Provider Outreach Manual:
Medicare Advantage Part C STAR Measures
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Medicare Stars Program

The Centers for Medicare and Medicaid Services (CMS) works with Medicare Advantage Plans like Mercy Care Advantage to improve the quality and cost effectiveness of services provided to beneficiaries.

Star Ratings are a way for consumers to compare the relative quality of Medicare Advantage Plans. The Centers for Medicare & Medicaid Services (CMS) issue the ratings based on administrative results, clinical outcomes and plan member surveys.

**NCQA – HEDIS® Quality Measures**

Healthcare Effectiveness Data and Information Set (HEDIS®) is developed and maintained by National Committee for Quality Assurance (NCQA). HEDIS® is designed to allow consumers and plan sponsors to compare health plan performance to other plans.

- It is important to understand that HEDIS® measures require the NCQA technical specifications for calculating.
- All health plans are required to use the same technical specifications and all source code is audited by an external third party, thereby making the results comparable across the industry. The consistent methodology also allows for trending rates year over year.
- HEDIS® measures are obtained by one or more of three data collection methodologies:
  a. **Administrative** - The administrative method is used to identify the eligible population and numerator using transaction data or other administrative databases (e.g. claims or encounter data).
  b. **Hybrid** - The hybrid methodology scores numerator compliance from both administrative and medical record data.
  c. **Survey** - The survey methodology requires that the data be collected through a member survey.
     i. Consumer Assessment of Healthcare Providers and Systems (CAHPS)
     ii. The Medicare Health Outcomes Survey (HOS)
## Provider and MCA Focused 2016 Part C Star Ratings Measures

<table>
<thead>
<tr>
<th>2016 ID</th>
<th>Measure</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>C01</td>
<td>Breast Cancer Screening</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C02</td>
<td>Colorectal Cancer Screening</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C03</td>
<td>Annual Flu Vaccine</td>
<td>CAHPS</td>
</tr>
<tr>
<td>C04</td>
<td>Improving or Maintaining Physical Health</td>
<td>HOS</td>
</tr>
<tr>
<td>C05</td>
<td>Improving or Maintaining Mental Health</td>
<td>HOS</td>
</tr>
<tr>
<td>C06</td>
<td>Monitoring Physical Activity</td>
<td>HEDIS® /HOS</td>
</tr>
<tr>
<td>C07</td>
<td>Adult BMI Assessment</td>
<td>HEDIS®</td>
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<tr>
<td>C08</td>
<td>Special Needs Plan (SNP) Care Management</td>
<td>Part C Plan Reporting</td>
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<tr>
<td>C09</td>
<td>Care for Older Adults – Medication Review</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C10</td>
<td>Care for Older Adults – Functional Status Assessment</td>
<td>HEDIS®</td>
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<tr>
<td>C11</td>
<td>Care for Older Adults – Pain Assessment</td>
<td>HEDIS®</td>
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<tr>
<td>C12</td>
<td>Osteoporosis Management in Women who had a Fracture</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C13</td>
<td>Diabetes Care – Eye Exam</td>
<td>HEDIS®</td>
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<tr>
<td>C14</td>
<td>Diabetes Care – Kidney Disease Monitoring</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C15</td>
<td>Diabetes Care – Blood Sugar Controlled</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C16</td>
<td>Controlling Blood Pressure</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C17</td>
<td>Rheumatoid Arthritis Management</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C18</td>
<td>Reducing the Risk of Falling</td>
<td>HEDIS® /HOS</td>
</tr>
<tr>
<td>C19</td>
<td>Plan All-Cause Readmissions</td>
<td>HEDIS®</td>
</tr>
<tr>
<td>C20</td>
<td>Getting Needed Care</td>
<td>CAHPS</td>
</tr>
<tr>
<td>C21</td>
<td>Getting Appointments and Care Quickly</td>
<td>CAHPS</td>
</tr>
<tr>
<td>C22</td>
<td>Customer Service</td>
<td>CAHPS</td>
</tr>
<tr>
<td>C23</td>
<td>Rating of Health Care Quality</td>
<td>CAHPS</td>
</tr>
<tr>
<td>C24</td>
<td>Rating of Health Plan</td>
<td>CAHPS</td>
</tr>
<tr>
<td>C25</td>
<td>Care Coordination</td>
<td>CAHPS</td>
</tr>
</tbody>
</table>

