Vital GAPS

buckeye health plan

Q3 2024 Edition

We appreciate the exceptional care you provide to our members and the significant impact it has on their outcomes. Closing GAPS in care directly correlates to increased healthcare and quality for your patients. Emphasizing preventive care and adherences helps to minimize acute care needs. We want to work with you toward quality care by providing you this quarterly publication of tips and highlights around some of our key GAPS in Care at Buckeye Health Plan.

Controlling High Blood Pressure (CBP)

Medicaid, Medicare, Marketplace

As with many other health conditions, seasonality can impact blood pressure. Now may be a good time to talk with your patients about controlling their blood pressure.

Service Needed

- Members ages 18 to 85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year; and
- Requires the reporting of the most recent BP reading during the measurement year on or after the second diagnosis of hypertension.

Tips for Attainment

- Check medical records for patients with a hypertension code posted on an OP claim.
- Call eligible patients to schedule a follow-up blood pressure check-up.
- Re-check blood pressure if initial reading is high
- Educate patient:
  - importance of taking blood pressure medication
  - keeping a log of at home blood pressure readings and bring to each visit
- **Submit appropriate systolic and diastolic CPTII codes (see table)**

Refer to the 2024 HEDIS Provider Reference Guide for exclusions and improvement tips

Steps to Great Teamwork with Patients to Improve BP Control, from the American Medical Association:

With the prevalence of high blood pressure rising dramatically with increasing age, including patients as key players on their health care team can improve outcomes.

SMBP Quick Guide: AMA's self-measured blood pressure quick guide offers an easy reference for physicians and care teams to help train patients to perform ***Self Measured Blood Pressure*** (SMBP) monitoring.

1. Identify patients for SMBP
2. Confirm device validation and cuff size
3. Train patients
4. Have patients perform SMBP and relay results
5. Average results
6. Interpret results
7. Document plans and communicate to patients

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

Diabetes

In 2024, **NCQA made updates to seven current HEDIS diabetes measures** that identify individuals with diabetes. To mitigates the inclusion of individuals who take diabetes-related medications for reasons other than diabetes, the addition of a diabetes diagnosis requirement was added in the pharmacy method.

In addition, the Hemoglobin A1c Control for Patients with Diabetes name was changed to: Glycemic Status Assessment for Patients with Diabetes (GSD) and now includes a glucose management indicator with hemoglobin A1c.

Source: https://www.ncqa.org/blog/hedis-my-2024-whats-new-whats-changed-whats-retired/

Glycemic Status Assessment for Patients With Diabetes (GSD)

Medicaid, Medicare, Marketplace

Service Needed

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

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

Tips for Attainment

- Outreach to patients who cancel appointments and reschedule them as soon as possible
- Order NEW labs prior to members' appointment
- USE "Test Completed" code for ALL NEW tests ordered
- Notate REVIEWED result from past visit in medical record
- Check HbA1c at minimum quarterly, if uncontrolled
- Identify any barriers the patient may have in completing the treatment plan
- Consider point-of-care HbA1c testing, if applicable
- Last HbA1c test of the year is used for this measure
- Consider case management referral for high-risk patients
- Buckeye has removed the PA for CGMs through Rx and DME benefits

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%)

7 HEDIS Diabetes Measures Reassessed

1. **Glycemic Status Assessment for Patients With Diabetes**
2. Blood Pressure Control for Patients With Diabetes
3. **Eye Exam for Patients With Diabetes**
4. Kidney Health Evaluation for Patients With Diabetes
5. Statin Therapy for Patients With Diabetes
6. Diabetes Monitoring for People With Diabetes and Schizophrenia
7. Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes

Eye Exam for Patients with Diabetes (EED)

Medicaid, Medicare, Marketplace

Service Needed

Members 18–75 years of age Members ages 18-75 with diabetes (type 1 and 2) who had a retinal eye exam.

- Retinal or dilated eye exam done by an eye care professional in the measurement year
- Negative retinal or dilated eye exam in the year prior to the measurement year
- A documented note or letter in patient's chart by an eye care provider indicating the ophthalmoscopic exam was completed with date and results
- Documented photograph in patient's chart with date the fundus photography was performed

Use Appropriate Billing Codes*	*Codes subject to change		
Description	**Codes**		
Diabetic Retinal Screening	**CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227-92228,92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245		
	CPT II: 3072F		
	HCPCS: S0620, S0621, S3000		
Eye Exam w/o Evidence of Retinopathy	**CPT II:** 2023F, 2025F, 2033F		
Eye Exam with Evidence of Retinopathy	**CPT II:** 2022F,2024F, 2026F		
Unilateral Eye Enucleation	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	**With 14 days or more apart**	**Modifier:** 50
			ICD-10-PCS: 08T0ZZ, 08T1ZZ

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Child and Adolescent Well Visits

Summer is here and it's a great time for children and adolescents to see their primary care physician for preventive services.

