long as HMO-Medicare is primary insurance use G codes for AWV**
- NOT Physical codes like 99385-99387 or 99395-99397

## AWV VIA TELEHEALTH – QUALIFIES FOR RISK ADJUSTMENT – SEE BELOW GUIDE

AWV Telehealth Codes	Communication Requirements	Documentation Recommendations	Acceptable Remote Communication
G0438 - Initial Annual Wellness Visit G0439 - Subsequent Annual Wellness Visit  <b>+Add Modifiers 95 (telehealth with Audio/Video)</b>  <b>Not Allowable by Telehealth: G0402 - Initial Preventive Physical Exam (IPPE)</b>	Telehealth - for Risk Adjustment applicability the visit <b>requires real-time audio and video</b> , where patients and their care team can see and hear each other.	<ul style="list-style-type: none"> <li>▪ Service is based on MDM or Time</li> <li>▪ Document Time Spent Recommendation to include: <i>“This visit was conducted virtually via audio and video technology”</i></li> <li>▪ Consent for an audio/video visit should be documented</li> </ul>	<ul style="list-style-type: none"> <li>▪ Any non-public facing remote communication product (audio or video)</li> <li>▪ Video chat</li> <li>▪ Apple FaceTime</li> <li>▪ Facebook Messengers video chat</li> <li>▪ Google Hangouts video</li> <li>▪ Skype</li> <li>▪ Zoom</li> </ul>
<b>ICD-10 CM Codes</b>	<b>Any appropriate ICD-10-CM code is accepted</b>		
AUDIO ONLY (APPLICABLE TO ALL LOB -MEDICARE, MEDICAL OR COMMERCIAL)		DEFINITION OF MODIFIER 95:	
<ul style="list-style-type: none"> <li>• 99441 (5-10 mins)</li> <li>• 99442 (11-20 mins)</li> <li>• 99443 (21-30 mins)</li> </ul> (Any HCC diagnosis captured during a phone call only will not Risk Adjust)– <b>No need to add Mod 95.</b> <b>CMS updates telehealth guide periodically and please confirm guide before submitting or scheduling.</b>		Defined as “Synchronic Telemedicine Service Rendered via Real-Time Interactive <b>Audio and Video</b> telecommunication System	
FOR ADULT COMMERCIAL AND MEDICAL PHYSICAL EXAMS – PLEASE USE			
New Patients:		Established Patients:	
<b>99385 – 18-39 yrs.</b> <b>99386 – 40-64 yrs.</b> <b>99387 – 65 yrs. and older</b>		<b>99395 – 18-39 yrs.</b> <b>99396 – 40-64 yrs.</b> <b>99397 – 65 yrs. and older</b>	

For Physical exams via telehealth with Audio and Video – please append Modifier 95 if Audio and Video was used during Physical Exam

Resources: <https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/telehealth-physical-exam/>

# AWV & Office Visit Submission

## Examples for completing the AWV and Office visits via Telehealth

	Type of Visit	Documentation Includes	E&M Code to Use
Example 1	Office Visit via Telehealth	Audio & Video by using Apple facetime	99213 + Mod (95)
Example 2	AWV + Office Visit via Telehealth	Audio & Video by using doxy.me	G0439 + Mod (95) 99213 + Mod (25) + *Include HCPCS for HEDIS measures (Depression screening, BP, Advance directive BMI, Med recon, etc.)

# AWV & Office Visit Submission

- Examples of scenarios for completing the IPPE, AWV and Office visits.



Resources: <https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/telehealth-physical-exam>

# CORRECTED CLAIMS

## BILLING A CORRECTED CLAIM SUBMISSION REQUIREMENTS

In an effort to ensure our providers receive appropriate reimbursement and avoid denied claims, Health Plans request you adhere to the following billing requirements outlined in this document when submitting a corrected claim(s).

## WHAT IS A CORRECTED CLAIM?

A corrected claim is a replacement of a previously billed claim that requires a revision to coding, service dates, billed amounts, or patient information.

## CORRECTED CLAIM BILLING REQUIREMENTS

When submitting a claim for corrected billing on a CMS-1500, UB04, and/or electronically (EDI) your practice should include the following information to allow for accurate processing of your corrected claim:

## CMS-1500 or UB04 CORRECTED CLAIM SUBMISSION

- For CMS-1500 Claim Form
- On box 19 please include “Revised coding - Corrected Claim”
- Use billing code “7” in box 22 (Resubmission Code field)
- Payers original claim number should also be included in box 22 under the “Original Ref No.” field.

20. OUTSIDE LAB?		\$ CHARGES	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.	
7		180XXXXXXXXXX	
23. PRIOR AUTHORIZATION NUMBER			

For UB04 Claim Form

- The fourth digit of the “Type of Bill” (field 4) should be “7”

1	2	3a PAT. CNTL. #	4 TYPE OF BILL	
		b MED. REC. #	0117	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH

For any questions and assistance, please do not hesitate to contact Risk Adjustment department at

(626) 943-6158 or e-mail to HCC @astranahealth.com

# EXCLUSIONS GUIDE: ADVANCED ILLNESS AND FRAILITY FOR MEDICARE STAR MEASURES

To prevent unnecessary tests and treatments for patients who are frail and have advanced illness, NCQA has identified services measured that may not benefit older adults with limited life expectancy. Patients' advanced illness and frailty must be documented in the medical records and billed with the appropriate exclusion codes.

### Definition of Advanced illness:

- At least 2 different dates of service with an advanced illness diagnosis during the measurement year or the year prior
- OR
- A dispensed dementia medication during the measurement year or the year prior

### Definition of Frailty:

- At least 2 indications of frailty with different dates of service during the measurement year

EXCLUSION CRITERIA	APPLICABLE MEASURE
Patients who are 66 years old and older with both advanced illness and frailty	Breast Cancer Screening (BCS) Colorectal Cancer Screening (COL) Eye Exam for Patients with Diabetes (EED) Glycemic Status Assessment for Patients With Diabetes (GSD) Statin Therapy for Patients with Cardiovascular Disease (SPC)
Patients who are 66-80 years old with both advanced illness and frailty	Controlling High Blood Pressure (CBP) Kidney Health Evaluation for Patients with Diabetes (KED)
Patients who are 67-80 years old with both advanced illness and frailty	Osteoporosis Management in Women Who Had a Fracture (OMW)
Patients who are 81 years and older with frailty alone	Controlling High Blood Pressure (CBP) Kidney Health Evaluation for Patients with Diabetes (KED) Osteoporosis Management in Women Who Had a Fracture (OMW)

ADVANCED ILLNESS CODES AND DEFINITIONS	
ICD-10-CM code	Definition
C79.70-72	Secondary malignant neoplasm of adrenal gland
C79.81-82	Secondary malignant neoplasm of breast or genital organs
C79.89, C79.9	Secondary malignant neoplasm of unspecified or other sites
C91.00, C92.00, C93.00, C93.90, C93.Z0, C94.30	Leukemia not having achieved remission
C91.02, C92.02, C93.02, C93.92, C93.Z2, C94.32	Leukemia in relapse
F01.50, F01.511, F01.518, F01.52-F01.54, F01.A0, F01.A11, F01.A18, F01.A2-F01.A4, F01.B0, F01.B11, F01.B18, F01.B2-F01.B4, F01.C0, F01.C11, F01.C18, F01.C2-F01.C4, F02.80, F02.811, F02.818, F02.82-F02.84, F02.A0, F02.A11, F02.A18, F02.A2-F02.A4, F02.B0, F02.B11, F02.B18, F02.B2-F02.B4, F02.C0, F02.C11, F02.C18, F02.C2-F02.C4, F03.90-F03.911, F03.918, F03.92-F03.94, F03.A0, F03.A11, F03.A18, F03.A2-F03.A4, F03.B0, F03.B11, F03.B18, F03.B2-F03.B4, F03.C0, F03.C11, F03.C18, F03.C2-F03.C4, F10.27, F10.97	Dementia

