

The One Stop QRS Shop



We've got what you need to make your scores soar!

Utilizing data-driven interventions, through meaningful partnerships, collaboration, innovation and accountability; we will improve the lives of the people we serve.

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Overview

Ambetter from Arizona Complete Health (AzCH) is a Marketplace Health Plan that reports required quality and performance metrics to ensure members receive high quality care. Metrics are identified by the Centers for Medicare & Medicaid services (CMS) and are primarily associated with the Health Effectiveness Data and Information Set (HEDIS) specifications.

What is QRS?

The Quality Rating System (QRS), located in section 1311(c)(3) of the Affordable Care Act (ACA), directs the U.S. Department of Health and Human Services (HHS) Secretary to develop a system that rates Qualified Health Plans (QHP) based on relative quality and price. It also requires Marketplaces to display QHP quality ratings on Marketplace websites to assist in consumer selection of QHPs. Based on this authority, the Centers for Medicare and Medicaid Services (CMS) established standards and requirements related to QHP issuer data collection and public reporting of quality rating information in every Marketplace. QHP issuers must submit quality rating information (specifically QRS clinical measure data and QHP Enrollee Response data) for its QHPs in accordance with CMS guidelines as a condition of certification and participation in the Marketplaces. [Retrieved from <https://www.cms.gov>]

What is CMS?

CMS is the Center for Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services. CMS is responsible for administering the Marketplace program, as well as providing oversight of healthcare quality standards utilizing the Quality Rating System.

The 2020 Technical Specifications and Resource Manual for Quality Rating System Child and Adult Core Measures are available online at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Downloads/QMI-Downloads>.

What is HEDIS?

HEDIS is the Healthcare Effectiveness Data and Information Set defined by the National Committee for Quality Assurance (NCQA). It is the gold standard in healthcare performance measurement and consists of over 70 measures affecting mortality and morbidity. The use of HEDIS measures is an exciting opportunity to show the quality of our services. Specifications for HEDIS measures are proprietary and must be purchased through the National Committee for Quality Assurance (NCQA). More information is available on the NCQA website at <http://www.ncqa.org/homepage>.

What is PQA?

PQA is the Pharmacy Quality Alliance. The PQA was established in 2006 as a public private-partnership with CMS shortly after the implementation of the Medicare Part D Prescription Drug Benefit. Since the early years developing measures for the Star Ratings program, the multi-stakeholder membership of PQA has engaged in a transparent, consensus-based development process. This foundation was the basis for PQA's evolution to becoming a nationally recognized quality measure organization with industry roles as a measure developer, quality educator, researcher, and convener. [Retrieved from <https://pqa.memberclicks.net/our-story>].



What is the QHP Enrollee Survey?

The Qualified Health Plan (QHP) Enrollee Experience Survey is based upon the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The QHP Enrollee Survey asks healthcare members to evaluate their experiences with healthcare services in various settings. This survey focuses on measureable aspects of member experience based on the member's interaction with healthcare providers, services, and facilities.

Quality Ratings of Marketplace Plans

Marketplace plans are rated in three categories, as identified below:

- Member Experience: based on member satisfaction with health care
- Medical Care: based on how well the plans' provider group manages member health
- Plan Administration: based on how well the plan is run

Each category listed above is comprised of specific measures. To obtain a category Star rating, it is important to note that some measures carry a heavier weight in contribution than others. The Table of Performance Measures on the next page lists the individual measures and the page number of the measure specifications guide for additional information.

Medical Record Collection Process

The Arizona Complete Health HEDIS Operations team conducts year round medical record collection to more accurately reflect the rates of compliancy for performance measures at any given time. Record collection is done for all lines of business: Medicare, Marketplace and Medicaid. AHCCCS (Medicaid) performs routine audits of plan data and performance rates through the year. Medicare and Marketplace audits are done on an annual basis through the HEDIS process, which includes a period of medical record collection, by the plan starting in January and ending the first of May each year.

The rates of compliance for performance measures is demonstrated by adding together rates from claims (administrative) and supplemental data (hybrid) which includes automatic data feeds from providers and the actual medical record.

The above processes along with year-round requests for records are intended to reduce the burden to the provider offices and to show a truer picture of the rates of compliance throughout the year. We understand how busy provider offices are, especially during the HEDIS season. It is our goal to partner with providers to demonstrate the high quality of care we provide our members by showing high rates of compliance with the performance measures. Methods to submit records when requested are through the provider portal, paper (mail or we can pick up), fax, email if your system supports it, CD or onsite visits where we can gather the records using a USB.

**If providers are interested in setting up an automatic data feed, sending medical records to AzCH through the provider portal, allowing the plan access to your EHR or have other questions or concerns the HEDIS Operations team can be reached at HEDIS_Operations@azcompletehealth.com.



Ambetter Performance Measures

Table of Performance Measures

Key	Performance Measure	Page	Source	Weight	25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
Clinical and Pharmacy Measure Details								
ABA	Adult BMI Assessment	9	HEDIS	1.39%	79.1%	85.6%	92.2%	95.6%
ADV	Annual Dental Visit	10	HEDIS	0.00%	16.1%	30.8%	46.7%	55.2%
AMM	Antidepressant Medication Management	11	HEDIS	1.85%	58.8%	63.7%	69.4%	73.1%
CWP	Appropriate Testing for Pharyngitis	12	HEDIS	2.08%	79.5%	87.1%	92.3%	95.2%
URI	Appropriate Treatment for Upper Respiratory Infection	13	HEDIS	2.08%	86.1%	91.7%	95.0%	97.3%
AAB	Avoidance of Antibiotic Treatment for Bronchitis	14	HEDIS	2.08%	24.4%	30.0%	38.6%	48.3%
BCS	Breast Cancer Screening	15	HEDIS	1.85%	65.0%	69.8%	73.2%	78.8%
CCS	Cervical Cancer Screening	16	HEDIS	1.85%	48.1%	55.9%	65.2%	72.5%
CIS	Childhood Immunization Status – Combo 3	17	HEDIS	1.11%	65.2%	76.6%	81.1%	86.1%
CHL	Chlamydia Screening Age 16 to 24	18	HEDIS	1.39%	40.2%	47.3%	55.4%	67.3%
COL	Colorectal Cancer Screening	19	HEDIS	1.85%	46.7%	55.2%	63.0%	69.1%
CDC	Comprehensive Diabetes Care: Eye Exam	20	HEDIS	1.39%	40.6%	48.9%	56.1%	66.4%
CDC	Comprehensive Diabetes Care: Monitoring for Nephropathy	21	HEDIS	1.39%	89.1%	90.8%	92.7%	94.5%
CDC	Comprehensive Diabetes Care: HbA1c Controlled (<8)	22	HEDIS	1.39%	52.1%	58.4%	63.8%	67.5%
CBP	Control High Blood Pressure	23	HEDIS	1.85%	53.8%	62.0%	69.8%	75.4%
FUH	Follow-Up Hospitalization for Mental Illness: 7 Days	24	HEDIS	1.85%	28.8%	37.9%	47.8%	59.5%
IMA	Immunizations for Adolescents- Combo 2	25	HEDIS	1.11%	17.4%	23.0%	26.7%	35.5%
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	26	HEDIS	1.87%	19.4%	23.6%	27.2%	31.8%
MMA	Medication Management for People with Asthma	27	HEDIS	5.56%	51.5%	56.7%	62.0%	67.7%
PCR	Plan All-Cause Readmissions	28	HEDIS	22.22%	≤76.6%	≤71.1%	≤63.8%	≤52.3%
PPC	Prenatal and Postpartum Care – Timeliness of Prenatal Care	29	HEDIS	2.78%	77.4%	85.0%	91.1%	95.2%
PPC	Prenatal and Postpartum Care - Postpartum	30	HEDIS	2.78%	65.8%	73.9%	82.1%	87.6%
LBP	Use of Imaging Studies for Low Back Pain	31	HEDIS	2.08%	71.7%	77.0%	81.3%	85.7%
WCC	Weight Assessment, Counseling for Nutrition and Physical Activity for Children and Adolescents	32	HEDIS	1.11%	58.6%	68.9%	79.6%	87.3%
W15	Well Child Visits:15 Months (6+ Visits)	34	HEDIS	1.11%	66.1%	75.1%	83.1%	88.7%
W34	Well Child Visits: 3-6 Years	35	HEDIS	1.11%	68.1%	76.4%	84.2%	88.2%
PDC-RASA	Proportion Days Covered by Medication: ACE/ARB	36	PQA	1.85%	72.9%	77.7%	81.7%	85.1%
PDC-DR	Proportion Days Covered by Medication Diabetes All Classes	36	PQA	1.39%	67.8%	72.4%	77.5%	81.6%
PDC-STA	Proportion Days Covered by Medication: Statins	36	PQA	1.85%	68.1%	72.3%	78.6%	81.8%
QHP Enrollee Survey Measure Details								
QHP	Access to Care	37	CAHPS	4.17%	72.3%	75.1%	77.4%	79.7%
QHP	Care Coordination	38	CAHPS	4.17%	81.1%	83.4%	85.0%	86.8%
FVA	Flu Vaccinations for Adults (18-64)	39	HEDIS	1.39%	43.2%	47.0%	52.4%	57.6%
MSC	Medical Assistance with Smoking and Tobacco Use Cessation	40	HEDIS	1.39%	48.3%	53.7%	58.9%	63.0%
QHP	Rating of All Health Care	41	CAHPS	2.78%	75.0%	77.6%	79.7	81.5%
QHP	Rating of Personal Doctor	42	CAHPS	2.78%	85.9%	87.1%	88.4%	89.6%
QHP	Rating of Specialist	43	CAHPS	2.78%	84.0%	85.2%	86.3%	87.5%



