



Pay for Performance Guide

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Introducing Measurement Year 2022 Pay for Performance Program!

As we launch the 2022 Pay-for-Performance measurement year, I am very excited to share some new program enhancements designed to better support you and your clinic team and to provide the opportunity to increase your scores. I'm confident these new enhancements combined with existing program elements will offer you the opportunity to maximize your incentive.

Our Quality team has developed a more focused communication approach, which includes the development of this resource guide designed to provide key details of the Pay for Performance program as well as reduce the volume of paper touches throughout the year. This new resource tool is also available electronically on the Santé website provider portal and the intranet page within the Quality tabs.

Other planned enhancements include:

- Focused outreach – we will monitor activity and proactively reach out to providers in need of assistance.
- Health plan alignment – the health plans play a central role in our incentive program and we plan to tap into their resources to support your efforts.

I encourage you to explore other detailed program information available on the following pages:

- | | |
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| ▪ Program Description | page 3 |
| ▪ 2022 Schedule | page 4 |
| ▪ Clinical Measures – Family Practice & Internal Medicine | page 7-8 |
| ▪ Clinical Measures – Pediatric | page 9 |

I am looking forward to our focused partnership and in your renewed engagement with a greater level of measured success for our patients and ourselves! Again, thank you for making quality care a priority in your clinic.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Michael Synn'.

H. Michael Synn, M.D.
Chief Medical Officer
Santé Health System

Program Description

The Santé Pay-for-Performance program is designed to ensure and assist all IPA providers in the delivery of quality care. Quality care is defined as patients receiving the appropriate care at the appropriate time as defined by national standards. Quality care is not accomplished independently but instead involves a partnership among patients, providers, health plans and Santé's Quality department.

The quality measures used in the program are designed to:

- Quantify performance in a value-based health care environment
- Standardize a way to monitor how providers and patients are managing their health
 - Measure preventative health services
 - Monitor management of chronic illness, utilization of services, access to care, demographics

Santé's Pay-for-Performance program is part of California's Align.Measure.Perform. (AMP) initiative created by the Integrated Healthcare Association (IHA) which sets the program criteria in alignment with the National Committee for Quality Assurance (NCQA) standards. Santé's AMP participation generates incentives from the health plans which are passed on to participating providers as well as benchmarking the publicly-reported results.

In 2022 Santé initiated several program enhancements designed to achieve the following goals:

- Ease of program clarity,
- Better alignment of reward and outcomes,
- Increase provider and clinic staff engagement,
- Ease burden of program management on clinic staff resources,
- Improve provider scores,
- Alignment with health plan initiatives, and
- Increase IPA rates.

Eligibility Criteria			
Patient Population	Commercial & Medicare Advantage		
Provider Status	Capitated or Fee for Service <ul style="list-style-type: none"> ▪ Family Practice ▪ Internal Medicine ▪ Pediatrics 		
	Must be an active IPA provider at time of bonus distribution		
Patient Assignment	Minimum of one assigned patient meeting a quality measure's eligibility requirements (i.e., age, diagnosis, etc.)		

	Pay for Performance (P4P) & STARS	Patient Experience	CPT II Codes
Bonuses	<ul style="list-style-type: none"> ▪ Q1 Claims and Charts Received and Processed through June 15, 2022 ▪ Q2 Claims and Charts Received and Processed through Sep 15, 2022 ▪ Q3 Claims and Charts Received and Processed through Dec 15, 2022 ▪ Q4 Claims and Charts Received and Processed through Mar 15, 2023 		
Bonus Amount	<ul style="list-style-type: none"> ▪ Flat fee per measure closed via claim or encounter note 	<ul style="list-style-type: none"> ▪ >80% Tier 1 ▪ 50-79% Tier 2 ▪ <50% No Bonus 	<ul style="list-style-type: none"> ▪ Flat fee per code captured on a claim ▪ Applies to Blood Pressure and HbA1c CPT II Codes

Measurement Year (MY) 2022 Schedule

Cycle 1

- June 2022 MY2022 Kickoff
- July 2022 Scorecard Distribution

Cycle 2

- September 14, 2022 Encounter Submission Due Date
- October 2022 Scorecard Distribution

Cycle 3

- December 14, 2022 Encounter Submission Due Date
- January 2023 Scorecard Distribution

Cycle 4

- December 31, 2022 **FINAL** Encounter Submission Due Date
- April 2023 Scorecard Distribution

Score Card Sample

Rankings:

Rankings have been eliminated for MY2022.

