HEDIS® 2024
Provider Reference Guide

Call Provider Services at 866-296-8731 or visit:
Buckeye Provider Home Page

buckeye
health plan

Welcome!

At Buckeye Health Plan, we are committed to transforming the health of the community, one person at a time. One way we do this is by advancing and promoting quality and access to care. Adhering to Healthcare Effectiveness Data and Information Set (HEDIS®) is a large part of this. HEDIS is a set of performance measures developed by the National Committee for Quality Assurance (NCQA), which holds Buckeye accountable for the timeliness and quality of healthcare services delivered to its diverse membership.

Your work to help us track and report on HEDIS measures ensures we are providing the tools and resources to help more members get and stay healthy. This booklet was developed to assist you in doing just that.

The booklet serves as a quick reference guide to assist medical record documentation. It includes general tips and an overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).

If you have questions about the information included or would like to request additional copies, contact Buckeye's Quality Improvement Department at BuckeyeQualityImprovement@Centene.com

Thank you for your partnership and dedication to improving health outcomes for Ohioans.

Stay healthy,

Brad Lucas, MD, MBA, FACOG
Chief Medical Officer,
Buckeye Health Plan

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HEDIS Quick Reference Guide

You may be wondering, what is HEDIS and why should I care about it? Before you dig into specific measures, codes, exclusions and tips, here's an overview.

Please note this guide includes the most recent information available at print time, and is subject to change. The most up-to-date guide can be found on our **HEDIS website page** or by scanning the QR code to the right, and your office will be notified of significant changes as needed.

What is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of stand performance measures developed by the National Committee for Quality Assurance (NCQA), which allows direct, objective comparison of quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, providers and policy makers. This allows for standardized measurement, reporting and accurate, objective side-by-side comparisons. For more information visit **NCQA** or scan the QR code to the right.

What are the scores used for?

As both state and federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds.' These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS.

How are the rates calculated?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to extract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review.

How can I improve my HEDIS score?

- Claim/encounter data is the most clean and efficient way to report HEDIS. Submit claim/encounter data for each and every service rendered.

- Chart documentation must reflect services billed.

- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation. All providers must bill (or report by encounter submission) for services delivered, regardless of contract status. If services are not billed or not billed accurately, they are not included in the calculation.

- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart such as lab results.

- Avoid missed opportunities by taking advantage of sick-care visits; combine well visit components and use a modifier and proper codes to bill for both the sick and well visit.

- Use the member list provided by Buckeye to contact patients in need of a visit.

- Routinely schedule a member's next appointment while in the office for a visit.

Telehealth

Members have access to the direct delivery of healthcare services related to the diagnosis, treatment and management of a condition through telehealth.

The use of telehealth involves the interaction with a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; **OR**

The following activities that are asynchronous or do not have both audio and video elements:

- Telephone calls.

- Remote patient monitoring.

- Communication with a patient through secure electronic mail or secure patient portal.

For more information, please refer to the
[Ohio Department of Medicaid Billing Guidelines (PDF)](#)
or by scanning the QR code to the right.

Transportation

Transportation is available to all Buckeye members to covered healthcare/dental appointments, WIC appointments, and redetermination appointments with CDJFS caseworkers and trips to your patient's pharmacy following a doctor's appointment (limited area). For any further questions or to refer a patient, call Member Services at 1-866-246-4358 (TDD/TTY: 1-800-750-0750).

What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey sent to members/patients to measure satisfaction with their providers and healthcare systems. The goal of CAHPS is to capture accurate and complete information about the member-reported experiences. This information measures how well the member's expectations and goals were met. It helps determine the areas of service that have the greatest impact on overall satisfaction and opportunities for improvement, which aid in increasing the quality of provided care. The CAHPS survey results are shared with consumers, which provides them with information they can use to choose physicians and healthcare systems.

The survey covers topics including, but not limited to:

- How well providers communicate with patients.

- How providers use information to coordinate patient care.

- If the office staff is helpful and courteous.

- Patients' rating of the provider.

CPA: CAHPS Health Plan Survey, Adult

Product Line: Medicaid, Marketplace

This measure provides information on the adult experience with their Medicaid or Marketplace health plan.

Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. Survey results can be used to:

- Support consumers in assessing the performance of health plans and choosing the plans that best meet their needs.

- Identify the strengths and weaknesses of health plans and target areas for improvement.

Four global rating questions reflect overall satisfaction:

1. Rating of All Health Care Quality.

- Incorporate the following into your daily practice:
  - ✔ Ensure that open care gaps are addressed during each patient visit.

CPA: CAHPS Health Plan Survey, Adult (*Continued*)

✔ Make use of the provider portal when requesting prior authorizations.

✔ Encourage patients to make their routine appointments for checkups or follow-up visits as soon as they can – weeks or even months in advance.

2. Rating of Health Plan.

3. Rating of Personal Doctor.

- Incorporate into your practice:
  ✔ Explain the medical condition, prescription, and other information in a way that is understandable to the patient.
  ✔ Listen to the patient.
  ✔ Show respect to the patient.
  ✔ Spend adequate time with the patient.
    - Utilize ENM Guidelines for appropriate appointment length.

4. Rating of Specialist Seen Most Often.

- Incorporate into your practice:
  ✔ Appointment schedule that allows for easy access by patients.

Five composite scores summarize responses in key areas:

1. Customer Service: assesses providers' assistance with managing the disparate and confusing healthcare system, including access to medical records, timely follow-up on test results, and education on prescription medications.

- Incorporate the following into your daily practice:
  ✔ Ensure there are open appointments for patients recently discharged from a facility.
  ✔ Integrate PCP and specialty practices through EMR or fax to get reports promptly.
  ✔ Ask patients if they have seen any other providers; discuss visits to specialty care as needed.
  ✔ Encourage patients to bring in their medications to each visit.

2. Getting Care Quickly: assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.

- Incorporate the following into your daily practice:
  ✔ Ensure a few appointments each day are available to accommodate urgent visits.
  ✔ Offer appointments with a nurse practitioner or physician assistant for short-notice appointments.

CPA: CAHPS Health Plan Survey, Adult (*Continued*)

✔ Keep patients informed if there is a longer wait time than expected and give them an option to reschedule.

✔ Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care.

✔ Keep patients informed if there is a longer wait time than expected and give them an option to reschedule.

3. Getting Needed Care: assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.

- Incorporate the following into your daily practice:
  ✔ Have office staff help coordinate specialty appointments for urgent cases.
  ✔ Encourage patients and caregivers to view results on the patient portal when available.
  ✔ Inform patients of what to do if care is needed after hours.
  ✔ Offer appointments or refills via text and/or email.

4. How Well Doctors Communicate: assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information.

- What is Teach-back?
  ✔ A way to ensure you— the healthcare provider— have explained information clearly. It is not a test or quiz of patients.
  ✔ Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
  ✔ A way to check for understanding and, if needed, re-explain and check again.
  ✔ A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

5. Claims Processing (marketplace only).

- Rates are reported individually for coordination of care.

CPC: CAHPS Health Plan Survey, Child

Product Line: Medicaid

This measure provides information on a parent's experience with their child's Medicaid organization. The survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. Survey results can be used to:

CPC: CAHPS Health Plan Survey, Child (*Continued*)

- Support consumers in assessing the performance of health plans and choosing the plans that best meet their needs.
- Identify the strengths and weaknesses of health plans and target areas for improvement.

Results summarize member experiences through ratings, composites, and individual question summary rates.

Four global rating questions reflect overall satisfaction:

1. Rating of All Health Care Quality:
- Incorporate the following into your daily practice:
  - ✔ Encourage patients to make their routine appointments for checkups or follow-up visits as soon as they can— weeks or even months in advance.
  - ✔ Ensure that open care gaps are addressed during each patient visit.
  - ✔ Make use of the provider portal when requesting prior authorizations.

2. Rating of Health Plan.

3. Rating of Personal Doctor.
- Incorporate into your practice:
  - ✔ Explain the medical condition, prescription, and other information in a way that is understandable to the patient.
  - ✔ Listen to the patient.
  - ✔ Show respect to the patient.
  - ✔ Spend adequate time with the patient.
    - Utilize Evaluation and Management Guidelines for appropriate appointment length.

4. Rating of Specialist Seen Most Often.
- Incorporate into your practice:
  - ✔ Appointment schedule that allows for easy access by patients.

Four composite scores summarize responses in key areas:

1. Customer Service: assesses providers' assistance with managing the disparate and confusing healthcare system, including access to medical records, timely follow-up on test results, and education on prescription medications.
- Incorporate the following into your daily practice:
  - ✔ Ensure there are open appointments for patients recently discharged from a facility.
  - ✔ Integrate PCP and specialty practices through EMR or fax to get reports promptly.

CPC: CAHPS Health Plan Survey, Child (*Continued*)

  - ✔ Encourage patients to bring in their medications to each visit.
  - ✔ Ask patients if they have seen any other providers; discuss visits to specialty care as needed.

2. Getting Care Quickly: assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.
- Incorporate the following into your daily practice:
  - ✔ Ensure a few appointments each day are available to accommodate urgent visits.
  - ✔ Offer appointments with a nurse practitioner or physician assistant for short-notice appointments.
  - ✔ Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care.
  - ✔ Keep patients informed if there is a longer wait time than expected and give them an option to reschedule.

3. Getting Needed Care: assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.
- Incorporate the following into your daily practice:
  - ✔ Have office staff help coordinate specialty appointments for urgent cases.
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4. How Well Doctors Communicate: assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information.
- What is Teach-Back?
  - ✔ A way to ensure you— the healthcare provider— have explained information clearly. It is not a test or quiz of patients.
  - ✔ Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
  - ✔ A way to check for understanding and, if needed, re-explain and check again.
  - ✔ A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

Rates reported individually for coordination of care.

HOS: Medicare Health Outcomes Survey

The survey measures each Medicare member's perception of their physical and mental health status at the beginning and the end of a two-year period. The two-year change score is calculated, and each member's physical and mental health status is categorized as better, the same or worse than expected, considering risk adjustment factors. Organization-specific results are assigned as percentages of members whose health status was better, the same or worse than expected.

The survey provides a general indication of how the Medicare Organization is managing the member's physical and mental health. The survey also includes questions addressing "Effectiveness of Care," such as lack of physical activity, the risk of falls, and urinary incontinence. Providers have a direct impact on HOS because patients' perceptions of their health outcomes are primarily driven by how well the providers communicate with patients.

HOS Measure/Categories:
Management of Urinary Incontinence in Older Adults

The Management of Urinary Incontinence in Older Adults measure assesses the percentage of patients who reported having urine leakage in the past six months and who:

- Discussed their urinary leakage problem with a healthcare provider.
- Discussed treatment options for their urinary incontinence with a healthcare provider.
- Reported that urine leakage made them change their daily activities or interfered with their sleep a lot.
- Connect with your patients by asking:
  - ✔ Have you experienced urine leakage in the past six months?
  - ✔ How often and when do the leakage problems occur?
  - ✔ Does urinary incontinence affect your daily life (such as leading to social withdrawals, depression or sleep deprivation)?

Physical Activity in Older Adults

The Physical Activity in Older Adults measure assesses the percentage of patients who had a doctor's visit in the past 12 months and who:

- Spoke with a doctor or other health provider about their level of exercise or physical activity.

HOS: Medicare Health Outcomes Survey *(Continued)*

- Received advice to start, increase or maintain their level of exercise or physical activity.
- Connect with your patients by asking:
  - ✔ What's your daily activity level?
  - ✔ What activities do you enjoy?
  - ✔ Do you feel better when you are more active?

Fall Risk Management

The Fall Risk Management measure assesses the percentage of patients who:

- Were seen by a doctor in the past 12 months and who discussed falls or problems with balance or walking with their current doctor.
- Had a fall or had problems with balance or walking in the past 12 months, who were seen by a doctor in the past 12 months, and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current doctor.
- Connect with your patients by asking:
  - ✔ Have you had a fall in the past year?
  - ✔ What were the circumstances of the fall?
  - ✔ How do you think a fall could have been prevented?
  - ✔ Have you felt dizzy or had problems with balance or walking in the past year?
  - ✔ Do you have any vision problems? Have you had a recent eye exam?

