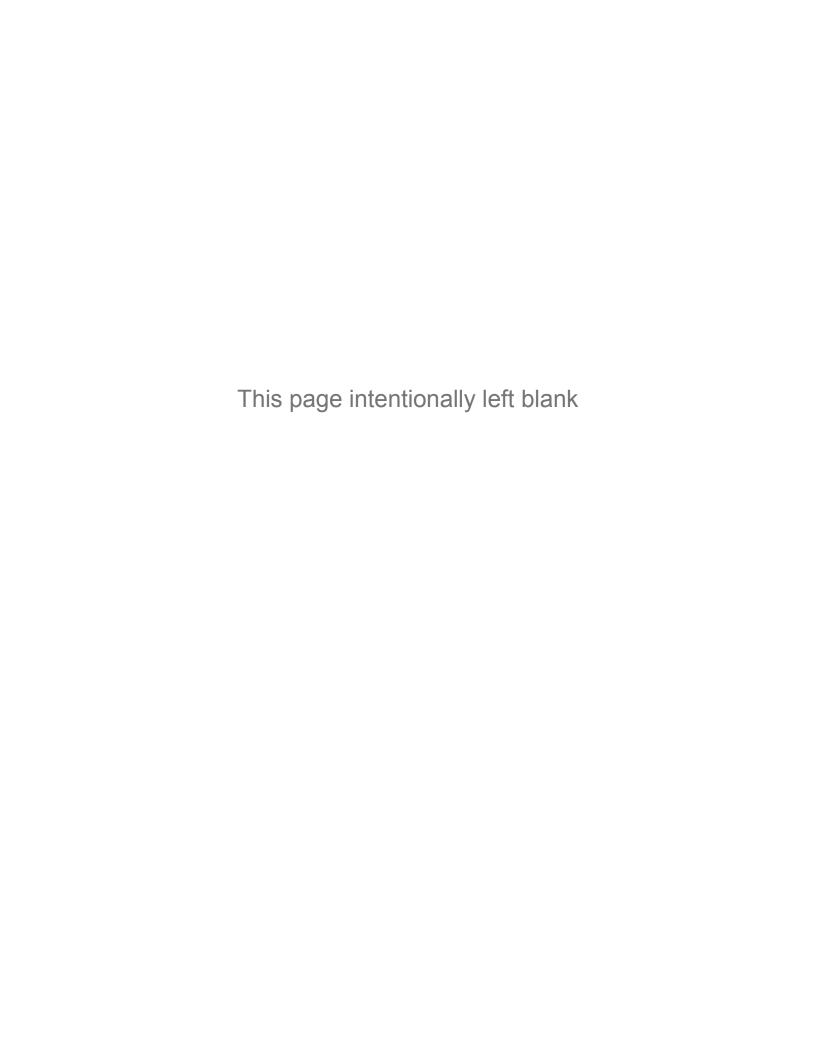arizona
complete health

REACH FOR THE STARS

Utilizing data-driven interventions, through meaningful partnerships,
collaboration, innovation and accountability;
we will improve the lives of the people we serve.

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Overview

Allwell from Arizona Complete Health (AzCH) is a contracted Medicare Advantage Health Plan that reports required quality and performance metrics to ensure members receive high quality care. Metrics are identified by the Centers for Medicare & Medicaid services (CMS) and are primarily associated with the Health Effectiveness Data and Information Set (HEDIS) specifications.

What is Medicare?

Established in 1965, Medicare is a federally mandated social insurance program administered by the US Federal government. Medicare is the federal insurance for:
  ➢ Americans aged 65 and older who have worked and paid into the system
  ➢ People with disabilities
  ➢ People with end stage renal disease

What Benefits are Associated with Medicare?

Medicare benefits are categorized into four groups:
  ➢ Part A
      o Inpatient procedures and services
      o Care in a skilled nursing facility
      o Hospice care
      o Home health services
  ➢ Part B
      o Outpatient procedures and services
      o Durable medical equipment (DME)
      o Preventative services
      o Home health services
  ➢ Part C
      o Also referred to as Medicare Advantage
      o Gives enrollees the option of receiving their benefits through a private company
      o Enrollees must have Part A and Part B to be eligible for Part C
      o Members may have to pay a small premium to receive their Part A, Part B and Part D benefits along with additional product features
  ➢ Part D
      o Prescription drug benefit
      o Anyone with Part A and/or Part B is eligible for Part D

What is HEDIS?

HEDIS is the Healthcare Effectiveness Data and Information Set defined by the National Committee for Quality Assurance (NCQA). It is the gold standard in healthcare performance measurement and consists of over 70 measures affecting mortality and morbidity. The use of HEDIS measures is an exciting opportunity to show the quality of our services. Specifications for HEDIS measures are proprietary and must be purchased through the National Committee for Quality Assurance (NCQA). More information is available on the NCQA website at http://www.ncqa.org/homepage.

What is CMS?

The Centers for Medicare & Medicaid Services (CMS) administers Medicare. CMS continually evaluates Medicare Advantage plans from information provided by member surveys, clinical data and call center monitoring. CMS created a Star rating system for Part C & D to assist members when choosing a health plan for their medical and prescription services during their fall open enrollment.

What is the Stars Rating Scale?

Medicare Star ratings are overall quality scores that assess performance of Medicare Part C and Part D plans. CMS collects data from member satisfaction surveys, plans, providers, and monitoring activities to develop ratings for each plan. Star ratings provide the ability for health plans to be compared nationally. Ratings range from 1 to 5 stars.

★ = poor performance

★★ = below average performance

★★★ = average performance

★★★★ = above average performance

★★★★★ = excellent performance

Plan performance is reviewed annually and new ratings are released each fall. Medicare Part C and Part D scores are combined to provide each plan with an overall rating.

➢ Medicare Part C domains account for 64% of a plan's total star rating. Part C plans are evaluated in the following domains: Safer Patient Care; Patient Centered Care; Effective Care Coordination; Effective Prevention and Treatment; Promotion of Healthy Living; Effective Communication; and, Improving Affordability.

➢ Medicare Part D domains account for 36% of a plan's total star rating. Part D plans are evaluated in the following domains: Safer Patient Care; Patient Centered Care; Effective Care Coordination; Effective Prevention and Treatment; Promotion of Healthy Living; Effective Communication; and, Improving Affordability.

CMS evaluates each plan the same using both star measures and display measures.
Star measures directly contribute to a plan's star rating. Although display measures do not contribute to the plan's star rating, CMS uses them to evaluate performance and plans use them to facilitate quality improvement strategies. Triple weighted measures refer to measures that have greater bearing on the plan's Medicare Star rating. Most measures are worth one point toward the star rating, however triple weighted measures are worth three points toward the star rating.
Additional information about Medicare Advantage contracting can be found at:
https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/index.html
and Prescription Drug Coverage contracting at: https://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/index.html.

How is Data collected for the Stars Rating Scale?

