



## Alameda Alliance for Health – Provider Visit Form 2017 4th Quarter Provider Packet

Provider Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> PCP         | <input type="checkbox"/> SNF          |
| <input type="checkbox"/> Specialist  | <input type="checkbox"/> Ancillary    |
| <input type="checkbox"/> CBAS        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home Health |                                       |

Packet Includes:

- 5-Minute Appointment Availability Survey
- Provider Ownership Form
- Diversity Focus: Seniors and Person with Disabilities (SPD)
- PCP Update on Immunizations – September 2017
- Important Update on Member Satisfaction
- Tobacco User Identification and Counseling
- Claims Editing Software to Help Streamline Reimbursement
- HEDIS Quick Reference – All Measures
- HEDIS Quick Reference – Pediatric Providers

\_\_\_\_\_  
Provider/Office Staff Print

\_\_\_\_\_  
Health Plan Representative Print

\_\_\_\_\_  
Provider/Office Staff Signature

\_\_\_\_\_  
Health Plan Representative Signature

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions?** Call Alliance Provider Services  
Monday – Friday, 7:30 am – 5:30 pm  
Phone Number: **510.747.4510**  
**[www.alamedaalliance.org](http://www.alamedaalliance.org)**



## 5-Minute Appointment Availability Survey: What It Means for Front Desk and Scheduling Staff

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### We Need Your Help

Health plans in California are required to survey providers to ensure that routine and urgent appointments are offered in a timely manner. Alameda Alliance for Health (Alliance) will be calling providers throughout the end of the year to survey the next available routine and urgent appointments. We need your help to complete the survey within 48 hours of our call.

### How You Can Recognize the Survey

Alliance staff will call your office during normal business hours on a Monday, Tuesday or Wednesday and are required to use the following script:

*“Hello. My name is \_\_\_\_\_. I’m calling from Alameda Alliance for Health. Under California law, health plans are required to obtain information from their contracted providers regarding appointment availability. This survey should take approximately 5 minutes.”*

If that sounds like legal language, it is. The required script was created by our state regulatory agency, the California Department of Managed Health Care. While mention of California law may sound scary, it is just to let you know why we survey providers. What follows are a few questions about the next available appointment time and date for a provider in your office. **Any staff member who schedules appointments for the provider may complete the survey.**

### Complete the Survey Within 48 Hours

If you cannot complete the survey when initially called, you can schedule another time in the next two (2) days to complete the survey, or you can complete it via fax. Our Alliance staff will provide you with the survey to complete and fax if this is your preferred option. **You must complete the survey within 48 hours of our initial call with specific dates and appointment times.**

If you hear the survey script above and cannot complete the survey at that time, consider the fax option or schedule another time to complete the survey the following day.

**Thank you in advance for taking five minutes to complete the survey.**

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# Alameda Alliance for Health Ownership Form

## OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIVIDUALS)

Alameda Alliance for Health discloses any purchases or leases of services, equipment, supplies, or real property from an entity in which any of the following persons have a substantial financial interest:

- a) Any person or corporation having 5% or more ownership or controlling interest in the Practice.
- b) Please Submit this form with a current W9

**Note:** The Ownership data requested below is required per the Federal regulations set forth in 42 CFR 455.104 – Disclosure by Medicaid providers and fiscal agent. The State Medicaid agency mandates Health Plans to submit Provider data, including this information monthly via ASC X12 274 transaction file.

	*Individual Name (required)	Rendering NPI Number (If Applicable)	*Percent (%) of Ownership or Control (required)	*Billing NPI Number (required)	*SSN/TIN Number Associated (required)	<b>Ownership Code: *REQUIRED</b>
1.						<input type="checkbox"/> Gov-Multiple Owners <input type="checkbox"/> Gov-State & City/County <input type="checkbox"/> Gov-City <input type="checkbox"/> Gov-City-County <input type="checkbox"/> Gov-County <input type="checkbox"/> Gov-Federal <input type="checkbox"/> Gov-Hospital District <input type="checkbox"/> Gov-State <input type="checkbox"/> N/A – The individual only practices as part of a group, e.g., as an employee <input type="checkbox"/> Proprietary-Corporation <input type="checkbox"/> Proprietary-Individual <input type="checkbox"/> Proprietary-Multiple owners <input type="checkbox"/> Proprietary-Other <input type="checkbox"/> Proprietary-Partnership <input type="checkbox"/> Proprietary-Government <input type="checkbox"/> Voluntary – multiple owners <input type="checkbox"/> Voluntary – Non-Profit/ Other <input type="checkbox"/> Voluntary – Non-Profit/ Religious <input type="checkbox"/> Voluntary – Proprietary <input type="checkbox"/> Voluntary – Government
2.						
3.						
4.						
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9.						
10.						

**Please fax this document along with a current W9 to 855.891.7257**

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## Diversity Focus: Seniors and Persons with Disabilities (SPD)

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Alameda Alliance for Health (Alliance) has over 26,000 members who qualify for Medi-Cal as SPD (Aged-Dual and Disabled-Dual). That's over 15% of our membership!