The Centers for Medicare and Medicaid Services (CMS), in collaboration with the National Committee for Quality Assurance (NCQA), is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs) and their providers. The Medicare Health Outcomes Survey (HOS) measures WellCare's success in improving and maintaining the functional status of our members for a select period of time. HOS evaluates members ages 65 and older each year to collect a baseline measurement, and then surveys again two years later to measure the change in health over time. The survey includes questions that address physical/mental health, social/physical functioning, and quality of life.

AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Product Line: Medicaid, Medicare, Marketplace

Members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event during the measurement year (beginning on July 1 of the prior year and ending on June 30 of the measure year.)

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Acute Bronchitis	**ICD-10:** J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- If, after an examination, a patient requires an antibiotic prescription due to a competing or co-morbid diagnosis.
  - Include appropriate documentation, date of episode, and submit claims for all diagnoses that are established at the visit.
- Educate members on symptom relief that includes rest, fluids and over-the-counter medications.
- A Medication table has been provided for this measure on page 83.

AAP: Adults' Access to Preventive/Ambulatory Health Services

Product Line: Medicaid, Medicare, Marketplace

Members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Ambulatory Visits	**CPT:** 92002, 92004, 92012, 92014, 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99241-99245, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99457-99458, 99483
	HCPCS: G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, S0620-S0621, T1015
	UBREV: 0510-0517, 0519-0529, 0982-0983
	ICD-10-CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.

HEDIS® Improvement Tips:

- Outreach to newly assigned member to schedule appointment.
- Educate the member on the importance of preventive screenings.
- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule annual visit or follow-up visit before member leaves the office.
- Use of Modifier 25 to combine sick and well visits.

ADD: Follow-Up Care for Children Prescribed ADHD Medication

Product Line: Medicaid, Marketplace

Children ages 6 to 12 with a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- **Initiation Phase:** Member with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the **30-day** Initiation Phase.

- **Continuation and Maintenance (C&M) Phase:** Member who remained on the medication for at least 210 days, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner **within 270 days (9 months)** after the Initiation Phase.

Use Appropriate Billing Codes*			*Codes subject to change	
Initiation and C&M Phase Codes				
Description			**Codes**	
Visit Setting Unspecified	**CPT:** 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255	**With either**	OP	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP/IOP	**POS:** 52
			Community Mental Health Center (CMHC)	**POS:** 53
			Telehealth	**POS:** 02, 10
Behavioral Health Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015			
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
Observation	**CPT:** 99217-99220			

ADD: Follow-up Care for Children Prescribed ADHD Medication *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Initiation and C&M Phase Codes	
Description	**Codes**
Telephone Visit	**CPT:** 98966-98968, 99441-99443
Health and Behavior Assessment or Intervention	**CPT:** 96156, 96158-96159, 96164-96165, 96167-96168, 96170-96171
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
	UBREV: 0905, 0907, 0912, 0913
C&M Phase Codes Only	
Online Assessments	**CPT:** 98970, 98971-98972, 98980-98981, 99421-99423, 99457-99458
	HCPCS: G0071, G2010, G2012, G2250-G2252

Exclusion: Members diagnosed with narcolepsy, members who receive hospice services, or members who die during the measurement year.

HEDIS® Improvement Tips:

- Only one of the two visits (during the 31-300 days after the IPSD) may be an e-visit or virtual check-in.

- Prescribe 30-day supply and require members attend a 30-day follow-up appointment in order to continue medication. If an appointment is missed, reach out to reschedule and address any concerns.

- Develop a comprehensive treatment plan that should be reviewed regularly and modified if symptoms do not respond to current treatment. Patients should be monitored for treatment-emergent side effects.

- Educate caregiver(s) on the importance of dispensing the correct amount of prescribed medication; monitoring for, potential of abuse of medication; common side effects; and keeping follow-up appointments.

-

Adherence for Cholesterol (Statins)/Hypertension (RASA-Renin Angiotensin System Antagonists)/Oral Diabetes Medications

Product Line: Medicare

This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older therapy with either:

- Coronary artery disease (CAD) who was prescribed a statin or

- Hypertension who was prescribed a RAS antagonist or an angiotensin converting enzyme inhibitors (ACEI), or an angiotensin receptor blocker (ARB), or a direct renin inhibitor medication or

- Diabetes who was prescribed any of the following medications: biguanide, sulfonylurea, thiazolidinedione, DPP-IV Inhibitor, incretin mimetic or meglitinide (Please note: Insulin is NOT included) and

- Who has filled and is taking their medication at least 80% of the time during the measurement year.

Exclusion: Members with one or more prescription claims for insulin during the treatment period.

HEDIS® Improvement Tips:

- During each visit with the member, review medication list and ask if there are any issues with filling or taking medications as prescribed. If there are any problems/issues with the medication, open ended questions will assist you with solutions and remove patient barriers to adherence.

- Educate members on the purpose of the medication including how often to take the medication and possible side effects. Advise member to contact provider's office if side effects occur or are suspected.

- Offer 100-day supply of medication to member, if stable.

- Encourage member to sign up for autofill with their retail or mail-order pharmacy.

- Encourage member to monitor blood pressure at home and document values.

- Encourage member to monitor blood glucose at home and document values.

- Ensure member completes any required labs such as cholesterol, kidney values (both blood and urine) and/or A1c.

- Schedule annual or follow-up visit before member leaves the office.

-

AMM: Antidepressant Medication Management

Product Line: Medicaid, Medicare, Marketplace

Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. Two rates are reported:

- **Effective Acute Phase Treatment:** The percentage of members who remained on antidepressant medication for at least **84 days (12 weeks).**
- **Effective Continuation Phase Treatment:** The percentage of members who remained on antidepressant medication for at least **180 days (6 months).**

Exclusions:

- Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD.
- Members who use hospice services or die at any time during the measurement year.

HEDIS® Improvement Tips:

- Educate members that it may take up to 4-8 weeks before they may see the benefit of medication.
- Educate members on the importance of remaining on antidepressant medication for at least 6 months to prevent relapse and the importance of not discontinuing the medication abruptly.
- Discuss common side effects and how to manage them. Advise members to call the provider's office should side effects become a barrier to adherence.
- Develop a plan with the member in the event of a crisis.
- Prescribe a 30-day supply and require members to attend a 30-day follow-up appointment to continue medication, except in young adults ages 18–23, who require more frequent follow-up.
- Offer a 100-day supply of medication to members, if stable.
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AMR: Asthma Medication Ratio

Product Line: Medicaid, Marketplace

The percentage of members ages 5 to 64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Asthma Description	**Codes**
Mild Intermittent	**ICD-10-CM:** J45.21, J45.22
Mild Persistent	**ICD-10-CM:** J45.30, J45.31, J45.32
Moderate Persistent	**ICD-10-CM:** J45.40, J45.41, J45.42
Severe Persistent	**ICD-10-CM:** J45.50, J45.51, J45.52
Other/Unspecified	**ICD-10-CM:** J45.901, J45.902, J45.909, J45.991, J45.998

Exclusions:

- Members with any of the following diagnoses: Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions due to Fumes/Vapors, Cystic Fibrosis, Acute and/or Chronic Respiratory Failure.
- Members who had no asthma controller or reliever medications dispensed during the measurement year.
- Members who use hospice services or elect to use a hospice benefit anytime during the measurement year.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- During each visit with the member, review the medication list and ask if there are any issues with filling or taking medications as prescribed. If there are any problems/issues with the medication, open-ended questions will assist you with solutions and remove patient barriers to adherence.
- Educate members on the purpose of the medication, including how often to take the medication, how to use the inhaler and possible side effects. Advise member to call the provider's office should side effects become a barrier to adherence.
- Ensure an asthma assessment is completed at least yearly. Avoid coding for asthma if the diagnosis is for a different respiratory condition such acute bronchitis or COPD.
- Offer a 100-day supply of medication to members, if stable.
- Encourage member to sign up for auto-fill with their pharmacy or mail order.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments. Schedule annual visit or follow-up visit before the member leaves the office.
-

APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

Product Line: Medicaid, Marketplace

Children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose or HbA1c and/or cholesterol testing). Three Rates Reported:

- The percentage of children and adolescents on antipsychotics who received blood glucose testing.
- The percentage of children and adolescents on antipsychotics who received cholesterol testing.
- The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Glucose Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
	LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test & Results	**CPT:** 83036, 83037
	CPT II: 3044F (<7.0%), 3051F (≥ 7.0% - <8.0%), 3052F (>8.0% - <9.0%), 3046F (>9.0%)
	LOINC: 17855-8,17856-6, 4548-4, 4549-2, 96595-4
LDL-C lab Test & Results	**CPT:** 80061, 83700, 83701, 83704, 83721
	CPT II: 3048F (LDL-C <100 mg/dL), 3049F (LDL-C 100-129 mg/dL), 3050F (LDL-C ≥ 130 mg/dL)
	LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 49132-4, 55440-2, 96259-7
Cholesterol Lab Test other than LDL	**CPT:** 82465, 83718, 83722, 84478
	LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics *(Continued)*

Exclusion: Members who used hospice services or who died any time during the measure year.

HEDIS® Improvement Tips:

- Educate the caregiver(s) and member on possible medication side effects and the importance of metabolic monitoring.
- Ensure you have a baseline BMI, fasting blood glucose, waist circumference, and lipid profile when a patient is prescribed the medication.
- Consider ordering a blood glucose and cholesterol test every year and building in care gap alerts in EMR.

APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Product Line: Medicaid, Marketplace

Children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line of treatment 120 days prior through 30 days after a new antipsychotic medication has been dispensed. Documentation of psychosocial care in the 121-day period from 90 days prior to the Index Prescription Start Date (IPSD) through 30 days after the IPSD.

IPSD: Index prescription start date.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Psychosocial Care	**CPT:** 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880
	HCPCS: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048

Exclusions:

- Members for whom first-line antipsychotic medications may be clinically appropriate and documented on at least two different dates of service in the measurement year.
- Members who use hospice services or die at any time during the measurement year.

HEDIS® Improvement Tips:

- According to the American Academy of Child and Adolescent Psychiatry, when treating disorders outside of schizophrenia, antipsychotics are generally only used after other interventions, such as psychosocial and pharmacological, have failed.
- **A Medication Table has been provided for this measure on page 87.**

BCS: Breast Cancer Screening

Product Line: Medicaid, Medicare, Marketplace

Members ages 50 to 74 who had one or more mammograms between October 1, two years prior to the measurement year and December 31 of the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Breast Cancer Screening	**CPT:** 77061-77063, 77065-77067

Exclusions:

- Two unilateral mastectomies with service dates 14 or more days apart.
- History of bilateral mastectomy.
- Member 66 years and older who are enrolled in a long-term institution or SNP.
- Members in palliative care, hospice or using hospice services anytime during the measurement year.
- Members who had gender-affirming chest surgery with a diagnosis of gender dysmorphia.
- Members over 66 years of age who have both frailty and advanced illness.

HEDIS® Improvement Tips:

- Provide education and benefits regarding early detection of breast cancer through routine mammograms.
- Consider a standing order for breast cancer screening for members age 50 to 74.
- Submit the appropriate mastectomy code to exclude the patient from this measure if this diagnosis has occurred in their health history.
- MRIs, breast ultrasounds or biopsies DO NOT meet standards for this measure.