Data is collected from multiple sources in order to achieve a Star Rating.
- ➢ Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)
- ➢ The Healthcare Outcomes Survey (HOS)
- ➢ The Healthcare Effectiveness Data and Information Set (HEDIS)
  - o Administrative (claims data) and hybrid medical records collection
- ➢ Prescription Drug Events and Adherence (PDE Data)
- ➢ Number of complaints, grievances and appeals

Medical Record Collection Process

The Arizona Complete Health HEDIS Operations team conducts year round medical record collection to more accurately reflect the rates of compliancy for performance measures at any given time. Record collection is done for all lines of business: Medicare, Marketplace and Medicaid. AHCCCS (Medicaid) performs routine audits of plan data and performance rates through the year. Medicare and Marketplace audits are done on an annual basis through the HEDIS process, which includes a period of medical record collection, by the plan starting in January and ending the first of May each year.

The rates of compliance for performance measures is demonstrated by adding together rates from claims (administrative) and supplemental data (hybrid) which includes automatic data feeds from providers and the actual medical record.

The above processes along with year-round requests for records are intended to reduce the burden to the provider offices and to show a truer picture of the rates of compliance throughout the year. We understand how busy provider offices are, especially during the HEDIS season. It is our goal to partner with providers to demonstrate the high quality of care we provide our members by showing high rates of compliance with the performance measures. Methods to submit records when requested are through the provider portal, paper (mail or we can pick up), fax, email if your system supports it, CD or onsite visits where we can gather the records using a USB.

**If providers are interested in setting up an automatic data feed, sending medical records to AzCH through the provider portal, allowing the plan access to your EHR or have other questions or concerns the HEDIS Operations team can be reached at HEDIS_Operations@azcompletehealth.com.

What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey that asks healthcare members to evaluate their experiences with healthcare services in various settings within the last 6 months. CAHPS focuses on measureable aspects of member experience based off the member's interaction with healthcare providers, services, and facilities. Member experience is the sum of all interactions of a plan's culture that influence member perception across the continuum of care. Member experience measures, also referred to as composite measures, cover topics that are important to members, such as:

- ➢ Getting Needed Care
- ➢ Getting Care Quickly
- ➢ Care Coordination
- ➢ Rating of Health Plan

- ➢ Ratings of Personal Doctors and Specialists
- ➢ Health Plan Customer Service
- ➢ Access to Personal Care Services
- ➢ Getting Needed Prescription Drugs
- ➢ Annual Flu Vaccine

Eighteen percent (18%) of Medicare Stars overall ratings are derived from CAHPS survey questions. Medicare Stars and CAHPS are performance driven and primarily concerned with the plan's ability to effectively manage care based on industry standards and best practices.

What is HOS?

The Medicare Health Outcomes Survey (HOS) is a national survey measuring quality of life and functional health status of Medicare beneficiaries. HOS is a member reported outcome survey with the goal of gathering clinically meaningful health status data from the Medicare Advantage program to improve activities, pay for performance initiatives, provide program oversight, public reporting, and contribute to the overall development of the health industry. HOS is an important vehicle for collecting data because it provides insight about the member's perception of both their physical and emotional health status. Results of HOS are gathered over a two year period. Each spring (April to June), Medicare beneficiaries are selected from each plan containing at least 500 members to provide a baseline. Two years later in the summer (May to July), beneficiaries from the same sample who remain enrolled are surveyed again to provide follow-up data. This data is used to determine changes in the member's perception of their own health. Five HOS measures directly impact Star or Display measures:
- ➢ Improving or Maintaining Mental Health
- ➢ Improving or Maintaining Physical Health
- ➢ Monitoring Physical Activity
- ➢ Improving Bladder Control
- ➢ Reducing the Risk of Falling

Each plan's score in these areas, not only impacts their Star rating, but also directly impacts bonus payments and their Medicare contract.

Allwell Performance Measures

Table of Performance Measures 2020 Cut Points

Key	Performance Measure	Page	Source	Weight	2020 Cut Points			
					★★	★★★	★★★★	★★★★★
	Part C Domain and Measure Details							
C01	Breast Cancer Screening	11	HEDIS	1	50% - 65%	66% - 75%	76% - 82%	≥ 83%
C02	Colorectal Cancer Screening	12	HEDIS	1	43% - 61%	62% - 72%	73% - 79%	≥ 80%
C03	Annual Flu Vaccine	13	CAHPS	1	66% - 69%	70% - 75%	76% - 78%	≥ 79%
C04	Improving or Maintaining Physical Health	14	HOS	3	66% - 67%	68% - 69%	70% - 71%	≥ 72%
C05	Improving or Maintaining Mental Health	15	HOS	3	72% - 77%	78% - 81%	82% - 83%	≥ 84%
C06	Monitoring Physical Activity	16	HOS	1	43% - 48%	49% - 52%	53% - 59%	≥ 60%
C07	Adult BMI Assessment	17	HEDIS	1	78% - 91%	92% - 95%	96% - 98%	≥ 99%
C09	Care for Older Adults – Medication Review	18	HEDIS	1	63% - 76%	77% - 86%	87% - 94%	≥ 95%
C10	Care for Older Adults – Functional Status Assessment	19	HEDIS	1	55% - 70%	71% - 84%	85% - 92%	≥ 93%
C11	Care for Older Adults – Pain Assessment	20	HEDIS	1	59% - 80%	81% - 85%	86% - 93%	≥ 94%
C12	Osteoporosis Management in Women who had a Fracture	21	HEDIS	1	31% - 40%	41% - 49%	50% - 66%	≥ 67%
C13	Diabetes Care – Eye Exam	22	HEDIS	1	63% - 68%	69% - 72%	73% - 77%	≥ 78%
C14	Diabetes Care – Kidney Disease Monitoring	23	HEDIS	1	N/A	80% - 94%	95% - 96%	≥ 97%
C15	Diabetes Care – Blood Sugar Controlled	24	HEDIS	3	37% - 60%	61% - 71%	72% - 84%	≥ 85%
C16	Rheumatoid Arthritis Management	25	HEDIS	1	60% - 73%	74% - 78%	79% - 83%	≥ 84%
C17	Reducing the Risk of Falling	26	HOS	1	51% - 56%	57% - 61%	62% - 70%	≥ 71%
C18	Improving Bladder Control	27	HOS	1	36% - 41%	42% - 46%	47% - 50%	≥ 51%
C19	Medication Reconciliation Post-Discharge	28	HEDIS	1	48% - 61%	62% - 70%	71% - 83%	≥ 84%
C20	Plan All-Cause Readmissions	29	HEDIS	3	9% - 10%	8%	4% - 7%	≤ 3%
C21	Statin Therapy for Patients with Cardiovascular Disease	30	HEDIS	1	75% - 78%	79% - 82%	83% - 86%	≥ 87%
C22	Getting Needed Care	31	CAHPS	1.5	80% - 81%	82% - 83%	84%	≥85%
C23	Getting Appointment and Care Quickly	32	CAHPS	1.5	75%	76% - 78%	79% - 80%	≥81%
C27	Care Coordination	33	CAHPS	1.5	83% - 84%	85% - 86%	87%	≥88%
	Part D Domain and Measure Details							
D10	Medication Adherence for Diabetes	34	CMS	3	74% - 77%	78% - 81%	82% - 84%	≥ 85%
D11	Medication Adherence for Hypertension (RAS antagonists)	35	CMS	3	80% - 82%	83% - 85%	86% - 87%	≥ 88%
D12	Medication Adherence for Cholesterol (Statins)	36	CMS	3	72% - 79%	80% - 83%	84% - 86%	≥ 87%
D14	Statin Use in Persons with Diabetes	37	CMS	1	74%- 77%	78% - 80%	81% - 82%	≥ 83%

Helpful Tips

➢ Majority of the measures have a continuous enrollment requirements that identify set time frames for members to be included in measure calculations. Members must be enrolled for a minimum of 12 months with no more than one gap of 45 days.