## EXCLUSIONS GUIDE: ADVANCED ILLNESS AND FRAILTY FOR MEDICARE STAR MEASURES

F04	Amnestic disorder due to known physiological condition
F10.96	Alcohol-induced persisting amnestic disorder
G30.0, G30.1, G30.8, G30.9	Alzheimer's disease
G10	Huntington's disease
G12.21	Amyotrophic lateral sclerosis
G20	Parkinson's disease
G31.01, G31.09, G31.83	Degenerative diseases of the nervous system
G35	Multiple sclerosis
I09.81, I11.0, I13.0, I13.2, I50.1, I50.20-23, I50.30-33, I50.40-43, I50.810-814, I50.82-84, I50.89, I50.9	Heart failure
I12.0, I13.11, I13.2, N18.5, N18.6	Chronic kidney disease, stage 5
J43.0, J43.1, J43.2, J43.8, J43.9, J98.2, J98.3	Emphysema
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes, and vapors
J84.10, J84.112, J84.170, J84.178	Pulmonary fibrosis
J96.10-12, J96.20-22, J96.90-92	Respiratory failure
K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9	Alcoholic hepatic disease
K74.00-02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69	Hepatic disease
N18.5, N18.6	End stage renal disease

DEMENTIA MEDICATION	
Prescription Medication	Description of medication
Donepezil • Galantamine • Rivastigmine	Cholinesterase inhibitors
Memantine	Miscellaneous central nervous system agents
Donepezil-memantine	Dementia combinations

FRAILTY	
CPT Code	Definition
99504	Home visit for mechanical ventilation care
99509	Home visit for assistance with activities of daily living and personal care
HCPCS code	Definition
E0100, E0105	Cane
E0130, E0135, E0140, E0141, E0143, E0144, E0147-9	Walker

## EXCLUSIONS GUIDE: ADVANCED ILLNESS AND FRAILTY FOR MEDICARE STAR MEASURES

E0163, E0165, E0167, E0168, E0170, E0171	Commode chair
E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290-7, E0301-4	Hospital bed
E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440-4	Oxygen
E0462	Rocking bed with or without side rails
E0465, E0466	Home ventilator
E0470-2	Respiratory assist device
E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-8	Wheelchair
G0162, G0299, G0300, G0493, G0494	Skilled RN/LPN services related to home health/hospice setting
S0271	Physician management of patient home care, hospice
S0311	Management and coordination for advanced illness
S9123, S9124, T1000-5, T1019-22, T1030, T1031	Nursing, respite care and personal care services
ICD-10-CM code	Definition
L89.000 - L89.96	Pressure ulcer
M62.50	Muscle wasting and atrophy, not elsewhere classified, unspecified state
M62.81	Muscle weakness (generalized)
M62.84	Sarcopenia
R26.2	Difficulty in walking, not elsewhere classified
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
R53.1	Weakness
R53.81	Other malaise
R54	Age-related physical debility
R62.7	Adult failure to thrive
R63.4	Abnormal weight loss
R63.6	Underweight
R64	Cachexia
R29.6, W01.0XXA-W01.198S, W06.XXXA-W06.XXXS, W07.XXXA-W07.XXXS, W08.XXXA-W08.XXXS, W10.0XXA-W10.9XXS, W18.00XAW18.39XS, W19.XXXA-W19.XXXS	Fall
Y92.199	Other specified residential institution as the place of occurrence of the external cause
Z59.3	Problems related to living in residential institution
Z73.6	Limitation of activities due to disability

## **EXCLUSIONS GUIDE: ADVANCED ILLNESS AND FRAILITY FOR MEDICARE STAR MEASURES**

Z74.01	Bed confinement status
Z74.09	Other reduced mobility
Z74.1	Need for assistance with personal care
Z74.2	Need for assistance at home and no other household member able to render care
Z74.3	Need for continuous supervision
Z74.8	Other problems related to care provider dependency
Z74.9	Problem related to care provider dependency, unspecified
Z91.81	History of falling
Z99.11	Dependence on respirator (ventilator) status
Z99.3	Dependence on wheelchair
Z99.81	Dependence on supplemental oxygen
Z99.89	Dependence on other enabling machines and devices

# STATIN MEASURES TIP SHEET

## Statin Therapy for Patients with Cardiovascular Disease (SPC)

**SPC Denominator:**

Male patients 21–75 years of age and female patients 40-75 years of age during the measurement year, identified as having clinical atherosclerotic cardiovascular disease (ASCVD).

**SPC Numerator:** Received Statin Therapy - Patients who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

AND

**Statin Adherence 80%** - Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

List is not all inclusive and kept simple to aid in closing statin gaps

STEP 1	STEP 2	STEP 3
<p>If code: ASCVD</p> <p>Coronary artery disease/MI</p> <p>CABG or cardiac cath/stent in past 2 years</p> <p>Carotid artery stenosis/stroke</p> <p>Carotid surgery or cath/stent in past 2 years</p> <p>Any other ischemic vascular disease</p>	<p>Prescribe: Moderate-High Intensity Statin</p> <p>Recommended moderate-high intensity statins due to lower risk of drug interactions and statin intolerance</p> <ul style="list-style-type: none"> <li>Rosuvastatin 5-40mg daily or intermittent dosing (1-3x/week) *</li> <li>Pravastatin 40-80mg daily</li> </ul> <p>Note: Can consider longer acting statins atorvastatin 10-80mg or rosuvastatin 5-40mg at intermittent dosing intervals of 1-3x/week</p>	<p>If unable to take statin, document why: Assess &amp; code for exclusions every year</p> <p>Statin Intolerance/Side Effects</p> <ul style="list-style-type: none"> <li>Myalgia: M79.1</li> <li>Myositis, unspecified: M60.9</li> <li>Myopathy, unspecified: G72.9</li> <li>Rhabdomyolysis: M62.82</li> <li>Cirrhosis: K74.60</li> <li>Frailty/Advanced Illness</li> <li>ESRD</li> <li>Hospice, palliative care</li> </ul>

### HIGH AND MODERATE INTENSITY STATIN MEDICATIONS

DESCRIPTION	PRESCRIPTION
High-intensity statin therapy	<ul style="list-style-type: none"> <li>Atorvastatin 40-80mg</li> <li>Rosuvastatin (Crestor) 20–40mg</li> <li>Amlodipine-atorvastatin 40–80mg</li> <li>Ezetimibe-simvastatin 80mg</li> <li>Simvastatin 80mg</li> </ul>
Moderate-intensity statin therapy	<ul style="list-style-type: none"> <li>Atorvastatin 10-20mg</li> <li>Rosuvastatin 5-10mg</li> <li>Simvastatin 20-40mg</li> <li>Pravastatin 40-80mg</li> <li>Amlodipine-atorvastatin 10-20mg</li> <li>Ezetimibe-simvastatin 20-40mg</li> <li>Lovastatin 40mg</li> <li>Fluvastatin 40-80mg</li> <li>Pitavastatin 2-4mg</li> </ul>

# STATIN MEASURES TIP SHEET

## Statin Therapy for Patients Using Diabetic Medications (SPD)

**SPD Denominator:** Patients 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD).

**SPD Numerator:** Received Statin Therapy - Patients who were dispensed at least one statin medication of any intensity during the measurement year.

AND

Statin Adherence 80% - Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

**STARS Measure SUPD Denominator:** Percentage of Medicare Part D patients 40-75 years of age who were dispensed **at least two diabetes medication fills** during the measurement year.

STARS Measure SUPD Numerator: Percentage of Medicare Part D patients 40-75 years of age who were dispensed at least one statin medication of any intensity during the measurement year.