Helpful Tips

- Majority of the measures have a continuous enrollment requirements that identify set time frames for members to be included in measure calculations. Members must be enrolled for a minimum of 12 months, with no more than one break of 45 days.
- All measures exclude members in Hospice.
- Most measures are administrative, meaning they are based on claims data. Timely and accurate billing has a large effect on the measures.
- Coordinate care effectively with all involved practitioners, hospitals and agencies to ensure members receive appropriate services. This includes rapport building and efficient information sharing.
- Easy Ways to Increase Performance Measures:
 - Utilize reliable performance measures tracking tools connected to the EHRs.
 - Identify members who have the highest number of gaps in care and focus on helping them overcome any barriers they are facing to get the care they need.
 - Add an EPSDT Well Visit to a sick visit for children up to age 21.
 - Know your scores. Monitor your data and look for single interventions that will impact multiple measures. For example, development of a chronic disease management program for diabetes. This would impact utilization as well as preventive screenings to improve the health of our members.
 - Avoid missed opportunities. Ensure each appointment addresses all care gaps to improve member care. An example would be giving a member a FIT kit for a Colorectal Screening when the member comes in for other checkups.
- Easy Ways to Improve QHP Enrollee Survey scores:
 - Understand what your members expect: how quickly they want to receive care; who they want engaged in their care; what accommodations they may need at your office.
 - Encourage members to ask questions and participate through decision making.
 - Ask open-ended questions and avoid interrupting the member.
 - Build a positive relationship: knock before entering the exam room, smile and make eye contact, empathize with member concerns.
 - Educate members about preventive care and healthy habits, treatment options, medication use, risks and benefits, how and where to access care quickly and timeframes on getting care timely.
 - Include questions on your internal survey that provide insight to the QHP composite measures.
 - Train all of your staff on QHP Enrollee Survey, what questions members are being asked and how they impact the way in which members respond.
- Better Member Outcomes:
 - Did you know that practitioners have the most influence over a member's decision to complete recommended testing? To help you capitalize on that our Member Appointment Checklist for Providers/Practitioners has suggestions for utilizing appointment time to assist members in achieving their needed screenings as well as a quick reference guide listing the 2020 performance measures as related to in office visits and divided by age group. Both documents are found at the end of this book.
 - Important questions to ask within your practice:
 - How does your practice currently measure member experience?
 - If you utilize a survey, does it go beyond asking about the member's satisfaction?
 - How well do you understand the expectations of your members?
 - Do you use any techniques to manage the expectations of your members?



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- Post signs and provide resources like fliers and handouts that educate members on how to access needed care quickly. For example, how quickly they should expect an urgent appointment with their personal doctor and places to access urgent care.
- Communication is Key:
 - Ask members if they understand what is being explained to them.
 - Coordinate care with other providers, specialists and facilities responsible for member care and ensure the member knows this communication occurs.
 - Use the teach-back method to help the member remember and demonstrate understanding.
 - Monitor and track complaints by members and conduct root cause analyses on persistent themes to ensure meaningful change occurs through quality improvement activities.

REMEMBER!

Having high performance measure scores means better member outcomes and better member outcomes is the reason why we are all working to transform the health of our communities, one person at a time.

- Early and Periodic Screening, Diagnostic & Treatment (EPSDT)
 - Keep an eye out for the quarterly notification of which members are due for a well visit, dental visit and/or immunizations.
 - If a member misses an appointment, fill out & fax the Missed Appointment Log to the EPSDT department to help address barriers and reschedule appointments.
 - Reminder: All PCPs are required to enter all administered immunizations into the Arizona State Immunization Information System (ASIS) system within 30 days. <https://asiis.azdhs.gov/>
- The My Health Pays program incentivizes members to obtain needed wellness visits & screenings. This is a great way to encourage members to stay healthy. For more information on what incentives are currently being offered please visit <https://ambetter.azcompletehealth.com/benefits-services/wellness-programs.html>.
- Just a reminder: Members within the measure specified age range do not need a referral or prior authorization in order to get their screenings. This includes:
 - Flu shots
 - Breast Cancer Screening
 - Cervical Cancer Screening
 - Chlamydia Screening
 - Colorectal Cancer Screening
 - Comprehensive Diabetes Care
 - Contraceptive Care



Performance Measure Specifications Guide

Clinical Measure Details

ADULT BMI ASSESSMENT

Measure Key: ABA

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 66

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-74 years of age

Description: Members aged 18-74 who had an outpatient visit with a Body Mass Index (BMI) that was documented during the year or year prior.

Numerator: Members who had BMI documented

Denominator: Members aged 18-74 who had an outpatient visit

Exclusions:

- Members who have a diagnosis of pregnancy during the current year or year prior.

Helpful Tips:

- Continuous enrollment of the measurement year and year prior with no more than one gap in enrollment of up to 45 days.
- BMI for members aged 18-19 must be documented as a percentile.
- BMI for members aged 20-74 must be documented as a value.
- Documentation must include height, weight and BMI percentile or value from the same data source.
- Either of the following meets criteria for BMI percentile:
 - BMI percentile documented as a value (e.g., 85th percentile).
 - Ranges and thresholds do not meet criteria.
 - BMI percentile plotted on age-growth chart.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- Z68.1, Z68.20-Z68.45

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
79.1%	85.6%	92.2%	95.6%



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ANNUAL DENTAL VISIT

Measure Key: ADV

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 69

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 2-20 years of age

Description: Percentage of members aged 2-20 as of December 31 of the measurement year, who have received one dental visit during the measurement year.

Numerator: Members who had at least one preventive dental visit

Denominator: Members aged 2-20

Helpful Tips:

- Any claim with a dental practitioner during the measurement year meets criteria.
- Visits for many 1-year-olds will be counted because the specification includes children whose second birthday occurs during the measurement year.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Utilize the Dental Services Missed Appointment/No Show log. Our EPSDT team makes targeted outreach to members/parents of members to identify barriers to care and assist in rescheduling appointments.

Commonly Used Codes: *Codes are examples only and not recommendations*

- D1000-D1999, D1330, D1310, D0145, D1120, D1208

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
16.1%	30.8%	46.7%	55.2%



ANTIDEPRESSANT MEDICATION MANAGEMENT

Measure Key: AMM

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 71

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 18+ years of age as of April 30 of the measurement year

Intake Period: May 1 of the year prior through April 30 of the measurement year

Description: Percentage of members aged 18 and older with a diagnosis of major depression and treated with and remained on an antidepressant medication treatment.

Effective Acute Phase Treatment:

Numerator: Members who remained on an antidepressant medication for a minimum of 84 days

Denominator: Members aged 18 and older with a diagnosis of major depression and treated with an antidepressant medication

Effective Continuation Phase Treatment:

Numerator: Members who remained on an antidepressant medication for a minimum of 180 days

Denominator: Members aged 18 and older with a diagnosis of major depression and treated with an antidepressant medication

Helpful Tips:

- Continuous enrollment of 105 days prior to the Index Episode Start Date through 231 days after.
- Medication Treatment Gaps: Gaps can include either treatment gaps to refill same medication or washout periods to change medication.
- Effective Acute Phase Treatment: Allowable gaps in medication treatment up to a total of 31 days.
- Effective Continuation Phase Treatment: Allowable gaps in medication treatment up to a total of 52 days.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.
- Antidepressant Medication List ([Table 3](#)).

Commonly Used Codes: Codes are examples only and not coding recommendations

- 98960-98962, 99201-99205, 90791, 90792, 90832-90834

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
58.8%	63.7%	69.4%	73.1%



APPROPRIATE TESTING FOR PHARYNGITIS

Measure Key: CWP

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 75

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 3+ years of age

Intake Period: July 1 of the prior year through June 30 of the measurement year

Description: Percentage of episodes for members aged 3 years and older where the member was diagnosed with pharyngitis, dispensed antibiotic and received a group A streptococcus (strep) test for the episode.

Numerator: Members diagnosed with pharyngitis, were dispensed an antibiotic and received a group A streptococcus test

Denominator: Number of episodes where members aged 3 and older had a diagnosis of pharyngitis

Exclusions:

- Episode dates when the member had any diagnoses other than Pharyngitis on the same date of service.
- ED or observation visits that result in an inpatient stay.

Helpful Tips:

- Continuous enrollment of 30 days prior to the Episode Date through 3 days after.
- A higher rate shows better performance with appropriate testing.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- CWP Antibiotic Medication List ([Table 4](#)).

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
79.5%	87.1%	92.3%	95.2%



APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION

Measure Key: URI

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 79

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 3+ months of age

Intake Period: July 1 of the prior year through June 30 of the measurement year

Description: Percentage of episodes for members aged 3 months and older who were diagnosed with an upper respiratory infection and were dispensed an antibiotic medication.

Numerator: Members who were dispensed a prescription antibiotic medication within three days after the index episode start date (IESD)

Denominator: Number of episodes where members aged 3 months and older had a diagnosis of URI

Exclusions:

- Episode dates when the member had any diagnoses other than URI on the same date of service.
- ED visits or observation visits that result in an inpatient stay.

Helpful Notes:

- Continuous enrollment of 30 days prior to the Episode Date through 3 days after.
- A higher rate shows better performance with appropriate treatment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- CWP Antibiotic Medication List ([Table 4](#)).

