

Quality



of Kentucky



2024 Opportunities & Information

2024 Medicare P4Q Program



Program Measures	Amount Per
BCS – Breast Cancer Screening	\$75
CBP – Controlling High Blood Pressure **	\$25
COA – Care for Older Adults – Pain Assessment*	\$25
COA – Care for Older Adults – Review*	\$25
COL – Colorectal Cancer Screen	\$50
EED – Diabetes – Dilated Eye Exam	\$25
FMC – F/U ED Multiple High Risk Chronic Conditions	\$50
HBD – Diabetes HbA1c <= 9 **	\$75
Medication Adherence – Blood Pressure Medications **	\$50
Medication Adherence – Diabetes Medications **	\$75
Medication Adherence – Statins **	\$75
OMW – Osteoporosis Management in Women Who Had Fracture	\$50
SPC – Statin Therapy for Patients with CVD	\$50
SUPD – Statin Use in Persons With Diabetes	\$75
TRC – Medication Reconciliation Post Discharge	\$50
TRC – Patient Engagement after Inpatient Discharge	\$50

New for the 2024 program

- Increased bonus payments by \$25 for some measures
- Removed the 50% bonus increase if the provider achieves an Average STAR Rating of 4.0 or higher across HEDIS and Pharmacy measures

Estimated Payment Timeline

- The measurement period is Jan. 1 to Dec. 31, 2024. We must receive all claims/encounters by Jan. 31, 2025.
- The 2024 P4Q program has 4 payment cycles. Earnings in cycles 1 through 3 less than \$100 will automatically be rolled to the next payment cycle. Any balances under \$100 will be disbursed in cycle 4. Payments for Medication Adherence measures, CBP – Controlling High Blood Pressure, HBD – Diabetes HbA1c <= 9 will only be included in cycle 4.

** These measures are only paid in the final payment (cycle 4).

* Special Needs Plan (SNP) members only

2024 Medicaid P4Q Program



We are excited to introduce the [2024] P4Q Program, designed to strengthen our partnership and recognize your dedication to quality care. This incentive aims to reward your efforts in providing high level, quality care.

How does the P4Q Program Work?

- The P4Q measures are aligned with WellCare Medicaid State Quality Strategy and VBP measure goals and are consistent with NCQA and HEDIS quality performance standards.
- Tier targets based on HEDIS and VBP Improvement targets.
 - Target 1: 50% of incentive dollar amount
 - Target 2: 100% of incentive dollar amount
- Each measure is assigned an incentive dollar amount and target percentage.
- Measures are primarily assessed using claims data, although supplemental data is accepted.
- Each measure is evaluated independently and can qualify and receive an incentive payment for one, multiple, or all the measures.

2024 Kentucky Medicaid P4Q Measures

Measure Category	HEDIS Measure	Target 1 (Payout 50%)	Target 2 (Payout 100%)	Incentive Amount
Children and Adolescent Well-Child Care	Adolescent Immunizations (IMA -Combo 2)	35%	42%	\$50
	Childhood Immunization (CIS- Combo 10)	31%	39%	\$50
	Child & Adolescent Well-Care Visits (WCV)	49%	56%	\$50
	Child Nutrition Assessment (WCC-Nutrition)	71%	78%	\$30
Women's Care	Chlamydia Screening in Women (CHL)	56%	63%	\$30
	Cervical Cancer Screening (CCS)	58%	64%	\$30
	Postpartum Care (PPC)	78%	82%	\$40
Cancer Screening	Breast Cancer Screening (BCS-E)	55%	63%	\$30
	Colorectal Cancer Screening (COL-E)	60%	65%	\$30
Diabetes Management	Diabetic Eye Exam (EED)	55%	63%	\$30
	HbA1c Controlled <8 (HBD/GSD)	53%	58%	\$30
Hypertension Management	Controlling Blood Pressure <140/90 (CBP)	62%	68%	\$30
Healthy Lifestyle Changes	Tobacco Cessation Counseling	80%	90%	\$20
Behavioral Health Care	Antidepressant Medication Management Continuation Phase (AMM)	39%	44%	\$30
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	31%	34%	\$30

DMS New VBP Program Implementation 2024

VBP Core Measures
Diabetes HbA1c < 8
CIS - Childhood Immunization Status Combo 10
IMA - Immunizations for Adolescents Combo 1
WCV - Child & Adolescent Well Visit (3-21 years of age)
PPC - Postpartum Visit
SNS-E Social Need Screening and Intervention

Focus for 2024:

