

# HEDIS® Provider Manual

[MDwise.org](http://MDwise.org)



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# WELCOME

**W**elcome to our Healthcare Effectiveness Data and Information Set (HEDIS®) provider manual. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is a widely used set of performance measures in the managed care industry, and an essential tool in ensuring that your patients and our members are getting the best health care possible.

**M**Dwise is your local, Indiana-based nonprofit health care company. We were founded in 1994 to help vulnerable populations needing health coverage in Indiana. Our parent organization, McLaren Health Care, is a nonprofit Michigan-based integrated health system that believe all Indiana families should have access to high quality care regardless of income.

**O**ur mission is to provide high quality health care. We only take care of families in Indiana. MDwise works with the State of Indiana and Centers for Medicare and Medicaid Services to bring you the Hoosier Healthwise and Healthy Indiana Plan health insurance programs. MDwise is an accredited health plan by the National Committee for Quality Assurance (NCQA).

**W**e've designed this manual to clearly define MDwise criteria for meeting HEDIS guidelines. We welcome your feedback and look forward to supporting your efforts to provide quality health care to your patients and our members.

# HOW TO USE THIS MANUAL

This manual is comprised of two sections:

- **Section 1: Partnering with MDwise to Measure Quality.** This section provides useful information on the MDwise Physician Pay for Value (P4V) program and how to submit HEDIS data to MDwise. We hope to provide you with as much information as possible to understand MDwise's guidelines on providing quality health care.
- **Section 2: Tips to Improve HEDIS Scores.** This section includes the description of each HEDIS measure, the correct billing codes and tips to help you improve your HEDIS scores. The measures are in alphabetical order.

# **Section 1**

## **Partnering with MDwise to Measure Quality**

## PHYSICIAN PAY FOR VALUE PROGRAM DETAILS

MDwise offers a robust Physician Pay for Value (P4V) program. We provide incentive payments for a wide variety of HEDIS services so all Primary Medical Providers (PMPs) have an opportunity to receive incentive payments for reaching specific quality and access metrics. The P4V program allows the PMPs to receive up to \$2.50 pmpm for HIP members and \$1.00 pmpm for HHW members, to be awarded to individual providers based on their attributed MDwise membership and achievement of the defined metric. Please contact your Provider Relations Representative for further information.

### Physician Pay for Value Program Eligibility

- Per State requirements, providers that may serve as PMPs include internal medicine physicians, general practitioners, family medicine physicians, pediatricians, obstetricians, gynecologists and endocrinologist if primarily engaged in internal medicine. MDwise will also allow nurse practitioners and physician assistants who carry a panel of MDwise members to participate.
- The PMP must be contracted with MDwise for at least six months of the measurement year and be contracted at the time of the payment.
- The PMP must have an annual average of 100 attributed members per month and assigned to the PMP for at least six months of the measurement year.
- The PMP must have an open panel to accept new MDwise HHW and HIP members at least six months of the measurement year.
- The PMP must participate in both HHW and HIP. Please see FAQ for further detail.
- Ninety percent (90%) of all claims during the measurement year must be submitted electronically.

### Criteria

HEDIS specifications, as outlined in this manual, are used to define the codes, eligible population and any exceptions to the measurement.

### Payment Schedule

Pay for Value is paid on an annual basis.

A more detailed description of the P4P program is available at [MDwise.org](https://www.mdwise.org).

## MDwise PHYSICIANS P4V METRICS

The table below describes the program's measures, performance goals and awards. Measures and awards are reviewed periodically to ensure they are bringing the expected value to our members. These goals may be adjusted by MDwise annually if warranted.

### Physician P4V Program

Line of Business	2019 Measure	Specification	Pediatrician Award Per Member	Family Practitioner Award Per Member	Internist Award Per Member	OB/GYN Award Per Member
HHW	W34	Achieve 75 <sup>th</sup> %tile for Well Child Visit in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> and 6 <sup>th</sup> Years of Life	\$0.25	\$0.25	N/A	N/A
HHW	FUH	Achieve 75 <sup>th</sup> %tile for Follow-up After Hospitalization for a Mental Illness Within 7 days	\$0.25	\$0.25	\$0.25	N/A
HHW	PPC	Achieve 50 <sup>th</sup> % tile for percentage of deliveries that received a prenatal care visit in the first trimester; on enrollment start date of within 42 days of enrollment	N/A	\$0.25	N/A	\$1.00
HHW	GDR-BH	Maintain an average Generic Dispense Rate of 80.2% for ADHD drugs during the measurement period	\$0.50	\$0.25	\$0.50	N/A
HIP	AMB-ER	Measurement Rate is below 80 visits per 1000 member months	\$0.50	\$0.50	\$0.50	\$0.50
HIP	AAP	Achieve 75 <sup>th</sup> %tile for percentage of members 19 years and older who had an ambulatory or preventive care visit	\$0.50	\$0.50	\$0.50	N/A
HIP	FUH	Achieve 75 <sup>th</sup> %tile for Follow-up After Hospitalization for a Mental Illness Within 7 days	\$0.50	\$0.50	\$0.50	N/A
HIP	PPC	Achieve 75 <sup>th</sup> % tile for percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery	N/A	\$1.00	N/A	\$1.00
HIP	PPC	Achieve 50 <sup>th</sup> % tile for percentage of deliveries that received a prenatal care visit in the first trimester; on enrollment start date of within 42 days of enrollment	N/A	\$1.00	N/A	\$1.00
HIP	GDR-BH	Maintain an average Generic Dispense Rate of 87.0% for Atypical Antipsychotic drugs during the measurement period	\$1.00	\$1.00	\$1.00	N/A

The above incentive programs are current as of the date of publication of this document. If we change a program, we will provide timely notice of any change.

# HOW TO SUBMIT HEDIS DATA TO MDwise

## Claims and Encounters

The *HEDIS Tips* section of this manual contains the appropriate CPT and diagnosis codes needed to bill for a particular measure.

## Members with Other Primary Insurance

Some of our members have primary insurance coverage other than MDwise. Even though the claim is paid by the primary insurance carrier, MDwise needs this secondary claim for HEDIS and the P4V program. MDwise accepts both electronic and paper claims when a member has another primary insurance carrier.



# AVOID MISSED OPPORTUNITIES

## Make Every Office Visit Count

Avoid missed opportunities by taking advantage of every MDwise member office visit to provide a well-child visit, immunizations, lead testing and BMI percentile calculations.

- A sports physical becomes a well-child visit by adding anticipatory guidance (e.g., safety, nutrition, health, social/behavior) to the sports physical's medical history and physical exam.
- A sick visit and well-child visit can be performed on the same day by adding a modifier-25 to the sick visit, and billing for the appropriate preventive visit. MDwise will reimburse for both services.
- For members 2 years and older, you do not need to wait 12 months between well-child/preventive visits.
- Remember, infants up to 15 months need at LEAST six well-child visits.
- BMI percentiles are a calculation based on the child's height and weight and should be calculated at every office visit. Be sure to include counseling for nutrition and physical activity.

# GLOSSARY

**Below is a list of definitions used in this manual.**

## **HEDIS**

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks.

## **Measure**

A quantifiable clinical service provided to patients to assess how effectively the organization carries out specific quality functions or processes.

## **Administrative Data**

Evidence of service taken from claims, encounters, lab or pharmacy data.

## **Supplemental Data**

Evidence of service found from a data source other than claims, encounters, lab or pharmacy data. All supplemental data may be subject to audit.

## **Denominator**

Entire health plan population that is eligible for the specific measure.

## **Numerator**

Number of members compliant with the measure.