Here are some interesting facts about these members from the 2016 Alliance Group Needs Assessment:

- SPDs are the Alliance membership sub-group most likely to have a Primary Care Provider (PCP) who speaks their language (97%) – that's great news!
- Over 18% of the SPD members sometimes or never feel their PCP explains things in a way easy to understand. This was significantly higher than other subgroups; this is an opportunity for improvement.
- Almost 50% of our SPD members would like printed materials in large text. (Best practice is to use 14 point font for these patients, or larger if requested.) If needed, the Alliance has materials which are available in large print format.

One important way health care providers can prepare to best meet the needs of patients with disabilities is through staff training.

All new staff who comes into contact with SPD members should participate in cultural awareness and sensitivity training to meet the needs of seniors and persons with disabilities, and participate in refresher courses. The Department of Health Care Services collaborated with the Harris Center for Disability and Health a few years back to develop training modules specifically for California Medi-Cal Managed Care Health Plans and their providers.

These 15 – 30 minute curriculum are available for Primary and Specialty Care Practitioners, both front office staff and medical office staff. Find the modules at:

[www.hfcdhp.org/training](http://www.hfcdhp.org/training)

We appreciate all you do to ensure access for all of our diverse membership! If you have questions, please contact Linda Ayala, MPH, Health Educator, at **510.747.6038**.

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## PCP Update on Immunizations – September 2017

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### SHOO THE FLU - FREE Flu Shots in Oakland Schools

From October 2017 through November 2017, Shoo the Flu will offer free influenza vaccines to students and staff at participating Oakland elementary schools. All vaccinations will be entered into the California Immunization Registry within a week of administration. Questions about Shoo the Flu can be directed to the Alameda County Public Health Department (ACPHD) Immunization Program at **510.267.3230**. For a list of participating schools and their scheduled vaccine clinic dates please visit [www.shootheflu.org](http://www.shootheflu.org).

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### Flu and Pertussis Infection Prevention

Please encourage your patients who are pregnant to get the Tdap vaccine during their third trimester of every pregnancy to protect not only themselves, but their infants too. Pregnant Women are also recommended to receive inactivated influenza vaccination at any time during their pregnancy. To learn more about Pertussis and Flu you can visit:

- [www.cdc.gov/vaccines/vpd/index.html](http://www.cdc.gov/vaccines/vpd/index.html)
- [www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/pertussis.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/pertussis.aspx)

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### Hepatitis A Prevention

Hepatitis A cases associated with an outbreak among persons who are homeless and/or illicit drugs users have been identified in at least four CA counties as of mid-August. CA Department of Public Health (CDPH) recommends that all persons who are homeless and/or illicit injection and non-injection drug users be vaccinated for hepatitis A to help prevent and control the disease. Please visit Alameda County advisories [www.acphd.org/health-alerts.aspx](http://www.acphd.org/health-alerts.aspx) or CDPH Advisory at [www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Hepatitis-A.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Hepatitis-A.aspx) to learn more.

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### Alameda County Highest Ever Kindergarten Immunization Rates

Thanks to you, Alameda County leads California in improving student vaccination rates. The up-to-date vaccination rate of California as a whole is 95.6%, and Alameda County's up-to-date rate is 97.2%! Providers are encouraged to continue doing everything they can during this time of year to help minimize barriers for kids needing back to school immunizations. Visit [www.cphd.org/iz/resources/medical-providers.aspx](http://www.cphd.org/iz/resources/medical-providers.aspx) for more resources.

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**Questions?** Call Alliance Health Education Department  
Monday – Friday, 7:30 am – 5:30 pm  
Phone Number: **510.747.4577**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Important Update on Member Satisfaction

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As a part of our ongoing effort to improve member satisfaction, we started sending post-health care visit surveys to our members in August 2017.

We are working with an outside vendor to administer quarterly member satisfaction surveys, and are offered to our members in our threshold languages of English, Spanish, Chinese, and Vietnamese. Member satisfaction surveys are mailed to randomly selected members, who saw their PCP within the last **six (6) months**. Members will not receive the survey more than once a year.

The survey questions are based on the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, with additional questions to help us learn more about:

- Provider Communication
- Appointment and Office Wait Times
- Language Access; and
- Overall Satisfaction from the Member's Perspective.

The survey is a great opportunity for the Alliance and our providers to receive feedback on ways we are meeting our members' needs and how we might improve.

Please encourage your patients to complete and return the survey to the Alliance. Final survey questions and results will be shared in future communications.

**We thank you for your commitment to providing quality care to your patients and value your participation as a network provider.**

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## Tobacco User Identification and Counseling

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Alameda Alliance for Health (Alliance) wants to partner with you to help our members quit smoking. Tobacco cessation efforts work best when we track, ask, counsel and refer.