Patients who do not have diabetes can potentially be excluded if they have pre-diabetes and PCOS (3 specific codes only)

Rhabdomyolysis/myopathy codes below will remove the patient from both the SPC and SPD/SUPD measures (SPD list of muscle aches/pains far more limited than the SPC exclusion codes)

CODE	DESCRIPTION
G72.0	Drug-induced myopathy
G72.9	Myopathy, unspecified
M60.80	Other myositis, unspecified site
M60.9	Myositis, unspecified
M62.82	Rhabdomyolysis

List is not all inclusive and kept simple to aid in closing statin gaps

STEP 1	STEP 2	STEP 3
<p>If prescribed blood glucose lowering medications</p> <p>(diabetic &amp; nondiabetic indications)</p> <p>Biguanides Sulfonylureas Thiazolidinediones DPP-4 inhibitors Incretin mimetics Meglitinides SGLT2 inhibitors Insulin</p>	<p>Prescribe: Any Intensity Statin</p> <p>Recommended statins due to lower risk of drug interactions and statin intolerance: Pravastatin Rosuvastatin</p> <p>NOTE: Can consider longer acting statins atorvastatin or rosuvastatin at intermittent dosing intervals of 1-3x/week</p>	<p>If unable to take statin, document why: Assess &amp; code for exclusions Pre-diabetes: R73.03 Other abnormal blood glucose: R73.09 Polycystic ovarian syndrome (PCOS): E28.2 Statin Intolerance/Side Effects Myositis, unspecified: M60.9 Myopathy, unspecified: G72.9 Rhabdomyolysis: M62.82 Liver Disease/Cirrhosis K74.60 ESRD Hospice</p>

# MEDICARE PART D MEDICATION ADHERENCE PHARMACY MATRIX 2025

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HEALTH PLAN	MAIL ORDER PHARMACY	LANGUAGE LABEL OPTIONS MAIL ORDER	MAX DAYS'S SUPPLY	MEDICATION ADHERENCE MEDICATIONS COPAY INFORMATION FOR RETAIL & MAIL ORDER
<b>Aetna (AMTX)</b>	<p>Name: CVS Caremark</p> <p>Phone: 1-800-378-5697 (TTY:711)</p> <p>Fax: 1-800-378-0323 (TTY:711)</p>	<p>Languages: When a member enrolls, they set their method of communication</p>	<p>100 for MAPD (Tiers1-4)</p> <p>90 for group members</p>	<p><b>Copay Information:</b> Individual MAPD plans: <b>Tier 1:</b> \$0 at preferred pharmacy for 30/90-100 day supply at retail; \$2 at a standard pharmacy for 30/90-100 day supply at retail; \$0 at preferred pharmacy for 90-/100 day supply for mail order; \$6 at standard pharmacy for 90-/100 day supply for mail order <b>Tier 2:</b>\$0-\$10 at preferred pharmacy for 30-day supply at retail; \$12 at a standard pharmacy for 30-day supply at retail; \$0-\$30 at preferred pharmacy for 90-/100 day supply retail; \$36 at standard pharmacy retail for 90-/100 day supply retail; \$0-\$20 at a preferred pharmacy for 90-/100 day supply for mail order; \$36 at a standard pharmacy for 90-/100 day supply for mail order. <b>Tier 3:</b> \$47 (21-25%) at preferred &amp; standard pharmacy for 30-day supply at retail; \$141 (21-25%) at preferred &amp; standard pharmacy at 90-/100 day supply retail; \$141 (21-25%) at preferred &amp; standard pharmacy for 90-/100 day supply for mail order. <b>Automatic Refills Y/N:</b> Yes, members need to enroll. <a href="https://www.cvs.com/content/refill">https://www.cvs.com/content/refill</a> <b>Free Delivery with Mail Order Y/N:</b> Yes, free standard shipping with mail order <b>Formulary Website:</b> <a href="https://www.aetna.com/medicare/prescription-drugs/check-medicare-drug-list.html?cid=off-all-am-Formulary&amp;redirect=akamai">https://www.aetna.com/medicare/prescription-drugs/check-medicare-drug-list.html?cid=off-all-am-Formulary&amp;redirect=akamai</a></p>
<b>Anthem</b>	<p>Name: CarelonRx Home Delivery</p> <p>Phone: 833-314-2956, eRX or Fax 833-389-4172</p> <p>Language of Phone Options: English (Interpreters available for other)</p>	<p>English Spanish</p>	<p>100 Mail Order</p> <p>90 Network Pharmacy</p>	<p><b>Copay Information:</b> Plan specific, generally \$0-\$15 for tier 1 generic in preferred network pharmacy, \$0-\$30 tier 2 generic, \$40+ tier 3 preferred brand, \$0 copay drug list for medication adherence tracked drugs attached. <b>Available at All Pharmacies Y/N:</b> No, look-up pharmacies at <a href="https://www.carelonrx.com/pharmacy-tools">https://www.carelonrx.com/pharmacy-tools</a> <b>Automatic Refills Y/N:</b> Yes, with home delivery <b>Free Delivery with Mail Order Y/N:</b> Yes <b>Benefit difference between Mail Order &amp; Retail Pharmacy:</b> 90 -100 days max at in-network pharmacy, 100 days via home delivery. <b>Formulary Website:</b> <a href="https://www.anthem.com/provider/medicare-advantage/">https://www.anthem.com/provider/medicare-advantage/</a></p>

# MEDICARE PART D MEDICATION ADHERENCE PHARMACY MATRIX 2025

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HEALTH PLAN	MAIL ORDER PHARMACY	LANGUAGE LABEL OPTIONS MAIL ORDER	MAX DAYS' SUPPLY	MEDICATION ADHERENCE MEDICATIONS COPAY INFORMATION FOR RETAIL & MAIL ORDER
<b>Blue Shield</b>	<p>Name: Amazon Pharmacy</p> <p>Phone: 856-208-4665 (TTY:711) 24/7</p> <p>Language of Phone Options: English</p>	English	<p>Tier 1: 100</p> <p>Tier 2: 100</p> <p>Tier 3: 100</p> <p>Tier 4: 100</p> <p>Tier 5: 30</p>	<p><b>Copay Information:</b> (For Tiers 2,3,4 - Copay ranges are provided. Please refer to respective formulary for member for copay)</p> <p><b>Tier 1:</b> \$0 at preferred Rx for 30, 60, or 100 day supply; \$5 at standard in network Rx for 30, 60, or 100 day supply; \$0 at Home Delivery (mail order) for 100 day supply; \$5 at out of network Rx for 30 day supply</p> <p><b>Tier 2:</b> \$3-\$10 at preferred RX for 30 day supply ; \$6-\$20 at preferred Rx for 30 day supply; \$4.50-\$15 at preferred RX for 100 day supply; \$10-\$18 at standard in network Rx for 30; \$20-\$36 at standard in network RX for 60 day supply; \$30-\$54 at standard in network RX for 100 day supply; \$4.50-\$15 at Home Delivery (mail order) for 100 day supply; \$10-\$18 at out of network RX for 30 day supply.</p> <p><b>Tier 3:</b> \$35-\$45 at preferred Rx for 30 day supply; \$70-\$80 at preferred RX for 60 day supply; \$87.50 - \$100 at preferred RX for 100 day supply; \$47 at standard in network RX for 30 day supply; \$94 at standard in network Rx for 60 day supply; \$141 at standard in network RX for 100 day supply; \$87.50-\$100 at Home Delivery (mail order) for 100 day supply; \$47 at out of network RX for 30 day supply.</p> <p>Tier 3 Formulary - IRA Insulins (Part D covered insulin products)</p> <p>Members won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.</p> <p><b>Tier 4:</b> \$95 at preferred RX for 30 day supply; \$190 at preferred RX for 60 day supply; \$237.50 at preferred RX for 100 day supply; \$100 at standard in network RX for 30 day supply; \$200 at standard in network RX for 60; \$300 at standard in network for 100 day supply; \$237.50 at Home Delivery (mail order) for 100 day supply; \$100 at out of network RX for 30 day supply.</p> <p><b>Tier 5:</b> 33% coinsurance at preferred RX, standard in network RX, Home Delivery (mail order), or out of network RX</p> <p><b>Available at All Pharmacies Y/N:</b> Copays vary by member plan &amp; type of pharmacy (preferred, standard, out of network, mail). Please check website for pharmacy directory: <a href="https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/sites_content_en/medicare/resources/prescription_resources/pharmacy_network">https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/sites_content_en/medicare/resources/prescription_resources/pharmacy_network</a></p> <p><b>Automatic Refills Y/N:</b> Yes, if the dispensing pharmacy offers this service</p> <p><b>Free Delivery with Amazon Home Delivery Order Y/N:</b> Yes, Free 5-day delivery without Amazon Prime. Free 2-day delivery with Amazon Prime.</p> <p><b>Benefit difference between Home Delivery (mail order) &amp; Retail Pharmacy:</b> Home Delivery (mail order) allows delivery direct to home. Copay with mail order for 100-day supply compared to a standard in network pharmacy. Please refer to respective formulary for member for copay.</p> <p><b>Formulary Website:</b> <a href="https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/sites_content_en/medicare/drug_plans/member_resources/formulary">https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/sites_content_en/medicare/drug_plans/member_resources/formulary</a></p>