### How You Can Help

Mercy Care Advantage providers are encouraged to continue providing outstanding services to our members. Your help can impact our HEDIS® and STAR ratings by:

- Making sure your patients receive routine check-ups, screening tests, vaccines and preventive services.
- Guide patient care for chronic conditions by getting certain tests and treatments that help them manage their condition.
- Ensuring patients are continually taking their medications: Specifically for diagnoses of Rheumatoid Arthritis, COPD, Hypertension, Osteoporosis, and Diabetes.
- Submitting claims and documenting all services thoroughly and accurately.
- Understanding the impact that you and your office staff have on your patients’ (our members’) satisfaction with their health experience, which is reflected in CAHPS and HOS surveys.
- Assisting with the HEDIS® Medical Record Review Audit by providing records as requested for the hybrid medical record data collection.
In an effort to improve our member’s health and assist your office with missed and “No Show” appointments, please fill in the requested information for Mercy Care Advantage members only. With this information, our outreach staff can call each member to offer assistance with issues that may be hindering the member from keeping their appointments, such as transportation. Please notify Mercy Care Advantage within one week of the appointment by faxing this form to 1-860-907-3430. If you have any questions, please call 602-361-9194.

<table>
<thead>
<tr>
<th>Member ID #</th>
<th>Member name</th>
<th>Missed appointment date and time</th>
<th>Late and not seen</th>
<th>No show</th>
<th>Cancelled &lt;24 hrs.</th>
<th>Reason for appointment</th>
</tr>
</thead>
<tbody>
<tr>
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This message is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or proprietary information. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.
Member’s PCP Change Request Form

I, ____________________________ am requesting to be assigned to the following Primary Care Physician (PCP): ____________________________ effective _________________.

I understand it is my choice to select a PCP, and I am freely requesting this change be processed on my behalf by ____________________________ personnel. I have recorded my information below to confirm my identity.

Member’s Name: ____________________________________________________________

Date of Birth: ____________________________ AHCCCS ID number: __________________

Mailing Address: ____________________________________________________________

Contact Telephone Number: ________________________________________________

Member’s Signature: ____________________________ Date: ________________________

Witness Name: ____________________________ Date: ____________________________

For Office Use Only

Demographic Information of Group Requesting Change

Group Name: ________________________________________________________________

Address: __________________________________________________________________

Tax Id Number: ______________________________________________________________

PCP Information

PCP’s Name: __________________________________________________________________

Physical Address (Location): __________________________________________________________________

PCP’s Individual NPI: __________________________________________________________________

Office Staff Name (Print): ____________________________ Date: ________________________

Email Request to: MBU-MCP_Enrollment@AETNA.com or
Fax Request to: 602-351-2313
Breast Cancer Screening (C01)

Goal: To increase the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
<th>ICD-9-CM Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>77055-77057</td>
<td>G0202, G0204, G0206</td>
<td>87.36, 87.37</td>
</tr>
</tbody>
</table>
About your annual wellness visit:

As a Mercy Care Advantage enrollee, you can get a Medicare-covered annual physical exam at no cost. Talk to your doctor about getting a mammogram.

Mercy Care Advantage (HMO SNP) is a Coordinated Care Plan with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. This is general health information and should not replace care you get from your doctor. It is not meant to replace advice you get from your doctor. Always ask your doctor or other health care provider for information about your own health care needs. Benefits, formulary, pharmacy network, provider network, and/or copayments/coinsurance may change on January 1, of each year. Limitations, copayments, and restrictions may apply. The benefit information provided herein is a brief summary, not a complete description of benefits. For more information, contact the plan.

A mammogram can help your doctor see if you have any abnormalities in your breasts.

Your chance for getting breast cancer increases as you get older. Screening mammograms are a covered benefit for members annually after age 40.

Mercy Care Advantage (HMO SNP) covers one Medicare-covered mammogram with $0 copay.

Ask your Primary Care Provider (PCP) for an order (referral) during your annual wellness - well woman - visit.

A mammogram can help your doctor see if you have any abnormalities in your breasts.

Sobre su visita anual de bienestar:

Como miembro de Mercy Care Advantage, se le puede hacer un examen físico anual cubierto por Medicare sin costo alguno. Hable con su doctor sobre hacerse una mamografía.

