



Pay-for-Performance Guide MY2023

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Introducing Measurement Year 2023 Pay-for-Performance Program!

As we launch the 2023 Pay-for-Performance measurement year, I am very excited to share some new program enhancements designed to better support you and your clinic team as well as providing 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 potential.

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 tab.

2023 Program Goals:

- Increase quality of care
- Increase gap closure
- Health plan alignment
- Maximize limited Quality Management resources
- Encourage/increase provider and member engagement

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

- | | |
|---|----------|
| ▪ Program Description | page 4 |
| ▪ 2023 Schedule | page 5 |
| ▪ Clinical Measures – Family Practice & Internal Medicine | page 8-9 |
| ▪ Clinical Measures – Pediatric | page 10 |

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', written over a white background.

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, and 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 2023 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 HMO & 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
Incentive	<ul style="list-style-type: none"> ▪ Flat fee per measure closed via claim or encounter note submission 	<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, HbA1c and Medication reconciliation CPT II Codes
Timeline	<ul style="list-style-type: none"> ▪ Q1 Claims and Charts Received and processed through June 4, 2023 ▪ Q2 Claims and Charts Received and processed through September 4, 2023 ▪ Q3 Claims and Charts Received and processed through December 4, 2023 ▪ Q4 Claims and Charts Received and processed through January 31, 2024 		

Measurement Year (MY) 2023 Schedule

Cycle 1

- June 2023 MY2023 Kickoff
- July 2023 Scorecard Distribution

Cycle 2

- September 4, 2023 Encounter Submission Due Date
- October 2023 Scorecard Distribution

Cycle 3

- December 4, 2023 Encounter Submission Due Date
- January 2024 Scorecard Distribution

Cycle 4

- January 31, 2024 **FINAL** Encounter Submission Due Date
- April 2024 Scorecard Distribution

Scorecard Sample

Incentive Payments

- Quality Measures – Quarterly
- Patient Experience – Quarterly
- CPT II Codes – Quarterly
- Medication Measures – Biannual
- Well Child 30 months and Well Child and Adolescent - Biannual

Quality Pay-for-Performance Scorecard

Medicare Advantage STARS Quality Measure:

2023 Measure	Total Gaps	Gaps Closed	Incentive per Gap	Incentive Amount	Rate Closure	Year to Date Closure
Breast Cancer Screening						
Colorectal Cancer Screening						
Osteoporosis Management						
Controlling High Blood Pressure						
Diabetic Eye Exam						
Diabetic HbA1c Poor Control <9%						
Total						

CPT II Codes:

2022 Measure	Codes Submitted	Incentive Per Entry	Incentive Amount
Blood Pressure - Diastolic			
Blood Pressure - Systolic			
HbA1C			
Medication Reconciliation Post Discharge			
Total			

Patient Experience:

