

Tip Sheet: 6 Default Enrollment Quality of Care Measures (2014)

The 6 quality care activities outlined below are supported by evidenced based guidelines and ensure quality of care. These care activities are measured by HEDIS® to demonstrate implementation and documentation of preventive care for Health Net members.

Thank you for taking time to review and more fully implement these quality care activities. Documenting and submitting accurate encounter data demonstrates your commitment to provide excellent care

Preventive Care Activity	Improvement Actions
Well Child Visits for ages 3-6 (annually) per AAP guidelines Childhood Immunizations by the child's 2 nd birthday:	 Remind parents with each urgent visit, that a Well Child Visit is necessary annually Use tickler file with annual birthday card or telephone call to ensure annual visit Use visits with siblings to reinforce the importance of well child visits for the older children Administer the IHEBA tool, add additional physical exam components and anticipatory guidance to turn an "urgent" visit into a well visit whenever possible Document Health and Development history (physical and mental) in the child's medical record Schedule the Well Child Visit before the parent leaves the office following an urgent visit Schedule subsequent immunization visits before the child leaves the office
 4 DTaP (diphtheria, tetanus & 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 vaccine) 1 Hep A (hepatitis A) 2 or 3 RV (rotavirus) depends on which vaccine was used 2 Flu (influenza) 	 Update your shot records to include immunizations given previously by another provider, or while the child is covered by other insurance. Become aware of the "catch-up" immunization schedules Encourage your patients to have all their immunizations at your office Use your local immunization registry whenever possible; enroll your pediatric members in the registry and use the registry to research new patient's for past immunization history
HbA1c Testing for diabetic members 18-75 years of age	As part of Comprehensive Diabetes Care Order HbA1c testing for the diabetic member annually for members 18-75 years of age Document HbA1c results in the medical record Remember to also include: Eye Exam (retinal) by Optometrist or Ophthalmologist Nephropathy Screening Blood Pressure
LDL-C control (<100 mg/dl) for diabetic members 18-75 years of age	As part of Comprehensive Diabetes Care Order LDL-C testing annually for diabetic members 18-75 years of age Document LDL-C screening results in the medical record Educate diabetic members about the importance of reducing high LDL results Keep up to date on best practices for cholesterol lowering drug therapies
 Cervical Cancer Screening: Every 3 years for women age 21-64 who had cervical cytology performed Every 5 years for women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed 	Inaccurate HEDIS® measurement occurs due to minimal or no documentation of PAP results in PCP chart Schedule Well Woman (Pap smear) visit at any acute visit prior to the patient leaving the office. May also include setting up appointment for mammogram for breast cancer screening as appropriate. Document the date of the last PAP Smear and the results; obtain copy of report (if possible) Document HPV testing in the medical record or obtain copies of results (if possible) Document if patient had a total hysterectomy with no residual cervix Document the name and phone number of the OB/GYN Physician to whom you referred the patient
Prenatal Care Visits	 Schedule 1st prenatal visit within the first 13 weeks of pregnancy Schedule 1st visit for pregnant members as soon as possible after the member becomes eligible with Health Net, within 42 days of enrolling



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Preventive Care Activity	Coding
Well Child Visits for ages 3-6 (annually) per AAP guidelines, DHCS and NCQA standard	 CPT codes: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439 V Codes: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 Be sure to complete and submit the PM160 form to Health Net.
Childhood Immunizations by the child's 2 nd birthday: 4 DTaP (diphtheria, tetanus & 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 vaccine) 1 Hep A (hepatitis A) 2 or 3 RV (rotavirus) depends on which vaccine was used 2 Flu (influenza)	 See Provider Update for specific Immunization CPT Codes Note: PCV, DTap, IPV, Hib and VZV administered prior to 42 days after birth should not be counted as a numerator hit. Influenza administered prior to 180 days after birth should not be counted as a numerator hit. Be sure to complete and submit the PM160 form to Health Net.
HbA1c Testing for Diabetic Members ages 18-75 years of age	 ICD9-CM Diagnosis codes: 250, 357.2, 362.0, 366.41, 648.0 CPT codes are: 83036, 83037, 3044F, 3045F, 3046F
LDL-C control (<100 mg/dl) for diabetic members 18-75 years of age	CPT code for compliant LCL-C control: 3048F
Cervical Cancer Screening: Every 3 years for women age 21-64 who had cervical cytology performed Every 5 years for women age 30-64 who had cervical cytology/ human papillomavirus (HPV) co-testing performed	 Female members 21-64 should have a Pap smear every 3 years, or every 5 years for female members ages 30-64 with HPV co-testing performed Code the PAP smear on the visit: CPT Codes: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 UBREV: 0923 Code the HPV test (if applicable) on the visit: CPT Codes: 87620-87622 Medical Record must have the PAP results and HPV results (if applicable) documented even if patient was referred to another provider for Well Woman Visits
Prenatal Care Visits	 Members who are pregnant should receive a prenatal care visit in the first trimester of pregnancy or within 42 days of enrollment with Health Net. The initial prenatal visit should be coded separately and include the specific date of service of the visit to ensure appropriate identification and tracking of the visit. For Primary Care Physician visit, use the office EM codes 99211, 99212, 99213 or 99214 along with the diagnosis codes of V22.0-V23.9