- The focus on **Child & Adolescent Well-Child Visits and Childhood & Adolescent Immunizations**, is significant focus. WellCare is partnering with Providers & Pharmacies to assist in administering these vaccines

Focus for 2025:

- The **SNS-E measure** is report only for 2024. We are working on a way to gather and report how you as a provider are performing
- In **2025 IMA Combo 1 changes** to **IMA Combo 2- Adding HPV**

Glycemic Status Assessment for Patients with Diabetes (GSD) formerly know as HBD



of Kentucky

New measure for 2024! Measure evaluates the percentage of members 18-75 years of age with diabetes (type 1 & 2) whose recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI] was at the following levels during the measurement year:

- Glycemic Status <8.0% Good Control (Medicaid Goal)
- Glycemic Status >9.0% Poor Control-Lower = Better compliance (Medicare Star Measure)

Tips: Document all A1c lab values with dates for diabetic members.

- Provide education to members regarding the need to monitor and manage their blood sugar levels (A1c), the importance of a healthy lifestyle, and incorporating healthy foods into their diet.
- Assist members if needed to schedule lab visits for regular A1c testing to include transportation assistance if needed.
- Submit applicable codes.

Description	Codes*
HbA1c Level Less than 7 Codes	CPT-CAT-II: 3044F
HbA1c Level Greater Than/Equal to 7 and Less than 8	CPT-CAT-II: 3051F
HbA1c Level Greater Than/Equal to 8 and Less Than/Equal to 9	CPT-CAT-II: 3052F
HbA1c Greater Than 9.0	CPT-CAT-II: 3046F

*Codes subject to change

CIS Combo 10

Childhood Immunizations Combo 10 measure includes:

- Children from **0 to 2 years** old fall into this measure.
- Approximately **300 children** in the United States die each year from vaccine preventable diseases.



- It accesses children who had: **All by their second birthday**
 - 4-** Diphtheria, Tetanus and Acellular Pertussis (**DTaP**)
 - 3-** Polio (**IPV**)
 - 1-** Measles, Mumps and Rubella (**MMR**)
 - 3-** Haemophilus influenza type B (**HiB**)
 - 3-** Hepatitis B (**HepB**)
 - 1-** Varicella (VCZ)
 - 4-** Pneumococcal Conjugate (PCV)
 - 1-** Hepatitis A (HepA)
 - 2 or 3-** Rotavirus (RV)
 - 2-** Influenza (**FLU**)

Childhood Immunizations (CIS Combo10)

CDC Suggested Dosing Chart



	Birth	1 Month	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months
HepB	1 st dose	2 nd dose			3 rd dose					
RV			1 st dose	2 nd dose	3 rd dose*					
DTaP			1 st dose	2 nd dose	3 rd dose			4 th dose		
HiB			1 st dose	2 nd dose	3 rd dose*		3 rd or 4 th dose*			
PCV			1 st dose	2 nd dose	3 rd dose		4 th dose			
IPV			1 st dose	2 nd dose	3 rd dose					
Flu					1 st dose and 2 nd dose					
MMR							1 st dose			
VZV							1 st dose			
HepA							1 st dose			

* RV can be a 2 or 3 dose depending

* Hib only requires 3 doses

*References for this slide; <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Immunizations for Adolescents (IMA)



IMA Combo 2 specifics:

- Adolescents **9 to 13 years** of age who had the following vaccines by their 13th birthday. End of year calculations will only show patients who turned 13 in the measurement year.
- **HPV must fall on or between the member's 9th-13th birthdate, complete vaccine series****
 - **Complete HPV Vaccine Series: At least 2 HPV vaccines on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart or at least 3 HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.
- **Tdap must fall on or between the member's 10th-13th birthdate, 1 vaccine**
- **Meningococcal must fall on or between the member's 11th-13th birthdate, 1 vaccine**

Vaccines are a safe and effective way to protect adolescents against potential deadly diseases. Receiving recommended vaccinations is the best defense against vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough) and human papillomavirus. These are serious diseases that can cause breathing difficulties, heart problems, nerve damage, pneumonia, seizures, cancer—and even death.

