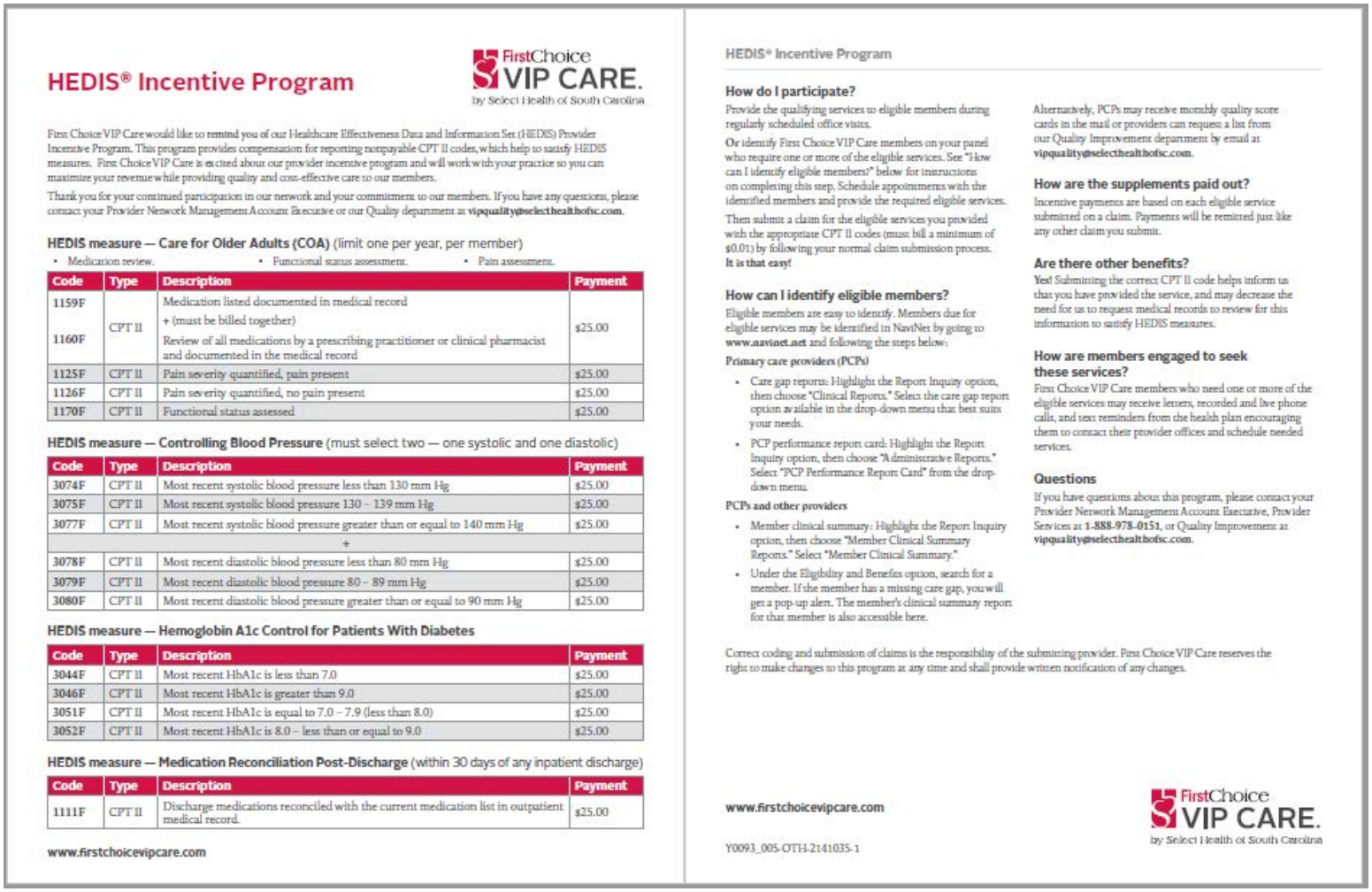
Quality Metrics

FirstChoice VIP CARE
by Select Health of South Carolina

HEDIS Incentive Program



HEDIS® Incentive Program

FirstChoice VIP CARE. by Select Health of South Carolina

First Choice VIP Care would like to remind you of our Healthcare Effectiveness Data and Information Set (HEDIS) Provider Incentive Program. This program provides compensation for reporting nonpayable CPT II codes, which help to satisfy HEDIS measures. First Choice VIP Care is excited about our provider incentive program and will work with your practice so you can maximize your revenue while providing quality and cost-effective care to our members.

