March 2024 Provider Newsletter

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ARSMT-CD-051150-24

To view this publication online:

Visit https://providernews.summitcommunitycare.com/publications/march-2024-provider-newsletter-2808

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Education and Training | Medicaid | Mar 1, 2024

Congenital syphilis intervention opportunities for neonatal and pediatric providers

Problem: Incidence of Congenital Syphilis (CS) is increasing exponentially nationwide:

- In 2021, a total of 2,677 cases were reported rising to a rate of 74.1 per 100,000 live births.
- From 2012-2021, the number of cases increased 701.5% from 334 to 2,677 cases.

Refer to attachment to view full details

ARSMT-CD-041197-23-CPN40661

ATTACHMENTS (available on web): Congenital syphilis intervention opportunities for neonatal and pediatric providers (pdf - 0.15mb)

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/congenital-syphilis-intervention-opportunities-for-neonatal

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Education and Training | Medicaid | Mar 1, 2024

Resources to support your diverse patient panel

Patient panels are increasingly diverse, and needs are becoming more complex. It is important for providers to have the knowledge, resources, and tools to offer culturally competent and linguistically appropriate care. Summit Community Care wants to help, as we all work together to achieve health equity.

Cultural competency resources

Here is an overview of the cultural competency resources available on our provider website:

- *Cultural Competency and Patient Engagement*:
    - **A training resource to increase cultural and disability competency to help effectively support the health and health care needs of your diverse patients.**
- *Caring for Diverse Populations Toolkit*:
    - **A comprehensive resource to help providers and office staff increase effective communication by enhancing knowledge of the values, beliefs, and needs of diverse patients.**
- ***My Diverse Patients***:
    - Offers resources, information, and techniques to help provide the individualized care every patient deserves regardless of their diverse backgrounds. The site also includes learning experiences on topics related to cultural competency and disparities that offer free continuing medical education (CME) credit.
    - Free accessibility from any device (desktop computer, laptop, phone, or tablet), no account or log in required:

To access these resources, go to **provider.summitcommunitycare.com/arkansas-provider/home** > Resources > Provider Education > Training Academy > Improving the Patient Experience.

In addition, providers can access **Stronger Together**, which offers free resources to support the diverse health needs of all people where they live, learn, work and play. These resources were created by our parent company in collaboration with national organizations and are available for you to share with your patients and communities:

Prevalent non-English languages (based on population data)

Like you, Summit Community Care wants to effectively serve the needs of diverse patients. It's important for us all to be aware of the cultural and linguistic needs of our communities, so we are sharing recent data about the top fifteen non-English languages spoken by 5 percent or 1,000 individuals in Arkansas. (Source: American Community Survey, 2023 American Community Survey 1-Year Estimates, Table B16001, generated July 2023.)

Prevalent non-English languages in Arkansas by 5% or 1000 individuals	
Spanish	German
Chinese (incl. Mandarin, Cantonese)	Hindi
Telugu	Greek
Yiddish, Pennsylvania Dutch, or other West Germanic languages	Korean

Hmong	Vietnamese
Thai, Lao, or other Tai-Kadai languages	Tagalog (incl. Filipino)
French (incl. Cajun)	Arabic
Ilocano, Samoan, Hawaiian, or other Austronesian languages	

Language support services

As a reminder, Summit Community Care provides language assistance services for our members with limited English proficiency (LEP) or hearing, speech, or visual impairments. Please see the Provider Manual for details on the available resources and how to access them. In addition, the cultural competency resources shared above provide guidance on communicating and serving diverse populations effectively.

ARSMT-CD-048870-23-CPN48051

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/resources-to-support-your-diverse-patient-panel-18154

Or scan this QR code with your phone

Policy Updates | Medicaid | Feb 19, 2024

Notice of Material Amendment to Healthcare Contract

MCG Care Guidelines 27th edition update

Effective June 1, 2024, Summit Community Care will transition from *CG-BEH-02* (Adaptive Behavioral Treatment) and *MCG W0153* (Behavioral Health Care (BHG) Applied Behavioral Analysis), to *MCG B 806-T* (Behavioral Health Care (BHG) Applied Behavioral Analysis (Original MCG Guideline), for medical necessity and clinical appropriateness reviews.

If you have questions, contact Provider Services at **844-462-0022**.

