

# 2020 Performance Measures



## Tips for MDwise Providers

These rates are used to measure the performance of health plans and their providers on important preventive and clinical services. Boosting the MDwise rates could lead to an annual bonus payout while contributing to quality care for MDwise members.

**Please be sure to submit a claim even if the member has other insurance, as these claims count toward the measures.** Claims for services rendered are subject to specialty requirements in order to count for performance measures. Also, be sure to follow up with members who miss appointments.

## Hoosier Healthwise & Healthy Indiana Plan

Measure	Frequency	Screening, Test or Care Needed	Opportunity
Well-Care Visits for Children and Adolescents (HEDIS)*  (0–15 months of life)  (3–6 Years of Life)  (Ages 12–21)	Minimum 6 visits  Minimum one annually  Minimum one annually	Well-child visits must be performed by a PMP or OB/GYN and must show evidence of all the following: <ul style="list-style-type: none"> <li>• Health and development history (physical and mental)</li> <li>• Physical exam</li> <li>• Health education/anticipatory guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Codes for Well-Care include: 99381–99385, 99391–99395, 99461 and G0438, G0439, Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, 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</li> <li>• Provide a complete problem-focused visit exam for the presenting problem of moderate to high severity and a complete preventive visit documenting the required components of the screening exam. This claim will require work-up of the additional diagnoses to support the provision of a separate and significant Evaluation and Management service of moderate intensity or greater by the same physician on the same day. Documentation must support the use of modifier 25.</li> <li>• Provide a well-visit at the time of a Sports Physical. Use Z00.121 or Z00.129 when billing with Sports Physical.</li> <li>• Use Z00.121 or Z00.129 as the primary diagnosis for EPSDT Health-watch visit (this is an expanded visit that allows for increased reimbursement).</li> </ul>
Adult Access to Preventive/Ambulatory Health Services (AAP) (HEDIS)^	Minimum one annually	Members must receive one annual preventive or ambulatory care visit for acute care, new patient consultation, or preventive care services.	The following diagnosis codes or CPT codes make the member compliant: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 92002, 92004, 92012, 92014, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, Z0000-Z0001, Z00121, Z00129, Z005, Z008, Z020-Z026, Z0271, Z0279, Z0281-Z0283, Z0289, Z029
Lead Screening in Children (LSC) (HEDIS)*	Minimum one lead test	Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	The following code makes the member compliant: 83655 or 83655 with the U1 or U2 modifier.
ER Admissions per 1000 member months (HEDIS)^*	Rate of ER visits per 1000 member months	Count all ER visits where the primary diagnosis is not mental health or chemical dependency.	Codes for Emergency Department visits 99281–99285 or revenue codes 45X and 981 or codes 10040–69979 with the place of service (POS) 23.
Medication Management for People with Asthma (MMA) (HEDIS)*	Children 5-11 years of age who were identified as having persistent asthma and were dispensed appropriate asthma controller medications	Children who remained on their asthma controller medications for at least 75% of their treatment period.	

## Women-Only Measures

Prenatal (HEDIS)^	Qualifying prenatal visits in the first trimester, on the enrollment start date or within 42 days.	Pregnant women who have received: <ul style="list-style-type: none"> <li>• Prenatal visits in the first trimester</li> <li>• On the enrollment start date at MDwise, or within 42 days</li> </ul>	<ul style="list-style-type: none"> <li>• Codes for Prenatal visits are 99201-99215 or 59425-59426 with the U1, U2, or U3 modifier</li> <li>• Use one of the diagnosis codes for Normal, Low-Risk Pregnancy (Z34.00, Z34.01, Z34.01, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83)</li> <li>• Use one of the diagnosis codes for High-Risk Pregnancy (O09.XX)</li> </ul>
Postpartum Care (HEDIS)^	Qualifying postpartum checkup visit on or between 21–56 days after delivery.  Delivery results in a live birth.	Pregnant women who have received: <ul style="list-style-type: none"> <li>• Postpartum visit between 21 and 56 days after delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Code for postpartum care includes: 59430</li> <li>• Provide Cervical Cancer Screening if due: Include as part of postpartum check.</li> <li>• Schedule postpartum visit before mom is discharged from the hospital.</li> <li>• For C-Section if member is seen at 2 weeks, she needs to be seen again between 21–56 days following delivery.</li> <li>• Use one of Adolescent Well-Care diagnosis codes (Z00.00, Z00.01, Z00.121, Z00.129) as secondary diagnosis for comprehensive well-visit so visit can also count for annual Adolescent Well-Care if it occurs during the calendar year.</li> <li>• Global codes are not billable for postpartum and will not count towards the measure.</li> </ul>
Notification of Pregnancy (NOP)^	One NOP per member per pregnancy to be eligible for reimbursement.	<ul style="list-style-type: none"> <li>• The woman's pregnancy must be less than 30 weeks gestation.</li> <li>• The NOP must be submitted within 5 calendar days of the risk assessment and must also be billed for reimbursement.</li> </ul>	<p>When billing for MDwise reimbursement of a successfully completed NOP, providers should use CPT code 99354 and modifier TH. The date of service should reflect the date the provider completed the risk assessment with the pregnant woman.</p> <p>When billing for reimbursement, hospitals can use the UB-04 claim form. NOP claim forms must be coded with the following:</p> <ul style="list-style-type: none"> <li>• Revenue Code 960</li> <li>• CPT code 99354 and modifier TH</li> </ul>

\* Measure is for the Hoosier Healthwise health plan only

^ Measure is for the HIP health plan only

HEDIS™: Healthcare Effectiveness Data and Information Set