## **Exclusion**

Member becomes ineligible and removed from the sample based on specific criteria (e.g., incorrect gender, age).

## **Hybrid**

Evidence of services taken from the patient's medical record.

## **Measurement Year**

The year the health plan gathers data.

## **HEDIS Measure Key**

The three letter acronym NCQA uses to identify a specific measure.

## **CHIRP**

The Children & Hoosier Immunization Registry Program is an electronic birth-to-death immunization registry available to private and public providers for the maintenance of immunization records.

## **NDC**

The National Drug Code is a unique ten-digit number and serves as a product identifier for human drugs in commercial distribution. This number identifies the labeler, product and trade package size.

## **Method of Measurement**

Appropriate forms and methods of submitting data to MDwise to get credit for a specific measure.

## **Section 2**

### **HEDIS Tips**

# GENERAL HEDIS TIPS TO IMPROVE SCORES

**Work with MDwise.** We are your partners in care and will assist you in improving your HEDIS scores.

**Use HEDIS specific billing codes when appropriate.** We have tip reference guides identifying what codes are needed for HEDIS.

**Use HEDIS *Members in Need of Services List*** that MDwise posts to the provider portal to identify patients who have gaps in care. If a patient calls for a sick visit, see if there are other needed services (e.g., well-care visits, preventive care services). Keep the *Members in Need of Services list* by the receptionist's phone so the appropriate amount of time can be scheduled for all gaps in care when patients call for a sick visit.

**Avoid missed opportunities.** Many patients may not return to the office for preventive care, so make every visit count. Schedule follow-up visits before patients leave.

**Improve office management processes and flow.** Review and evaluate appointment hours, access and scheduling processes, billing and office/patient flow. We can help streamline processes.

- Review the next day's schedule at the end of each day.
- Identify appointments where test results, equipment or specific employees are available for the visit to be productive.
- Call patients 48 hours before their appointments to remind them about their appointment and anything they will need to bring. Ask them to make a commitment to be there. This will reduce no-show rates.
- Use non-physicians for items that can be delegated. Have staff prepare the room for items needed.
- Consider using an after visit summary to ensure patients understand what they need to do. This improves the perception that there is good communication with the provider.

**Take advantage of your Electronic Medical Records (EMR).** If you have an EMR, try to build care gap alerts within the system.

# HEDIS TIPS: ACUTE BRONCHITIS TREATMENT (AAB)

## MEASURE DESCRIPTION

Members 3 months of age and older diagnosed with acute bronchitis **should not** be dispensed an antibiotic within seven days of the visit.

*Note: Prescribing antibiotics for acute bronchitis is not indicated unless there is a co-morbid diagnosis or a competing diagnosis (examples listed on the right).*

*Only about 10 percent of cases of acute bronchitis are due to a bacterial infection, so in most cases antibiotics will not help.*

## USING CORRECT BILLING CODES

### Codes to Identify Acute Bronchitis

Description	ICD-10 Code
Acute bronchitis	J20.0 - J20.9, J21.0, J21.1, J21.8, J21.9, J40

### Codes to Identify Co-morbid Conditions

Description	ICD-10 Code
Chronic bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.1, J43.2, J43.8, J43.9
Chronic airway obstruction	J44.0, J44.1, J44.9

### Codes to Identify Competing Diagnoses

Description	ICD-10 Code
Acute sinusitis	J01.00 – J01.91
Otitis media	H66.001-H66.019, H66.10-H66.13, H66.20-H66.23, H66.3X1-H66.3X9, H66.40-H66.43, H66.90-H66.93, H67.1 - H67.9
Acute pharyngitis	J02.0, J02.8, J02.9
Acute tonsillitis	J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

## How to Improve HEDIS Scores

- Educate patients on comfort measures without antibiotics (e.g., extra fluids and rest).
- Discuss realistic expectations for recovery time (e.g., cough can last for four weeks without being “abnormal”).
- For patients insisting that an antibiotic be prescribed:
  - » Give a brief explanation
  - » Write a prescription for symptom relief instead of an antibiotic
  - » Encourage follow-up in three days if symptoms do not get better
- Submit comorbid diagnosis codes if present on claim/encounter (see codes above).
- Submit competing diagnosis codes for bacterial infection if present on claim/encounter (see examples above).

# HEDIS TIPS: ADOLESCENT WELL-CARE VISIT (AWC)

## MEASURE DESCRIPTION

Members 12 - 21 years of age who had one comprehensive well-care visit with a PCP or OB-GYN during the measurement year.

Well-care visit consists of:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

## USING CORRECT BILLING CODES

### Codes to Identify Well-Care Visits

Description		CPT Codes
New patient annual preventive exam	5-11 years	99383
	12-17 years	99384
	18-39 years	99385
Established patient annual preventive exam	5-11 years	99393
	12-17 years	99394
	18-39 years	99395

Description		ICD-10 Codes
Routine child health exam (29 days-17 yrs)	w/ abnormal finding	Z00.121
	w/o abnormal finding	Z00.129
General adult medical exam (15 yrs and older)	w/o abnormal finding	Z00.00
	w/ abnormal finding	Z00.01
Encounter for other general examination		Z00.8
Examination for participation in sports		Z02.5
Health supervision and care of healthy infant and child (ages 0-17 years)		Z76.2

## How to Improve HEDIS Scores

- Make every office visit count. Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-care visit, immunizations, lead testing and BMI percent calculations.
- A sick visit and well-child visit can be performed on the same day by adding a modifier-25 to the sick visit, and billing for the appropriate preventive visit. MDwise will reimburse for both services.
- Make daycare/sports physicals into well-care visits by performing the required services and submitting appropriate codes.
- Use the *Members in Need of Services* list to identify patients who need an adolescent well-care visit.
- Send your completed [Fax Backs](#) to MDwise by fax to (317) 877-7189.

# HEDIS TIPS: ADULT ACCESS TO AMBULATORY/PREVENTIVE CARE (AAP)

## MEASURE DESCRIPTION

The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

## USING CORRECT BILLING CODES

Codes to Identify Ambulatory/Preventive Visits

Description	Codes
Ambulatory Visits	<b>CPT:</b> 99201-99205, 99211-99215, 99381-99387, 99391-99397, 99341-99345, 99347-99350, 99401
	<b>ICD-10:</b> Z00.00, Z00.01, Z00.03, Z00.05, Z00.08, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
	<b>HCPCS:</b> G0463
	<b>UBREV:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983
Other Ambulatory Visits	<b>CPT:</b> 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
	<b>UBREV:</b> 0524, 0525

## How to Improve HEDIS Scores

- Use correct diagnosis and procedure codes.
- Provide services for ambulatory or preventive care at every office visit.
- Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- Contact members on the *Members in Need of Services* list who have not had an ambulatory or preventive care visit during each calendar year.
- Send your completed [Fax Backs](#) to MDwise by fax to (317) 877-7189.