Bonus Calculations:

Incentive bonuses are calculated and paid quarterly.

Quality Pay-for-Performance Scorecard

STARS Quality Measure Gaps in Care:

2022 Measure	Total Gaps	Gaps Closed	Incentive per Gap	Incentive Amount	Rate Closure
Breast Cancer Screening			\$	\$	%
Colorectal Cancer Screening			\$	\$	%
Osteoporosis Management			\$	\$	%
Controlling High Blood Pressure			\$	\$	%
Diabetic Eye Exam			\$	\$	%
Diabetic HbA1c Poor Control >9%			\$	\$	%
Diabetic Medical Attention for Nephropathy			\$	\$	%
Total			\$	\$	%

CPT II Codes:

CPT II Coding	Codes Submitted	Incentive per Entry	Incentive Amount
Blood Pressure - Diastolic		\$	\$
Blood Pressure - Systolic		\$	\$
HbA1c		\$	\$
Total		\$	\$

Patient Experience:

	Respondents	Score	Incentive Amount
Patient Assessment Survey	0	0.0%	\$0

Complete Results enclosed on Patient Experience Scorecard

Total Q1 Incentive Earned: \$\$\$

Care Gap Report Sample



MY2022 Pay-for-Performance Program Care Gap Report as of 6/15/2022

PCP	Patient	Health Plan	Health Plan ID	DOB	Measure	SubMeasure	Compliant
Doe, John	Zttest, Chester	BRAND NEW DAY MCR	123456789	1900-01-04	CDC-IHA P4P Comprehensive Diabetes Care 2021	HbA1c > 9	N
Doe, John	Zttest, Chester	BRAND NEW DAY MCR	123456789	1900-01-04	CDC-IHA P4P Comprehensive Diabetes Care 2021	Eye Exam	N
Doe, John	Zttest, Chester	BRAND NEW DAY MCR	123456789	1900-01-04	COL-IHA P4P Colorectal Cancer Screening 2021	Colorectal Cancer Screening	N
Doe, John	Zttest, Jane	HEALTH NET MCR	R00000000000	1900-01-02	CBP-IHA P4P Controlling Blood Pressure 2021	Blood pressure < 140/90	N
Doe, John	Zttest, Jane	HEALTH NET MCR	R00000000000	1900-01-02	CCS-IHA P4P Cervical Cancer Screening 2021	Cervical Cancer Screening	N
Doe, John	Zttest, Suzie	HEALTH NET MEDI	C9999999999	1900-01-01	BCS-IHA P4P Breast Cancer Screening 2021	BCS 50 to 74	N

- 1 Care Gap report date
- 2 Indicates who is the PCP
- 3 Indicates what measure needs closure
- 4 Indicates open gaps

Summary: Medicare STARS Measures

2022 Measure	Demographic	Compliance Components
BCS- Breast Cancer Screening	Female Age: 50 - 74	Evidence of: <ul style="list-style-type: none"> One or more mammograms between 2021 – 2022.
COL- Colorectal Cancer Screening	Age: 50 - 75	Most recent evidence of: <ul style="list-style-type: none"> FOBT- lab result during 2022. FIT-DNA test result between 2020 – 2022. Colonoscopy report between 2013 – 2022. Flexible sigmoidoscopy report between 2018 – 2022. CT colonography between 2018 – 2022.
OMW- Osteoporosis Management	Female Age: 67 - 85	Within 6-months of a fracture evidence of: <ul style="list-style-type: none"> BMD test. Received osteoporosis therapy. A dispensed prescription to treat osteoporosis (see medication table).
CBP- Controlling High Blood Pressure	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2022: <ul style="list-style-type: none"> BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2022.
CDC- Diabetic Eye Exam	Age: 18 - 75	Evidence of: <ul style="list-style-type: none"> Retinal/dilated eye exam by an eye care professional during 2022. Negative retinal/dilated eye exam by an eye care professional between 2021 – 2022.
CDC- Diabetic HbA1c Poor Control >9%	Age: 18 - 75	Evidence of during 2022: <ul style="list-style-type: none"> Most recent HbA1c test with a value less than 9.0 (this is an inverse measure).
CDC- Diabetic Medical Attention for Nephropathy	Age: 18 - 75	Evidence of during 2022: <ul style="list-style-type: none"> Urine protein test- Micro/Macro Albumin lab. ACE/ARB therapy with one dispensing event. Nephropathy treatment. Visit with a nephrologist.