- ✓ Immunizations are up to date” or documentation of “parent refusal” is not sufficient



*References for this slide; <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>

IMA Combo 1 vs Combo 2



Complete HPV Vaccine Series

At least two HPV vaccines on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart
 Or
 At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays

Combo 1

- Assesses children who had the following vaccines by their 13th birthday:
 - ✓ Meningococcal -1 vaccine between the patient's 11th and 13th birthday
 - ✓ Tdap -1 vaccine between the patient's 10th and 13th birthday

Combo 2

- Assesses children who had the following vaccines by their 13th birthday:
 - ✓ Meningococcal -1 vaccine between the patient's 11th and 13th birthday
 - ✓ Tdap -1 vaccine between the patient's 10th and 13th birthday
 - ✓ HPV -complete vaccine series between the patient's 9th and 13th birthday

MEASURE INFO		CURRENT RATE		
Measure	Eligible Members	Compliant Members	Rate	
IMA - Immunizations for Adolescents Combo 2	4,167	1,079	25.89%	
IMA - HPV Vaccine for Adolescents	4,167	1,177	28.25%	
IMA - Immunizations for Adolescents Combo 1	4,167	3,214	77.13%	

WCV – Child and Adolescent Well Visit



Children and Adolescents 3-21 years of age, are you addressing:

- ✓ Medical History
- ✓ Height, Weight, BMI Percentile, Blood Pressure
- ✓ Unclothed Physical Examination
- ✓ Vision and Hearing
- ✓ Immunizations (Flu & HPV with all other recommended immunizations as appropriate)
- ✓ Development and Behavioral Assessment
- ✓ Tobacco, Alcohol, and Drug Use Assessment
 - **Starting at 11 years old**
- ✓ Depression Screening
 - **Starting at 12 years old**
- ✓ Other Screenings
 - **Anemia**
 - **Tuberculosis**
 - **Cholesterol once from 9-11 years and once from 17-21 years**
 - **If sexually active, screen for STD's starting at 11 years old**
- ✓ Anticipatory Guidance



CPT CODE	DESCRIPTION
99382	New patient well visit for a child who is between the ages of 1 and 4.
99392	Established patient well visit for a child who is between the ages of 1 and 4.
99383	New patient well visit for a child who is between the ages of 5 and 11.
99393	Established patient well visit for a child who is between the ages of 5 and 11.
99384	New patient well visit for a child who is between the ages of 12 and 17.
99394	Established patient well visit for a child who is between the ages of 12 and 17.
99385	New patient well visit between the ages of 18 and 39.
99395	Established patient well visit between the ages of 18 and 39.

PPC – Timeliness of Prenatal Care



Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization

Medical record documentation must include a prenatal care visit to an OB/GYN or other prenatal care practitioner, or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.

Description	Codes*
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Prenatal Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99483 HCPCS: G0463, T1015
Stand-Alone Prenatal Visits	CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Telephone Visits	CPT: 98966-98968, 99441-99443

*Codes subject to change

NOTE: When using the Online Assessment, Telephone Visit, or Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.

Member Rewards

Prenatal Care Visits	Enrollees must complete a prenatal visit during their first trimester or within 42 days of enrollment (ages 12 and up).	Fitbit or membership to Amazon Prime or a Gift Card	Enrollee can choose between: ✓ Fitbit*; or a ✓ Three-month membership to Amazon Prime; or ✓ \$25 Gift Card**
Completion of Prenatal Visit	Enrollees who complete a prenatal visit can choose between one of these rewards.	Bonus Reward	Choice of a stroller, portable playpen, car seat or six packs of diapers.

PPC – Postpartum Care



Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

Medical record documentation must include postpartum visit to an OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery.

Documentation must include ONE of the following:

- Pelvic Exam
- Evaluation of weight, BP, breasts, and abdomen
- Notation of postpartum care
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Glucose screening for members with gestational diabetes
- Documentation of any of the following topics: Infant care or breast feeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight

Description	Codes*
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical Cytology Lab Test	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

Member Rewards

Postpartum Care Visit	Attend one postpartum visit 7 to 84 days after the birth of the baby (ages 12 and up).	Fitbit or membership to Amazon Prime or a Gift Card	Enrollee can choose between: ✓ Fitbit; or a ✓ Three-month membership to Amazon Prime; or ✓ \$25 Gift Card**
-----------------------	--	---	---

Resources

Yearly Preventative Visits



Children and Adolescents 3-21 years of age, are you addressing:

- ✓ Medical History
- ✓ Height, Weight, BMI Percentile, Blood Pressure
- ✓ Unclothed Physical Examination
- ✓ Vision and Hearing
- ✓ Immunizations (Flu & HPV with all other recommended immunizations as appropriate)
- ✓ Development and Behavioral Assessment
- ✓ Tobacco, Alcohol, and Drug Use Assessment
 - **Starting at 11 years old**
- ✓ Depression Screening
 - **Starting at 12 years old**
- ✓ Other Screenings
 - **Anemia**
 - **Tuberculosis**
 - **Cholesterol once from 9-11 years and once from 17-21 years**
 - **If sexually active, screen for STD's starting at 11 years old**
- ✓ Anticipatory Guidance