ARSMT-CD-046946-23-CPN46739

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/mcg-care-guidelines-27th-edition-update-18269

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Medical Policy & Clinical Guidelines | Medicaid | Feb 19, 2024

Notice of Material Amendment to Healthcare Contract

Medical Policies and *Clinical Utilization Management Guidelines* update

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines*, and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

Please share this notice with other providers in your practice and office staff.

To view a guideline, visit **provider.summitcommunitycare.com/arkansas-provider/medical-policies-and-clinical-guidelines**.

Notes/updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive:

- ANC.00009 - Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities; previously titled: Cosmetic and Reconstructive Services of the Trunk and Groin:
  - Revised title to include “Extremities"
  - Revised Position Statement regarding lipectomy or liposuction for lymphedema and lipedema
- DME.00011 - Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
  - Reformatted bullet points to letters
  - Added lines to Investigational & Not Medically Necessary statement on electrical stimulation wound treatment device, electromagnetic wound treatment devices and pulsed electromagnetic field stimulation

- LAB.00011 - Selected Protein Biomarker Algorithmic Assays:
  - Reformatted bullet points to letters
  - Added IMMray® PanCan-d test to the Investigational & Not Medically Necessary statement
- LAB.00028 - Blood-based Biomarker Tests for Multiple Sclerosis, Previously titled: Serum Biomarker Tests for Multiple Sclerosis:
  - Revised title
  - Expanded scope of document from serum to blood-based biomarker testing for multiple sclerosis (MS)
  - Revised Position Statement to indicate blood-based biomarker tests for multiple sclerosis are considered Investigational & Not Medically Necessary for all uses
- MED.00140 - Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease; Previously Titled: Gene Therapy for Beta Thalassemia:
  - Revised title
  - Added Investigational & Not Medically Necessary statement on lovotibeglogene autotemcel
- MED.00144 - Gene Therapy for Duchenne Muscular Dystrophy:
  - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for the infusion of Delandistrogene moxeparvovec-rokl (ELEVIDYS)
- MED.00147 - Cellular Therapy Products for Allogeneic Stem Cell Transplantation:
  - Outlines the Medically Necessary and Investigational & Not Medically Necessary criteria for the use of ex-vivo expansion of cord blood stem cell products
- SURG.00129 - Percutaneous Vertebral Disc and Vertebral Endplate Procedures:
  - Removed the criteria examples for failed CPAP treatment
  - Added definition for failed CPAP treatment
- SURG.00144 - Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia; Previously titled: Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia:

    - Revised title
    - Added Investigational & Not Medically Necessary statement for sphenopalatine ganglion nerve blocks
- TRANS.00041 - Histological Analysis using Microarray Gene Expression Profiling for Kidney Allograft Injury or Rejection:
    - Histological analysis using microarray gene expression profiling is considered Investigational & Not Medically Necessary for detection of allograft injury or rejection in kidney transplant recipients
- CG-MED-39 - Bone Mineral Density Testing Measurement:
    - Added phrase “using Dual-X-Ray Absorptiometry” to bullets I and III of Medically Necessary criteria and to bullets I and IV of Not Medically Necessary criteria
    - Added Not Medically Necessary position statement for bone strength and fracture risk assessment using imaging scans other than DXA
- CG-MED-95 - Transanal Irrigation:
    - Outlines the Medically Necessary and Not Medically Necessary criteria for transanal irrigation
- CG-OR-PR-05 - Myoelectric Upper Extremity Prosthetic Devices:
    - Revised formatting of Medically Necessary section
    - Added Repair and Replacement criteria to Clinical Indications section
    - Added new Not Medically Necessary statement regarding enhanced dexterity prosthetic arm myoelectric upper extremity prosthetic devices
    - Added new Medically Necessary and Not Medically Necessary criteria for device repair and replacement.
- CG-SURG-61 - Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver; Previously titled: Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside the Liver:
    - Revised title
    - Added microwave ablation to the Clinical Indications

- Added cryoablation and microwave ablation to the Medically Necessary indications for NSCLC and malignant tumors that have metastasized to the lung
- Added Not Medically Necessary statements regarding focal cryoablation of the prostate and microwave ablation for all other indications
- Revised Medically Necessary indication for cryoablation of the prostate to whole gland cryoablation of the prostate
- Reordered clinical indications to be based on clinical condition rather than ablative technique

Medical Policies

On August 10, 2023, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Summit Community Care. These medical policies take effect May 23, 2024.