Commonly Used Codes: Codes are examples only and not coding recommendations

- J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
86.1%	91.7%	95.0%	97.3%



AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHITIS

Measure Key: AAB

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 84

Data Collection Method: Administrative – all paid, suspended, pending, and denied claims

Age Range: 3+ months of age

Intake Period: July 1 of the prior year through June 30 of the measurement year

Description: Members aged 3 months and older diagnosed with acute bronchitis/bronchitis and were dispensed an antibiotic medication.

Numerator: Members that were dispensed prescription antibiotic medication within three days after the index episode start date (IESD)

Denominator: Number of episodes where members aged 3+ months were diagnosed with bronchitis

Exclusions:

- Episode dates when the member had any diagnoses other than URI on the same date of service.
- ED visits or observation visits that result in an inpatient stay.

Helpful Tips:

- Continuous enrollment of 30 days prior to the Episode Date through 3 days after.
- A higher rate shows better performance with appropriate treatment.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- AAB Antibiotic Medication List ([Table 5](#)).

Commonly Used Codes: Codes are examples only and not coding recommendations

- ICD-10: J20.3, J20.4, J20.5, J20.6, J20.7

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
24.4%	30.0%	38.6%	48.3%



BREAST CANCER SCREENING

Measure Key: BCS

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 89

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 50 to 74 years of age

Description: Percentage of women aged 50 to 74 who had a mammogram to screen for breast cancer (the measure applies to women aged 52 to 74 years of age to account for the 2-year, 3-month look-back period).

Numerator: Women who had a mammogram within the last 2 years and 3 months

Denominator: Women aged 52-74

Exclusions:

- Bilateral mastectomy or unilateral mastectomy with a bilateral modifier. Codes must be on the same claim.
- Two unilateral mastectomies with service dates 14 days or more apart.
- Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service.

Helpful Tips:

- This measure requires a continuous enrollment period of 2 years and 3 months.
- This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs.
- Educate members on importance of completing preventive screenings and other healthy activities.
- Consider partnering with local imaging centers to launch mammogram scheduling campaigns.
- Offer screening referrals during well visits.
- Schedule next annual appointment before member leaves current appointment.
- Provide reminder outreach 3 days before the member's appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067, G0202, G0204, G0206, 87.36, 87.37, 0401, 0403

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
65.0%	69.8%	73.2%	78.8%



CERVICAL CANCER SCREENING

Measure Key: CCS

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 92

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: 21-64 years of age

Description: Percentage of women aged 21-64 who were screened for cervical cancer using either of the following criteria (the measure applies to women aged 24-64 as of the end of the measurement year to account for the 3-year look-back period):

- Women age 21-64 who had cervical cytology (Pap test) performed every 3 years.
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Numerator: Women aged 24-64 screened for cervical cancer

Denominator: All women aged 24-64

Exclusions:

- Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member’s history through the measurement year.

Helpful Tips:

- The medical record must include the dated results of required tests.
- Biopsy is considered a diagnostic test and not a screening test.
- Educate members on importance of completing preventive screenings and other healthy activities.
- Early detection is the best prevention.
- Offer screening during well visits.
- Schedule next annual appointment before member leaves current appointment.
- Provide reminder outreach 3 days before the member’s appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 88141-88143,88147,88147,88148,88150,88152-88154

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
48.1%	55.9%	65.2%	72.5%



CHILDHOOD IMMUNIZATION STATUS (COMBINATION 3)

Measure Key: CIS

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 96

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: Members who turned 2 years of age during the measurement year

Description: Percentage of members aged 2 years who had four DTaP; three IPV; one MMR; three HiB; three Hep B, one VZV and four PCV on or before their second birthday.

*Measure calculates a rate for each vaccine and one combination rate

Numerator: Members who received the required number of the specified vaccines before or on their 2nd birthday

Denominator: Members who turned 2 years old during the measurement year

Exclusions:

- Members contraindicated for immunizations.

Helpful Tips:

- Continuous enrollment of 12 months prior to the child's second birthday with no more than one gap of up to 45 days.
- For immunization evidence obtained from the medical record, count children where there is evidence that the antigen was rendered from one of the following:
 - A note indicating the name of the specific antigen and the date of the immunization.
 - A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.
- Centers for Disease Control & Prevention (CDC): Vaccines & Immunizations (<https://www.cdc.gov/vaccines/index.html>).

Commonly Used Codes: Codes are examples only and not coding recommendations

- DTaP: 90698, 90700, 90721, 90723
- IPV: 90698, 90713, 90723
- MMR: 90707, 90710
- HiB: 90645-90648, 90698, 90721, 90748
- HepB: 90723, 90740, 90744, 90747, 90748
- VZV: 90710, 90716
- PCV: 90669, 90670
- HepA: 90633
- RV: 90681
- Flu: 90655, 90657, 90661, 90662, 90673, 90685

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
65.2%	76.6%	81.1%	86.1%



CHLAMYDIA SCREENING IN WOMEN

Measure Key: CHL

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 101

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 16-24 years of age

Description: Percentage of women aged 16-24 identified as sexually active and who had at least one test for chlamydia during the measurement year.

Numerator: Sexually active women aged 16-24 tested for chlamydia

Denominator: Sexually active women aged 16-24

Exclusions:

- Women who qualify for the denominator based on a pregnancy test alone and who meet either of the following:
 - A pregnancy test and a prescription for isotretinoin on the date of the pregnancy test or within the 6 days after the pregnancy test.
 - A pregnancy test and an x-ray on the date of the pregnancy test or within the 6 days after the pregnancy test.

Helpful Tips:

- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- CPT: 8814-88143, 88147, 88148, 88150, 8815-88154, 88164-88167, 88174, 88175
- ICD-10: Z12.4

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
40.2%	47.3%	55.4%	67.3%



COLORECTAL CANCER SCREENING

Measure Key: COL

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 104

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 50 – 75 years of age

Description: Members aged 50-75 who received appropriate screening for colorectal cancer.

Numerator: Members aged 50-75 who were screened for colorectal cancer

Denominator: Members aged 50-75

Exclusions:

- Colorectal cancer and/or total colectomy.
- Members 66+ as of December 31st of the measurement year with fragility and advanced illness.

Helpful Tips:

- Continuous enrollment of the measurement year and year prior with no more than one gap in enrollment of up to 45 days.
- The medical record must include either a dated screening result, or list the service performed with a date of service and the results in the office history and physical (example: Colonoscopy, normal, 10/12/2016).
- Standing orders and FIT Kits in the office increase compliancy.
- Offer screening referrals during well visits.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- FOBT (Every Year): 82270, 82274
- Flexible Sigmoidoscopy (Every Five Years Including Measurement Year): 45330-45335, 45337-45342, 45345
- Colonoscopy(Every Ten Years Including Measurement Year):: 44388-44394, 44397, 44355, 45378-45387, 45391, 45392
- CT Colonography (CTC) (Every Five Years Including Measurement Year):: 74251-74263
- Fecal Immunochemical Test (FIT-DNA, Cologuard Testing) (Every Three Years Including Measurement Year):: 81528
- ICD-10: C18.0-C189.9, C19-20, C21.2, C21.8, C78.5, Z85.038

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
46.7%	55.2%	63.0%	69.1%



COMPREHENSIVE DIABETES CARE – EYE EXAM

Measure Key: CDC

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 109

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-75 years of age

Description: Members aged 18-75 with diabetes who had a retinal or dilated eye exam during the year or bilateral eye enucleation in the members’ history. The eye exam must be performed by an eye care professional (Ophthalmologist or Optometrist).

Numerator: Diabetic members who had a retinal eye exam

Denominator: Members aged 18-75 who have a diagnosis of diabetes

Exclusions:

- Members who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.
- Members 66+ as of December 31st of the measurement year with fragility and advanced illness.

Helpful Tips:

- If the eye exam is positive for retinopathy an annual exam is required. If the eye exam is negative for retinopathy the exam is only needed every other year.
- Blindness is not an exclusion.
- Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates “diabetes without complications” does not meet criteria.
- Work with the member to develop an individual treatment plan to manage their diabetes; including medication adherence, and healthy activities (exercise & diet).
- Refer member to a chronic condition management program.
- Educate members on importance of completing preventive tests and other healthy activities.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for other resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 2022F, 2024F, 2026F

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
40.6%	48.9%	56.1%	66.4%



COMPREHENSIVE DIABETES CARE – MONITORING FOR NEPHROPATHY

Measure Key: CDC

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 109

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-75 years of age

Description: Members aged 18-75 with diabetes who had a nephropathy screening, monitoring test or evidence of nephropathy.

Numerator: Members with diabetes who had a nephropathy screening, monitoring test or evidence of nephropathy

Denominator: Members aged 18-75 with diabetes

Exclusions:

- Members who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.
- Members 66+ as of December 31st of the measurement year with fragility and advanced illness.

Helpful Tips:

- Any of the documentation below will meet the measure criteria:
 - A urine test for albumin or protein.
 - Documentation of a visit to a nephrologist.
 - Documentation of a renal transplant.
 - Documentation of medical attention for any of the following (no restriction on provider type): Albuminuria, Chronic kidney disease, Acute or Chronic renal failure, Diabetic nephropathy, Dialysis, hemodialysis or peritoneal dialysis, etc.
 - Evidence of ACE inhibitor/ARB therapy.
- Work with the member to develop an individual treatment plan to manage their diabetes; including medication adherence, and healthy activities (exercise & diet).
- Refer member to a chronic condition management program.
- Consider utilizing point of care testing during office visits or offering in home testing kits.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for toolkits and other resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 3066F, 4010F

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
89.1%	90.8%	92.7%	94.5%



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COMPREHENSIVE DIABETES CARE – HbA1c CONTROLLED

Measure Key: CDC

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 109

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-75 years of age

Description: Members aged 18-75 with diabetes who had an HbA1c test that showed their average blood sugar is under control (<8.0%).