	Respondents	Score	Incentive Amount
Patient Assessment Survey			

Complete Results enclosed on Patient Experience Scorecard

Total Q1 Incentive Earned: \$

Q1 Incentive Opportunity Missed: \$

Care Gap Report Sample



MY2023 Pay-for-Performance Program

① Care Gap Report as of 6/15/2023

③

④

PCP	Patient	Health Plan	Health Plan ID	DOB	Measure	SubMeasure	Compliant
Doe, John	Zttest, Chester	BLUE SHIELD COMM	123456789	1/1/1900	COL-IHA P4P Colorectal Cancer Screening 2023	Ages 46-75 Colorectal cancer scrn	N
Doe, John	Zttest, Chester	BLUE SHIELD COMM	123456789	1/1/1900	CBP-IHA P4P Controlling Blood Pressure 2023	Blood pressure < 140/90	N
Doe, John	Zttest, Chester	BLUE SHIELD COMM	123456789	1/1/1900	COL-IHA P4P Colorectal Cancer Screening 2023	Ages 46-75 Colorectal cancer scrn	N
Doe, John	Zttest, Mary	BLUE SHIELD COMM	987654321	1/1/1900	BCS-IHA P4P Breast Cancer Screening 2023	BCS 50 to 74	N
Doe, John	Zttest, Jane	UHC COMM	1111111111	1/2/1900	BPD-IHA P4P Blood Pressure Control for Pts w Diabetes 2023	Blood Pressure < 140/90	N
Doe, John	Zttest, Jane	UHC COMM	1111111111	1/2/1900	CBP-IHA P4P Controlling Blood Pressure 2023	Blood pressure < 140/90	N
Doe, John	Zttest, Jane	UHC COMM	1111111111	1/2/1900	EED-IHA P4P Eye Exam for Pts w Diabetes 2023	Eye Exam	N
Doe, John	Zttest, Suzie	ANTHEM BLUE CROSS	1/3/1900	1/3/1900	HBD-IHA P4P HbA1C Control for Pts w Diabetes 2023	HbA1c < 9	N
Doe, John	Zttest, Suzie	ANTHEM BLUE CROSS	1/3/1900	1/3/1900	OMW-IHA P4P Osteoporosis Mgmt 2023	Osteoporosis Therapy	N

① Care Gap report date

② PCP Name

③ Indicates which quality measure needs closure

④ Indicates open gap

Summary: Medicare Advantage STARS Measures

2023 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 2022 – 2023
COL- Colorectal Cancer Screening	Age: 45 - 75	Most recent evidence of: <ul style="list-style-type: none"> FOBT- lab result during 2023 FIT-DNA test result between 2021 – 2023 Colonoscopy report between 2014 – 2023 Flexible sigmoidoscopy report between 2019 – 2023 CT colonography between 2019 – 2023
OMW- Osteoporosis Management	Female Age: 67 - 85	Within 6-months of a fracture evidence of: <ul style="list-style-type: none"> BMD (Bone Mineral Density) 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 2023: <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 2023
EED- Eye Exam for Patients with Diabetes	Age: 18 - 75	Evidence of: <ul style="list-style-type: none"> Retinal/dilated eye exam by an eye care professional during 2023 Negative retinal/dilated eye exam by an eye care professional between 2022 – 2023
HBD- HbA1c Poor Control < 9% for Patients with Diabetes	Age: 18 - 75	Evidence of during 2023: <ul style="list-style-type: none"> Most recent HbA1c test with a value less than 9.0
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 2023: 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.
SUPD- Statin Use in Persons with Diabetes	<ul style="list-style-type: none"> Age: 40–75 	During 2023: <ul style="list-style-type: none"> Dispensed at least two 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
Send documentation of events to Santé Quality Management: quality@santehealth.net or fax 833-728-0332		

Summary: Commercial HMO

2023 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 2022 – 2023
CCS- Cervical Cancer Screening	Female Age: 21 - 64	Age: 21 – 64: <ul style="list-style-type: none"> Cervical cytology between 2021 – 2023 Age: 30 – 64: <ul style="list-style-type: none"> Cervical high-risk human papillomavirus (hrHPV) testing between 2019– 2023
COL- Colorectal Cancer Screening	Age: 45 - 75	Most recent evidence of: <ul style="list-style-type: none"> FOBT- lab result during 2023 FIT-DNA test result between 2021 – 2023 Colonoscopy report between 2014 – 2023 Flexible sigmoidoscopy report between 2019 – 2023 CT colonography report between 2019 – 2023
CBP- Controlling High Blood Pressure	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2023: <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 2023
BPD- Blood Pressure Control for Patients with Diabetes	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2023: <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 2023
EED- Eye Exam for Patients with Diabetes	Age: 18 - 75	Evidence of Retinal Eye Exam: <ul style="list-style-type: none"> Retinal/dilated eye exam by an eye care professional during 2023 Negative retinal/dilated eye exam by an eye care professional between 2022 – 2023
HBD- HbA1c Poor Control < 9% for Patients with Diabetes	Age: 18 - 75	Evidence of during 2023: <ul style="list-style-type: none"> Most recent HbA1c result with a value less than 9.0
W30 – Well-Child visits in the first 30 months of life	Age: 0-30 months	Well-child visits with a PCP
WCV- Child and Adolescent Well-Care Visit	Age: 3 – 21	Members 3-21 years of age who had a comprehensive well-care visit with a PCP or an OB/GYN practitioner
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 2023: <ol style="list-style-type: none"> Received Statin Therapy. Patients who were dispensed at least one high-intensity or moderate-intensity statin medication. AND <ol style="list-style-type: none"> 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 not having atherosclerotic cardiovascular disease (ASCVD) 	During 2023: <ol style="list-style-type: none"> Received Statin Therapy. Patients who were dispensed at least one statin medication of any intensity during the measurement year. AND <ol style="list-style-type: none"> Statin Adherence 80%. Patients who remained on a statin medication of any intensity for at least 80% of the treatment period.
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 	<ul style="list-style-type: none"> Renin Angiotensin System (RAS) Antagonists Statin Medications Diabetes All-Class Medications
Send documentation of events to Santé Quality Management: quality@santehealth.net or fax 833-728-0332		

