HEDIS® 2025
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,

R Blh MD

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 standard 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.

Transition to ECDS Only Reporting

Over the last several years, NCQA has added the option to report the ECDS (Electronic Clinical Data Systems) reporting standard for several existing HEDIS measures alongside traditional HEDIS reporting. This allows health plans to assess their ECDS reporting capabilities and represents a step forward in adapting HEDIS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement. Based on these results, NCQA has announced the transition of several measures to ECDS-only. The major reporting change to be aware of is that traditional hybrid measures (COL, CIS, IMA, CCS) that transition to ECDS-only will no longer use the annual chart retrieval process to demonstrate compliance. All compliance from medical records must be processed through prospective supplemental data. The data sources for ECDS are Electronic Health Records, Health Information Exchanges, Case Management Systems and Administrative Claims. For more information on ECDS and the data allowed for compliance, please refer to the **HEDIS Electronic Clinical Data Systems Reporting**. ECDS measures can be identified with an -E after the measure abbreviation.

In this reference guide for 2025, the following measures are ECDS (ADD-E, APM-E, BCS-E, CCS-E, CIS-E, COL-E, and IMA-E).

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.

The 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.
     - ✔ 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.

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

- 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.
  - ✔ 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.
     - ✔ 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.

CPA: CAHPS Health Plan Survey, Adult (Continued)

- 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 parents' 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:

- 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.

CPC: CAHPS Health Plan Survey, Child (Continued)

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.

    ✔ 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.

    ✔ 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.

CPC: CAHPS Health Plan Survey, Child (Continued)

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 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 than expected, same as expected or worse than expected, considering death and 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 general indication of how the Medicare Organization is managing their members' 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.
- Reported having urine leakage in the past six months and who discussed treatment options for their urinary incontinence with a healthcare provider.
- Reported having urine leakage in the past six months and who 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)*

- Had a doctor's visit in the past 12 months and who 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 practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.
- Had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner 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.
- 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 age 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 measurement 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

Exclusion: Members who use hospice services/benefits or who die any time during the measure 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 112.

AAP: Adults' Access to Preventive/Ambulatory Health Services

Product Line: Medicaid, Medicare, Marketplace

Members age 20 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, 99242-99245, 99304-99310, 99315-99316, 99341-99342, 99344-99345, 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: 0510-0511, 0513-0517, 0519-0529, 0982-0983
	ICD-10-CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.84, Z02.89, Z02.9, Z76.1, Z76.2

Exclusion: Members who use hospice services/benefits or who die any time during the measure year.

HEDIS® Improvement Tips:

- Schedule an annual or follow-up visit before the patient leaves the office.
- Medicaid visits can be scheduled at the start of each calendar year.
- Educate the member on the importance of preventive screenings and address all open care gaps:
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Controlling Blood Pressure
- Diabetes Measures

AAP: Adults' Access to Preventive/Ambulatory Health Services *(Continued)*

- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Order lab tests to be completed prior to visit.
- Use Modifier 25 to combine sick and well visits.
- Medicare members should have an annual wellness visit completed yearly (codes: G0438, G0439) to meet and discuss their health and to create a personalized prevention plan.
- Medicare Advantage plans allow for a comprehensive physical examination to screen for disease and promote preventative care, topics to include:
  - Important cancer screenings
  - Care of older adults
  - Adult vaccinations
  - Diabetes-related care (eye exam, blood pressure monitoring, HbA1c testing, kidney function tests, medication adherence and medical attention for nephropathy).

ADD-E: Follow-Up Care for Children Prescribed ADHD Medication

Product Line: Medicaid, Marketplace

Children 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 ages 6-12 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 ages 6-12 with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days, in addition to the visit in the Initiation Phase, had at least two 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				

ADD-E: 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:** 98970-98972, 98980-98981, 99421-99423, 99457-99458
	HCPCS: G0071, G2010, G2012, G2250-G2252

Exclusion: Members diagnosed with narcolepsy, members who used hospice services/benefits or members who died 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 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. Patient should be monitored for treatment emergent side effects.

- Educate caregiver(s) on 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/Hypertension/Diabetes Medications

Product Line: Medicare

This measure is defined as the percent of Medicare Part D beneficiaries, ages 18 and older who fill their prescriptions during the measure year enough to cover 80% or more of the time they are supposed to be taking the medication and have:

- Coronary artery disease (CAD) who was prescribed a statin, or
- Hypertension who was prescribed a RAS antagonist or an angiotensin converting enzyme inhibitor (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

Exclusions:

- Members with one or more prescription claims for insulin during the treatment period.
- Members with one or more prescriptions for sacubitril/valsartan.
- Members enrolled in hospice.
- ESRD or dialysis diagnosis.

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.

AMR: Asthma Medication Ratio

Product Line: Medicaid, Marketplace

Members ages 5–64 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:** J45.21, J45.22
Mild Persistent	**ICD-10:** J45.30, J45.31, J45.32
Moderate Persistent	**ICD-10:** J45.40, J45.41, J45.42
Severe Persistent	**ICD-10:** J45.50, J45.51, J45.52
Other/Unspecified	**ICD-10:** J45.901, J45.902, J45.909, J45.991, J45.998

Exclusions:

- Members who had a diagnosis that required a different treatment approach than members with asthma any time during the member's history through December 31 of the measurement year.
- Members who had no asthma controller or reliever medications dispensed during the measurement year.
- Members who use hospice services/benefits or who die any time during the measure year.

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, how to use the inhaler and possible side effects. Advise member to call the prescriber'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 as acute bronchitis or COPD.
- Consider Single Maintenance and Reliever Therapy (SMART).
- Offer a 100-day supply of medication to member, 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 member leaves the office.
-

APM-E: Metabolic Monitoring for Children and Adolescents on Antipsychotics

Product Line: Medicaid, Marketplace

Children and adolescents ages 1–17 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, 96259-7
Cholesterol Lab Test other than LDL	**CPT:** 82465, 83718, 83722, 84478
	LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

Do not include a modifier with CPT-CAT-II codes

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

Exclusion: Members who use hospice services/benefits or who die 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 1–17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line of treatment.

IPSD: Index prescription start date. The earliest dispensing date for an antipsychotic medication where the date is in the intake period and there is a negative history.

Negative Medication History: A period of 120 days prior to the IPSD when the member had no antipsychotic medications dispensed for either new or refill prescriptions.

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/benefits or who die 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.
-

BCS-E: Breast Cancer Screening

Product Line: Medicaid, Medicare, Marketplace

Members ages 40–74 who were recommended for routine breast cancer screening and had one or more mammograms between October 1, two years prior, through 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:

- History of bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period.
- Members who had gender affirming chest surgery with a diagnosis of gender dysmorphia.
- Members ages 66 and older who are enrolled in a long-term institution or SNP, have frailty and advanced illness, and are receiving palliative care.
- Members who use hospice services/benefits or who die any time during the measurement period.

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 ages 40-74.
- Encourage all women ages 40–74 to get a mammogram because early detection of breast cancer is key to survival.
- 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.
- Document date of last mammogram screening at annual preventative visit.
- Follow up on outstanding orders when no report has been received.

BPD: Blood Pressure Control for Patients with Diabetes

Product Line: Medicaid, Medicare, Marketplace

Members ages 18–75 with diabetes (types 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**
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

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Members age 66 and older as of December 31 of the measurement year and who are enrolled in an Institutional SNP (I-SNP) at any time during the measurement year or living in a long-term institution (LTI) or with frailty and advanced illness.
- Members who use hospice services/benefits, receive palliative care or who 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 manual BP cuff and stethoscope.
- BP reading can be used from a common low-intensity or preventative procedure such as vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart removal, 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 and had time to sit after taken to exam room, 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.
- Educate patient on medication adherence, maintaining a log of at-home blood pressure readings and bring to each visit.

CBP: Controlling High Blood Pressure

Product Line: Medicaid, Medicare, Marketplace

Members ages 18–85 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

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Members 66 years and older as of December 31 of the measurement year and who are enrolled in an Institutional SNP (I-SNP) or living long-term in an institution (LTI) or with frailty and advanced illness at any time during the measurement year.