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<p style="text-align: center;"><b>Central Health Medicare Plan</b></p>	<p>Name: CVS Caremark</p> <p>Phone: 877-581-7142</p> <p>Language of Phone Options: English and Spanish (other languages use interpreter)</p> <p>Sign up online at <a href="http://www.caremark.com">www.caremark.com</a></p>	<p>English Spanish</p>	<p style="text-align: center;">100</p>	<p><b>Copay Information:</b> Tier 6 has \$0 copays for medications. Tier is available on our website using the Online Formulary <a href="https://www.centralhealthplan.com/chp/PartD/Formulary.aspx">https://www.centralhealthplan.com/chp/PartD/Formulary.aspx</a></p> <p><b>Automatic Refills Y/N:</b> Yes, need to enroll with mail order.</p> <p><b>Free Delivery with Mail Order Y/N:</b> Yes</p> <p>Mail Order -Mail Order Services (<a href="http://www.centralhealthplan.com/chp/PartD/MailOrder.aspx">www.centralhealthplan.com/chp/PartD/MailOrder.aspx</a>)</p> <p><b>New Benefit for 2025:</b> Lower tier options and Generic drugs</p> <p><b>Formulary Website:</b> Drug Formulary (online and PDFs) (<a href="http://www.centralhealthplan.com/chp/PartD/Formulary.aspx">www.centralhealthplan.com/chp/PartD/Formulary.aspx</a>)</p>
<p style="text-align: center;"><b>Chinese Community Health Plan</b></p>	<p>Name: BIRDI</p> <p>Phone: 855-873-8739 (TTY 711)</p> <p>Language of Phone Options: English (Other languages use interpreter)</p>	<p>English</p>	<p style="text-align: center;">90</p>	<p><b>Mail Order Copay Information:</b></p> <p>A) CCHP Senior Program: Tier 1 has \$3/30 day supply copay for medications. Higher Tiers are subject to higher copays and should contact the Health Plan for pricing options.</p> <p>B) CCHP Senior Select Program: All members with low-income subsidy (LIS) have a \$0 copay for Tier 1 medications. The Senior Select Formulary only has one tier (Tier 1) in the formulary. Non-LIS members are subject to a 25% coinsurance.</p> <p>C) CCHP Senior Value Program: Tier 1 and Tier 2 have \$0 copay for medications. Higher Tiers are subject to copays and should contact the Health Plan for pricing options.</p> <p><b>Retail Copay Information:</b></p> <p>A) CCHP Senior Program: Tier 1 have \$3/30 Day supply copay for medications (\$0/30 day supply at preferred pharmacy). Higher Tiers are subject to higher copays and should contact the Health Plan for pricing options.</p> <p>B) CCHP Senior Select Program: All members with Low-income subsidy (LIS) have \$0 copay for Tier 1 medications. The Senior Select Formulary only has one tier (Tier 1) in the formulary. Non-LIS members are subject to a 25% coinsurance.</p> <p>C) CCHP Senior Value Program: Tier 1 have \$0/30 days copay for medications. Tier 2 have \$3/30 day supply copay (\$0/30 day supply at preferred pharmacy). Higher Tiers are subject to higher copays and shouldn't contact the Health Plan for pricing options.</p> <p><b>Automatic Refills Y/N:</b> Yes, need to enroll with mail order.</p> <p><b>Free Delivery with Mail Order Y/N:</b> Yes</p> <p><b>New Benefit for 2025:</b> A 90-Day Supply of prescription medications for the price of two copays (60-Day Supply) for most non-specialty medications at a preferred pharmacy (Chinese Hospital Pharmacy) or mail-order pharmacy.</p> <p><b>Formulary Website:</b> <a href="https://cchphealthplan.com/plan-documents/">https://cchphealthplan.com/plan-documents/</a></p>

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<b>Cigna (AMTX)</b>	Name: Express Scripts Phone: 1-877-860-0982 Language of Phone Options: English and Spanish	English Spanish	100	<p><b>Copay Information:</b> Tiers 1 and 2 have \$0 copays for 100-day supply on most plans. Tier 3 has a \$135 copay for 90 days on most plans. Insulin in \$105 per 90 days (\$35 per month per insulin). The Health Plan should be contacted for higher tier pricing.</p> <p><b>Automatic Refills Y/N:</b> Yes, need to enroll with mail order.</p> <p>Free Delivery with Mail Order Y/N: Yes</p> <p><b>New Benefit for 2025:</b> \$0 copay for 100-day supply of Tier 1 and 2 medications. Express Scripts also has Extended Payment Plan options where the patient can pay 1/3 of the cost each month for 3 months (this is not allowed to be used in combination with the M3P payment plan).</p> <p><b>Formulary Website:</b> <a href="https://www.express-scripts.com/pdf/egwp/FOPA3P5A_508.pdf">https://www.express-scripts.com/pdf/egwp/FOPA3P5A_508.pdf</a></p>
<b>Clever Care</b>	Name: Birdi Phone: 855-873-8739 (TTY 711) Language of Phone Options: English (but Clever Care member services can help with a 3 way call if needed)	English	100 for most	<p><b>Copay Information:</b> Copays vary with plan.</p> <p><b>Automatic Refills Y/N:</b> Yes, may opt-in to auto refills on Birdi</p> <p><b>Free Delivery with Mail Order Y/N:</b> Yes, no additional cost for delivery, just usual copay cost</p> <p><b>New Benefit for 2025:</b> Incentives for Total+ members for adherence/CMR/DM education</p> <p><b>Formulary Website:</b> <a href="https://clevercarehealthplan.com/formulary-resources/">https://clevercarehealthplan.com/formulary-resources/</a></p>

