



CPMG/RCHN Quality Program 2023

What is the CPMG/RCHN Quality Program?

- Medical quality measures are a tool used to assess to what degree providers, practices, groups and systems provide consistent care based on best practices in targeted high priority areas when standard evidence-based guidelines exist. Many quality measures are publicly reported.
- There are a number of agencies which develop such measures. The CPMG program uses measures from the Integrated Healthcare Association (IHA) **Align. Measure. Perform. (AMP) program**, formally known as P4P, and the National Committee for Quality Assurance (NCQA) **Healthcare Effectiveness Data and Information Set (HEDIS)**. Both IHA and NCQA are private, non-profit non-governmental organizations.
- In addition, we may be adding internal metrics developed by a joint task force made up of members of CPMG's Quality of Care and Physician Advisory Committees.



Quality Measures for 2023

Appropriate Testing for Pharyngitis (CWP)

Measure Description

Patients 3 years and older who are diagnosed with pharyngitis and prescribed an antibiotic for that diagnosis, MUST be tested for group A streptococcus (strep).

Coding

Group A Strep Test	CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
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Supplemental Data Proof-of-Service Documentation:

- EMR/chart note if rapid strep was performed during visit
- Result of Strep Test

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) Measure Description

- Patients 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that **did not** result in an antibiotic dispensing event on or three days after the diagnosis.
- A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., antibiotic was not dispensed)

**Supplemental data may not be used for this measure.*

Asthma Medication Ratio (AMR)

Measure Description

Patients 5 years of age and older who are identified as having persistent asthma by having met at least one of the following criteria during both the measurement year and the year prior to the measurement year.

- At least one ED visit with asthma as the principal diagnosis
- At least one acute inpatient discharge with asthma as the principal diagnosis
- At least four outpatient asthma visits on different dates of services with asthma as one of the listed diagnoses and at least two asthma medication dispensing events
- At least four asthma medication dispensing events

Asthma Medication Ratio (AMR) continued

The percentage of patients who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater.

Units of Controller

Units of Controller + Units of Reliever

Patients with a ratio of 0.50 or greater experience significantly fewer asthma exacerbations, defined as either ER visits, with asthma listed as the primary diagnosis or an oral corticosteroid dispensing event determined from medical and pharmacy claims. The intent is that patients have both controllers and relievers in their regimens, instead of relievers alone.

*No coding or proof documents required

Childhood Immunization Status (CIS) Measure Description

Children should receive all of the following vaccines on/or before their 2nd birthday:

- Four diphtheria, tetanus and acellular pertussis (DTaP).
- Three polio (IPV).
- One measles, mumps, rubella (MMR).
- Three haemophilus influenza type B (HiB).
- Three hepatitis B (HepB).
- One chicken pox (VZV).
- Four pneumococcal conjugate (PCV).
- One hepatitis A (HepA).
- Two or three rotavirus (RV).
- Two influenza (flu) vaccinations

Coding for Childhood Immunization Status (CIS)

Vaccine	Codes
DTaP	CPT: 90697, 90698, 90700, 90723
IPV	CPT: 90697, 90698, 90713, 90723
MMR	CPT: 90707, 90710
HiB	CPT: 90644, 90647, 90648, 90697, 90698, 90748
HepB	CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010
Newborn HepB	One of the 3 vaccinations may be a newborn HepB ICD9PCS: 99.55; ICD10PCS: 3E0234Z
HepA	CPT: 90633
VZV	CPT: 90710, 90716
PCV	CPT: 90670 HCPCS: G0009
RV	CPT: 90681 (2 Dose Schedule) CPT: 90680 (3 Dose Schedule)
Influenza	CPT: 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 HCPCS: G0008 LAIV Vaccine* CPT: 90660, 90672

* LAIV vaccination is not clinically indicated for children under 2 years of age - must be administered on the child's 2nd birthday

Supplemental Data Proof-of-Service Documentation:

- Copy of immunization yellow card
- EMR or Immunization Registry printout
- Chart note indicating vaccine was administered with date
- Newborn Hospital Discharge Report indicating 1st dose administered at birth

Required Exclusions for Childhood Immunization Status (CIS)

Patients who had any of the following on or before their second birthday are excluded from the measure:

Exclusion	ICD10 Codes
Severe combined immunodeficiency	D81.0, D81.1, D81.2, D81.9
Immunodeficiency	D80.0-D80.9, D81.0-D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0-D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1 D84.8, D84.81, D84.821, D84.822, D84.89, D84.9 D89.3, D89.810-D89.813, D89.82, D89.831-D89.835, D89.839, D89.89, D89.9
HIV	B20, Z21 B97.35 [HIV 2]
Lymphoreticular cancer, multiple myeloma or leukemia	C81.00-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.69, C82.80-C82.99, C83.00-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.99, C84.00-C84.19, C84.40-C84.49, C84.61-C84.79...
Intussusception	K56.1

Chlamydia Screening in Women (CHL)

Measure Description

Women 16-24 years of age who were identified as potentially sexually active and who had at least one test for chlamydia during the measurement year.