➢ All measures exclude members in Hospice.

➢ Most measures are administrative, meaning they are based on claims data. Timely and accurate billing has a large effect on the measures.

➢ Coordinate care effectively with all involved practitioners, hospitals and agencies to ensure members receive appropriate services. This includes rapport building and efficient information sharing.

➢ Easy Ways to Increase Performance Measures:
  o Utilize reliable performance measures tracking tools connected to the EHRs.
  o Identify members who have the highest number of gaps in care and focus on helping them overcome any barriers they are facing to get the care they need.
  o Know your scores. Monitor your data and look for single interventions that will impact multiple measures. For example, development of a chronic disease management program for diabetes. This would impact utilization as well as preventive screenings to improve the health of our members.
  o Avoid missed opportunities. Ensure each appointment addresses all care gaps to improve member care. An example would be giving a member a FIT kit for a Colorectal Screening when the member comes in for other checkups.

➢ Easy Ways to Improve CAHPS/HOS scores:
  o Understand what your members expect: how quickly they want to receive care; who they want engaged in their care; what accommodations they may need at your office.
  o Encourage members to ask questions and participate through decision making.
  o Ask open-ended questions and avoid interrupting the member.
  o Build a positive relationship: knock before entering the exam room, smile and make eye contact, empathize with member concerns.
  o Educate members about preventive care and healthy habits, treatment options, medication use, risks and benefits, how and where to access care quickly and timeframes on getting care timely.
  o Include questions on your internal survey that provide insight to the CAHPS composite measures.
  o Train all of your staff on CAHPS, what questions members are being asked and how they impact the way in which members respond.

➢ Better Member Outcomes:
  o Did you know that practitioners have the most influence over a member's decision to complete recommended testing? To help you capitalize on that our Member Appointment Checklist for Providers/Practitioners has suggestions for utilizing appointment time to assist members in achieving their needed screenings as well as a quick reference guide listing the 2020 performance measures as related to in office visits and divided by age group. Both documents are found at the end of this book.
  o Important questions to ask within your practice:
    ▪ How does your practice currently measure member experience?
    ▪ If you utilize a survey, does it go beyond asking about the member's satisfaction?
    ▪ How well do you understand the expectations of your members?
    ▪ Do you use any techniques to manage the expectations of your members?

➢ Communication is key!
  o Ask members if they understand what is being explained to them.

- Coordinate care with other providers, specialists and facilities responsible for member care and ensure the member knows this communication occurs.
- Use the teach-back method to help the member remember and demonstrate understanding.
- Monitor and track complaints by members and conduct root cause analyses on persistent themes to ensure meaningful change occurs through quality improvement activities.

REMEMBER!

Having high performance measure scores means better member outcomes and better member outcomes is the reason why we are all working to transform the health of our communities, one person at a time.

➢ The My Health Pays program incentivizes members to obtain needed wellness visits & screenings. This is a great way to encourage members to stay healthy. For more information on what incentives are currently being offered please visit https://allwell.azcompletehealth.com/member-resources/rewards-program.html.

➢ Post signs and provide resources like fliers and handouts that educate members on how to access needed care quickly. For example, how quickly they should expect an urgent appointment with their personal doctor and places to access urgent care.

➢ Just a reminder: Members within the measure specified age range do not need a referral or prior authorization in order to get their screenings. This includes:
- Flu shots
- Breast Cancer Screening
- Colorectal Cancer Screening
- Comprehensive Diabetes Care

➢ We are available to help answer any questions at the following email address: AZCHQualityManagement@azcompletehealth.com

Performance Measure Specifications Guide

Part C Domain and Measure Details

MEASURE C01: BREAST CANCER SCREENING

STAR Weight: ⭐

Measure Key: BCS

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 98

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 50 – 74 years of age

Description: Percentage of women aged 50-74 who had a mammogram to screen for breast cancer (the measure applies to women 52-74 years of age to account for the 2-year, 3-month look-back period).

Numerator:	Women who had a mammogram within the last 2 years and 3 months
Denominator:	Women aged 52-74

Exclusions:
➢ Bilateral mastectomy or unilateral mastectomy with a bilateral modifier. Codes must be on the same claim.
➢ Two unilateral mastectomies with service dates 14 days or more apart.
➢ Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service.

Helpful Tips:
➢ This measure requires a continuous enrollment period of 2 years and 3 months.
➢ This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs.
➢ Educate members on importance of completing preventive screenings and other healthy activities.
➢ Consider partnering with local imaging centers to launch mammogram scheduling campaigns.
➢ Offer screening referrals during well visits.
➢ Schedule next annual appointment before member leaves current appointment.
➢ Provide reminder outreach 3 days before the member's appointment to verify attendance and offer assistance.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 77055 - 77057, 77061 - 77063, 77065 - 77067, G0202, G0204, G0206, Z90.13

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 50% to < 66%	≥ 66% to < 76%	≥ 76% to < 83%	≥ 83%

MEASURE C02: COLORECTAL CANCER SCREENING

STAR Weight: ★

Measure Key: COL

Specifications: HEDIS 2020 Technical Specifications, Volume 2, Pg. 108

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims.

Age Range: 50 – 75 years of age

Description: Members aged 50 to 75 who had appropriate screening for colorectal cancer.

Numerator: Members aged 50-75 who were screened for colorectal cancer
Denominator: Members aged 50-75

Exclusions:
➢ Colorectal cancer and/or total colectomy.

Helpful Tips:
➢ Continuous enrollment of the measurement year and year prior with no more than one gap in enrollment of up to 45 days.
➢ Standing orders and FIT Kits in the office increase compliancy.
➢ The medical record must include either a dated screening result, or list the service performed with a date of service and the results in the office history and physical (example: Colonoscopy, normal, 10/12/2016).
➢ Offer screening referrals during well visits.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ FOBT (Every Year): 82270, 82274
➢ Flexible Sigmoidoscopy (Every Five Years Including Measurement Year): 45330-45335, 45337-45342, 45345-45347, 45349-45350
➢ Colonoscopy (Every Ten Years Including Measurement Year): 44388-44394, 44397, 44355, 45378-45393
➢ CT Colonography (CTC) (Every Five Years Including Measurement Year): 74261-74263
➢ Fecal Immunochemical Test (FIT-DNA, Cologuard Testing) (Every Three Years Including Measurement Year): 81528
➢ Colorectal Cancer: G0213, G20214, G0215, G0231, C18.0-C18.9, Z85.038, Z85.048

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 43% to < 62%	≥ 62% to < 73%	≥ 73% to < 80%	≥ 80%

MEASURE C03: ANNUAL FLU VACCINE

STAR Weight: ★

Measure Key: FLU

Specifications: CAHPS

Data Collection Method: Survey

Age Range: N/A

Description: Members who received a Flu shot prior to flu season.