Thank you for your continued participation in our network and your commitment to our members. If you have any questions, please contact your Provider Network Management Account Executive or our Quality department at **vipquality@selecthealthofsc.com**.

HEDIS measure — Care for Older Adults (COA) (limit one per year, per member)

- Medication review.
- Functional status assessment.
- Pain assessment.

Code	Type	Description	Payment
1159F	CPT II	Medication listed documented in medical record + (must be billed together) Review of all medications by a prescribing practitioner or clinical pharmacist and documented in the medical record	$25.00
1160F			
1125F	CPT II	Pain severity quantified, pain present	$25.00
1126F	CPT II	Pain severity quantified, no pain present	$25.00
1170F	CPT II	Functional status assessed	$25.00

HEDIS measure — Controlling Blood Pressure (must select two — one systolic and one diastolic)

Code	Type	Description	Payment
3074F	CPT II	Most recent systolic blood pressure less than 130 mm Hg	$25.00
3075F	CPT II	Most recent systolic blood pressure 130 – 139 mm Hg	$25.00
3077F	CPT II	Most recent systolic blood pressure greater than or equal to 140 mm Hg	$25.00
		+	
3078F	CPT II	Most recent diastolic blood pressure less than 80 mm Hg	$25.00
3079F	CPT II	Most recent diastolic blood pressure 80 – 89 mm Hg	$25.00
3080F	CPT II	Most recent diastolic blood pressure greater than or equal to 90 mm Hg	$25.00

HEDIS measure — Hemoglobin A1c Control for Patients With Diabetes

Code	Type	Description	Payment
3044F	CPT II	Most recent HbA1c is less than 7.0	$25.00
3046F	CPT II	Most recent HbA1c is greater than 9.0	$25.00
3051F	CPT II	Most recent HbA1c is equal to 7.0 – 7.9 (less than 8.0)	$25.00
3052F	CPT II	Most recent HbA1c is 8.0 – less than or equal to 9.0	$25.00

HEDIS measure — Medication Reconciliation Post-Discharge (within 30 days of any inpatient discharge)

Code	Type	Description	Payment
1111F	CPT II	Discharge medications reconciled with the current medication list in outpatient medical record.	$25.00

www.firstchoicevipcare.com

How do I participate?

Provide the qualifying services to eligible members during regularly scheduled office visits.

Or identify First Choice VIP Care members on your panel who require one or more of the eligible services. See "How can I identify eligible members?" below for instructions on completing this step. Schedule appointments with the identified members and provide the required eligible services.

Then submit a claim for the eligible services you provided with the appropriate CPT II codes (must bill a minimum of $0.01) by following your normal claim submission process. **It is that easy!**

How can I identify eligible members?

Eligible members are easy to identify. Members due for eligible services may be identified in NaviNet by going to **www.navinet.net** and following the steps below:

Primary care providers (PCPs)

- Care gap reports: Highlight the Report Inquiry option, then choose "Clinical Reports." Select the care gap report option available in the drop-down menu that best suits your needs.
- PCP performance report card: Highlight the Report Inquiry option, then choose "Administrative Reports." Select "PCP Performance Report Card" from the drop-down menu.

PCPs and other providers

- Member clinical summary: Highlight the Report Inquiry option, then choose "Member Clinical Summary Reports." Select "Member Clinical Summary."
- Under the Eligibility and Benefits option, search for a member. If the member has a missing care gap, you will get a pop-up alert. The member's clinical summary report for that member is also accessible here.

Alternatively, PCPs may receive monthly quality score cards in the mail or providers can request a list from our Quality Improvement department by email at **vipquality@selecthealthofsc.com**.

How are the supplements paid out?

Incentive payments are based on each eligible service submitted on a claim. Payments will be remitted just like any other claim you submit.

Are there other benefits?

Yes! Submitting the correct CPT II code helps inform us that you have provided the service, and may decrease the need for us to request medical records to review for this information to satisfy HEDIS measures.

How are members engaged to seek these services?