CPT CODE	DESCRIPTION
99382	New patient well visit for a child who is between the ages of 1 and 4.
99392	Established patient well visit for a child who is between the ages of 1 and 4.
99383	New patient well visit for a child who is between the ages of 5 and 11.
99393	Established patient well visit for a child who is between the ages of 5 and 11.
99384	New patient well visit for a child who is between the ages of 12 and 17.
99394	Established patient well visit for a child who is between the ages of 12 and 17.
99385	New patient well visit between the ages of 18 and 39.
99395	Established patient well visit between the ages of 18 and 39.

Yearly Preventative Visits



Adults 21 years of age and older, are you addressing:

- ✓ Advance Directive Discussion & Planning
- ✓ Problem List, Medical History and Family History
- ✓ Medication List and Review
- ✓ Height, Weight, BMI and Blood Pressure
- ✓ Immunizations (Flu & Pneumonia, etc.)
- ✓ Health Risk Assessment
- ✓ Cognitive Impairment Screening (if needed)
- ✓ Personalized Prevention Plan
- ✓ Depression and Pain Screenings
- ✓ Functional Status Assessment / Safety (Medicare)
- ✓ Tobacco and Alcohol Screenings
- ✓ Any Preventative Testing or Exams
 - Blood Tests (i.e. HbA1C, CHOL, Kidney function, etc.)
 - Colorectal Cancer Screening (FOBT, FIT Testing, Flex sigmoidoscopy, Colonoscopy)
 - Mammogram
 - Cervical Cancer Screening
 - Retinal Eye Exam (Diabetics)
 - Chlamydia Screening (Women)
- ✓ Provide Health Advice/Education and Referrals (if needed)

When evaluating members and establishing the presence of a diagnosis, remember to put the **M.E.A.T.** (Monitoring, Evaluating, Assessing/Addressing, & Treating) in your documentation.



Monitoring	Evaluating	Assessing/Addressing	Treating
<ul style="list-style-type: none"> • Signs • Symptoms • Disease Progression • Disease regression 	<ul style="list-style-type: none"> • Test Results • Medication Effectiveness • Response to Treatment 	<ul style="list-style-type: none"> • Ordering Tests • Discussion • Review Records • Counseling • Planning 	<ul style="list-style-type: none"> • Medications • Therapies • Other Modalities • Referrals to Specialists • Disease Management Programs • Testing

PPC Postpartum Care



The PPC measure is described as the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.

The **Postpartum Care** part of the measure is a postpartum visit to an **OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery**. Do not include postpartum care provided in an acute inpatient setting.

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- Pelvic exam
- Evaluation of weight, BP, breasts and abdomen
 - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component
- Notation of postpartum care, including, but not limited to:
 - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check”
 - A preprinted “Postpartum Care” form in which information was documented during the visit
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
- Glucose screening for members with gestational diabetes
- Documentation of any of the following topics:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing or family planning
 - Sleep/fatigue
 - Resumption of physical activity
 - Attainment of healthy weight

The Importance of Coding



Commonly used codes

CATEGORY OF CODES	CPTII CODES												
Blood Pressure Control	<ul style="list-style-type: none"> • 3074F Most recent Systolic <130mm Hg • 3075F Most recent Systolic 130-139mm Hg • 3077F Most recent Systolic ≥140mm Hg • 3078F Most recent Diastolic <80mm Hg • 3079F Most recent Diastolic 80-89mm Hg • 3080F Most recent Diastolic ≥90mm Hg 												
HbA1c Results	<ul style="list-style-type: none"> • 3044F Most recent hemoglobin A1c (HbA1c) <7% • 3046F Most recent hemoglobin A1c (HbA1c) >9% • 3051F Most recent hemoglobin A1c (HbA1c) result >7%-8% • 3052F Most recent hemoglobin A1c (HbA1c) result >8%-<9% 												
Medication Reconciliation	<ul style="list-style-type: none"> • 1111F Discharge medications reconciled with the current medication list in the outpatient record. 												
Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents	<table border="0"> <tr> <td>BMI Percentile</td> <td>ICD-10: Z68.51, Z68.52, Z68.53, Z68.54</td> </tr> <tr> <td>Nutrition Counseling</td> <td>CPT: 97802-97804</td> </tr> <tr> <td></td> <td>HCPCS: G0270, G0271, G0447, S9449, S9452, S9470</td> </tr> <tr> <td></td> <td>ICD-10: Z71.3</td> </tr> <tr> <td>Physical Activity</td> <td>HCPCS: G0447, S9451</td> </tr> <tr> <td></td> <td>ICD-10: Z02.5, Z71.82</td> </tr> </table>	BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54	Nutrition Counseling	CPT: 97802-97804		HCPCS: G0270, G0271, G0447, S9449, S9452, S9470		ICD-10: Z71.3	Physical Activity	HCPCS: G0447, S9451		ICD-10: Z02.5, Z71.82
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54												
Nutrition Counseling	CPT: 97802-97804												
	HCPCS: G0270, G0271, G0447, S9449, S9452, S9470												
	ICD-10: Z71.3												
Physical Activity	HCPCS: G0447, S9451												
	ICD-10: Z02.5, Z71.82												
Pain Assessment	<ul style="list-style-type: none"> • 1125F pain present • 1126F no pain present 												
Functional Status Assessment	<ul style="list-style-type: none"> • 1170F Functional status assessed 												