Numerator: Members who received a flu shot during the measurement year
Denominator: Sampled Medicare members

Helpful Tips:
➢ Use multiple media tools, hang posters and handout fliers to encourage members to get their flu shot.
➢ Educate members on importance of completing vaccinations and other healthy activities.
➢ Enter Flu Vaccinations into Arizona State Immunization Information System (ASIIS).
➢ Assist members in addressing any barriers to obtain their flu shot.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 90630, 90654, 90655, 90656, 90658, 90672, 90673, 90686, 90688, 90661, 90662

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 66% to < 70%	≥ 70% to <76%	≥ 76% to <79%	≥ 79%

MEASURE C04: IMPROVING OR MAINTAINING PHYSICAL HEALTH

STAR Weight: ★ ★ ★

Measure Key: C04

Specifications: HOS

Data Collection Method: Survey

Age Range: 65+ years of age

Description: Sampled Medicare members aged 65+ who reported their physical health status was the same or better than expected after two years.

Numerator:	Members who state their physical health status was the same or better
Denominator:	Sampled members aged 65+

Exclusions:
➢ Less than 30 responses to survey.

Helpful Tips:
➢ Utilize a wellness checklist (IADL, ADL, HRA, and Preventive Health Screening/Testing) to help members identify strengths and opportunities to improve their overall health.
➢ Provide interventions to promote physical health, including disease self-management strategies, goal setting and action planning.
➢ Use motivational interviewing and teach-back best practices to improve engagement in behavioral and physical health treatment.
➢ Incorporate this service into regular medical screening consultations.
➢ Schedule follow up appointment before member leaves initial appointment.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 66% to < 68%	≥ 68% to < 70%	≥ 70% to < 72%	≥ 72%

MEASURE C05: IMPROVING OR MAINTAINING MENTAL HEALTH

STAR Weight: ★ ★ ★

Measure Key: C05

Specifications: HOS

Data Collection Method: Survey

Age Range: 65+ years of age

Description: Members aged 65+ who reported their mental health was the same or better than expected after two years.

| Numerator: | Members who state their mental health status was the same or better |
| Denominator: | Samples members aged 65+ |

Exclusions:
➢ Less than 30 responses to survey.

Helpful Tips:
➢ Evaluate and refer members needing behavioral or substance use disorder treatment.
➢ Use motivational interviewing and teach-back best practices to improve engagement in behavioral and physical health treatment.
➢ Incorporate this service into regular medical screening consultations.
➢ Schedule follow up appointment before member leaves initial appointment.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 72% to < 78%	≥ 78% to < 82%	≥ 82% to < 84%	≥ 84%

MEASURE C06: MONITORING PHYSICAL ACTIVITY

STAR Weight: ★

Measure Key: PAO

Specifications: HOS

Data Collection Method: Survey

Age Range: 65+ years of age

Description: Members aged 65+ who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.

> Numerator: Members who discussed physical activity with their doctor
> Denominator: Sampled members aged 65+

Exclusions:
➢ Members who responded to the survey "I had no visits in the past 12 months."
➢ Less than 100 responses.

Helpful Tips:
➢ Assess a member's ability and level of physical activity.
➢ Refer to health plan sponsored wellness/fitness programming.
➢ Discuss smoking and tobacco use and its impact on physical activity.
➢ Use motivational interviewing and teach-back best practices to improve engagement.
➢ Encourage members to participate in healthy activities.
➢ Incorporate this service into regular medical screening consultations.
➢ Schedule follow up appointment before member leaves initial appointment.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 43% to < 49%	≥ 49% to < 53%	≥ 53% to < 60%	≥ 60%

MEASURE C07: ADULT BMI ASSESSMENT

STAR Weight: ★

Measure Key: ABA

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 72

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-74 years of age

Description: Members aged 18 to 74 who had an outpatient visit and had a body mass index (BMI) that was documented during the year or year prior.

> Numerator: Members who had BMI documented
> Denominator: Members aged 18-74 who had an outpatient visit

Exclusions:
➤ Members who have a diagnosis of pregnancy during the current year or year prior.

Helpful Tips:
➤ Continuous enrollment of the measurement year and year prior with no more than one gap in enrollment of up to 45 days.
➤ BMI for members aged 18-19 must be documented as a percentile.
➤ BMI for members aged 20-74 must be documented as a value.
➤ Documentation must include height, weight and BMI percentile or value from the same data source.
➤ Either of the following meets criteria for BMI percentile:
   o BMI percentile documented as a value (e.g., 85th percentile).
     ▪ Ranges and thresholds do not meet criteria.
   o BMI percentile plotted on age-growth chart.
➤ Incorporate this service into regular medical screening consultations.
➤ Assist member in addressing any barriers to attend appointment.
➤ Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
➤ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

Commonly Used Codes: *Codes are examples only and not recommendations*
➤ Z68.1, Z68.20-Z68.45

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 78% to < 92%	≥ 92% to < 96%	≥ 96% to < 99%	≥ 99%

MEASURE C09: CARE FOR OLDER ADULTS – MEDICATION REVIEW

STAR Weight: ★

Measure Key: COA

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 120

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 66+ years of age

Description: Members aged 66+ whose doctor or clinical pharmacist reviewed a list of all the members' medications during the year. (Applies to SNP Medicare plans only).

Numerator: Members whose doctor or pharmacist reviewed a list of all their medications
Denominator: Members aged 66+

Exclusions:
➢ Services provided in an acute inpatient setting.

Helpful Tips:
➢ Medication list should include any prescription and non-prescription drugs, vitamins, herbal remedies and other supplements with dosage and frequency.
➢ The presence of a medication list in the medical record that is signed and dated by the appropriate practitioner type.
➢ Incorporate this service into regular medical screening consultations.
➢ Complete medication reviews with member and evaluate the efficacy and any health concerns the member may have.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 90863, 99483, 99605,99606, G8427
➢ Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review)

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 63% to < 77%	≥ 77% to < 87%	≥ 87% to < 95%	≥ 95%

MEASURE C10: CARE FOR OLDER ADULTS – FUNCTIONAL STATUS ASSESSMENT

STAR Weight: ★

Measure Key: COA

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 120

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 66+ years of age

Description: Members aged 66+ that have had at least one functional status assessment during the measurement year. (Applies to SNP Medicare plans only).

Numerator:	Members that have at least one functional status assessment
Denominator:	Members aged 66+

Exclusions:
➢ Services provided in an acute inpatient setting.

Helpful Tips:
➢ The medical record must include a complete functional status assessment and the date it was performed.
➢ A complete functional status assessment must include <u>one</u> of the following:
  o Notation that Activities of Daily Living (ADL) were assessed.
  o Notation that Instrumental Activities of Daily Living (IADL) were assessed.
  o Result of assessment using a standardized functional status assessment tool, not limited to:
    ▪ SF-36®
    ▪ Assessment of Living Skills and Resources (ALSAR)
    ▪ Barthel ADL Index Physical Self-Maintenance (ADLS) Scale
  o Notation that at least three of the following four components were assessed:
    ▪ Cognitive status
    ▪ Ambulation status
    ▪ Hearing, vision and speech (i.e., sensory ability)
    ▪ Other functional independence (e.g., exercise, ability to perform job)

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 99483, 1170F, G0438, G0439

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 55% to < 71%	≥ 71% to < 85%	≥ 85% to < 93%	≥ 93%

MEASURE C11: CARE FOR OLDER ADULTS – PAIN ASSESSMENT

STAR Weight: ★

Measure Key: COA

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 120

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 66+ years of age

Description: Members aged 66+ who had at least one pain assessment during the measurement year. (Applies to SNP Medicare plans only).