# HEDIS TIPS: ADULT BMI ASSESSMENT (ABA)

## MEASURE DESCRIPTION

Adults 18 -74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Documentation in the medical record must indicate the following, dated during the measurement year or year prior to the measurement year:

- Height
- Weight
- BMI value (if 20 years or older on date of service) or BMI percentile (if 18 or 19 years of age on date of service)

## USING CORRECT BILLING CODES

Codes to Identify BMI Value:  
(Age 20+ on date of service)

Description	ICD-10 Code
BMI less than 19.9, adult	Z68.1
BMI between 20-24.9, adult	Z68.20 - Z68.24
BMI between 25-25.9, adult	Z68.25
BMI between 26-29, adult	Z68.26 - Z68.29
BMI between 30-39.9, adult	Z68.30 - Z68.39
BMI 40 and over, adult	Z68.41 - Z68.45

Codes to Identify BMI Percentile:  
(Ages 18 & 19 on date of service)

Description	ICD-10 Code
BMI less than 5 <sup>th</sup> percentile for age, pediatric	Z68.51
BMI between 5 <sup>th</sup> – 84.9 <sup>th</sup> percentile for age, pediatric	Z68.52
BMI between 85 <sup>th</sup> – 94.9 <sup>th</sup> percentile for age, pediatric	Z68.53
BMI at or above 95 <sup>th</sup> percentile for age, pediatric	Z68.54

## How to Improve HEDIS Scores

- Make BMI part of the vital sign assessment at each visit.
- Use correct billing codes (decreases the need for us to request the medical record).
- Ensure proper documentation for BMI in the medical record with all components (i.e., date, weight, height and BMI value or BMI percentile).
- If on an EMR, update the EMR templates to automatically calculate the BMI and/or BMI percentile depending on the member's age.
- If not on an EMR, you can calculate the BMI value and/or percentile here:  
[www.cdc.gov/healthyweight/assessing/bmi/](http://www.cdc.gov/healthyweight/assessing/bmi/).



# HEDIS TIPS: AMBULATORY CARE ED VISITS (AMB-ER)

## MEASURE DESCRIPTION

This measure summarizes the utilization of ambulatory care services that occur in the Emergency Room.

*Note: This is an inverse measure, thus a lower rate is better.*

## USING CORRECT BILLING CODES

### Codes to Identify ED visits

Description	Codes
ED Visit	<b>CPT:</b> 99281-99285 <b>UBREV:</b> 0450-0452, 0456, 0459, 0981
ED POS (when billed with an ED Procedure Code)	<b>POS:</b> 23

## How to Improve HEDIS Scores

- Educate patients that they should **only** go to the Emergency Room for care when it is a true emergency where they are experiencing a serious medical condition and are in danger of lasting harm or loss of life if not seen immediately. Examples: poisoning, severe head injury, serious burns, loss of consciousness, excessive bleeding, sudden severe chest pains, convulsions and/or trouble breathing.
- Educate patients to call their doctor/provider office if unsure if it is a true emergency, even after hours.

# HEDIS TIPS: ANNUAL DENTAL VISIT (ADV)

## MEASURE DESCRIPTION

The percentage of members 2-20 years of age who had at least one dental visit with a dental practitioner during the measurement year.

*Note: NCQA defines a dental practitioner as a practitioner who holds a Doctor of Dental Surgery (DDS) or a Doctor of Dental Medicine (DMD) degree from an accredited school of dentistry and is licensed to practice dentistry by a state board of dental examiners. Certified and licensed dental hygienists are considered dental practitioners as well.*

## How to Improve HEDIS Scores

- Make sure to refer your patients for a dental screening annually.
- Remind patients of their dental benefit.
- Help patients schedule an appointment to see a dentist.
- Provide reminders calls/emails/texts to help ensure patients do not miss appointments.

## MEASURE DESCRIPTION

Members 18 years of age and older, as of April 30<sup>th</sup> of the measurement year, who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment:

- **Effective Acute Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective Continuation Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

## How to Improve HEDIS Scores

Educate your patients on how to take their antidepressant medications:

- How antidepressants work, benefits and how long they should be used
- Expected length of time to be on an antidepressant before starting to feel better
- Importance of continuing to take the medication even if they begin feeling better (for at least six months)
- Common side effects, how long the side effects may last and how to manage them
- What to do if there are questions or concerns

## USING CORRECT BILLING CODES

Codes to Identify Major Depression

Description	ICD-10 Code
Major depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.9, F33.41

Antidepressant Medications

Description	Prescription	
Miscellaneous Antidepressants	- Bupropion - Vilazodone - Vortioxetine	
Monoamine Oxidase Inhibitors	- Isocarboxazid - Phenelzine - Selegiline - Tranylcypromine	
Phenylpiperazine Antidepressants	- Nefazodone - Trazodone	
Psychotherapeutic Combinators	- Amitriptyline-chlordiazepoxide - Amitriptyline-perphenazine - Fluoxetine-olanzapine	
SNRI Antidepressants	- Desvenlafaxine - Duloxetine - Levomilnacipran - Venlafaxine	
SSRI Antidepressants	- Citalopram - Escitalopram - Fluoxetine	- Fluvoxamine - Paroxetine - Sertraline
Tetracyclic Antidepressants	- Maprotiline - Mirtazapine	
Tricyclic Antidepressants	- Amitriptyline - Amoxapine - Clomipramine - Desipramine - Doxepin (>6 mg)	- Imipramine - Nortriptyline - Protriptyline - Trimipramine

# HEDIS TIPS: APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

## MEASURE DESCRIPTION

Members 3 years of age and older diagnosed with pharyngitis and dispensed an antibiotic should have received a Group A strep test.

## USING CORRECT BILLING CODES

### Codes to Identify Pharyngitis

Description	ICD-10 Code
Acute pharyngitis	J02.8, J02.9
Acute tonsillitis	J03.80, J03.81 J03.90, J03.91
Streptococcal pharyngitis	J02.0
Streptococcal tonsillitis	J03.00, J03.01

### Codes to Identify Strep Test

Description	CPT Codes
Strep test	87070, 87071, 87081, 87430, 87650-87652, 87880

## How to Improve HEDIS Scores

- Perform a rapid strep test to throat culture to confirm diagnosis before prescribing antibiotics. Submit this test to MDwise for payment, or as a record that you performed the test. Use the codes above.
- Clinical findings alone do not adequately distinguish strep vs. non-strep pharyngitis. Most “red throats” are viral and therefore should never treat empirically, even in children with a long history of strep. Their strep may have become resistant and needs a culture.
- Submit any co-morbid diagnosis codes that apply on claim/encounter.
- If rapid strep test and/or throat culture is negative, educate parents/caregivers that an antibiotic is not necessary for viral infections.

# HEDIS TIPS: APPROPRIATE TREATMENT FOR URI (URI)

## MEASURE DESCRIPTION

Members 3 months of age and older diagnosed with upper respiratory illness (URI) **should not** be dispensed an antibiotic within **three days** of the diagnosis.

*Note: Claims/encounters with more than one diagnosis (e.g., competing or comorbid diagnoses) are excluded from the measure.*

## USING CORRECT BILLING CODES

### Codes to Identify URI

Description	ICD-10 Code
Acute nasopharyngitis (common cold)	J00
URI	J06.0, J06.9

### Codes to Identify Competing Diagnoses

Description	ICD-10 Code
Otitis media	H67.9, H66.13, H66.23, H66.40, H66.90, H66.009, H66.019, H66.3X9
Acute sinusitis	J01.00, J01.10, J01.20, J01.30, J01.40, J01.80, J01.90
Pharyngitis	J02.0, J02.8, J02.9
Tonsillitis	J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Chronic sinusitis	J32.0-J32.4, J32.8, J32.9
Pneumonia	J13-J18

## How to Improve HEDIS Scores

- Do not prescribe an antibiotic for a URI diagnosis only.
- Submit any co-morbid/competing diagnosis codes that apply (examples listed in the “Codes to Identify Competing Diagnoses” table above).
- Code and bill for all diagnoses based on patient assessment.
- Educate member on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen (antibiotic can be prescribed, if necessary, after three days of initial diagnosis).