First Choice VIP Care members who need one or more of the eligible services may receive letters, recorded and live phone calls, and text reminders from the health plan encouraging them to contact their provider offices and schedule needed services.

Questions

If you have questions about this program, please contact your Provider Network Management Account Executive, Provider Services at **1-888-978-0151**, or Quality Improvement at **vipquality@selecthealthofsc.com**.

Correct coding and submission of claims is the responsibility of the submitting provider. First Choice VIP Care reserves the right to make changes to this program at any time and shall provide written notification of any changes.

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Quality Metrics – Medicare Stars Rating

As a Medicare Advantage (MA) plan, CMS measures the quality of the healthcare our members receive and how responsive our plan is through the Star Rating program. For the Stars rating our quality is measured through various sources:

1. **Healthcare Effectiveness Data and Information Set (HEDIS)** – A comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance.

2. **Consumer Assessment of Healthcare Provider and Systems (CAHPS)** – This CMS survey asks patients (or in some cases their families) about their experiences with, and ratings of, their health care providers and plans, including hospitals, home health care agencies, doctors, and health and drug plans, among others.

3. **Health Outcomes Survey (HOS)** – This CMS survey is a patient-reported outcomes measure used in Medicare managed care. The goal of the Medicare HOS is to gather valid, reliable, and clinically meaningful health status data from the MA program to use in quality improvement activities, pay for performance, program oversight, public reporting, and to improve health.

4. Other Stars specific measurements.

Care for Older Adults - HEDIS

Plan Interventions:

Care for Older Adults (COA) includes a group of assessments intended to serve as additional preventive screenings for adults age 66 and over.

Advance care planning	Functional assessment
Pain assessment	Medication review/list

First Choice VIP Care is able to assist providers in completing these assessments:

- ✓ Care management is contacting members to complete COA assessments including – pain, advanced directives and functional status.
- ✓ Pharmacy department is conducting care for older adults medication reviews.
- ✓ Completed COA assessment forms are sent to members PCP's and must be filed in the member records in order to satisfy the HEDIS requirement.

Providers may access blank COA forms for their use on our website under Provider> Resources. A good time to complete these assessments is during the Annual Wellness Visit.

Care for Older Adults - HEDIS

Provider Guidelines - Providers may also satisfy the COA requirement by completing the assessment form or documenting the assessment on a claim using the following codes :

Care for Older Adults (COA) • Advance Care Planning • Functional Status Assessment • Pain Assessment • Medication Review	Members 66 years and older who had each of the following during the measurement year: **Advance care planning** - Evidence of advance care planning during the measurement year (i.e. advance directive, actionable medical orders, living will, surrogate decision maker). **Functional status assessment** - At least one functional status assessment during the measurement year (i.e. ADL, IADL, result of assessment using a standardized functional assessment tool,). **Pain assessment** – Documentation of at least one pain assessment during the measurement year. **Medication review** – any of the following: • Both of the following on the same date of service during the measurement year: o At least one medication review conducted by a prescribing practitioner or clinical pharmacist. o The presence of a medication list in the medical record.	**CPT/HCPCS/ICD10CM Codes:** **Advance Care Planning:** 99483, 99497, 1123F, 1124F, 1157F, 1158F, S0257, Z66 **Functional Status Assessment:** 99483, 1170F, G0438, G0439 **Pain Assessment:** 1125F, 1126F **Medication Review:** 90863, 99483, 99605, 99606, 1160F **Medication List:** 1159F, G8427 **Transitional Care Management:** 99495, 99496

Influenza Vaccine – Consumer Assessment of Healthcare Provider and Systems Survey (CAHPS)

Plan Interventions:

Member incentives, reminder postcards, automated call and text blasts, Care Management Team calls, and partner with providers for flu clinics.

Provider Guidelines:

We ask for your help, as a provider, in helping to ensure your patients receive influenza vaccines. Your role in this effort is critical to help avert the considerable toll that influenza takes on the public's health each year.

Per the CDC, although people 65 years old and older can get any injectable influenza vaccine, there are two vaccines specifically designed for people 65 years old and older:

- The "high-dose vaccine" is designed specifically for people 65 years old and older and contains four times the amount of antigen as the regular flu shot. It is associated with a stronger immune response following vaccination (higher antibody production).
- The adjuvanted flu vaccine, Fluad™, is made with MF59 adjuvant, which is designed to help create a stronger immune response to vaccination.