Numerator: Members that had at least one pain assessment
Denominator: Members aged 66+

Exclusions:
➤ Services provided in an acute inpatient setting.

Helpful Tips:
➤ A pain management or treatment plan does not meet criteria for pain assessment.
➤ The medical record must contain a pain assessment and the date when it was completed.
➤ A pain assessment must include one of the following:
  o Documentation that the patient was assessed for pain (which may include positive or negative findings for pain).
  o Result of assessment using a standardized pain assessment tool, such as:
    ▪ Brief Pain Inventory
    ▪ Chronic Pain Grade
    ▪ Face, Legs, Activity, Cry Consolability (FLACC) scale
    ▪ Numeric rating scales (verbal or written)
    ▪ Pain Assessment in Advanced Dementia (PAINAD) Scale
    ▪ Pain Thermometer
    ▪ Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale)
    ▪ PROMIS Pain Intensity Scale
    ▪ Verbal descriptor scales (5-7 Word Scales, Present Pain Inventory)
    ▪ Visual analogue scale

Commonly Used Codes: *Codes are examples only and not recommendations*
➤ 1125F, 1126F

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 59% to < 81%	≥ 81% to < 86%	≥ 86% to < 94%	≥ 94%

MEASURE C12: OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

STAR Weight: ★

Measure Key: OMW

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 221

Data Collection Method: Administrative– all paid, suspended, pending, or denied claims

Age Range: 67-85 years of age

Description: Women aged 67-85 age who have suffered a fracture and had either a bone mineral density (BMD) test or a prescription to treat osteoporosis in the six months after the fracture.

> Numerator: Women who had a BMD test or osteoporosis Rx within 6 months of fracture
> Denominator: Women aged 67-85 who had a fracture

Exclusions:
- Members who had a BMD test during the 730 days prior to the IESD (Index Episode Start Date).
- Members who had a claim/encounter for osteoporosis therapy (Osteoporosis Medications Value Set) during the 365 days (12 months) prior to the IESD.
- Members who were dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior to the IESD.
- Living long term in an institution any time during the measurement period.

Helpful Tips:
- Continuous enrollment of 12 months before the episode through 180 days after with no more than one gap in enrollment of up to 45 days.
- IESD- The earliest date of service for any encounter during the Intake period with a diagnosis of fracture.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.

Commonly Used Codes: *Codes are examples only and not recommendations*
- 76977, 77078, 77080, 77081, 77082, 77085, 77086m J0897, J1740, J3110, J3489

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 31% to < 41%	≥ 41% to < 50%	≥ 50% to < 67%	≥ 67%

MEASURE C13: DIABETES CARE – EYE EXAM

STAR Weight: ★

Measure Key: CDC

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 182

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-75 years of age

Description: Members aged 18-75 with diabetes who had a retinal or dilated eye exam during the year or bilateral eye enucleation in the members' history. The eye exam must be performed by an eye care professional (Ophthalmologist or Optometrist).

Numerator:	Members who had a retinal eye exam
Denominator:	Members aged 18-75 with diabetes

Exclusions:
➢ Members aged 66 and older as of December 31st of the measurement year who meet one of the following: enrolled in an Institutional SNP (I-SNP), living in a long term institution any time during the measurement year, members with both frailty and advanced illness diagnosis codes.

Helpful Tips:
➢ If the eye exam is positive for retinopathy, an annual exam is required. If the eye exam is negative for retinopathy, the exam is only needed every other year.
➢ Blindness is not an exclusion.
➢ Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates "diabetes without complications" does not meet criteria.
➢ Work with the member to develop an individual treatment plan to manage their diabetes; including medication adherence and healthy activities (exercise & diet).
➢ Refer member to a chronic condition management program.
➢ Educate members on importance of completing preventive tests and other healthy activities.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for other resources.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 2022F, 2024F, 2026F

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 63% to < 69%	≥ 69% to < 73%	≥ 73% to < 78%	≥ 78%

MEASURE C14: DIABETES CARE – KIDNEY DISEASE MONITORING

STAR Weight: ★

Measure Key: CDC

Specifications: HEDIS 2020 Technical Specifications Volume 2, page 182

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-75 years of age

Description: Members aged 18-75 with diabetes who had a nephropathy screening, monitoring test or evidence of nephropathy.

| Numerator: | Members with diabetes who had a nephropathy screening, monitoring test or evidence of nephropathy |

Denominator: Members aged 18-75 with diabetes

Exclusions:
➢ Members aged 66 and older as of December 31st of the measurement year who meet one of the following: enrolled in an Institutional SNP (I-SNP), living in a long term institution any time during the measurement year, members with both frailty and advanced illness diagnosis codes.

Helpful Tips:
➢ Any of the documentation below will meet the measure criteria:
   o A urine test for albumin or protein.
   o Documentation of a visit to a nephrologist.
   o Documentation of a renal transplant.
   o Documentation of medical attention for any of the following (no restriction on provider type): Albuminuria, Chronic kidney disease, Acute or Chronic renal failure, Diabetic nephropathy, Dialysis, hemodialysis or peritoneal dialysis, etc.
   o Evidence of ACE inhibitor/ARB therapy.
➢ Work with the member to develop an individual treatment plan to manage their diabetes; including medication adherence, and healthy activities (exercise & diet).
➢ Refer member to a chronic condition management program.
➢ Consider utilizing point of care testing during office visits or offering in home testing kits.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for toolkits and other resources.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 3066F, 4010F

2020 Cut Points			
★★	★★★	★★★★	★★★★★
N/A	≥ 80% to < 95%	≥ 95% to < 97%	≥ 97%

MEASURE C15: DIABETES CARE – BLOOD SUGAR CONTROLLED

STAR Weight: ★ ★ ★

Measure Key: CDC

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg.182

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-75 years of age

Description: Members aged 18-75 with diabetes who had an HbA1c test that showed their average blood sugar is under control (<9.0%).

Numerator: Members with diabetes who had an HbA1c test result of <9.0%
Denominator: Members aged 18-75 with diabetes

Exclusions:
➢ Members aged 66 and older as of December 31st of the measurement year who meet one of the following: enrolled in an Institutional SNP (I-SNP), living in a long term institution any time during the measurement year, members with both frailty and advanced illness diagnosis codes.