BPD: Blood Pressure Control for Patients with Diabetes

Product Line: Medicaid, Medicare, Marketplace

Members ages 18 to 75 with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

- **BPD:** Blood Pressure Control for Patients with Diabetes - BP <140/90.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Blood Pressure	**CPT II:** ■ 3074F - Systolic Less Than 130 ■ 3075F - Systolic 130-139 ■ 3077F - Systolic Greater Than/Equal to 140 ■ 3078F - Diastolic Less Than 80 ■ 3079F - Diastolic 80-89 ■ 3080F - Diastolic Greater Than/Equal to 90

Exclusions:

- Member age 66 and older as of December 31 of the measurement year and who are enrolled in an Institutional SNP or are living in a long-term institution or with frailty and advanced illness.
- Members who use hospice services, receive palliative care, or die any time during the measurement year.

HEDIS® Improvement Tips:

- If the member's initial blood pressure is high, repeat the blood pressure later in the visit. You may use the lowest systolic and diastolic blood pressure results from the visit to represent that day's visit BP results.
- DO NOT include BP reading taken at an inpatient or ED visit, diagnostic test/procedure, or by the member using a manual BP cuff and stethoscope.
- BP reading can be used from a common low-intensity or preventive procedure such as vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart removal or injections (e.g. allergy, steroid, Depo-Provera).
- Ensure the member has an appropriate size blood pressure cuff, not one that is too big or too small and the cuff is on the bare arm (not over clothing).
- Ensure member is relaxed, not speaking during reading, has legs uncrossed, feet flat on the floor, and has arm resting at chest height on a table or supported in some way.
- Make sure the member has time to sit for a minute after being taken to the exam room before the blood pressure is taken.

CBP: Controlling High Blood Pressure

Product Line: Medicaid, Medicare, Marketplace

Members ages 18 to 85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

- **Adequate Control:** Both a representative systolic BP<140 mm Hg and a representative diastolic BP of <90 mm Hg.
- **Representative BP:** The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is "not controlled".

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Systolic Less Than 130	**CPT II:** 3074F
Systolic 130-139	**CPT II:** 3075F
Systolic Greater Than/Equal to 140	**CPT II:** 3077F
Diastolic Less Than 80	**CPT II:** 3078F
Diastolic 80-89	**CPT II:** 3079F
Diastolic Greater Than/Equal to 90	**CPT II:** 3080F

Exclusions:

- The member is 66 or older as of December 31 of the measurement year and is enrolled in an Institutional SNP or living long-term in an institution or with frailty and advanced illness at any time during the measurement year.
- Member who uses hospice services, receives palliative care, has diagnosis of pregnancy or ESRD, or who dies at any time during the measurement year.

CBP: Controlling High Blood Pressure *(Continued)*

HEDIS® Improvement Tips:

- If the member's initial blood pressure is high, repeat the blood pressure later in the visit. You may use the lowest systolic and diastolic blood pressure results from the visit to represent that day's visit BP results.
- DO NOT include BP reading taken at an inpatient or ED visit, diagnostic test/procedure, or by the member using a manual BP cuff and stethoscope.
- BP reading can be used from a common low-intensity or preventive procedure such as vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart removal or injections (e.g. allergy, steroid, Depo-Provera).
- Ensure member has appropriate size blood pressure cuff, not one that is too big or too small and the cuff is on the bare arm (not over clothing).
- Ensure member is relaxed, not speaking during reading, has legs uncrossed, feet flat on the floor, and has arm resting at chest height on a table or supported in some way.
- Make sure the member has time to sit for a minute after being taken to the exam room before the blood pressure is taken.

CCS: Cervical Cancer Screening

Product Line: Medicaid, Marketplace

Members 21-64 who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Members ages 21 to 64 who had cervical cytology performed during the last three years.
- Members ages 30 to 64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last five years prior and who were 30 years or older on the date of the test.
- Members ages 30 to 64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last five years and who were 30 years or older on the date of the test.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests	**CPT:** 87624, 87625
	HCPCS: G0476

Exclusions:

- Members who were assigned male at birth.
- Documentation in the member's health history of a hysterectomy (vaginal, total, complete, or radical) with no residual cervix or with cervical agnesis or acquired absence of cervix.
- Members who use hospice services, receive palliative care, or die at any time during the year.

HEDIS® Improvement Tips:

- Implement standing orders for cervical cancer screening.
- Display culturally appropriate posters in the waiting room encouraging members to talk to their provider about cervical cancer screening.
- Educate members that a cervical cancer screening is a covered benefit each year.
- Document the month, year, and results of the most recent test in the member's medical record.
- Reassure that cervical cancer screening is safe and covered during pregnancy.

CHIPRA: Low Infant Birth Under 2500 Grams

Live births weighing less than 2,500 grams during the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Live Births	**ICD-10:** Z37.0, Z37.2, Z37.3, Z37.50 - Z37.54, Z37.59, Z37.60 - Z37.64, Z37.69, Z38.00, Z38.01, Z38.1, Z38.2, Z38.30, Z38.31, Z38.4, Z38.5, Z38.61 - Z38.66, Z38.68, Z38.69, Z38.7, Z38.8

HEDIS® Improvement Tips:

- Improve coding accuracy by including documentation of correct birth weight on claim and birth certificate.
- Provide education that includes prenatal care early in pregnancy, and promotes appropriate inter-pregnancy interval (birth spacing).
- Review benefits/importance of prenatal and postpartum care.
- To improve risk factor management, provide education and recommendations for existing health issues, smoking cessation and support for regular prenatal and postpartum care.
- Complete and send form for high risk pregnancy i.e. **Pregnancy Risk Assessment Form** (PRAF) or scan the QR Code here.

CHL: Chlamydia Screening in Women

Product Line: Medicaid, Marketplace

Women ages 16 to 24 who were identified as sexually active and who had at least one test for chlamydia in the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Chlamydia Screenings	**CPT:** 87110, 87270, 87320, 87490-87492, 87810, 0353U

Exclusions:

- Members in hospice or using hospice any time during the measurement year.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Documentation should include a notation of the visit date the test was performed and the result of the finding.
- Include appropriate sexual activity and contraceptive prescription codes prior to submitting the claim.
- Educate women regarding the importance of Chlamydia testing, sexually transmitted diseases, and transmission.
- Consider opt-out testing to screen women for chlamydia unless the member specifically opts out of the testing.
- Encourage the screening as a routine part of women's healthcare.

CIS: Childhood Immunization Status

Product Line: Medicaid, Marketplace

Children who complete all immunizations listed below in the chart on or before their 2nd birthday.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
DTAP: diphtheria, tetanus, acellular pertussis, 4 doses	**CPT:** 90697, 90698, 90700, 90723
IPV: polio vaccine, 3 doses	**CPT:** 90697, 90698, 90713, 90723
MMR: measles, mumps, rubella, 1 dose	**CPT:** 90707, 90710
HIB: H influenza B, 3 doses	**CPT:** 90644, 90647, 90648, 90697, 90698, 90748
HepB: hepatitis B, 3 doses	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748
	HCPCS: G0010
	ICD-10-CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
Newborn Hep B	**ICD-10-CM:** 3E0234Z
VZV: chicken pox, 1 dose	**CPT:** 90710, 90716
	ICD-10-CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
PCV: pneumococcal conjugate, 4 doses	**CPT:** 90670, 90671
	HCPCS: G0009
HepA: hepatitis A, 1 dose	**CPT:** 90633
	ICD-10-CM: B15.0, B15.9
RV: rotavirus, 2 or 3 doses	**CPT:** 90680, 90681
Influenza, 2 doses	**CPT:** 90660, 90672, 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756
	HCPCS: G0008

Exclusions:

- Members who had a contraindication to a childhood vaccine on or before their second birthday.
- Members who use hospice services or die during the measurement year.

CIS: Childhood Immunization Status *(Continued)*

HEDIS® Improvement Tips:

- Educate office staff on the importance of scheduling appointments prior to the child reaching the 15 or 30-day mark.
- A strong recommendation for vaccination remains the most powerful for compliance. Take time to educate members and their families about common misconceptions concerning vaccinations using easy-to-understand language and handouts.
- Research shows taking a presumptive approach (assuming the parent will vaccinate the child) leads to higher acceptance and vaccination rates. Ensure all office staff are trained to answer basic vaccination questions and convey the same message about the importance of vaccinations.
- Consider offering expanded hours to allow for ease in obtaining vaccinations.

COA: Care for Older Adults

Product Line: Medicare

The percentage of adults 66 years of age and older who had each of the following during the measurement year.

- **Medication Review:** A review of all a member's medications, Including prescription medication, over-the-counter (OTC) medications and herbal or supplemental therapies.
- **Functional Status Assessment:** At least one Functional Status Assessment during the measurement year.
- **Pain Assessment:** At least one Pain Assessment during the measurement year. Record yes or no if the patient has pain.

Term	Definition
Medication List	A list of the member's medications in the medical record. The medication list may include medication names only or may include medication names, dosages, and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.
Medication Review	A documented review of all a member's medications, including prescription medications, OTC medications and herbal or supplemental therapies.
Standardized Tool	A set of structured questions that elicit member information. Medication reconciliation done at each appointment.

COA: Care for Older Adults *(Continued)*

Use Appropriate Billing Codes*		*Codes subject to change
Description		**Codes**
Functional Status Assessment		**CPT:** 99483
		CPT II: 1170F
		HCPCS: G0438, G0439
Medication Review **Requires Med Review & Med List** **Or** **Transitional Care Management Services**	**Medication Review**	**CPT:** 90863, 99483, 99605, 99606
		CPT II: 1160F
	Medication List	**CPT II**: 1159F
		HCPCS: G8427
	Transitional Care Management Services	**CPT:** 99495, 99496
Pain Assessment		**CPT II**: 1125F, 1126F

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.

HEDIS® Improvement Tips:

- The Functional Status assessment and Pain Assessment indicators do not require a specific setting. Therefore, service rendered during a telephone visit, e-visit, or virtual check-in meet criteria.
- Ensure the medication list is in the medical record. Document if the member is not taking any medication.
- Utilize a standardized template to capture these measures for members 66 years of age and older.

COL: Colorectal Cancer Screening

Product Line: Medicaid, Medicare, Marketplace

Members ages 45 to 75 who have had appropriate screening for colorectal cancer.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Fecal Occult Blood Test	**CPT:** 82270, 82274
	HCPCS: G0328
Colonoscopy	**CPT:** 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398
	HCPCS: G0105, G0121
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350
	HCPCS: G0104
sDNA FIT	**CPT:** 81528
CT Colonography	**CPT:** 74261-74263

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement period.
- Members who had colorectal cancer any time during the member's history through December 31 of the measurement year.
- Members who had a total colectomy any time during the member's history through December 31 of the measurement period.
- Medicare members 66 years of age and older by the end of the measurement period who either are enrolled in an Institutional SNP (I-SNP) or living long-term in an institution any time during the measurement period.

HEDIS® Improvement Tips:

- The medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation in the medical record is clear that the test was performed and not merely ordered.
- Request to have any colorectal cancer screening results sent to your office if done at a specialty office.
- Educate and encourage the member on the importance of colorectal screening.
- Reminder calls, emails, text messages or mailings can assist with ensuring patients do not miss a scheduled appointment.
- Set care gap alerts in EMR.

COU: Risk of Continued Opioid Use*

Product Line: Medicaid, Medicare, Marketplace

Adapted with financial support from the Centers for Medicare & Medicaid Services (CMS) and with permission from the measure developer, Minnesota Department of Human Services.

Members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported (Note: A lower rate indicates better performance):

- Percentage of members with 15+ days of prescription opioids in a 30-day period.
- Percentage of members with 31+ days of prescription opioids in a 62-day period.

Exclusions:

- Members with Cancer or Sickle Cell Disease at any time during the 365 days prior to the IPSD through 61 days after the IPSD.
- Members who use hospice services, receive palliative care, or die at any time during the measurement year.

The following opioid medications are excluded from this measure:

- Injectables.
- Opioid-containing cough and cold products.
- Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
- Ionsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder.