Two methods identify potentially sexually active women:

1. Claim data – CPT & diagnosis code and or/
2. Pharmacy data – dispensed prescription contraceptives

Chlamydia Screening

Women are identified as potentially sexually active if one of the following occur:

- Receive a birth control prescription (if not on Accutane) or
- Undergo STD screening or diagnosis, pregnancy screening (not associated with a radiologic procedure) or
- Are diagnosed with pregnancy or a UTI

Coding for Chlamydia Screening

Coding:

Chlamydia Tests	CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810
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Supplemental Data Proof-of-Service Documentation:

Evidence of chlamydia screening performed during the calendar year

Exclusions:

Members that were identified as sexually active based on pregnancy test alone and who meet either of the following criteria:

- A pregnancy test and a prescription for isotretinoin (e.g., Accutane) on the date of pregnancy test or 6 days after the pregnancy test.
- A pregnancy test and an x-ray on the date of the pregnancy test or 6 days after the pregnancy test.

Immunizations for Adolescents (IMA)

Measure Description

Adolescents should receive the following vaccines **on/before their 13th birthday**:

- One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the 10th and 13th birthday
- One dose of meningococcal serogroups A, C, W, Y vaccine on or between the 11th and 13th birthdays
- Full series of Human Papillomavirus (HPV) on or between the 9th and 13th birthday. The full dose is based on 2 doses if 146 day gap between 1st and 2nd dose. If less than 146 days, 3 doses required.

Coding for Immunizations for Adolescents (IMA)

Vaccine	Code
Meningococcal	CPT: 90619, 90733, 90734
Tdap	CPT: 90715
HPV	CPT: 90649, 90650, 90651

Supplemental Data Proof-of-Service Documentation:

- Copy of immunization yellow card
- EMR or Immunization Registry printout
- Chart note indicating vaccine was administered with date

ADHD Medication Initiation and Continuation and Maintenance (ADD) Measure Description

Initiation Phase

Patients ages 6 to 12 who are newly prescribed an ADHD medication should have one follow-up visit within 30 days from when the first ADHD medication was dispensed.

Note: Telehealth and telephone visits may qualify as a follow-up visit (refer to Telehealth slide)

Continuation and Maintenance Phase

Patients ages 6 to 12 who are newly prescribed ADHD medication and who remain on the medication for at least 210 days, should have, in addition to the visit in the first 30 days, at least 2 additional visits within the subsequent 9 months.

Note: e-visits and virtual check-ins may qualify as a follow-up visit. Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in (refer to Telehealth slide)

Supplemental Data Proof-of-Service Documentation:

- EMR print out indicating date of office visit, CPT Code for visit and/or ICD10 code for visit
- Copy of claim billed to other medical group/health plan

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

Measure Description and Coding

During the calendar year, members should have the following number of well-child visits with a PCP:

- Children 15 months old, should have six or more well-child visits
- Children 15 - 30 months old, should have two or more well-child visits

Coding:

CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
HCPCS	G0438, G0439, S0302, S0610, S0612, S0613

Note: May use telehealth services to help complete the well-child visit (refer to Telehealth slide)

Supplemental Data Proof-of-Service Documentation:

Supplemental data (EMR print out/chart) can be used as evidence. Services and documentation must match the description of codes above.

Child and Adolescent Well-Care Visits (WCV)

Measure Description and Coding

Members 3 -21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the calendar year.

Coding:

CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
HCPCS	G0438, G0439, S0302, S0610, S0612, S0613

Note: May use telehealth services to help complete the well-child visit (refer to Telehealth slide)

Supplemental Data Proof-of-Service Documentation:

Supplemental data (EMR print out/chart) can be used as evidence. Services and documentation must match the description of codes above.

Lead Screening in Children (LSC)

Patients who had at least one lead capillary or venous blood test on or before their second birthday.

Coding:

Lead Tests	CPT: 83655
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Supplemental Data Proof-of-Service Documentation must include both of the following:

- A note indicating the date the test was performed.
- The result or finding.