Publish date	***Medical Policy* number**	***Medical Policy* title**	**New or revised**
9/27/2023	*ANC.00009	Cosmetic and Reconstructive Services of the Trunk, Groin, and Extremities **Previously titled**: Cosmetic and Reconstructive Services of the Trunk and Groin	Revised
9/27/2023	*DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	Revised
9/27/2023	*LAB.00011	Selected Protein Biomarker Algorithmic Assays	Revised

Publish date	*Medical Policy* number	*Medical Policy* title	New or revised
9/27/2023	*LAB.00028	Blood-based Biomarker Tests for Multiple Sclerosis **Previously titled**: Serum Biomarker Tests for Multiple Sclerosis	Revised
9/27/2023	*MED.00140	Lentiviral Gene Therapy for Beta Thalassemia and Sickle Cell Disease **Previously Titled**: Gene Therapy for Beta Thalassemia	Revised
9/27/2023	*MED.00144	Gene Therapy for Duchenne Muscular Dystrophy	New
9/27/2023	*MED.00147	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	New
9/27/2023	SURG.00052	Percutaneous Vertebral Disc and Vertebral Endplate Procedures	Revised
9/27/2023	*SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Revised
9/27/2023	*SURG.00144	Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of	Revised

Publish date	***Medical Policy* number**	***Medical Policy* title**	**New or revised**
		Headache and Neuralgia **Previously titled**: Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia	
9/27/2023	TRANS.00039	Portable Normothermic Organ Perfusion Systems	Revised
9/27/2023	*TRANS.00041	Histological Analysis using Microarray Gene Expression Profiling for Kidney Allograft Injury or Rejection	New

Clinical UM Guidelines

On August 10, 2023, the MPTAC approved the following *Clinical UM Guidelines* applicable to Summit Community Care. These guidelines were adopted by the medical operations committee for Medicaid members on September 28, 2023. These guidelines take effect May 23, 2024.

Publish Date	***Clinical UM Guideline* Number**	***Clinical UM Guideline* Title**	**New or Revised**
9/27/2023	*CG-MED-39	Bone Mineral Density Testing Measurement	Revised
9/27/2023	CG-MED-83	Site of Care: Specialty Pharmaceuticals	Revised

Publish Date	***Clinical UM Guideline* Number**	***Clinical UM Guideline* Title**	**New or Revised**
9/27/2023	*CG-MED-95	Transanal Irrigation	New
9/27/2023	*CG-OR-PR-05	Myoelectric Upper Extremity Prosthetic Devices	Revised
9/27/2023	CG-OR-PR-08	Microprocessor Controlled Lower Limb Prosthesis	Conversion New
9/27/2023	CG-OR-PR-09	Microprocessor Controlled Knee-Ankle-Foot Orthosis	Conversion New
9/27/2023	CG-SURG-01	Colonoscopy	Revised
9/27/2023	*CG-SURG-61	Cryosurgical, Radiofrequency, Microwave or Laser Ablation to Treat Solid Tumors Outside the Liver **Previously titled**: Cryosurgical, Radiofrequency or Laser Ablation to Treat Solid Tumors Outside theLiver	Revised
9/27/2023	CG-SURG-79	Implantable Infusion Pumps	Revised

Publish Date	*Clinical UM Guideline* Number	*Clinical UM Guideline* Title	New or Revised
9/27/2023	CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Revised

ARSMT-CD-050026-24-CPN49679

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/medical-policies-and-clinical-utilization-management-guideli-101

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Prior Authorization | Medicaid | Feb 20, 2024

Notice of Material Amendment to Healthcare Contract

Prior authorization requirement changes effective June 1, 2024

Effective **June 1, 2024,** prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Summit Community Care for Medicaid members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines (including definitions and specific contract provisions/exclusions), take precedence over these PA rules and must be considered first when determining coverage.

Non-compliance with new requirements may result in denied claims.

Prior authorization requirements will be added for the following code(s):

Code	Description
64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion

To request PA, you may use one of the following methods:

- **Web:** Once logged in to Availity Essentials at **Availity.com**.
- **Fax:**
  - Non-behavioral health **800-964-3627**
  - Behavioral health **877-434-7578**
- **Phone: 844-462-0022**

Not all PA requirements are listed here. Detailed PA requirements are available to providers on **provider.summitcommunitycare.com** on the *Resources* tab or for contracted providers by

accessing **Availity.com**. Providers may also call Provider Services at **844-462-0022** for assistance with PA requirements.

UM AROW A2023M0966

ARSMT-CD-049841-24-CPN49513

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/prior-authorization-requirement-changes-effective-june-1-202

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Pharmacy | Medicaid | Feb 21, 2024

Prior authorization updates for medications billed under the medical benefit

Effective June 1, 2024, the following medication codes will require prior authorization.

