

2019 Quality Measures

Quick Reference Guide June 2019

MEASURE	DESCRIPTION	FREQUENCY	COMMON CODES	NOTES
ACO 13 Falls: Screening for Future Fall Risk	Patients 65 and older screened for future fall risk Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period	Annual During the measurement year	Falls risk assessment AND screened for future fall risk with Hx of falls: 1100F with NO Hx of falls: 1101F	A specific screening tool is not required for this measure. A gait/balance assessment or documentation of "No FALLS" meets this measure. This documentation may be completed during a telehealth encounter. Recommended tool: Morse Falls Screening Tool Exclusion: Patients who are non-ambulatory.
HEDIS Body Mass Index (BMI) Assessment	Patients 18 to 74 with a documented BMI Percentage of patients 18 to 74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.	During the measurement year or the year prior to the measurement year (24 months)	Specific BMI associated Z codes (not the range codes)	Document the following during an outpatient visit: <ul style="list-style-type: none"> BMI: date and result. Weight: date and result. Though not required, best practice is to measure height and to address BMI if abnormal (<18.5 or >25) Exclusion: Patients who are pregnant during the measurement year.
ACO 14 Preventive Care and Screening: Influenza Immunization	Patients aged 6 months and older Percentage of patients 6 months of age and older seen for a visit between October 1 and March 31 who received influenza immunization or who reports receipt of influenza immunization August 1 to March 31	August 1, 2018 through March 31, 2019	CDC recommended influenza vaccines codes	Patients can report previous receipt of influenza immunization during the flu season (August 1 to March 31 of the measurement period). May complete documentation with a telehealth encounter. Document the date of the vaccination. Exceptions: allergy, patient declined, vaccine not available at time of visit
ACO 17 Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 and older <ol style="list-style-type: none"> Screened for tobacco use one or more times, AND Identified as a tobacco user who received tobacco cessation intervention Screened AND received tobacco cessation intervention if identified as a tobacco user 	24 Months (Jan. 1, 2018 through Dec. 31, 2019)	4004F: Screened, positive tobacco user, AND received tobacco cessation intervention (counseling, pharmacotherapy, or both) 1033F: Screened, tobacco non-user	Tobacco use includes all forms of tobacco including chewing tobacco. Tobacco cessation intervention must include brief counseling (3 minutes or less) and/or pharmacotherapy. May complete documentation with a telehealth encounter.
ACO 18 Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older <ol style="list-style-type: none"> Screened for clinical depression using an age appropriate, standardized screening tools on the date of encounter, AND Documented follow-up plan if screening positive 	Once during the measurement year at the time of encounter	Screening Negative: G8510 Screening Positive AND Follow-up Documented: G8431 Medication: Pharmacy Claim	Recommended tool: PHQ2 or PHQ9 (any other tool must be age appropriate and standardized) If a copy of the screening tool is not in the chart, provider must document the screening tool name and the result (positive or negative) Exclusions: Patients with an active diagnosis of depression or bipolar disorder
ACO 19 Colorectal Cancer Screening	Patients aged 50 to 75 Percentage of adults 50 to 75 years of age who had appropriate screening for colorectal cancer.	Colonoscopy: q10 years FOBT (e.g. FIT): q1 year FIT/DNA: q3 years Sigmoidoscopy: q5 years	Colonoscopy: Procedure Codes FIT: Lab Claims FIT/DNA: Lab Claims *CT Colonography: Radiology Codes *Sigmoidoscopy: Procedure Codes (*no longer recommended)	Patient reported requirement: Date (year), type of test AND result/finding must be documented. May complete documentation with a telehealth encounter. Note: DRE sample in office does not count. Recommendation: Scan copy of report into EHR Exclusions: Patients with documented colorectal cancer or total colectomy, patients entering hospice

