## AHCCCS and CMS Performance Metrics

### Overview:
Health plans and providers are held to a standard on a variety of metrics by the Centers for Medicare and Medicaid and the State of Arizona. The sources for this rating include preventative measures, pharmacy measures, independent reviews, and surveys. When provider offices and health plans collaborate, the needs of the population can be appropriately addressed. Together, the necessary documentation and proper continuity of care will propel the membership to receive the best possible care. Health Choice thanks you for your help in keeping our members healthy!

### Child and Adolescent Performance Metrics

<table>
<thead>
<tr>
<th>Child and Adolescent Well Visits and Developmental Screening</th>
<th>Annual Dental Visits, Fluoride Varnish, and Dental Sealants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age:</strong> Birth-21</td>
<td>Annual Dental Visits (age 1-20): At least one dental visit every year</td>
</tr>
<tr>
<td><strong>Frequency:</strong> 6 visits by 15 months, then annually through age 21</td>
<td>Fluoride Varnish (Age 0-20): Applied at least every 6 months</td>
</tr>
<tr>
<td><strong>Description:</strong> All patients through age 21 should receive one or more comprehensive well-visits with a doctor, NP, or PA every year</td>
<td>Dental Sealants (Age 6-9): One dental sealant per permanent molar tooth per 36 month period</td>
</tr>
<tr>
<td><strong>Qualifying CPT Codes:</strong></td>
<td></td>
</tr>
<tr>
<td>New patient well visit: 99381-99385</td>
<td>Be sure to recommend dental services every time you see your pediatric patients!</td>
</tr>
<tr>
<td>Established patient well visit: 99391-99395</td>
<td>You can help your patients find an AHCCCS-contracted dental provider on the AHCCCS website:</td>
</tr>
<tr>
<td>Developmental screening: 96110*</td>
<td>Go to <a href="http://www.AZAHCCCS.gov">www.AZAHCCCS.gov</a>, then select Members/Applicants, then Provider Listings</td>
</tr>
</tbody>
</table>

*NOTE: Well Visits can be scheduled at any time during the year; Health Choice Arizona does not impose any restrictions around timing of well visits

### Child and Adolescent Recommended Immunization Schedule*

**Note:** All immunizations must be logged in ASIIS

*This is a general guideline based on recommendations from the Centers for Disease Control (CDC). Children who miss shots normally given at a certain age and children in certain high-risk groups may receive additional shots, or may receive shots at different times than shown on this schedule. *For HPV a two dose schedule may be followed if both doses are administered at 9yrs - 14yrs old and are at least 5 months apart; a 3 dose schedule is required if administered at 15yrs or older or 2nd dose is less than 5 months after 1st dose **Recommended** **Catching up**

### Adolescent and Adult Performance Metrics

#### BMI Assessment (Child & Adult)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>12-15</th>
<th>18</th>
<th>4-6</th>
<th>9-10</th>
<th>11-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepB</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
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<tr>
<td>DTaP</td>
<td></td>
<td>★</td>
<td>★</td>
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<td>★</td>
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<tr>
<td>IPV</td>
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<td>★</td>
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<td>★</td>
</tr>
<tr>
<td>PCV</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td>★</td>
<td>★</td>
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<tr>
<td>Rotavirus</td>
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<td>★</td>
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<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

**Influenza**

2 doses by 2 years of age Seasonal and yearly

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>12-15</th>
<th>18</th>
<th>4-6</th>
<th>9-10</th>
<th>11-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRR</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
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<tr>
<td>Varicella</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>HepA</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>MCV4</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
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<td>★</td>
<td>★</td>
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<td>Tdap</td>
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<td>★</td>
<td>★</td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td>★</td>
<td>★</td>
<td>10-13</td>
<td>★</td>
</tr>
</tbody>
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**Note:** All immunizations must be logged in ASIIS

#### Chlamydia Screening in Women (CHL)

<table>
<thead>
<tr>
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<th>2</th>
<th>4</th>
<th>6</th>
<th>12-15</th>
<th>18</th>
<th>4-6</th>
<th>9-10</th>
<th>11-13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

**For HPV a two dose schedule may be followed if both doses are administered at 9yrs - 14yrs old and are at least 5 months apart; a 3 dose schedule is required if administered at 15yrs or older or 2nd dose is less than 5 months after 1st dose **Recommended** **Catching up**

#### Screening for Depression and Follow-up Plan

**Description:** All patients should be screened for depression using a standardized tool (e.g. PHQ). If the screening is positive, a follow-up plan must be documented.