# HEDIS TIPS: BREAST CANCER SCREENING (BCS)

## MEASURE DESCRIPTION

Women 52 -74 years of age who had one or more mammograms during the measurement year or the year prior to the measurement year.

Exclusions: Women who received a bilateral mastectomy any time prior to December 31 of the measurement year based on any of the following criteria:

- Bilateral mastectomy (or history of)
- Unilateral mastectomy **with** a bilateral modifier
- Unilateral mastectomies on **both** the left **and** right side on the same or different dates of service.

*Note: Biopsies, breast ultrasounds and MRIs do not count because HEDIS does not consider them to be appropriate primary screening methods.*

## USING CORRECT BILLING CODES

### Codes to Identify Mammogram

Description	Codes
Breast cancer screening	CPT: 77061-77063, 77065-77067

### Codes to Identify Exclusions

Description	Codes
History of Bilateral Mastectomy	ICD 10: Z90.13

## How to Improve HEDIS Scores

- Educate female patients about the importance of early detection and encourage testing.
- Schedule a mammogram for the patient or send the patient a referral.
- Have a list of mammogram facilities available to share with the member.
- Engage members in discussion of their fears about mammograms, and let women know these tests are less uncomfortable and use less radiation than they did in the past.

# HEDIS TIPS: CERVICAL CANCER SCREENING (CCS)

## MEASURE DESCRIPTION

Women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21-64 years of age who had cervical cytology performed within the last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years and were 30 years or older on the date of the test.
- Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years and were 30 years or older on the date of the test.

*Exclusions: Women who had a hysterectomy with no residual cervix.*

## USING CORRECT BILLING CODES

### Codes to Identify Cervical Cancer Screening

Description	Codes
Cervical Cancer Screening (21-64)	<b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0147, G0148, Q0091
Codes to identify HPV Test (30-64)	<b>CPT:</b> 87624, 87625

### Codes to Identify Exclusions

Description	Codes
Absence of Cervix	<b>ICD 10:</b> Q51.5, Z90.710, Z90.712
Surgical Codes for a Hysterectomy with No Residual Cervix	<b>CPT:</b> 51925, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135

## How to Improve HEDIS Scores

- Use a reminder/recall system (e.g., tickler file).
- Request results of Pap screenings be sent to you if done at OB-GYN visits.
- Document in the medical record if the patient had a hysterectomy with no residual cervix. Remember synonyms- *total, complete, radical*.
- Don't miss opportunities (e.g., completing Pap tests during regularly-scheduled well-woman visits, sick visits, urine pregnancy tests, UTI and Chlamydia/STI screening).

# HEDIS TIPS: CHILDHOOD IMMUNIZATIONS (CIS)

## MEASURE DESCRIPTION

Children 2 years of age who had the following vaccines **on or before their second birthday**:

- 4 DTaP (diphtheria, tetanus and acellular pertussis)
- 3 IPV (polio)
- 1 MMR (measles, mumps, rubella)
- 3 HiB (H influenza type B)
- 3 Hep B (hepatitis B)
- 1 VZV (chicken pox)
- 4 PCV (pneumococcal conjugate)
- 1 Hep A (hepatitis A)
- 2 or 3 RV (rotavirus)
- 2 Flu (influenza)

## USING CORRECT BILLING CODES

Codes to Identify Childhood Immunizations

Description	CPT Codes
DTaP	90698, 90700, 90723
IPV	90698, 90713, 90723
MMR	90707, 90710
HiB	90644, 90647, 90648, 90698, 90748
Hepatitis B	90723, 90740, 90744, 90747, 90748
VZV	90710, 90716
Pneumococcal Conjugate	90670
Hepatitis A	90633
Rotavirus (two-dose schedule)	90681
Rotavirus (three-dose schedule)	90680
Influenza (Flu)	90655, 90657, 90660-90662, 90672, 90673, 90685-90688

## How to Improve HEDIS Scores

- Use the Children & Hoosier Immunization Registry Program (CHIRP).
- Review a child's immunization record before every visit and administer needed vaccines.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations (e.g., MMR causes autism - now completely disproven).
- Have a system for patient reminders.



# HEDIS TIPS: CHLAMYDIA SCREENING (CHL)

## MEASURE DESCRIPTION

Women 16 - 24 years of age who were identified as sexually active and who had at least one Chlamydia test during the measurement year.

## USING CORRECT BILLING CODES

Codes to Identify Chlamydia Screening

Description	CPT Code
Chlamydia screening	87110, 87270, 87320, 87490-87492, 87810

## How to Improve HEDIS Scores

- Perform Chlamydia screening every year on every 16 - 24 year old female identified as sexually active (use any visit opportunity).
- Add Chlamydia screening as a standard lab for women 16 - 24 years old. Use well-child exams and well- women exams for this purpose.
- Ensure that you have an opportunity to speak with your adolescent female patients without their parent.
- Remember that Chlamydia screening can be performed through a urine test. Offer this as an option for your patients.
- Place Chlamydia swab next to Pap test or pregnancy detection materials.

# HEDIS TIPS: COMPREHENSIVE DIABETES CARE (CDC)

## MEASURE DESCRIPTION

Adults 18 -75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c control (<8.0%)
- Eye exam (retinal or dilated) performed
- BP control (<140/90mmHg)
- Nephropathy monitoring

## USING CORRECT BILLING CODES

Description	Codes
Codes to Identify Diabetes	<b>ICD-10:</b> E10, E11, E13, O24
HbA1c Tests and Results/Findings	<b>CPT:</b> 83036, 83037
	<b>CPT II:</b> 3044F, 3045F, 3046F, 3051F, 3052F
Nephropathy Screening and Treatment	<b>CPT:</b> 81000-81003, 81005, 82042, 82043, 82044, 84156
	<b>CPT II:</b> 3060F, 3061F, 3062F, 3066F, 4010F
	<b>ICD 10:</b> E08.2-E11.2, E13.2, I12, I13, I15, N00-N08, N14, N17- N19, N25, N26, Q60, Q61, R80
Diabetic Retinal Screening (must be performed by optometrist or ophthalmologist)	<b>CPT:</b> 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, 92225-92228, 92230, 92235, 92240, 92250, 92260
	<b>CPT II:</b> 2022F-2026F, 2033F, 3072F
Unilateral Eye Enucleation with a Bilateral Modifier	<b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Systolic Blood Pressure Readings	<b>CPT II:</b> 3074F, 3075F, 3077F
Diastolic Blood Pressure Readings	<b>CPT II:</b> 3078F, 3079F, 3080F
Remote Blood Pressure Monitoring	<b>CPT:</b> 93784, 93788, 93790

## How to Improve HEDIS Scores

- Review diabetes services needed at each office visit.
- Order labs prior to patient appointments.
- If point-of-care HbA1c test are completed in-office, helpful to bill for this; also ensure HbA1c result and date are documented in the chart.
- Adjust therapy to improve HbA1c and BP levels follow-up with patients to monitor changes.
- Take and document multiple blood pressure readings.
- A digital eye exam, remote imaging, and fundus photography can count as long as the results are read by an eye care professional (optometrist or ophthalmologist).
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).

# HEDIS TIPS: CONTROLLING HIGH BLOOD PRESSURE (CBP)

## MEASURE DESCRIPTION

Members 18 - 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.

