

HEDIS 2018 MEASURES

Performance Ratings Operations
Department



better health



PREVENTION AND SCREENING MEASURES

ABA- Adult BMI Assessment

(*Medicaid*)

- **Members ages 18-74 years of age**
- **What makes them compliant?**
 - Documentation in the medical record must reflect office visit with documented weight and body mass index (BMI) calculated during 2016 or 2017.
 - Documentation of >99% or <1% meet criteria

ICD-10-CM:

Z68.1, Z68.20-Z68.39, Z68.41-Z68.45,
Z68.51-Z68.54 correct gs

WCC – Weight Assessment and Counseling for Nutrition and Physical activity for Children and Adolescents (*Medicaid*)

- **Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during 2017.**
- **What makes the member compliant?**
 1. **BMI:** Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source.
 - ✓ *BMI Percentile documented as a value (e.g., 85th percentile).*
 - ✓ *BMI Percentile plotted on age-growth chart.*
 2. **Counseling for Nutrition:** Documentation must include a note indicating the date and at least one of the following:
 - ✓ *Discussion of current nutrition behaviors (eating habits, dieting behaviors)*
 - ✓ *Checklist indicating nutrition was addressed.*
 - ✓ *Counseling or referral for nutrition education.*
 - ✓ *Member received educational materials on nutrition during a face-to-face visit.*
 - ✓ *Anticipatory guidance for nutrition.*
 - ✓ *Weight or obesity counseling.*

WCC – Weight Assessment and Counseling for Nutrition and Physical activity for Children and Adolescents (Medicaid)

3. Counseling for Physical Activity:

Documentation must include a note indicating the date and at least one of the following:

- ✓ Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation.)
- ✓ Checklist indicating physical activity was addressed.
- ✓ Counseling or referral for physical activity.
- ✓ Member received educational materials on physical activity during a face-to-face visit.
- ✓ Anticipatory guidance for physical activity.
- ✓ Weight or obesity counseling.

CPT:

97802-97804

ICD-10-CM:

Z02.5, Z68.51-Z68.54, Z71.3, Z71.82

HCPCS:

G0270, G0271, G0447, S9449, S9451, S9452, S9470

CIS – Childhood Immunization Status

(*Medicaid*)

- Children who turn 2 years of age during 2017.
- What makes the member compliant?
 - ✓ 4 DTaP
 - ✓ 3 IPV
 - ✓ 1 MMR
 - ✓ 3 HiB
 - ✓ 3 HepB
 - ✓ 1 VZV
 - ✓ 4 PCV
 - ✓ 1 HepA
 - ✓ 2 or 3 RV
 - ✓ 2 Influenza (flu) vaccines by their second birthday

CPT codes:

90633, 90644-90648, 90655, 90657, 90661, 90662, 90669, 90670, 90673, 90680, 90681, 90685 - 90688, 90698, 90700, 90704-90708, 90710, 90713, 90716, 90721, 90723, 90732, 90740, 90744, 90747, 90748

HCPCS:

G0008, G0009, G0010

ICD-10-PCS:

3E0234Z

LSC – Lead Screening in Children

(Medicaid)

- Children who turn 2 years of age during 2017.
- What makes the member compliant?
 - ✓ one or more capillary or venous lead blood test for lead poisoning by their second birthday.

CPT: 83655

LOINC:

**10368-9, 10912-4, 14807-2, 17052-2,
25459-9, 27129-6, 32325-3, 5671-3,
5674-7, 77307-7**

IMA – Immunizations for Adolescents

(*Medicaid*)

- Adolescents who turn 13 years of age during 2017.
- What makes the member compliant?
 - ✓ 1 dose of meningococcal vaccine between 11th and 13th birthdays.
 - ✓ 1 dose of Tdap vaccine between the 10th and 13th birthdays.
 - ✓ At least 2 HPV vaccines(must at least 146 days between the first and second dose) OR
 - ✓ At least 3 HPV vaccines
 - ✓ Different dates of service on or between the member's 9th and 13th birthdays

CPT:

90644, 90649 - 90650, 90715, 90734

CVX:

62, 108, 115, 118, 136, 137, 147, 165

BCS- Breast Cancer Screening

(Medicaid)

- **Women 50-74 years of age**
- **What makes them compliant?**
 - ✓ One or more mammograms between October 1, 2015 and December 31, 2017.

