

## QI Resource Guide

This guide offers simple, actionable steps to help you close gaps in care and accurately demonstrate performance in evidence-based measures. A claim is always preferred but the Tips section will provide additional ways to close gaps.

Measure & Call to Action	Population	Exclusions	Tips to Close Gaps
<b>Preventive Care and Screening</b>			
<b>Care for Older Adults- Medication Review</b> Complete a medication review with an updated medication list in the medical record yearly.	SNP Member >65 years	Hospice	<ul style="list-style-type: none"> <li>Documentation in Innovaccer in the Health Assessment or the Quality Assessment OR</li> <li>Submit both of the following codes: 1159F (List) AND 1160F (Review)</li> </ul>
<b>Care for Older Adults- Functional Status</b> Complete a functional status assessment yearly.	SNP Member >65 years	Hospice	<ul style="list-style-type: none"> <li>Documentation in Innovaccer in the Frail or Katz Assessment as part of the HRA protocol OR</li> <li>One of the following codes will close the gap: 1170F, G0438 (AWV), or G0439 (AWV)</li> </ul>
<b>SNP Care Management</b> Complete a Health Risk Assessment timely.	SNP Member >65 years	None	Complete Health Risk Assessments (HRA) timely. <ul style="list-style-type: none"> <li>Initial HRA: Within 90 days of enrollment</li> <li>Annual HRA: Within 364 days of prior HRA</li> </ul>
<b>Colorectal Cancer Screening</b> Ensure patients are up to date on their colorectal cancer screening.  Screening can include: <ul style="list-style-type: none"> <li>Annual fecal occult blood test</li> <li>Stool DNA test during year or 2 years prior.</li> <li>Flexible sigmoidoscopy or CT colonography during year or 4 years prior</li> <li>Colonoscopy during year or 9 years prior</li> </ul>	ISNP: 45-65 years  CSNP: 45-75 years	Hospice or Palliative Care  Colorectal Cancer  Colectomy	<ul style="list-style-type: none"> <li>If historical screening, document date of the screening in a Quality Assessment in Innovaccer.</li> <li>If completed during the measurement year:               <ul style="list-style-type: none"> <li>FOBT: 82270 (gFOBT) or 82274 (iFOBT). Follow up to ensure completed and record the result.</li> <li>The codes received for other colorectal cancer screenings performed during the measurement year by outside providers will close the gap.</li> </ul> </li> </ul>
<b>Breast Cancer Screening</b> Ensure patients have had a mammogram on or between October 1 and two years prior to the measurement period.	ISNP: 40-65 years  CSNP: 40-74 Years	Hospice, Palliative Care  Bilateral mastectomy	<ul style="list-style-type: none"> <li>If historical screening, document date of the screening in a Quality Assessment in Innovaccer.</li> <li>If the mammogram is completed during the measurement year, the CPT received from the screening facility will close the gap.</li> </ul>
<b>Depression Screening and Follow-up</b>	All	Hospice  History of bipolar disorder  History of depression the year prior	There are two components to this measure. <ol style="list-style-type: none"> <li>Depression Screening: Completion of PHQ-2 or PHQ-9 within the HRA will close the gap.</li> <li>Positive Depression Screening Follow Up: Completion of a follow up visit</li> </ol>