HEDIS® Improvement Tips:

- Establish treatment goals with all patients, including goals for pain and function, and consider how opioid therapy will be discontinued if the benefits do not outweigh the risks.
- Continue to monitor member's progress, any side effects, or the need for ongoing use.
- Verify member's medications and pharmacy with each visit.
- Request a member be evaluated for enrollment into Buckeye's Pharmacy Lock-In Coordinated Services Program.
- Utilization of OARRS is required before dispensing of controlled substances or gabapentin.
- **A Medication Table has been provided for this measure on page 88.**

CWP: Appropriate Testing Pharyngitis

Product Line: Medicaid, Medicare, Marketplace

Members 3 years and older who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode during the measurement year (beginning on July 1 of the prior year and ends on June 30 of the measurement year.)

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Group A Strep Test	**CPT:** 87070, 87071, 87081, 87430, 87650-87652, 87880
Pharyngitis	**ICD-10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Exclusions:

- Members who use hospice services or elect to use a hospice benefit at any time during the measurement year.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Before prescribing antibiotics, test the member for group A strep when diagnosed with pharyngitis.
- Educate members or parents/guardians that antibiotics are not needed for viral infections if the throat culture and/or rapid strep test is a negative result.
- Include appropriate documentation, date of episode, and submit claims for all diagnoses that are established at the visit.
- A Medication Table has been provided for this measure on page 83.

EED: Eye Exam for Patient with Diabetes

Product Line: Medicaid, Medicare, Marketplace

Members ages 18 to 75 with diabetes (types 1 and 2) who had a retinal eye exam.

Use Appropriate Billing Codes*			*Codes subject to change
Description	**Codes**		
Diabetic Retinal Screening	**CPT:** 67028, 67030, 67031, 67036, 67039-67043, 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, 92227-92228,92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245		
	CPT II: 3072F		
	HCPCS: S0620, S0621, S3000		
Eye Exam w/o Evidence of Retinopathy	**CPT II:** 2023F, 2025F, 2033F		
Eye Exam with Evidence of Retinopathy	**CPT II:** 2022F,2024F, 2026F		
Unilateral Eye Enucleation	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	**With 14 days or more apart**	**Modifier:** 50
			ICD-10-PCS: 08T0ZZ, 08T1ZZ

Exclusion: Member age 66 and older as of December 31 of the measurement year and who are enrolled in an Institutional SNP, living long-term in an institution, using hospice services, receiving palliative care, with frailty and advanced illness, or die any time during the measurement year.

EED: Eye Exam for Patient with Diabetes *(Continued)*

HEDIS® Improvement Tips:

- Medical record must include one of the following:
  - A note/letter documenting the result and date that the eye exam was completed by an optometrist or ophthalmologist.
  - Charting or fundus photograph as evidence of: reviewed results by optometrist/ophthalmologist OR reviewed results by a retinal specialist at a qualified reading center OR results read by artificial intelligence (AI) interpretation system.
  - Evidence of bilateral eye enucleation or acquired absence of both eyes.
  - Specific documentation of a negative retinal OR dilated eye exam by optometrist/ophthalmologist.
- Develop partnerships with external eye care providers to ensure results are shared.
- Set care gap alerts in EMR as a reminder to schedule missing appointments.
- A Medication Table has been provided for this measure on page 89.

FRM: Fall Risk Management

Product Line: Medicare

Members 65 years and older who were seen by a practitioner in the 12 months who had Fall Risk Management assessed:

- **Discussing Fall Risk:** Discussed falls or problems with balance or walking with their current practitioner.
- **Managing Fall Risk:** Members who had a fall or problems with balance or walking in the past 12 months **and** who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner.

Exclusion: Evidence from CMS administrative records of a hospice start date.

HEDIS® Improvement Tips: Discussion points with the patient include:

- Keep moving.
- Wear sturdy shoes with non-skid soles.
- Remove home hazards.
- Light up your living space.
- Use assistive devices.
- See HOS: Health Outcomes Survey: Fall Risk Management for more tips.

FUA: Follow-up after Emergency Department Visit for Substance Use

Product Line: Medicaid, Medicare, Marketplace

Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, for which there was a follow-up. Two rates are reported:

- The percentage of ED visits for which the member received follow-up **within 7 days of the ED visit** (total 8 days).
- The percentage of ED visits for which the member received follow-up **within 30 days of the ED visit** (total 31 days).

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99253–99255	**With either**	OP	**POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
			PHP/IOP	**POS:** 52
			CMHC	**POS:** 53
			Non-residential Sub. Abuse Tx Fac.	**POS:** 57, 58
			Telehealth	**POS:** 02, 10
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015			
	UBREV: 0510, 0513, 0515–0517, 0519–0523, 0526-0529, 0900, 0902-0904, 0911, 0914–0917, 0919, 0982, 0983			
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485			
	UBREV: 0905, 0907, 0912, 0913			
Peer Support Services	**HCPCS:** G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016			

FUA: Follow-up after Emergency Department Visit for Substance Use *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
OUD Weekly Non Drug Service	**HCPCS:** G2071, G2074-G2077, G2080
OUD Monthly Office Based Treatment	**HCPCS:** G2086, G2087
Telephone Visits	**CPT:** 98966-98968, 99441–99443
Online Assessment	**CPT:** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458
	HCPCS: G0071, G2010, G2012, G2250-G2252
Substance Use Disorder Services	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
	UBREV: 0906, 0944, 0945
Substance Use Services	**HCPCS:** H006, H0028
Behavioral Health Assessment	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049

Exclusions:

- Members who use hospice services or who die any time during the measure year.
- ED visits that result in an inpatient stay or residential treatment on the same date or within 30 days.

HEDIS® Improvement Tips:

- ED follow-up visit with any practitioner or a pharmacotherapy dispensing event must include the principal diagnosis of AOD or any diagnosis of drug overdose.
- Follow-up visit may occur on the date of the ED visit.
- Include appointment availability in your office for patients with recent ED and hospital discharges.
- A telehealth or online assessment (e-visit or virtual check-in) will meet criteria for follow-up visit with principal diagnosis of alcohol and other drug dependence.

FUH: Follow-up after Hospitalization for Mental Illness

Product Line: Medicaid, Medicare, Marketplace

Members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

- The percentage of discharges for which the member received follow-up **within 7 days of discharge.**
- The percentage of discharges for which the member received follow-up **within 30 days of discharge.**

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252–99255	**With either**	OP	**POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
			PHP/IOP	**POS:** 52
			CMHC	**POS:** 53
			Telehealth	**POS:** 02, 10
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015			
	UBREV: 0510, 0513, 0515–0517, 0519–0523, 0526-0529, 0900, 0902-0904, 0911, 0914–0917, 0919, 0982, 0983			
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485			
	UBREV: 0905, 0907, 0912, 0913			
Psychiatric Collaborative Care Management	**CPT:** 99492-99494			
	HCPCS: G0512			

FUH: Follow-up after Hospitalization for Mental Illness *(Continued)*

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
Electro-convulsive Therapy	**CPT:** 90870	**With either**	Ambulatory Surgical Center	**POS:** 24
			CMHC	**POS:** 53
	ICD-10-PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZM GZB4ZZZ		OP	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72
			PHP/IOP	**POS:** 52
Transitional Care Management	**CPT:** 99495, 99496			
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919			
Telephone	**CPT:** 98966-98968, 99441-99443			

Exclusions:

- Members who use hospice services or die any time during the measure year.
- Discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30 day follow-up period.

HEDIS® Improvement Tips:

- Schedule member's 7 day or 30 day follow-up appointment prior to the member being discharged from the hospital.
- Follow-up visits that occur on the discharge date DO NOT meet the measure.
- Maintain appointment availability in your office for patients with recent hospital discharges.
- Complete appointment reminder calls 24 hours prior to the scheduled follow-up appointment.

FUI: Follow-up After High-Intensity Care for Substance Use Disorder

Product Line: Medicaid, Medicare, Marketplace

The percentage of acute inpatient hospitalization visits, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder in those age 13 and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

- Percentage of visits or discharges for which the member received follow-up **within 7 days** after.
- Percentage of visits or discharges for which the member received follow-up **within 30 days** after.

Use Appropriate Billing Codes*				*Codes subject to change	
Description	**Codes**				
Inpatient Stay	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002				
Visit Setting Unspecified	**CPT:** 90791-90792, 90832-90834, 90836-90840, 90845,90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252–99255	**With either**	Outpatient	**POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72	
			CMHC	**POS:** 53	
			Non-residential Sub. Abuse Tx Fac.	**POS:** 57, 58	
			Telehealth	**POS:** 02, 10	
			Intensive Outpatient or Partial Hospitalization	**POS:** 52	
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510				
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015				
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983				
Observation	**CPT:** 99217-99220				
Online Assessment	**CPT:** 98970-98972, 98980-98981, 99421-99423, 99457-99458				
	HCPCS: G0071, G2010, G2012, G2250-G2252				

FUI: Follow-up After High-Intensity Care for SUD *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Intensive Outpatient or Partial Hospitalization	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485
	UBREV: 0905, 0907, 0912, 0913
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048
OUD Weekly Non Drug Service	**HCPCS:** G2071, G2074-G2077, G2080
OUD Monthly Office Based Treatment	**HCPCS:** G2086, G2087
Telephone Visits	**CPT:** 98966-98968, 99441–99443
Substance Use Disorder Services	**CPT:** 99408, 99409
	HCPCS: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
	UBREV: 0906, 0944, 0945
Behavioral Health Assessment	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Substance Abuse Counseling and Surveillance	**ICD-10-CM:** Z71.41, Z71.51

Exclusions:

- Members in hospice or using hospice services during the measure year.
- Members who die any time during the measure year.

HEDIS® Improvement Tips:

- Schedule the member's 7 day or 30-day follow-up appointment prior to the member being discharged from an intensive level of care for substance use disorder.
- Follow-up visits that occur on the date of discharge DO NOT meet the measure.
- Maintain appointment availability in your office for patients with recent hospital discharges.
- Complete appointment reminder calls 24-hours prior to the scheduled follow-up appointment.

FUM: Follow-up after Emergency Department Visit for Mental Illness

Product Line: Medicaid, Medicare, Marketplace

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

- The percentage of ED visits for which the member received follow-up **within 30 days** of the ED visit (31 total days).
- The percentage of ED visits for which the member received follow-up **within 7 days** of the ED visit (8 total days).

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP/IOP	**POS:** 52
			CMHC	**POS:** 53
			Telehealth	**POS:** 02, 10
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 949412, 99483, 99492, 99494, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015			
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
Intensive Outpatient or Partial Hospitalization	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485			
	UBREV: 0905, 0907, 0912, 0913			
Telephone Visit	**CPT:** 98966-98968, 99441-99443			
Online Assessment	**CPT:** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458			
	HCPCS: G0071, G2010, G2012, G2250-G2252			

FUM: Follow-up after Emergency Department Visit for Mental Illness *(Continued)*

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
Electroconvulsive Therapy	**CPT:** 90870	**With either**	**Ambulatory Surgical Center**	**POS:** 24
	ICD-10-PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZ3BZZZ, GZB4ZZZ		**CMHC**	**POS:** 53
			OP	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52

Exclusions:

- ED visits followed by admission to an acute or non-acute inpatient care setting on the date of or within the 30-day follow-up (31 days total) of the ED visit, regardless of principal diagnosis for the admission.
- Members in hospice or using hospice services anytime during the year.
- Members who die during the measurement year.

HEDIS® Improvement Tips:

- The member must have a follow-up mental health visit within 7 day and 30 days of ED visit.
- Member seen on the same day of discharge from ED meets the 7 day follow-up requirement.
- Include appointment availability in your office for patients with recent ED and/or hospital discharges.
- Complete appointment reminder calls 24 hours prior to the scheduled follow-up appointment.
- Telehealth, telephone, e-visit and virtual check-in with the principal diagnosis of mental health disorder meet requirements for visit.

GSD: Glycemic Status Assessment for Patients With Diabetes

Note: This measure was formally known as HBD - Hemoglobin A1c Control for Diabetes. NCQA renamed measure for 2024.