Numerator: Members with diabetes who had an HbA1c test result of <8.0%

Denominator: Members aged 18-75 with diabetes

Exclusions:

- Members who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.
- Members 66+ as of December 31st of the measurement year with fragility and advanced illness.

Helpful Tips:

- A higher rate indicates better performance for this measure.
- Poor Control is any of the following:
 - HbA1c >8.0%
 - HbA1c test not completed
 - HbA1c test result missing
- The medical record must include the date of the most recent HbA1c **and** the test result.
- Work with the member to develop an individual treatment plan to manage their diabetes; including medication adherence and healthy activities (exercise & diet).
- Refer member to a chronic conditional management program.
- Consider utilizing point of care testing during office visits or offering in home testing kits.
- Educate members on importance of completing preventive test and other healthy activities.
- If the member tested over 8.0%, retest after 90 days of original test.
- The most recent test during the measurement year is counted towards the numerator.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for toolkits and other resources.

Commonly Used Codes: Codes are examples only and not recommendations

- 3066F, 4010F, 3044F-3046F (based on the result of the HbA1c test)

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
52.1%	58.4%	63.8%	67.5%



CONTROLLING HIGH BLOOD PRESSURE

Measure Key: CBP

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 121

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 18-85 years of age

Description: Members aged 18-85 diagnosed with hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during measurement year.

Numerator: Members with hypertension and blood pressure controlled (<140/90 mm Hg)

Denominator: Members aged 18-75 with hypertension

Exclusions:

- Members who are 66+ as of December 31st in the measurement year with fragility and advanced illness.
- Members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31st of the measurement year.
- Members with a diagnosis of pregnancy during the measurement year.
- Members who had a non-acute inpatient admission during the measurement year.

Helpful Tips:

- All eligible BP readings in the appropriate medical record should be considered (regardless of practitioner type) when identifying the most recent reading.
- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.
- If no BP is recorded during the measurement year, assume the member is not controlled.
- The BP reading must occur on or after the date when the second diagnosis of hypertension occurred.
- Refer member to a chronic condition management program.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for toolkits and other resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
53.8%	62.0%	69.8%	75.4%



FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (7-DAY FOLLOW-UP)

Measure Key: FUH

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 129

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 6+ years of age

Description: Percentage of discharges for members aged 6+ who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner (MHP) within 7 days after discharge.

Numerator: Follow-up visit with a MHP within 7 days after discharge

Denominator: Total acute inpatient discharges for Mental Health stays

Exclusions:

- Discharges followed by readmission.
- Non-acute inpatient stays.
- Visits that occur on the date of discharge.

Helpful Tips:

- Continuous enrollment of 30 days after discharge.
- Mental health practitioner can be a licensed psychiatrist, psychologist, psychiatric registered nurse, licensed clinical social worker and Master’s prepared therapist.
- The denominator for this measure is based on discharges, not on members.
- Help member set up follow up appointments and transportation if needed before discharge.
- Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
- Coordinate with member’s care team to provide needed wrap around services, including medication reconciliation.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- CPT: 98960-98962, 99078, 99201-99215, 99217-99220, 99241-99245,99341-99350, 99383-99397, 99401-99404, 99510, 90791-90792, 90845, 90847, 90849, 90853, 90867-0870, 90875-90876, 99221-9223, 9923-9233, 99238-99239, 99251-9255

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
28.8%	37.9%	47.8%	59.5%



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IMMUNIZATIONS FOR ADOLESCENTS (COMBINATION 2)

Measure Key: IMA

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 132

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: Members who turned 13 years of age during the measurement year

Description: Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine, and two or three doses of the HPV vaccine by their 13th birthday.

Numerator: Members who received the required number of the specified vaccines on or before their 13th birthday

Denominator: Members who turned 13 during the measurement year

Exclusions:

- Anaphylactic reaction to the vaccine or its components any time on or before the member’s 13th birthday.

Helpful Tips:

- Continuous enrollment of 12 months prior to the adolescent’s 13th birthday with no more than one gap of up to 45 days.
- Vaccinations must be given two weeks apart to avoid double counting events (HEDIS 14-Day Rule).
- For immunization information obtained from the medical record, count adolescents where there is evidence that the antigen was rendered from either of the following:
 - A note indicating the name of the specific antigen and the date of the immunization.
 - A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.
- Centers for Disease Control & Prevention (CDC): Vaccines & Immunizations (<https://www.cdc.gov/vaccines/index.html>).

Commonly Used Codes: Codes are examples only and not coding recommendations

- Meningococcal CPT: 90734 Tdap CPT: 90715
- HPV CPT: 90649-90651

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
17.4%	23.0%	26.7%	35.5%



INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

Measure Key: IET

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 136

Data Collection Method: Administrative - all paid, suspended, pending, or denied claims

Age Range: 13+ years of age as of December 31 of the measurement year

Intake Period: January 1 through November 13 of the measurement year

Description: Percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

Initiation AOD Treatment:

Numerator: Members who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis

Denominator: Members aged 13 and older with new episode of AOD abuse or dependence

Engagement of AOD:

Numerator: Members who are compliant with the Initiation of AOD Treatment and who had 2+ additional AOD services or Medication Assisted Treatment within 34 days of the IESD

Denominator: Members aged 13 and older with new episode of AOD abuse or dependence

Exclusions:

- Members who had a claim/encounter with a diagnosis of AOD abuse or dependence or a MAT dispensing event during the 60 days (2 months) before the Index Episode Start Date (IESD).

Helpful Tips:

- Continuous enrollment of 60 days prior to the IESD through 48 days after the IESD.
- A new episode of AOD abuse or dependence is determined by an outpatient visit, telehealth, intensive outpatient visit or partial hospitalization with a diagnosis of AOD abuse or dependence. Also a detoxification visit, ED visit, acute or non-acute inpatient discharge, telephone visit or online assessment.
- Help member set up follow up appointments and transportation if needed before discharge.
- Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
- Coordinate with member’s care team to provide needed wrap around services, including medication reconciliation and substance abuse treatment.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.
- MAT for Alcohol Abuse or Dependence Medications ([Table 7](#)).

Commonly Used Codes: Codes are examples only and not coding recommendations

- CPT: 98960-98962, 99078, 9920-99215, 99217-99220, 99241-99245, 99341-99350, 9934-99387

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
19.4%	23.6%	27.2%	31.8%



MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

Measure Key: MMA

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 148

Data Collection Method: Administrative - all paid, suspended, pending, and denied claims

Age Range: 5-64 years of age as of December 31 of the measurement year

Description: Members aged 5-64 years old during measurement year with persistent asthma who were dispensed appropriate medications and remained on asthma medication for at least 75% of their treatment period.

Numerator: Members who achieved the proportion of days covered (PDC) of 75% or more for their asthma controller medications during measurement year

Denominator: Members aged 5-64 with persistent asthma and dispensed asthma controller medication

Exclusions:

- Members who had no asthma controller medications dispensed during the measurement year.
- Members with a diagnosis of any of the following during their lifetime through December 31 of the measurement year:
 - Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions due to Fumes/Vapors, Cystic Fibrosis & Acute Respiratory Failure.

Helpful Tips:

- Continuous enrollment of the measurement year and year prior with no more than one gap in enrollment of 45 days.
- Proportion of days covered: The number of days that a member is covered by at least one asthma controller medication, divided by the number of days in the treatment period.
- Assist member in addressing any barriers to obtain medication.
- Asthma Controller and Reliever List ([Table 8](#)).

Commonly Used Codes: Codes are examples only and not coding recommendations

- ICD-10:J45.20-J45.22,J45.30-J45.32,J45.40-J45.42,J45.50-J45.52,J45.901,J45.902, J45.909,J45.991, J45.998

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
51.5%	56.7%	62.0%	67.7%



PLAN ALL-CAUSE READMISSIONS

Measure Key: PCR

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 154

Data Collection Method: Administrative - paid claims only

Age Range: 18-64 years of age

Description: This measure summarizes the number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Numerator: Count of readmissions within 30 days

Denominator: Count of acute inpatient stays

Exclusions:

- Hospital transfers, inpatient stays with discharges for death, acute inpatient discharge with principal diagnosis of pregnancy, acute inpatient discharge with a principal diagnosis of a condition originating in the perinatal period, potential planned procedure without a principal acute stay, or planned readmissions.
- A principal diagnosis of maintenance chemotherapy or rehabilitation.
- An organ transplant (Kidney Transplant, Bone Marrow Transplant, or Organ Transplant Other Than Kidney).

Helpful Tips:

- Continuous enrollment of one year prior to the index discharge date through 30 days after the index discharge date.
- Discharge planning begins at admission.
- Help member set up follow up appointments and transportation if needed before discharge.
 - Follow up appointments completed within 7 days of discharge are key to reducing readmissions.
- Coordinate with member's care team to provide needed wrap around services, including medication reconciliation.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
76.6%	71.1%	63.8%	52.3%



PRENATAL AND POSTPARTUM CARE - PRENATAL

Measure Key: PPC, Prenatal

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 162

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, and denied claims

Age Range: N/A

Description: The percent of live births where the member received a prenatal care visit in the first trimester of the pregnancy or within 42 days of enrollment.