Mercy Care Advantage (HMO SNP) es un Plan de atención coordinada que tiene contrato con Medicare y con el programa Medicaid de Arizona. La inscripción en Mercy Care Advantage depende de la renovación del contrato. Esta es información general de salud y no debe reemplazar la atención que usted recibe de su médico. Tampoco tiene como objetivo reemplazar el asesoramiento que recibe del profesional. Siempre solicite a este o a otro proveedor de atención de salud información sobre sus necesidades de atención médica. Beneficios, formularios, red de farmacias, red de proveedores, y/o copagos/coinsigüenos pueden cambiar en Enero 1, de cada año. Limitaciones, copagos, y restricciones podrían aplicar. La información de beneficios provista aquí es un breve resumen, no una descripción completa de beneficios. Para más información, comuníquese con el plan.

Una mamografía puede ayudar a su doctor a determinar si usted tiene cualquier anomalía en sus senos.

Sus probabilidades de sufrir cáncer del seno aumentarán mientras envejece. Las mamografías de revisión son un beneficio anual cubierto para miembros después de los 40 años de edad.

Mercy Care Advantage (HMO SNP) cubre una mamografía cubierta por Medicare sin cargo alguno para usted.

Solicite a su PCP una orden (remisión) durante su visita anual de bienestar (visita de bienestar para mujeres).

Take care of yourself –
get a mammogram

Cúídese a sí misma –
hágase una mamografía.
Mammogram locations
Please select a facility from this list when scheduling your mammogram (list is subject to change).

Questions?
If you have any questions, please call Mercy Care Advantage Member Services at 602-263-3000 or 1-800-624-3879. For TTY users, call 711. You can also ask to speak to a Mercy Care Advantage Registered Nurse. The nurse can answer questions about mammograms or help you schedule your mammogram.

* You do not need a doctor’s order to contact Assured Imaging.

Ubicaciones para la mamografía
Por favor seleccione una instalación de esta lista cuando programe su mamografía (la lista está sujeta a cambio).

¿Tiene preguntas?
Si tiene alguna pregunta, por favor llame al (602) 263-3000 o al (1-800-624-3879). Los usuarios de TTY/TDD deben llamar al 711. 24 horas al día, 7 días de la semana.

También puede pedir hablar con una Enfermera Registrada de Mercy Care Advantage. La enfermera puede contestar preguntas sobre mamografías o ayudarla a programar su cita para una mamografía.

* Usted no necesita una orden de su doctor para comunicarse con Assured Imaging.
Colorectal Cancer Screening (C02)

Goal: To increase the percentage of members 50-75 years of age who had appropriate screening for colorectal cancer. Appropriate screenings are defined as:

- Fecal occult blood test (FOBT) or Guaiac (gFOBT) or Immunochemical (iFOBT) during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
<th>ICD-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOBT</td>
<td>82270, 82274</td>
<td>G0328</td>
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<tr>
<td>Flexible sigmoidoscopy</td>
<td>45330-45335, 45337-</td>
<td>G0104</td>
<td>45.24</td>
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<td></td>
<td>45342, 45345</td>
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<tr>
<td>Colonoscopy</td>
<td>44388-44394, 44397,</td>
<td>G0105, G0121</td>
<td>45.22, 45.23, 45.25, 45.42, 45.43</td>
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<td>45355, 45378-45387,</td>
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<tr>
<td></td>
<td>45391, 45392</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Take charge of your health:
Colon cancer testing saves lives
If you are 50 and older, take the lead and get tested for colon cancer. Then remind your friends and family who are 50 or older to be tested as well. It could save a life.

Hágase cargo de su salud:
El examen de cáncer colorrectal salva vidas
Si tiene 50 años de edad o más, tome la iniciativa y hágase un examen de cáncer colorrectal. Y recuérdale a sus amigos y familiares mayores de 50 años que también deben realizarse un examen. Podría salvar una vida.
Who gets colon cancer?

• Men AND women can get colon cancer.
• It is most often found in people ages 50 years old or older.
• The risk increases with age.
• Tests can help find cancers when they are small and most treatable.

Call your doctor today to make a colon cancer testing appointment.

You must receive all routine care from plan providers. This is general health information and should not replace care or advice you get from your doctor. Always ask your doctor or other health care provider for information about your own health care needs.

¿Quiénes pueden contraer cáncer colorrectal?