**TRACK:** All providers should have a tobacco user identification system to track use. There are various ways to track:

- Record in the required Staying Healthy Assessment or Alternate IHEBA (Individual Health Education and Behavioral Assessment)
- Record in your Electronic Health Record
- Use ICD-10 codes for nicotine dependence. Find a full set of codes at [www.ctri.wisc.edu/documents/icd10.pdf](http://www.ctri.wisc.edu/documents/icd10.pdf).
- Use CPT codes for tobacco use cessation counseling (99406 for up to 10 min. and 99407 for greater than 10 min.).

**ASK and COUNSEL:** Ask all patients about tobacco use at every visit. You never know when your patient will be ready to take that first step. It most likely will take multiple tries, but having provider support, medication and counseling can increase the chances of success.

**REFER:** If a patient is ready to make a quit attempt, the following phone and group resources are available. When you use appropriate ICD-10 codes and CPT codes, we can identify and outreach to our members with tobacco cessation resources as well!

- Refer patients to the California Smoker's Helpline. Ask Alliance Provider Services for **FREE** Helpline postcards in English, Spanish, Chinese, and Vietnamese. The Helpline has specialized support for pregnant women and incentives for Asian smokers too.
- Starting August 1, 2017, the California Smokers' Helpline began sending free Nicotine Patches to eligible Alameda County Residents. This will continue while funds last! This has proven to be a great incentive to get folks to call in to the Helpline.
- The Alliance encourages providers to use the California Smokers' Helpline web-based referral for tobacco cessation counseling. It is easy to sign up and refer. Visit the registration page at: [www.forms-nobutts.org/referral](http://www.forms-nobutts.org/referral).
- Refer patients to the Berkeley Quit Smoking Class or Alliance Health Programs at **510.747.4577** for other group classes.

**STAY INFORMED:** We encourage providers to participate in provider training on tobacco cessation treatments. Visit [www.alamedaalliance.org/providers/provider-training](http://www.alamedaalliance.org/providers/provider-training), Tobacco Cessation, for a list of links for training, guidelines and best practices.

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## Launch of the New Claims Editing Software to Help Streamline Reimbursement Process

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Alameda Alliance for Health (Alliance) values our loyal community of providers and is committed to continuously improve our provider partner satisfaction.

**Effective October 2, 2017**, the Alliance will be implementing a new claims editing software called **Claims Edit System (CES)** to:

- Replace our current claims editing software ClaimCheck
- Edit claims with dates of service on or after October 1, 2017. Claims with dates of service prior to this date will not be affected
- Be a strong complement to the HEALTHsuite claims adjudication system
- Automatically review and edit claims in order to streamline claims processing workflows, provide accurate and consistent rules-based reimbursement, and improve payment integrity

### **Key features of CES include:**

- Payment rules and edits based on Medi-Cal and national Medicaid payment guidelines, including standard National Correct Coding Initiative (NCCI) edits
- Integrated edit transparency and disclosure to help providers understand edits and minimize inquiries and appeals

As a Medi-Cal provider, you should already be submitting claims according to the applicable Medi-Cal billing rules.

If you have any questions about our new claims editing system, please call our Provider Services Department at **510.747.4510**.

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HEDIS EAS Measures – Quick Reference Guide

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
<b>AAB</b> <b>Avoidance of Antibiotics Treatment in Adults with Acute Bronchitis</b>	Adults 18-64 years of age with acute bronchitis who were dispensed an antibiotic prescription on or three days after IESD.	Administrative Measure. Claim and Encounter Data is used for validation.		
<b>AMR</b> <b>Asthma Medication Ratio</b>	Members 5-64 years of age with persistent asthma who had a ratio of controller medications to total asthma medications of 0.5 or greater in the calendar year.	Calculated using the following: <ul style="list-style-type: none"> <li>• Diagnosis of asthma</li> <li>• Date and type of asthma medications dispensed</li> </ul>	<b>Asthma</b> <b>ICD 10:</b> J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	<ul style="list-style-type: none"> <li>• Check to see that prescriptions are being filled and that the member is compliant.</li> </ul>
<b>BCS</b> <b>Breast Cancer Screening</b>	Women 52-74 years of age who had one or more mammograms between 10/1 two years prior to the calendar year and the end of the calendar year.	Calculated using the following: <ul style="list-style-type: none"> <li>• Mammogram* within the calendar year and two years prior.</li> </ul> <p>*This measure evaluates primary screening. Biopsies, breast ultrasounds, MRIs or diagnostic screenings are not included.</p>	<b>Mammography</b> <b>CPT:</b> 77055-77057 <b>HCPCS</b> G0202, G0204, G0206	<ul style="list-style-type: none"> <li>• Use chart preparation time before the visit to review the record for overdue screenings</li> <li>• Review and confirm all preventive health screening at each visit</li> <li>• Consistently document all dates and results</li> <li>• When the screening is reported but completed offsite obtain the record and results to ensure medical record is complete</li> <li>• Schedule a mammogram for the member or provide the member a referral</li> <li>• Have a list of mammogram facilities available to share with the member</li> </ul>
<b>CAP</b> <b>Children &amp; Adolescent's Access to Primary Care Practitioners</b>	Children 12 month - 19 years of age who had a visit with a PCP during the calendar year.	Administrative Measure. Claim and Encounter Data is used for validation.		