- Members who use hospice services/benefits, receive or has had an encounter for palliative care, diagnosis of pregnancy, ESRD or who die 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 reading 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 manual BP cuff and stethoscope.

- BP reading can be used from a common low-intensity or preventative procedure such as vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart removal, 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 and had time to sit after taken to exam room, 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.

- Educate patient on medication adherence, maintaining a log of at home blood pressure readings and bring to each visit.

CCS-E: Cervical Cancer Screening

Product Line: Medicaid, Marketplace

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

- Members ages 21-64 who had cervical cytology performed within the last three years.
- Members ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last five years prior.
- Members ages 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last five years.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Cervical Cytology Lab Test	**CPT:** 88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175
	HCPCS: G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091
High Risk 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 agenesis or acquired absence of cervix.
- Members who use hospice services/benefits, receive or has had an encounter for palliative care, or who die any time during the measurement period.

HEDIS® Improvement Tips:

- Implement standing orders for cervical cancer screening ages 21-64.
- Reassure that cervical cancer screening is safe and covered during pregnancy.
- Display culturally appropriate posters in waiting room encouraging members to talk to their provider about cervical cancer screening.
- Document the month, date, year and results of most recent test in the member's medical record.
- If documenting exclusions in the medical record in lieu of coding, documentation of hysterectomy must include additional notation of no residual cervix.

CHL: Chlamydia Screening

Product Line: Medicaid, Marketplace

Members ages 16–24 who were recommended for routine chlamydia screening, were identified as sexually active and who had at least one test for chlamydia during the measurement year.

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

Exclusions:

- Members who use hospice services/benefits or who die any time during the measure year.
- Members who were assigned male at birth.

HEDIS® Improvement Tips:

- Documentation should include notation of the visit, date test was performed and result of finding.
- Include appropriate sexual activity and contraceptive prescription codes prior to submitting claim.
- Consider opt-out/universal testing to screen member for chlamydia unless the member specifically declines testing. Testing can be done via a simple urine sample collected at check in.
- Utilize normalization language when discussing the importance of testing and that it is a part of routine women's healthcare.
- Adopt a no-missed-opportunity strategy by offering testing as least ANNUALLY, anytime a woman presents for care, including sick visits (ages 16-24).
- Educate women regarding the importance of chlamydia testing and potential complications of untreated infections such as ectopic pregnancy and infertility.

CIS-E: Childhood Immunization Status

Product Line: Medicaid, Marketplace

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
DTAP: diphtheria, tetanus, acellular pertussis, 4 doses	**CPT:** 90697-90698, 90700, 90723
	CVX: 20, 50, 106-107, 110, 120, 146, 198
IPV: polio vaccine, 3 doses	**CPT:** 90697-90698, 90713, 90723
	CVX: 10, 89, 110, 120, 146
MMR: measles, mumps, rubella, 1 dose	**CPT:** 90707, 90710
	CVX: 03, 94
	ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
HIB: H influenza B, 3 doses	**CPT:** 90644, 90647-90648, 90697-90698, 90748
	CVX: 120, 146, 148, 17, 198, 46-51
HepB: hepatitis B, 3 doses	**CPT:** 90697, 90723, 90740, 90744, 90747-90748
	HCPCS: G0010
	ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
	CVX: 08, 110, 146, 198, 44-45, 51
Newborn Hep B	**ICD-10:** 3E0234Z
VZV: chicken pox, 1 dose	**CPT:** 90710, 90716
	CVX: 21, 94
	ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
PCV: pneumococcal conjugate, 4 doses	**CPT:** 90670–90671, 90677
	HCPCS: G0009
	CVX: 109, 133, 152, 215, 216

CIS-E: Childhood Immunization Status *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
HepA: hepatitis A, 1 dose	**CPT:** 90633
	ICD-10: B15.0, B15.9
	CVX: 31, 83, 85
RV: rotavirus, 2 or 3 doses	**CPT:** 90680-90681
	CVX: 116, 119, 122
Influenza, 2 doses	**CPT:** 90655, 90657, 90660-90661, 90672-90674, 90685-90689, 90756
	CVX: 111, 140-141, 149-150, 153, 155, 158, 161, 171, 186, 88

Exclusions:

- Members who had a contraindication to a childhood vaccine on or before their second birthday.
- Members who use hospice services/benefits or who die any time during the measure year.
- Children who had organ and bone marrow transplants.

HEDIS® Improvement Tips:

- Educate office staff on the importance of scheduling appointments prior to the child reaching the 15- or 30-day mark.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- A strong recommendation for vaccination remains the most powerful for compliance with vaccination recommendations. 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 age 66 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.

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. May include person-reported outcome measures, screening or assessment tools or standardized questionnaires developed by the health plan to assess risks and needs.

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

Do not include a modifier with CPT-CAT-II codes

COA: Care for Older Adults *(Continued)*

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

HEDIS® Improvement Tips:

- The Functional Status Assessment does not require a specific setting, therefore, service rendered during a telephone visit, e-visit or virtual check-in meet criteria.
- Add notation that activities of daily living were assessed.
- Ensure the medication list is in the medical record and document if the member is not taking any medication.
- Both components must be assessed for the patient to be compliant for the measure.
- Utilize a standardized template to capture these measures for members age 66 and older.

COL-E: Colorectal Cancer Screening

Product Line: Medicaid, Medicare, Marketplace

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

The following screenings meet criteria:

- Fecal Occult Blood Testing (FOBT) during the measurement year.
- Flexible Sigmoidoscopy during the measurement year or four years prior.
- Colonoscopy during the measurement year or the nine years prior.
- CT colonography during the measurement year or the four years prior. Must be done by CT (MRI does not count).
- Stool DNA (sDNA) with FIT test during the measurement year or the two years prior.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Fecal Occult Blood Test (FOBT)	**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 Lab Test	**CPT:** 81528
CT Colonography	**CPT:** 74261-74263

Exclusions:

- Members who use hospice services/benefits or die any time during the measurement year.
- Members who had or has history of colorectal cancer or colectomy any time during the measurement year.
- Medicare members age 66 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, receiving palliative care, or frailty and advanced illness any time during the measurement year.

COL-E: Colorectal Cancer Screening *(Continued)*

HEDIS® Improvement Tips:

- Ensure the medical record includes a note indicating the date the procedure was completed (month/year); no result is needed.
- Obtain results if procedure was done at a specialty office or home testing vendor.
- Follow up with member for home testing to ensure completed and mailed back to vendor.
- Educate the member on the importance of colorectal screening.
- Reminder calls, emails, text messages or mailings can assist with ensuring patients do not miss scheduled appointment.
- Set care gap alerts in EMR.

COU: Risk of Continued Opioid Use

Product Line: Medicaid, Medicare, Marketplace

Members age 18 and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

- The percentage of members with 15 or more days of prescription opioids in a 30-day period.
- The percentage of members with 15 or more days of prescription opioids in a 62-day period.

(Note: A lower rate indicates better performance.)

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/benefits, receive palliative care or die 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 benefits do not outweigh 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 Health Plan'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 108.**

CWP: Appropriate Testing Pharyngitis

Product Line: Medicaid, Medicare, Marketplace

Members ages 3 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

Exclusion: Members who use hospice services/benefits or who die any time during the measure year.

HEDIS® Improvement Tips:

- Before prescribing antibiotics, test the member for group A strep when diagnosed with pharyngitis.
- Educate member or parents/guardians regarding 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 92.**

EED: Eye Exam for Patient with Diabetes

Product Line: Medicaid, Medicare, Marketplace

Members ages 18–75 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:** 92002, 92004, 92012, 92014, 92018-92019, 92134, 92201-92202, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245
	HCPCS: S0620, S0621, S3000
Retinal Imaging	**CPT:** 92227-92228
Automated Eye Exam	**CPT:** 92229
Diabetic Retinal Screening Negative in Prior Year	**CPT II:** 3072F
Eye Exam w/o Evidence of Retinopathy	**CPT II:** 2023F, 2025F, 2033F
Eye Exam with Evidence of Retinopathy	**CPT II:** 2022F, 2024F, 2026F

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Members age 66 and older as of December 31 of the measurement year enrolled in an Institutional SNP, long-term institution, using hospice services/benefits, receiving palliative care, or who die any time during the measurement year.
- Members age 66 and older as of December 31 of measurement year with frailty and advanced illness.
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year, unilateral eye enucleation, two unilateral eye enucleations 14 days or more apart, left and right unilateral eye enucleation on the same or different dates of service.