*Notes:*

- *Members are included in the measure if they had at least two visits on different dates of service with a diagnosis of HTN during the measurement year or the year prior to the measurement year.*
- *The most recent BP reading during the measurement year on or after the second diagnosis of hypertension is to be used.*

## USING CORRECT BILLING CODES

### Codes to Identify Hypertension

Description	ICD-10 Code
Hypertension	I10

### Codes to Identify Blood Pressure Readings

Description	CPT II Codes
Diastolic < 80	3078F
Diastolic = 80-89	3079F
Diastolic >= 90	3080F
Systolic < 130	3074F
Systolic 130-139	3075F
Systolic >= 140	3077F

## How to Improve HEDIS Scores

- Calibrate the sphygmomanometer annually.
- Select appropriately sized BP cuff.
- If the BP is high at the office visit (140/90 or greater), take it again (HEDIS allows us to use the lowest systolic and lowest diastolic readings in the same day) and often the second reading is lower.
- Take and document multiple blood pressure readings.
- Do not round BP values up. If using an automated machine, record exact values.
- Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in three months.
- Current guidelines recommend two BP drugs started at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.

# HEDIS TIPS: FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

## MEASURE DESCRIPTION

Children 6-12 years of age newly prescribed an ADHD medication who had at least three follow-up care visits within a 10-month period. Two rates are reported:

- **Initiation Phase:** Members 6-12 years of age as of the IPSD (Index Prescription Start Date) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase.
- **Continuation and Maintenance (C&M) Phase:** Members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. One of these visits may be a telephone call.

## USING CORRECT BILLING CODES

Codes to Identify Follow-up Visits

Description	Codes		
Outpatient Visit	CPT: 90791, 90792, 90832-90834, 90836-90839, 90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Outpatient Visit with Partial Hospitalization POS	CPT: 90791, 90792, 90832-90834, 90836-90839, 90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 52
Community Mental Health Center Visit	CPT: 90791, 90792, 90832-90834, 90836-90839, 90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 53
Behavioral Health Outpatient Visit	CPT: 98960-98962, 99201-99205, 99211-99215, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401 HCPCS: G0463, H0004, H0031, H0034, H2000, H2011, H2013-H2015, H2017, H2019, H2020 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983		
Observation Visit	CPT: 99217, 99218, 99219, 99220		
Intensive Outpatient/Partial Hospitalization Visit	HCPCS: H0035, H2012, S9480 UBREV: 0905, 0907, 0912, 0913		
Health & Behavior Assessment or intervention	CPT: 96150-96154		

## How to Improve HEDIS Scores

- When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office.
- Schedule two more visits in the nine months after the first 30 days, to continue to monitor your patient's progress.
- NEVER continue these controlled substances without at least two visits per year to evaluate a child's progress. If nothing else, you need to monitor the child's growth to make sure he or she is on the correct dosage.
- Additional [Behavioral Health](http://MDwise.org) resources can be found on MDwise.org.

# HEDIS TIPS: FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA)

## MEASURE DESCRIPTION

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

1. The percentage of ED visits for which the member received **follow-up within 30 days of the ED visit**.
2. The percentage of ED visits for which the member received **follow-up within 7 days of the ED visit**.

Note: Follow-up visits that occur on the date of the ED visit **do count**.

## USING CORRECT BILLING CODES

Codes to Identify a Follow-Up Visit

Description	Codes			
IET Stand Alone Visit	<b>CPT:</b> 98960-98962, 99201-99205, 99211-99215, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401, 99408, 99409 <b>HCPCS:</b> H0004, H0005, H0015, H0031, H0034, H0035, H2000, H2011-H2015, H2017, H2019, H2020, H2035, S9480		<b>ALL FOLLOW-UP VISITS MUST HAVE A PRINCIPAL DIAGNOSIS OF AOD ABUSE AND DEPENDENCE</b> <b>ICD-10:</b> F10.10, F10.120-F10.20, F10.220-F10.29, F11.10, F11.120-F11.20, F11.220-F11.29, F12.10, F12.120-F12.20, F12.220-F12.29, F13.10, F13.120-F13.20, F13.220-F13.29, F14.10, F14.120-F14.20, F14.220-F14.29, F15.10, F15.120-F15.20, F15.220-F15.29, F16.10, F16.120-F16.20, F16.220-F16.29, F18.10, F18.120-F18.20, F18.220-F18.29, F19.10, F19.120-F19.20, F19.220-F19.29	
IET Visit Group 1 WITH IET POS Group 1	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853	WITH		<b>POS:</b> 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72
IET Visit Group 2 WITH IET POS Group 2	<b>CPT:</b> 99221-99223, 99231-99233, 99238, 99239	WITH		<b>POS:</b> 02, 52, 53
Observation Visit	<b>CPT:</b> 99217, 99218, 99219, 99220			

## How to Improve HEDIS Scores

- Educate inpatient and outpatient providers about the measure and the clinical practice guidelines.
- Try to schedule the follow-up appointment before the patient is discharged and provide the member with detailed information regarding their follow up appointment.
  - Include date, time, name of provider they are seeing, address of office, transportation, perceived barriers and any other information to help them feel comfortable getting to the appointment.
- Schedule the 7-day follow-up appointment within 5 days of the discharge to allow flexibility in rescheduling, if necessary.
- Try to use plan case managers or care coordinators to set up appointment.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).
- Additional [Behavioral Health](#) resources can be found on MDwise.org.

# HEDIS TIPS: FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

## MEASURE DESCRIPTION

Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm and who had a follow-up visit with a mental health practitioner. Two rates are reported:

1. Discharges for which the member received **follow-up within 30 days after discharge**.
2. Discharges for which the member received **follow-up within 7 days after discharge**.

*Note: follow-up visits that occur on the date of discharge do not count.*

## USING CORRECT BILLING CODES

Codes to Identify Follow-Up Visits (**Must** Be With A Mental Health Practitioner)

Description	Codes		
Outpatient Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Outpatient Visit with Partial Hospitalization POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 52
Community Mental Health Center Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 53
Electroconvulsive Therapy	CPT: 90870	WITH	POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 02
Behavioral Health Outpatient Visit	CPT: 98960-98962, 99201-99205, 99211-99215, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401		
	HCPCS: G0463, H0004, H0031, H0034, H2000, H2011, H2013-H2015, H2017, H2019, H2020		
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983		
Observation Visit	CPT: 99217, 99218, 99219, 99220		
Intensive Outpatient/Partial Hospitalization Visit	HCPCS: H0035, H2012, S9480		
	UBREV: 0905, 0907, 0912, 0913		

## How to Improve HEDIS Scores

- Educate your patients on the importance of following up with a mental health provider after being discharged from an inpatient mental health hospitalization.
- Educate inpatient and outpatient providers about the measures and the clinical practice guidelines
- Try to schedule the follow-up appointment before the patient is discharged and provide the member with detailed information regarding their follow up appointment.
  - Include date, time, name of provider they are seeing, address of office, transportation, perceived barriers and any other information to help them feel comfortable getting to the appointment.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).
- Schedule the 7-day follow-up appointment within 4 or 5 days of the discharge to allow flexibility in rescheduling, if necessary.
- Try to use plan case managers or care coordinators to set up appointment.
- Additional [Behavioral Health](#) resources can be found on MDwise.org.



# HEDIS TIPS: FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

## MEASURE DESCRIPTION

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.