Send documentation of events to Santé Quality Management:

quality@santehealth.net

or

833-728-0332

Summary: Commercial HMO Measures

2022 Measure	Demographic	Compliance Components
BCS- Breast Cancer Screening	Female Age: 50 - 74	Evidence of: <ul style="list-style-type: none"> One or more mammograms between 2021 – 2022.
CCS- Cervical Cancer Screening	Female Age: 21 - 64	Age: 21 – 64: <ul style="list-style-type: none"> Cervical cytology between 2020 – 2022. Age: 30 – 64: <ul style="list-style-type: none"> Cervical high-risk human papillomavirus (hrHPV) testing between 2018– 2022.
CHL- Chlamydia Screening	Female Age: 16 - 24	Following a pregnancy test <i>or</i> dispensed prescription for contraceptive medication: <ul style="list-style-type: none"> One chlamydia test during 2022.
COL- Colorectal Cancer Screening	Age: 50 - 75	Most recent evidence of: <ul style="list-style-type: none"> FOBT- lab result during 2022. FIT-DNA test result between 2020 – 2022. Colonoscopy report between 2013 – 2022. Flexible sigmoidoscopy report between 2018– 2022. CT colonography report between 2018 – 2022.
CBP- Controlling High Blood Pressure	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2022: <ul style="list-style-type: none"> BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2022.
CDC- Diabetic Blood Pressure Control	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2022: <ul style="list-style-type: none"> BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in.
CDC- Diabetic Eye Exam	Age: 18 - 75	Evidence of Retinal Eye Exam: <ul style="list-style-type: none"> Retinal/dilated eye exam by an eye care professional during 2022. Negative retinal/dilated eye exam by an eye care professional between 2021 – 2022.
CDC- Diabetic HbA1c Control <8%	Age: 18 - 75	Evidence of during 2022: <ul style="list-style-type: none"> Most recent HbA1c result with a value less than 8.0.
CDC- Diabetic HbA1c Poor Control >9%	Age: 18 - 75	Evidence of during 2022: <ul style="list-style-type: none"> Most recent HbA1c result with a value less than 9.0. This is an inverse measure. Patients are identified as having a value that is greater than 9.0, or missing a result value, or a HbA1c test was not completed.
CDC- Diabetic Medical Attention for Nephropathy	Age: 18 - 75	Evidence of during 2022: <ul style="list-style-type: none"> Urine protein test- Micro/Macro Albumin lab. ACE/ARB therapy with one dispensing event. Nephropathy treatment. Visit with a nephrologist.

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or

833-728-0332

Summary: Pediatric Measures

2022 Measure	Compliance Components		
	Vaccine	Dose Count	Age Range
CIS- Childhood Immunization Status	DTaP Diphtheria, Tetanus, Acellular Pertussis	4	Birth – 2 nd birthday
	HepB Hepatitis B	3	
	HiB Hemophilus influenza type B	3	
	Influenza Flu	2	
	IPV Inactivated Poliovirus	3	
	PCV Pneumococcal Conjugate	4	1 st – 2 nd birthday
	Rotavirus	2 or 3	
	HepA Hepatitis A	1	
	MMR Measles, Mumps, Rubella	1	
IMA- Immunizations for Adolescents	VZV Varicella Zoster	1	
	Meningococcal	1	11 th – 13 th birthday
	Tdap Tetanus, Diphtheria, Acellular Pertussis	1	10 th – 13 th birthday

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quality@santehealth.net

or

833-728-0332

Exclusion Guidelines

In certain circumstances, Exclusions can be used to remove patients from the measure or population. Some measures allow patients to be excluded if they are identified as having evidence of certain procedures or diagnoses (e.g., exclude a patient from the Cervical Cancer Screening measure who had evidence of a prior hysterectomy).

Each measure will have the valid exclusion noted in the Exclusion section of the measure's description page.