HEDIS EAS Measures – Quick Reference Guide

<p><b>CBP Controlling High Blood Pressure</b></p>	<ul style="list-style-type: none"> <li>Members 18-85 years of age with a diagnosis of hypertension (HTN) and adequately controlled blood pressure in the calendar year per the following guidelines:</li> <li>Members 18-59 years of age whose most recent BP was &lt;140/90.</li> <li>Members 60-85 years of age <u>with diabetes</u> whose most recent BP was &lt;140/90.</li> <li>Members 60-85 years of age <u>without diabetes</u> whose most recent BP was &lt;150/90.</li> </ul>	<p>Documentation of the following in the medical record:                  A notation of hypertension prior to June 30 of the calendar year  <b>OR</b>                  Undated problem list including the diagnosis of hypertension  <b>AND</b>                  Dated documentation of the most recent blood pressure taken in a physician office in the calendar year</p>	<p><b>Hypertension</b>  <b>ICD-10:</b> I10</p>	<ul style="list-style-type: none"> <li>Make taking and recording blood pressure part of every patient intake</li> <li>Document blood pressure for any member with a diagnosis of hypertension</li> <li>When the member's BP is elevated at the visit, repeat the measurement AND document the new result. The repeat BP is often lower!</li> <li>If the member has other conditions complicating hypertension, document and code as specifically as possible</li> </ul>
<p><b>CDC Comprehensive Diabetes Care</b></p>	<p>Members 18-75 years of age with diabetes who had <b>EACH</b> of the following:</p> <ul style="list-style-type: none"> <li>Hemoglobin A1c test</li> <li>Nephropathy screening test or evidence of medical attention for nephropathy</li> <li>Diabetic retinopathy eye exam</li> <li>Blood pressure</li> </ul>	<p>Documentation of <b>EACH</b> of the following:</p> <ul style="list-style-type: none"> <li>Hemoglobin A1C test in the calendar year and result (goal is &lt;8.0%)</li> <li>Urine protein lab test in the calendar year <b>or</b> on ACE/ARBs</li> <li>Retinal <b>or</b> dilated eye exam in the calendar year (regardless of result) <b>or</b> <u>negative</u> retinal <b>or</b> dilated eye exam one year prior to the calendar year</li> <li>Most recent blood pressure in the calendar year taken in a physician's office (goal is &lt;140/90)</li> </ul>	<p><b>Diabetes</b>  <b>ICD-10:</b> E10.9-E13.9, O24.011-O24.33, O24.811-O24.83</p> <p><b>A1c</b>  <b>HbA1c CPT:</b> 83036, 83037  <b>HbA1c LOINC:</b> 17856-6, 4548-4, 4549-2  <b>HbA1c level 7.0-9.0:</b> 3045F  <b>HbA1c level less than 7.0:</b> 3044F  <b>HbA1c level greater than 9.0:</b> 3046F</p> <p><b>Nephropathy Screening</b>  <b>CPT:</b> 82042 - 82044, 84156, 3060F, 3061F  <b>Urine Protein Test</b>  <b>CPT:</b> 81000-81003, 81005, 82042-82044, 84156, 3060F, 3061F, 3062F</p> <p><b>Blood Pressure</b>  <b>Systolic BP &lt; 140 CPT:</b> 3074F, 3075F  <b>Systolic BP &gt;= 140 CPT:</b> 3077F  <b>Diastolic BP 80-89 CPT:</b> 3079F  <b>Diastolic &lt; 80:</b> 3078F  <b>Diastolic &gt;= 90:</b> 3080F</p>	<ul style="list-style-type: none"> <li>Use chart preparation time before the visit to review the record for overdue screenings or tests</li> <li>Review and confirm all diabetes management screenings at each visit</li> <li>Consistently document all dates and results</li> <li>When the service is reported but completed offsite obtain the record and results to ensure medical record is complete</li> <li>Use standing orders and empower office staff to order labs, take blood pressure etc.</li> <li>Repeat labs indicating "poor" control later in the calendar year.</li> <li>Communicate the importance of the eye exam and help coordinate the scheduling.</li> </ul>