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

HEDIS® Improvement Tips:

- A documented note or letter in patient's chart <u>signed by an eye care provider</u> indicating the ophthalmoscopic exam was completed with date and results.
- A retinal or dilated eye exam done by an eye care professional in the measurement year.
- Documented photograph in patient's chart with <u>date the fundus photography was performed</u> and resulted by an eye care provider.
- 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 98.**

FRM: Fall Risk Management

Product Line: Medicare

Members age 65 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 had 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 age 13 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).

Note: The visit can be with any practitioner if the claim includes a diagnosis of SUD (e.g., F10.xx-F19.xx), substance use or drug overdose (e.g.,T40-T43, T51). If the visit occurs with a mental health provider, the claim does not have to include the SUD, substance use or drug overdose diagnosis.

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
			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			

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
PHP/IOP	**HCPCS:** G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485
	UBREV: 0905, 0907, 0912-0913
Peer Support Services	**HCPCS:** G0140, G0177, H0024-H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
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
E-visit or Virtual check-in	**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
Substance Abuse Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51
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.

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

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 age 6 and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and who had a mental health follow-up service. 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
			Residential	**POS:** 56
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			
Telephone	**CPT:** 98966-98968, 99441-99443			
Peer Support Services	**HCPCS:** G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016			

FUH: Follow-up after Hospitalization 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
			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, 1001			
Residential Behavioral Health	**HCPCS:** H0017-H0019, T2048			
Psychiatric Collaborative Care Management	**CPT:** 99492-99494			
	HCPCS: G0512			

Exclusions:

- Members who use hospice services/benefits or who die any time during the measure year.
- Discharges followed by readmission or direct transfer to a non-acute 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 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.

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 Facility	**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			

FUI: Follow-up After High-Intensity Care for Substance Use Disorder *(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
E-visit or Virtual Check in	**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
Behavioral Health Assessment	**CPT:** 99408-99409
	HCPCS: G0396-G0397, G0442, G2011, H0001-H0002, H0031, H0049
Substance Abuse Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51

Exclusions:

- Members who use hospice services/benefits or who die any time during the measure year.
- Withdrawal management events.

FUI: Follow-up After High-Intensity Care for Substance Use Disorder *(Continued)*

HEDIS® Improvement Tips:

- Schedule 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.
- Timely follow-up and continuity of care following a high intensity event for a diagnosis of SUD is critical.

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

Product Line: Medicaid, Medicare, Marketplace

The percentage of emergency department (ED) visits for members age 6 and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, who had a follow-up visit for mental health. 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
			Psychiatric residential tx.	**POS:** 56
			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			
Peer Support Services	**HCPCS:** G0140, G0177, H0024-H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012-T1016			

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

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
E-visit or Virtual Check In	**CPT:** 98970-98972, 98980-98981, 99421-99423, 99457-99458			
	HCPCS: G0071, G2010, G2012, G2250-G2252			
Psychiatric Collaborative Care Management	**CPT:** 99492-99494			
	HCPCS: G0512			
Psychiatric Residential Treatment	**HCPCS:** H0017-H0019, T2048			
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919, 1001			
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 who use hospice services/benefits or who die any time during the measure year.

HEDIS® Improvement Tips:

- The member must have a follow-up mental health visit within 7 days 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 any diagnosis of a mental health disorder meet requirement for visit.

GSD: Glycemic Status Assessment for Patients With Diabetes

Product Line: Medicaid, Medicare, Marketplace

Members ages 18-75 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%)

Do not include a modifier with CPT-CAT-II codes

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.
- Members who use hospice services/benefits, receive palliative care or who die any time during the measurement year.

HEDIS® Improvement Tips:

- Schedule new labs prior to appointments to assist with compliance.
- Ensure "test completed" code is used for all new tests ordered.
- Notate REVIEWED result from past visit in medical record.
- Check HbA1c at minimum quarterly if uncontrolled.
- Consider a case management referral for high-risk patients.
- Adjust therapy as indicated to improve A1c levels.
- Educate patients about the importance of routine screenings and medication compliance.

GSD: Glycemic Status Assessment for Patients With Diabetes *(Continued)*

- Review diabetic services at each office visit and identify any barriers the patient may have in completing the treatment plan.
- Low rates of glycemic status >9% indicate better care.
- The last HbA1c test of the year is used for this measure.
- Buckeye has removed prior authorization for CGMs through Rx and DME benefits.
- Outreach to patients who cancel appointments and reschedule them as soon as possible.
- **A Medication Table has been provided for this measure on page 95.**
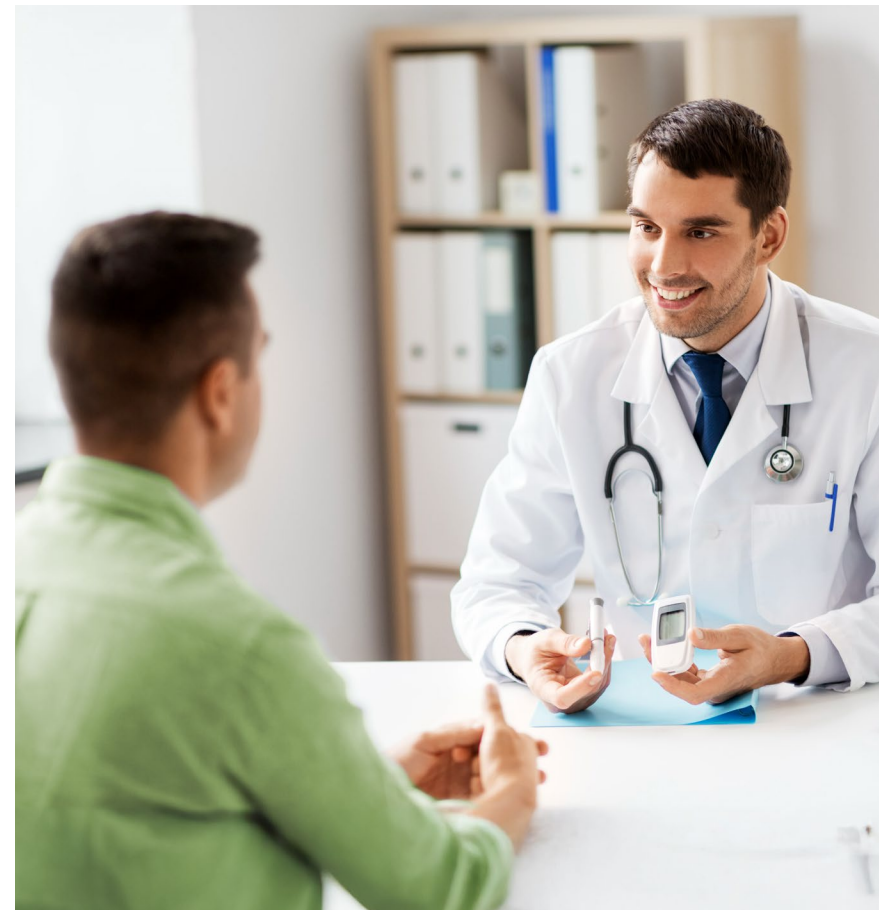
HDO: Use of Opioids at High Dosage

Product Line: Medicaid, Medicare, Marketplace

Members age 18 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/benefits 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 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 Health Plan's Pharmacy Lock-In Coordinated Services Program.
- A Medication Table has been provided for this measure on page 107.