*Note: Follow-up visits that occur on the date of the ED visit **do count**.*

## USING CORRECT BILLING CODES

### Codes to Identify a Follow-Up Visit

Description	Codes			
Outpatient Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72	ALL FOLLOW-UP VISITS MUST HAVE A PRINCIPAL DIAGNOSIS OF A MENTAL HEALTH DISORDER  <b>OR</b>  A PRINCIPAL DIAGNOSIS OF INTENTIONAL SELF-HARM WITH ANY DIAGNOSIS OF A MENTAL HEALTH DISORDER
Outpatient Visit with Partial Hospitalization POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 52	
Community Mental Health Center Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 53	
Electroconvulsive Therapy	CPT: 90870	WITH	POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72	
Telehealth Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239	WITH	POS: 02	
Behavioral Health Outpatient Visit	CPT: 98960-98962, 99201-99205, 99211-99215, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401			
	HCPCS: G0463, H0004, H0031, H0034, H2000, H2011, H2013-H2015, H2017, H2019, H2020			
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
Observation Visit	CPT: 99217, 99218, 99219, 99220			
Intensive Outpatient/Partial Hospitalization Visit	HCPCS: H0035, H2012, S9480			
	UBREV: 0905, 0907, 0912, 0913			

## How to Improve HEDIS Scores

- Educate inpatient and outpatient providers about the measure and the clinical practice guidelines.
- Try to schedule the follow-up appointment before the patient is discharged and provide the member with detailed information regarding their follow up appointment.
  - Include date, time, name of provider they are seeing, address of office, transportation, perceived barriers and any other information to help them feel comfortable getting to the appointment.
- Schedule the 7-day follow-up appointment within 5 days of the discharge to allow flexibility in rescheduling, if necessary.
- Try to use plan case managers or care coordinators to set up appointment.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).
- Additional [Behavioral Health](#) resources can be found on MDwise.org.

# HEDIS TIPS: IMMUNIZATIONS FOR ADOLESCENTS (IMA)

## MEASURE DESCRIPTION

Children 13 years of age who received the following vaccines by their 13<sup>th</sup> birthday:

- At least one meningococcal serogroups A, C, W, Y vaccine, with a date of service between the member's 11<sup>th</sup> and 13<sup>th</sup> birthdays
- At least one Tdap vaccine, with a date of service between the member's 10<sup>th</sup> and 13<sup>th</sup> birthdays
- Two or three Human Papillomavirus (HPV) vaccines, with dates of service between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays

*Note: HPV vaccination should be discussed as early as 9 years of age. For two dose vaccine, there must be at least 146 days between the first and second dose of the HPV vaccine.*

## USING CORRECT BILLING CODES

Codes to Identify Adolescent Immunizations

Description	Codes
Meningococcal	CPT: 90734
Tdap	CPT: 90715
Human Papillomavirus (HPV)	CPT: 90649, 90650, 90651

## How to Improve HEDIS Scores

- Use the Children & Hoosier Immunization Registry Program (CHIRP).
- Review missing vaccines with parents.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- Make every office visit count - take advantage of sick visits for catching up on needed vaccines. Institute a system for patient reminders.
- Ensure patient leaves office with a set appointment for the second and third dose of the HPV vaccine series.



# HEDIS TIPS: LEAD SCREENING IN CHILDREN (LSC)

## MEASURE DESCRIPTION

Children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

## USING CORRECT BILLING CODES

Codes to Identify Lead Tests

Description	CPT Code
Lead tests	83655

## How to Improve HEDIS Scores

- Make every visit count.
- Use your *Members in Need of Services* lists to identify patients who need lead screening.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to perform lead testing.
- Consider a standing order for in-office lead testing.
- Educate parents about the dangers of lead poisoning and the importance of testing.
- Complete a [Supply Order Form](#) to request screening and shipping supplies from Indiana State Department of Health (ISDH) – Indiana Lead and Health Homes Program.
  - » New submitters to the ISDH Laboratory will need to request a provider number and sampling instructions from the Indiana Lead and Healthy Homes Program. To request this, new submitters will need to call 317-233-1296.
- Bill in-office testing where permitted by the State fee schedule.
- Send your completed [Fax Backs](#) to MDwise by fax to (317) 877-7189.
- Test **ALL** children regardless of their risk factors at 1 and 2 years of age, and children 3 – 6 years of age if never tested.

# HEDIS TIPS: LOW BACK PAIN (LBP)

## MEASURE DESCRIPTION

Members 18 - 50 years of age with a new primary diagnosis of low back pain in an outpatient or ED visit who did NOT have an x-ray, CT or MRI within 28 days of the diagnosis.

*Note: A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).*

## USING CORRECT BILLING CODES

Codes to Identify Uncomplicated Low Back Pain & Imaging Studies

Description	Codes
Low back pain uncomplicated	<b>ICD 10:</b> M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40- M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS
Imaging Study	<b>CPT:</b> 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 73133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220,

## How to Improve HEDIS Scores

- Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment or IV drug abuse).
- Provide patient education regarding comfort measures (e.g., pain relief, stretching exercises and activity level).
- Use correct exclusion codes if applicable (e.g., cancer).
- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors).

# HEDIS TIPS: MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)

## MEASURE DESCRIPTION

The percentage of members 5 - 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

## How to Improve HEDIS Scores

- When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule the 30-day follow-up visit while your patient is still in the office.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).

## USING CORRECT BILLING CODES

### Codes to Identify Asthma

Description	Codes
Asthma	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998

### Asthma Controller Medications

Description	Prescription
Antiasthmatic combinations	- Dyphylline-guaifenesin
Antibody inhibitors	- Omalizumab
Anti-interleukin-5	- Benralizumab - Mepolizumab - Reslizumab
Inhaled steroid combinations	- Budesonide-formoterol - Fluticasone-salmeterol - Fluticasone-vilanterol - Formoterol-mometasone
Inhaled corticosteroids	- Beclomethasone - Budesonide - Ciclesonide - Flunisolide - Fluticasone - Mometasone
Leukotriene modifiers	- Montelukast - Zafirlukast - Zileuton
Methylxanthines	- Theophylline

### Asthma Reliever Medications

Description	Prescription
Short-acting, inhaled beta-2 agonists	- Albuterol - Levalbuterol

# HEDIS TIPS: PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

## MEASURE DESCRIPTION

Percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between Jan. 1 through Nov. 30 of the measurement year and who were dispensed appropriate medications.

Two rates are reported:

- Dispensed a systemic **corticosteroid** (or there was evidence of an active prescription) within **14 days of the event**.
- Dispensed a **bronchodilator** (or there was evidence of an active prescription) within **30 days of the event**.

*Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.*

## How to Improve HEDIS Scores

- For patients who were hospitalized, schedule an office visit within seven days of discharge.
- Review medications prescribed upon discharge and prescribe appropriate medications.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).

## USING CORRECT BILLING CODES

### Codes to Identify COPD

Description	ICD-10-CM Diagnosis
COPD	J41.0, J41.1, J41.8, J42, J43.0-J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

### Systemic Corticosteroid Medications

Description	Prescription
Glucocorticoids	- Cortisone-acetate - Dexamethasone - Hydrocortisone - Methylprednisolone - Prednisolone - Prednisone

### Bronchodilator Medications

Description	Prescription
Anticholinergic agents	- Albuterol-ipratropium - Aclidinium-bromide - Ipratropium - Tiotropium - Umeclidinium
Beta 2-agonists	- Albuterol - Arformoterol - Budesonide-formoterol - Fluticasone-salmeterol - Fluticasone-vilanterol - Formoterol - Formoterol-glycopyrrolate - Formoterol-mometasone - Indacaterol - Indacaterol-glycopyrrolate - Levalbuterol - Metaproterenol - Olodaterol-hydrochloride - Olodaterol-tiotropium - Salmeterol - Umeclidinium-vilanterol
Antiasthmatic combinations	- Dyphylline-guaifenesin

# HEDIS TIPS: POSTPARTUM CARE (PPC)

## MEASURE DESCRIPTION

Postpartum care visit with a PCP, OB- GYN or other prenatal care practitioner between 7 and 84 days after delivery.