Influenza Vaccine - CAHPS

Please be reminded that participating providers will be reimbursed 100% of the Medicare allowable for the influenza vaccines noted below, along with the administration code G0008 for your Medicare patients in our plan:

Please reference the CMS Seasonal Influenza Vaccine Pricing website for currently covered vaccines and reimbursement rates:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing

Diabetes Care - HEDIS

The Diabetes HEDIS measure is now comprised of four individual measures and can be reported using CPT or CPT II codes:

1. Hemoglobin A1c Control for Patients with Diabetes (HBD)
2. Kidney Health Evaluation for Patients with Diabetes (KED)
3. Eye Exam for Patients with Diabetes (EED)
4. Blood Pressure Control for Patients with Diabetes (BPD)

Plan Intervention:

Diabetic members are being offered in-home diabetic testing including HbA1C, urine and eye imaging when approved by treating provider. Sending letters to providers and members when tests are missing. Offer HbA1c testing at member events.

Diabetes Care - Hemoglobin A1c Control for Patients with Diabetes (HBD) - HEDIS

Measure Name	Measure Description	Coding Tips/Notes
Hemoglobin A1c Control for Patients with Diabetes (HBD)* **Formerly the Comprehensive Diabetes Care (CDC)-HgbA1c Testing & HgbA1c Result: Control vs. Poor Control*	Members 18 – 75 years of age with diabetes (type 1 or type 2) whose hemoglobin A1c (HbA1c) was the following in the Measurement Year (MY): • HbA1c control (<8.0%) • HbA1c poor control (>9%) At a minimum, the documentation in the medical record must include a note indicating the date when the **most recent** HbA1c test was performed in the MY and the result or findings. ***A lower rate in Poor Control (>9%) indicates better performance.*** *Members who meet any of the following criteria are excluded from the measure:* • *In hospice or using hospice services any time in the MY.* • 66 years of age and older with frailty **and** advanced illness during the MY. • *Receiving palliative care any time in the MY.* • *Members who did not have a diagnosis of diabetes in the MY or the year prior AND who had a diagnosis of Diagnosis of Polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes during the MY or the year prior* *Non-compliant members may be excluded from the measure with documentation of any of the following:* • *Deceased in the MY.*	**CPT Codes:** • ***HbA1c Testing: 83036, 83037*** • ***HbA1c Less than 7.0: 3044F*** • ***HbA1c greater than or equal to 7.0 and less than 8.0: 3051F*** • ***HbA1c greater than or equal to 8.0 and less than or equal to 9.0: 3052F*** • ***HbA1c greater than 9.0: 3046F***

Diabetes Care - Eye Exam for Patients with Diabetes (EED) - HEDIS

Eye Exam for Patients with Diabetes (EED)* **Formerly the Comprehensive Diabetes Care (CDC)-Eye Exam*	Members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam during the Measurement Year (MY), or an exam with a negative result in the year prior to the MY or documentation of bilateral eye enucleation any time prior to 12/31 of the MY. *Members who meet any of the following criteria are excluded from the measure:* • *In hospice or using hospice services any time in the MY.* • 66 years of age and older with frailty **and** advanced illness during the MY. • *Receiving palliative care any time in the MY.* • *Members who did not have a diagnosis of diabetes in the MY or the year prior AND who had a diagnosis of Diagnosis of Polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes during the MY or the year prior.* *Non-compliant members may be excluded from the measure with documentation of any of the following:* • *Deceased in the MY.* ** Blindness is not an exclusion for a diabetic eye exam**	**Diabetic Retinal Screening Eye Care Professional Only Exam CPT/HCPCS/CPT-CAT-II Codes:** 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225,92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213. 99214, 99215, 99242. 99243, 99244, 99245, S0620, S0621, S3000 **Primary care Physician Positive exam:** 2022F, 2024F, 2026F **Primary care Physician Negative exam:** 3072F, 2023F, 2025F, 2033F