IET: Initiation and Engagement of Substance Use Disorder Treatment

Product Line: Medicaid, Medicare, Marketplace

Adolescent and adult members age 13 years and older as of the episode date with a new substance use disorder (SUD) episode that results in treatment initiation and engagement.

(Note: Time frame for measure: (to capture episodes) November 15 of the year prior to the measurement year through November 14 of the measure year.)

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

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, S0201, 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, T1006, T1012
Substance Abuse Counseling and Surveillance	**ICD-10:** 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

Exclusion: Members who use hospice services/benefits or who die any time during the measure year.

HEDIS® Improvement Tips:

- Notify Buckeye Health Plan of new substance use disorder diagnoses. Case managers will assist in triaging the members to their treatment initiation visit.
- Schedule engagement visits before member leaves initiation visit.
- Inpatient stay for an SUD episode is considered initiation of treatment, then 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 (date of service on or between 10th and 13th birthday)	**CPT:** 90619, 90623, 90733-90734
Tdap (date of service on or between 10th and 13th birthday)	**CPT:** 90715
	CVX: 115
HPV (date of service on or between 9th and 13th birthday and dates of service at least 146 days apart)	**CPT:** 90649-90651
	CVX: 118, 137, 165, 62

Exclusion: Members who use hospice services/benefits or who die any time during the measure year.

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.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- 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 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 received a kidney health evaluation by estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR) 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, 102097-3
AND	
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	Both tests required with service dates 4 days or less	**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		**CPT:** 82570
		LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

Exclusions:
- Members with an existing diagnosis of ESRD and/or a history of dialysis.
- Members who use hospice services/benefits, receive palliative care or who die any time during the measurement year.
- Members age 66 and older of the measurement year in an institution SNP or long-term institution.
- Members ages 66-80 with frailty and advanced illness.

HEDIS® Improvement Tips:
- Member must receive both an eGFR and uACR test to meet compliance for the measure.
- Encourage member to be ready to provide sample at visit check in.
- Review medical records prior to visit and remind member to complete lab test ordered.
- Educate member on importance of kidney health with a diabetes diagnosis.
- A Medication Table has been provided for this measure on page 100.

LBP: Use of Imaging Studies for Low Back Pain

Product Line: Medicaid, Medicare, Marketplace

Members ages 18–75 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.

(Note: The measure is reported as an inverted rate, higher score indicates appropriate treatment of low back pain.)

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:** 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, S39.012, S39.092, S39.82, S39.92

Exclusions:

Members who meet any of the following criteria:

- Cancer, HIV, history of organ transplant, osteoporosis or spondylopathy, lumbar surgery or medication treatment for osteoporosis, any time during the member's history through 28 days after the IESD.
- IV drug abuse, neurological impairment or spinal infection any time during the 365 days prior to the IESD 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.
- Trauma or fragility fracture any time during the 90 days prior to the IESD through 28 days after the IESD.

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

- Members who die any time during the measure year.
- Members age 66 and older as of December 31 of the measure year with frailty and advanced illness.

HEDIS® Improvement Tips:

- Provide patient education on cautious measures for pain relief, such as stretching exercises, activity level and use of heat.
- If medically appropriate, provide a physical therapy referral, including massage, stretching, strengthening exercises and manipulation.
- Use complete and accurate codes.
- Submit all claims/encounters data in a timely manner.

LSC: Lead Screening in Children

Product Line: Medicaid

Children age 2 who had more than one capillary or venous lead blood screening for lead poisoning prior to 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, 5674-7, 77307-7

Exclusion: Members who use hospice services/benefits or who die during the measurement period.

HEDIS® Improvement Tips:

- Documentation in the medical record must include both of the following:
  - a note indicating the date the test was performed, and
  - the result or finding
- Results of "unknown" are not acceptable.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- Educate parents/guardians on the risk and sources of lead in the home. Completion of a risk questionnaire alone does not meet requirements for this measure.
- Provide preventive screening during sick visit.

OED: Oral Evaluation, Dental Services

Product Line: Medicaid

Members under age 21 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

Exclusion: Members who use hospice services/benefits or who die any time during the measure year.

HEDIS® Improvement Tips:

- Educate parent(s)/guardian(s) and member of the importance of good oral hygiene, especially in starting at an early age. Schedule dental visits as young as age 2.

- Buckeye Health Plan covers (2) periodic oral exams and cleanings per year.

- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.

- 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.

- Transportation to and from dental appointments available for all Buckeye members. Contact member service for more details.

OMW: Osteoporosis Management in Women Who Had a Fracture

Product Line: Medicare

Women ages 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.

Note: Measurement period is July 1 of the year prior to the measurement year to June 30 of the measure year to capture the first 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
Osteoporosis Medication Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications	**HCPCS:** J0897, J1740, J3489

Exclusions:

- Members who use hospice services/benefits, receive palliative care or who die any time during the measurement year.

- Members ages 67-80 who are diagnosed with frailty and advanced illness during the measurement year.

- Members age 67 or older who are enrolled in the institutional SNP or living long-term in an institution any time during the measurement year.

HEDIS® Improvement Tips:

- Assist members with scheduling their bone mineral density test.

- Educate member on importance of prevention such as 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 women members ages 67-85 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.

OMW: Osteoporosis Management in Women Who Had a Fracture *(Continued)*

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

- Identify any barriers that are preventing member from getting the test.

- Remind members to complete Release of Information (ROI), if needed so primary care provider can get the BMD results.

- For members without visit or missing annual wellness visit in the current year, use the quality care gaps report to call them and schedule the annual wellness visit.

- A Medication Table has been provided for this measure on page 103.

PCE: Pharmacotherapy Management of COPD Exacerbation

Product Line: Medicaid, Medicare, Marketplace

The percentage of COPD exacerbations for members age 40 and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year 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.

Term	Definition
Episode date	The date of service for any acute inpatient discharge or ED visit during the intake period with a principal diagnosis of COPD.
Active Prescription	A prescription is considered active if the "days supply" indicated on the date when the member was dispensed the prescription is the number of days or more between that date and relevant date. - For any acute inpatient stay, the relevant date is the date of admission. - For an ED visit, the relevant date is the date of service.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Chronic Bronchitis	**ICD-10:** J41.0, J41.1, J41.8, J42
Emphysema	**ICD-10:** J43.0, J43.1, J43.2, J43.8. J43.9
COPD and Other	**ICD-10:** J44.0, J44.1, J44.81, J44.89, J44.9

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

PCE: Pharmacotherapy Management of COPD Exacerbation *(Continued)*

HEDIS® Improvement Tips:

- Outreach and schedule a follow-up visit with members within 7 to 14 days of ED or inpatient discharge to review instructions and ensure member has filled and is taking medications as prescribed.
- 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 call the prescriber'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.
-

PCR: Plan All Cause Readmissions

Product Line: Medicaid, Medicare, Marketplace

Members age 18 and older, the 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 an 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

Exclusion: Members who use hospice services/benefits during the measurement year.

HEDIS® Improvement Tips:

- Identify high hospital utilizers and other high-risk members and partner with Buckeye Health Plan to manage their care.

- Ensure members are understanding 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 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 they understand their discharge instructions and any concerns are addressed at that time.

POD - Pharmacotherapy for Opioid Use Disorder

Product Line: Medicaid, Medicare, Marketplace

The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members age 16 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

Exclusion: Members who use hospice services/benefits or who die during the measurement period.

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.

- **A Medication Table has been provided for this measure on page 105.**

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:** Deliveries that had 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, 99242-99245, 99421-99423, 99441-99443, 99457- 99458, 99483, 99500, 59400, 59425, 59426, 59510, 59610, 59618
	HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015, H1000-H1005
	CPT II: 0500F, 0501F, 0502F
Postpartum Visits	**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
	CPT: 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 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

Do not include a modifier with CPT-CAT-II codes

Exclusion: Members who use hospice services/benefits or who die any time during the measure year.