Cervical Cancer Screening (CCS)	
Females 21-64 years of age who were screened for cervical cancer.	
Population: <ul style="list-style-type: none">Commercial HMO	Exclusion: <ul style="list-style-type: none">Evidence of prior hysterectomy
Measure Compliance:	

In order to exclude a patient, only valid exclusions will apply. The valid exclusions are defined by the State's AMP program. Santé does not establish the exclusion criteria. Qualifying exclusions are listed on each of the measure's description page, beginning on page 9.

Please note the following situations do not qualify as valid exclusions, per program guidelines:

1. Patients who refuse services
2. Patient assignment – *Not our patient*
3. Referral sent
4. Other

All Exclusions will be reviewed by the Quality Department for final approval in accordance with regulatory program guidelines. Any Exclusions that do not meet program guidelines are not accepted and you will be notified.

CPT Category II Codes

CPT II Code	Description	Diagnosis Included on Claim	Patient Population	Criteria
3044F	For patients who have diabetes: most recent HbA1c is less than 7.0%	Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Complete and document hemoglobin A1C results when less than 7.0%. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3044F.
3051F	For patients who have diabetes: most recent HbA1c is 7.0% - 7.9%	Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Complete and document hemoglobin A1C results when greater than or equal to 7.0% or less than 8.0%. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3051F.
3052F	For patients who have diabetes: most recent HbA1c is 8.0% - 9.0%	Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Complete and document hemoglobin A1C results when greater than or equal to 8.0% and less than or equal to 9.0%. On the claim, include the appropriate visit code, Diagnosis code(s) and CPT II code 3052F.
3046F	For patients who have diabetes: most recent HbA1c is greater than 9.0%	Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Complete and document hemoglobin A1C results when greater than 9.0%. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3046F.
3074F	Most recent systolic blood pressure is less than 130 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16 Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO Commercial HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Document the blood pressure and appropriate diagnosis in the medical record. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3074F.
3075F	Most recent systolic blood pressure is 130-139 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16 Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO Commercial HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Document the blood pressure and appropriate diagnosis in the medical record. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3075F.
3077F	Most recent systolic blood pressure is greater than or equal to 140 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16 Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO Commercial HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Document the blood pressure and appropriate diagnosis in the medical record. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3077F.
3078F	Most recent diastolic blood pressure is less than 80 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16 Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO Commercial HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Document the blood pressure and appropriate diagnosis in the medical record. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3078F.
3079F	Most recent diastolic blood pressure is 80 – 89 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16 Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO Commercial HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Document the blood pressure and appropriate diagnosis in the medical record. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3079F.
3080F	Most recent diastolic blood pressure is greater than or equal to 90 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16 Diabetes: E08, E09, E10, E11, or E13	Commercial HMO & Medicare Advantage HMO Commercial HMO	<ul style="list-style-type: none"> Complete an outpatient visit, telephone visit, e-visit or virtual check-in. Document the blood pressure and appropriate diagnosis in the medical record. On the claim, include the appropriate visit code, diagnosis code(s) and CPT II code 3080F.

MY2022 Clinical Measures

Breast Cancer Screening (BCS)

Females 50–74 years of age who had a mammogram to screen for breast cancer.

Population:

- Commercial HMO
- Medicare Advantage HMO

Exclusion:

- Evidence of prior bilateral mastectomy
- Unilateral mastectomy with bilateral modifier as bilateral mastectomy

Measure Compliance:

- Preventive screening to detect breast cancer in women within the last 2 years between 2021 – 2022.

Helpful Tips:

- All methods of mammograms qualify (screening, diagnostic, film, digital or digital breast tomosynthesis).
- **Not Accepted:** MRIs, ultrasounds, or biopsies, these are performed in addition to mammogram.
- For incorrect gender and/or date of birth contact Quality.

Colorectal Cancer Screening (COL)

Adults 50–75 years of age who had appropriate screening for colorectal cancer.

Population:

- Commercial HMO
- Medicare Advantage HMO

Exclusion:

- Current diagnosis of colorectal cancer
- Evidence of prior total colectomy

Measure Compliance:

One of the following screenings:

- **FOBT** Fecal occult blood test resulted in 2022.
- **FIT-DNA** test resulted within the last 3 years between 2020 - 2022.
- **Colonoscopy** within the last 10 years between 2013 - 2022.
- **Flexible sigmoidoscopy** within the last 5 years between 2018 - 2022.
- **CT colonography** within the last 5 years between 2018 - 2022.