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HEALTH PLAN	MAIL ORDER PHARMACY	LANGUAGE LABEL OPTIONS MAIL ORDER	MAX DAYS' SUPPLY	MEDICATION ADHERENCE MEDICATIONS COPAY INFORMATION FOR RETAIL & MAIL ORDER
<b>Health Net</b>	<p>Name: Express Scripts</p> <p>Phone: Express Scripts® Pharmacy Member Services at 1-833-750-0201 (TTY: 711) 24 hours a day, 7 days a week.</p> <p>On-line: <a href="https://express-scripts.com/rx">express-scripts.com/rx</a></p> <p>Language of Phone Options: English</p> <p>However when speaking to a customer service rep, members may request to be connected to the translation line.</p>	Most Major Languages	100 (excludes specialty tier 5)	<p><b>Copay Information:</b> Please check with member's handbook for other tiered medication as copayment/cost share vary with plan and cost is dependent on where the member is with their deductible, initial coverage limit, and LIS category. Contact customer service to answer this question as they would be able to look up the member's drug formulary, drug tier placement and answer copay questions.</p> <p>2025 Medicare Benefit Changes:</p> <ul style="list-style-type: none"> <li>- Annual Maximum Out of Pocket: \$2,000</li> <li>- No Coverage Gap</li> </ul> <p>Insulins: Max \$35 (30 Days)</p> <p>Mail Order*: Tier 1, Tier 2 and Tier 6 are \$0 copay for 90/100 day supply.</p> <p>Preferred Retail (30 Days)**:</p> <p>Tier 1: \$0 Tier 2: \$0 Tier 3: 25% coinsurance Tier 4: 32%-50% coinsurance Tier 5: 28%-29% coinsurance Tier 6: \$0</p> <p>Non-Preferred Retail (30 Days)*:</p> <p>Tier 1: \$0-5 Tier 2: \$0-10 Tier 3: 25% coinsurance Tier 4: 33%-50% coinsurance Tier 5: 28%-29% Tier 6: \$0</p> <p>*Must use Preferred Mail Order Pharmacy **During the Initial coverage limit (ICL)</p> <p><b>Available at All Pharmacies Y/N:</b> Yes, all in-network pharmacies, including retail, except for specialty drugs. Copayments will change dependent on preferred and non-preferred pharmacies.</p> <p><b>Automatic Refills Y/N:</b> Yes, via the Automatic Refill program</p> <p><b>Free Delivery with Mail Order Y/N:</b> Yes, free standard shipping only.</p> <p><b>Benefit difference between Mail Order &amp; Retail Pharmacy:</b> Patients using preferred mail order will receive <b>90/100 days'</b> supply of Tier 1, Tier 2 and Tier 6 prescription drugs for \$0 copay. *Must use Preferred Mail Order Pharmacy. (MAPD only)</p> <p><b>Formulary Website:</b> <a href="https://wellcare.healthnetcalifornia.com/drug-pharmacy/formulary.html">https://wellcare.healthnetcalifornia.com/drug-pharmacy/formulary.html</a></p>
<b>Humana</b>	<p>Name: CenterWell Pharmacy</p> <p>• E-prescribe: NCPDP ID# 0353108</p> <p>• Fax: 800-379-7617</p> <p>• Phone: 800-379-0092</p> <p>Language of Phone Options: English and Spanish (other languages use interpreter)</p>	English Spanish	100	<p><b>Copay Information:</b> Tier 1 and 2- \$0 copay and \$0 drug cost accumulation; Tier 3-2 copays for every 100 days, Waive LIS copays for all tiers up to \$12.15</p> <p><b>Available at All Pharmacies Y/N:</b> No, only at CenterWell Pharmacy</p> <p><b>Automatic Refills Y/N:</b> Yes, member can call or use <a href="https://CenterWellPharmacy.com">CenterWellPharmacy.com</a></p> <p><b>Free Delivery with Mail Order Y/N:</b> Yes</p> <p><b>Benefit difference between Mail Order &amp; Retail Pharmacy:</b> Yes, Humana Pharmacy 2 copays for 100 day supply</p> <p><b>Formulary Website:</b> <a href="https://www.humana.com/MedicareDrugList">www.humana.com/MedicareDrugList</a></p>

# MEDICARE PART D MEDICATION ADHERENCE PHARMACY MATRIX 2025

As a reminder health plans are required to provide the patient translations in the threshold language requested, often the Pharmacy will provide the patient the prescription in their requested language either on the label or as attachment.

HEALTH PLAN	MAIL ORDER PHARMACY	LANGUAGE LABEL OPTIONS MAIL ORDER	MAX DAYS' SUPPLY	MEDICATION ADHERENCE MEDICATIONS COPAY INFORMATION FOR RETAIL & MAIL ORDER
<b>LA Care</b>	<p>Name: Quality Drug Clinical Care Phone: 949-471-0223 Plans Serviced: D-SNP (Medicare)</p> <p>Name: Postal Prescription Services Phone: 800-552-6694 Plans Serviced: LACC/D &amp; PASC-SIEU</p> <p>Medi-Cal members may locate a mail order pharmacy at: <a href="https://medi-calrx.dhcs.ca.gov/home">https://medi-calrx.dhcs.ca.gov/home</a></p>	<p><b>Quality Drug Clinical Care-</b> English Spanish</p> <p><b>Postal Prescription Services -</b> English</p>	<p>D-SNP: 100-day supply</p> <p>LACC/D &amp; PASC-SIEU: 90-day supply</p>	<p><b>Copay Information:</b> D-SNP (members with Extra Help): Tier 1- \$0 copay. If the member does not have Extra Help, please direct member to Member Services at 833-522-3767 to apply. For more information, visit: <a href="https://medicare.lacare.org/members/2025-member-materials">https://medicare.lacare.org/members/2025-member-materials</a> LACC/D: copays vary by group type. Please visit website for more information at: <a href="https://www.lacare.org/members/documents/la-care-covered">https://www.lacare.org/members/documents/la-care-covered</a> PASC-SIEU: \$5 copay for up to 30 days' supply for generic medications and up to 90-day supply of maintenance generic medications. For more information, visit: <a href="https://www.lacare.org/sites/default/files/la2137_pasc-seiu_formulary_202501.pdf">https://www.lacare.org/sites/default/files/la2137_pasc-seiu_formulary_202501.pdf</a> <b>Automatic Refills Y/N:</b> Yes for D-SNP members only - Quality Drug Clinical Care will make 2 call attempts to members before every shipment. <b>Free Delivery with Mail Order Y/N:</b> Yes <b>Benefit difference between Mail Order &amp; Retail Pharmacy:</b> Members can get their medications without having to physically go to the pharmacy. Quality Drug Clinical Care offers free auto-refill and auto-ship of prescriptions that will be delivered by UPS or USPS in 7-10 days. Postal Prescription Services offers free shipping that will be delivered by USPS or FedEx in 7-10 days. <b>L.A. Care Pharmacy Services Website:</b> <a href="https://www.lacare.org/members/getting-care/pharmacy-services">https://www.lacare.org/members/getting-care/pharmacy-services</a></p>

# MEDICARE PART D MEDICATION ADHERENCE PHARMACY MATRIX 2025

As a reminder health plans are required to provide the patient translations in the threshold language requested, often the Pharmacy will provide the patient the prescription in their requested language either on the label or as attachment.

HEALTH PLAN	MAIL ORDER PHARMACY	LANGUAGE LABEL OPTIONS MAIL ORDER	MAX DAYS' SUPPLY	MEDICATION ADHERENCE MEDICATIONS COPAY INFORMATION FOR RETAIL & MAIL ORDER
<b>Molina Health Care</b>	Name: CVS Caremark  Phone: 877-581-7142  Language of Phone Options: English (other languages available upon request)	Offers all the threshold languages	100	<p><b>Copay Information:</b> Variable across plans and specific Part D coverage phases. Members in D-SNP contracts w/ LIS 1,2,3 have \$0 copays on any covered Part D meds. (Ozempic, Rybelsus, Mounjaro) now require prior authorization. H3038 copays are \$0 for all drugs and coverage stages, regardless of how the medication is obtained (i.e. mail order vs. standard retail pharmacy). H5810 cost share varies across tiers and retail vs. mail order. <b>Tier 1:</b> preferred generics- \$3 copay for 1 month supply at standard retail &amp; mail order pharmacy, \$6 copay for 2-month supply at standard retail &amp; mail order pharmacy, \$9 copay for 3-month supply at standard retail &amp; \$6 copay for 3 month supply at mail order pharmacy. <b>Tier 2:</b> generic - \$12 copay for 1 month supply at standard retail pharmacy &amp; mail order pharmacy, \$24 copay for 2-month supply at standard retail and mail order pharmacy, \$36 for 3-month supply at standard retail &amp; \$24 at mail order pharmacy. <b>Tier 3:</b> Preferred Brand - \$47 copay for 1 month supply at standard retail &amp; mail order pharmacy, \$94 for 2 month supply at standard retail &amp; mail order pharmacy, \$141 copay for 3 month supply at standard retail &amp; \$94 at mail order pharmacy. <b>Tier 4:</b> Non-Preferred Drug - \$100 copay for 1 month supply at standard retail &amp; mail order pharmacy, \$200 copay for 2-month supply at standard retail &amp; mail order pharmacy, \$300 for 3-month supply at standard retail &amp; mail order pharmacy. <b>Tier 5:</b> Specialty Tier - 33% of the cost for 1 month supply at standard retail &amp; mail order pharmacy. Tier 6: Select Care - \$0 copay for 1, 2, 3 month supply at standard retail &amp; mail order pharmacy.</p> <p><b>Available at All Pharmacies Y/N:</b> Yes  <b>Automatic Refills Y/N:</b> Yes, with consent forms  <b>Free Delivery with Mail Order Y/N:</b> Yes  <b>Benefit difference between Mail Order &amp; Retail Pharmacy:</b> Lower cost share if applicable; cost share for 2 month supply is same as for 3 month supply  <b>Formulary Website:</b> molinahealthcare.com</p>
<b>SCAN</b>	Name: Express Scripts  Phone: 1-866-553-4125  New members to Express Scripts: 1-877-842-9792 (TTY: 711)  Language of Phone Options: English, Spanish (press 9)	English  Alternate languages available upon request, must call to set up process  Directions provided as a supplemental attachment.	100	<p><b>Copay Information:</b> Most SCAN members pay \$0 for Tier 1 and Tier 2 drugs (up to a 100-day supply) at SCAN Preferred pharmacies and through mail-order from Express Scripts Pharmacy. Copay information can be found on our formulary website.</p> <p><b>Available at All Pharmacies Y/N:</b> No, SCAN members can fill their prescriptions at any of the pharmacies in our network, they will generally pay less at a preferred pharmacy. Pharmacy lookup tool to find preferred pharmacies close to members: Website: <a href="https://www.scanhealthplan.com/helpful-tools/pharmacy-search?zipOrAddress=92309&amp;path=undefined">https://www.scanhealthplan.com/helpful-tools/pharmacy-search?zipOrAddress=92309&amp;path=undefined</a></p> <p><b>Automatic Refills Y/N:</b> No, majority of pharmacies require documentation of member's consent (i.e.. member or member's agent shall enroll by written, online, or electronic consent to participate in the program).</p> <p><b>Free Delivery with Mail Order Y/N:</b> Yes, Standard shipping is free</p> <p><b>Benefit difference between Mail Order &amp; Retail Pharmacy:</b> For most plans, benefits for mail order and preferred pharmacy are the same for Tier 1 to 5 medications.</p> <p><b>Formulary Website:</b> <a href="https://www.scanhealthplan.com/helpful-tools/pharmacy-search">https://www.scanhealthplan.com/helpful-tools/pharmacy-search</a></p>