Diabetes Care - Kidney Evaluation for Patients With Diabetes (KED) - HEDIS

Kidney Evaluation for Patients With Diabetes (KED)* **Formerly the Comprehensive Diabetes Care-Monitoring for Nephropathy*	The percentage of member 18 – 85 with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR), during the Measurement Year (MY). *Members who meet any of the following criteria are excluded from the measure:* • *In hospice or using hospice services any time in the MY.* • 66 years of age and older with frailty **and** advanced illness during the MY. • *81 years of age and older with frailty during the MY.* • *Receiving palliative care any time in the MY.* • *Evidence of End-stage Renal Disease (ESRD) any time during the member's history through 12/31 of the MY.* • *Evidence of ESRD or dialysis any time during the member's history through 12/31 of the MY.* *Non-compliant members may be excluded from the measure with documentation of any of the following:* • *No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior.* • *Deceased in the MY*	Service dates of Quantitative Urine Albumin Lab Test and Urine Creatinine Lab Test must be four or less days apart. **All three are required:** 1. **Estimated Glomerular Filtration Rate Lab Test - CPT:** 80047, 80048, 80050, 80053, 80069, 82565 2. **Quantitative Urine Albumin Lab Test - CPT:** 82043 3. **Urine Creatinine Lab Test - CPT:** 82570

Controlling Blood Pressure - HEDIS

Plan Interventions:

Our plan is assessed on how well our providers are controlling their patients' (our members') blood pressure through the HEDIS measure, Controlling High Blood Pressure. This measure determines the percentage of patients 60 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled during the measurement year, based on the following criteria:

- Patients 60 to 85 years of age with a diagnosis of diabetes whose BP was less than 140/90 mm Hg.
- Patients 60 to 85 years of age without a diagnosis of diabetes whose BP was less than 150/90 mm Hg.

Only about half of people with high blood pressure have it under control, which means they are at higher risk for heart disease and stroke. Another 1 in 5 adults don't even know they have high blood pressure.

As a plan we offer member incentives, education and a blood pressure cuff benefit. Review medications for compliance and educate members on 90-day refills. Offer to take blood pressure at member events.

Diabetes Care - Blood Pressure Control for Patients with Diabetes (BPD) + Controlling High Blood Pressure (CBP) - HEDIS

Plan Interventions:

Our plan is assessed on how well our providers are controlling their patients' (our members') blood pressure through the both of these HEDIS measures. These measures determine the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension and/or diabetes and whose blood pressure (BP) was adequately controlled during the measurement year, based on the following criteria:

- Patients 18 to 85 years of age with or without a diagnosis of diabetes whose BP was less than 140/90 mm Hg.

Only about half of people with high blood pressure have it under control, which means they are at higher risk for heart disease and stroke. Another 1 in 5 adults don't even know they have high blood pressure.

As a plan we offer member incentives, education and a blood pressure cuff benefit. Review medications for compliance and educate members on 90-day refills. Offer to take blood pressure at member events.

Blood Pressure Control for Patients with Diabetes (BPD) + Controlling High Blood Pressure (CBP) - HEDIS

Provider Guidelines:

Before providers can begin to control high blood pressure, it is important to first obtain an accurate blood pressure. Even small inaccuracies of 5 – 10 mm Hg can have considerable consequences. Here are some factors that can affect the accuracy of a blood pressure measures and the magnitude of the discrepancies:

Factor	Magnitude of systolic/diastolic blood pressure discrepancy (mm Hg)
Talking or active listening	10/10
Distended bladder	15/10
Cuff over clothing	5–50/
Cuff too small	10/2–8
Smoking within 30 minutes of measurement	6–20/
Paralyzed arm	2–5/
Back unsupported	6–10/
Arm unsupported, sitting	1–7/5–11
Arm unsupported, standing	6–8/

Blood Pressure Control for Patients with Diabetes (BPD) + Controlling High Blood Pressure (CBP) - HEDIS

The blood pressure measures can be reported using CPT II codes. Below are the CPT II codes that correspond to particular systolic and diastolic blood pressure measurements (select one of each).

Code	Type	Measure	Description
3074F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure less than 130 mm Hg
3075F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure 130 – 139 mm Hg
3077F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure less than 80 mm Hg
3079F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure 80-89 mm Hg
3080F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

Colorectal Cancer Screening - HEDIS

Plan Intervention:

Working with lab vendors to offer members in-home screening kits.