Child and Adolescent Wellness Visit (WCV)

Medicaid, Marketplace

Service Needed

WCV has three reported age ranges (3-11, 12-17 and 18-21 years). All ages need at least one comprehensive well child visit with a PCP or OB/GYN during the calendar year.

Tips for Attainment

- Utilize monthly care gap reports to identify members due for wellness exams.
- Utilize Modifier 25 to combine sick and well visits.

Reminders

- Don't forget recommended vaccinations during the visit!
- Make sure to document child's BMI percentile, nutritional counseling and physical activity counseling during the annual visit.
- Medicaid visits are every calendar year.
- Share with members they can earn rewards for completing well visits:
  - $75 in rewards for completing an annual well visit
  - $25 in rewards for receiving recommended vaccinations, including flu shot (ages six months and up).

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

And don't forget.....

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

Medicaid, Marketplace

Service Needed

WCC measure is for members 3 to 17 years of age with either a PCP or OB/GYN visit during the measurement year.

Three (3) part measure that includes:

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

Tips for Attainment

- Use the annual wellness visit to review weight assessment and counseling for nutrition and physical activity. Please make sure to document all 3 components during the annual visit.
- **Review the article from our medical directors in our September 2023 Provider Bulletin on: "Keep recording the "BMI"...it has great benefit!" They put together a list of benefits to remind you why you should keep recording the BMI.**

Document all 3 components during the annual visit.

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

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Pharmacy

Antidepressant Medication Management (AMM)

Medicaid, Medicare, Marketplace

Antidepressant Medication Management (AMM) is a HEDIS measure that focuses on patients and their adherence to antidepressant medications.

Service Needed

Patients 18 years of age and older, with diagnosis of major depression and being treated and remain on an antidepressant medication.

Two rates reported for this measure are:

1. Effective acute phase treatment (% of patients who remained on antidepressant medication for at least 84 days)
2. Effective continuation phase treatment (% of patients who remained on antidepressant medication for at least 180 days).

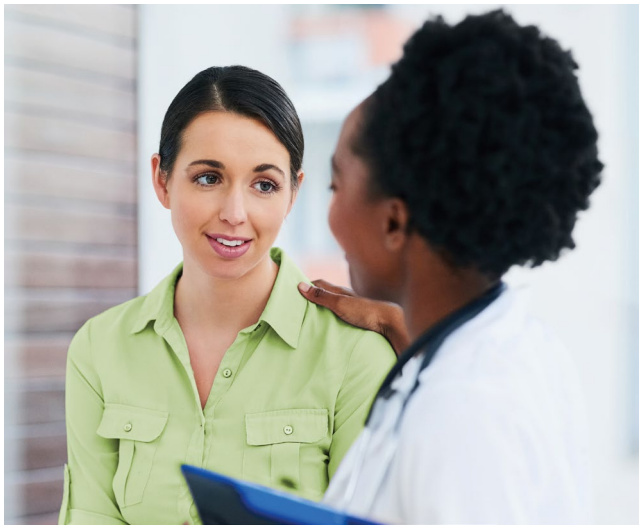
Tips for Attainment

"Approximately 50% of psychiatric patients and primary care patients prematurely discontinue antidepressant therapy… reasons are varied and include both patient factors (e.g., concerns about side effects, fears of addiction, belief that these medications will not really address personal problems) as well as clinician factors (e.g., lack of sufficient patient education, poor follow-up)." (1)

Ways to increase adherence and improve overall behavioral health include the following:

- educate patients:
  - it may take up to 4 – 8 weeks before they see the benefit of antidepressant medications
  - importance of remaining on medication for at least 6 months to prevent relapse
  - importance of not discontinuing the medication abruptly;
- discuss common side effects and how to manage them;
- advise patients to call the provider's office should side effects become a barrier to adherence;
- develop a plan with the patient in the event of a crisis;
- prescribe a 30-day supply and require a 30-day follow-up appointment to continue medication
  - young adults ages 18 – 23 require more frequent follow-up
- offer a 100-day supply of medication to patients, if appropriate and patient is stable.