# MEDICARE PART D MEDICATION ADHERENCE PHARMACY MATRIX 2025

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HEALTH PLAN	MAIL ORDER PHARMACY	LANGUAGE LABEL OPTIONS MAIL ORDER	MAX DAYS' SUPPLY	MEDICATION ADHERENCE MEDICATIONS COPAY INFORMATION FOR RETAIL & MAIL ORDER
<b>United Healthcare Medicare Advantage</b>  <b>OPTUM</b>	<p>Name: Optum Home Delivery</p> <p>Medicare Advantage Members Line: (877) 889-6358 Prescriber Line: (800) 791-7658</p> <p>OptumRx Home Delivery Call Center Advocates utilize language line solutions supporting over 240 languages, including TTY for hearing impaired.</p>	<p>Medication bottle labels available in English and Spanish languages and large print. Script Talk available for patients in 24 languages and braille.</p> <p>Provider/Clinician and Patient materials are available in English, Spanish, Korean, Chinese (simplified and traditional), and Vietnamese</p>	100	<p><b>Copay Information:</b> \$0 for 100-day supply Tier 1 medications, call health plan for copays on other tiers. Individual members may have different copays based on the benefit design that they enrolled in.</p> <p><b>Available at All Pharmacies Y/N:</b> Varies for all other pharmacies</p> <p><b>Automatic Refills Y/N:</b> Yes, member must request it by calling Optum Home Delivery or by requesting it online at: <a href="http://optumrx.com">optumrx.com</a>. Automatic refills must be requested for each individual medication eligible. Applied to most chronic medications, exceptions may include controlled substances.</p> <p><b>Free Delivery with Mail Order Y/N:</b> Yes, alternative pick-up options for patients include FedEx or UPS locations.</p> <p><b>Benefit difference between Mail Order &amp; Retail Pharmacy:</b> Members using Optum Home Delivery Pharmacy may pay less for their medications versus other pharmacies, can split up their copays into monthly installments (Easy Payment Plan), free delivery makes it convenient to get medications whenever needed without having to leave their home, pharmacist available 24/7, and tend to have higher levels of adherence compared to other pharmacies; no payment method required for \$0 copay medications.</p> <p><b>Formulary Website:</b> Drug List (<a href="https://www.aarpmedicareplans.com/alphadog/AATX24HM0152958_001">https://www.aarpmedicareplans.com/alphadog/AATX24HM0152958_001</a>)</p>

# MEDICARE PART D MEDICATION ADHERENCE PHARMACY MATRIX 2025

As a reminder health plans are required to provide the patient translations in the threshold language requested, often the Pharmacy will provide the patient the prescription in their requested language either on the label or as attachment.

HEALTH PLAN	MAIL ORDER PHARMACY	LANGUAGE LABEL OPTIONS MAIL ORDER	MAX DAYS' SUPPLY	MEDICATION ADHERENCE MEDICATIONS COPAY INFORMATION FOR RETAIL & MAIL ORDER
<b>Well Care</b>	<p>Name: Express Scripts®</p> <p>Phone: Express Scripts® Pharmacy Member Services at: 1-833-750-0201 (TTY: 711) 24 hours a day, 7 days a week.</p> <p>On-line: <a href="https://express-scripts.com/rx">express-scripts.com/rx</a></p> <p>Language of Phone Options: English</p> <p>However when speaking to a customer service rep, member may request to be connected to the translation line.</p>	Most Major Languages	100 (excludes specialty tier 5)	<p><b>Copay Information:</b> Please check with member's handbook for other tiered medication as copayment/cost share vary with plan and cost is dependent on where the member is with their deductible, initial coverage limit, and LIS category. Contact customer service to answer this question as they would be able to look up the member's drug formulary, drug tier placement and answer copay questions.</p> <p>2025 Medicare Benefit Changes:</p> <ul style="list-style-type: none"> <li>- Annual Maximum Out of Pocket: \$2,000</li> <li>- No Coverage Gap</li> </ul> <p>Insulins: Max \$35 (30 Days)</p> <p>Mail Order*: Tier 1, Tier 2 and Tier 6 are \$0 copay for 90/100 day supply.</p> <p>Preferred Retail (30 Days)*:</p> <p>Tier 1: \$0 Tier 2: \$0 Tier 3: 25% Tier 4: 32%-50% Tier 5: 28% Tier 6: \$0</p> <p>Non-Preferred Retail (30 Days)**:</p> <p>Tier 1: \$5 Tier 2: \$10 Tier 3: 25% coinsurance Tier 4: 33%-50% Tier 5: 28% Tier 6: \$0</p> <p>*Must use Preferred Mail Order Pharmacy</p> <p>**During the Initial coverage limit (ICL)</p> <p><b>Available at All Pharmacies Y/N:</b> Yes, all in-network pharmacies, including retail, except for specialty drugs. Copayments will change dependent on preferred and non-preferred pharmacies.</p> <p><b>Automatic Refills Y/N:</b> Yes, via the Automatic Refill program.</p> <p><b>Free Delivery with Mail Order:</b> Yes, free standard shipping only.</p> <p><b>Benefit difference between Mail Order &amp; Retail Pharmacy:</b> Patients using preferred mail order will receive 90/100 days' supply of Tier 1, Tier 2 and Tier 6 prescription drugs for \$0 copay. *Must use Preferred Mail Order Pharmacy. (MAPD only)</p> <p><b>Formulary Website:</b> <a href="https://www.wellcare.com/en/california/find-my-plan">https://www.wellcare.com/en/california/find-my-plan</a> (Must select "Medicare" and enter "Zip Code")</p>

# BI-DIRECTIONAL EXCHANGE

## Missing Doses For Your Patients' Immunization Histories?

Bi-directional data exchange (BIDX) allows you to access CAIR2 records while using your EHR.