MY2022 Clinical Measures

Controlling High Blood Pressure (CBP)

Members 18–85 years of age who had a diagnosis of hypertension and whose Blood Pressure (BP) was adequately controlled, < 140/90, during 2022.

Population:

- Commercial HMO
- Medicare Advantage HMO

Measure Compliance:

- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2022.
- Blood pressure reading of less than 140/90.

Helpful Tips:

Using CPT II codes will close the Blood Pressure Gap

Systolic Blood Pressure

- **3074F - Systolic blood pressure less than 130 mm Hg**
- **3075F - Systolic blood pressure is 130-139 mm Hg**
- **3077F - Systolic blood pressure is greater than or equal to 140 mm Hg**

Diastolic Blood Pressure

- **3078F - Diastolic blood pressure less than 80 mm Hg**
- **3079F - Diastolic blood pressure is 80-89 mm Hg**
- **3080F - Diastolic blood pressure is greater than or equal to 90 mm Hg**

- BP reading must occur *on or after* the date of the second diagnosis of hypertension.
- BP must have a corresponding outpatient claim to close care gap.

MY2022 Clinical Measures

Cervical Cancer Screening (CCS)

Females 21-64 years of age who were screened for cervical cancer.

Population:

- Commercial HMO

Exclusion:

- Evidence of prior hysterectomy

Measure Compliance:

- 21-64 years of age who had cervical cytology performed within the last 3 years between 2020 - 2022.
- 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years and were 30 years or older on the date of the test, between 2018 – 2022.

Helpful Tips:

- For incorrect gender and/or date of birth contact Quality.

Chlamydia Screening in Women (CHL)

Females 16–24 years of age who were identified as sexually active by claims, laboratory, or pharmacy data and who had at least one test for chlamydia during 2022.

Population:

- Commercial HMO

Measure Compliance:

Following a pregnancy test or dispensed prescription for contraceptive medication:

- One chlamydia test during 2022.

Helpful Tips:

- For incorrect gender and/or date of birth contact Quality.

MY2022 Clinical Measures

Comprehensive Diabetes Care (CDC)

Members 18–75 years of age with diabetes (type 1 or type 2) who had the following:
HbA1c <8% and/or >9%, eye exam, medical attention for nephropathy during the 2022 year.

Population:

- Commercial HMO

Exclusion:

- No diabetes diagnosis within 2021 - 2022

Measure Compliance:HbA1c Poor Control >9%:

- HbA1c test during 2022 with a value less than 9.0 (this is an inverse measure).
- Patients identified on the care gap report are due to having a value that is greater than 9.0, or missing a result value, or an HbA1c test that was not completed.

HbA1c Control <8%:

- HbA1c test during 2022 with a value that is less than 8.0.

Diabetic Eye Exam:

- Retinal/dilated eye exam by an eye care professional in 2022.
- Negative retinal/dilated eye exam by eye care professional within the last 2 years between 2021 – 2022.

Medical Attention for Nephropathy:

- Urine protein test- Micro/Macro Albumin lab test during 2022.
- Evidence of ACE/ARB therapy with at least one dispensing event in 2022.
- Nephropathy treatment in 2022.
- Visit with a nephrologist in 2022.

BP Control <140/90:

- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2022. The patient is compliant if BP is less than 140/90.

Coding Tips:

Using CPT II codes will close the HbA1c gap

- **3044F** - HbA1c less than 7.0%
- **3051F** - HbA1c is 7.0% - 7.9%
- **3052F** - HbA1c is 8.0% - 9.0%
- **3046F** - HbA1c is greater than 9.0%

Using CPT II codes will close the Blood Pressure Gap

Systolic Blood Pressure

- **3074F** - Systolic blood pressure less than 130 mm Hg
- **3075F** - Systolic blood pressure is 130-139 mm Hg
- **3077F** - Systolic blood pressure is greater than or equal to 140 mm Hg

Diastolic Blood Pressure

- **3078F** - Diastolic blood pressure less than 80 mm Hg
- **3079F** - Diastolic blood pressure is 80-89 mm Hg
- **3080F** - Diastolic blood pressure is greater than or equal to 90 mm Hg

MY2022 Clinical Measures

Comprehensive Diabetes Care (CDC)

Members 18–75 years of age with diabetes (type 1 or type 2) who had the following:
HbA1c >9%, eye exam, medical attention for nephropathy during the 2022 year.