Product Line: Medicaid, Medicare, Marketplace

Members ages 18 to 75 of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
HbA1c Lab Test	**CPT:** 83036, 83037
	LOINC: 97506-0
Glycemic Status <8.0%	**CPT II:** 3044F (< 7.0%)
	3051F (≥ 7.0% and < 8.0%)
Glycemic Status >9.0%	**CPT II:** 3046F (> 9.0%)
	3052F (≥ 8.0% and ≤ 9.0%)

Exclusions:

- Members age 66 and older as of December 31 of the measurement year and who are enrolled in an Institutional SNP or living long-term in an institution or with frailty and advanced illness any time during the measurement year.
- Members who did not have a diagnosis of diabetes.

HEDIS® Improvement Tips:

- Schedule labs prior to appointments to assist with compliance.
- Adjust therapy as indicated to improve A1c levels.
- Educate patients about the importance of routine screenings and medication compliance.
- Review diabetic services at each office visit.

HDO: Use of Opioids at High Dosage

Product Line: Medicaid, Medicare, Marketplace

Members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year. (Note: A lower rate indicates better performance).

Exclusions:

- Members with cancer or sickle cell disease.
- Members receiving palliative care, using hospice services, or who die any time during the measurement year.

This measure does not include the following opioid medications:

- Injectables.
- Opioid cough and cold products.
- Ionsys® (fentanyl transdermal patch). This is only for inpatient use and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder.

HEDIS® Improvement Tips:

- Include documentation of the specific diagnosis code for each medication being used for the member.
- Continue to monitor member's progress, any side effects, or the need for ongoing use.
- Verify member's medications and pharmacy with each visit.
- Confirm that the number of members whose Average MME was >120 mg MED during the treatment period meets the criteria.
- Utilization of OARRS is required before dispensing of controlled substances or gabapentin.
- A provider may request a member be evaluated for enrollment into Buckeye's Pharmacy Lock-In Coordinated Services Program.
- **A Medication Table has been provided for this measure on page 88.**

IET: Initiation and Engagement of Substance Use Disorder Treatment

Product Line: Medicaid, Medicare, Marketplace

Adolescent and adult members (13 years and older as of the episode date) with a new Substance Use Disorder (SUD) episode who received the following. Two rates are reported:

- **Initiation of SUD Treatment:** Members with new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within **14 days** of the diagnosis.

- **Engagement of SUD Treatment:** Members with new SUD episodes that have evidence of treatment engagement **within 34 days** of initiation.

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
Inpatient Stay	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255	**With either**	OP	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP/IOP	**POS:** 52
			CMHC	**POS:** 53
			Non-residential substance abuse facility	**POS:** 57, 58
			Telehealth	**POS:** 02, 10
BH Outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H0213-H2020, T1015			
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-0983			

IET: Initiation and Engagement of Substance Use Disorder Treatment *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
PHP/IOP	**UBREV:** 0905, 0907, 0912, 0913
	HCPCS: G0410-G0411, H0035, H2001, H2012, S9480, S9484-S9485
Substance Use Disorder	**UBREV:** 0906, 0944, 0945
	CPT: 99408, 99409
	HCPCS: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1012
Substance Abuse Counseling and Surveillance	**ICD-10-CM:** Z71.41, Z71.51
Telephone Visit	**CPT:** 98966-98968, 99441-99443
Online Assessment	**CPT:** 98970-98972, 98980-98981, 99421-99423, 99457-99458
	HCPCS: G0071, G2010, G2012, G2250-G2252
OUD Weekly Non Drug Service	**HCPCS:** G2071, G2074-G2077, G2080
OUD Monthly Office Based Treatment	**HCPCS:** G2086, G2087
OUD Weekly Drug Treatment	**HCPCS:** G2067-G2070, G2072, G2073

Exclusions:
- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:
- Notify Buckeye of new substance use disorder diagnoses. Case managers will assist in triaging the members to their treatment initiation visit.
- Schedule engagement visits before the member leaves the initiation visit.
- An inpatient stay for an SUD episode is considered initiation of treatment, then an SUD episode is compliant.
- Two engagement visits may be on the same day but must be with different providers.

IMA: Immunizations for Adolescents

Product Line: Medicaid, Marketplace

Adolescents who had the following vaccine series by their 13th birthday:

- Meningococcal vaccine (serogroup A, C, W and Y): 1 dose.

- Tdap (tetanus, diphtheria toxoids and acellular pertussis): 1 dose
  HPV (human papillomavirus): 2 or 3 doses (series).

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Meningococcal	**CPT:** 90619, 90733, 90734
Tdap	**CPT:** 90715
HPV	**CPT:** 90649, 90650, 90651

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.

- Members who die at any time during the measurement year.

- Documentation of anaphylactic reactions to the vaccine on or before the member's 13th birthday.

HEDIS® Improvement Tips:

- Educate office staff to schedule immunizations prior to the child's 13th birthday.

- Review recommended vaccinations prior to the visit. Educate parents on common misconceptions about vaccinations.

- Recommended HPV for both male and female patients.

- HPV vaccines require two or three doses. Set reminders for follow-up doses to ensure compliance with the dosing schedule. Creating alerts within your EMR will assist with reminder outreach.

- Ensure all medical documentation includes patient name, DOB, dates of service, names of vaccines given, lot numbers and dates they were given. Do not use the date the vaccine is ordered.

KED: Kidney Health for Patients with Diabetes

Product Line: Medicaid, Medicare, Marketplace

Members ages 18 to 85 with diabetes (type 1 and type 2) who had completed a kidney health evaluation by estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR) testing during the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Estimated Glomerular Filtration Rate Lab Test (eGFR)	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565
	LOINC: 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
Qualifying uACR Tests	
Urine Albumin Creatinine Ratio Lab Test	**LOINC:** 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Quantitative Urine Albumin Lab Test — Dates of service four days or less apart	**CPT:** 82043
	LOINC: 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine Creatinine Lab Test — Dates of service four days or less apart	**CPT:** 82570
	LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

Exclusion: Members with an existing diagnosis of ESRD and/or a history of dialysis.

HEDIS® Improvement Tips:

- Member must receive both an eGFR and uACR test to meet for the measure.
- Encourage members to be ready to provide samples at visit check-in.
- Review medical records prior to visit and remind member to complete lab test ordered.
- Educate members on the importance of kidney health with a diabetes diagnosis.
- **A Medication Table has been provided for this measure on page 89.**

LBP: Use of Imaging Studies for Low Back Pain

Product Line: Medicaid, Medicare, Marketplace

Members ages 18 to 75 with a principal diagnosis of low back pain who did **not** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Imaging Study	**CPT:** 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080-72084, 72100, 72110, 72114, 72120, 72125-72133, 72141, 72142, 72146-72149, 72156-72158, 72200, 72202, 72220
Uncomplicated Low Back Pain	**ICD-10-CM:** M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100, S33.110, S33.120, S33.130, S33.140, S33.5, S33.6, S33.8, S33.9. S33.002, S33.012, S33.092, S39.82, S39.92

Exclusions:

- Cancer any time during the member's history through 28 days after the IESD.
- Recent trauma any time during the 90 days prior to the IESD through 28 days after the IESD.
- Intravenous drug abuse any time during the 365 days prior to the IESD through 28 days after the IESD.
- Neurologic impairment (Neurologic Impairment Value Set) any time during the 365 days prior to the IESD through 28 days after the IESD.
- HIV any time during the member's history through 28 days after the IESD.
- Spinal infection any time during the 365 days prior to the IESD through 28 days after the IESD.

LBP: Use of Imaging Studies for Low Back Pain *(Continued)*

- Major organ transplant any time in the member's history through 28 days after the IESD.
- Prolonged use of corticosteroids: 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD.
- Fragility fracture any time during the 90 days prior to the IESD through 28 days after the IESD.
- Lumbar surgery any time during the member's history through 28 days after the IESD.
- Spondylopathy any time during the member's history through 28 days after the IESD.
- Palliative care any time during the measurement year.
- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die at any time during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness.

HEDIS® Improvement Tips:

- Educate members about conservative treatment and normal healing times.
- Use complete and accurate codes.
- Submit all claims/encounters data in a timely matter.

LSC: Lead Screening in Children

Product Line: Medicaid

Children 2 years of age who had more than one or more capillary or venous lead blood screening tests for lead poisoning by their second birthday.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Lead Screening in Children	**CPT:** 83655
	LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

Exclusion: Members who use hospice services or die within the measurement period.

HEDIS® Improvement Tips:

- Documentation in the medical record must include both a note indicating the date the test was performed and the result or finding.
- Educate parents/guardians on the risk and sources of lead in the home. Completion of a risk questionnaire alone does not meet the requirements for this measure.
- Provide preventive screening during sick visits.

OED: Oral Evaluation, Dental Services

Product Line: Medicaid

The percentage of Medicaid members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Oral Evaluation	**CDT:** D0120, D0145, D0150

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Educate parent(s)/guardian(s) and the member on the importance of good oral hygiene, especially starting at an early age. Schedule dental visits as young as 2 years of age.
- Buckeye covers (2) periodic oral exams and cleanings per year.
- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule an annual visit or follow-up visit before the member leaves the office.
- Transportation to and from dental appointments is available for all Buckeye members. Contact Member Services for more details.

OMW: Osteoporosis Management in Women Who Had a Fracture

Product Line: Medicare

Women ages 67 to 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Bone Mineral Density Tests	**CPT:** 76977, 77078, 77080, 77081, 77085, 77086
	ICD-10-PCS: BP48ZZ1-BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Long-Acting Osteoporosis Medications	**HCPCS:** J0897, J1740, J3489
Osteoporosis Medication Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489

Exclusions:

- Members who had a BMD Test 24 months prior to the episode date.
- Members who had a claim/encounter for osteoporosis therapy during the 12 months prior to the episode date.
- Members who received a dispense prescription or had an active prescription to treat osteoporosis during the 24 months prior to the episode date.
- Members in hospice or using hospice services at any time during the measurement year.
- Members who are diagnosed with frailty and advanced illness during the measurement year.
- Members who are enrolled in an Institutional SNP or living long-term in an institution at any time during the measurement year.
- Members who died any time during the measurement year.

HEDIS® Improvement Tips:

- Educate the member on the importance of prevention such as a well-balanced diet, exercise and creating a safe environment at home to reduce risk of falls.
- Educate member that a bone density test (BMD) is the same as Dexa Scan.
- Assess female members 67 to 85 years of age at each visit for recent falls and fractures. Schedule member for bone density test (BMD) within 6 months of fracture if no BMD within the past 24 months.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
-

PCE: Pharmacotherapy Management of COPD Exacerbation

Product Line: Medicaid, Medicare, Marketplace

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 and who were dispensed appropriate medications. Two rates are reported:

- Dispensed a Systemic Corticosteroid (or there was evidence of an active prescription) within **14 days** of the event.
- Dispensed a Bronchodilator (or there was evidence of an active prescription) within **30 days** of the event.

(Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.)

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Chronic Bronchitis	**ICD-10-CM:** J41.0, J41.1, J41.8, J42
Emphysema	**ICD-10-CM:** J43.0, J43.1, J43.2, J43.8, J43.9
COPD	**ICD-10-CM:** J44.0, J44.1, J44.9

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year.
- Members who die anytime during the measurement year.

HEDIS® Improvement Tips:

- Members who have had an acute inpatient discharge or ED encounter with a principal diagnosis of COPD, emphysema or chronic bronchitis meet the criteria.
- Outreach and schedule a follow-up visit to members within 7 to 14 days of ED or inpatient discharge to review instructions and ensure the member has filled and is taking medications as prescribed.
- During each visit with the member, review the medication list and ask if there are any issues with filling or taking medications as prescribed. If there are any problems/issues with the medication, open-ended questions will assist you with solutions and remove patient barriers to adherence.
- Educate members on the purpose of the medication, including how often to take the medication and possible side effects. Advise member to call the provider's office should side effects become a barrier to adherence.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- A Medication Table has been provided for this measure on page 91.

