

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

			within 30 days of a positive depression screen. *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.
Chronic Disease Management			
Statin Use in Persons with Diabetes (SUPD) Statin therapy for patients with diabetes can reduce the risk of developing heart disease.	40-75 Years	Hospice ESRD Rhabdomyolysis & Myopathy (G72.9) Cirrhosis	• If a patient has a history of side effects, discuss the benefits vs risks and the likelihood of finding a tolerable regimen. • 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. • Use the pharmacy report to identify members with diabetes that do not have a statin prescription.
HbA1c Poor Control >9% (GSD) Manage patients with diabetes to sustain HbA1c $\leq$9%. *The last HbA1c in a year is used to identify the HbA1c control.	ISNP: 18-65 years CSNP: 18-75 years	Hospice, Palliative Care	• Documentation in a Quality Assessment in Innovacer OR • Submit the CPTII code to correlate with the result: • 3044F=$<$7% • 3051F=$\geq$7 and $<$8% • 3052F=$\geq$8% and $\leq$9%
Eye Exam for Patients with Diabetes (EED) Refer to an eye care professional (optometrist or ophthalmologist) to complete a retinal or dilated eye: • Yearly if the member had a positive exam previously • Every 2 years, if negative exam findings previously	ISNP: 18-65 years CSNP: 18-75 years	Hospice or Palliative Care Bilateral eye enucleation	• Documentation in a Quality Assessment in Innovacer OR • Submit the code to correlate with the result: • 2022F (with retinopathy) • 2023F (without retinopathy)
Kidney Health Evaluation for Patients with Diabetes (KED) Complete an eGFR & uACR yearly.	ISNP: 18-65 years CSNP: 18-85 years	Hospice, Palliative Care ESRD or Dialysis	Complete both the urine and blood tests. 1. Urine Test: 82043 (Quantitative Urine Albumin) AND 82570 (Urine Creatinine) AND 2. Blood Test: eGFR 80047 **Follow through on orders until results have been identified. If the above codes are billed by the lab, the gap will close.

Controlling High Blood Pressure Manage patients with hypertension to a blood pressure <140/90. *The last blood pressure in a year is used to identify control.	ISNP: 18-65 years CSNP: 18-85 years	Hospice, Palliative Care ESRD	Documentation in a Quality Assessment in Innovaccor OR Submit the CPTII codes to correlate with the result: 3074F=Systolic <130 3075F=Systolic 130-139 AND 3078F=Diastolic <80 3079F=Diastolic 80-89
Care Coordination			
Care Transitions Complete a follow up visit within 7 days from an ED or IP discharge.	All	Hospice	Complete a post-discharge follow up visit within 7 days and document the visit date in a Quality Assessment in Innovaccor.
Plan All Cause Readmission Optimize care coordination to prevent readmission within 30 days of the IP discharge.	All	Hospice	Claims will be used to identify initial hospitalizations and readmissions
Medication Safety			
Medication Adherence Ensure refills are timely by leveraging the medication adherence report distributed by pharmacy monthly. * RAS Antagonists, Statins, and/or diabetes medications (excluding insulin).	All	Hospice ESRD	- The measure uses prescription dispensing events to determine compliance. Do not rely on the MAR. - Consider deprescribing if the patient refuses medication frequently (preference is to consider deprescribing campaigns early in the year or end of year). - Use the pharmacy reports to identify members with gaps in prescription refills.
Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH) Patients should not take 2 or more unique anticholinergic medications concurrently.	≥65 years	Hospice	- Carefully evaluate medication lists when considering the initiation of an anticholinergic medication and consider safer alternatives. - Review the pharmacy report distributed monthly for opportunities to deprescribe.
Concurrent use of Opioids and Benzodiazepines (COB) Patients should not take opioids and benzodiazepine concurrently.	≥ 18 years	Hospice or Palliative Care Cancer Sickle Cell Disease	- Carefully evaluate medication lists when considering the initiation of an opioid or benzodiazepine and consider safer alternatives. - Review the pharmacy report distributed monthly for opportunities to deprescribe.

- ◆ 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.