Helpful Tips:
➢ A higher rate indicates better performance for this measure.
➢ Poor Control is any of the following:
  o HbA1c >9.0%
  o HbA1c test not completed
  o HbA1c test result missing
➢ The medical record must include the date of the most recent HbA1c ***and*** the test result.
➢ Work with the member to develop an individual treatment plan to manage their diabetes; including medication adherence and healthy activities (exercise & diet).
➢ Refer member to a chronic condition management program.
➢ Consider utilizing point of care testing during office visits or offering in home testing kits.
➢ Educate members on importance of completing preventive tests and other healthy activities.
➢ If the member tested over 9.0%, retest after 90 days of original test.
➢ The most recent test during the measurement year is counted towards the numerator.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for toolkits and other resources.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 3044F-3046F (based on the result of the HbA1c test)

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 37% to < 61%	≥ 61% to < 72%	≥ 72% to < 85%	≥ 85%

MEASURE C16: RHEUMATOID ARTHRITIS MANAGEMENT

STAR Weight: ⭐

Measure Key: ART

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 216

Data Collection Method: Administrative

Age Range: 18+ years of age

Description: Members aged 18+ who are diagnosed with rheumatoid arthritis and were dispensed at least one disease-modifying anti-rheumatic drug (DMARD).

Numerator:	Members who were dispensed at least one DMARD Rx
Denominator:	Members aged 18+ who are diagnosed with rheumatoid arthritis

Exclusions:
➢ Members aged 66 and older as of December 31st of the measurement year who meet one of the following: enrolled in an Institutional SNP (I-SNP), living in a long term institution any time during the measurement year, members with both frailty and advanced illness diagnosis codes.
➢ Diagnosis of pregnancy during the year.

Helpful Tips:
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ Complete outreach to member to verify attendance at next appointment and offer assistance if needed.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310, Q5102-Q5104

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 60% to < 74%	≥ 74% to < 79%	≥ 79% to < 84%	≥ 84%

MEASURE C17: REDUCING THE RISK OF FALLING

STAR Weight: ★

Measure Key: FRM

Specifications: HOS

Data Collection Method: Survey

Age Range: 65+ years of age

Description: Members aged 65+ who had a fall or had problems with balance or walking in the past 12 months and were seen by a practitioner who discussed how to prevent falls or addressed the problems with balance or walking.

Numerator:	Members who were given guidance from a practitioner to reduce fall/balance risks
Denominator:	Members aged 65+ who had a fall or problems with balance and saw a practitioner within the last 12 months

Helpful Tips:
➢ Ask members about activities of daily living and assess potential fall risks.
➢ Educate members on potential fall risks and create a co-developed plan to reduce fall risks.
➢ Provide information and orders for medical equipment that can be used to reduce fall risks.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 51% to < 57%	≥ 57% to < 62%	≥ 62% to < 71%	≥ 71%

MEASURE C18: IMPROVING BLADDER CONTROL

STAR Weight: ★

Measure Key: MUI

Specifications: HOS

Data Collection Method: Survey

Age Range: 65+ years of age

Description: Members aged 65+ who have had urinary incontinence in the past 6 months and discussed treatment options with their practitioner.

> Numerator: Members who discussed treatment options with their practitioner
> Denominator: Members aged 65+ and had urinary incontinence in the last 6 months

Helpful Tips:
- Utilize a bladder health questionnaire.
- Reduce discomfort by encouraging open and honest communication.
- Discuss options that are available to help member improve bladder control.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 36% to < 42%	≥ 42% to < 47%	≥ 47% to < 51%	≥ 51%

MEASURE C19: MEDICATION RECONCILIATION POST-DISCHARGE

STAR Weight: ★

Measure Key: MRP

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 300

Data Collection Method: Administrative or Hybrid - all paid, suspended, pending, or denied claims

Age Range: 18+ years of age

Description: Members aged 18+ who were discharged from January 1- December 1 of the year where their medications were reconciled within 30 days after discharge.

> Numerator: Members that had their medications reconciled within 30 days of discharge
> Denominator: All discharges on or between January 1 and December 1 of the measurement year

Helpful Tips:
- Continuous enrollment of date of discharge through 30 days after discharge.
- If the member is readmitted within 30 days or direct transferred to an acute or non-acute inpatient care setting after the discharge then only count the last discharge.
- Documentation of the current medications with a notation that the provider reconciled the current and discharge medications, or notation that no medications were prescribed or ordered upon discharge.
- Schedule follow up appointment before member leaves facility.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

Commonly Used Codes: *Codes are examples only and not recommendations*
- 99483, 99495, 99496, 1111F

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 48% to < 62%	≥ 62% to < 71%	≥ 71% to < 84%	≥ 84%

MEASURE C20: PLAN ALL-CAUSE READMISSIONS

STAR Weight: ★ ★ ★

Measure Key: PCR

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 507

Data Collection Method: Administrative- all paid, suspended, pending, or denied claims

Age Range: 18+ years of age

Description: Members aged 18+ and the number of acute inpatient and observation stays during the year where the member was readmitted within 30 days.

> Numerator: Count of readmissions within 30 days
> Denominator: Count of acute inpatient stays

Exclusions:
➢ Hospitalizations where the admission date is the same as the discharge date.
➢ Inpatient stays with discharges for death.
➢ Acute inpatient discharge with a principal diagnosis of pregnancy or a condition originating in the perinatal period.

Helpful Tips:
➢ Continuous enrollment of one year prior to the index discharge date through 30 days after the index discharge date.
➢ Discharge planning begins at admission.
➢ Help member set up follow up appointments and transportation if needed before discharge.
  o Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
➢ Coordinate with member's care team to provide needed wrap around services, including medication reconciliation.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 99221, 99222, 99223, 992231, 9922, 99233, 99238, 99239, 99251, 99252, 99553, 33R1, 99233

2020 Cut Points			
★★	★★★	★★★★	★★★★★
> 8% to ≤ 10%	> 7% to ≤ 8%	> 3% to ≤ 7%	≤ 3%

MEASURE C21: STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE

STAR Weight: ★

Measure Key: SPC

Specifications: HEDIS 2020 Technical Specifications Volume 2, Pg. 173

Data Collection Method: Administrative - all paid claims

Age Range: Males 21-75 years of age, Females 40-75 years of age

Description: Male members aged 21-75 and female members aged 40-75 identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed a high or moderate intensity statin medication.

> Numerator: Members that were dispensed a high or moderate intensity statin medication
> Denominator: Male members aged 21-75 and female members aged 40-75 with ASCVD

Exclusions:
➢ Members aged 66 and older as of December 31st of the measurement year who meet one of the following: enrolled in an Institutional SNP (I-SNP), living in a long term institution any time during the measurement year, members with both frailty and advanced illness diagnosis codes.
➢ Pregnancy during the year or year prior.
➢ Dispensed a prescription for clomiphene during the year or year prior.
➢ End-stage Renal Disease (ESRD) or Cirrhosis diagnosis during the year or year prior.
➢ Myalgia, myositis, myopathy or rhabdomyolysis during the year.

Helpful Tips:
➢ Continuous enrollment of the measurement year and year prior with no more than one gap in enrollment of up to 45 days.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for toolkits and other resources.