Population:

- Medicare Advantage HMO

Exclusion:

- No diabetes diagnosis within 2021 - 2022

Measure Compliance:HbA1c Poor Control >9%:

- HbA1c test during 2022 with a value less than 9.0 (this is an inverse measure).
- Patients identified on the care gap report are due to having a value that is greater than 9.0, or missing a result value, or a HbA1c test that was not completed.

Diabetic Eye Exam:

- Retinal/dilated eye exam by an eye care professional in 2022.
- Negative retinal/dilated eye exam by eye care professional within the last 2 years, between 2021 – 2022.

Medical Attention for Nephropathy:

- Urine protein test- Micro/Macro Albumin lab test in 2022.
- Evidence of ACE/ARB therapy with at least one dispensing event in 2022.
- Nephropathy treatment in 2022.
- Visit with a nephrologist in 2022.

Coding Tips:

Using CPT II codes will close the HbA1c gap

- **3044F** - HbA1c less than 7.0%
- **3051F** - HbA1c is 7.0% - 7.9%
- **3052F** - HbA1c is 8.0% - 9.0%
- **3046F** - HbA1c is greater than 9.0%

Helpful Tips:

- Santé Care Center eye exam can be used to close Diabetic Eye Exam gap.

MY2022 Clinical Measures

Osteoporosis Management in Women Who Had a Fracture (OMW)

Females 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Population:

- Medicare Advantage HMO

Measure Compliance:

Appropriate testing or treatment for osteoporosis after the fracture.

- A Bone Mineral Density test within the 6-month period after the fracture.
- Osteoporosis therapy/medication within the 6-month period after the fracture.

Osteoporosis Medication List

Category	Therapy/Medication	
Bisphosphonates	<ul style="list-style-type: none">• Alendronate• Ibandronate• Risedronate	<ul style="list-style-type: none">• Alendronate-cholecalciferol• Zoledronic acid
Other agents	<ul style="list-style-type: none">• Abaloparatide• Denosumab• Raloxifene	<ul style="list-style-type: none">• Romosozumab• Teriparatide

MY2022 Clinical Measure

Childhood Immunization Status (CIS)

Children 2 years of age who were identified as having completed the following antigen series by their second birthday.

Population:

- Pediatric Commercial HMO

Measure Compliance:

Completion of the following vaccinations *on or before* the child's second birthday.

Vaccine	Dose Count	Age Range
DTaP	4	Birth – 2 nd birthday
HepB	3	
HiB	3	
Influenza Flu	2	
IPV	3	
PCV	4	
Rotavirus	2 or 3	
HepA	1	1 st – 2 nd birthday
MMR	1	
VZV	1	
Combo 10	Completion of all listed vaccine doses on or before the second birthday.	

Helpful Tips:

- Utilize vaccination records in the California Immunization Registry (CAIR2) to close gaps.
- Immunizations that are not billed directly to Santé will require immunization record to be sent to Quality Management.

MY2022 Clinical Measures

Immunizations for Adolescents (IMA)

Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) by their 13th birthday.

Population:

- Pediatric Commercial HMO

Measure Compliance:

Completion of the following antigen or combination vaccine ***on or before*** the adolescent's 13th birthday.

Vaccine	Dose Count	Age Range
Meningococcal	1	11 th – 13 th birthday
Tdap	1	10 th – 13 th birthday

Helpful Tips:

- Utilize vaccination records in the California Immunization Registry (CAIR2) to close gaps.
- Immunizations that are not billed directly to Santé will require immunization record to be sent to Quality Management

Non-Incentive Medication Measures

In addition to the incentivized measures identified for Measurement Year 2022 there are also several medication measures that will need to be addressed to ensure your patient is receiving quality care. Provider rankings are not impacted by the medication measures below. Santé will distribute medication adherence reports throughout the year identifying care gaps.