ACO 20 Breast Cancer Screening	Women aged 50 to 74 Percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer within 27 months.	24 months plus 3 months grace period	Imaging/Radiology Procedure Codes	Copy of results is required if the procedure claim is not billed by performing facility. This documentation may be completed during a telehealth encounter. Patient reported requirement: Date and type of test and result/finding (normal/abnormal). Recommendation: Scan copy of results into EHR. Exclusion Criteria: Coding for/documentation of a "Bilateral Mastectomy" or "two Unilateral Mastectomies" meets criteria.
ACO 28 High Blood Pressure (BP) Management % <140/90	Percentage of patients 18 to 85 with high BP who had a diagnosis of hypertension AND most recent systolic SBP was <139 AND diastolic BP was <89	Annual Last value of the year		Only most recent BP in the recording year counts. BP reading from home or inpatient setting are not acceptable. If multiple blood pressure readings on the same visit, lowest SBP and DBP readings are considered Exclusions: Patients who are pregnant, in hospice, >65 in LTC.
HEDIS Well Child Care (WCC) visit 15 months of life	Patients aged 31 days to 15 months The percentage of patients who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months.	15 months old during the measurement year	WCC encounter code claims <ul style="list-style-type: none"> Z00.129: Without abnormal findings Z00.121: With abnormal findings 	Opportunities: Outpatient WCC done and CODED at 1 week visit, 1, 2, 4, 6, 9, 12, 15 months (AAP recommended schedule) Visits need to be >2 weeks apart Exclusion: Hospice patients
ACO 42 CAD: Percentage of ASCVD patients on statins	The percentage of patients: <ul style="list-style-type: none"> Adults aged >21 with a diagnosis of ASCVD Adults aged >21 with diagnosis of hypercholesterolemia and LDL >190 Adults aged 40 to 75 with diagnosis of diabetes with LDL level of 70 to 189 	Annual during the measurement year	Medication: Pharmacy Claim	Met in the measurement year through: <ol style="list-style-type: none"> Samples given to patients and documented Rx given to patient or called/sent to pharmacy during encounter or at any other time Only STATIN therapy meets this measure Intensity of the statin is not considered in this measure Exclusions: Pregnancy, breastfeeding, rhabdomyolysis Exceptions: Adverse effects, allergy, intolerance to statin, liver disease, ESRD
ACO 27 Hemoglobin A1c Poor Control (>9%)	Patients aged 18 to 75 diagnosed with diabetes The percentage of patients 18 to 75 years of age with diabetes (Type 1 or Type 2) who had an A1c greater than 9% during the measurement period.	Annual during the measurement year Last value of the year	Lab result code and results	Only the last result of the measurement year counts Documentation in medical record must include a note indicating the date of HbA1c was performed and the numeric result In-office HbA1c finger stick at the point of care is allowed
HEDIS Comprehensive Diabetes Care Medical Attention for Nephropathy	Patients aged 18 to 75 diagnosed with diabetes The percentage of patients 18 to 75 years of age with diabetes (Type 1 and Type 2) who had medical attention for nephropathy.	Annual during the measurement year	Urine Protein Test CPT: 82042-82044, 3060F-3062F Pharmacy Claims Diagnosis codes (e.g. CKD stage 4, h/o transplant, ESRD) Specialist OV claims	Documentation of one of the following will satisfy this measure: <ol style="list-style-type: none"> Urine test Treatment of nephropathy or ACE/ARB therapy ESRD Kidney transplant A visit to a nephrologist At least one ACE inhibitor or ARB dispensing event Evidence of stage four chronic kidney disease (CKD Stage 4 Value Set) Exclusion: Patients who are in hospice.
HEDIS Comprehensive Diabetes Care Screening Retinopathy	Patients aged 18 to 75 diagnosed with diabetes who had a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year or a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.	Annual with known Retinopathy otherwise every two years	If referred under MEDICAL benefit to optometrist or ophthalmologist, billing code will be captured. <ul style="list-style-type: none"> Outside results documented & reviewed (code based on type of eye exam performed: 2022F, 2024F, 2026F). Low risk for retinopathy (no evidence of retinopathy in the prior year): 3072F. 	A note by PCP or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional, the date and the result (neg or positive) will meet the criteria for this measure Documented "eye exam completed" without actual result in chart does not satisfy the measure Obtain and scan all eye exams into EHR. Exclusion: Patients who are in hospice.

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