A postpartum exam note should include:

- Pelvic exam; or
- Weight, BP, breast and abdominal evaluation, breastfeeding status incompatibility (ABO/Rh blood typing); or
- PP check, PP care, six-week check notation or pre-printed *Postpartum Care form* in which information was documented during the visit.

## USING CORRECT BILLING CODES

Codes to Identify Postpartum Visits

Description	Codes
Postpartum visit	CPT: 57170, 58300, 59430
	CPT II: 0503F
	ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical Cytology	CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

## How to Improve HEDIS Scores

- Schedule your patient for a postpartum visit within 7 to 84 days from delivery. Please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).

# HEDIS TIPS: PRENATAL CARE – TIMELINESS (PPC)

## MEASURE DESCRIPTION

The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.

## USING CORRECT BILLING CODES

### Codes to Identify Prenatal Care Visits

Description	Codes		
Prenatal Services	CPT: 59425, 59426 CPT II: 0500F, 0501F, 0502F		
Office Visit with Pregnancy Diagnosis	CPT: 99201-99205, 99211-99215	WITH	ICD-10: Z34.00-Z34.93, O09.00-O09.93, O10.01X, O10.11X, O10.21X, O10.31X, O10.41X, O10.91X, O11.1-O11.3, O11.9, O12.00-O12.03, O12.10-O12.13, O12.20-O12.23, O13.1-O13.3, O13.9, O14.00-O14.03, O14.10-O14.13, O14.20-O14.23, O14.90-O14.93, O15.0X, O15.1, O15.9, O16.1-O16.3, O16.9, O20.X, O21.X, O22.00-O22.93, O23.00-O23.93, O24.01X, O24.11X, O24.31X, O24.41X, O24.81X, O24.91X, O25.1X, O26.00-O26.619, O26.71X, O26.811-O26.93, O28.X, O29.011-O29.93, O30.001-O30.93, O31.00X0-O31.8X99, O32.0XX0-O32.9XX9, O33.0-O33.9, O34.00-O34.93, O35.0XX0-O35.9XX9, O36.0110-O36.93X9, O40.1XX1-O40.9XX9, O41.0XX0-O41.93X9, O42.00-O42.92, O43.011-O43.93, O44.00-O44.53, O45.001-O45.93, O46.001-O46.93, O47.00-O47.9, O48.0-O48.1, O60.00-O60.03, O71.00-O71.9, O88.01X, O88.11X, O88.21X, O88.31X, O88.81X, O91.01X, O91.03, O91.11X, O91.13, O91.21X, O91.23, O92.01X, O92.03, O92.11X, O92.13, O92.3-O92.79, O98.01X, O98.11X, O98.21X, O98.31X, O98.41X, O98.51X, O98.61X, O98.71X, O98.81X, O98.91X, O99.01X, O99.11X, O99.21X, O99.28X, O99.31X, O99.32X, O99.33X, O99.34X, O99.35X, O99.41X, O99.51X, O99.61X, O99.71X, O99.810, O99.820, O99.830, O99.840-O99.843, O9A.11X, O9A.21X, O9A.31X, O9A.41X, O9A.51X, Z03.71-Z03.79, Z36.0-Z36.9

## How to Improve HEDIS Scores

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- Have a direct referral process to OB-GYN in place.
- Complete the Notification of Pregnancy form through CoreMMIS.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).

# HEDIS TIPS: USE OF OPIOIDS AT HIGH DOSAGE (HDO)

## MEASURE DESCRIPTION

The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] of  $\geq 90$ ) for 15 or more days during the measurement year.

*Note: A lower rate indicates better performance.*

## USING CORRECT BILLING CODES

### Opioid Medications

Description	Prescription	Description	Prescription
Butorphanol	- Butorphanol	Meperidine	- Meperidine - Meperidine Promethazine
Codeine	- Codeine Sulfate - Acetaminophen Codeine - Acetaminophen Butalbital Caffeine Codeine - Aspirin Butalbital Caffeine Codeine - Aspirin Carisoprodol Codeine	Methadone	- Methadone
Dihydrocodeine	- Acetaminophen Caffeine Dihydrocodeine - Aspirin Caffeine Dihydrocodeine	Morphine	- Morphine - Morphine Naltrexone - Opium Morphine Equivalent
Fentanyl	- Fentanyl buccal or sublingual tablet (mcg) <sup>2</sup> - Fentanyl oral spray (mcg) <sup>3</sup> - Fentanyl nasal spray (mcg) <sup>4</sup> - Fentanyl transdermal film/ patch (mcg/hr) <sup>5</sup>	Opium	- Belladonna Opium
Hydrocodone	- Hydrocodone - Acetaminophen Hydrocodone - Hydrocodone Ibuprofen	Oxycodone	- Oxycodone - Acetaminophen Oxycodone - Aspirin Oxycodone - Ibuprofen Oxycodone
Hydromorphone	- Hydromorphone	Oxymorphone	- Oxymorphone
		Pentazocine	- Naloxone Pentazocine
		Tapentadol	- Tapentadol
		Tramadol	- Tramadol - Acetaminophen Tramadol

## How to Improve HEDIS Scores

- Review Indiana's Prescription Monitoring Program (INSPECT) every time an opioid is prescribed.
- Prescribe the lowest effective dose for the shortest amount of time. The CDC recommends avoiding increasing the dosage above 90 morphine milligram equivalents.
- Perform periodic reassessments to evaluate/ensure opioids are helping the patient meet their goals.
- Consider tapering to reduce the dosage or to discontinue opioid therapy when dosage is exceeding 90 morphine milligram equivalents daily without benefit.
- Counsel patients on appropriate behavioral modifications for pain management.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).



# HEDIS TIPS: USE OF OPIOIDS FROM MULTIPLE PROVIDERS (UOP)

## MEASURE DESCRIPTION

The proportion of members 18 years and older, receiving prescription opioids for 15 or more days during the measurement year who received opioids from multiple providers. Three rates are reported:

1. **Multiple Prescribers.** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. **Multiple Pharmacies.** The proportion of members receiving prescription for opioids from four or more different pharmacies during the measurement year.
3. **Multiple Prescribers and Multiple Pharmacies.** The proportion of members receiving prescriptions for opioids from four or more prescribers **and** four or more different pharmacies during the measurement year.

*Note: A lower rate indicates better performance for all three rates.*

## How to Improve HEDIS Scores

- Review Indiana's Prescription Monitoring Program (INSPECT) every time an opioid is prescribed.
- Set expectations with the patient around receiving opioids only from one prescriber at one pharmacy.
- Consider implementing a pain management agreement.
- MDwise has care management services to which you can refer patients. Call Customer Service at (800) 356-1204 or complete the [care management referral form](#).