Telehealth

- Synchronous telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services with a telehealth modifier and/or a telehealth POS code. Appropriate CPT or HCPCS code will meet criteria (regardless of whether a telehealth modifier or POS code is present).
- Asynchronous telehealth, also referred to as an e-visit or virtual check-in, is not “real-time” but still requires two-way interaction between the member and provider. For example, asynchronous telehealth can occur using a patient portal, secure text messaging or email. A measure will indicate when asynchronous telehealth visits are eligible for use by referencing the Online Assessments. If eligible, use the appropriate Online Assessment code in table below
- A measure will indicate when telephone visits are eligible. If eligible, use appropriate Telephone Visit code in table below

Telehealth Types	Coding Guidance
Telehealth Modifier	GT: Via interactive audio and video telecommunication systems 95: Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
Telehealth POS	POS: 02, 10
Online Assessment (e-visits or virtual check-ins)	CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252
Telephone Visit	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Telehealth

Measure	Telehealth Type
Follow-Up Care for Children Prescribed ADHD Medication	Initiation Phase – Synchronous telehealth, telephone visit C &M Phase – Synchronous telehealth, telephone visit, online assessment. Only one of the two visits may be an online assessment
Well-child and Adolescent Well-care Visits	Synchronous telehealth

Note: Not all elements of a visit can be captured via telehealth. Some services require the patient to be in person.



Additional Quality Metrics

Appropriate Resource Use

The following key performance areas are assessed:

- Generic Prescribing
- Inpatient Utilization— General Hospital/Acute Care
- Outpatient Procedure Utilization—Percentage Done in Preferred Facility
- All-Cause Readmissions
- Emergency Department Utilization
- Acute Hospital Utilization
- Hospital Average Length of Stay
- Total Cost of Care

Patient Experience

The following key performance areas are assessed:

- Provider Communication
- Access to Care
- Care Coordination
- Helpful and Respectful Office Staff
- Child's Growth and Development
- Child's Safety and Health
- Overall Rating of Doctor
- Overall Rating of Healthcare