CPT:

77055 - 77057, 77061 - 77063,
77065 - 77067

HCPCS:

G0202, G0204, G0206

UB Revenue:

0401, 0403

CCS- Cervical Cancer Screening

(Medicaid)

- **Women screened for cervical cancer using the following criteria:**
 - ✓ Women 21-64 years of age who had cervical cytology performed between 2015-2017.
 - ✓ Women 30-64 years of age who had cervical cytology/ human papillomavirus (HPV) co-testing performed between 2013-2017.
- **What makes them compliant?**
 - Documentation in the medical record must include both the following:
 - ✓ (24-64)A note indicating the date when the cervical cytology was performed.
 - ✓ (30-64)A note indicating the date when the cervical cytology and the HPV test were performed. The cervical cytology and HPV test must be from the same data source and date of service.
 - ✓ The results or findings.

CPT:

88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175

LOINC:

10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

HCPCS:

G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

UB Revenue:

0923

CHL – Chlamydia Screening in Women

(Medicaid)

- Women 16–24 years of age who were identified as sexually active who had at least one test for chlamydia during 2017.
- What identifies the member as sexually active?
 - ✓ Claim/encounter data indicating sexual activity during 2017.
 - ✓ Pharmacy data. Members who were dispensed prescription contraceptives during 2017.
- What makes the member compliant?
 - ✓ At least one chlamydia test during 2017.

CPT :

87110, 87270, 87320, 87490, 87491, 87492, 87810

LOINC:

14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6



RESPIRATORY CONDITIONS

MMA- Medication Management for People With Asthma (Medicaid)

- **Members 5–64 years of age during 2017 who were identified as having persistent asthma and were dispensed appropriate medications.**
- **What makes them compliant?**
 - ✓ At least one ED with a principal diagnosis of asthma.
 - ✓ At least one acute inpatient encounter with a principal diagnosis of asthma.
 - ✓ At least four outpatient or observation visits on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events.
 - ✓ Have at least four asthma medication dispensing events for any controller medication.

Prescriptions:

Dyphylline-guaifenesin, Guaifenesin-theophylline, Omalizumab, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol, Beclomethasone, Flunisolide, Mometasone, Budesonide, Fluticasone CFC free, Ciclesonide, Montelukast, Zafirlukast, Zileuton, Cromolyn, Aminophylline, Dyphylline, Theophylline, Albuterol, Levalbuterol, Pirbuterol



BEHAVIORAL HEALTH MEASURES

ADD – Follow-Up Care for Children Prescribed ADHD Medication (Medicaid)

- Members of 6 years as of March 1st, 2016 to 12 years as of February 28th, 2017.
- What makes the member compliant?
 - ✓ Children newly prescribed ADHD medication who had at least three f/u care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.
 - ✓ C& M phase, visits must be on different dates of service.
 - ✓ Two rates are reported:
 - Initiation Phase: members with an ambulatory prescription dispensed for ADHD medication, who had ONE follow-up visit with Practitioner with prescribing authority during the 30-days.
 - Continuation and Maintenance (C&M) Phase: At least two follow-up visits with a practitioner within 270 days (9 months) after the IPSD .
 - Telehealth is eligible for one visit for the C&M phase.

CPT:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 96150-96154, 98960-98962, 9896-98968, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99441-99443, 99510

ADD – Follow-Up Care for Children Prescribed ADHD Medication

(Medicaid)

HCPCS:

G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

UB Revenue:

0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983

AMM- Antidepressant Medication Management (Medicaid)

- **Members of 18 years of age and older who were treated with antidepressant medication and had a diagnosis of major depression.**
- **What makes them compliant?**
 - ✓ **Members who remained on an antidepressant medication treatment.**
 - ✓ **Two rates are reported:**
 - ✓ **Effective Acute Phase - At least 84 days (12 weeks) of treatment with antidepressant medication, beginning on the IPSP through 114 days after the IPSP (115 total days).**
 - ✓ **Effective Continuation Phase - At least 180 days (6 months) of treatment with antidepressant medication beginning on the IPSP through 231 days after the IPSP (232 total days).**

Antidepressant Medications:

Bupropion, Vilazodone, Vortioxetine, Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine, Nefazodone, Trazodone, Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine, Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine, Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Maprotiline, Mirtazapine, Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin(>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine

FUH – Follow-Up After Hospitalization for Mental Illness (Medicaid)

- **Members six years and older as of the date of discharge.**
- **What makes the member compliant?**
 - ✓ The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.
 - ✓ Two rates are reported:
 - ✓ 30 Day Follow-Up
 - ✓ 7 Day Follow-Up