Medication Measure	Demographic	Components
SPC- Statin Therapy for Patients with Cardiovascular Disease	<ul style="list-style-type: none"> • Males- Age: 21–75 • Females- Age: 40–75 • Identified as having atherosclerotic cardiovascular disease (ASCVD) 	During 2022: 1. Received Statin Therapy. Patients who were dispensed at least one high-intensity or moderate-intensity statin medication. AND 2. Statin Adherence 80%. Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
SPD- Statin Therapy for Patients with Diabetes	<ul style="list-style-type: none"> • Age: 40–75 • Identified as having atherosclerotic cardiovascular disease (ASCVD) 	During 2022: 1. Received Statin Therapy. Patients who were dispensed at least one statin medication of any intensity during the measurement year. AND 2. Statin Adherence 80%. Patients who remained on a statin medication of any intensity for at least 80% of the treatment period.
SUPD- Statin Use in Persons with Diabetes	<ul style="list-style-type: none"> • Age: 40–75 	During 2022: Dispensed at least one medication for diabetes and received a statin medication or statin combination.
PDC- Proportion of Days Covered by Medications	<ul style="list-style-type: none"> • Age: 18+ • Met the proportion of days covered threshold of 80% for medications 	1. Renin Angiotensin System (RAS) Antagonists 2. Statin Medications 3. Diabetes All-Class Medications
AMR- Asthma Medication Ratio	<ul style="list-style-type: none"> • Age: 5–64 • Patients identified as having persistent asthma 	During 2022: Had a ratio of controller medications to total asthma medications of 0.50 or greater.
CWP- Appropriate testing for Pharyngitis	<ul style="list-style-type: none"> • Age: 3+ • Diagnosed with pharyngitis 	During 2022: 1. A strep test. AND 2. Dispensed antibiotic prescription.

Medication measures are closed with pharmacy claims data. For these measures, no entries can be made in the Risk Manager data entry portal.

Frequently Asked Questions

Care Gap Reports

Q. Why does the care gap report include patients that have never been seen in our office?

A. Patients that are assigned to you, by the health plan, will appear on your list whether or not the patient has been seen in your office. It is recommended to reach out to the patient to either ask them to make an appointment to establish care or to contact their health plan to be assigned to a new PCP. Until this is done patients will continue to appear on your care gap report .

Q. How do I remove a patient from my care gap report that has been dismissed from our practice?

A. Patients will remain assigned to a PCP until the patient contacts their health plan to be reassigned to a different PCP.

Q. What if a patient is on the care gap report with the wrong gender?

A. Contact Santé Quality department by email at Quality@santehealth.net or call 559-228-4499, Option 2 to verify the health plan's data.

CPT II Codes

Q. What are CPT II Codes?

A. Current Procedural Terminology (CPT) Category II codes are tracking codes that are used to report supplemental information for some HEDIS measures. They are non-reimbursable but may help reduce the burden on a provider office by lowering the number of medical record requests and reducing the number of screening reminders from the health plans. They contain 4 numerical digits followed by an "F" and can be found in the CPT codebook.

Q. How do I submit a CPT II code?

A. Include CPT II codes on your claim form in the procedure code field with a \$0 charge.

Resources

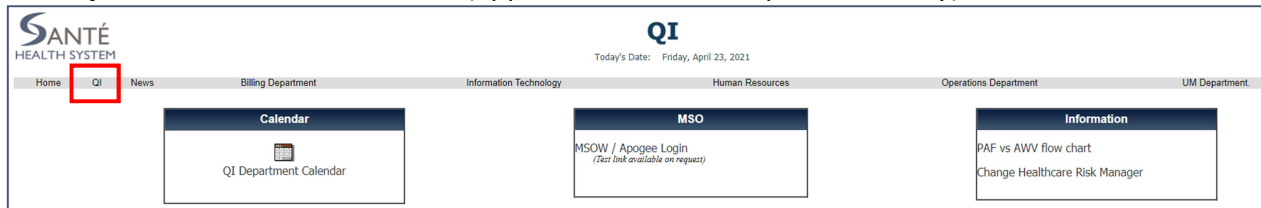
Santé Quality Management

- E-mail: quality@santehealth.net
- Phone: 559-228-4499, Option 2

Website Provider Portal:

www.santephysicians.com

Quality tab on the Santé intranet (applies to Foundation providers only)



IHA Manual:



<https://www.iha.org/performance-measurement/amp-program/amp-participant-resources/>