PPC: Prenatal and Postpartum Care *(Continued)*

HEDIS® Improvement Tips:

- Educate patients on the importance of keeping each postpartum visit.
- Remind patients of upcoming appointment by making calls or sending text messages.
- Prenatal visit performed by an OB/GYN, other prenatal practitioner or PCP meet criteria.
- A note documenting 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.
  - Documentation of 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** online resources to address any social determinants of health needs affecting the members follow through with recommended care in the postpartum period.

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Product Line: Medicaid, Medicare, Marketplace

Members age 18 and older during the measurement year with schizophrenia or schizoaffective disorder who 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
Includes Oral Antipsychotic Medications and Long Acting Injections found in the Medication Tables.	

Exclusions:

- Members with dementia diagnosis.
- Did not have at least two antipsychotic medication dispensing events.
- Members who use hospice services/benefits or who die within the measurement period.
- Members ages 66-80 who are diagnosed with frailty and advanced illness during the measurement year.
- Members age 81 and older with at least two indications of frailty, with different dates of service during the measurement year.
- Members age 66 and older who are enrolled in an institutional SNP or living in a long-term institution any time during the measurement year.

HEDIS® Improvement Tips:

- Educate the member on 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 prescriber'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 110.
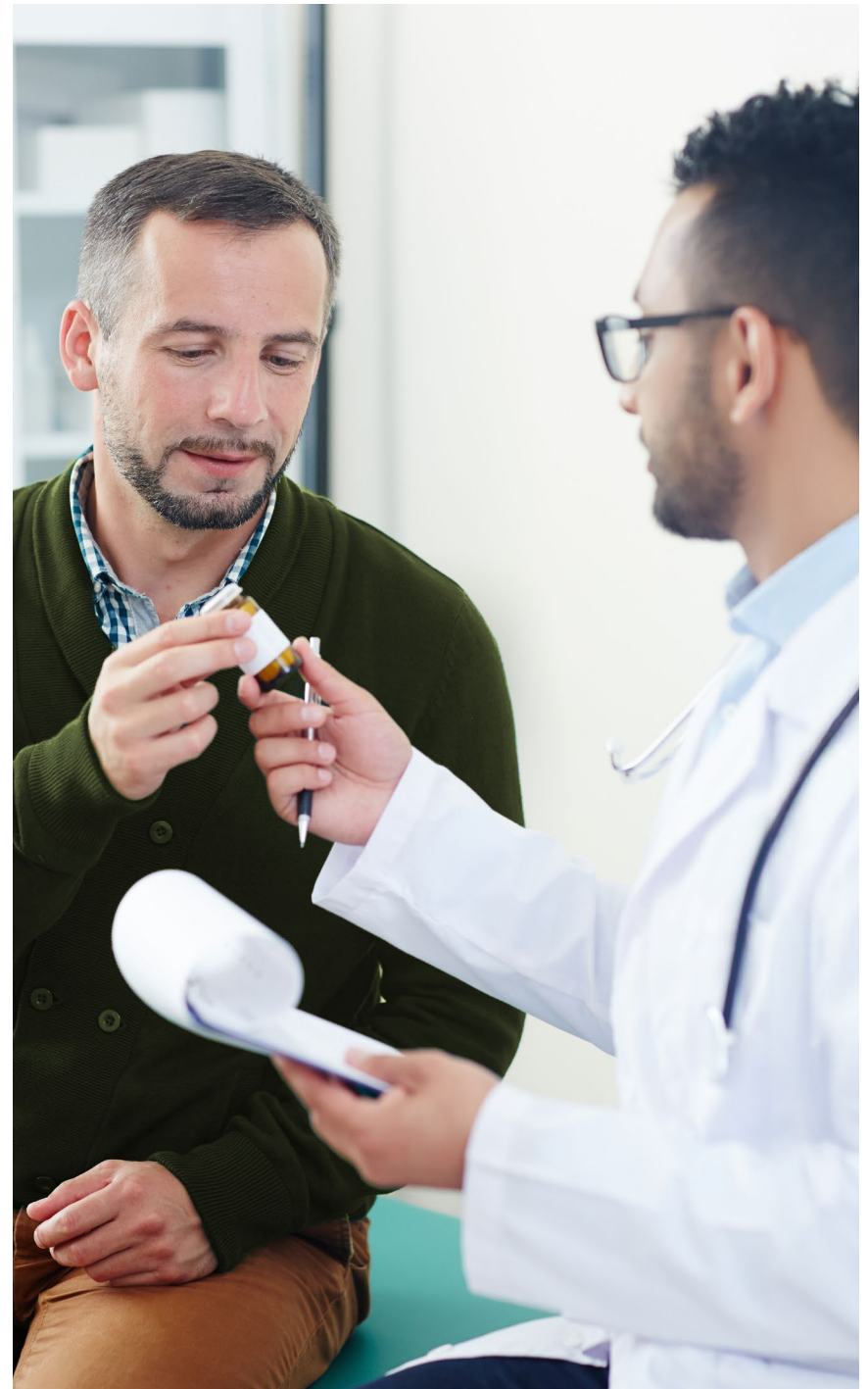
SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Product Line: Medicaid

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

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

Do not include a modifier with CPT-CAT-II codes

Exclusion: Members who use hospice services/benefits or 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 member 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 18-64 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 Lab Test	**CPT:** 83036-83037
HbA1c Test Result or Finding	**CPT II:** 3044F (<7.0%), 3046F (>9.0%), 3051F (≥7.0% - <8.0%), 3052F (≥8.0% - ≤9.0%)
LDL-C Lab Test	**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

Do not include a modifier with CPT-CAT-II codes

Exclusion: Members who use hospice services/benefits or who die any time during the measure 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 member has completed all A1c and LDL testing by December 31 each year.

- NCQA does not specify the type of provider who can submit or review diabetes testing results.

SPC: Statin Therapy for Patients with Cardiovascular Disease

Product Line: Medicaid, Medicare, Marketplace

The percentage of males ages 21-75 and females ages 40-75 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-intensity or moderate-intensity statin medication during the measurement year.

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

Exclusions:

- Members who use hospice services/benefits or who die during the measurement period.

- Members with a diagnosis of pregnancy 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, dialysis or cirrhosis during the measurement year or the year prior to the measurement year.

- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.

- Myalgia or rhabdomyolysis caused by a statin during the measurement year.

- Members receiving or had an encounter for palliative care.

- Members age 66 and older living in a long-term institution, SNP or with frailty and advanced illness.

HEDIS® Improvement Tips:

- At each visit, 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.

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

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

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

-

SPD: Statin Therapy for Patients with Diabetes

Product Line: Medicaid, Medicare, Marketplace

The percentage of members ages 40-75 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:

- Members discharged from an inpatient setting with MI, who had CABG or PCI or other revascularization during the year prior to the measurement year.

- Members with a diagnosis of IVD during both the measurement year and the year prior to the measurement year.

- Members with a diagnosis of pregnancy 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, dialysis or cirrhosis during the measurement year or the year prior to the measurement year.

- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.

- Myalgia or rhabdomyolysis caused by a statin during the measurement year.

- Members receiving or who had an encounter for palliative care.

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

- Members age 66 and older living in a long-term institution, enrolled in an institutional SNP or with frailty and advanced illness.

- Members who use hospice services/benefits or who die during the measurement period.

HEDIS® Improvement Tips:

- At each visit, 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 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 member, if stable.

- Encourage member to sign up for mail order 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 annual visit or follow-up visit before 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 18-64 with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measure year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Glucose Lab Test	**CPT:** 80047-80050, 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%)

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Members who are diagnosed with diabetes.
- Members who had no antipsychotic medications dispensed during the measure year.
- Members who use hospice services/benefits or who die any time during the measurement 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 and 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 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 40-75 who were dispensed at least two diabetes medication fills on unique dates 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 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 member, if stable.
- Encourage 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 annual visit or follow-up visit before member leaves the office.
- **A Medication Table has been provided for this measure on page 116.**

TFC: Topical Fluoride for Children

Product Line: Medicaid

The percentage of members ages 1-4 who received at least two fluoride varnish applications on different dates of service during the measurement year.