CPT:

990791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99495, 99496, 99510

HCPCS:

G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2016, H2017, H2018, H2018, H2019, H2020, M0064, S0201, S9480, S9484, S9485, T1015

FUH – Follow-Up After Hospitalization for Mental Illness (*Medicaid*)

UB Revenue:

0510, 0513, 0515, 0516, 0517, 0519 - 0523, 0526 - 0529, 0900 - 0905, 0907, 0911 -
0917, 0919, 0982, 0983

POS:

03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 52, 53, 53,
71, 72

IET – Initiation and Engagement of Alcohol and other Drug Abuse or Dependence Treatment (Medicaid)

- The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following between January 1–November 15, 2017.
- **What makes the member compliant?**
 - ✓ *Initiation of AOD Treatment: through an inpatient admission, outpatient visit, telehealth, intensive outpatient encounter or partial hospitalization or MAT within 14 days of the IESD.*
 - ✓ *Engagement of AOD Treatment: members who initiated treatment and who had two or more inpatient admissions, outpatient visits, telehealth, intensive outpatient encounters or partial hospitalizations with a diagnosis matching the IESD diagnosis, beginning on the day after the initiation encounter through 29 days after the initiation event (29 total days).*

CPT:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510

HCPCS:

G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015

UB Revenue:

0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983



ACCESS/ AVAILABILITY OF CARE

AAP- Adults' Access to Preventive/ Ambulatory Health Services

(Medicaid)

- **Members 20 years of age and older who had an ambulatory or preventive care visit during 2017.**
- **What makes the member compliant?**
 - ✓ One or more ambulatory or preventive visits during 2017.

CPT:

92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429

ICD-10-CM:

Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9

HCPCS:

G0402, G0438, G0439, G0463, S0620, S0621, T1015

UB Revenue:

0510 - 0517, 0519 - 0529, 0982, 0983

CAP – Children and Adolescents' Access to Primary Care Practitioners (Medicaid)

- **Members 12 months–19 years of age.**
- **What makes the member compliant?**
 - ✓ *For 12–24 months, 25 months–6 years:* One or more visits with a PCP during 2017.
 - ✓ *For 7–11 years, 12–19 years:* One or more visits with a PCP during 2017 or 2016.

CPT:

99201-99205, 99211-99215, 99241-99245, 99341-99345,
99347-99350, 99381-99387, 99391-99397, 99401-99404,
99411, 99412, 99420, 99429

ICD-10-CM:

Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-
Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

HCPCS:

G0402, G0438, G0439, G0463, T1015

UB Revenue:

0510-0517, 0519-0523, 0526-0529, 0982, 0983

ADV – Annual Dental Visit

(Medicaid)

- **Members 2-20 years old, as of December 31st , 2017.**
- **What makes the member compliant?**
 - ✓ One or more dental visits with a dental practitioner during 2017.



UTILIZATION MEASURES

PCR – Plan All-Cause Readmissions

(*Medicaid*)

- **Members 18 years and older**
 - ✓ Number of acute inpatient stays during 2017 that were followed by an unplanned acute readmission for any diagnosis within 30 days.

CPT:

99221-99223, 99231-99233, 99238,
99239, 99251-99255, 99291

UB Revenue:

0100, 0101, 0110-0114, 0116-0124, 0126-
0134, 0136-0144, 0146-0154, 0156-
0160, 0164, 0167, 0169, 0170-0174,
0179, 0190-0194, 0199-0204, 0206-
0214, 0219, 1000-1002

AWC – Adolescent Well-Care Visits

(Medicaid)

- **Members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during 2017.**
- **What makes the member compliant?**
 - ✓ Documentation in the medical record must include a note indicating a visit to a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of all of the following:
 - ✓ A health history.
 - ✓ A physical developmental history.
 - ✓ A mental developmental history.
 - ✓ A physical exam.
 - ✓ Health education/anticipatory guidance.

CPT:

99381-99385, 99391-99395, 99461

ICD-10-CM:

Z00.00, Z00.01, Z00.110, Z00.111,
Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-
Z02.6, Z02.71, Z02.79, Z02.81, Z02.82,
Z02.83, Z02.89, Z02.9

HCPCS:

G0438, G0439

W15 – Well Child Visits in the First 15 Months of Life

(Medicaid)

- **Members who turned 15 months old during 2017 and who had 6 or more well-child visits with a PCP during their first 15 months of life.**
- **What makes the member compliant?**
 - ✓ Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of *all* of the following:
 - ✓ A health history.
 - ✓ A physical developmental history.
 - ✓ A mental developmental history.
 - ✓ A physical exam.
 - ✓ Health education/anticipatory guidance.