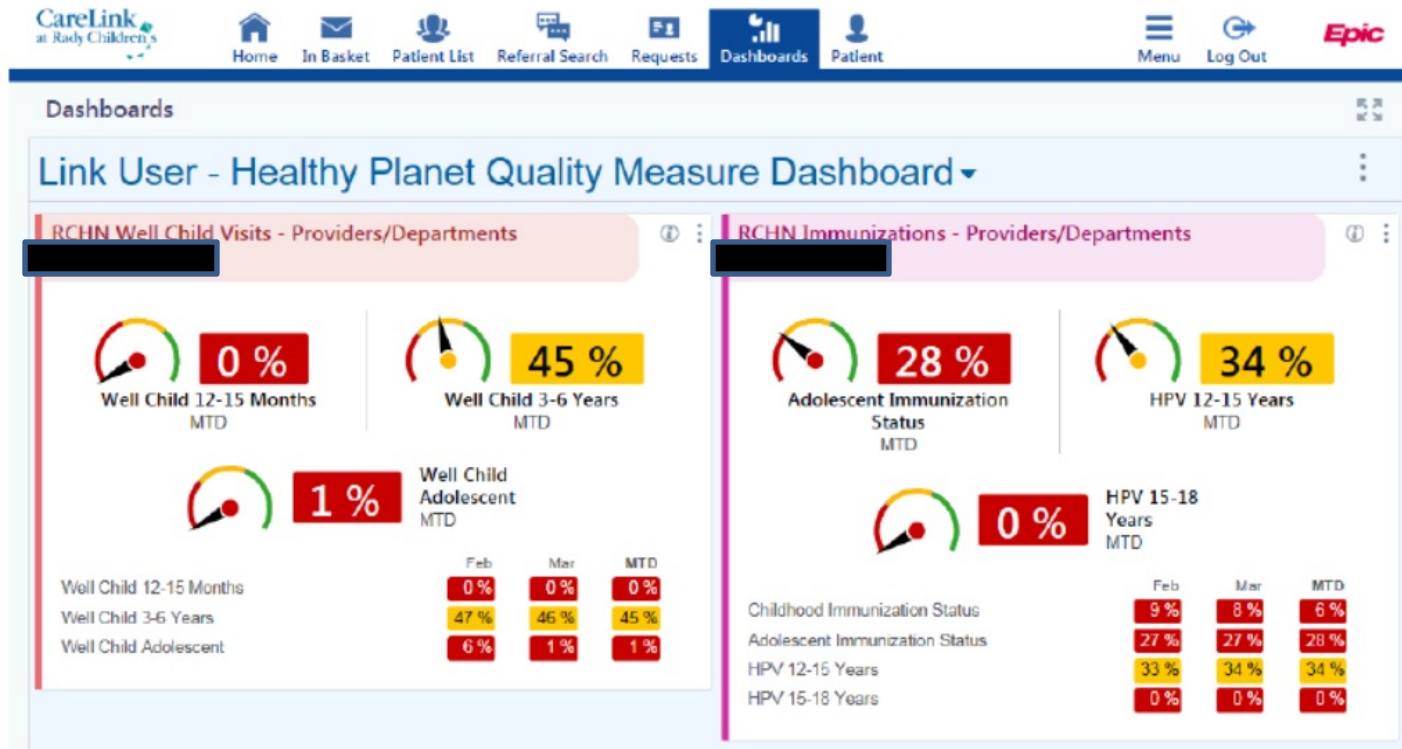


Closing Gaps in Care

How to identify and close care gaps

- The Healthy Planet (HP) Dashboard and Care Gap Report provide you with an opportunity to call and schedule appointments for the patients to meet the measures when the services have not yet been rendered or accounted for through the quality reporting.
- Patients who are identified as having a specific gap in care, are listed within the measure report list and will require services and/or supplemental data.
- A full description of the measurement criteria can be viewed by hovering on the title of the measure.
- Patients who have already missed the measure and cannot be reconciled, may still require appropriate clinical care.
- Acceptable sources of supplemental data include: copy of yellow immunization card, EMR immunization list, lab results, pharmacy data, chart/medical record.
- All supplemental data should be securely emailed to My Le Hillard at mhillard@rchsd.org, or faxed to (858) 309-6279. **Supplemental data must be submitted by 1/15/2024 to be considered for Measurement Year 2023.** The information received will be reflected on your care gap reports and Healthy Planet Dashboards.

Healthy Planet Dashboard



Children's Physicians Medical Group
 Healthy kids. Happy parents.

Healthy Planet Dashboard

CareLink at Rady Children's

Home In Basket Patient List Referral Search Requests Dashboards Patient Menu Log Out Epic

Dashboards

Link User - Healthy Planet Quality Measure Dashboard

RCHN Well Child Visits - Providers/Departments

Well Child 12-15 Months

Well Child 3-6 Years

This metric shows the percentage of patients 12 to 15 months who have had at least 6 Well Child visits. To-date values were last processed on: 4/29/2020. [View Graph](#)
[Well Child 12-15 Months \(Provider\) - Missing A Visit](#)
[Well Child 12-15 Months \(Provider\) - Visit Complete](#)

	Feb	Mar	MTD
Well Child 12-15 Months	0%	0%	0%
Well Child 3-6 Years	47%	46%	45%
Well Child Adolescent	6%	1%	1%

RCHN Immunizations - Providers/Departments

Adolescent Immunization Status MTD

HPV 12-15 Years MTD

HPV 15-18 Years MTD

	Feb	Mar	MTD
Childhood Immunization Status	9%	8%	6%
Adolescent Immunization Status	27%	27%	28%
HPV 12-15 Years	33%	34%	34%
HPV 15-18 Years	0%	0%	0%

Hover over a metric and select the i icon. Select a blue hyperlink to run a patient list

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 Healthy kids. Happy parents.

Performance Reporting

- Report Card/Practice Profile
- Care Gap Reports

2022 PCP QUALITY DASHBOARD

PRACTICE NAME:
REPORTING PERIOD:
DATA AS OF:

	Quality Measures	2022 GOAL	Numerator*	Denominator*	Current %	Status	Q1 Rate	Q2 Rate	Q4 Rate					
CLINICAL EXCELLENCE	Asthma Medication Ratio (AMR)	83.82%				✓								
	Avoidance of Antibiotic Treatment for Bronchitis/Bronchiolitis (Overall) (AAB)	65.53%				✓								
	Childhood Immunization (CIS)	65.24%												
	Chlamydia Screening (CHL)	58.17%												
	Immunizations for Adolescents - Combo 2 (IMA) (includes HPV male and female)	41.96%												
	Well-Child Visits in the First 15 Months (W30)	73.25%												
	Well-Child Visits for Age 15 Months-30 Months (W30)	84.53%												
	Child and Adolescent Well-Care Visits - Total (WCV)	57.16%												
	Weight Assessment and Counseling for Children/Adolescents - Body Mass Index (WCC-BMI)	80.78%												
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (WCC N)	74.81%												
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (WCC PA)	71.07%												
Appropriate Resource Use		Goal	Current Rate		Status	NOTES: <u>Status:</u> ✓ Indicates you have met the CPMG goal of >75th percentile CPMG 2022 Events: CME Events Office Manager Meetings Operational Trainings Town Halls Other * See attached document for member details								
ER Visits/1,000 (Commercial)		≤ 200												
ER Visits/1,000 (Medi-Cal)		≤ 300												
SERVICE & INNOVATION	Operational Measures		Goal	Current Rate		Status								
	Electronic Authorization Submission (EZ-Net Use)		≥ 95%											
	Encounters Per Member Per Year (PMPY) - Commercial		≥ 2.0											
Encounters Per Member Per Year (PMPY) - Medi-Cal		≥ 2.0												
ACCOUNTABILITY	Operational Measures		Goal	Current Rate						Status				
	Participation in CPMG Events		≥ 2 events											
	Access & Availability - Appointment Availability		Meet Standards											
Access & Availability - After Hours		Meet Standards												