• Los hombres y las mujeres pueden contraer cáncer colorrectal.
• Las personas que tienen 50 años de edad o más tienen alto riesgo de contraer cáncer colorrectal.
• El riesgo aumenta con la edad.
• Los exámenes pueden ayudar a descubrir cánceres cuando aún son pequeños y más fáciles de tratar.

Llame hoy a su médico y haga una cita para hacerse un examen de cáncer colorrectal.

Usted tiene que recibir todo el cuidado de rutina de proveedores del plan. Esta es información general de salud y no debe reemplazar la atención que le brinda su médico. Siempre solicite a este o a otro proveedor de atención de salud información sobre sus necesidades de atención médica.

We want you to be healthy, and together we can work toward that goal. If you need help with your health care services, please call us at 602-263-3000 or 1-800-624-3879. (Hearing impaired TTY/TDD: 711).

All of us at Mercy Care Advantage (HMO SNP) thank you for being part of our plan. To us, you are more than a Mercy Care member; you are a member of our family.

This information is available at no cost in other languages. Please contact Member Services at 602-263-3000 or 1-800-624-3879 (Hearing impaired TTY/TDD: 711) for more information.

Mercy Care Advantage (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal.

Quiéremos que esté sano, y juntos podemos trabajar para lograrlo. Si necesita ayuda con sus servicios de salud, llámenos al 602-263-3000 o al 1-800-624-3879. (Personas con Problemas Auditivos TTY/TDD: 711).

Quienes integramos Mercy Care Advantage (HMO SNP) le agradecemos por ser parte de nuestro plan. Para nosotros, usted es más que un miembro de Mercy Care; es un miembro de nuestra familia.


Mercy Care Advantage (HMO SNP) es un plan de atención coordinada que tiene contrato con Medicare y con el programa Medicaid de Arizona. La inscripción en Mercy Care Advantage depende de la renovación del contrato.
Annual Flu Vaccine (C03)

Goal: To increase the percentage of Medicare members 65 years of age and older who receive an annual influenza vaccination.

This measure is collected using a member survey methodology. Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan surveys

CAHPS Survey Question:

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Question</th>
<th>Response Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q68</td>
<td>Have you had a flu shot since July 1, YYYY</td>
<td>Yes</td>
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<tr>
<td></td>
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<td>No</td>
</tr>
<tr>
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<td>Don’t Know</td>
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Qualifying Vaccinations & Codes

<table>
<thead>
<tr>
<th>Vaccine CPT codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>90654</td>
<td>intradermal, split virus</td>
</tr>
<tr>
<td>90656; 90661; 90662;</td>
<td>intramuscular, trivalent</td>
</tr>
<tr>
<td>90672</td>
<td>intranasal, quadrivalent</td>
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<td>90673</td>
<td>derived from recombinant DNA, trivalent</td>
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<tr>
<td>90686; 90688</td>
<td>intramuscular, quadrivalent</td>
</tr>
<tr>
<td>Q2038; Q2039</td>
<td>-intramuscular, split virus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0008</td>
<td>Administration of influenza virus vaccine</td>
</tr>
</tbody>
</table>

*per CMS NLM Matters update from Sep 2014 and Mercy Care Provider notification 2014-2015 Influenza Guidelines
Don’t let the flu get you!
¡No deje que la gripe lo sorprenda!

This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Esta es información general de salud y no debe reemplazar el asesoramiento o la atención que usted recibe de su proveedor. Siempre consultele a este sobre sus necesidades de atención médica.
The flu vaccine is available at no cost to all Mercy Care Advantage members.

Help protect yourself and your family from the flu. Sometimes the flu is like having a bad cold. Sometimes it can be very serious. The flu can’t be treated with antibiotics. It’s good to know that it may be prevented.

Getting protected is easy
The vaccines for some of the more common seasonal flu viruses have been combined.

Everyone 6 months of age and older should see their Primary Care Provider (PCP) about getting a flu shot
Talk to your PCP to find out what’s right for you. Find out what’s right for those you care about.

Call your PCP today and make an appointment
Get the care you need.
You may also get the flu vaccine at a participating retail pharmacy.

Call Mercy Care Advantage at 602-263-3000 or toll-free 1-800-624-3879, 24 hours a day, 7 days a week. Hearing impaired (TTY/TTD) 711

We can help:
• Answer your questions
• Schedule your appointment
• Get you a ride to your appointment

Mercy Care Advantage (HMO SNP) is a Coordinated Care Plan with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. This information is available for free in other languages. Please contact our Member Services number at 602-263-3000 or 1-800-624-3879 (TTY/TTD 711) for additional information. Hours of operation: 24 hours a day, 7 days a week.