Please note, inclusion of a National Drug Code (NDC) on your medical claim is necessary for claims processing.

Visit the ***Clinical Criteria* website** to search for the specific *Clinical Criteria* listed below.

Clinical Criteria	HCPCS or CPT® code(s)	Drug name
CC-0062	J3490, J3590	Yuflyma (adalimumab-aaty)

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local provider relationship management representative or call Provider Services at **844-462-0022**.

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

ARSMT-CD-047940-23-CPN47437

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/prior-authorization-updates-for-medications-billed-under-the-17

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Encourage Cervical Cancer Screening (CCS)

Cervical cancer is one of the most preventable and successfully treatable forms of cancer if it is detected and diagnosed early. Although Cervical Cancer Screening (CCS) has dramatically reduced new cases and deaths from the disease over the past 50 years, a National Cancer Institute study found that the percentage of people who are overdue for screening has increased from 14% in 2005 to 23% in 2019.[1]

What can I do?

One of the most important things you can do is to recommend a routine CCS for your patients, per preventive care guidelines published by the U.S. Preventive Services Task Force and the National Institutes of Health: every three years for people 21 to 64 years with a cervical cytology (Pap test) and every five years for people 30 to 64 years of age with a cervical high-risk human papillomavirus (hrHPV) test or hrHPV and Pap co-testing. People who have been vaccinated against HPV should still be screened for cervical cancer.

How can I encourage my patients to get a CCS?

When encouraging your patients to get their cervical cancer screening, be compassionate and use culturally appropriate messaging. Regardless of a person's background, many people might be sensitive or embarrassed to discuss or have the screening. High levels of modesty among some people might create barriers in their interactions, especially when there is a lack of cultural congruence. As a result, encouraging your patients to be screened for cervical cancer may be part of a continued conversation conducted with your patients in their preferred language and in simple terms until they feel more comfortable and understand the benefits of completing the screening.

It is important to start these conversations early in the year so the appropriate screenings can be completed in a timely manner before the end of the calendar year.

In addition, it is becoming increasingly important to identify the population served by race, ethnicity, preferred language, and socioeconomic status (SES) to help measure and address health disparities.

How can I report data for HEDIS?

NCQA strongly encourages the electronic collection of CCS HEDIS® data. Data sources for HEDIS Electronic Clinical Data System (ECDS) may come from the electronic health record (EHR)/personal health record (PHR) and administrative data from claims. ECDS reporting can reduce the measurement and data exchange burden on your practices and can be more efficient and more sensitive.

Cervical cancer screening HEDIS data may also be collected through medical record review. As you review and screen your patients based on the guidance and their personal risk factors, be sure to clearly document the screening in your patient's medical chart and in submitted claims. Additionally, be sure to clearly document any applicable exclusions such as an absence of a cervix, a hysterectomy, or assignment of male at birth.

Through our efforts, we can help our care provider partners deliver high quality, equitable healthcare. Contact your provider relationship management representative for additional details and questions.

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[1] Winstead, Edward. "Why are many Women Overdue for Cervical Cancer Screening?" **https://www.cancer.gov/news-events/cancer-currents-blog/2022/overdue-cervical-cancer-screening-increasing**. Published 2/22/2022. Accessed 12/21/2023.

ARSMT-CD-048595-23-CPN48423

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/encourage-cervical-cancer-screening-18056

Or scan this QR code with your phone

HEDIS Breast Cancer Screening (BCS) update

Background

The U.S. Preventive Services Task Force (USPSTF) has joined other medical organizations in recommending that members of average risk for breast cancer begin routine screening at 40 years of age. Breast cancer screening in the form of screening mammography is recommended by the USTPSTF every other year beginning at age 40 and continuing until the age of 74.

Research has shown that more members are being diagnosed with breast cancer in their 40s.[1] Members who are diagnosed with early-stage breast cancer may be cured with fewer and/or less intense treatment and surgeries.

African American/Black members and members of Ashkenazi Jewish ancestry are at higher risk and are more likely to be diagnosed in their 40s with more aggressive breast cancer as referenced by the Breast Cancer Research Foundation (BCRF) and the American College of Radiology. However, there is a risk of more false positives among younger members who might have more dense breast tissue, making it harder to distinguish between normal and suspicious breast tissue on a screening mammogram.[2]

One option for members with dense breasts and others with a higher-than-normal risk for breast cancer is 3D mammography. Studies have found that 3D mammography reduces the chances of needing to return for more images when compared to a standard 2D mammogram. It also appears to find more breast cancers, and several studies have shown it can be helpful in members with more dense breasts.