HEDIS EAS Measures – Quick Reference Guide

<p><b>CCS Cervical Cancer Screening</b></p>	<p>Women 21-64 who had a cervical cancer screening by one of two methods.</p>	<p>Documentation of the following:                  Women ages 21-64:</p> <ul style="list-style-type: none"> <li>• Cervical cytology performed every three years with result or finding</li> </ul> <p>Women ages 30-64:</p> <ul style="list-style-type: none"> <li>• Cervical cytology <b>with</b> human papillomavirus (HPV) co-testing performed every five years with results or findings</li> </ul> <p>*HPV test ordered after positive Pap testing does not count as co-testing</p>	<p><b>Cervical Cytology</b>  <b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175  <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091  <b>LOINC:</b> 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</p> <p><b>HPV Test</b>  <b>CPT codes:</b> 87620-87622, 87624, 87625  <b>HCPCS:</b> G0476  <b>LOINC codes:</b> 21440-3, 30167-1, 38372-9, 49896-4, 59420-0, 75406-9, 75694-0</p>	<ul style="list-style-type: none"> <li>• Use chart preparation time before the visit to review the record for overdue screenings</li> <li>• Review and confirm all preventive health screenings at each visit</li> <li>• Consistently document all dates and results</li> <li>• When the screening is reported but completed offsite obtain the record and results to ensure medical record is complete</li> <li>• Take the opportunity to screen at post-partum visit</li> <li>• Complete detailed documentation of hysterectomy, including date of surgery and presence or absence of the cervix.</li> <li>• When taking medical history, if date of hysterectomy is unknown then document year</li> </ul>
<p><b>CIS Childhood Immunizations</b></p>	<p>Children who received the following immunizations by their 2nd birthday:</p> <ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 3 IPV</li> <li>• 3 HepB</li> <li>• 3 HiB</li> <li>• 1 VZV (chicken pox)</li> <li>• 1 MMR</li> <li>• 4 PCV (pneumo)</li> <li>• 1 HepA</li> <li>• RV (complete 2 dose or 3 dose series)</li> <li>• 2 Influenza</li> </ul>	<p>Documentation indicating name of specific antigen and date of immunization  <b>OR</b>                  Immunization record</p> <p>*Document all immunizations in the California Immunization Registry (CAIR)</p>	<p><b>DTaP CPT:</b> 90698, 90700, 90721, 90723  <b>IPV CPT:</b> 90698, 90713, 90723  <b>Hib CPT:</b> 90644-90648, 90698, 90721, 90748  <b>HepB CPT:</b> 90723, 90740, 90744, 90747, 90748  <b>VZV CPT:</b> 90710, 90716  <b>MMR CPT:</b> 90707, 90710  <b>Rotavirus 2 dose CPT:</b> 90681  <b>Rotavirus 3 dose CPT:</b> 90680  <b>HepA CPT:</b> 90633  <b>Flu CPT:</b> 90655, 90657, 90661, 90662, 90673, 90685</p>	<ul style="list-style-type: none"> <li>• Use a chart preparation time before the visit to review the record for overdue immunizations</li> <li>• Review, recommend and confirm all immunizations with the parent at each visit</li> <li>• Consistently document and date all immunizations</li> <li>• Document allergies or contraindications</li> <li>• Document any parent refusal, allergies or contraindications</li> <li>• Include immunizations given in the hospital at birth and at a health departments</li> <li>• See CDC immunization schedules: <a href="https://cdc.gov/vaccines/schedules/hcp/child-adolescent.html">cdc.gov/vaccines/schedules/hcp/child-adolescent.html</a></li> </ul>

HEDIS EAS Measures – Quick Reference Guide

<p><b>IMA</b>  <b>Immunizations in Adolescents</b></p>	<p>Adolescents who received the following immunizations by their 13th birthday:</p> <ul style="list-style-type: none"> <li>• 1 meningococcal conjugate</li> <li>• 1 Tdap</li> <li>• 2 HPV *</li> </ul> <p>* HPV series is required for both males and females</p>	<p>Documentation indicating name of specific antigen and date of immunization  <b>OR</b>                  Immunization record</p> <p>*Document all immunizations in the California Immunization Registry (CAIR)</p>	<p><b>Tdap CPT:</b> 90715  <b>Meningococcal CPT:</b> 90644, 90734  <b>HPV CPT:</b> 90649, 90650, 90651</p>	<ul style="list-style-type: none"> <li>• Use chart preparation time before the visit to review the record for overdue immunizations</li> <li>• Review, recommend and confirm all immunizations with the parent at each visit</li> <li>• Consistently document and date all immunizations</li> <li>• Document any parent refusal, allergies or contraindications</li> <li>• See CDC immunization schedules: <a href="http://cdc.gov/vaccines/schedules/hcp/child-adolescent.html">cdc.gov/vaccines/schedules/hcp/child-adolescent.html</a></li> </ul>
<p><b>LBP</b>  <b>Lower Back Pain</b></p>	<p>Members with lower back pain who did not receive an image study within 28 days of diagnosis.</p>	<p>Administrative Measure. Claim and Encounter Data is used for validation.</p>		
<p><b>MPM</b>  <b>Monitoring for Patients on Persistent Medications (Annual)</b></p>	<p>Members 18 years of age and older with at least 180 treatment days of:</p> <ul style="list-style-type: none"> <li>• Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) or</li> <li>• Diuretics</li> </ul> <p><b>AND at least one</b> medication monitoring event in the calendar year.</p>	<p>Calculated using the following:</p> <ul style="list-style-type: none"> <li>• Lab panel test</li> <li>• Serum potassium test <b>AND</b> serum creatinine test</li> </ul>	<p><b>Lab Panel Test</b>  <b>CPT:</b> 80047, 80048, 80050, 80053, 80069</p> <p><b>Serum Potassium Test</b>  <b>CPT:</b> 80051, 84132</p> <p><b>Serum Creatinine Test</b>  <b>CPT:</b> 82565, 82575</p>	<ul style="list-style-type: none"> <li>• Use chart preparation time before the visit to review the record for overdue screenings</li> <li>• Use standing orders and empower office staff to order labs and follow up with the member before the visit</li> <li>• Repeat labs indicating “poor” control later in the calendar year.</li> <li>• Confirm all preventive health screening at each visit</li> <li>• Consistently document all dates and results</li> <li>• When the screening is reported but completed offsite obtain the record and results to ensure medical record is complete</li> </ul> <p>Note: blood urea nitrogen (BUN) is not allowed as a therapeutic monitoring test</p>