Provider Guidelines:

Colorectal Cancer Screening (COL)	Members 50-75 years of age who had appropriate screening for colorectal cancer, which includes: • Fecal occult blood test (FOBT) during the measurement year • Flexible sigmoidoscopy or CT Colonography during the measurement year or four years prior to the measurement year • Colonoscopy during the measurement year or nine years prior to the measurement year • FIT-DNA test during the measurement year or two years prior to the measurement year. **Note:** Digital rectal exams (DRE) and FOBT tests performed in an office setting or performed on a sample collected via DRE do not meet measure specifications.	**Flexible Sigmoidoscopy CPT/HCPCS Codes:** 45330, 45331, 45332, 45333, 45334,45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350, G0104 **Colonoscopy CPT/HCPCS Codes:** 44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398, G0105, G0121 **CT Colonography CPT Codes:** 74261, 74262, 74263 **FIT-DNA CPT/HCPCS Codes:** 81528, G0464 **FOBT Lab Test CPT/HCPCS Codes:** 82270, 82274, G0328

Breast Cancer Screening - HEDIS

Plan Intervention:

Receive orders for non-compliant members and do member outreach campaigns to assist members scheduling mammograms. Send out reminder postcards.

Provider Guidelines:

Breast Cancer Screening (BCS)	Women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or the two years prior to the measurement year. • Based on claim for mammography only. Biopsies, breast ultrasounds and MRIs are not included. • Excludes women with documented mastectomy.	**Mammography CPT/HCPCS Codes:** 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067, G0202, G0204, G0206

Osteoporosis Management in Women Who Had a Fracture - HEDIS

Plan Intervention:

Letters to providers on members who are high-risk for falls. Encouraging Bone Mineral Density testing and/or medication prior to the 6 month post fracture date - going out to new members monthly. Meet with Pharmacy to review/discuss each member in the measure and outreach to non-compliant members.

Provider Guidelines:

Osteoporosis Management in Women Who Had a Fracture (OMW)	Women 67-85 years of age who suffered a fracture and who had either a bone or mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. (Fractures of finger, toe, face and skull are not included in this measure) *Members who meet any of the following criteria are excluded from the measure:* • *In hospice or using hospice services in the measurement year (MY).* • *Receiving palliative care any time in the MY.* • *Deceased in the MY.*	HEDIS rates are based on pharmacy (medication) claims or Bone Mineral Density Tests. **Medications:** • Abaloparatide • Alendronate • Alendronate-cholecalciferol • Denosumab • Ibandronate • Raloxifene • Risedronate • Romosozumab • Teriparatide • Zoledronic acid **Bone Mineral Density Tests CPT Codes:** 76977, 77078, 77080, 77081, 77085, 77086

Transition of Care (TRC) - HEDIS

CMS understands the importance of providing transition of care services when a member is discharged from a hospital. This new measure looks at the members 18 years of age and older who had an inpatient discharge for which each of the following occurred:

1. **Notification of Inpatient Admission** – Documentation must include evidence of receipt of notification of inpatient admission on the day of admission through the 2 days following admission.
2. **Receipt of Discharge Information** – Documentation must include evidence of receipt of discharge information on the day of discharge through the 2 days following discharge.
3. **Patient Engagement after Inpatient Discharge** – Documentation must include evidence of patient engagement within 30 days following discharge.
4. **Medication Reconciliation Post-Discharge** – Documentation in the outpatient medical record must include evidence of medication reconciliation and the date it was performed by a prescribing practitioner (including physician assistant), clinical pharmacist or registered nurse, as documented on the date of discharge through 30 days after discharge (31 total days).

Transition of Care (TRC) - HEDIS

Patient Engagement Indicators:

- **Outpatient - CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483
- **Outpatient - HCPCS:** G0402, G0438, G0439, G0463, T1015
- **Telephone Visits - CPT:** 98966, 98967, 98968, 99441, 99442, 99443
- **Transitional Care Management Services - CPT:** 99495, 99496
- **Online Assessments - CPT:** 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458
- **Online Assessments - HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063

Medication Reconciliation Post-Discharge Indicators:

- **Medication Reconciliation Encounter - CPT:** 99483, 99495, 99496
- **Medication Reconciliation Intervention - CPT-CAT-II:** 1111F

The Notification of Inpatient Admission and Receipt of Discharge Information has no administrative reporting option. They are based on medical record review only.