How will NCQA collect data for HEDIS?

NCQA requires Breast Cancer Screening (BCS) HEDIS® data to be collected electronically. Data sources for HEDIS Electronic Clinical Data System (ECDS) may come from the electronic health record (EHR)/personal health record (PHR) and administrative data from claims. ECDS

reporting can reduce the measurement rate and data exchange burden on your practices and may be more efficient and sensitive. Contact your provider relationship management representative for more information and assistance with establishing this connection.

As you review and screen your patients based on the guidance and their personal risk factors, be sure to clearly document the screening in your patient's medical chart and in submitted claims, as well as clearly document any applicable exclusions such as bilateral or unilateral mastectomy or care-prohibitive conditions like living in a long-term care institution or advanced illnesses.

In addition, it is becoming increasingly important to identify the population served by race, ethnicity, preferred language, and socioeconomic status to help measure and address health disparities. **MyDiversePatients.com** and **communityresources.elevancehealth.com** are free resources that might help you with your diverse patient population.

Impact to patients

Unequal access to and utilization of screening mammography often leads to delays in the detection, diagnosis, and treatment, thus amplifying disparities in patient outcomes.[3] Therefore, it is important to meet your patients where they are when discussing screening options; addressing barriers to care including beliefs, concerns, and issues of access and availability; and scheduling timely appointments and follow-ups.

Questions?

We're committed to active involvement with our care provider partners and going beyond the contract to create a real impact on the health of our communities. Contact your provider relationship management representative for additional details and questions.

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[1] "What to Know about New Breast Cancer Screening Recommendations." *Breast Cancer Research Foundation (BCRF).* **https://www.bcrf.org/blog/uspstf-new-breast-cancer-screening-guidelines-2023?utm_source=google&utm_medium=cpc&gclid=EAIaIQobChMIo_qw8dPxgwMVU2BHAR2jawgHEAAYA**

Published June 6, 2023; Accessed December 4, 2023.
[2] Grimm, Lars J., et al. “Benefits and Risks of Mammography Screening in Women ages 40 to 49 Years.” *Journal of Primary Care and Community Health.* Jan-Dec; 13: 21501327211058322. Published online 2022 Jan 22. doi: **10.1177/21501327211058322**. **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8796062/**. Accessed December 4, 2023.
[3] Makurumidze G, Lu C, Babagberni K. “Addressing Disparities in Breast Cancer Screening: A Review.” *Applied Radiology.* **https://appliedradiology.com/articles/addressing-disparities-in-breast-cancer-screening-a-review**. Published November 2, 2022; Accessed December 4, 2023.

ARSMT-CD-048626-23-CPN48418

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/hedis-breast-cancer-screening-bcs-update-17913

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Quality Management | Medicaid | Feb 7, 2024

HEDIS 2024 documentation for Controlling High Blood Pressure (CBP) and Statin Therapy for Patients with Cardiovascular Disease (SPC)

HEDIS® (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

HEDIS 2024 documentation for Controlling High Blood Pressure (CBP)

Measure description: The percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose BP (blood pressure) was adequately controlled (<140/90 mm Hg) during the measurement year.

What we are looking for in provider records:

- Last BP documented in 2024 regardless of reading

Documentation below could be used to exclude the patient:

- Evidence of hospice or palliative services in 2024
- Evidence patient expired in 2024
- Documentation of pregnancy any time during 2024
- Documentation of end stage renal disease, dialysis, nephrectomy, or kidney transplant any time in the member's history on or prior to December 31, 2024

Helpful hints:

- Take BP at every visit.
- Take a second BP before the end of the office visit if the BP was ≥ 140/90.

- Counsel on healthy habits for managing high blood pressure.
- BPs cannot be taken:
    - On the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
    - From member-reported BPs if taken with a non-digital device such as with a manual blood pressure cuff and a stethoscope.

HEDIS 2024 documentation for Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure description: The percentage of males 21 to 75 years of age and females 40 to 75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and received statin therapy and remained on the statin for at least 80% of the treatment period.