HEDIS EAS Measures – Quick Reference Guide

<p><b>PPC-Post Postpartum Care (live births between 11/5/16 and 11/6/17)</b></p>	<p>Women who had a postpartum visit between 21-56 days after delivery.</p>	<p>Dated documentation of a postpartum visit and <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of breasts, abdomen, weight, blood pressure (BP)</li> <li>• Notation of postpartum care <b>or</b> preprinted “Postpartum Care” form in which information was documented during the visit</li> </ul>	<p><b>Postpartum Visit</b>  <b>CPT:</b> 57170, 58300, 59430, 99501, 0503F  <b>ICD-10:</b> Z01.411-Z01.42, Z30.430, Z39.1, Z39.2  <b>HCPCS:</b> G0101</p> <p><b>Postpartum Bundled Services</b>  <b>CPT:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622  <b>OR</b>                  Any of the cervical cytology codes listed in the cervical cancer screening measure above.</p>	<ul style="list-style-type: none"> <li>• Schedule your member for a postpartum visit within 21 to 56 days from delivery</li> <li>• Staple removal following a cesarean section does not count as a postpartum visit for HEDIS</li> </ul>
<p><b>PPC-Pre Prenatal Care (live births between 11/5/16 and 11/6/17)</b></p>	<p>Women who had a prenatal visit within the first trimester (or within 42 days of enrollment with the Alliance).</p>	<p>Dated documentation of a prenatal visit and ONE of the following:</p> <ol style="list-style-type: none"> <li>1. Physical exam with <b>ONE</b> of the following:                     <ul style="list-style-type: none"> <li>• Auscultation of fetal heart tone</li> <li>• Pelvic exam with obstetric observations</li> <li>• Measurement of fundus height (use of a standardized prenatal flow sheet is encouraged)</li> </ul> </li> <li>2. Evidence of prenatal care procedure performed, such as:                     <ul style="list-style-type: none"> <li>• Screening test in the form of an OB panel (must include <b>all</b> of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen,</li> </ul> </li> </ol>	<p><b>Prenatal Visit</b>  <b>CPT:</b> 99500, 0500F, 0501F, 0502F  <b>HCPCS:</b> H1000-H1004</p> <p><b>Prenatal Bundled Services</b>  <b>CPT:</b> 59400, 59425, 59426, 59510, 59610, 59618  <b>HCPCS:</b> H1005  <b>OR</b>  <b>Other</b>  <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245  <b>HCPCS:</b> T1015, G0463                  With a code for a prenatal US, obstetric panel or other prenatal blood tests.</p>	<ul style="list-style-type: none"> <li>• Ask front office staff to prioritize new pregnant members and ensure prompt appointments for any members calling for a pregnancy</li> <li>• Have a direct referral process to OB/GYN practitioners in place</li> </ul>

<b>HEDIS EAS Measures – Quick Reference Guide</b>				
<b>PPC-Pre – Cont'd</b>		rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), <b>OR</b> <ul style="list-style-type: none"> <li>• TORCH antibody panel alone, <b>OR</b></li> <li>• A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, <b>OR</b></li> <li>• Echography of pregnant uterus</li> </ul> 3. Documentation of LMP & EDD with <b>EITHER</b> of the following: <ul style="list-style-type: none"> <li>• Prenatal risk assessment/ counseling or education Complete obstetrical history</li> </ul>		
<b>W34 Well Child Visits (ages 3-6)</b>	Children 3-6 years of age as of December 31, who had at least one well-child visit with a primary care practitioner (PCP) in the calendar year.	Documentation must include the date of the visit and evidence of all of the following: <ul style="list-style-type: none"> <li>• Health history</li> <li>• Mental developmental history</li> <li>• Physical developmental history</li> <li>• Physical exam</li> <li>• Health education/ anticipatory guidance</li> </ul> * Inpatient or ED visits are excluded.	<u><b>Well-Care</b></u> <b>CPT:</b> 99381-99385, 99391-99395, 99461 <b>HCPCS:</b> G0438, G0439 <b>ICD-10:</b> Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.5, Z02.6, Z02.71, Z02.79, Z02.89, Z02.9	<ul style="list-style-type: none"> <li>• Health education/anticipatory guidance: <a href="https://dchs.ca.gov/formsandpubs/forms">dchs.ca.gov/formsandpubs/forms</a></li> <li>• Consider and bill for a well child visit at the time of a sick visit by submitting appropriate codes or modifier codes</li> <li>• When completing school forms, add a physical, history and anticipatory guidance notation</li> <li>• EMR templates can help ensure proper documentation</li> <li>• Document the specific topics of the health education/anticipatory guidance provided</li> </ul>