Numerator: Members who received an appropriate visit

Denominator: Members who delivered a live birth

Helpful Tips:

- Continuous enrollment of 43 days prior to delivery through 60 days after delivery.
- Women who had two separate deliveries (different dates of service) during the measurement year should be counted twice. Women who had multiple live births during one pregnancy should be counted once.
- Medical record documentation must include the date of the prenatal care visit, name and title of OB/GYN or PCP, and evidence of the prenatal procedure.
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Assist members with completing and submitting the Notification of Pregnancy Form, which can be found here: <https://www.azcompletehealth.com/providers/resources/forms-resources.html>.
- Consider utilizing The American Congress of Obstetricians and Gynecologists (ACOG) Prenatal Flow Sheet (or an internally developed EHR that includes the same elements as the ACOG) found at www.ACOG.org.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- CPT: 99201-99205, 99211-99215, 99241-99245

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
77.4%	85.0%	91.1%	95.2%



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PRENATAL AND POSTPARTUM CARE - POSTPARTUM

Measure Key: PPC, Postpartum

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 162

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: N/A

Description: Percent of live births where the member received a postpartum visit on or between 7 - 84 days after delivery.

Numerator: Member who received an appropriate postpartum visit

Denominator: Members who delivered a live birth

Helpful Tips:

- Continuous enrollment of 43 days prior to delivery through 60 days after delivery.
- Any of the following meet criteria for a postpartum visit:
 - A postpartum visit
 - Cervical cytology
 - A bundled service that documents the date when postpartum care was rendered
- Medical Record must include the date and notation that the postpartum visit occurred and at least one of the following:
 - Pelvic exam
 - Evaluation of weight, BP, breasts and abdomen (notation of breastfeeding works for breast evaluation)
 - Notation of postpartum care documented during the visit, including but not limited to (PP care, PP check, 6-week check, a preprinted postpartum care form)
- Schedule follow up appointment before member leaves initial appointment.
- Assist member in addressing any barriers to attend appointment.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

Commonly Used Codes: Codes are examples only and not coding recommendations

- CPT: 57170, 58300, 59430, 99501

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
65.8%	73.9%	82.1%	87.6%



USE OF IMAGING STUDIES FOR LOW BACK PAIN

Measure Key: LBP

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 168

Data Collection Method: Administrative – all paid, suspended, pending, or denied claims

Age Range: 18-50 years of age

Description: Members aged 18-50 with primary diagnosis of low back pain who had an imaging study (X-ray, MRI, CT scan) completed within 28 days of diagnosis.

Numerator: Members with diagnosis of uncomplicated low back pain and who had an imaging study completed within 28 days of diagnosis

Denominator: Members aged 18-50 with primary diagnosis of low back pain

Exclusions:

- Members with the following:
 - Cancer
 - Recent Trauma
 - Intravenous drug abuse
 - Neurologic Impairment
 - HIV
 - Spinal Infection
 - Major Organ Transplant
 - Prolonged use of corticosteroids (90 consecutive days of treatment)

Helpful Tips:

- Continuous enrollment of 180 days prior to the IESD through 28 days after the IESD.
- A higher score indicates appropriate treatment of low back.
- Supplemental data can be used for only required exclusions for this measure.
- Assist member in addressing any barriers to attend appointments.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.

Commonly Used Codes: Codes are examples only and not coding recommendations

- CPT: 72010, 72020, 72052, 72100, 72114, 72120, 72131-72133, 72141-72149, 72153, 72158, 72200, 72202

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
71.7	77.0%	81.3%	85.7%



WEIGHT ASSESSMENT, COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN / ADOLESCENTS

Measure Key: WCC

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 172

Data Collection Method: Administrative or Hybrid – all paid, suspended, pending, or denied claims

Age Range: 3-17 years of age

Description: Members aged 3-17 who had an outpatient visit with a PCP or OB/GYN and documentation of three separate measures: BMI percentile, counseling for nutrition, and counseling for physical activity during measurement year.

BMI Percentile:

Numerator: Members aged 3-17 with documented BMI percentile

Denominator: Members aged 3-17 who had outpatient visit

Nutrition Counseling:

Numerator: Members aged 3-17 with documented nutrition counseling

Denominator: Members aged 3-17 who had outpatient visit

Physical Activity Counseling:

Numerator: Members aged 3-17 with documented counseling for physical activity

Denominator: Members aged 3-17 who had outpatient visit

Exclusions:

- Members who have a diagnosis of pregnancy during the measurement year.

Helpful Tips:

- Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit; however, services specific to the assessment of treatment of an acute or chronic condition do not count toward the Counseling for Nutrition and Counseling for Physical Activity indicators.
- BMI Percentile:
 - Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source.
- Either of the following meets criteria for BMI percentile:
 - BMI percentile documented as a value (e.g., 85th percentile).
 - BMI percentile plotted on age-growth chart.
- Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.
- Ranges and thresholds do not meet criteria. A distinct BMI percentile or value, if applicable, is required for numerator compliance. Documentation of >99 percent or <1 percent meet criteria because a distinct BMI percentile is evident.
- Nutrition Counseling: Documentation must include a note indicating the date and at least one of the following:
 - Discussion of current nutrition behaviors (e.g., 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.



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- Weight or obesity counseling.
- Physical Activity Counseling: 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 specific to the child's physical activity.
 - Weight or obesity counseling.

Commonly Used Codes: *Codes are examples only and not coding recommendations*

- CPT: 97802-97804, 99201-99205, 99211-99215, 99241-99245
- ICD-10: Z68.51-Z68.54, Z71.3, Z02.5, Z71.82

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
58.6%	68.9%	79.6%	87.3%



WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (6 OR MORE VISITS)

Measure Key: W15

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 177

Data Collection Method: Administrative – all paid, suspended, pending, or denied claims

Age Range: Children who turned 15 months old during the measurement year

Description: Members who turned 15 months of age during measurement year and had 6 or more well child visits with PCP during their first 15 months of life.

Numerator: Member who received 6 or more visits, on different service dates, with PCP during first 15 months of life

Denominator: Members who turned 15 months of age during measurement year

Helpful Tips:

- Continuous enrollment of 31 days to 15 months of age.
- The well-child visits must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
- Medical records must contain a note indicating a visit with a PCP, the date when the visit occurred and:
 - health history
 - physical developmental history
 - mental developmental history
 - physical exam
 - health education/anticipatory guidance
- Do not include services rendered during an inpatient or ED visit.
- Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.
- Services that occur over multiple visits may be counted, as long as all services occur in the time frame specified by the measure.

Commonly Used Codes: Codes are examples only and not coding recommendations

- CPT: 99381, 99382, 99391, 99392, 99461
- ICD-10: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.71, Z02.82

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
66.1%	75.1%	83.1%	88.7%



WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH, AND SIXTH YEARS OF LIFE

Measure Key: W34

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 179

Data Collection Method: Administrative - all paid, suspended, pending, or denied claims

Age Range: 3-6 years of age as of December 31 of the measurement year

Description: Members aged 3-6 who had one or more well child visits with a PCP during the measurement year.

Numerator: Members aged 3-6 who have one well-child visit with PCP

Denominator: Members aged 3-6

Helpful Tips:

- The well-child visits must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
- Medical records must contain a note indicating:
 - date of visit with PCP
 - health history
 - physical & mental developmental history
 - physical exam
 - health education/anticipatory guidance
- Well-child preventive services count toward the measure, regardless of the primary intent of the visit.
- Services that occur over multiple visits may be counted, as long as all services occur in the period specified by the measure.

Commonly Used Codes: Codes are examples only and not coding recommendations

- CPT: 99382, 99383, 99392, 99393
- ICD-10: Z00.121, Z00.129, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
68.1%	76.4%	84.2%	88.2%



Pharmacy Quality Alliance (PQA) Measure Details

PROPORTION OF DAYS COVERED

Measure Key: PDC

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 195

Data Collection Method: Administrative - paid, non-reversed prescription claims

Age Range: 18+ years of age

Description: The percentage of members aged 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period. PDC is separated into three sub measures:

- Renin Angiotensin System Antagonist (RASA)
- Diabetes
- Statins

Each measure (medication sub group) calculates the percentage of eligible members who have met the proportion of covered days of 80% during the measurement period, each sub group is reported as its own sub measure.

Numerator: Members aged 18+ who met the PDC threshold of 80% during measurement year

Denominator: Members aged 18+ who filled at least two required medications during measurement year

Exclusions:

- Any patient with an end-stage renal disease (ESRD) diagnosis at any time during the measurement year.

Helpful Tips:

- Patients may be counted in the denominator for multiple rates if they have been dispensed the relevant medications; though for each rate, the proportion of days covered should only be counted once per patient.
- The prescriptions can be for the same or different medications.
- Assist member in addressing any barriers to obtain medication.
- Complete outreach to member to verify attendance at next medication review appointment and offer assistance if needed.
- PDC: Statins, Renin Angiotensin System Antagonists & Diabetes (All Class) Medication Lists ([Table 9](#)).

