

2017 P4P Best Practice Guidelines

****ENSURE THAT EVERY PATIENT VISIT IS DOCUMENTED AND BILLED****

Measure	Who it applies to	Frequency	Qualified Event(s) and accepted codes	
BREAST CANCER SCREENING (BCS)	Females 50-74 yrs	Every 2 years	Mammogram	
CHLAMYDIA SCREENING IN WOMEN (CHL)	Females 16-24 yrs identified as sexually active	Annually	Chlamydia test (87110, 87270, 87320, 87490-87492, 87810)	
COLORECTAL CANCER SCREENING (COL)	Males and Females 50-75 yrs	Annually	FOBT (82270, 82274)	
		Every 3 years	DNA Fecal Test (Cologuard, etc.)	
		Every 5 years	Flexible Sigmoidoscopy	
		Every 10 years	Colonoscopy	
EVIDENCE-BASED CERVICAL CANCER SCREENING (ECS)	Females 21-65 yrs and 67+ (66 yr olds are excluded due to the 3 yr look back period. Depending on where their bday falls, they fall into Appropriately Screened and Screened too Frequently)	Every 3 years	1 Pap test: females 21-65 yrs w/ no hysterectomy (88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175)	
		None	No Pap test: females 21-65 yrs with a hysterectomy and females 67+	
IMMUNIZATIONS FOR ADOLESCENTS (IMA)	Males and Females who turn 13 in 2015	1 between 11 and 13 yrs	Meningococcal (90733, 90734)	
		1 between 10 and 13 yrs	Tdap (90715) OR Td (90714, 90718)	
		3	HPV vaccinations between 9 and 13 (90649 or 90650)	
USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)	Members 18-50 yrs with primary dx of low back pain		DID NOT have an imaging study (MRI, x-ray or CT scan) within 28 days of dx	
ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS (MPM)	Members 18+ yrs who rcvd at least a 180 treatment days of one of the following: ACE Inhibitors or ARBs, Digoxin or Diuretics	Annually	1 of the following: a lab panel test, a serum potassium and serum creatinine, or a serum potassium and blood urea nitrogen	
PROPORTION OF DAYS COVERED BY MEDICATIONS (PDC)	Males and Females 18+ who filled at least 2 prescriptions for one of the following:		Oral diabetes medication	Compliance is based on the proportion of days covered threshold of 80% for these medications
			Renin Angiotensin System Antagonists	
			Statin medications	
COORDINATED DIABETES CARE	Males and Females 18-75 yrs with diabetes (Type 1 and Type2)	Annually	Eye Exam	By eye care professional
			Monitoring Diabetic Nephropathy	Nephropathy Screening test, Urine microalbumin test, received medical attention for Nephropathy, OR ACE inhibitor/ARB therapy
			HbA1c Control	<8.0%
			Blood Pressure reading (result of <140/80)	Systolic: 3074F, 3075F, 3077F; Diastolic: 3078F, 3079F, 3080F
CHILDHOOD IMMUNIZATION STATUS (CIS)	Males and Females who turn 2 in 2015 and have received the following:	4	DTaP	90698, 90700, 90721, 90723
		3	IPV	90698, 90713, 90723
		1	MMR	90707 or 90710
		3	HiB	90645-90648-90698, 90721, 90748
		3	Hep B	90723, 90740, 90744, 90747, 90748
		1	VZV	90710 or 90716
		4	PCV	90669 or 90670
		1	Hep A	90633
2 or 3	Rotavirus	90681 or 90680		
Avoidance of Antibiotic Treatment for Adults w/ Acute Bronchitis (AAB)	Adults 18-64 yrs w/ dx of acute bronchitis		No antibiotic prescription given	
Asthma Medication Ratio (AMR)	Members 5-64 who were identified as having persistent asthma		Ratio of controller medications to total asthma medication of .50 or greater	Ratio = Units of Controller Meds divided by Units of Controller Meds + Units of Reliever Meds
Appropriate Testing for Children with Pharyngitis (CWP)	Children 2-18 who were diagnosed w/ pharyngitis		Dispensed an antibiotic and received a group A strep test	
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Children 3 mths-18 yrs given dx of upper respiratory infection		No antibiotic prescription given	

2017 CMS 5 Star Best Practice Guidelines

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Measure	Who it applies to	Frequency	Qualified Event(s) and accepted codes	
Breast Cancer Screening (BCS)	Females 50-74 yrs	Every 2 years	Mammogram	
Colorectal Cancer Screening (COL)	Males and Females 50-75 yrs	Annually	FOBT (82270, 82274)	
		Every 3 years	DNA Fecal Test (Cologuard, etc.)	
		Every 5 years	Flexible Sigmoidoscopy	
		Every 10 years	Colonoscopy	
Osteoporosis Management - Fracture (OMW)	Females 65-85 yrs who suffered a fracture	Within 6 months from time of fracture	Bone Density Test (DEXA) OR Prescription for a drug to treat or prevent osteoporosis	
Controlling Blood Pressure (CBP)	Males and females 18-85 yrs with hypertension	Annually	Blood Pressure reading - 18-59 yrs (<140/90 mm/Hg) - 60-85 yrs w/ dx of diabetes (<140/90 mmHg) - 60-85 yrs w/o dx of diabetes (<150/90 mmHg)	Systolic: 3074F <130 mmHg 3075F <130-139mmHg 3077F <=140mmHg Diastolic: 3078F < 80 mmHg 3079F <80-89 mmHg 3080F <=90 mmHg Hypertension Dx: 110
DMARD Therapy for RA (ART)	Males and Females diagnosed with RA	Annually	Prescription for a disease modifying anti-rheumatic drug	
Comprehensive Diabetes Care (CDC)	Males and Females 18-75 with diabetes. Type 1 and Type 2	Annually	Eye Exam	By eye care professional
			Monitoring Diabetic Nephropathy	Nephropathy Screening test, Urine microalbumin test, received medical attention for Nephropathy, OR ACE inhibitor/ARB therapy
			HbA1c Control (≤ 9.0%)	3044F - Level < 7.0% 3045F - Level 7.0 - 9.0% 3046F - Level > 9.0%
Adult BMI Assessment (ABA)	Males and Females 18-74 who had an outpatient visit	Every 2 years	Body Mass Index recorded	Z68.1 - Z68.45
Care for Older Adults (SNP only)	Males and Females 65+ on a Special Needs Plan	Annually	Medication Review	1160F
			Medication List present	1159F
			Functional Status Assessment to see how well they are able to do "activities of daily living" (dressing, eating, and bathing)	1170F
			Pain Screening or pain management plan	1125F - Pain severity quantified 0-10; pain present 1126F - No pain present
Flu Shots (FSO)	Males and Females	Annually	Flu Vaccine	90660-90662, 90654, 90656, Q2034-Q2039
Medication Reconciliation Post-Discharge (MRP)	Males and Females 66+		Medication reconciliation within 30 days of discharge from an inpatient admission	1111F
Proportion of Days Covered by Medications (PDC)	Males and Females 18+ who filled at least 2 prescriptions for one of the following:		Oral diabetes medication	Compliance is based on the proportion of days covered threshold of 80% for these medications
			Renin Angiotensin System Antagonists	
			Statin medications	
Hospitalization for Potentially Preventable Complications (HPC)	Males and Females 67+		The rate of patients with an inpatient stay related to complications of the following diseases... Diabetes, Lower-extremity amputations, COPD, Asthma, Hypertension, Heart Failure, Pneumonia, UTI, Cellulitis & Pressure Ulcers	Proper use of outpatient facilities and coordination of care with specialist to avoid complications and subsequent admissions