What we are looking for in provider records

Documentation in the medical record indicating the date the patient was dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

All of the following must be present with a dispensed medication:

- Name of the drug (generic or brand name)
- Strength/dose
- Route
- Date when the medication was **dispensed**, **filled**, or **shipped** to the patient

Documentation below could be used to exclude the patient:

- Evidence of hospice services in 2024
- Evidence patient expired in 2024
- Evidence patient received palliative care in 2024

- Evidence patient was pregnant or underwent IVF treatment in 2023 or 2024
- Evidence of ESRD or dialysis in 2023 or 2024
- Evidence of cirrhosis in 2023 or 2024
- Evidence of a dispensed prescription for Clomiphene in 2023 or 2024
- History of myalgia, myositis, myopathy, muscle pain or rhabdomyolysis documented in 2024

Helpful hints:

- Recommended that if the patient has a reaction to statins, record the specific reaction (myalgia, myositis, myopathy, muscle pain or rhabdomyolysis) in the patient's chart annually.
- Recommended to also include drug quantity and directions with the dispensed medication so that days' supply can be calculated for the measure.

ARSMT-CD-048402-23-CPN48275

To view this article online:

Visit https://providernews.summitcommunitycare.com/articles/hedis-2024-documentation-for-controlling-high-blood-pressure-22

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Quality Management | Medicaid | Feb 8, 2024

Cervical Cancer Screening (CCS) and Prenatal and Postpartum Care (PPC) for HEDIS

HEDIS® (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures developed and maintained by NCQA (National Committee for Quality Assurance). These are used to drive improvement efforts surrounding best practices.

HEDIS 2024 documentation for Cervical Cancer Screening (CCS)

Measure description: The percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed within the last 3 years.
- Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30 to 64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.

What we are looking for in provider records:

- Documentation in the medical record indicating the date when the cervical cytology was performed and result or finding (2022 to 2024)
- Documentation in the medical record indicating the date when the hrHPV test was performed and result or finding (2020 to 2024)
    - Documentation of *HPV test* can be counted as hrHPV testing along with result or finding
- Documentation of *complete*, *total*, *or radical* hysterectomy (abdominal, vaginal, or unspecified anytime in the member's history through 12/31/2024).

- Documentation of *vaginal hysterectomy* (anytime in the member's history through 12/31/2024).
- Evidence of hospice services in 2024
- Evidence patient expired in 2024

Please note: Documentation of hysterectomy alone does not meet the criteria, because it is not sufficient evidence that the cervix was removed.

Helpful hints:

- Educate patient on importance of regular cervical cancer screening.
- OB/GYN and PCP should share cervical cancer screening results.
- Document date and result of member reported cervical cancer or HPV screenings.

HEDIS 2024 documentation for Prenatal and Postpartum Care (PPC)

Measure description: The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year (2023) and October 7 of the measurement year (2024). For these women, the measure assesses the following facets of prenatal and postpartum care.

- *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment with Summit Community Care.
- *Postpartum Care.* A postpartum visit on or between 7 and 84 days after delivery.

What we are looking for in provider records for a prenatal care visit with a PCP or OB/GYN or other prenatal practitioner:

- Documentation in the medical record for deliveries of live births on or between October 8 of the year prior to the measurement year (2023) and October 7 of the measurement year (2024) must include a note indicating the date when the prenatal care visit occurred and evidence of one of the following:
    - Documentation indicating the woman is pregnant or references to the pregnancy for example:
        - Documentation in a standardized prenatal flow sheet
        - Documentation of LMP, EDD, or gestational age

        - Documentation of a positive pregnancy test result
        - Documentation of gravidity and parity
        - Documentation of complete obstetrical history
        - Documentation of prenatal risk assessment and counseling/education
    - Documentation of a basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).
    - Evidence that a prenatal care procedure was performed such as:
        - Screening test in the form of an obstetrical panel (must include all the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
        - Torch antibody panel alone
        - A rubella antibody test/titer with an Rh incompatibility (ABO/blood typing)
    - Ultrasound of a pregnant uterus
    - Evidence of nonlive birth
    - Evidence of hospice services in 2024
    - Evidence patient expired in 2024

What we are looking for in provider records for a postpartum care visit with a PCP or OB/GYN or other prenatal practitioner:

- 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 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 women with gestational diabetes

    - Documentation of any of the following: Infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight
- Evidence of nonlive birth
- Evidence of hospice services in 2024
- Evidence patient expired in 2024

Helpful hints:

- Educate members on the importance of timely prenatal care.
- Schedule postpartum visit during final prenatal appointment or prior to discharge from hospital.
- Reach out to members to remind them of scheduled prenatal and postpartum appointments.

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