2020 Cut Points (Percentiles)				
Sub-Measure	25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
ACE/ARB	72.9%	77.7%	81.7%	85.1%
Diabetes	67.8%	72.4%	77.5%	81.6%
Statins	68.1%	72.3%	78.6%	81.8%



Survey Measure Details

ACCESS TO CARE

Measure Key: QHP

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 205

Data Collection Method: QHP Enrollee Survey

Description: This is a composite score summarizing the responses to the following four QHP Enrollee Survey questions:

- In the last 6 months, when you needed care right away, in an emergency room, doctor’s office, or clinic, how often did you get care as soon as you needed?
- In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed?
- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Helpful Tips:

- Improve members’ access to care and experience by:
 - Finding the correct balance between appointment availability and demand.
 - Offering flexible appointment times, same-day appointments, designated walk in hours, and convenient hours of operation.
 - Returning patient calls in a timely manner.
 - Keeping patients informed of process, timelines, and referrals.
 - Providing patients with test results in a timely manner.
 - Coordinating treatment information with the PCP and specialty providers.
 - Assisting member in addressing any barriers to attend appointment or obtain medication.
 - Outreaching to member to verify attendance at next appointment and offer assistance if needed.
 - Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
72.3%	75.1%	77.4%	79.7%



CARE COORDINATION

Measure Key: QHP

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 206

Data Collection Method: QHP Enrollee Survey

Description: This is a composite score summarizing the responses to the following six QHP Enrollee Survey questions:

- When you visited your personal doctor for a scheduled appointment in the last 6 months, how often did he or she have your medical records or other information about your care?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?
- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
- In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- In the last 6 months, did you get the help that you needed from your personal doctor's office to manage your care among these different providers and services?

Helpful Tips:

- Offer flexible appointment times and designated walk in hours.
- Assist member in addressing any barriers to attend appointment or obtain medication.
- Complete outreach to member to verify attendance at next appointment and offer assistance if needed.
- Contact member with any test results in a timely manner.
- Coordinate care effectively with all involved practitioners, hospitals and agencies to ensure members receive appropriate services. This includes rapport building and efficient information sharing.
- Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
81.1%	83.4%	85.0%	86.8%



FLU VACCINATIONS FOR ADULTS AGES 18-64

Measure Key: FVA

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 127

Data Collection Method: QHP Enrollee Survey

Age Range: 18-64 years of age

Description: Percentage of members 18–64 years of age who responded yes or no to QHP Enrollee Survey question “Have you had either a flu shot or flu spray in the nose since July 1 of measurement year?”

Numerator: Members who answered yes

Denominator: Members who responded to survey

Helpful Tips:

- Use multiple media tools, hang posters and handout fliers to encourage members to get their flu shot.
- Educate members on importance of completing vaccinations and other healthy activities.
- Enter Flu Vaccinations into Arizona State Immunization Information System (ASIIS).
- Assist members in addressing any barriers to obtain their flu shot.

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
43.2%	47.0%	52.4%	57.6%



MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION PLAN ADMINISTRATION

Measure Key: MSC

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 145

Data Collection Method: QHP Enrollee Survey

Age Range: 18+ years of age

Description: The measure represents all members who were current smokers or tobacco users who were assisted during the measurement year with cessation of use. Data collected annually as part of the QHP Enrollee Survey.

Advising Smokers and Tobacco Users to Quit:

Numerator: Members who indicated they received advice to quit from health provider
 Denominator: Members who either smoke or use tobacco and responded to the survey

Discussing Cessation Medications:

Numerator: Members who indicated a provider recommended or discussed cessation medications
 Denominator: Members who either smoke or use tobacco and responded to the survey

Discussion Cessation Strategies:

Numerator: Members who indicated a provider discussed or provided cessation methods
 Denominator: Members who either smoke or use tobacco and responded to the survey

Helpful Tips:

- No more than one gap in enrollment of up to 31 days during the continuous enrollment period.
- Incorporate smoking cessation efforts into normal medical consultations.
- Prescribe nicotine replacement therapy (NRT) appropriately.
- Encourage members to enroll in a tobacco cessation program.
- Check <https://www.azcompletehealth.com/providers/resources.html> for resources.

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
48.3%	53.7%	58.9%	63.0%



RATING OF ALL HEALTH CARE

Measure Key: QHP

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 206

Data Collection Method: QHP Enrollee Survey

Description: Members who responded to the QHP Enrollee Survey question: Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Helpful Tips:

- Improve member experience by:
 - Finding the correct balance between appointment availability and demand.
 - Offering flexible appointment times, same-day appointments, designated walk in hours, and convenient hours of operation.
 - Returning patient calls in a timely manner.
 - Keeping patients informed of process, timelines, and referrals.
 - Providing patients with test results in a timely manner.
 - Coordinating treatment information with the PCP and specialty providers.
 - Assisting member in addressing any barriers to attend appointment or obtain medication.
 - Outreaching to member to verify attendance at next appointment and offer assistance if needed.
 - Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
75.0%	77.6%	79.7%	81.5%



RATING OF PERSONAL DOCTOR

Measure Key: QHP

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 207

Data Collection Method: QHP Enrollee Survey

Description: Members who responded to the QHP Enrollee Survey question: Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Helpful Tips:

- Improve member experience by:
 - Finding the correct balance between appointment availability and demand.
 - Offering flexible appointment times, same-day appointments, designated walk in hours, and convenient hours of operation.
 - Returning patient calls in a timely manner.
 - Keeping patients informed of process, timelines, and referrals.
 - Providing patients with test results in a timely manner.
 - Coordinating treatment information with the PCP and specialty providers.
 - Assisting member in addressing any barriers to attend appointment or obtain medication.
 - Outreaching to member to verify attendance at next appointment and offer assistance if needed.
 - Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
85.9%	87.1%	88.4%	89.6%



RATING OF SPECIALIST

Measure Key: QHP

Specifications: 2020 Quality Rating System Technical Specifications, Pg. 207

Data Collection Method: QHP Enrollee Survey

Description: Members who responded to the QHP Enrollee Survey question: We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

Helpful Tips:

- Improve member experience by:
 - Finding the correct balance between appointment availability and demand.
 - Offering flexible appointment times, same-day appointments, designated walk in hours, and convenient hours of operation.
 - Returning patient calls in a timely manner.
 - Keeping patients informed of process, timelines, and referrals.
 - Providing patients with test results in a timely manner.
 - Coordinating treatment information with the PCP and specialty providers.
 - Assisting member in addressing any barriers to attend appointment or obtain medication.
 - Outreaching to member to verify attendance at next appointment and offer assistance if needed.
 - Check <https://www.azcompletehealth.com/providers/resources/practice-guidelines.html> for resources.

2020 Cut Points (Percentiles)			
25 th % (2 Star)	50 th % (3 Star)	75 th % (4 Star)	90 th % (5 Star)
84.0%	85.2%	86.3%	87.5%



TABLE 1: DEFINITION OF PRACTITIONER TYPES

<i>Practitioner Type</i>	<i>Definition</i>
Clinical Pharmacist	<p>A pharmacist with extensive education in the biomedical, pharmaceutical, socio- behavioral and clinical sciences. Clinical pharmacists are experts in the therapeutic use of medications and are a primary source of scientifically valid information and advice regarding the safe, appropriate and cost-effective use of medications.</p> <p>Most clinical pharmacists have a Doctor of Pharmacy (PharmD) degree and many have completed one or more years of post-graduate training (e.g., a general and/or specialty pharmacy residency). In some states, clinical pharmacists have prescriptive authority.</p>
Dental Practitioner	<p>A practitioner who holds a Doctor of Dental Surgery (DDS) or a Doctor of Dental Medicine (DMD) degree from an accredited school of dentistry and is licensed to practice dentistry by a state board of dental examiners. Certified and licensed dental hygienists are considered dental practitioners.</p>
Mental Health Practitioner	<p>A practitioner who provides mental health services and meets any of the following criteria:</p> <ul style="list-style-type: none"> • An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice • An individual who is licensed as a psychologist in his/her state of practice, if required by the state of practice • An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker’s Clinical Register; or who has a master’s degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice • A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master’s degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice • An individual (normally with a master’s or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy • An individual (normally with a master’s or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC)
Obstetrical Gynecological (OB/GYN) & Other Prenatal Care Practitioners	<ul style="list-style-type: none"> • Physicians certified as obstetricians or gynecologists by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology • Certified nurse midwives, nurse practitioners or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider)
Primary Care	<p>A physician or non-physician (e.g., nurse practitioner, physician assistant) who offers primary</p>



Practitioner (PCP) care medical services. Licensed practical nurses and registered nurses are not considered PCPs. Only certified Federally Qualified Health Centers (FQHC) are considered PCPs. This must be reviewed and approved by an auditor.

FQHC To be certified as an FQHC, an entity must meet any one of the following criteria:

- Is receiving a grant under Section 330 of the Public Health Service (PHS) Act (42 United States Code Section 254a) or is receiving funding from such a grant and meets other requirements
- Is not receiving a grant under Section 330 of the PHS Act but is determined by the Secretary of the Department of Health & Human Services (HHS) to meet the requirements for receiving such a grant (qualifies as a “FQHC look-alike”) based on the recommendation of the Health Resources and Services Administration
- Was treated by the Secretary of HHS for purposes of Medicare Part B as a comprehensive Federally-funded health center as of January 1, 1990
- Is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self Determination Act or as an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1991

For certification as an FQHC, the entity must meet all of the following criteria (in addition to one of the criteria above)

- Provide comprehensive services and have an ongoing quality assurance program
- Meet other health and safety requirements

Not be concurrently approved as a Rural Health Clinic

Prescribing Practitioner A practitioner with prescribing privileges, including nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.