This benefit information is a brief summary. Please contact the plan for complete benefit information. You must receive all routine care from plan providers. This is general health information and is not meant to replace care or advice you get from your doctor. Always ask your doctor or other health care provider for information about your own health care needs.

La vacuna contra la gripe es gratuita para las personas inscritas y los miembros de Mercy Care Advantage.

Protéjase de la gripe y proteja a su familia
A veces la gripe es similar a un resfrío fuerte. Otras veces puede ser más grave. No se puede tratar la gripe con antibióticos. Es bueno saber que puede prevenirla.

Estar protegido es fácil
Se combinaron las vacunas contra algunos de los virus más comunes de la gripe estacional.

A partir de los 6 meses de vida, debe consultar al proveedor de cuidado primario para saber si se necesita recibir la vacuna contra la gripe
Hable con su PCP (Primary Care Provider, proveedor de cuidado primario) para saber qué es lo mejor para usted y sus seres queridos.

Llame a su PCP hoy mismo para programar una cita
Obtenga la atención que necesita.

Usted también puede obtener la vacuna contra la gripe en una farmacia minorista participante.

Comuníquese con Mercy Care Advantage al 602-263-3000 o 1-800-624-3879, 24 horas al día, 7 días a la semana. Impedidos del oído llamar (TTY/TTD) 711

Podemos ayudarlo de las siguientes maneras:
• Responderemos sus preguntas
• Si tiene problemas para conseguir una cita para vacunarse contra la gripe
• Lo trasladaremos hasta el lugar de la cita

Mercy Care Advantage (HMO SNP) es un Plan de Cuidado Coordinado bajo contrato con Medicaid y un contrato con el Programa Medicaid de Arizona. La inscripción en Mercy Care Advantage depende de la renovación del contrato. Esta información está disponible gratis en otros idiomas. Por favor comuníquese a nuestro número de Servicios al Miembro al 602-263-3000 o 1-800-624-3879 (TTY/TTD 711) para información adicional. Horas de servicio: 24 horas al día, 7 días a la semana.
Improving or Maintaining Physical Health (C04)

Goal: To increase the percentage of all plan members whose physical health was the same or better than expected after two years.

This measure is collected using a member survey methodology, Medicare Health Outcomes Survey (HOS).
HOS Survey Questions:

Q1. In general, would you say your health is: Excellent, very good, good, fair, poor?

Q2. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

2a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

   Yes, limited a lot
   Yes, limited a little
   No not limited at all

2b. Climbing several flights of stairs

   Yes, limited a lot
   Yes, limited a little
   No not limited at all

Q3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

3a. Accomplished less than you would like as a result of your physical health?

   No, none of the time
   Yes, a little of the time
   Yes some of the time
   Yes, most of the time
   Yes, all of the time

3b. Were you limited in the kind of work or other activities as a result of your physical health?

   No, none of the time
   Yes, a little of the time
   Yes some of the time
   Yes, most of the time
   Yes, all of the time

Q5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)

   Not at all
   A little bit
   Moderately
   Quite a bit
   Extremely

Q8. Compared to one year ago, how would you rate your physical health in general now?

   Much better
   Slightly better
   About the same
   Slightly worse
   Much worse
Improving or Maintaining Mental Health (C05)

Goal: To increase the percentage of sampled plan members whose mental health was the same or better than expected after two years.

This measure is collected using a member survey methodology. Medicare Health Outcomes Survey (HOS)
HOS Survey Questions:

Q4. During the past 4 weeks, have you had any of the following problems with your work or regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

| 4a. Accomplished less than you would like as a result of any emotional problems |
| No, none of the time |
| Yes, a little of the time |
| Yes, some of the time |
| Yes, most of the time |
| Yes, all of the time |

| 4b. Didn’t do work or other activities as carefully as usual as a result of any emotional problems |
| No, none of the time |
| Yes, a little of the time |
| Yes, some of the time |
| Yes, most of the time |
| Yes, all of the time |

Q6. How much of the time during the past 4 weeks:

| 6a. Have you felt calm and peaceful? |
| All of the time |
| Most of the time |
| A good bit of the time |
| Some of the time |
| A little of the time |

| 6b. Did you have a lot of energy? |
| All of the time |
| Most of the time |
| A good bit of the time |
| Some of the time |
| A little of the time |
| None of the time |

| 6c. Have you felt downhearted and blue? |
| All of the time |
| Most of the time |
| A good bit of the time |
| Some of the time |
| A little of the time |
| None of the time |
Q7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Q9. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse
Monitoring Physical Activity in Older Adults (C06)

Goals:

**Discussing Physical Activity:**
To increase the percentage of Medicare members 65 years of age and older who had a doctor’s visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity.