Commonly Used Codes: *Codes are examples only and not recommendations*
➢ 99201-99205, 99212-99215, G0438, G0439, G9662, G9664, G9781, G9665

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 75% to < 79%	≥ 79% to < 83%	≥ 83% to < 87%	≥ 87%

MEASURE C22: GETTING NEEDED CARE

STAR Weight: ★ ★

Measure Key: C22

Specifications: CAHPS

Data Collection Method: Survey

Age Range: N/A

Description: This is a composite score summarizing the responses to the following two CAHPS Survey questions:
➢ In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
  o Answers: Never, Sometimes, Usually, Always
➢ In the last 6 months, how often was it easy to get the care, tests or treatment you needed?
  o Answers: Never, Sometimes, Usually, Always

Helpful Tips:
➢ Improve members' access to care and experience by:
  o Finding the correct balance between appointment availability and demand.
  o Offering flexible appointment times, same-day appointments, designated walk in hours and convenient hours of operation.
  o Providing patients with referrals in a timely manner.
  o Coordinating treatment information with the PCP and specialty providers.
  o Keeping patients informed of process, timelines, and referrals.
  o Assisting member in addressing any barriers to attend appointment or obtain medication.
  o Outreaching to member to verify attendance at next appointment and offer assistance if needed.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 80% to < 82%	≥ 82% to < 84%	≥ 84% to < 85%	≥ 85%

MEASURE C23: GETTING APPOINTMENTS AND CARE QUICKLY

STAR Weight: ★ ★

Measure Key: C23

Specifications: CAHPS

Data Collection Method: Survey

Age Range: N/A

Description: This is a composite score summarizing the responses to the following three CAHPS Survey questions:

➢ In the last 6 months, did you have an illness, injury or condition that needed care right away, how often did you get care as soon as you needed?
  o Answers: Never, Sometimes, Usually, Always
➢ In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
  o Answers: Never, Sometimes, Usually, Always
➢ Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?
  o Answers: Never, Sometimes, Usually, Always

Helpful Tips:
➢ Improving access to care and improving the patient's experience is:
  o Finding the correct balance between appointment availability and demand.
  o Offering flexible appointment times, same-day appointments, designated walk in hours, and convenient hours of operation.
  o Returning patient calls in a timely manner.
  o Keeping patients informed of process, timelines, and referrals.
  o Providing patients with test results in a timely manner.
  o Coordinating treatment information with the PCP and specialty providers.
  o Assisting member in addressing any barriers to attend appointment or obtain medication.
  o Outreaching to member to verify attendance at next appointment and offer assistance if needed.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 75% to < 76%	≥ 76% to < 79%	≥ 79% to < 81%	≥ 81%

MEASURE C27: CARE COORDINATION

STAR Weight: ★ ★

Measure Key: C27

Specifications: CAHPS

Data Collection Method: Survey

Age Range: N/A

Description: Percent of the best possible score the plan earned on how well the plan coordinates members' care. CAHPS Survey questions:

➢ In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
   o Answers: Never, Sometimes, Usually, Always
➢ In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
   o Answers: Never, Sometimes, Usually, Always
➢ In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
   o Answers: Never, Sometimes, Usually, Always
➢ In the last 6 months, how often did you and your doctor talk about all the prescription medicines you were taking?
   o Answers: Never, Sometimes, Usually, Always
➢ In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
   o Answers: Yes, definitely; Yes, somewhat; No
➢ In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
   o Answers: Never, Sometimes, Usually, Always

Helpful Tips:

➢ Offer flexible appointment times and designated walk in hours.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
➢ Contact member with any test results in a timely manner.
➢ Coordinate care effectively with all involved practitioners, hospitals and agencies to ensure members receive appropriate services. This includes rapport building and efficient information sharing.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 83% to < 85%	≥ 85% to < 87%	≥ 87% to < 88%	≥ 88%

Part D Domain and Measure Details

MEASURE D10: MEDICATION ADHERENCE FOR DIABETES MEDICATIONS

STAR Weight: ★ ★ ★

Measure Key: D10

Specifications: CMS 2020 Part C & D Star Rating Technical Notes, page 76

Data Collection Method: Administrative- all paid claims

Age Range: 18+ years of age

Description: Members aged 18+ with diabetes who are prescribed medication to manage their diabetes and who fill their prescriptions at least 80% of the time they are supposed to be taking it.

> Numerator: Members that fill their diabetic meds at least 80% of the time
> Denominator: Members aged 18+ with diabetes and prescribed diabetic medications

Exclusions:
➢ Members who fill an Insulin prescription.
➢ Members with an ESRD diagnosis.

Helpful Tips:
➢ Write prescriptions for a 90-day supply when possible and encourage members to request a 90-day supply from the pharmacy.
➢ Mail order service is available; members can call member services at 1-800-977-7522 (TTY/711) for assistance with enrollment.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ For questions on drug coverage, tier level, or plan limitations, please check the drug list on our website at https://allwell.azcompletehealth.com/prescription-drugs-formulary.html.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for toolkits and other resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 74% to < 78%	≥ 78% to < 82%	≥ 82% to < 85%	≥ 85%

MEASURE D11: MEDICATION ADHERENCE FOR HYPERTENSION (RAS ANTAGONISTS)

STAR Weight: ★ ★ ★

Measure Key: D11

Specifications: CMS 2020 Part C & D Star Rating Technical Notes, page 78

Data Collection Method: Administrative- all paid claims

Age Range: 18+ years of age

Description: Members aged 18+ who have been prescribed a blood pressure medication who fill their prescriptions at least 80% of the time they are supposed to be taking it.

>   Numerator: Members who fill their blood pressure meds at least 80% of the time
>   Denominator: Members aged 18+ who were prescribed blood pressure medication

Exclusions:
➢ Members with an ESRD diagnosis.
➢ Members with a prescription for sacubitil/valstartan.

Helpful Tips:
➢ Write prescriptions for a 90-day supply when possible and encourage members to request a 90-day supply from the pharmacy.
➢ Mail order service is available; members can call member services at 1-800-977-7522 (TTY/711) for assistance with enrollment.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ For questions on drug coverage, tier level, or plan limitations, please check the drug list on our website at https://allwell.azcompletehealth.com/prescription-drugs-formulary.html.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for toolkits and other resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 80% to < 83%	≥ 83% to < 86%	≥ 86% to < 88%	≥ 88%

MEASURE D12: MEDICATION ADHERENCE FOR CHOLESTEROL (STATINS)

STAR Weight: ★ ★ ★

Measure Key: D12

Specifications: CMS 2020 Part C & D Star Rating Technical Notes, page 81

Data Collection Method: Administrative– all paid claims

Age Range: 18+ years of age

Description: Members aged 18+ who have been prescribed a cholesterol medication and who fill their prescriptions at least 80% of the time they are supposed to be taking it.

> Numerator: Members who fill their cholesterol medications at least 80% of the time
> Denominator: Members aged 18+ who were prescribed a cholesterol medication

Exclusions:
➢ Members with an ESRD diagnosis.

Helpful Tips:
➢ Write prescriptions for 90-day supply when possible and encourage members to request a 90-day supply from the pharmacy.
➢ Mail order service is available; members can call member services at 1-800-977-7522 (TTY/711) for assistance with enrollment.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ For questions on drug coverage, tier level, or plan limitations, please check the drug list on our website at https://allwell.azcompletehealth.com/prescription-drugs-formulary.html.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for other resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
72% to < 80%	≥ 80% to < 84%	≥ 84% to < 87%	≥ 87%

MEASURE D14: STATIN USE IN PERSONS WITH DIABETES

STAR Weight: ★

Measure Key: SUPD

Specifications: CMS 2020 Part C & D Star Rating Technical Notes, page 85

Data Collection Method: Administrative- all paid claims

Age Range: Members 40-75 years of age

Description: Percentage of members aged 40-75 who were dispensed a medication for diabetes that receive a statin medication or statin combination during the measurement year.

| Numerator: | Members aged 40-75 who received a statin medication fill |
| Denominator: | Members aged 40-75 |

Exclusions:
➢ Members with an ESRD diagnosis.