CPT:

99381-99385, 99391-99395, 99461

ICD-10-CM:

Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9

HCPCS:

G0438, G0439

W34 – Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

(Medicaid)

- **Members 3–6 years of age who had one or more well-child visits with a PCP during 2017.**
- **What makes the member compliant?**
 - ✓ Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of *all* of the following:
 - ✓ A health history.
 - ✓ A physical developmental history.
 - ✓ A mental developmental history.
 - ✓ A physical exam.
 - ✓ Health education/anticipatory guidance.

CPT:

99381-99385, 99391-99395, 99461

ICD-10-CM:

Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9

HCPCS:

G0438, G0439

PPC- Prenatal and Postpartum Care

(Medicaid)

- **Women with live births between November 6, 2016-November 5, 2017**
 - ✓ Timeliness of Prenatal Care – Women that received prenatal care visit in the first trimester or within 42 days of enrollment.
 - ✓ Postpartum Care- Women that had a postpartum visit within 21-56 days after delivery.
- **What makes them compliant?**
 - ✓ Prenatal-care visit to an OB/ GYN or other prenatal-care practitioner or PCP in the first trimester.
 - ✓ Postpartum visit to an OB/GYN practitioner or midwife , family practitioner or other PCP within 21- 56 days after delivery.

(PPC)

Prenatal

Postpartum

CPT:

00500F-0502F, 59400, 59425, 59426,
59510, 59610, 59618, 99201-99205, 99211-
99215, 99241-99245, 99500

HCPCS:

G0463, H1000-H1005, T1015

UB Revenue:

0514

CPT:

0503F, 57170, 58300, 59400, 59410, 59430, 59510, 59515,
59610, 59614, 59618, 59622, 88141-88143, 88147, 88148,
88150, 88152-88154, 88164-88167, 88174, 88175, 99501

ICD-10-CM:

Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

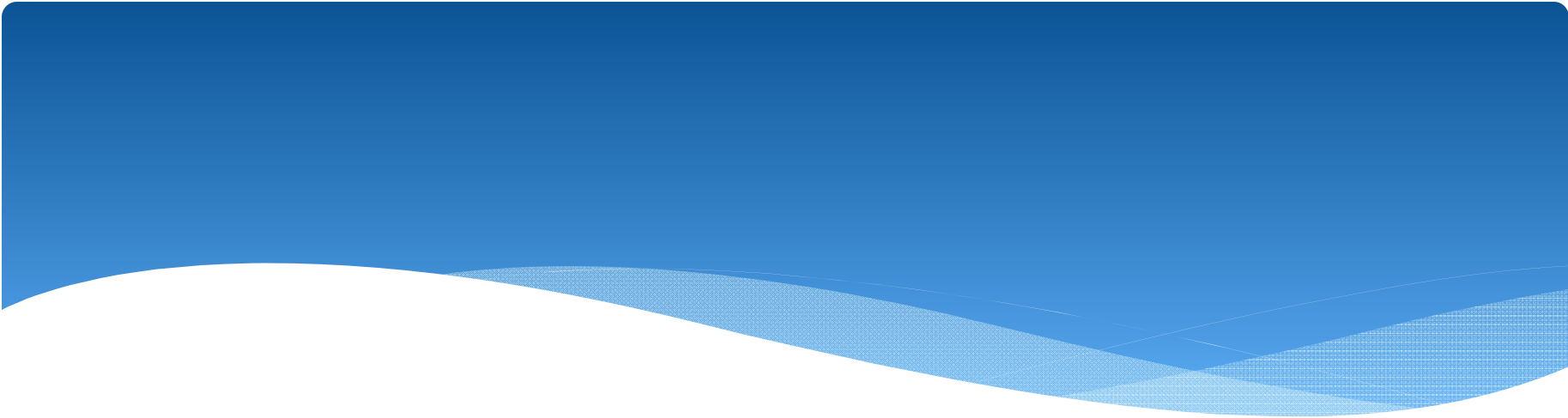
HCPCS:

G0101, G0123, G0124, G0141-G0145, G0147, G0148, P3000,
P3001, Q0091

LOINC:

10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5,
19774-9, 33717-0, 47527-7, 47528-5

UB Revenue: 0923



CARDIOVASCULAR CONDITIONS

CBP- Controlling High Blood Pressure

(Medicaid)

- **Members 18-85 years of age who had a dx of hypertension (HTN) on or before June 30th, 2017.**
- **What makes them compliant?**
 - ✓ Confirm the diagnosis of hypertension in the medical record anytime during the member's history on or before June 30th, 2017.
 - ✓ Members 18-59 years of age whose last BP of the measurement year was <140/90 mm Hg.
 - ✓ Members 60-85 years of age with a diagnosis of Diabetes whose last BP of the measurement year was <140/90 mm Hg.
 - ✓ Members 60-85 years of age without a diagnosis of Diabetes whose BP was <150/90 mm Hg.