PCR: Plan All Cause Readmissions

Product Line: Medicaid, Medicare, Marketplace

Members 18 years of age and older with a number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of acute readmission.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Inpatient Stay	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Observation Stay	**UBREV:** 0760, 0762, 0769

Exclusions:

- Members with a principal diagnosis of pregnancy on the discharge claim.
- Nonacute inpatient stays.
- A principal diagnosis of a condition originating in the perinatal period on the discharge claim.
- Planned hospital stay for any of the following criteria:
  - A principal diagnosis of maintenance chemotherapy.
  - A principal diagnosis of rehabilitation.
  - An organ transplant.
  - A potentially planned procedure.

HEDIS® Improvement Tips:

- Identify high hospital utilizers and other high-risk members and partner with Buckeye to manage the member's care.
- Ensure members understand discharge instructions using the Teach-Back Method and ensure all written materials are written at no higher than a fifth-grade reading level.
- Before the member is discharged from the hospital, schedule a post-hospitalization follow-up visit and ensure transportation is set up for this visit to encourage follow through.
- Recommend outreach to the member within 2 days of discharge to ensure the member understands their discharge instructions and any concerns are addressed at that time.

POD - Pharmacotherapy for Opioid Use Disorder*

Product Line: Medicaid, Medicare, Marketplace

Adapted with permission by NCQA from the "Continuity of Pharmacotherapy for Opioid Use Disorder" measure owned by The RAND Corporation.

The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Code**
Buprenorphine Oral Weekly	**HCPCS:** G2068, G2079
Methadone Oral Weekly	**HCPCS:** G2067, G2078

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year.
- Members who die at any time during the measurement year.
- Methadone is not included on the medication list for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

HEDIS® Improvement Tips:

- When patients screen positive for risk of harm from substance use, determine whether it meets diagnostic criteria for a substance use disorder (SUD).
- Address patients' medical, social, and family histories.
- Practitioners should develop treatment plans or referral strategies for patients who need SUD treatment.
-

PPC: Prenatal and Postpartum Care

Product Line: Medicaid, Marketplace

Delivery of live births on or between October 8 of the year prior until October 7 of the measurement year. Prenatal and postpartum care are measured by:

- **Timeliness of Prenatal Care:** Deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or **within 42 days** of enrollment in the organization.
- **Postpartum Care:** A postpartum visit on or between **7 and 84 days** after date of delivery.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Prenatal Visits	**CPT:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99441-99443, 99457, 99458, 99483, 99500, 59400, 59425, 59426, 59510, 59610, 59618
	HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015, H1005
	CPT II: 0500F, 0501F, 0502F
Postpartum Visits	**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
	CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 57170, 58300, 59430, 99501
	CPT II: 0503F
	HCPCS: G0101
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

Exclusion: Members who use hospice services or die at any time during the measurement year.

PPC: Prenatal and Postpartum Care *(Continued)*

HEDIS® Improvement Tips:

- Educate patients on the importance of keeping each postpartum visit.
- Remind patients of upcoming appointments by making calls or sending text messages.
- Document the date when a postpartum visit occurred and one of the following:
  - A pelvic exam.
  - Glucose screening for members with gestational diabetes.
  - Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
  - Any of the following:
    - Infant care.
    - Resumption of intercourse, birth spacing or family planning.
    - Sleep/fatigue.
    - Resumption of physical activity.
    - Attainment of healthy weight.
    - Documentation of postpartum care.
    - Perineal or cesarean incision/wound.
    - Evaluation of weight, BP, breasts, and abdomen.
      - A notation of breastfeeding is acceptable for the evaluation of breasts.
- Utilize **Buckeye Community Connect,** an online resource to address social determinants of health needs affecting the member's follow through with recommended care in the postpartum period.

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Product Line: Medicaid, Medicare, Marketplace

Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Long-Acting Injections	**HCPCS:** J2794, J2798
Long-Acting Injections 28-Day Supply	**HCPCS:** J0401, J1631, J1943, J1944, J2358, J2426, J2680

Exclusions:

- Members with dementia diagnosis.
- Members who did not have at least two antipsychotic medication dispensing events. There are two ways to identify dispensing events: by claim/encounter data and by pharmacy data.
- Members who use hospice services or who die any time during the measurement year.
- Medicare members 66 years of age and older as of December 31 of the measurement year who were enrolled in an Institutional SNP (I-SNP) or living in a long-term institution.
- Members 66-80 years of age as of December 31 of the measurement year with frailty and advanced illness.

HEDIS® Improvement Tips:

- Educate the member on the effectiveness of psychotic symptom management with antipsychotic medication, including importance of keeping appointments, possible side effects, and managing side effects. Advise member to call the provider's office should side effects become a barrier to adherence.
- Encourage member to sign up for auto-fill with their pharmacy or mail order when possible.
- **A Medication Table has been provided for this measure on page 93.**

SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Product Line: Medicaid

Members ages 18 to 64 with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year.

Member would have had history of the following: at least one acute BH inpatient stay, at least 2 outpatient BH (IOP/PHP, ED) encounters, and been identified as having cardiovascular disease.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
LDL-C Tests	**CPT:** 80061, 83700, 83701, 83704, 83721
	LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
LDL-C Test Results or Findings	**CPT II:** 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL

Exclusions:

- Members who use hospice services or who elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.

HEDIS® Improvement Tips:

- NCQA Standards permit psychiatric providers to submit lipid testing.
- Incorporate standard orders for screening test every year.
- Complete blood pressure testing at each visit and lipid profile at least every 3 months or more often as needed. Consider using standing orders to complete labs.
- Educate members on the importance of monitoring weight, blood pressure, blood glucose and A1c due to potential side effects associated with taking antipsychotic medications.

SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

Product Line: Medicaid

Medicaid members ages 18 to 64 with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
HbA1c	**CPT:** 83036, 83037
	CPT II: 3044F (<7.0%), 3051F (≥7.0% - ≤8.0%), 3052F (≥8.0% - ≤9.0%), 3046F (>9.0%)
LDL-C Tests	**CPT:** 80061, 83700, 83701, 83704, 83721
LDL-C Test Results or Findings	**CPT II:** 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL

Exclusions:

- Members in hospice or using hospice services at any time during the measurement year.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Complete A1c testing at the start of treatment and at least every 3 months or more often as needed.
- Closely verify and monitor member's treatment history to ensure the member has completed all A1c and LDL testing by December 31 of each year.
- NCQA does not specify the type of provider who can submit or review diabetes testing results.
- **A Medication Table has been provided for this measure on page 89.**

SPC: Statin Therapy for Patients with Cardiovascular Disease

Product Line: Medicaid, Medicare, Marketplace

The percentage of males ages 21 to 75 and females ages 40 to 75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- **Received Statin Therapy:** Members who were dispensed at least one high or moderate-intensity statin during the measurement year.
- **Statin Adherence 80%:** Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Exclusions:

- Members with a pregnancy diagnosis during the measurement year or the year prior to the measurement year.
- In vitro fertilization in the measurement year or the year prior to the measurement year.
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year.
- ESRD or dialysis during the measurement year or the year prior to the measurement year.
- Cirrhosis during the measurement year or the year prior to the measurement year.
- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year.
- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care or had an encounter with palliative care at any time during the measurement year.

HEDIS® Improvement Tips:

- At each visit, review the medication list and ask if there are any issues with filling or taking medications as prescribed. If there are any problems/issues with the medication, open-ended questions will assist you with solutions and remove patient barriers to adherence.
- Educate members on the purpose of the medication, including how often to take the medication and possible side effects. Advise member to contact provider's office if side effects occur or are suspected.
- Offer a 100-day supply of medication to members, if stable.

SPC: Statin Therapy for Patients with Cardiovascular Disease *(Continued)*

- Encourage member to sign up with their retail or mail-order pharmacy.
- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule an annual visit or follow-up visit before the member leaves the office.
- Ensure member completes any required labs such as cholesterol, kidney values (both blood and urine) and/or A1c.
- **A Medication Table has been provided for this measure on page 94.**

SPD: Statin Therapy for Patients with Diabetes

Product Line: Medicaid, Medicare, Marketplace

The percentage of members ages 40 to 75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

- **Received Statin Therapy:** Members who were dispensed at least one statin medication of any intensity during the measurement year.
- **Statin Adherence 80%:** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Exclusions:

- In vitro fertilization or pregnancy diagnosis in the measurement year or the year prior to the measurement year.
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year.
- Dialysis during the measurement year or the year prior to the measurement year.
- ESRD or dialysis during the measurement year or the year prior to the measurement year.
- Cirrhosis during the measurement year or the year prior to the measurement year.
- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.
- Members in hospice or using hospice services any time during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care or had an encounter with palliative care any time during the measurement year.

SPD: Statin Therapy for Patients with Diabetes *(Continued)*

HEDIS® Improvement Tips:

- At each visit, review the medication list and ask if there are any issues with filling or taking medications as prescribed. If there are any problems/issues with the medication, open-ended questions will assist you with solutions and remove patient barriers to adherence.

- Educate members on the purpose of taking a statin medication to prevent cardiovascular disease. Discuss how often to take the medication and possible side effects.

- Advise member to contact provider's office if side effects occur or are suspected. Consider an alternative dosing schedule to prevent or lessen side effects.

- Offer 100-day supply of medication to members, if stable.

- Encourage member to sign up for mail orders at their retail or mail-order pharmacy.

- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.

- Schedule an annual visit or follow-up visit before the member leaves the office.

- Ensure member completes any required labs such as cholesterol, kidney values (both blood and urine) and/or A1c.

-

SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Product Line: Medicaid

Members ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening in the measure year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Glucose Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Test	**CPT:** 83036, 83037
	CPT II: 3044F (less than 7%) 3046F (greater than 9%) 3051F (≥ 7% and <8%) 3052F (≥ 8% and ≤9%)

Exclusions:

- Members who are diagnosed with diabetes.

- Members who had no antipsychotic medications dispensed during the measure year.

- Members who use hospice services or die any time during the measure year.

HEDIS® Improvement Tips:

- Request or perform either glucose or HbA1c testing at the start of new antipsychotic medication regimen and 3-month follow up; ensure follow-up visits are scheduled to monitor progress.

- Diabetes testing can be completed by the psychiatric provider or primary care provider. Results need to be verified and a follow-up completed by whomever is acting as the member's primary care physician.

- Educate member and/or their caregiver on the importance of a healthy diet, exercise and signs to look for with new-onset diabetes.

- Screen all members prescribed antipsychotic medications for a family history of diabetes.

SUPD: Statin Use in Persons with Diabetes

Product Line: Medicare

This measure is defined as the percent of Medicare Part D beneficiaries ages 40 to 75 who were dispensed at least two diabetes medication fills on unique days of service and received a statin medication fill during the measurement period.

Exclusions:

- Hospice enrollment.
- Pregnancy.
- Cirrhosis.
- Pre-diabetes.
- ESRD diagnosis or dialysis coverage dates.
- Rhabdomyolysis and myopathy.
- Polycystic ovary syndrome.
- Lactation and fertility.

HEDIS® Improvement Tips:

- During each visit with the member, review the medication list and ask if there are any issues with filling or taking medications. If there are any problems/issues with the medication, open-ended questions will assist you with solutions and remove patient barriers to adherence.
- Educate the member on the purpose of the medication, including how often to take the medication and possible side effects. Advise member to contact provider's office if side effects occur or are suspected.
- Offer a 100-day supply of medication to members, if stable.
- Encourage the member to sign up for autofill with their retail or mail-order pharmacy.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Ensure member completes any required labs such as cholesterol, kidney values (both blood and urine) or A1c.
- Schedule an annual visit or follow-up visit before the member leaves the office.
-

TFC: Topical Fluoride for Children

Product Line: Medicaid

The percentage of Medicaid members ages 1 to 4 who received at least two fluoride varnish applications on different dates of service during the measurement year. This can be applied by the PCP or other Qualified Health Professional.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Application of Fluoride Varnish	**CPT:** 99188
	CDT: D1206

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Educate parent(s)/guardian(s) and the member on the importance of good oral hygiene, especially starting at an early age. Schedule dental visits as young as 2 years of age.
- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule follow-up visit before the member leaves the office for the application of Fluoride Varnish by PCP.
- Transportation to and from dental appointments is available for all Buckeye members. Contact Member Services for more details.