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

Exclusion: Members who use hospice services/benefits or who die any time during the measure year.

HEDIS® Improvement Tips:

- Educate parent(s)/guardian(s) and member of the importance of good oral hygiene, especially in starting at an early age. Schedule dental visits as young as age 2.

- Can be applied by a PCP or other qualified health professional as well as a dental provider on different dates of service.

- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.

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

- Schedule follow-up visit before member leaves the office for application of fluoride varnish by PCP.

- Transportation to and from dental appointments available for all Buckeye members. Contact member service for more details.

TRC: Transitions of Care

Product Line: Medicare

Discharges for members age 18 and older who had each of the following. Four rates are reported:

- **Notification of 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, 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).

Term	Definition
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**
Patient Engagement after Inpatient Discharge	Transitional Care Management Services	**CPT:** 99495, 99496
	Outpatient and Telehealth	**CPT:** 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483

TRC: Transitions of Care *(Continued)*

Use Appropriate Billing Codes*		*Codes subject to change
Description		**Codes**
Patient Engagement after Inpatient Discharge	Outpatient and Telehealth	**HCPCS:** G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, T1015
		UBREV: 0510-0511, 0513-0517, 0519-0523, 0526-0529, 0982-0983
Medication Reconciliation Post-Discharge		**CPT:** 99483, 99495, 99496
		CPT II: 1111F

Do not include a modifier with CPT-CAT-II codes

Exclusion: Members who use hospice services/benefits or who die 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.
- When an ED visit results in an inpatient admission, notification that a provider sent the member to the ED does not meet criteria. Evidence that the PCP or ongoing care provider communicated with the ED about the admission meets criteria.
  - 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 age 18 and older receiving a prescription for opioids for ≥15 days during the measurement year, who received opioids from multiple providers. Three rates are reported:

- **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).

(Note: A lower rate indicates better performance.)

Exclusion: Members who use hospice services/benefits 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 members 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 Health Plan'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:** J00, J06.0, J06.9

Exclusion: Members who use hospice services/benefits or who die any time during the measure year.

HEDIS® Improvement Tips:

- Be sure to use 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 virtual vs. bacterial respiratory infection and appropriate use of antibiotics.
-

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

Product Line: Medicaid, Marketplace

Members ages 3-17 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: Z71.3
Counseling for Physical Activity	**ICD-10:** Z02.5, Z71.82
	HCPCS: G0447, S9451

Exclusions:

- Members who have a diagnosis of pregnancy any time during the measurement year.
- Members who use hospice services/benefits or who die any time during the measure year.
- Laboratory claims (POS 81).

WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents *(Continued)*

HEDIS® Improvement Tips:

- Make sure to document child's BMI percentile, nutritional counseling and physical activity counseling during the annual visits. All **three** are required to close this care gap.
- Nutrition pertains to eating habits and behaviors (not appetite).
- BMI values or ranges are not acceptable, only percentiles. If plotted on chart, BMI Chart must be used (not age-growth chart).
- Include documentation if child/adolescent is counseled for weight or obesity.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- Take advantage of well child, sick and sports physical visits to complete this measure. Please ensure correct coding when billing.

WCV: Child and Adolescent Well-Care Visits

Product Line: Medicaid, Marketplace

Children and adolescents ages 3-21 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:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2

Exclusions:

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

HEDIS® Improvement Tips:

- Prevent missed opportunities! Take advantage 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 lend assistance with compliance for this measure.
- Set up alerts in your electronic medical record for when a member is due for their well-child exam.
- Don't forget recommended vaccinations during the visit.
- Components of a WCV should include a health history, physical development history and mental developmental history along with:
  - A physical exam (including height, weight and BMI percentile).
  - Health education and anticipatory guidance.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
  - Use Modifier EP on claims for new and established patients for well/preventative visit.
- Offering weekend, evening or walk-in hours can offer support to parents who cannot attend their child's well-child visit during typical daytime office hours.
- Medicaid wellness visits are covered every calendar year.
- 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	**CPT:** 99381-99385, 99391-99395, 99461
	HCPCS: G0438-G0439, S0302, S0610, S0612-S0613
Encounter for Well Care	**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2

Exclusions:

- Members who use hospice services/benefits or who die any time during the measure year.
- Excludes telehealth visits.
- Laboratory claims (POS 81).

HEDIS® Improvement Tips:

- Prevent missed opportunities by providing 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 newly assigned member to schedule appointments.
- Educate parents/guardians on the importance of routine preventative care visits.
- Medicaid provides 12 months of continuous eligibility following delivery for mother and child.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
  - Use Modifier EP on claims for new and established patients for well/preventative visit.
- Visit the Bright Futures website for more information about well-child visits: **AAP Bright Futures**.

Chlamydia Screening (CHL)

Description	Prescription
Contraceptives	■ Desogestrel-ethinyl estradiol ■ Dienogest-estradiol (multiphasic) ■ Drospirenone-ethinyl estradiol ■ Drospirenone-ethinyl estradiol-levomefolate (biphasic) ■ Ethinyl estradiol-ethynodiol ■ Ethinyl estradiol-etonogestrel ■ Ethinyl estradiol-levonorgestrel ■ Ethinyl estradiol-norelgestromin ■ Ethinyl estradiol-norethindrone ■ Ethinyl estradiol-norgestimate ■ Ethinyl estradiol-norgestrel ■ Etonogestrel ■ Levonorgestrel ■ Medroxyprogesterone ■ Norethindrone
Diaphragm	■ Diaphragm
Spermicide	■ Nonoxynol 9

Appropriate Testing for Pharyngitis (CWP)

AAB Antibiotic Medications	
Description	**Prescription**
Aminopenicillins	■ Amoxicillin ■ Ampicillin
Beta-lactamase inhibitors	■ Amoxicillin-clavulanate
First generation cephalosporins	■ Cefadroxil ■ Cefazolinl ■ Cephalexin
Folate antagonist	■ Trimethoprim
Lincomycin derivatives	■ Clindamycin
Macrolides	■ Azithromycinl ■ Clarithromycin ■ Erythromycin
Natural penicillins	■ Penicillin G benzathine ■ Penicillin G potassium ■ Penicillin G sodium ■ Penicillin V potassium
Quinolones	■ Ciprofloxacin ■ Levofloxacin ■ Moxifloxacin ■ Ofloxacin
Second generation cephalosporins	■ Cefaclor ■ Cefprozil ■ Cefuroxime
Sulfonamides	■ Sulfamethoxazole-trimethoprim
Tetracyclines	■ Doxycycline ■ Minocycline ■ Tetracycline
Third generation cephalosporins	■ Cefdinir ■ Cefixime ■ Cefpodoxime ■ Ceftriaxone

Pharmacotherapy Management of COPD Exacerbation (PCE)

Systemic Corticosteroid Medications

Description	Prescription
Glucocorticoids	▪ Cortisone ▪ Dexamethasone ▪ Hydrocortisone ▪ Methylprednisolone ▪ Prednisolone ▪ Prednisone

Bronchodilator Medications

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

Asthma Medication Ratio (AMR)

Asthma Controller 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
Long-acting beta2-adrenergic agonist (LABA)	▪ Fluticasone furoate-umeclidinium-vilanterol ▪ Salmeterol
Long-acting muscarinic antagonists (LAMA)	▪ Tiotropium
Methylxanthines	▪ Theophylline

Asthma Reliever Medications

Description	Prescription
Beta2 adrenergic agonist-corticosteroid combination	▪ Albuterol-budesonide
Short-acting, inhaled beta-2 agonists	▪ Albuterol ▪ Levalbuterol

Statin Therapy for Patients with Cardiovascular Disease (SPC)