## BIDX Works!

*"A mother brought her child into Urgent Care with a laceration and couldn't remember if the child had a recent Tetanus vaccine. CAIR2 search showed the patient had a recent DTaP—no shot needed. May not sound like much, but to the child, it was a big relief."*

— Dr. Laura Polito,  
Sansum Clinic Urgent Care

Find out more at [CDPH.ca.gov/CAIR](http://CDPH.ca.gov/CAIR) or email [CAIRDataExchange@cdph.ca.gov](mailto:CAIRDataExchange@cdph.ca.gov).



## Example of How it Works:

- 1 Open patient record in EHR. Click to search CAIR2 records.



Steps and functionality will vary depending on your EHR.

- 2 Find matching patient and missing doses in pop-ups.

### Select matching patient.

CAIR2 Records	
Patient Match	
Name	Date of Birth
<input checked="" type="checkbox"/> Garcia, Sophia	04/10/2016

### Choose which doses to import into your EHR.

CAIR2 Records		
Garcia, Sophia DOB 04/10/2016		
Vaccine Name	Date Given	Lot Number
<input checked="" type="checkbox"/> DTaP	06/10/2016	C3145AA
<input checked="" type="checkbox"/> Hep B	06/10/2016	C3146AA

Import into EHR

### View forecast.

CAIR2 Records	
Garcia, Sophia DOB 04/10/2016	
Immunization Forecast	
	Recommended
Hep A	04/10/2018
Influenza	09/01/2018
MMR	04/10/2018

- 3 Imported doses are now part of patient's record in your EHR.

EHR Garcia, Sophia DOB 04/10/2016		
Immunization History		
DTaP	06/10/2016	C3145AA
Hep B	06/10/2016	C3146AA

# TOPICAL FLUORIDE FOR CHILDREN (TFC)

## MEDICAID

DESCRIPTION
Children 1-21 years of age <b>must receive</b> at least two fluoride varnish applications during the measurement year.
<b>Exclusion(s):</b> <ul style="list-style-type: none"><li>- Patients in hospice or using hospice services any time during the measurement year.</li><li>- Patients who have died during the measurement year</li></ul>
CODE
<b>CPT:</b> Fluoride varnish application 99188

The codes listed above are not inclusive and do not represent a complete list of codes found in the 2025 NCQA HEDIS® Value Set.



### OFFICE INSTRUCTIONS

- I. Perform oral health risk assessment on all children at every routine well child visits
- II. Ensure patient has fluoride application at least once every six months for all children and every three months for children at high risk for dental caries.
- III. Primary Care Physicians (PCPs) prescribe oral fluoride supplementation starting at 6 months for children whose water supply is deficient in fluoride.
- IV. Apply varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.



### UPLOADING RECORDS

- If patient with persistent gap not captured by claims, please upload the record with the proper documentation to receive credit for services rendered
- If you are one of our select providers that does not have access to the Provider Portal currently, please email records to [QualityImprovement.Dept@astranahealth.com](mailto:QualityImprovement.Dept@astranahealth.com)

# FREQUENTLY ASKED QUESTIONS (FAQ)

## HEDIS® IMPORTANT?

- Used by Health Plans and CMS to measure quality care performance.
- Quadruple Aim: improve quality, lower cost, better care, and care team wellbeing.
- It impacts membership growth and patient satisfaction

## Q: HOW CAN I IMPROVE MY HEDIS® SCORES?

- Submit claim/encounter data for each and every service rendered in an accurate and timely manner.
- The best practice is to submit claims within 7 days from date of service.
- Make sure the documentation on the medical record reflects all services billed.
- Review patients' HCC and/or HEDIS gaps by utilizing the Patient Assessment Form on the Web Portal prior to their appointment.
- Download and review gap reports from the Web Portal on a weekly basis.
- Call patients on the gap report and help them schedule appointments for their pending preventative screenings.
- Utilize CAIR2 for bidirectional data flow guidance

## Q: WHAT ARE THE REQUIREMENTS ON MEDICAL RECORDS?

- | Patient  | Provider  |
|--|---|
| <ul style="list-style-type: none"><li>○ First and last name shown on Health Plan ID card</li><li>○ Date of birth</li><li>○ Date of service</li></ul> | <ul style="list-style-type: none"><li>○ First and last name</li><li>○ Credentials</li><li>○ Signature</li><li>○ Date signed</li></ul> |

## Q: CAN DUPLICATE CLAIMS CLOSE GAPS?

- No, duplicate claims with same date of service will be rejected by the health plan
- A duplicate claim is when two claims are submitted with the same:
  - Patient
  - Procedure code
  - Provider
  - Date of service
- However, a claim can have multiple dates of service

## Q: WHEN AND WHAT DOCUMENTS SHOULD I UPLOAD ONTO THE WEB PORTAL?

- Upload documents when it is a historical record (i.e., completed with a different provider/IPA/health plan)
- Upload documents if an encounter was already submitted but it is missing HEDIS codes (i.e., Controlling Blood Pressure codes)
- Only upload documents that will suffice the measure (please refer to instructions for specific measures)
- Once the document is uploaded onto the Web Portal, it will take 7-10 business days to be processed

## Q: WHAT IF PATIENT REFUSES TO COMPLETE THE SCREENING?

- The gap will remain open
- Please document patient's refusal for compliance auditing purposes

## Q: WHAT IS NON-STANDARD SUPPLEMENTAL DATA?

- Data that is captured through medical record review and not captured through encounters/claims
- Opportunity to close gaps for historical services
- Your cooperation in responding to our medical record requests is crucial for HEDIS gap closure

## Q: WHAT IS CALIFORNIA IMMUNIZATION REGISTRY (CAIR2)?

- A free, secure, and confidential statewide computerized immunization information system for California residents
- Providers use this to track patient immunization records and reduce missed opportunities

## Q: WHAT ARE THE ADDITIONAL TOOLS AND RECOMMENDATIONS?

- Uploading medical records to Provider Portal will close gaps if documented properly
- Web portal technical assistance is available for Provider Portal related issues contact:
  - Email: Portal.Inquiries@networkmedicalmanagement.com
  - Phone: (626) 943-6146, Fax: (626) 943-6350

# TIPS FOR OPTIMAL OFFICE VISIT & PATIENT EXPERIENCE

Patient Experience Satisfaction impacts health outcomes, HEDIS performance, STAR ratings, retention, and income. Thus, it is important to provide quality experience with every patient encounter. Good experience correlates with clinical quality processes and outcomes:

- Better health - positively correlates to processes of care for both prevention and disease management.
- Satisfied patients are more engaged and adherent - in the case of chronic conditions, health care providers cannot achieve positive health outcomes without patient commitment and action.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is the industry standard for measuring patient experience and satisfaction. For 2025, CAHPS results have a significant weight impact on the overall STAR ratings.

CAHPS is divided into four major focus areas: Access to Care, Care Coordination, Doctor-Patient Communication and Customer Service.

Access to Care measures the timely use of personal health services to achieve the best health outcome. Patients' perception of access to care is directly associated with their experience satisfaction. Adjusting their perception by providing an appropriate explanation and offering alternative options when appointments are not available is one way to improve patient satisfaction.

Below is the list of access criteria for different health care needs based on the Access Standards policy of Astrana Health in accordance with California Managed Health Care Coalition, the health plans, and National Committee for Quality Assurance (NCQA) standards:

ACCESS CRITERIA	ACCESS STANDARD
Preventive care appointment	Within 20 calendar days for Medicare patients
*Non-urgent appointments for primary care	Within 10 business days of the request for appointment
*Urgent care appointment (PCP)	Within 48 hours of the request for appointment
After hours phone: Urgent	Respond within 30 minutes
After hours phone: Non-urgent	Respond within 24 hours at a minimum for triage or screening services
*A medical inquiry during office hours	Respond within the same day
*Appointment wait time	See patient within 30 minutes of appointment time
*Non-urgent appointments with specialist physicians	Within 15 business days of the request for appointment

\*Corresponding to the CG-CAHPS survey questions

### ACCESS TO CARE

ENSURING PATIENTS CAN MAKE APPOINTMENTS AND RECEIVE CARE IN A TIMELY MANNER IS ONE WAY YOU CAN DEVELOP AND MAINTAIN A POSITIVE HEALTH CARE EXPERIENCE.