TRC: Transitions of Care

Product Line: Medicare

Medicare members 18 years of age and older who had each of the following. Four rates reported:

- **Inpatient Admission:** Documentation of receipt of notification of inpatient admission on the day of admission through **2 days** after the admission (3 total days).

- **Receipt Discharge Information:** Documentation of receipt of discharge information on the day of discharge through **2 days** after the discharge (3 total days).

- **Patient Engagement After Inpatient Discharge:** Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within **30 days** after discharge.

- **Medication Reconciliation Post-Discharge:** Documentation of medication reconciliation on the date of discharge through **30 days** after discharge (31 total days).

Definitions

Medication Reconciliation: A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.

Medication List: A list of medications in the medical record. The medication list may include medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Transitional Care Management Services	**CPT:** 99495, 99496
Outpatient and Telehealth	**CPT:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483
Medication Reconciliation Post-Discharge	**CPT:** 99483, 99495, 99496
	CPT II: 1111F

TRC: Transitions of Care *(Continued)*

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.

- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Reminder calls, emails, text messages or mailings can assist with advising members of the need for a visit.

- Medication reconciliation must be conducted or cosigned by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse. Medication reconciliation may be performed by other medical professionals (e.g., MA, LPN) if signed off by an acceptable practitioner.

- Documentation of medication reconciliation must include the date performed, current medication list, and evidence of any of the following:
  - Notation that the practitioner reconciled the current and discharge medications.
  - Notation that references the discharge medications (e.g., no change in medications since discharge, same medications at discharge, discontinue all discharge medications).
  - Evidence the practitioner was aware of the patient's hospitalization and a post-discharge hospital follow-up with medication reconciliation or review.
  - Discharge medication list with evidence that both lists were reviewed on the same date of service.
  - Notation that no medications were prescribed or ordered upon discharge.

- Include appropriate codes on claims to improve HEDIS scores and reduce the need for medical record review.

UOP: Use of Opioids from Multiple Providers

Product Line: Medicaid, Medicare, Marketplace

Members 18 years and older, receiving a prescription for opioids for ≥15 days during the measurement year, who received opioids from multiple providers. Three rates are reported (Note: A lower rate indicates better performance for all three rates):

- **Multiple Prescribers:** The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- **Multiple Pharmacies:** The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- **Multiple Prescribers and Multiple Pharmacies:** The percentage of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (i.e., the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Exclusions: Members who use hospice services or who die any time during the measurement year.

The following opioid medications are excluded from this measure:

- Injectables.
- Opioid cough and cold products.
- SIingle-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
- Ionsys® (fentanyl transdermal patch) because: it is only for inpatient use. It is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder.

HEDIS® Improvement Tips:

- Utilization of OARRS is required before dispensing of controlled substances or gabapentin.
- Reassess current therapy if multiple opioids are prescribed.
- Talk with member about having opioids prescribed by only one prescriber and receiving them from just one pharmacy.
- Include documentation of the specific diagnosis code for each medication being used for the member.
- Continue to monitor member's progress on opioid therapy and any side effects.
- Request a member be evaluated for enrollment into Buckeye's Pharmacy Lock-In Coordinated Services Program.
-

URI: Appropriate Treatment for Upper Respiratory Infection

Product Line: Medicaid, Medicare, Marketplace

Members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
URI	**ICD-10-CM:** J00, J06.0, J06.9

Exclusions:

- Members who are in hospice or using hospice care.
- Members who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Be sure to use the appropriate code and document competing diagnosis if you are prescribing an antibiotic to a member who has been diagnosed with URI and has a competing diagnosis.
- Provide tips for managing symptoms (e.g., over-the-counter medicines, rest, extra fluids) and advise patient to call back if symptoms worsen.
- Educate the member on the viral versus bacterial respiratory infection and the appropriate use of antibiotics.
-

WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Product Line: Medicaid, Marketplace

Members ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- BMI percentile documentation.*
- Counseling for physical activity.
- Counseling for nutrition.

Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
BMI Percentile	**ICD-10:** Z68.51 (<5%) Z68.52 (5% < 85%) Z68.53 (85% < 95%) Z68.54 (≥95%)
Counseling for Nutrition	**CPT:** 97802-97804
	HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
	ICD-10-CM: Z71.3
Counseling for Physical Activity	**ICD-10-CM:** Z02.5, Z71.82
	HCPCS: G0447, S9451

Exclusions:

- Members who have a diagnosis of pregnancy (Pregnancy Value Set) at any time during the measurement year.
- Members in hospice or using hospice services or who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Take advantage of well-child, sick and sports physical visits to complete this measure. Ensure correct coding when billing.

WCV: Child and Adolescent Well-Care Visits

Product Line: Medicaid, Marketplace

Children and adolescents ages 3 to 21 who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year. Three age stratifications and total are reported:

- 3-11 years.
- 12-17 years.
- 18-21 years.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Well-Care Visits	**CPT:** 99381-99385, 99391-99395, 99461
	HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
Encounter for Well Care Visit	**ICD-10-CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Exclusion: Members who use hospice services, elect to use a hospice benefit, or who die at any time during the measurement year.

HEDIS® Improvement Tips:

- Prevent missed opportunities! Take advantage of when the member is in your office to review for any unmet well-child exam needs. Combining a sick and well-child exam by using a modifier 25 will assist with compliance for this measure.
- Set up alerts in your electronic medical record to alert when a member is due for their well-child exam.
- Offering weekend, evening, or walk-in hours can support parents who cannot attend their child's well-child visit during typical daytime office hours.
- For additional information regarding well-care, please visit **AAP Bright Futures**.

W30: Well-Child Visits in the First 30 Months of Life

Product Line: Medicaid, Marketplace

Children who turned 15 or 30 months old during the measurement year and who had the following two rates reported:

- **Well-Child Visits in the First 15 Months:** Children who turned 15 months old: Six or more well-child visits.
- **Well-Child Visits for Age 15 Months–30 Months:** Children who turned 30 months old: Two or more well-child visits.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Well-Child Visits	**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
	CPT: 99381-99385, 99391-99395, 99461
	HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
	Modifier: 25

Exclusion: Members in hospice or using hospice services or who die during the measurement year.

HEDIS® Improvement Tips:

- Prevent missed opportunities by providing a well-care exam during sick visits by using Modifier 25.
- Documentation in the medical record must include a note indication date of the well-child visit and evidence that includes all the following:
  - Health history.
  - Physical/mental development history.
  - Physical exam.
  - Health education/anticipatory guidance .
- Outreach to the newly assigned member to schedule appointments.
- Educate parents/guardians on the importance of routine well-child visits even if a sports physical has been completed outside of the PCP's office.
- Visit Bright Futures' website to learn more: **AAP Bright Futures**.

HEDIS® Measures Medication Table: AAB, CWP, URI

Antibiotic Medications	
Description	**Prescription**
Aminoglycosides	• Amikacin • Gentamicin • Streptomycin • Tobramycin
Aminopenicillins	• Amoxicillin • Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam • Piperacillin-tazobactam
First-generation cephalosporins	• Cefadroxil • Cefazolin • Cephalexin
Fourth-generation cephalosporins	• Cefepime
Lincomycin derivatives	• Clindamycin • Lincomycin
Macrolides	• Azithromycin • Erythromycin • Clarithromycin
Miscellaneous antibiotics	• Aztreonam • Daptomycin • Linezolid • Metronidazole • Vancomycin • Dalfopristin-quinupristin • Chloramphenicol
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G sodium • Penicillin G potassium • Penicillin G procaine • Penicillin V potassium • Penicillin G benzathine
Penicillinase resistant penicillins	• Dicloxacillin • Nafcillin • Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin • Levofloxacin • Moxifloxacin • Ofloxacin
Rifamycin derivatives	• Rifampin
Second-generation cephalosporin	• Cefaclor • Cefotetan • Cefoxitin • Cefprozil • Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim • Sulfadiazine
Tetracyclines	• Doxycycline • Minocycline • Tetracycline
Third-generation cephalosporins	• Cefdinir • Cefixime • Cefotaxime • Cefpodoxime • Ceftazidime • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin • Trimethoprim • Nitrofurantoin macrocrystals-monohydrate

HEDIS® Measures Medication Table: ADD

ADHD Medications	
Description	**Prescription**
CNS stimulants	• Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methylphenidate • Methamphetamine
Alpha-2 receptor agonists	• Clonidine • Guanfacine
Miscellaneous	• Atomoxetine

Adherence Medication Tables

Cholesterol: Statins	
Description	**Medication**
	• atorvastatin (+/- amlodipine) • fluvastatin • lovastatin (+/- niacin) • pitavastatin • rosuvastatin (+/-ezetimibe) • pravastatin • simvastatin (+/-ezetimibe, niacin)

Hypertension: RASA — Renin Angiostensin System Antagonists	
Description	**Medication**
Direct Renin Inhibitor Medications and Combinations	• aliskiren (+/- hydrochlorothiazide)
ARB Medications and Combinations	• azilsartan (+/- chlorthalidone) • candesartan (+/- hydrochlorothiazide) • eprosartan (+/- hydrochlorothiazide) • irbesartan (+/- hydrochlorothiazide) • losartan (+/- hydrochlorothiazide) • olmesartan (+/- amlodipine, hydrochlorothiazide) • telmisartan (+/- amlopdipine, hydrochlorothiazide) • valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol)
ACE Inhibitor Medications and Combination Products	• benazepril (+/- amlodipine, hydrochlorothiazide) • captopril (+/- hydrochlorothiazide) • enalapril (+/-hydrochlorothiazide) • fosinopril (+/-hydrochlorothiazide) • lisinopril (+/- hydrochlorothiazide) • moexipril (+/- hydrochlorothiazide) • perindopril (+/- amlodipine) • quinapril (+/- hydrochlorothiazide) • ramipril • trandolapril (+/- verapamil)

Note: Active ingredients limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.

Adherence Medication Tables *(Continued)*

Diabetes All Class (Insulin Excluded)	
Description	**Medication**
Biguanide Medications and Combinations	▪ metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin,pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin) *Note: Active ingredients are limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.*
Sulfonylurea Medications and Combinations	▪ chlorpropamide ▪ glimepiride (+/- pioglitazone, rosiglitazone) ▪ glipizide (+/- metformin) ▪ glyburide (+/- metformin) ▪ tolazamide ▪ tolbutamide *Note: Active ingredients limited to oral formulations only (includes all salts and dosage forms).*
Thiazolidinedione Medications and Combinations	▪ pioglitazone (+/- alogliptin, glimepiride, metformin) ▪ rosiglitazone (+/- glimepiride, metformin) *Note: Active ingredients limited to oral formulations only.*
Dipeptidyl peptidase-4 (DDP-4) inhibitors	▪ alogliptin (+/- metformin, pioglitazone) ▪ linagliptin (+/- empagliflozin, metformin) ▪ saxagliptin (+/- metformin, dapagliflozin) ▪ sitagliptin (+/- metformin, ertugliflozin) *Note: Active ingredients limited to oral formulations only.*
GLP-1 Receptor Agonists	▪ albiglutide ▪ dulaglutide ▪ exenatide ▪ liraglutide ▪ lixisenatide *Note: Excludes products indicated only for weight loss.*
Meglinitides and Combinations	▪ nateglinide ▪ repaglinide (+/--metformin) *Note: Active ingredients limited to oral formulations only.*
SGLT2 Inhibitors and Combinations	▪ canagliflozin (+/- metformin) ▪ dapagliflozin (+/- metformin, saxagliptin) ▪ empagliflozin (+/- metformin,linagliptin) ▪ ertugliflozin (+/- sitagliptin, metformin) *Note: Active ingredients limited to oral formulations only.*