High-and Moderate-Intensity Statin Medications	
Description	**Prescription**
High-intensity statin therapy	■ Atorvastatin 40-80mg ■ Rosuvastatin 20-40mg ■ Amlodipine-atorvastatin 40-80mg ■ Simvastatin 80mg ■ Ezetimibe-simvastatin 80mg
Moderate-intensity statin therapy	■ Atorvastatin 10-20mg ■ Rosuvastatin 5-10mg ■ Amlodipine-atorvastatin 10-20mg ■ Pitavastatin 1-4 mg ■ Simvastatin 20-40mg ■ Ezetimibe-Simvastatin 20-40mg ■ Pravastatin 40-80mg ■ Lovastatin 40mg ■ Fluvastatin 40-80mg
Statin Therapy (SPD only)	■ Ezetimibe-simvastatin 10 mg ■ Fluvastatin 20mg ■ Lovastatin 10-20mg ■ Pravastatin 10-20mg ■ Simvastatin 5-10mg

Glycemic Status Assessment for Patients with Diabetes (GSD)

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

Glycemic Status Assessment for Patients with Diabetes (GSD) *(Continued)*

Diabetes Medications	
Description	**Prescription**
Insulin	■ Insulin aspart ■ Insulin aspart-insulin aspart protamine ■ Insulin degludec ■ Insulin degludec-liraglutide ■ Insulin detemir ■ Insulin glargine ■ Insulin glulisine ■ Insulin isophane human ■ Insulin isophane-insulin regular ■ Insulin lispro ■ Insulin lispro-insulin lispro protamine ■ Insulin regular human ■ Insulin human inhaled ■ Insulin glargine-lixisenatide
Meglitinides	■ Nateglinide ■ Repaglinide
Biguanides	■ Metformin
Glucagon-like peptide-1 (GLP1) agonists	■ Albiglutide ■ Dulaglutide ■ Lixisenatide ■ Liraglutide ■ Semaglutide ■ Exenatide ■ Tirzepatide
Sodium glucose costransporter 2 (SGLT2) inhibitor	■ Canagliflozin ■ Empagliflozin ■ Ertugllflozin ■ Dapagliflozin
Sulfonylureas	■ Chlorpropamide ■ Glimepiride ■ Glipizide ■ Glyburide ■ Tolazamide ■ Tolbutamide
Thiazolidinediones	■ Piogliaizone ■ Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	■ Alogliptin ■ Linagliptin ■ Saxagliptin ■ Sitagliptin

Blood Pressure Control for Patients with Diabetes (BPD)

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 glulisine - Insulin isophane human - Insulin isophane-insulin regular - Insulin lispro - Insulin lispro-insulin lispro protamine - Insulin regular human - Insulin human inhaled - Insulin glargine-lixisenatide
Meglitinides	- Nateglinide - Repaglinide
Biguanides	- Metformin

Blood Pressure Control for Patients with Diabetes (BPD) *(Continued)*

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

Eye Exam for Patients with Diabetes (EED)

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

Eye Exam for Patients with Diabetes (EED) *(Continued)*

Diabetes Medications	
Description	**Prescription**
Insulin	▪ Insulin aspart ▪ Insulin aspart-insulin aspart protamine ▪ Insulin degludec ▪ Insulin degludec-liraglutide ▪ Insulin detemir ▪ Insulin glargine ▪ Insulin glulisine ▪ Insulin isophane human ▪ Insulin isophane-insulin regular ▪ Insulin lispro ▪ Insulin lispro-insulin lispro protamine ▪ Insulin regular human ▪ Insulin human inhaled ▪ Insulin glargine-lixisenatide
Meglitinides	▪ Nateglinide ▪ Repaglinide
Biguanides	▪ Metformin
Glucagon-like peptide-1 (GLP1) agonists	▪ Albiglutide ▪ Dulaglutide ▪ Lixisenatide ▪ Liraglutide ▪ Semaglutide ▪ Exenatide ▪ Tirzepatide
Sodium glucose costransporter 2 (SGLT2) inhibitor	▪ Canagliflozin ▪ Empagliflozin ▪ Ertugllflozin ▪ Dapagliflozin
Sulfonylureas	▪ Chlorpropamide ▪ Glimepiride ▪ Glipizide ▪ Glyburide ▪ Tolazamide ▪ Tolbutamide
Thiazolidinediones	▪ Piogliaizone ▪ Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	▪ Alogliptin ▪ Linagliptin ▪ Saxagliptin ▪ Sitagliptin

Kidney Health Evaluation for Patients with Diabetes (KED)

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

Kidney Health Evaluation for Patients with Diabetes (KED) *(Continued)*

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

Statin Therapy for Patients with Diabetes (SPD)

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

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

Diabetes Medications	
Description	**Prescription**
Insulin	■ Insulin aspart ■ Insulin aspart-insulin aspart protamine ■ Insulin degludec ■ Insulin degludec-liraglutide ■ Insulin detemir ■ Insulin glargine ■ Insulin glulisine ■ Insulin isophane human ■ Insulin isophane-insulin regular ■ Insulin lispro ■ Insulin lispro-insulin lispro protamine ■ Insulin regular human ■ Insulin human inhaled ■ Insulin glargine-lixisenatide
Meglitinides	■ Nateglinide ■ Repaglinide
Biguanides	■ Metformin
Glucagon-like peptide-1 (GLP1) agonists	■ Albiglutide ■ Dulaglutide ■ Lixisenatide ■ Liraglutide ■ Semaglutide ■ Exenatide ■ Tirzepatide
Sodium glucose costransporter 2 (SGLT2) inhibitor	■ Canagliflozin ■ Empagliflozin ■ Ertugllflozin ■ Dapagliflozin
Sulfonylureas	■ Chlorpropamide ■ Glimepiride ■ Glipizide ■ Glyburide ■ Tolazamide ■ Tolbutamide
Thiazolidinediones	■ Piogliaizone ■ Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	■ Alogliptin ■ Linagliptin ■ Saxagliptin ■ Sitagliptin

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

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

Osteoporosis Management in Women who had a Fracture (OMW)

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

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

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

* Buprenorphine administered via transdermal patch or buccal film is not included because it is FDA-approved for the treatment of pain, not for opioid use disorder.

Alcohol Use Disorder Treatment Medications	
Description	**Prescription**
Aldehyde dehydrogenase inhibitor	▪ Disulfiram (oral)
Antagonist	▪ Naltrexone (oral and injectable)
Other	▪ Acamprosate (oral and delayed-release tablet)

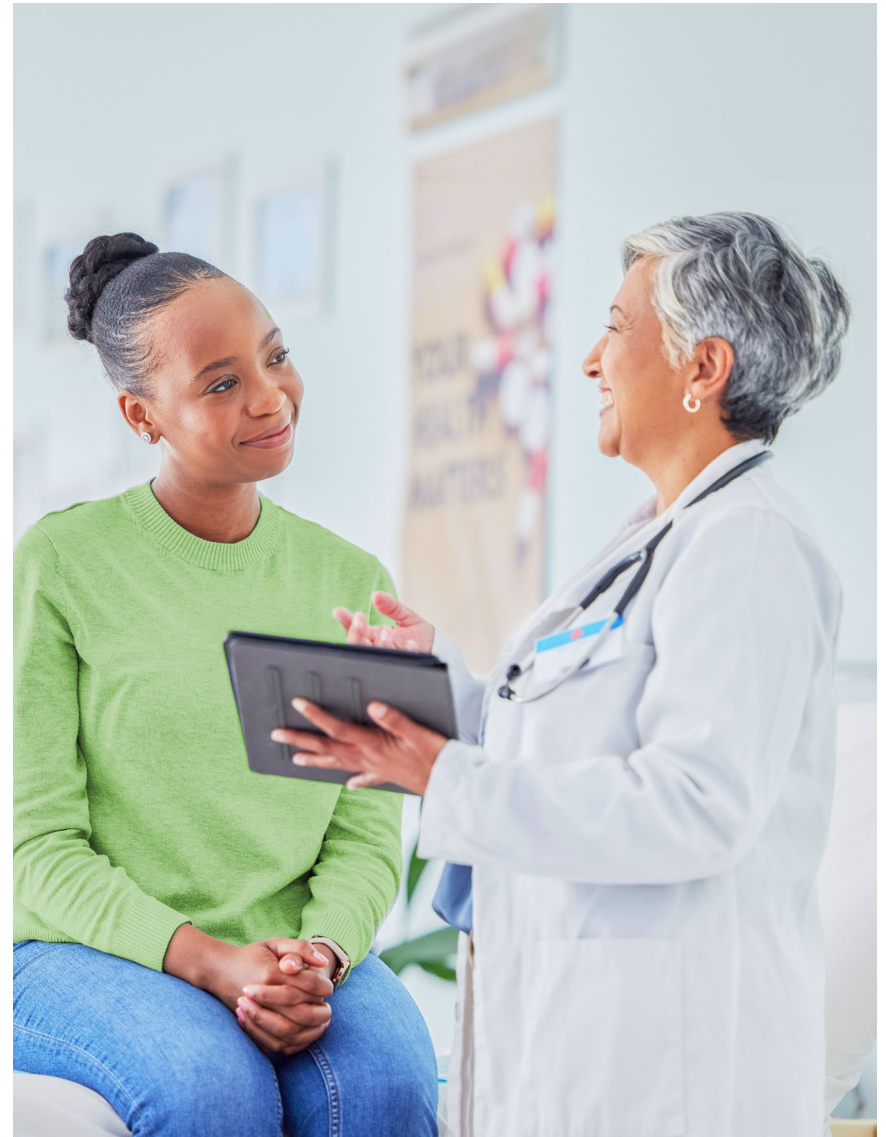## Follow-Up After Emergency Department Visit for Substance Use (FUA)