## USING CORRECT BILLING CODES

### Opioid Medications

Prescription	Medication Lists
Buprenorphine	- Buprenorphine
Butorphanol	- Butorphanol
Codeine	- Acetaminophen Butalbital Caffeine Codeine - Acetaminophen Codeine - Aspirin Butalbital Caffeine Codeine - Aspirin Carisoprodol Codeine - Codeine Sulfate
Dihydrocodeine	- Acetaminophen Caffeine Dihydrocodeine - Aspirin Caffeine Dihydrocodeine
Fentanyl	- Fentanyl
Hydrocodone	- Acetaminophen Hydrocodone - Hydrocodone - Hydrocodone Ibuprofen
Hydromorphone	- Hydromorphone
Levorphanol	- Levorphanol
Meperidine	- Meperidine - Meperidine Promethazine
Methadone	- Methadone
Morphine	- Morphine - Morphine Naltrexone
Opium	- Belladonna Opium - Opium
Oxycodone	- Acetaminophen Oxycodone - Aspirin Oxycodone - Ibuprofen Oxycodone - Oxycodone
Oxymorphone	- Oxymorphone
Pentazocine	- Naloxone Pentazocine
Tapentadol	- Tapentadol
Tramadol	- Acetaminophen Tramadol - Tramadol



# HEDIS TIPS: WEIGHT ASSESSMENT AND COUNSELING (WCC)

## MEASURE DESCRIPTION

Children 3 - 17 years of age who had an outpatient visit with a primary care physician or OB-GYN and who had evidence of the following during the measurement year:

- BMI percentile documentation or BMI plotted on age appropriate growth chart (height, weight and BMI percentile must be documented)
- Counseling for nutrition
- Counseling for physical activity

## USING CORRECT BILLING CODES

Codes to Identify BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity

Description	Codes
BMI Percentile	<b>ICD-10:</b> Z68.51-Z68.54
	<b>CPT:</b> G8417, G8418, G8420
Counseling for Nutrition	<b>CPT:</b> 97802-97804
	<b>ICD-10:</b> Z71.3
	<b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	<b>ICD-10:</b> Z02.5, Z71.82
	<b>HCPCS:</b> S9451, G0447

## How to Improve HEDIS Scores

- Use appropriate HEDIS codes to avoid medical record review.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits and sports physicals) to capture BMI percent, counsel on nutrition and physical activity.
- Place BMI charts near scales.
- When documenting BMI include:
  - » Height, weight and BMI percentile.
- When counseling for nutrition, document:
  - » Current nutrition behaviors (e.g., appetite or meal patterns, eating and dieting habits). Example: drinks two percent milk.
- When counseling for physical activity, document:
  - » Current physical activity behaviors (e.g., exercise routine, participation in sports activities and exam for sports participation). Example: Plays on baseball team.
  - » Weight or obesity counseling counts for both nutritional and physical counseling.
  - » While “cleared for sports” does not count, a sports physical does count.

## MEASURE DESCRIPTION

Children who turned 15 months old during the measurement year and who had at least six well-child visits prior to turning 15 months.

Well-child visits consist of:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

## USING CORRECT BILLING CODES

Codes to Identify Well-Child Visits

Description		CPT Codes
New patient annual preventive exam	Infant	99381
	1-4 years	99382
Established patient annual preventive exam	Infant	99391
	1-4 years	99392

Description		ICD-10 Codes
Health exam for newborn under 8 days old		Z00.110
Health exam for newborn 8-28 days old		Z00.111
Routine child health exam (29 days -17 yrs)	w/ abnormal finding	Z00.121
	w/o abnormal finding	Z00.129
Encounter for other general examination		Z00.8
Encounter for adoption services		Z02.82
Health supervision and care of healthy infant and child (ages 0-17 years)		Z76.2

## How to Improve HEDIS Scores

- Use *Members in Need of Services* lists to identify patients who need well visits.
- Make every office visit count.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, lead testing, developmental screening and BMI calculations.
- Make day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- Medical record needs to include the date when a health and developmental history and physical exam were performed and health education/anticipatory guidance was given.
- Send your completed [Fax Backs](#) to MDwise by fax to (317) 877-7189.

# HEDIS TIPS: WELL-CHILD VISITS 3-6 YEARS OF LIFE (W34)

## MEASURE DESCRIPTION

Children 3- 6 years of age who had one or more well-child visits with a PCP during the measurement year.

Well-child visits consist of:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

## USING CORRECT BILLING CODES

Codes to Identify Well-Child Visits

Description		CPT Codes
New patient annual preventive exam	1-4 years	99382
	5-11 years	99383
Established patient annual preventive exam	1-4 years	99392
	5-11 years	99393

Description		ICD-10 Codes
Routine child health exam (29 days -17 yrs)	w/ abnormal finding	Z00.121
	w/o abnormal finding	Z00.129
Encounter for other general examination		Z00.8
Encounter for adoption services		Z02.82
Examination for participation in sports		Z02.5
Health supervision and care of healthy infant and child (ages 0-17 years)		Z76.2

## How to Improve HEDIS Scores

- Use *Members in Need of Services* lists to identify patients who need well-visits.
- Make every office visit count.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, lead testing and BMI percent calculations.
- A sick visit and well-child visit can be performed on the same day by adding a modifier-25 to the sick visit, and billing for the appropriate preventive visit. MDwise will reimburse for both services.
- Make daycare/sports physicals into well-care visits by performing the required services and submitting appropriate codes.
- Medical record needs to include the date when a health and developmental history and physical exam were performed and health education/anticipatory guidance was given.
- Send your completed [Fax Backs](#) to MDwise by fax to (317) 877-7189.

# HEDIS PROVIDER MANUAL- FAQs

**Q: The requirement states a PMP must participate in both HHW and HIP. Does this apply to pediatric providers as PMPs in the HIP program or internal medicine PMPs in HHW?**

**A:** The requirement does not apply to all provider types. If a provider practice area is not included in both programs, that fact alone will not disqualify a provider from receiving P4V payments. For example, if a HHW pediatrician does not participate in the HIP program since members are all 19 years old or older, that provider will still be able to earn P4V payments. Likewise, if a HIP internal medicine physician does not participate in HHW since members are mostly children, that provider will still be able to earn P4V payments.

**Q: Our practice did a well-child exam on an infant. Why does this service continue to show up on my report as non-compliant?**

**A:** Newborns less than 15 months old need six well-child visits before they turn 15 months to be marked compliant.

**Q: A member has changed their PMP and no longer sees our doctor, but still shows up on our *Members in Need of Services* list. How do we get this changed?**

**A:** The member should notify MDwise Customer Service of the change, either by phone at (800) 356-1204 or online through their [myMDwise](#) account. Once notified, the member will be removed from your HEDIS missing services report. The HEDIS missing services report displays members who are assigned to a provider office as of the run date of the report.

**Q: Our office sees MDwise members who are assigned to a different office. Will we receive a P4V bonus for the service we performed?**

**A:** The member must be assigned to the PMP for the PMP to get a P4V bonus payment.

**Q: Can the member change his or her PMP on the MDwise website?**

**A:** Yes. Members can change their doctor and request an ID card on the MDwise website at [myMDwise.org](#).

**Q: The *Members in Need of Services* list still lists services we performed months ago. How can we get the list corrected?**

**A:** Give your MDwise Provider Relations Representative a specific example of the issue so the problem can be properly investigated. Factors that may influence whether a service is removed from the *Members in Need of Services* list include:

- HEDIS guidelines for meeting compliance for a specific measure. To mark a member compliant, a specific diagnosis or CPT code must be billed. Even though the service was performed, if the claim does not reflect the specific diagnosis or CPT code, the member will remain non-compliant and continue to show up on your list.
- Lack of a secondary claim. For members who have other primary insurance, MDwise must receive a secondary claim in order to mark the member compliant.
- Timing issues. *Members in Need of Services* lists reflect a time lag between the service date and the date the member is marked compliant because MDwise has to wait until the claim is billed.
- Compliance timeframe issues. The service must be performed within the timeframes for the HEDIS measure. If a service is performed outside the compliance timeframe, the member will continue to show up on your list.

**Q: Is there a penalty for doctors who have patients who do not cooperate?**

**A:** HEDIS standards make no distinction between non-compliant and uncooperative members, and there is no provision to remove an uncooperative member from the targeted population. Plans and providers are encouraged to work with these members to render the recommended services.

# NOTES

# NOTES



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