Helpful Tips:
➢ Write prescriptions for 90-day supply when possible and encourage members to request a 90-day supply from the pharmacy.
➢ Mail order service is available; members can call member services at 1-800-977-7522 (TTY/711) for assistance with enrollment.
➢ Assist member in addressing any barriers to attend appointment or obtain medication.
➢ Offer flexible appointment times and designated walk in hours.
➢ Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
➢ Check https://www.azcompletehealth.com/providers/resources/practice-guidelines.html for toolkits and other resources.

2020 Cut Points			
★★	★★★	★★★★	★★★★★
≥ 74% to < 78%	≥ 78% to < 81%	≥ 81% to < 83%	≥ 83%

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlinitide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Empaglifozin-linagliptin • Empagliflozin-metformin	• 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 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	
Meglitinides	• Nateglinide	• Repaglinide	
Glucagon-like peptide-1 (GLP1) agonists	• Albiglutide • Dulaglutide	• Exenatide • Liraglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin	• Dapagliflozin	• Empagliflozin
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitaglipin	

Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

Dementia Medications

Description	Prescription		
Cholinesterase inhibitors	• Donepezil	• Galantamine	• Rivastigmine
Miscellaneous central nervous system agents	• Memantine		

Allwell Interventions

Allwell is committed to doing all that we can to ensure your success in improving health outcomes for members. Allwell has multiple ongoing interventions to support those outcomes. If you would like to work with our Quality Management Team to collaborate on new ideas for outreach, participate in pilot programs or assistance in creating your own interventions, please reach out to any of our QM team members or email us at: AZCHQualityManagement@azcompletehealth.com.

Targeted Member Outreach

MEMBER MAILERS/EMAILS

Monthly mailers and emails go out to members in order to help close gaps in care and improve the overall health of our members. Each of these mailers and emails are sent to members to remind them to schedule appointments with their primary care physicians to receive their preventive screenings. Additionally, mailers and emails are sent to members offering resources to reduce ED and Urgent Care utilization, and information regarding appointment availability.

Social Media
The social media campaign utilizes Facebook to maximize member outreach and education, with the goal to increase member health and wellness by encouraging members to obtain their annual well visits, screenings & vaccinations. https://www.facebook.com/AZCompleteHealth/

Fluvention
The Fluvention campaign is aimed at reminding members that getting their annual flu shot can help keep them and the people around them healthy. The campaign runs through flu season, typically September to March. All members are targeted with the following interventions: mailers, text messaging, phone messaging, as well as information on the website.

Promotoras
The Promotoras are a highly skilled, dedicated group of community members that share a desire to serve their community and are committed to improving overall community health and wellness by directly outreaching members to educate and assist with obtaining needed health services.

Strategic Collaborative Partnerships
Allwell is dedicated to building collaborative partnerships to drive innovative efforts aimed at keeping our members healthy. Current efforts include the use of a mobile retinal camera to conduct in-home diabetic eye exams and in-home test kits to screen for colorectal cancer.

Onsite Mobile Mammograms
Quality Management collaborates with the Community Affairs Department to sponsor mobile mammogram events to provide onsite mammogram services within disadvantaged communities.

Targeted Provider Outreach & Interventions

PROVIDER TOOLKITS

Coordination of Care (COC) Protocol
Developed to assist health care providers coordinate care and develop comprehensive treatment plans with physical, specialty and behavioral health providers for all patients with a direct focus on complex care patients with a behavioral health and/or substance abuse diagnosis, and/or other comorbid chronic conditions.

Readmissions and Patient Experience Toolkits
These toolkits assist providers with reducing the number of readmissions and improving member experience. The toolkits provide useful guidelines, tips, and other resources that will assist providers in addressing the key elements related to improved outcomes and improving the member's experience.

PROVIDER VISITS

In coordination with the Provider Engagement Department, Quality Management has developed a strategy focused on assisting providers with improving performance measures, member outcomes and member satisfaction. During visits, providers will receive useful tools and resources that can be utilized to improve member outcomes.

Member Appointment Checklist for Providers/Practitioners

This checklist is an option to check off what performance measures were completed during the visit.

Prior to the Visit

☐Identify gaps in care. Refer to the Quick Reference Guide on the following page.

During the Visit

☐ Annual Wellness Exam

Diabetes Care

☐ Eye Exam

☐ HbA1C Test

Immunizations/Vaccinations Given

☐Influenza

Screenings

☐ Breast Cancer Screening

☐ Colorectal Cancer Screening

After the Visit

Coordination of care: Utilize the COC Toolkit for other tips & tricks.

☐ Case Management referral/update

☐ Request records from other specialists, if needed

☐ Send records to specialists, if needed

2020 Performance Measure Quick Reference Guide

This quick reference guide shows the 2020 performance measures as related to in office visits and divided by age group. For more measure details, please reference the Reach for the Stars page listed.

ID	Performance Measure	Age Range	Reach for the Stars
Measures with an age range that begins at 18 years			
C13	Diabetes Care – Eye Exam	18-75	Pg. 22
C14	Diabetes Care – Kidney Disease Monitoring (Nephropathy)	18-75	Pg. 23
C15	Diabetes Care – Blood Sugar Controlled	18-75	Pg. 24
C03	Annual Flu Vaccine	18+	Pg. 13
C07	Adult BMI Assessment	18+	Pg. 17
C19	Medication Reconciliation Post-Discharge	18+	Pg. 28
D10	Medication Adherence for Diabetes	18+	Pg. 34
D11	Medication Adherence for Hypertension (RAS antagonists)	18+	Pg. 35
D12	Medication Adherence for Cholesterol (Statins)	18+	Pg. 36
Measures with an age range that begins at 50 years			
C01	Breast Cancer Screening	50-74	Pg. 11
C02	Colorectal Cancer Screening	50-75	Pg. 12
Measures with an age range that begins at 65 years			
C04	Improving or Maintaining Physical Health	65+	Pg. 14
C05	Improving or Maintaining Mental Health	65+	Pg. 15
C06	Monitoring Physical Activity	65+	Pg. 16
C17	Reducing the Risk of Falling	65+	Pg. 26
C18	Improving Bladder Control	65+	Pg. 27
Measures with an age range that begins at 66 years (SNP Only)			
C09	Care for Older Adults - Medication Review	66+	Pg. 18
C10	Care for Older Adults - Functional Status Assessment	66+	Pg. 19
C11	Care for Older Adults - Pain Assessment	66+	Pg. 20

Quality Management Contact Information

We are here to help, please contact one of our Quality Management Staff to assist. Feel free to email any questions, comments, or concerns to our Quality Management department inbox at AZCHQualityManagement@azcompletehealth.com, and we will forward to the appropriate staff.