CAHPS SURVEY QUESTION	TIPS FOR IMPROVEMENT
In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	<ul style="list-style-type: none"> <li>Keep appointment time slots available for patients with urgent needs.</li> <li>Refer patients to Urgent Care Centers if needed for urgent situations and follow up afterwards.</li> </ul>
In the last 6 months, when you contacted this provider's office to get an appointment for a check-up or routine care, how often did you get an appointment as soon as you needed?	<ul style="list-style-type: none"> <li>Offer telehealth for some of the non-urgent and/or routine visits.</li> <li>Confirm available appointments and wait time are okay for the patient. Offer alternatives when needed.</li> <li>Schedule patients' next routine appointment at the end of the visit.</li> </ul>
In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	<ul style="list-style-type: none"> <li>Use a voicemail system when the office is too busy to answer the phone.</li> <li>Provide a response by the end of the day.</li> </ul>

### CARE COORDINATION

COORDINATING CARE AMONG HEALTH CARE PROFESSIONALS HELPS TO IMPROVE EFFICIENCY AND SHOWS PATIENTS THAT YOU RESPECT THEIR TIME AND WANT TO BE INVOLVED IN THEIR CARE.

CAHPS SURVEY QUESTION	TIPS FOR IMPROVEMENT
In the last 6 months, how often did you get an appointment to see a Specialist as soon as you needed?	<ul style="list-style-type: none"> <li>Schedule patient's specialist appointment at the end of visit.</li> <li>Submit prior authorization request immediately.</li> <li>Confirm that the specialist is accepting new patients before making a referral.</li> <li>Include your patients' preferences, such as location and language concerns, when submitting referrals.</li> </ul>
In the past 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	<ul style="list-style-type: none"> <li>Conduct a Medication Review at each visit to ensure your patient is getting the most out of all prescriptions. Ask them to bring a list of their current medications.</li> <li>Provide a medication list for your patient to track and update all the medications they take. This may help me make your Medication Review memorable.</li> <li>Prescribe 100-day supply of medications for patients with hypertension, hyperlipidemia, and diabetes.</li> </ul>
In the past 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	<ul style="list-style-type: none"> <li>Tell patients when to expect their test results and if they will need a follow-up visit.</li> <li>Share detailed test results and consider giving status updates on in-progress tests.</li> <li>Review treatments discussed with patients and give them a copy to take home containing the information they need.</li> </ul>

**DOCTOR-PATIENT CONVERSATIONS**  
**DISCUSSING CLINICAL INDICATORS OF HEALTH WITH YOUR PATIENTS CAN HELP BUILD TRUST**  
**AND IMPROVE THEIR OVERALL WELLBEING.**

HEALTH OUTCOMES SURVEY (HOS) QUESTION	TIPS FOR IMPROVEMENT
In the past 12 months, did your doctor or someone from this provider’s office advise you to start, increase or maintain your level of exercise or physical activity?	<ul style="list-style-type: none"> <li>• Talk to all patients about their current exercise routine. Use the wording “start, increase, or maintain exercise level” to help with patient recall.</li> <li>• Use conversation starters to facilitate discussions with patients about exercise.</li> <li>• Ask patients to describe their current exercise routine in person or prior to their visit.</li> </ul>
A fall is when your body goes to the ground without being pushed. In the past 12 months, did you and someone from this provider’s office talked about falling or problems with balance or walking?	<ul style="list-style-type: none"> <li>• Ask all patients, regardless of their recent fall history, if they are having difficulty with balance.</li> <li>• Ask all patients to complete a fall assessment in person or prior to their visit.</li> <li>• Use educational posters to discuss balance, falls and treatment options.</li> </ul>
Many people experience leakage of urine, also called urinary incontinence. In the last 6 months, have you and someone from this provider’s office talked about leaking of urine?	<ul style="list-style-type: none"> <li>• Ask all patients if they are having difficulty with urine leakage.</li> <li>• Ask all patients to complete a bladder control assessment in person or prior to their visit.</li> <li>• Use educational posters to discuss bladder control, urine leakage and treatment options.</li> </ul>
During the past 4 weeks, how much of the time have you: <ul style="list-style-type: none"> <li>• Felt calm and peaceful?</li> <li>• Had a lot of energy?</li> <li>• Felt downhearted and blue?</li> </ul>	<ul style="list-style-type: none"> <li>• Establish trust through active listening by encouraging patients to share concerns and feelings without judgment and interruption.</li> <li>• Practice cultural competence by respecting patients’ beliefs and adapting communication style accordingly.</li> <li>• Utilize mental health screening tools and collaborate with mental health professionals as needed</li> </ul>
CAHPS SURVEY QUESTION PRACTITIONERS	TIPS FOR IMPROVEMENT
In the past 6 months, how often did this provider explain things in a way that was easy to understand?	<ul style="list-style-type: none"> <li>• Avoid using jargon, acronyms, or complicated explanations.</li> <li>• At the end of the visit, summarize the treatment plan in the context of the patient’s health goals.</li> <li>• Confirm patients’ understanding by using the Teach-Back method.</li> <li>• Make eye contact and shake hands with the patient.</li> <li>• Mutually establish an agenda</li> </ul>
In the past 6 months, how often did this provider listen carefully to you?	<ul style="list-style-type: none"> <li>• Listen, observe, and encourage the patient to express their key concerns and prioritize their health goals.</li> <li>• Seek to connect and/or re-connect with the patients.</li> </ul>
In the past 6 months, how often did this provider show respect for what you had to say?	<ul style="list-style-type: none"> <li>• Ensure seamless communication among staff for prompt responses.</li> <li>• Support requests by making appropriate arrangements and providing timely instructions.</li> </ul>
In the past 6 months, how often did this provider spend enough time with you?	<ul style="list-style-type: none"> <li>• Enhance your patient’s perception of time by sitting down, maintaining eye contact, and limiting looking at the clock.</li> <li>• Make efforts to ensure your patients feel as if they have your full attention.</li> </ul>

**The reception or front desk area** is critical for the patient’s experience, as the patients’ first impression of your office is based on their initial interaction with reception staff. This first impression can shape their overall perception of care, and “Make or break” the patient experience. It is essential to focus on techniques to improve patient experience in the reception area.

Best practices for reception staff include:

CARE METHOD	
CONNECT	<ul style="list-style-type: none"> <li>- Connect with patients on a personal level.</li> <li>- Use the 10 and 5 Rule. When the patient is 10 feet away, make eye contact and smile warmly. When the patient is 5 feet away, greet them warmly by name.</li> </ul>
ACKNOWLEDGE	<ul style="list-style-type: none"> <li>- Appreciate and listen to the information provided by patients.</li> </ul>
RESPOND	<ul style="list-style-type: none"> <li>- Respond appropriately.</li> <li>- Give an accurate time expectation for test, physician arrival, &amp; identify next steps.</li> <li>- Explain step-by-step what to expect next, answer questions, &amp; let the patient know how to contact you.</li> </ul>
ENGAGE	<ul style="list-style-type: none"> <li>- Empower patients through joint decision-making. End every interaction by asking, “Is there anything else I can do for you?”</li> </ul>
CUSTOMER SERVICE	STANDARDS
Greet Patients upon arrival	<ul style="list-style-type: none"> <li>- Keep patients informed of wait time.</li> <li>- Inform patients of expected wait times, delays, and why those delays are happening. Provide alternative options when possible.</li> </ul>
Treat all patients with respect	<ul style="list-style-type: none"> <li>- Creating a positive environment</li> <li>- Give your full attention to a patient when they approach. Put down your work, make eye contact, and listen.</li> </ul>
Establish high standards for service excellence	<ul style="list-style-type: none"> <li>- All patient calls returned within 24 hours.</li> <li>- A sincerely good attitude means smiling and being courteous</li> </ul>

✦. Astrana Health