HEDIS® Measures Medication Table: AMM

Antidepressant Medication	
Description	**Prescription**
Miscellaneous antidepressants	▪ Bupropion ▪ Vilazodone ▪ Vortioxetine
Monoamine oxidase inhibitors	▪ Isocarboxazid ▪ Selegiline ▪ Phenelzine ▪ Tranylcypromine
Phenylpiperazine antidepressants	▪ Nefazodone ▪ Trazodone
Psychotherapeutic combinations	▪ Amitriptyline-chlordiazepoxide ▪ Amitriptyline-perphenazine ▪ Fluoxetine-olanzapine
SNRI antidepressants	▪ Desvenlafaxine ▪ Levomilnacipran ▪ Duloxetine ▪ Venlafaxine
SSRI antidepressants	▪ Citalopram ▪ Fluoxetine ▪ Paroxetine ▪ Escitalopram ▪ Fluvoxamine ▪ Sertraline
Tetracyclic antidepressants	▪ Maprotiline ▪ Mirtazapine
Tricyclic antidepressants	▪ Amitriptyline ▪ Desipramine ▪ Nortriptyline ▪ Amoxapine ▪ Doxepin (>6 mg) ▪ Protriptyline ▪ Clomipramine ▪ Imipramine ▪ Trimipramine

HEDIS® Measures Medication Tables: AMR

Bronchodilator Medications	
Description	**Prescription**
Antibody inhibitors	▪ Omalizumab
Anti-interleukin-4	▪ Dupilumab
Anti-interleukin-5	▪ Benralizumab ▪ Mepolizumab ▪ Reslizumab
Inhaled steroid combinations	▪ Budesonide-formoterol ▪ Fluticasone-salmeterol ▪ Fluticasone-vilanterol ▪ Formoterol-mometasone
Inhaled corticosteroids	▪ Beclomethasone ▪ Budesonide ▪ Ciclesonide ▪ Flunisolide ▪ Fluticasone ▪ Mometasone
Leukotriene modifiers	▪ Montelukast ▪ Zafirlukast ▪ Zileuton
Methylxanthines	▪ Theophylline
Asthma Reliever Medications	
Short-acting, inhaled beta-2 agonists	▪ Albuterol ▪ Levalbuterol

HEDIS® Measures Medication Tables: APP

Antipsychotic Medications	
Description	**Prescription**
Miscellaneous antipsychotic agents	▪ Aripiprazole ▪ Asenapine ▪ Brexpiprazole ▪ Carprazine ▪ Clozapine ▪ Haloperidol ▪ Iloperidone ▪ Loxapine ▪ Lurasidone ▪ Molindone ▪ Olanzapine ▪ Paliperidone ▪ Pimozide ▪ Quetiapine ▪ Risperidone ▪ Ziprasidone
Phenothiazine antipsychotics	▪ Chlorpromazine ▪ Fluphenazine ▪ Perphenazine ▪ Thioridazine ▪ Trifluoperazine
Thioxanthenes	▪ Thiothixene
Long-acting injections	▪ Aripiprazole ▪ Aripiprazole lauroxil ▪ Fluphenazine decanoate ▪ Olanzapine ▪ Haloperidol decanoate ▪ Risperidone ▪ Paliperidone palmitate

HEDIS® Measures Medication Table: COU, HDO, UOP

Opioid Medications	
Description	**Prescription**
Benzhydrocodone	▪ Acetaminophen Benzhydrocodone
Buprenorphine (transdermal patch and buccal film)	▪ Buprenorphine
Butorphanol	▪ Butorphanol
Codeine	▪ Acetaminophen Butalbital Caffeine Codeine ▪ Acetaminophen Codeine ▪ Aspirin Butalbital Caffeine Codeine ▪ Aspirin Carisoprodol Codeine ▪ Aspirin Codeine ▪ Codeine Phosphate ▪ Codeine Sulfate
Dihydrocodeine	▪ Acetaminophen Caffeine Dihydrocodeine ▪ Aspirin Caffeine Dihydrocodeine
Fentanyl	▪ Fentanyl
Hydrocodone	▪ Acetaminophen Hydrocodone ▪ Hydrocodone ▪ Hydrocodone Ibuprofen
Hydromorphone	▪ Hydromorphone
Levorphanol	▪ Levorphanol
Meperidine	▪ Meperidine ▪ Meperidine Promethazine
Methadone	▪ Methadone
Morphine	▪ Morphine ▪ Morphine Naltrexone
Opium	▪ Opium ▪ Belladonna Opium
Oxycodone	▪ Acetaminophen Oxycodone ▪ Aspirin Oxycodone ▪ Ibuprofen Oxycodone ▪ Oxycodone
Oxymorphone	▪ Oxymorphone
Pentazocine	▪ Naloxone Pentazocine
Tapentadol	▪ Tapentadol
Tramadol	▪ Tramadol ▪ Acetaminophen-Tramadol

HEDIS® Medication Table: EED, KED, SMD, SPD, SUPD

Diabetes Medications	
Description	**Prescription**
Alpha-glucosidase inhibitors	■ Acarbose ■ Miglitol
Amylin analogs	■ Pramlintide
Antidiabetic combinations	■ Alogliptin-metformin ■ Ertugliflozin-sitagliptin ■ Alogliptin-pioglitazone ■ Glimepiride-pioglitazone ■ Canagliflozin-metformin ■ Glipizide-metformin ■ Dapagliflozin-metformin ■ Glyburide-metformin ■ Dapaglaflozin-saxagliptin ■ Linagliptin-metformin ■ Empagliflozin-linagliptin ■ Metformin-pioglitazone ■ Empagliflozin-linagliptin-metformin ■ Metformin-repaglinide ■ Metformin-rosiglitazone ■ Empagliflozin-metformin ■ Metformin-saxagliptin ■ Ertugliflozin-metformin ■ Metformin-sitagliptin
Insulin	■ Insulin aspart ■ Insulin aspart-insulin aspart protamine ■ Insulin degludec ■ Insulin degludec-liraglutide ■ Insulin detemir ■ Insulin glargine ■ Insulin glargine-lixisenatide ■ Insulin glulisine ■ Insulin isophane human ■ Insulin isophane-insulin regular ■ Insulin lispro ■ Insulin lispro-insulin lispro protamine ■ Insulin regular human ■ Insulin human inhaled
Meglitinides	■ Nateglinide ■ Repaglinide
Biguanides	■ Metformin

HEDIS® Medication Table: EED, KED, SMD, SPD, SUPD *(Continued)*

Diabetes Medications	
Description	**Prescription**
Glucagon-like peptide-1 (GLP1) agonists	■ Albiglutide ■ Dulaglutide ■ Lixisenatide ■ Liraglutide (excluding Saxenda®) ■ Semaglutide ■ Exenatide
Sodium glucose costransporter 2 (SGLT2) inhibitor	■ Canagliflozin ■ Empagliflozin ■ Ertugllflozin ■ Dapagliflozin (excluding Farxiga®)
Sulfonylureas	■ Chlorpropamide ■ Glimepiride ■ Glipizide ■ Glyburide ■ Tolazamide ■ Tolbutamide
Thiazolidinediones	■ Piogliaizone ■ Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	■ Alogliptin ■ Linagliptin ■ Saxagliptin ■ Sitagliptin

HEDIS® Measures Medication Table: OMW

Osteoporosis Medications	
Description	**Prescription**
Bisphosphonates	■ Alendronate ■ Alendronate-cholecalciferol ■ Ibandronate ■ Risedronate ■ Zoledronic acid
Other agents	■ Abaloparatide ■ Denosumab ■ Raloxifene ■ Romosozumab ■ Teriparatide

HEDIS® Measures Medication Table: PCE

Bronchodilator Medications	
Description	**Prescription**
Anticholinergic agents	▪ Aclidinium bromide ▪ Tiotropium ▪ Ipratropium ▪ Umeclidinium
Beta 2-agonists	▪ Albuterol ▪ Arformoterol ▪ Formoterol ▪ Indacaterol ▪ Levalbuterol ▪ Metaproterenol ▪ Olodaterol ▪ Salmeterol
Bronchodilator combinations	▪ Albuterol-ipratropium ▪ Budesonide-formoterol ▪ Fluticasone-salmeterol ▪ Fluticasone-vilanterol ▪ Fluticasone furoate-umeclidinium-vilanterol ▪ Formoterol-aclidinium ▪ Formoterol-glycopyrrolate ▪ Formoterol-mometasone ▪ Glycopyrrolate-indacaterol ▪ Olodaterol-tiotropium ▪ Umeclidinium-vilanterol

Systemic Corticosteroids Medications	
Description	**Medication**
Glucocorticoids	▪ Cortisone ▪ Dexamethasone ▪ Hydrocortisone ▪ Methylprednisolone ▪ Prednisolone ▪ Prednisone

HEDIS® Measures Medication Table: POD

Opioid Use Disorder Treatment Medications	
Description	**Prescription**
Antagonist	▪ Naltrexone (oral) ▪ Naltrexone (injectable) ▪ Methadone (oral)
Partial Agonist	▪ Buprenorphine (sublingual tablet) ▪ Buprenorphine (injection) ▪ Buprenorphine (implant) ▪ Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

HEDIS® Measures Medication Table: SAA

Dementia Medication

Description	Prescription
Cholinesterase inhibitors	▪ Donepezil ▪ Galantamine ▪ Rivastigmine
Miscellaneous central nervous system agents	▪ Memantine
Dementia combinations	▪ Donepezil-memantine

Oral Antipsychotic

Description	Prescription
Miscellaneous antipsychotic agents (oral)	▪ Aripiprazole ▪ Asenapine ▪ Brexpiprazole ▪ Carprazine ▪ Clozapine ▪ Haloperidol ▪ Iloperidone ▪ Loxapine ▪ Lumateperone ▪ Lurasidone ▪ Molindone ▪ Olanzapine ▪ Paliperidone ▪ Quetiapine ▪ Risperidone ▪ Ziprasidone
Phenothiazine antipsychotics (oral)	▪ Chlorpromazine ▪ Fluphenazine ▪ Perphenazine ▪ Prochlorperazine ▪ Thioridazine ▪ Trifluoperazine
Psychotherapeutic combinations (oral)	▪ Amitriptyline-perphenazine
Thioxanthenes (oral)	▪ Thiothixene

HEDIS® Measures Medication Table: SAA *(Continued)*

Long-Acting Injections

Description	Prescription
Long-acting injections 14 days supply	▪ Risperidone (excluding Perseris®)
Long-acting injections 28 days supply	▪ Aripiprazole ▪ Aripiprazole lauroxil ▪ Fluphenazine decanoate ▪ Haloperidol decanoate ▪ Olanzapine ▪ Paliperidone palmitate
Long-acting injections 30 days supply	▪ Risperidone (Perseris®)

HEDIS® Measures Medication Tables: SPC, SPD, SUPD

Statin Therapy Medications

Description	Prescription
High-Intensity Statin Therapy	▪ Atorvastatin 40-80mg ▪ Amlodipine-atorvastatin 40-80mg ▪ Rosuvastatin 20-40mg ▪ Simvastatin 80mg ▪ Ezetimibe-simvastatin 80mg
Moderate-Intensity Statin Therapy	▪ Atorvastatin 10-20mg ▪ Amlodipine-atorvastatin 10-20mg ▪ Rosuvastatin 5-10mg ▪ Simvastatin 20-40mg ▪ Ezetimibe-Simvastatin 20-40mg ▪ Pravastatin 40-80mg ▪ Lovastatin 40mg ▪ Fluvastatin 40-80mg ▪ Pitavastatin 1-4 mg
Low-Intensity Statin Therapy (SPD only)	▪ Ezetimibe-simvastatin 10 mg ▪ Fluvastatin 20mg ▪ Lovastatin 10-20mg ▪ Pravastatin 10-20mg ▪ Simvastatin 5-10mg

Notes

Call Provider Services at 866-296-8731 or visit:
Buckeye Provider Home Page

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