1. "Antidepressant Adherence: Are Patients Taking Their Medications?" by Randy A. Sansone, MD and Lori A. Sansone, MD (2012)



Six steps to improve adherence to antidepressant treatments in patients with major depression: a psychoeducational consensus checklist.

Source: Annals of General Psychiatry https://annals-general-psychiatry.biomedcentral.com/articles/10.1186/s12991-020-00306-2

Refer to the 2024 HEDIS Provider Reference Guide for exclusions and medication table

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Pharmacy

UOP: Opioids from Multiple Providers

Medicaid, Medicare, Marketplace

Service Needed:

Three categories Buckeye monitors for members receiving prescription opioids:

- Four or more different prescribers
- Four or more different pharmacies
- Combination of 4 or more different prescribers and 4 or more different pharmacies

Tips for Attainment:

1. Utilization of OARRS before dispensing of controlled substances or gabapentin.
2. Talking with member about having opioids prescribed by only one prescriber and receiving them from just one pharmacy.
3. Continue to monitor member's progress on opioid therapy and any side effects.
4. Reassess current therapy if multiple opioids are prescribed.
5. Request a member be evaluated for enrollment into Buckeye's Pharmacy Lock-In Coordinated Services Program.

Buckeye Initiatives:

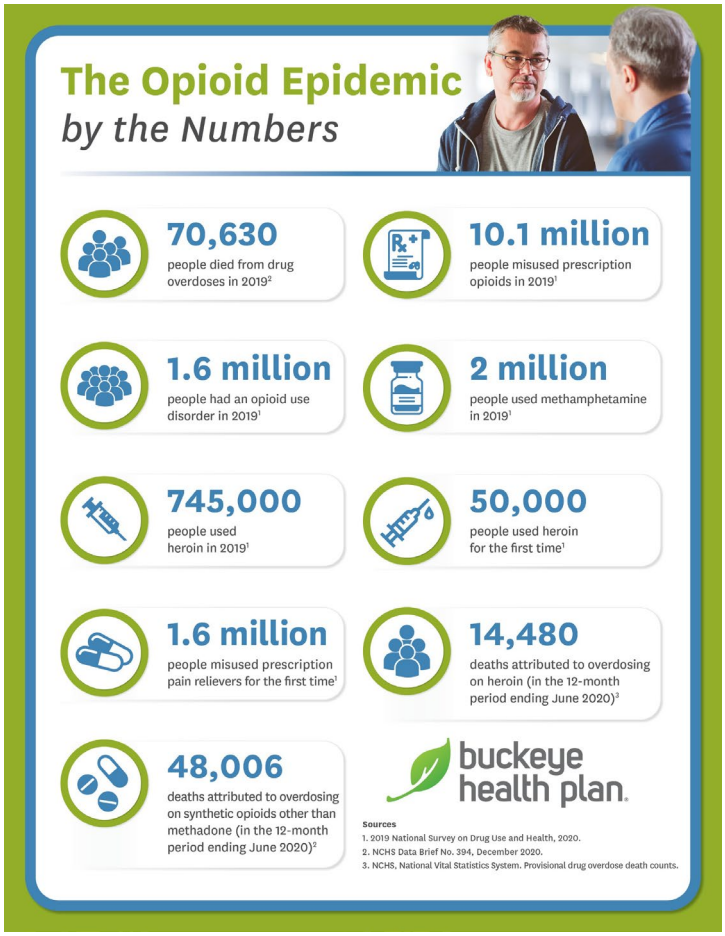
Weekly Outreach

1. Data analytics team generates weekly report identifying BHP members receiving prescription opioid medications from 4 or more different prescribers.
2. Pharmacy team makes up to 2 fax attempts to each provider for each identified member
3. No response from fax outreach, Buckeye clinical pharmacist attempts to contact provider to review and resolve each opportunity.

Monthly Reviews

1. Data analytics team generates monthly report identifying BHP eligible members for Buckeye's Pharmacy Lock-In Coordinated Services Program.
2. Each member reviewed by a clinical pharmacist, care manager and medical director to determine if safer to be locked into one pharmacy for a period of 24 months.

Reasons to help our members utilize one pharmacy and reduce the number of multiple prescribers they have.



Studies show that individuals who receive opioids from four or more prescribers or pharmacies have a higher likelihood of opioid-related overdose death.

According to the Centers for Disease Control and Prevention (2021):

- 45 people died each day from a prescription opioid overdose - nearly 17,000 deaths.
- Prescription opioids were involved in nearly 21% of all opioid overdose deaths in 2021.

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