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

* Buprenorphine administered via transdermal patch or buccal film is not included because it is FDA-approved for the treatment of pain, not for opioid use disorder.

Alcohol Use Disorder Treatment Medications	
Description	**Prescription**
Aldehyde dehydrogenase inhibitor	▪ Disulfiram (oral)
Antagonist	▪ Naltrexone (oral and injectable)
Other	▪ Acamprosate (oral and delayed-release tablet)

Pharmacotherapy for Opioid Use Disorder (POD)

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

Use of Opioids at High Dosage (HDO)

Opioid Medications		
Description	**Prescription**	**MME**
Benzhydrocodone	• Acetaminophen Benzhydrocodone	• 1.2
Butorphanol	• Butorphanol	• 7
Codeine	• Codeine sulfate • Acetaminophen Codeine • Acetaminophen Butalbital Caffeine Codeine • Aspirin Butalbital Caffeine Codeine • Aspirin Carisoprodol Codeine	• 0.15
Dihydrocodeine	• Acetaminophen Caffeine Dihydrocodeine	• 0.25
Fentanyl buccal or sublingual tablet, transmucosal lozenge	• Fentanyl	• 0.13
Fentanyl oral spray	• Fentanyl	• 0.18
Fentanyl nasal spray	• Fentanyl	• 0.16
Fentanyl transdermal film/patch	• Fentanyl	• 7.2
Hydrocodone	• Hydrocodone • Hydrocodone Ibuprofen • Acetaminophen Hydrocodone	• 1
Hydromorphone	• Hydromorphone	• 4
Levorphanol	• Levorphanol	• 11
Meperidine	• Meperidine	• 0.1
Methadone	• Methadone	• 3
Morphine	• Morphine	• 1
Opium	• Belladonna Opium	• 1
Oxycodone	• Oxycodone • Aspirin Oxycodone • Acetaminophen Oxycodone • Ibuprofen Oxycodone	• 1.5
Oxymorphone	• Oxymorphone	• 3
Pentazocine	• Naloxone Pentazocine	• 0.37
Tapentadol	• Tapentadol	• 0.4
Tramadol	• Tramadol • Acetaminophen Tramadol	• 0.1

Use of Opioids from Multiple Providers (UOP)

Opioid Medications	
Description	**Prescription**
Opioids	• Benzhydrocone • Butorphanol • Codeine • Buprenorphine (transdermal patch and buccal film) • Dihydrocodeine • Fentanyl • Hydrocodone • Hydromorphone • Levorphanol • Meperidine • Methadone • Morphine • Opium • Oxycodone • Oxymorphone • Pentazocine • Tapentadol • Tramadol

Risk of Continued Opioid Use (COU)

Opioid Medications	
Description	**Prescription**
Opioids	• Benzhydrocone • Butorphanol • Codeine • Buprenorphine (transdermal patch and buccal film) • Dihydrocodeine • Fentanyl • Hydrocodone • Hydromorphone • Levorphanol • Meperidine • Methadone • Morphine • Opium • Oxycodone • Oxymorphone • Pentazocine • Tapentadol • Tramadol

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)

SSD Antipsychotic Medications	
Description	**Prescription**
Miscellaneous antipsychotic agents	• Aripiprazole • Asenapine • Brexpiprazole • Carprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lumateperone • Lurasidone • Molindone • Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	• Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine
Psychotherapeutic combinations (oral)	• Amitriptyline-perphenazine
Thioxanthenes (oral)	• Thiothixene
Long-acting injections	• Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate • Olanzapine • Haloperidol decanoate • Risperidone • Paliperidone palmitate

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Oral Antipsychotic Medications	
Description	**Prescription**
Miscellaneous antipsychotic agents (oral)	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • 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

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
Long-acting injections 30 days supply	• Risperidone (Perseris)
Long-acting injections 35 days supply	• Paliperidone palmitate (Invega Sustenna)
Long-acting injections 104 days supply	• Paliperidone palmitate (Invega Trinza)
Long-acting injections 201 days supply	• Paliperidone palmitate (Invega Hafyera)

Appropriate Treatment for Upper Respiratory Infection (URI)

AAB 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	▪ Clarithromycin ▪ Erythromycin ▪ Azithromycin
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

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

AAB 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	▪ Clarithromycin ▪ Erythromycin ▪ Azithromycin
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

Use of Imaging Studies for Low Back Pain (LBP)

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

Initiation and Engagement of Substance Use Disorder Treatment (IET)

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

Alcohol Use Disorder Treatment Medications	
Description	**Prescription**
Aldehyde dehydrogenase inhibitor	▪ Disulfiram (oral)
Antagonist	▪ Naltrexone (oral and injectable)
Other	▪ Acamprosate (oral and delayed-release tablet)

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

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

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

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

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

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

Statin Use in People with Diabetes (SUPD)

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

Statin Use in People with Diabetes (SUPD)
(Continued)

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

Medication Adherence
(Statins, RASA, Diabetes Medications)

Description	Prescription
Statins	■ Atorvastatin ■ Fluvastatin ■ Lovastatin ■ Pitavastatin ■ Pravastatin ■ Rosuvastatin ■ Simvastatin
Renin-Angiotensin System Antagonists (RASA)	■ Benazepril ■ Captopril ■ Enalapril ■ Fosinopril ■ Lisinopril ■ Moexipril ■ Perindopril ■ Qinapril ■ Ramipril ■ Trandolapril ■ Azilsartan ■ Candesartan ■ Eprosartan ■ Irbesartan ■ Losartan ■ Olmesartan ■ Telmisartan ■ Valsartan ■ Aliskiren

Diabetes Medications	■ Biguanides
	    ■ Metformin
	■ Sulfonylureas
	    ■ Glipizide
	    ■ Glimepiride
	    ■ Glipizide
	■ Thiazolidinediones
	    ■ Pioglitazone
	    ■ Rosiglitazone
	■ DPP-IV Inhibitors
	    ■ Sitagliptin
	    ■ Saxagliptin
	    ■ Linagliptin
	    ■ Alogliptin
	■ GLP-1 Receptor Agonists
	    ■ Dulaglutide
	    ■ Exenatide
	    ■ Liraglutide
	    ■ Lixisenatide
	    ■ Semaglutide
	    ■ Tirzepatide
	■ SGLT-2 Inhibitors
	    ■ Empagliflozin
	    ■ Dapagliflozin
	    ■ Canagliflozin
	    ■ Ertugliflozin
	    ■ Bexagliflozin
	■ Meglitinide

Notes

Call Provider Services at 866-296-8731 or visit:
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