			<p>within 30 days of a positive depression screen.</p> <p>*If a positive PHQ-2 is followed by a negative PHQ-9, the negative PHQ-9 will close the follow up visit for positive depression screening.</p>
<b>Chronic Disease Management</b>			
<p><b>Statin Use in Persons with Diabetes (SUPD)</b></p> <p>Statin therapy for patients with diabetes can reduce the risk of developing heart disease.</p>	40-75 Years	<p>Hospice</p> <p>ESRD</p> <p>Rhabdomyolysis &amp; Myopathy (G72.9)</p> <p>Cirrhosis</p>	<ul style="list-style-type: none"> <li>• If a patient has a history of side effects, discuss the benefits vs risks and the likelihood of finding a tolerable regimen.</li> <li>• To reduce myopathy related symptoms, some experts initiate Rosuvastatin 2.5 mg once weekly, then 2.5 mg twice weekly, then 5 mg twice weekly, then increase as tolerated.</li> <li>• Use the pharmacy report to identify members with diabetes that do not have a statin prescription.</li> </ul>
<p><b>HbA1c Poor Control &gt;9% (GSD)</b></p> <p>Manage patients with diabetes to sustain HbA1c ≤9%.</p> <p>*The last HbA1c in a year is used to identify the HbA1c control.</p>	<p>ISNP: 18-65 years</p> <p>CSNP: 18-75 years</p>	<p>Hospice, Palliative Care</p>	<ul style="list-style-type: none"> <li>• Documentation in a Quality Assessment in Innovacer OR</li> <li>• Submit the CPTII code to correlate with the result: <ul style="list-style-type: none"> <li>• 3044F=&lt;7%</li> <li>• 3051F=&gt;7 and &lt;8%</li> <li>• 3052F=&gt;8% and ≤9%</li> </ul> </li> </ul>
<p><b>Eye Exam for Patients with Diabetes (EED)</b></p> <p>Refer to an eye care professional (optometrist or ophthalmologist) to complete a retinal or dilated eye:</p> <ul style="list-style-type: none"> <li>• Yearly if the member had a positive exam previously</li> <li>• Every 2 years, if negative exam findings previously</li> </ul>	<p>ISNP: 18-65 years</p> <p>CSNP: 18-75 years</p>	<p>Hospice or Palliative Care</p> <p>Bilateral eye enucleation</p>	<ul style="list-style-type: none"> <li>• Documentation in a Quality Assessment in Innovacer OR</li> <li>• Submit the code to correlate with the result: <ul style="list-style-type: none"> <li>• 2022F (with retinopathy)</li> <li>• 2023F (without retinopathy)</li> </ul> </li> </ul>
<p><b>Kidney Health Evaluation for Patients with Diabetes (KED)</b></p> <p>Complete an eGFR &amp; uACR yearly.</p>	<p>ISNP: 18-65 years</p> <p>CSNP: 18-85 years</p>	<p>Hospice, Palliative Care</p> <p>ESRD or Dialysis</p>	<p>Complete both the urine and blood tests.</p> <p>1. <b>Urine Test:</b> 82043 (Quantitative Urine Albumin) AND 82570 (Urine Creatinine) AND</p> <p>2. <b>Blood Test:</b> eGFR 80047</p> <p>**Follow through on orders until results have been identified. If the above codes are billed by the lab, the gap will close.</p>

<p><b>Controlling High Blood Pressure</b> Manage patients with hypertension to a blood pressure &lt;140/90.</p> <p>*The last blood pressure in a year is used to identify control.</p>	<p>ISNP: 18-65 years</p> <p>CSNP: 18-85 years</p>	<p>Hospice, Palliative Care</p> <p>ESRD</p>	<p>Documentation in a Quality Assessment in Innovaccer OR</p> <p>Submit the CPTII codes to correlate with the result:</p> <ul style="list-style-type: none"> <li>• 3074F=Systolic &lt;130</li> <li>• 3075F=Systolic 130-139 AND</li> <li>• 3078F=Diastolic &lt;80</li> <li>• 3079F=Diastolic 80-89</li> </ul>
<p><b>Care Coordination</b></p>			
<p><b>Care Transitions</b> Complete a follow up visit within 7 days from an ED or IP discharge.</p>	<p>All</p>	<p>Hospice</p>	<p>Complete a post-discharge follow up visit within 7 days and document the visit date in a Quality Assessment in Innovaccer.</p>
<p><b>Plan All Cause Readmission</b> Optimize care coordination to prevent readmission within 30 days of the IP discharge.</p>	<p>All</p>	<p>Hospice</p>	<p>Claims will be used to identify initial hospitalizations and readmissions</p>
<p><b>Medication Safety</b></p>			
<p><b>Medication Adherence</b> Ensure refills are timely by leveraging the medication adherence report distributed by pharmacy monthly.</p> <p>* RAS Antagonists, Statins, and/or diabetes medications (excluding insulin).</p>	<p>All</p>	<p>Hospice</p> <p>ESRD</p>	<ul style="list-style-type: none"> <li>• The measure uses prescription dispensing events to determine compliance. Do not rely on the MAR.</li> <li>• Consider deprescribing if the patient refuses medication frequently (preference is to consider deprescribing campaigns early in the year or end of year).</li> <li>• Use the pharmacy reports to identify members with gaps in prescription refills.</li> </ul>
<p><b>Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)</b> Patients should not take 2 or more unique anticholinergic medications concurrently.</p>	<p>≥65 years</p>	<p>Hospice</p>	<ul style="list-style-type: none"> <li>• Carefully evaluate medication lists when considering the initiation of an anticholinergic medication and consider safer alternatives.</li> <li>• Review the pharmacy report distributed monthly for opportunities to deprescribe.</li> </ul>
<p><b>Concurrent use of Opioids and Benzodiazepines (COB)</b> Patients should not take opioids and benzodiazepine concurrently.</p>	<p>≥ 18 years</p>	<p>Hospice or Palliative Care</p> <p>Cancer</p> <p>Sickle Cell Disease</p>	<ul style="list-style-type: none"> <li>• Carefully evaluate medication lists when considering the initiation of an opioid or benzodiazepine and consider safer alternatives.</li> <li>• Review the pharmacy report distributed monthly for opportunities to deprescribe.</li> </ul>

◆ HEDIS specifications were used to create the guidelines outlined in this resource. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). This resource is not an exhaustive list of exclusions or codes.

◆ The codes listed are for informational purposes only and not a comprehensive list of codes. This resource is not intended to suggest or guide billing or reimbursement.