Primary Care Physician

- General or family practice physicians
- Geriatricians
- General internal medicine physicians
- General pediatricians
- Obstetricians/gynecologists (OB/GYN)



TABLE 2: ACE INHIBITOR/ARB & DIURETIC MEDICATIONS

ACE Inhibitor/ARB Medications

<i>Description</i>	<i>Prescription</i>
<i>Angiotensin converting enzyme inhibitors</i>	<ul style="list-style-type: none"> • Benazepril • Captopril • Enalapril • Fosinopril • Lisinopril
<i>Angiotensin II inhibitors</i>	<ul style="list-style-type: none"> • Moexipril • Perindopril • Quinapril • Ramipril • Trandolapril
	<ul style="list-style-type: none"> • Losartan • Olmesartan • Telmisartan • Valsartan
<i>Antihypertensive combinations</i>	<ul style="list-style-type: none"> • Aliskiren-valsartan • Amlodipine-benazepril • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-olmesartan • Amlodipine-perindopril • Amlodipine-telmisartan
	<ul style="list-style-type: none"> • Amlodipine-valsartan • Azilsartan-chlorthalidone • Benazepril-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Hydrochlorothiazide-irbesartan
	<ul style="list-style-type: none"> • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-losartan • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-valsartan • Sacubitril-valsartan • Trandolapril-verapamil

Diuretic Medications

<i>Description</i>	<i>Prescription</i>
<i>Antihypertensive combinations</i>	<ul style="list-style-type: none"> • Aliskiren-hydrochlorothiazide • Aliskiren-hydrochlorothiazide-amlodipine • Amiloride-hydrochlorothiazide • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-hydrochlorothiazide-valsartan • Atenolol-chlorthalidone • Azilsartan-chlorthalidone • Benazepril-hydrochlorothiazide
	<ul style="list-style-type: none"> • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide • Chlorthalidone-clonidine • Enalapril-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Hydrochlorothiazide-irbesartan • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-losartan
	<ul style="list-style-type: none"> • Hydrochlorothiazide-methyldopa • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-propranolol • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-spiroonolactone • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-triamterene • Hydrochlorothiazide-valsartan
<i>Loop diuretics</i>	<ul style="list-style-type: none"> • Bumetanide • Ethacrynic acid
	<ul style="list-style-type: none"> • Furosemide • Torsemide
<i>Potassium-sparing diuretics</i>	<ul style="list-style-type: none"> • Amiloride • Eplerenone
	<ul style="list-style-type: none"> • Spironolactone • Triamterene
<i>Thiazide diuretics</i>	<ul style="list-style-type: none"> • Chlorothiazide • Chlorthalidone • Hydrochlorothiazide
	<ul style="list-style-type: none"> • Indapamide • Methyclothiazide • Metolazone



TABLE 3: ANTIDEPRESSANT MEDICATION MANAGEMENT (AAM)

<i>Description</i>	<i>Prescription</i>		
<i>Misc. Antidepressants</i>	•Bupropion	•Vilazodone	•Vortioxetine
<i>Monoamine Oxidase Inhibitors</i>	•Isocarboxazid •Phenelzine	•Selegiline •Tranylcypromine	
<i>Phenylpiperazine Antidepressants</i>	•Nefazodone	•Trazodone	
<i>Psychotherapeutic Combinations</i>	•Amitriptyline-Chlordiazepoxide •Amitriptyline-Perphenazine		•Fluoxetine-Olanzapine
<i>SNRI Antidepressants</i>	•Desvenlafaxine •Duloxetine	•Levomilnacipran •Venlafaxine	
<i>SSRI Antidepressants</i>	•Citalopram •Escitalopram	•Fluoxetine •Fluvoxamine	•Paroxetine •Setraline
<i>Tetracyclic Antidepressants</i>	•Maprotiline	•Mirtazapine	
<i>Tricyclic Antidepressants</i>	•Amitriptyline •Amoxapine •Clomipramine	•Desipramine •Doxepin (>6mg) •Imipramine	•Nortriptyline •Protriptyline •Trimipramine

TABLE 4: CWP & URI ANTIBIOTIC MEDICATIONS

<i>Description</i>	<i>Prescription</i>		
<i>Aminopenicillins</i>	•Amoxicillin	•Ampicillin	
<i>Beta-lactamase inhibitors</i>	•Amoxicillin-clavulanate		
<i>First generation cephalosporins</i>	•Cefadroxil	•Cefazolin	•Cephalexin
<i>Folate antagonist</i>	•Trimethoprim		
<i>Lincomycin derivatives</i>	•Clindamycin		
<i>Macrolides</i>	•Azithromycin •Clarithromycin	•Erythromycin •Erythromycin ethylsuccinate	•Erythromycin lactobionate •Erythromycin stearate
<i>Miscellaneous antibiotics</i>	•Erythromycin-sulfisoxazole		
<i>Natural penicillins</i>	•Penicillin G potassium	•Penicillin G sodium	•Penicillin V potassium
<i>Penicillinase-resistant penicillins</i>	•Dicloxacillin		
<i>Quinolones</i>	•Ciprofloxacin •Levofloxacin	•Moxifloxacin •Ofloxacin	
<i>Second generation cephalosporins</i>	•Cefaclor	•Cefprozil	•Cefuroxime
<i>Sulfonamides</i>	•Sulfamethoxazole-trimethoprim		
<i>Tetracyclines</i>	•Doxycycline	•Minocycline	•Tetracycline
<i>Third-generation cephalosporins</i>	•Cefdinir •Cefixime	•Cefpodoxime •Ceftibuten	•Cefditoren •Ceftriaxone



TABLE 5: AAB ANTIBIOTIC MEDICATIONS

<i>Description</i>	<i>Prescription</i>		
<i>Aminoglycosides</i>	• Amikacin • Gentamicin	• Streptomycin • Tobramycin	
<i>Aminopenicillins</i>	• Amoxicillin	• Ampicillin	
<i>Beta-lactamase inhibitors</i>	• Amoxicillin-clavulanate • Ampicillin-sulbactam	• Piperacillin-tazobactam • Ticarcillin-clavulanate	
<i>First-generation cephalosporins</i>	• Cefadroxil	• Cefazolin	• Cephalexin
<i>Fourth-generation cephalosporins</i>	• Cefepime		
<i>Ketolides</i>	• Telithromycin		
<i>Lincomycin derivatives</i>	• Clindamycin	• Lincomycin	
<i>Macrolides</i>	• Azithromycin • Clarithromycin	• Erythromycin • Erythromycin ethylsuccinate	• Erythromycin lactobionate • Erythromycin stearate
<i>Miscellaneous antibiotics</i>	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin	• Daptomycin • Erythromycin-sulfisoxazole • Linezolid	• Metronidazole • Vancomycin
<i>Natural penicillins</i>	• Penicillin G benzathine-procaine • Penicillin G potassium	• Penicillin G procaine • Penicillin G sodium	• Penicillin V potassium • Penicillin G benzathine
<i>Penicillinase resistant penicillins</i>	• Dicloxacillin	• Nafcillin	• Oxacillin
<i>Quinolones</i>	• Ciprofloxacin • Gemifloxacin	• Levofloxacin • Moxifloxacin	• Norfloxacin • Ofloxacin
<i>Rifamycin derivatives</i>	• Rifampin		
<i>Second generation cephalosporin</i>	• Cefaclor • Cefotetan	• Cefoxitin • Cefprozil	• Cefuroxime
<i>Sulfonamides</i>	• Sulfadiazine	• Sulfamethoxazole-trimethoprim	
<i>Tetracyclines</i>	• Doxycycline	• Minocycline	• Tetracycline
<i>Third generation cephalosporins</i>	• Cefdinir • Cefditoren • Cefixime	• Cefotaxime • Cefpodoxime • Ceftazidime	• Cefibuten • Ceftriaxone
<i>Urinary anti-infectives</i>	• Fosfomycin • Nitrofurantoin	• Nitrofurantoin macrocrystals • Nitrofurantoin macrocrystals-monohydrate	• Trimethoprim

TABLE 6: ADHD MEDICATIONS

<i>Description</i>	<i>Prescription</i>		
<i>CNS stimulants</i>	• Amphetaminedextroamphetamine • Dexmethylphenidate	• Dextroamphetamine • Lisdexamfetamine	• Methylphenidate • Methamphetamine
<i>Alpha-2 receptor agonists</i>	• Clonidine	• Guanfacine	
<i>Miscellaneous ADHD medications</i>	• Atomoxetine		



TABLE 7: IET MAT MEDICATIONS

MAT for Alcohol Abuse or Dependence Medications

<i>Description</i>	<i>Prescription</i>
Aldehyde dehydrogenase inhibitor	•Disulfiram (oral)
Antagonist	•Naltrexone (oral and injectable)
Other	•Acamprosate (oral; delayed-release tablet)

MAT for Opioid Abuse or Dependence Medications

<i>Description</i>	<i>Prescription</i>
Antagonist	•Naltrexone (oral and injectable)
Partial agonist	•Buprenorphine (sublingual tablet and implant) •Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

TABLE 8: ASTHMA CONTROLLER & RELIEVER MEDICATIONS

Asthma Controller Medications

<i>Description</i>	<i>Prescription</i>	
Antiasthmatic combinations	•Dyphylline-guaifenesin	•Guaifenesin-theophylline
Antibody inhibitors	•Omalizumab	
Anti-interleukin-5	•Mepolizumab	•Reslizumab
Inhaled steroid combinations	•Budesonide-formoterol •Fluticasone-salmeterol	•Fluticasone-vilanterol •Mometasone-formoterol
Inhaled corticosteroids	•Beclomethasone •Budesonide	•Ciclesonide •Flunisolide •Fluticasone CFC free •Mometasone
Leukotriene modifiers	•Montelukast	•Zafirlukast •Zileuton
Methylxanthines	•Dyphylline	•Theophylline