CPT:

99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

ICD-10-CM:

I10

HCPCS:

G0402, G0438, G0439, G0463, T1015

UB Revenue:

0510-0517, 0519, 0520-0523, 0526-0529, 0982, 0983



DIABETES

CDC- Comprehensive Diabetes Care

(Medicaid)

- **Members 18-75 years of age with Diabetes (type 1 or type 2) during 2016 or 2017:**
 - **Rates reported:**
 - ✓ HbA1c testing
 - ✓ HbA1c control <8%
 - ✓ HbA1c poor control >9%
 - ✓ Medical attention for Nephropathy
 - ✓ BP control <140/90 mm Hg
 - ✓ Eye Exam (retinal)

CDC- Comprehensive Diabetes Care

(*Medicaid*)

- **What makes them compliant?**
 - ✓ An HbA1c test performed during 2017.
 - ✓ Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding (most recent in 2017).
 - ✓ Documentation in the medical record of a urine test for albumin or protein must include a note indicating the date when a urine test was performed, and the result or finding.
 - ✓ Evidence of ACE inhibitor/ARB therapy in 2017.
 - ✓ Documented most recent BP level (taken during 2017) is <140/90 mm Hg.
 - ✓ A dilated retinal eye exam by an eye care professional in 2017 or a negative dilated retinal eye exam by an eye care professional in 2016.

CDC- Comprehensive Diabetes Care (Medicaid)

Eye Exam (CDC)

CPT:

2022F, 2024F, 2026F, 3072F, 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110-67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

HCPCS:

S0620, S0621, S3000

Kidney Disease Monitoring (CDC)

CPT:

3060F-3062F, 3066F, 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 4010F, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 81000-81003, 81005, 82042-82044, 84156, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512

LOINC:

11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50561-0, 50949-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 9318-7

CDC- Comprehensive Diabetes Care (*Medicaid*)

HbA1c testing and control(CDC)

CPT:

3044F, 3045F, 3046F, 83036, 83037

LOINC:

17856-6, 4548-4, 4549-2



HIV - RELATED MEASURES

Highly Active Anti-Retroviral Treatment (HAART)

(Medicaid)

- The percentage of enrollees with a HIV/AIDS diagnosis that have been prescribed Highly Active Anti-Retroviral Treatment.
- **Eligible population: members with HIV/AIDS** as identified by at least one encounter with an ICD-10-CM diagnosis code listed below, during the first 6 months of 2017

HAART Regimen:

A) At least three single-agent antiretroviral medications

B) One two-agent combination medication with at least one other antiretroviral medication (from “a” or “b”)

C) One three-agent combination medication

D) One four-agent combination medication.

Note: Combinations of AZT & d4T with either a PI or NNRTI are not considered HAART.

HIV- Related Outpatient Medical Visits (HIVV)

(Medicaid)

- The percentage of enrollees who were seen on an outpatient basis with HIV/AIDS as the primary diagnosis by a physician, Physician Assistant or Advanced Registered Nurse Practitioner for an HIV-related medical in 2017.
- **Eligible population:** members with HIV/AIDS as identified by at least one encounter with an ICD-10-CM diagnosis code listed below, during the first 6 months of 2017.

Four separate numerators are calculated:

- a. Enrollees who were seen twice in 2017, \geq 182 days apart.
- b. Enrollees who were seen twice or more in 2017.
- c. Enrollees who were seen exactly once in the 2017.
- d. Enrollees who were not seen during 2017.

Viral Load Suppression (VLS)

(Medicaid)

- Members of age 18 and older with both a diagnosis of HIV in 2017 and at least one medical visit.
- **What makes them compliant?**
- Members with a HIV viral load less than 200 copies/mL at last HIV viral load test during 2017.

LOINC:

**20447-9, 21333-0, 23876-6, 41515-8,
48511-0, 59419-2, 70241-5**