Medicare Stars Medication Adherence Measures - Non-HEDIS

Medication Adherence for Cholesterol – statins	Percentage of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication during the measurement year.	**Includes Cholesterol (Statin) Medications** • Atorvastatin • Fluvastatin • Lovastatin • Pitavastatin • Pravastatin • Rosuvastatin • Simvastatin
Statin Use in Persons With Diabetes	Percentage of plan members with diabetes who take the most effective cholesterol-lowering (statin) drugs. Members who have a prescription for at least two diabetes medication fills and who received a statin medication fill during the measurement year.	**Includes Cholesterol (Statin) Medications** • Atorvastatin • Fluvastatin • Lovastatin • Pitavastatin • Pravastatin • Rosuvastatin • Simvastatin

Medicare Stars Medication Adherence Measures - Non-HEDIS - continued

Medication Adherence for Diabetes Medication	Percentage of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication during the measurement year. *Members/patients who take insulin are not included.*	**Includes Diabetes Medication Types:** • Biguanides • Sulfonylureas • Thiazolidinediones • Dipeptidyl peptidase-IV (DPP-IV) inhibitor • Incretin Mimetics • Meglitinides • Sodium glucose cotransporter 2 (SGLT2) inhibitors
Medication Adherence for Hypertension (RAS antagonists)	Percentage of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication during the measurement year.	**Includes Hypertension (Renin Angiotensin System (RAS) Antagonist) Medication Types:** • Angiotensin-converting enzyme (ACE) inhibitors • Angiotensin receptor blockers (ARB) • Direct Renin Inhibitors

Urinary Incontinence – Health Outcomes Survey (HOS)

UI, which can be associated with decreased quality of life, affects up to 30% of elderly people; and 85% of long-term care facility residents. However, the true incidence of this disorder may be underestimated due to the social stigma of UI or the assumption that UI is a normal part of aging. On the HOS survey beneficiaries are asked four questions about UI. Two Questions ask about conversations beneficiaries have had with their doctors:

1. ***Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?***
2. ***There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?***

Because UI is often a sensitive and embarrassing topic for many patients, they may not initiate the discussion if they are experiencing issues with UI. Therefore, we are looking to our providers to start these conversations with our members, which in turn may help them feel more comfortable discussing these issues. **Simply ask them, "Have you ever leaked urine?"** This simple question may be all it takes to reduce their risk of getting UTIs, suffering from depression, or being institutionalized, and may just result in their having an overall better quality of life.

Other Plan Interventions

- **Member Outreach Campaigns -**
  - Phone Messaging Blasts – Flu, Pneumonia, Screenings
  - Text Message Reminders – Conditions and Newly Discharged Members
  - Postcard Reminders - Flu, Pneumonia, Screenings
  - Health Fairs offering flu shots and screenings
  - Member Incentives
- **Provider Performance Reports** – Sent to all PCPs who have members assigned to them
- **Record Collection** – Accessing internal member records to meet Care Gaps

Our **Quality Management** department has many ongoing initiatives to improve health outcomes for our members, including notifying providers of at-risk members.

✓ If you would like to work with Quality Management or have any questions about **HEDIS or any other Star** measures, please contact our Quality Department directly by email at VIPQuality@selecthealthofsc.com.

Provider Performance Reports

Improving the health and well-being of our members is the mission of First Choice VIP Care. You are a valued provider, and we are honored to partner with you toward improving the health of our members.

In order to help achieve this goal First Choice VIP Care generates Provider Performance Reports and HEDIS non-compliant member lists for your review. This notice serves as a reminder to look for these reports in your mail towards the end of each month. These reports are also available on NaviNet for you to review anytime. Please use the following steps to review the reports in NaviNet:

1. Under the Report Inquiry workflow options choose “Administrative Reports”.
2. Choose “PCP Performance Report Card” from the drop-down menu and hit select.
3. Under Choose a “Provider Group” locate your office/group from the drop-down menu.
4. Under “Select Report Type” select “Current” and hit Search.
5. Open the PCP Performance Report Card when prompted.

Please note the reports on NaviNet are refreshed by the 20th of each month.


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