Asthma Reliever Medications

<i>Description</i>	<i>Prescription</i>	
Short-acting, inhaled beta-2 agonists	•Albuterol	•Levalbuterol •Pirbuterol



TABLE 9: STATINS, RENIN ANGIOTENSIN SYSTEM ANTAGONISTS & DIABETES (ALL CLASSES)

Statins (PDC-STA)

Description	Prescription
Statins	<ul style="list-style-type: none"> • Atorvastatin (+/- Amlodipine, Ezetimibe) • Fluvastatin • Lovastatin (+/- Niacin) • Pravastatin • Rosuvastatin • Simvastatin (+/- Ezetimibe, Niacin, Sitagliptin)

Renin Angiotensin System Antagonists (PDC-RASA)

Description	Prescription
Direct Renin Inhibitors	<ul style="list-style-type: none"> • Aliskiren **
ARB Medications & Combinations	<ul style="list-style-type: none"> • Azilsartan (+/- Chlorthalidone) • Candesartan* • Eprosartan* • Irbesartan* • Losartan* • Olmesartan** • Telmisartan** • Valsartan (+/- Amlodipine, Hydrochlorothiazide Nebivolol)
ACE Inhibitors & Combinations	<ul style="list-style-type: none"> • Benazepril** • Captopril* • Enalapril* • Fosinopril* • Lisinopril* • Moexipril* • Perindopril (+/- Amlodipine) • Quinapril* • Ramipril • Trandolapril (+/- Verapamil)

* +/- Hydrochlorothiazide

** +/- Amlodipine, Hydrochlorothiazide

Diabetes All Class (PDC-DR)

Description	Prescription
Biguanide Medications & Combinations	<ul style="list-style-type: none"> • Metformin (+/- Alogliptin, Canagliflozin, Dapagliflozin, Empagliflozin, Glipizide, Glyburide, Linagliptin, Pioglitazone, Repaglinide, Rosiglitazone, Saxagliptin, Sitagliptin)
Sulfonylurea Medications & Combinations	<ul style="list-style-type: none"> • Chlorpropamide • Glimepiride (+/- Pioglitazone, Rosiglitazone) • Glipizide (+/- Metformin) • Glyburide (+/- Metformin) • Tolazamide • Tolbutamide
Thiazolidinedione Medications & Combinations	<ul style="list-style-type: none"> • Pioglitazone (+/- Alogliptin, Glimepiride, Metformin) • Rosiglitazone (+/- Metformin)
DPP-4 Inhibitors Medications & Combinations	<ul style="list-style-type: none"> • Alogliptin (+/- Metformin, Pioglitazone) • Linagliptin (+/- Empagliflozin, Metformin) • Saxagliptin (+/- Metformin, Dapagliflozin) • Sitagliptin (+/- Metformin, Simvastatin)
DPP-4 Incretin Mimetics Medications & Combinations	<ul style="list-style-type: none"> • Albiglutide • Dulaglutide • Exenatide • Liraglutide • Lixisenatide • Semaglutide
Meglitinides & Combinations	<ul style="list-style-type: none"> • Nateglinide • Repaglinide (+/- Metformin)
Sodium Glucose Co-Transporter 2 Inhibitors and Combinations	<ul style="list-style-type: none"> • Canagliflozin (+/- Metformin) • Dapagliflozin (+/- Metformin, Saxagliptin) • Empagliflozin (+/- Metformin, Linagliptin)
Insulins	<ul style="list-style-type: none"> • Insulin Aspart (+/- Insulin Aspart Protamine) • Insulin Degludec (+/- Liraglutide) • Insulin Detemir • Insulin Glargine (+/- Lixisenatide) • Insulin Glulisine • Insulin Isophane (+/- regular Insulin) • Insulin Lispro (+/- Insulin Lispro Protamine) • Insulin regular (including inhalation powder)

Note: The active ingredients are limited to inhaled and injectable formulations only.



Ambetter Interventions

Ambetter is committed to doing all that we can to ensure your success in improving health outcomes for members. Ambetter has multiple ongoing interventions to support those outcomes. If you would like to work with our Quality Management Team to collaborate on new ideas for outreach, participate in pilot programs or assistance in creating your own interventions, please reach out to any of our QM team members or email us at AZCHQualityManagement@azcompletehealth.com.

Targeted Member Outreach

MEMBER MAILERS/EMAILS

Monthly mailers and emails go out to members in order to help close gaps in care and improve the overall health of our members. Each of these mailers and emails are sent to members to remind them to schedule appointments with their primary care physicians to receive their preventive screenings. Additionally, mailers and emails are sent to members offering resources to reduce ED and Urgent Care utilization, and information regarding appointment availability.

SOCIAL MEDIA

The social media campaign utilizes Twitter and Facebook to maximize member outreach and education, with the goal to increase member health and wellness by encouraging members to obtain their annual well visits, screenings & vaccinations.

<https://www.facebook.com/AZCompleteHealth/>

<https://twitter.com/ambetterarizona>

FLUVENTION

The Fluvention campaign is aimed at reminding members that getting their annual flu shot can help keep them and the people around them healthy. The campaign runs through flu season, typically October to March. All members are targeted with the following interventions: Mailers, text messaging, phone messaging, as well as information on the website.



Targeted Provider Outreach

PROVIDER TOOLKITS

Readmissions and Patient Experience Toolkit

These two toolkits assist providers with reducing the number of readmissions and improving member experience. The toolkits provide useful guidelines, tips, and other resources that will assist providers in addressing the key elements related to improved outcomes and improving the member's experience.

Additional Resources

WEBSITE LINKS

- Centers for Medicare & Medicaid Services (CMS) Health Insurance Marketplace Quality Initiatives website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>
- National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit website: <http://www.ncqa.org/HEDISQualityMeasurement/CertifiedSurveyVendorsAuditorsSoftwareVendors/HEDISComplianceAuditProgram.aspx>
- QHP Enrollee Survey: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2019-QRS-and-QHP-Enrollee-Survey-Technical-Guidance_FINAL_20181016_508.pdf



Member Appointment Checklist for Providers/Practitioners

Check off what performance measures were completed during the visit.

PRIOR TO THE VISIT

Identify gaps in care. Use the quick reference table on page 6.

DURING THE VISIT

Children

Well Baby/Well Child Visit

Immunizations/Vaccinations Given

DTaP IPV MMR Hib HBV VZV PCV

Hep A Influenza Rotavirus Combo 2 Combo 3

Annual Dental Exam

Adolescents

Adolescent Well-Care Visit

Immunizations/Vaccinations Given

Tdap/Td Meningococcal Combo 1 Combo 2 HPV Influenza

Adults

Annual Wellness Exam

Diabetes Care

Eye Exam HbA1C Test Monitoring for Nephropathy

Immunizations/Vaccinations Given

Influenza

Health Care Screenings

Breast Cancer Screening Cervical Cancer Screening
 Chlamydia Screening Colorectal Cancer Screening

AFTER THE VISIT

Coordination of Care: Utilize the Provider Toolkits for other tips & tricks.

- Case Management referral/update.
- Request records from other specialists, if needed.
- Send records to specialists, if needed.



2020 Performance Measure Quick Reference Guide

This quick reference guide shows the 2020 performance measures as related to in office visits and divided by age group. For more measure details, please reference the One Stop QRS Shop page listed.

Key	Child/Adolescent Performance Measures	Age Range	One Stop QRS Shop
Measures with an age range that begins at less than 1 year			
W15	Well Child Visits (6 or more visits)	0-15 months	Pg. 34
Measures with an age range that begins at 2 years			
CIS	Childhood Immunizations - Combination 3	2	Pg. 17
ADV	Annual Dental Visit	2-20	Pg. 10
Measures with an age range that begins at 3 years			
W34	Well Child Visits	3-6	Pg. 35
WCC	Weight Assessment, Counseling for Nutrition and Physical Activity	3-17	Pg. 32
Measures with an age range that begins at 5 years			
MMA	Asthma Medication Management	5-64	Pg. 27
Measures with an age range that begins at 13 years			
IMA	Adolescent Immunizations - Combination 2	13	Pg. 25
Measures with an age range that begins at 16 years			
CHL	Chlamydia Screening	16-24	Pg. 18
Key	Adult Performance Measures	Age Range	One Stop QRS Shop
Measures with an age range that begins at 18 years			
ABA	Adult BMI Assessment	18-74	Pg. 9
FVA	Flu Vaccinations	18-64	Pg. 39
CDC	<u>Comprehensive Diabetes Care:</u> Eye Exam	18-75	Pg. 20
	Monitoring for Nephropathy		Pg. 21
	HbA1c Adequate Control (<8)		Pg. 22
CBP	Controlling High Blood Pressure	18-85	Pg. 23
Measures with an age range that begins at 21 years			
CCS	Cervical Cancer Screening	21-64	Pg. 16
Measures with an age range that begins at 50 years			
BCS	Breast Cancer Screening	50-74	Pg. 15
COL	Colorectal Cancer Screening	50-75	Pg. 19

Quality Management Contact Information

We are here to help, please contact one of our Quality Management Staff to assist. Feel free to email any questions, comments, or concerns to our Quality Management department inbox at AZCHQualityManagement@azcompletehealth.com, and we will forward to the appropriate staff.