Summary: Pediatric Measures

2023 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	
	Rotavirus	2 or 3	
	HepA Hepatitis A	1	1 st – 2 nd birthday
	MMR Measles, Mumps, Rubella	1	
	VZV Varicella Zoster	1	
Combo 10	All vaccines above	24-25	Before 2 nd birthday
IMA- Immunizations for Adolescents	Meningococcal	1	11 th – 13 th birthday
	Tdap Tetanus, Diphtheria, Acellular Pertussis	1	10 th – 13 th birthday
	HPV	2 or 3	9 th – 13 th birthday
Combo 2	Meningococcal, Tdap and HPV	4-5	Before 13 th birthday
W30- Well-Child Visits in the First 30 Months of Life	Well-child visits with a PCP		Ages: 0 – 30 months
WCV- Child and Adolescent Well-Care Visits	Members 3-21 years of age who had a comprehensive well-care visit with a PCP or an OB/GYN practitioner	1	Ages: 3 – 21 years
Send documentation of events to Santé Quality Management: quality@santehealth.net or fax 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 will not be accepted and provider 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	Commercial HMO & Medicare Advantage 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
		Diabetes: E08, E09, E10, E11, or E13	Commercial HMO	
3075F	Most recent systolic blood pressure is 130-139 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16	Commercial HMO & Medicare Advantage 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
		Diabetes: E08, E09, E10, E11, or E13	Commercial HMO	
3077F	Most recent systolic blood pressure is greater than or equal to 140 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16	Commercial HMO & Medicare Advantage 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
		Diabetes: E08, E09, E10, E11, or E13	Commercial HMO	
3078F	Most recent diastolic blood pressure is less than 80 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16	Commercial HMO & Medicare Advantage 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
		Diabetes: E08, E09, E10, E11, or E13	Commercial HMO	
3079F	Most recent diastolic blood pressure is 80 – 89 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16	Commercial HMO & Medicare Advantage 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
		Diabetes: E08, E09, E10, E11, or E13	Commercial HMO	
3080F	Most recent diastolic blood pressure is greater than or equal to 90 mm Hg	Hypertension: I10, I11, I12, I13, I15, I16	Commercial HMO & Medicare Advantage 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
		Diabetes: E08, E09, E10, E11, or E13	Commercial HMO	
1111F	Discharge medications reconciliation	No specific diagnosis code required	Commercial HMO & Medicare Advantage HMO	<ul style="list-style-type: none"> Discharge medications are reconciled with the current medication list in outpatient medical record. Can be billed alone since a face-to-face visit is not required

MY2023 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 2022 – 2023.

