



RE: \$ END OF YEAR REMINDER FOR CLOSING OPEN QUALITY STARS CARE GAPS OF MEDICARE MEMBERS

FOCUS MEASURES: COA PAIN, COA MED REVIEW, TRC MED REC POST DISCHARGE, CBP, HGBA1C,


Encouraging gap closure for: DRE, COL & BCS

<https://provider.wellcare.com/>

<https://www.homestatehealth.com/content/dam/centene/home-state-health/pdfs/v3-HSH-MO-MY22-HEDIS-QRG22.pdf>


We wish to partner with you to help our members complete important health screenings and activities before the end of the year. The completion of these recommended screenings helps support the health of our members and improve the quality of care. Additionally, these activities ensure we are delivering on our commitment to CMS, our Model of Care, and Quality Stars ratings, by improving the healthcare provided to our Medicare populations. The next few pages will contain a description of each priority measure and how to close or submit documentation of the care gaps.

Care of the Older Adult Annual Pain Assessment- DSNP only- **(COA PA)**- If completed during this calendar year, please submit **Date of service** and **CPT 1125F** (Yes pain and additional assessment of pain performed, pain quantified) or **1126F** (No Pain) **OR Complete visit now with member & submit claims**

 **Completion of this activity and submission of the correct codes, may result in bonus payments as part of our Provider Pay for Performance & Provider Peak Performance programs.**

***Note- may be completed by any staff, deemed qualified by the organization, and may be Telehealth, phone, or Face to Face.**

Care of the Older Adult Annual Medication Review & Medication List - DSNP only- **(COA MR)**- If completed during this calendar year, please submit **Date of service** and **CPT 1159F & 1160F** **OR Complete visit now with member & submit claims**

 **Completion of this activity and submission of the correct codes, may result in bonus payments as part of our Provider Pay for Performance and Provider Peak Performance programs.**

***Note- must be completed by a prescribing provider, or pharmacist and may be Telehealth, phone, or Face to Face.**

Transition of Care Medication Reconciliation Post Discharge- All Medicare- **must be performed by RN, MD, DO, APN, NP, PA, Pharmacist, (TRC MRP)**- If completed within 30 days after discharge from an In-Patient setting, please submit **Date of service and CPT 1111F**

***Note- may be completed by MD, DO, PA, NP, Pharmacist, & RN- Telehealth, phone, or Face to Face.**

***Note- this activity may have been completed by our post discharge, Care Management team and a fax received to place in the outpatient record. If this activity was completed, please submit the 1111F CPT for the Date of service that MRP was performed, located on the letter.**



Completion of this activity and submission of the correct codes, may result in bonus payments as part of our Provider Pay for Performance program.

Controlled Blood Pressure- All Members with diagnoses of hypertension, diabetes or renal disease with readings <140/90 (**CBP**)- If completed, view the most recent blood pressure, **Date of service, and CPT** (SEE BELOW) may be member reported from automatic machine, however, actual BP number must be contained within the medical record provider note. OR **Complete visit now and submit applicable codes.**

Code	Type	Measure	Description
3074F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure less than 130 mm Hg
3075F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure 130 – 139 mm Hg
3077F	CPT II	Controlling Blood Pressure	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure less than 80 mm Hg
3079F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure 80-89 mm Hg
3080F	CPT II	Controlling Blood Pressure	Most recent diastolic blood pressure greater than or equal to 90 mm Hg




Completion of this activity and submission of the correct codes, may result in bonus payments as part of our Provider Pay for Performance program

***Note this activity may be completed, by any clinician documentation contained within the OP record, Telehealth, phone, or Face to Face.**

Hemoglobin A1 C in control as defined by value <8. (**HBD**)- All members with diagnoses of diabetes. (Standard of care, per CDC & NIH, for two test results annually). If completed, submit the applicable **CPT**

code for most recent test result, with **Date of service**. OR **Complete visit/lab collection now and submit applicable claims**

Hemoglobin A1c (HBD)		
3044F	CPT II	Most recent hemoglobin A1c level less than 7%
3046F	CPT II	Most recent hemoglobin A1c level greater than 9%
3051F	CPT II	Most recent hemoglobin A1c level greater than or equal to 7% and less than 8%
3052F	CPT II	Most recent hemoglobin A1c level greater than or equal to 8% and less than or equal to 9%

 **Completion of this activity and submission of the correct codes, may result in bonus payments as part of our Provider Pay for Performance program**

***Note Wellcare may have sent a free test kit to a member in October. We encourage you to follow up with the member and ensure the test kit is mailed back in, as directed.**

We are excited to partner with you to improve the health of our members, we encourage you to facilitate closure of other important care gaps. This may be calling members to remind them to complete important health screenings, mailing a letter, sending messages to members in their electronic record, or scheduling during an upcoming visit.

DRE- Diabetic Retinal Eye Exam annually, members with diabetes

2022F	CPT II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	CPT II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	CPT II	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2025F	CPT II	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2026F	CPT II	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
2033F	CPT II	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
3072F	CPT II	Low risk for retinopathy (no evidence of retinopathy in the prior year)

COL- Colorectal Cancer Screening, time frame depending on testing, all members 45-75 years of age.

- Fecal Occult Blood test during the measurement year.
- Flexible Sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT Colonography during the measurement year or the four years prior to the measurement year.
- Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year.

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BCS- Breast Cancer Screening, the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer, any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Thank you for your help to improve the health of our members. Many of these gap closures are worth member and provider rewards. For more information, please contact our provider engagement team.