HEDIS EAS Measures – Quick Reference Guide

<p><b>WCC Weight Assessment &amp; Counseling for Nutrition and Physical Activity</b></p>	<p>Children and adolescents 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the calendar year.</p> <ul style="list-style-type: none"> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>	<p>Documentation of the following:</p> <ul style="list-style-type: none"> <li>• Counseling, education, <b>OR</b> anticipatory guidance for nutrition*</li> <li>• Counseling, education, <b>OR</b> anticipatory guidance for physical activity*</li> </ul> <p>*Weight or obesity counseling meets the criteria for both nutrition and physical activity indicators</p>	<p><b><u>Nutrition Counseling</u></b>  <b>ICD-10:</b> Z71.3  <b>CPT:</b> 97802-97804  <b>HCPCS:</b> G0447, G0270, G0271, S9449, S9452, S9470</p> <p><b><u>Physical Activity Counseling</u></b>  <b>ICD-10:</b> Z02.5  <b>CPT:</b> 97110, 97112-97113, 97124, 97140  <b>HCPCS:</b> G0447, S9451</p>	<ul style="list-style-type: none"> <li>• Do not forget to document “physical activity” and “nutrition/diet” health education/anticipatory guidance discussions</li> </ul> <p>Note: PM160 forms <u>do not</u> address physical activity</p>
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HEDIS EAS Measures – Quick Reference Guide for Pediatric Providers

MEASURE	MEMBER DESCRIPTION	REQUIRED DOCUMENTATION	CODES	TIPS
<b>AMR Asthma Medication Ratio</b>	Members 5-64 years of age with persistent asthma who had a ratio of controller medications to total asthma medications of 0.5 or greater in the calendar year.	Calculated using the following: <ul style="list-style-type: none"> <li>• Diagnosis of asthma</li> <li>• Date and type of asthma medications dispensed</li> </ul>	<b>Asthma</b> <b>ICD 10:</b> J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	<ul style="list-style-type: none"> <li>• At each visit, verify that prescriptions are being filled and that the member is compliant</li> <li>• Conduct parent and patient education on compliance and proper medication use</li> <li>• Follow up with newly diagnosed patients</li> </ul>
<b>CAP Children and Adolescents' Access to Primary Care Providers (PCP)</b>	<ul style="list-style-type: none"> <li>• Members 12-24 months who had a visit with a PCP within the calendar year.</li> <li>• Members 25 months to 6 years of age who had a visit with a PCP within the calendar year.</li> <li>• Members 7-11 years of age who had a visit with a PCP within the calendar year or a year prior.</li> <li>• Members 12-19 years of age who had a visit with a PCP within the calendar year or a year prior.</li> </ul>	Documentation of the date of service of ambulatory or preventive care at the PCP office.  * Any PCP visit counts but specialist visits are excluded	<b>Ambulatory Visit</b> <b>CPT:</b> 99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347- 99350, 99381-99384, 99391-99394, 99401, 99429 <b>HCPCS:</b> T1015	<ul style="list-style-type: none"> <li>• Outreach to families with children and adolescent members at least yearly for well child checks</li> <li>• Educate parents on the importance of regular well child visits through adolescence</li> <li>• When an appointment is made for one child, schedule well child visits for all siblings in the family</li> </ul>
<b>CIS - Combo 3 Childhood Immunizations</b>	Children who received the following immunizations by their 2nd birthday: <ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 3 IPV</li> <li>• 3 HepB</li> <li>• 3 HiB</li> <li>• 1 VZV (chicken pox)</li> <li>• 1 MMR</li> <li>• 4 PCV (Pneumo)</li> <li>• 1 HepA</li> <li>• RV (complete 2 dose or 3 dose series)</li> <li>• 2 Influenza</li> </ul>	Documentation indicating name of specific antigen and date of immunization, documented evidence of illness <b>OR</b> Immunization record  *Document all immunizations in the California Immunization Registry (CAIR)	<b>DTaP CPT:</b> 90698, 90700, 90721, 90723 <b>IPV CPT:</b> 90698, 90713, 90723 <b>HepB CPT:</b> 90723, 90740, 90744, 90747, 90748 <b>HiB CPT:</b> 90644-90648, 90698, 90721, 90748 <b>VZV CPT:</b> 90710, 90716 <b>MMR CPT:</b> 90707, 90710 <b>PCV CPT:</b> 90670 <b>HepA_CPT:</b> 90633 <b>Rotavirus 2 dose CPT:</b> 90681 <b>Rotavirus 3 dose CPT:</b> 90680 <b>Flu CPT:</b> 90655, 90657, 90661, 90662, 90673, 90685-90688	<ul style="list-style-type: none"> <li>• Use chart preparation time before the visit to review the record for overdue immunizations</li> <li>• Review, recommend and confirm all immunizations with the parent at each visit</li> <li>• Consistently document and date all immunizations</li> <li>• Document any parent refusal, allergies or contraindications</li> <li>• Include immunizations given in the hospital at birth and at other health departments</li> <li>• See CDC immunization schedules: <a href="https://cdc.gov/vaccines/schedules/hcp/child-adolescent.html">cdc.gov/vaccines/schedules/hcp/child-adolescent.html</a></li> </ul>