**Advising Physical Activity:**
To increase the percentage of Medicare members 65 years of age and older who had a doctor’s visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity.

This measure is collected using a member survey methodology. Medicare Health Outcomes Survey (HOS)
Q46. In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.

Yes
No
I had no visits in the past 12 months

Q47. In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

Yes
No
## Adult Body Mass Index (BMI) Assessment (C07)

**Goal:** To increase the percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td>BMI less than 19, adult</td>
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<td>BMI between 19-24, adult</td>
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<td>V85.22</td>
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<td>V85.44</td>
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<tr>
<td>BMI 70 and over, adult</td>
<td>V85.45</td>
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</table>
Special Needs Plan (SNP) Care Management (C08)

Goal: To increase the percentage of eligible Special Needs Plan (SNP) Enrollees who receive a health risk assessment (HRA) during the measurement year.
Care for Older Adults (C09, C10, C11)

Goal: To increase the percentage of adults 66 years and older who had each of the following during the measurement year.

- Medication Review
- Functional Status Assessment
- Pain Assessment
- Advanced Care Planning
Medication Review (C09) - at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record.

**Documentation must come from the same medical record and must include one of the following:**

- A medication list in the medical record, and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed
- Notation that the member is not taking any medication and the date when it was noted

Functional Status Assessment (C10) - at least one functional status assessment during the measurement year. Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.

**Notations for a complete functional status assessment must include one of the following:**

- Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking.
- Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances.
- Result of assessment using a standardized functional status assessment tool, not limited to:
  - SF-36®.
  - Assessment of Living Skills and Resources (ALSAR).
  - Barthel ADL Index Physical Self-Maintenance (ADLS) Scale.
  - Bayer ADL (B-ADL) Scale.
  - Barthel Index.
  - Extended ADL (EADL) Scale.
  - Independent Living Scale (ILS).
  - Katz Index of Independence in ADL.
  - Kenny Self-Care Evaluation.
  - Klein-Bell ADL Scale.
  - Kohlman Evaluation of Living Skills (KELS).
  - Lawton & Brody’s IADL Scales.
  - Patient Reported Outcome Measurement Information System (PROMIS) Global or Physical Function Scales.
- Notation that at least three of the following four components were assessed:
  - Cognitive status.
  - Ambulation status.
  - Hearing, vision and speech (i.e., sensory ability; all three areas must be assessed).
  - Other functional independence (e.g., exercise, ability to perform job).

A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year.
**Pain Assessment (C11)** - At least one pain assessment during the measurement year. Documentation in the medical record must include evidence of a pain assessment and the date when it was performed.

*Notation of a pain management plan or a pain treatment plan alone does not meet criteria. Assessment for or documentation of chest pain alone does not meet criteria.*

**Notations for a pain assessment must include one of the following:**

- Documentation that the patient was assessed for pain (which may include positive or negative findings for pain).

- Result of assessment using a standardized pain assessment tool, not limited to:
  - Numeric Rating Scales (verbal or written).
  - Face, Legs, Activity, Cry Consolability (FLACC) scale.
  - Verbal Descriptor Scales (5-7 Word Scales, Present Pain Inventory).
  - Pain Thermometer.
  - Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale).
  - Visual Analogue Scale.
  - Brief Pain Inventory.
  - Chronic Pain Grade.
  - PROMIS Pain Intensity Scale.
  - Pain Assessment in Advanced Dementia (PAINAD) Scale.

**Advanced Care Planning** - a discussion about preferences for resuscitation, life-sustaining treatment and end of life care.