*Codes subject to change

We're asking you, our providers to make sure to use accurate CPT Category II codes, HCPCS codes and even ICD 10 codes for some measures to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed quality procedures and closed care gaps, you're confirming that you're giving the best quality of care to our members.



How does proper coding help you as a provider?

- ✓ WellCare has added CPTII and HCPCS codes to the fee schedule at a price of \$0.01. This will allow billing of these important codes without a denial of "non-payable code".
- ✓ Better reporting of open and closed care needs for your assigned members.
- ✓ Increase in Payment for Quality (P4Q) due to submission of additional codes.
- ✓ Collection of HEDIS measure data year-round, resulting in fewer chart requests during HEDIS season.

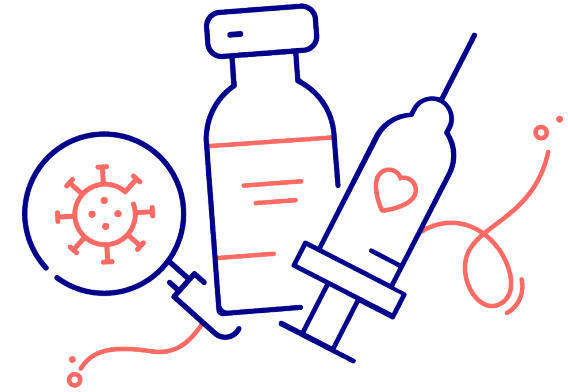
What is CAHPS?



Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual survey that captures a member's experience with all aspects of their healthcare. CAHPS surveys ask our members - your patients - about topics like provider communication skills, ease of accessing healthcare, and their health plan's performance. CAHPS Star Rating Measures have increased to 32% of the overall star rating.

How can you improve your CAHPS score?

- 1** Ensure members understand their care by communicating with them in ways they understand.
 - ✓ Explain tests, treatments, and medications.
 - ✓ Use simple, easy-to-understand words. Take the time to explain difficult concepts.
 - ✓ Help members coordinate care for tests and treatments.
 - ✓ Keep members at the center of all decision making.
- 2** Build a relationship with the member, treating them with care and respect.
 - ✓ Maintain eye contact.
 - ✓ Avoid interruptions.
 - ✓ Ensure the friendliness and courtesy of office staff.
- 3** Ensure visits run as smoothly as possible to avoid dissatisfaction.
 - ✓ Strive to see members within 15 minutes of their appointment. Explain delays during the visit, and provide a clean, comfortable waiting area.



Did you know that CAHPS measures flu vaccine awareness?

The CDC recommends that everyone over 6 months old receive the flu shot. As providers and staff, you know the importance of encouraging patients to get a flu shot.

How Can We Help?



WellCare can connect your patients to community resources that help meet their social needs. Our toll-free Care Management referral number is 1-866-635-7045 (TTY: 711). We are here for you Monday–Friday from 7 a.m.–7 p.m. Eastern Time.

Our toll-free Community Connections Help Line is 1-866-775-2192 where members can seek help with:

- ✓ Housing or living conditions
- ✓ Food assistance
- ✓ Transportation issues
- ✓ Unsafe situations or domestic violence
- ✓ Financial assistance (utilities, rent)
- ✓ Affordable childcare
- ✓ Job/education assistance
- ✓ Family supplies – diapers, formula, cribs, and more



Referrals can also be done through our provider portal.



Thank you for
attending,
Any Questions

