

2016 Quality Provider Plan: Chronic Conditions Management

The 2016 Quality Provider Plan includes the top measures from HEDIS® and the CMS Star Rating system. The plan includes criteria, exclusions, and helpful tips for providers to incorporate into their practices and workflows. This plan impacts the Medicare Advantage HMO and PPO lines of business. See below for the **chronic condition management measures** you should focus on in 2016.



BlueShield
of Northeastern New York

Measure	Description	Exclusions	Timeframe	Compliance/Codes	2016 P4P	Helpful tips
<i>Diabetes Care – Eye Exam</i>	Members age 18 to 75 with Type I or Type II diabetes who had at least one eye screening (retinal or dilated eye exam) by an eye care professional, or a negative retinal exam		<p><i>Retinal eye exams:</i> January 1, 2016 – December 31, 2016</p> <p><i>Retinal eye exams without retinopathy:</i> January 1, 2015 – December 31, 2016</p>	<p>CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245</p> <p>HCPCS: S0620, S0621, S3000, S0625 CPT II: 2022F, 2024F, 2026F</p> <p>CPT II: 3072F <i>Indicates negative for retinopathy</i></p>	√	<ul style="list-style-type: none"> Ensure diabetic patients have had one of the following eye exams by talking to them about the importance of annual eye exam: <ul style="list-style-type: none"> A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year A <i>negative</i> retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year Check MRM™ quality gap report for noncompliant patients
<i>Diabetes Care – Kidney Disease Monitoring</i>	Members age 18 to 75 with Type I or Type II diabetes who had at least one nephropathy screening test, or evidence of nephropathy	Members with evidence of end-stage renal disease (ESRD) stage 4 chronic kidney disease (CKD) or kidney transplant	January 1, 2016 – December 31, 2016	<p>CPT: 81000-81005, 82042-82044, 84156</p> <p>CPT II: 3060F, 3061F, 3062F, 3066F, 4010F</p> <p>IDC10: E08.21, E08.22, E08.29, E09.21, E09.22, E09.29 E10.21, E10.22, E10.29 E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.9, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0- N00.9, N01.0 – N01.9, N02.0 – N02.9, N03.0 – N03.9, N04.0 – N04.9, N05.0 – N05.9, N06.0 – N06.9, N07.0 – N07.9, N08, N14.0 – N14.4, N17.0 – N17.9, N18.1 – N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N.25.9, N26.1, N26.2, N26.9, Q60.0 – Q60.6, Q61.00 –Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8, Q61.9, R80.0, R80.1, R80.2, R80.8, R80.9</p>	√	<ul style="list-style-type: none"> To be compliant for nephropathy, the patient must have a nephropathy screening test or evidence of nephropathy; this includes diabetics who had one of the following during the measurement year: <ul style="list-style-type: none"> A nephropathy screening test Evidence of treatment for nephropathy or ACE/ARB therapy Evidence of stage 4 chronic kidney disease Evidence of ESRD Evidence of kidney transplant Visit with a nephrologist Positive urine microalbumin test Urine microalbumin test where lab data indicates a positive result (“trace” urine microalbumin results are not considered compliant) Check MRM™ quality gap report for noncompliant patients
<i>Diabetes Care – Blood Sugar Controlled</i>	Members age 18 to 75 with Type I or Type II diabetes who had an HbA1c test and the level is less than 9.0%		January 1, 2016 – December 31, 2016	<p>CPT II: 3044F (<7) 3045F (between 7.0 and 9.0)</p>	CPT II Code Program	<ul style="list-style-type: none"> HbA1c test must be performed during the measurement year, and sent to the health plan by claim/encounter or automated laboratory data Patient’s most recent HbA1c test (during the measurement year) is used to determine glucose control; if a test was not done, or the results are missing, the member is considered noncompliant for glucose control Know which patient’s labs are being drawn by a specialist and keep track of their values Check MRM™ quality gap report for noncompliant patients

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<i>Rheumatoid Arthritis Management</i>	Members age 18 or older who were diagnosed with rheumatoid arthritis and were dispensed at least one prescription for a disease-modifying anti-rheumatic drug (DMARD)	Members who had a diagnosis of pregnancy during the year Members who had a diagnosis of HIV	January 1, 2016 – December 31, 2016	DMARD therapies: 5-aminosalicylates, alkylating agents, anti-rheumatics, immunomodulators, immunosuppressive agents, Janus kinase (JAK) inhibitors and tetracycline J Code: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310		<ul style="list-style-type: none"> • Use the correct diagnosis codes for RA once a definitive diagnosis is made • Carefully review codes before submitting claims and do not submit claims with RA diagnosis for patients with joint pain or other findings that require further testing • Prescribe DMARDs to your patients diagnosed with RA, as appropriate • Coordinate care with your patients' rheumatologist or other specialists • Check MRM™ quality gap report for noncompliant patients
<i>Controlling Blood Pressure</i>	Members age 18 to 85 with hypertension and whose blood pressure was controlled Members age 18 to 59 whose BP was <140/90 mmHg Members age 60 to 85 with diabetes whose BP was <140/90 mmHg Members age 60 to 85 without diabetes whose BP was <150/90 mmHg	Members who had a diagnosis of pregnancy during the year Members with evidence of end-stage renal disease (ESRD) or kidney transplant	January 1, 2016 – December 31, 2016	Medical record review only Uses the last measurement of the year by a PCP-type practitioner Need to include documentation with diagnosis of hypertension prior to June 30, 2016; the date of diagnosis and date of blood pressure measurement must be different		<ul style="list-style-type: none"> • Patient's most recent blood pressure reading is used to determine management • Ensure documentation in medical records include day, month, year, and results • For this measure to be compliant, the health plan must obtain a medical record for the patient

The CPT and ICD-10 codes listed above are used for compliancy in the quality measures. It does not necessarily indicate that these codes will be reimbursed as part of our fee schedule or another quality program.