HEDIS EAS Measures – Quick Reference Guide for Pediatric Providers

<p><b>IMA                  Immunizations                  in Adolescents</b></p>	<p>Adolescents who received the following immunizations by their 13th birthday in the calendar year:</p> <ul style="list-style-type: none"> <li>• 1 meningococcal conjugate</li> <li>• 1 Tdap</li> <li>• 2 HPV *</li> </ul> <p>* HPV series is required for both males and females</p>	<p>Documentation indicating name of specific antigen and date of immunization  <b>OR</b>                  Immunization record</p> <p>*Document all immunizations in the California Immunization Registry (CAIR)</p>	<p><b>Tdap CPT:</b> 90715  <b>Meningococcal CPT:</b> 90734  <b>HPV CPT:</b> 90649, 90650, 90651</p>	<ul style="list-style-type: none"> <li>• Use chart preparation time before the visit to review the record for overdue immunizations</li> <li>• Review, recommend and confirm all immunizations with the parent at each visit</li> <li>• Consistently document and date all immunizations</li> <li>• Document any parent refusal, allergies or contraindications</li> <li>• See CDC immunization schedules: <a href="http://cdc.gov/vaccines/schedules/hcp/child-adolescent.html">cdc.gov/vaccines/schedules/hcp/child-adolescent.html</a></li> </ul>
<p><b>MMA                  Medication                  Management for                  People with                  Asthma</b></p>	<p>Members 5-64 years of age with persistent asthma who remained on asthma controller medications for at least 75% of their treatment period in the calendar year.</p>	<p>Calculated using the following:</p> <ul style="list-style-type: none"> <li>• Diagnosis of asthma</li> <li>• Date and type of asthma medications dispensed</li> <li>• Days covered by asthma medications dispensed</li> </ul>	<p><b>Asthma</b>  <b>ICD 10:</b> J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p>	<ul style="list-style-type: none"> <li>• At each visit, verify that prescriptions are being filled and that the member is compliant</li> <li>• Prescribe a long-term controller medication as well as a short-term “rescue” inhaler</li> <li>• Conduct parent and patient education on compliance and proper medication use</li> <li>• Follow up with newly diagnosed patients and contact patients who have not filled controller medications</li> </ul>
<p><b>W34                  Well Child Visits                  (ages 3-6)</b></p>	<p>Children 3-6 years of age as of December 31, who had at least one well-child visit with a primary care practitioner (PCP) in the calendar year.</p>	<p>Documentation must include the date of the visit and evidence of all of the following:</p> <ul style="list-style-type: none"> <li>• Health history</li> <li>• Mental developmental history</li> <li>• Physical developmental history</li> <li>• Physical exam</li> <li>• Health education/ anticipatory guidance</li> </ul> <p>* Inpatient or ED visits are excluded</p>	<p><b>Well Care Visit</b>  <b>CPT:</b> 99381-99385, 99391-99395, 99461  <b>HCPCS:</b> G0438, G0439  <b>ICD-10:</b> Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.5, Z02.6, Z02.71, Z02.79, Z02.89, Z02.9</p>	<ul style="list-style-type: none"> <li>• Use the Staying Healthy Assessment to note health education/anticipatory guidance: <a href="http://dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx">dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx</a></li> <li>• Consider and bill for a well child visit at the time of a sick visit by submitting appropriate codes or modifier codes</li> <li>• When completing school forms, add a physical, history and anticipatory guidance</li> <li>• EMR templates can help ensure proper documentation</li> <li>• Document the specific topics of the health education/anticipatory guidance provided</li> </ul>

HEDIS EAS Measures – Quick Reference Guide for Pediatric Providers				
<b>WCC                      Weight                      Assessment &amp;                      Counseling for                      Nutrition and                      Physical Activity</b>	Children and adolescents 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the calendar year. <ul style="list-style-type: none"> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>	Documentation of the following: <ul style="list-style-type: none"> <li>• Counseling, education, or anticipatory guidance for nutrition*</li> <li>• Counseling, education, or anticipatory guidance for physical activity*</li> </ul> *Weight or obesity counseling meets the criteria for both nutrition and physical activity indicators	<b><u>Nutrition Counseling</u></b> ICD-10: Z71.3 CPT: 97802, 97804, 97803 HCPCS: G0447, G0270, G0271, S9449, S9452, S9470  <b><u>Physical Activity Counseling</u></b> ICD-10: Z02.5 HCPCS: G0447, S9451	<ul style="list-style-type: none"> <li>• Do not forget to document “physical activity” and “nutrition/diet” health education/anticipatory guidance discussions</li> </ul> Note: PM160 forms <u>do not</u> address physical activity

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