Helpful Tips:

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

Blood Pressure Control for Patients With Diabetes (BPD)

Members 18–75 years of age with diabetes (type 1 or type 2) whose blood pressure was adequately controlled (<140/90 mm Hg) in 2023

Population:

- Commercial HMO

Exclusion:

- No diabetes diagnosis within 2022 - 2023

Measure Compliance:

BP Control <140/90:

- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2023. The patient is compliant if BP is less than 140/90.

Coding 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

MY2023 Clinical Measures

Colorectal Cancer Screening (COL)

Adults 45–75 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 2023.
- **FIT-DNA** test resulted within the last 3 years between 2021 - 2023.
- **Colonoscopy** within the last 10 years between 2014 - 2023.
- **Flexible sigmoidoscopy** within the last 5 years between 2019 - 2023.
- **CT colonography** within the last 5 years between 2019 - 2023.

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 2023.

Population:

- Commercial HMO
- Medicare Advantage HMO

Measure Compliance:

BP Control <140/90:

- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2023. The patient is compliant if BP is 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 the care gap.

MY2023 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 2021 - 2023.
- 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 2019 – 2023.

Helpful Tips:

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

Eye Exam for Patients With Diabetes (EED)

Members 18–75 years of age with diabetes (type 1 or type 2) who had a dilated/retinal Eye Exam in 2023.

Population:

- Commercial HMO
- Medicare Advantage HMO

Exclusion:

- No diabetes diagnosis within 2022 - 2023

Measure Compliance:

Diabetic Eye Exam:

- Retinal/dilated eye exam by an eye care professional in 2023.
- **Negative retinal/dilated** eye exam by eye care professional within the last 2 years, between 2022 – 2023.

Helpful Tips:

- Santé Care Center eye exam can be used to close Diabetic Eye Exam gap. This applies Brand New Day, Health Net Medicare Advantage, and United Medicare Advantage patients only.

MY2023 Clinical Measures

Hemoglobin A1c Control for Patients with Diabetes (HBD)

Members 18–75 years of age with diabetes (type 1 or type 2) who had the following:
HbA1c < 9% in 2023

Population:

- Commercial HMO
- Medicare Advantage HMO

Exclusion:

- No diabetes diagnosis within 2022 - 2023

Measure Compliance:

HbA1c Poor Control < 9%:

- HbA1c test during 2023 with a value less than 9.0

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%

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

MY2023 Clinical Measures

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.

Measure	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.

MY2023 Clinical Measures

Immunizations for Adolescents (IMA)

Adolescents who had one dose of meningococcal conjugate vaccine (MCV), one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and 2 or 3 doses of the human papillomavirus (HPV) vaccines 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.

Measure	Count	Age Range
Meningococcal	1	11 th – 13 th birthday
Tdap	1	10 th – 13 th birthday
HPV	2 or 3	9 th – 13 th birthday
Combo 2	4 or 5	By the 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

Child and Adolescent Well-Care Visits (WCV)

Members 3-21 years of age who had at least one (1) comprehensive well care visit with a PCP or an OB/GYN practitioner in 2023.

Population:

- Pediatric Commercial HMO
- Commercial HMO

Measure Compliance:

Completion of a well-care visit in 2023 with a PCP or an OB/GYN.

Helpful Tips:

- Visit must be billed on a claim.
- Example of CPT codes: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395

MY2023 Clinical Measures

Well-Child Visits in the First 30 Months of Life (W30)

Children who had well-child visits with a PCP during first 30 months of life.

Population:

- Pediatric Commercial HMO
- Commercial HMO

Measure Compliance:

1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year
2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year

Helpful Tips:

- Visit must be billed on a claim.
- Example of CPT codes: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461

Medication Measures

In addition to the incentivized measures identified for Measurement Year 2023 there are also several medication measures that will need to be addressed to ensure your patient is receiving quality care. Santé will distribute medication adherence and member lists biannually to 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 2023: 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 not having atherosclerotic cardiovascular disease (ASCVD) 	During 2023: 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 2023: Dispensed at least two 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

Medication measures are closed with pharmacy claims data ONLY. For these measures, no chart submission is required.

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/>