**Qualifying HCPCS Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GB831</td>
<td>Screening for depression is documented as being positive and a follow-up plan is documented</td>
</tr>
<tr>
<td>GB8510</td>
<td>Screening for depression is documented as negative, a follow-up plan is not required</td>
</tr>
</tbody>
</table>

#### Prenatal Visits

**Description:** Pregnant patients should receive at least one prenatal care visit during the first trimester

**Qualifying Services:** Prenatal office visit

**Qualifying Codes:** T1015, 99201-99205, 99211-99215, 99241-99245, 0503F

#### Postpartum Visits

**Description:** Patients who deliver babies should receive a postpartum visit between 21 and 56 days post-delivery

**Qualifying Services:** Postpartum office visit, IUD insertion, Pap exam

**Qualifying Codes for Standalone Postpartum Visit:** 59430, 0503F

If you submitted a global OB code prior to the postpartum visit, submit a $0 claim with CPT-II code 0503F on the day of the PPV

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12/2019
**Health Choice does not require referrals or prior authorization for breast cancer screening, cervical cancer screening, or colorectal cancer screening**

### Breast Cancer Screening
- **Age:** 50–74
- **Description:** Women 50–74 years of age must have a mammogram to screen for breast cancer every two years.

### Cervical Cancer Screening
- **Age:** 21-64
- **Frequency:** Age 21-64, cervical cytology every 3 years
  - Age 30-64, cervical cytology + HPV test every 5 years
- **Description:** The percentage of women 21–64 years of age who were screened for cervical cancer in the previous 3-5 years
  - Qualifying CPT if performed in-office: Q0091
  - Note: This is the only office visit code that qualifies for this measure

### Colorectal Cancer Screening
- **Age:** 50-75
- **Frequency:** Varies based on screening type
  - Colonoscopy: Every 10 years
  - Sigmoidoscopy: Every 5 years
  - CT Colonography: Every 5 years
  - FIT DNA/Cologuard*: Every 3 years
  - FOBT/FIT Kit: Every year
- **Description:** Individuals 50–75 years of age should receive appropriate screening for colorectal cancer

### Medication Reconciliation Post-Discharge
- **Age:** 18+
- **Post-Discharge Best Practices:**
  - Request the discharge summary for all patients who are admitted to an inpatient setting and upload it to your EMR
  - See the patient for a post-discharge follow-up within 30 days
  - Reconcile the patient's medications, document the reconciliation in your EMR, and use CPT-II code 1111F

### Comprehensive Diabetes Care (CDC)
#### A1c Testing/Control, Eye Exam, and Medical Attention for Nephropathy
- **Age:** 18-75 with a diagnosis of diabetes
- **Frequency:** Every year
- **Description:** Diabetic patients (type 1 and type 2) 18-75 years of age should receive each of the following every year:
  - Hemoglobin A1c (HbA1c) testing
  - Retinal eye exam
  - Screening or medical attention for nephropathy
- **Qualifying CPT and CPT-II Codes for A1c Testing/Control:**
  - 83036 Hemoglobin; glycosylated (A1C)
  - 3044F A1c below 7.0%
  - 3045F A1c 7.0%-9.0%
  - 3046F A1c above 9.0%

#### Diabetic Eye Exams:
Communicate to your diabetic patients how easy and important diabetic eye exams are and make sure your patients are aware that diabetic retinopathy can only be diagnosed via a dilated eye exam; normal vision exams are not sufficient. Offer to help your diabetic patients schedule their diabetic eye exams and review the results with them after they have received the exam.
- **Timing Note:** If lack of retinopathy is documented using CPT-II 3072F, another exam is not required for two years.

#### Qualifying CPT Codes for Medical Attention for Nephropathy:
- **Nephropathy Screening:**
  - 82042, Albumin; urine or other source, quantitative, each specimen
  - 84156, Protein, total, except by refractometry
- **Nephropathy Treatment:**
  - 90935 Hemodialysis procedure
  - 3066F Documentation of treatment for nephropathy

### Care For Older Adults (COA)
#### Advance Care Planning, Medication Assessment, Functional Status Assessment, Pain Assessment
- **Age:** 66 years and older
- **Frequency:** Every year
- **Description:** The percentage of adults 66 years and older who had:
  - Medication review
  - Functional status assessment
  - Pain assessment
- **Functional Status Assessment:** An individual's functional status should be assessed using ADLs, IADLs, or other standardized tool
- **Qualifying CPT and CPT-II Codes:**
  - 1170F Functional Status Assessed

#### Pain Assessment:
- **Pain Assessment:** Pain can be quantified using a numerical scale, face scale, or other method. Pain assessment in any single body system except the chest qualifies.
- **Qualifying CPT-II Codes:**
  - 1125F Pain severity quantified; pain present
  - 1126F Pain severity quantified; no pain present
- **Medication Review:** Both are required every year: at least one medication review and the presence of a medication list in the medical record
- **Qualifying CPT-II Codes:**
  - 1159F Medication list documented in medical record AND
  - 1160F Review of all medications by a prescribing practitioner