**Evidence of advanced care planning must include one of the following:**

- The presence of an advanced care plan in the medical record.
- Documentation of an advanced care planning discussion with the provider and the date it was discussed. The documentation of discussion must be noted in the measurement year.
- Notation that the member previously executed an advanced care plan.
Osteoporosis Management in Women who had a Fracture (C12)

Goal: To increase the percentage of women 67-85 years of age who suffered a fracture during the measurement year who had either a bone mineral density (BMD) test or were prescribed a drug to treat or prevent osteoporosis in the six months after the fracture.

*Fractures of finger, toe, face and skull are not included in this measure.

Codes to Identify Bone Mineral Density Tests

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<th>ICD9PCS</th>
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<td>G0130</td>
<td>88.98</td>
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Medications on Current MCA Formulary for Treatment of Osteoporosis

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<thead>
<tr>
<th>Bisphosphonates</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>alendronate sodium TABS 5mg, 10mg, 40mg</td>
<td>generic</td>
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<tr>
<td>alendronate sodium TABS 35mg, 70mg</td>
<td>generic</td>
<td>Quantity Limits (4tabs/28 days)</td>
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<tr>
<td>ibandronate sodium TABS</td>
<td>generic</td>
<td>Covered under Medicare B or D; Quantity Limits (1 tab/30 days)</td>
</tr>
<tr>
<td>zoledronic inj 4mg/5ml</td>
<td>generic</td>
<td>Covered under Medicare B or D; Not available at mail-order</td>
</tr>
<tr>
<td>zometa soln</td>
<td>other</td>
<td>Covered under Medicare B or D; Not available at mail-order</td>
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<table>
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<tr>
<th>Parathyroid Hormones</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>Forteo</td>
<td>other</td>
<td>Quantity Limits (1 pen/28 days), Not available at mail order, Prior authorization</td>
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<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>calcitonin (salmon)</td>
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<tr>
<td>raloxifene hcl</td>
<td>generic</td>
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</table>
Information about bone health

Información sobre la salud de los huesos
Prevent broken bones

Talk with your doctor about prevention and treatment of osteoporosis.
Osteoporosis is a condition in which bones become weak and are more likely to break.

Ask your doctor about getting a bone mineral density test.
It is the best way to check your bone health. This is a painless test similar to an X-ray. It can help your doctor:
• Diagnose osteoporosis
• Check for bone loss
• See if treatments are making your bones stronger

To prevent or treat osteoporosis, your doctor may recommend:
• Medication to limit your bone loss or increase your bone strength
• Eating a balanced diet high in calcium and vitamin D
• Exercise to strengthen your bones and improve your balance

Broken bones in women over age 50 are often a sign of osteoporosis.
If you have questions, Mercy Care Advantage Member Services Representatives are available to help you 24 hours a day, 7 days a week. Please call 602-263-3000 or 1-800-624-3879. TTY/TDD users should call 711.

Prevenir fracturas

Hable con su médico sobre la prevención y el tratamiento de la osteoporosis.
La osteoporosis es una condición que hace que los huesos se debiliten y tengan más probabilidades de fracturarse.

Pregúntele a su médico sobre la prueba de densidad mineral ósea.
Es la mejor forma de controlar la salud de los huesos. Se trata de una prueba indolora similar a una radiografía. Le servirá a su médico para lo siguiente:
• Diagnosticar la osteoporosis
• Controlar si hay pérdida de densidad ósea
• Determinar si los tratamientos actuales ayudan a fortalecer los huesos

Para prevenir o tratar la osteoporosis, su médico puede darle estas recomendaciones:
• Tomar medicamentos para limitar la pérdida de densidad ósea o aumentar la fortaleza de los huesos
• Llevar una dieta equilibrada rica en calcio y vitamina D
• Ejercitarse para fortalecer los huesos y mejorar el equilibrio

Fracturas de huesos en mujeres mayores de 50 son a menudo un signo de osteoporosis
Si usted tiene preguntas, representantes de Servicios al Miembro de Mercy Care Advantage están disponibles para ayudarle 24 horas al día, 7 días a la semana. Por favor llame al 602-263-3000 o al 1-800-624-3879. Los usuarios de TTY/TDD deben llamar al 711.

Mercy Care Advantage (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. You must receive all routine care from plan providers. This is general health information and is not meant to replace care or advice you get from your doctor. Always ask your doctor or other health care provider for information about your own health care needs. If you have questions, Mercy Care Advantage Member Services Representatives are available to help you 24 hours a day, 7 days a week. Please call 602-263-3000 or toll-free 1-800-624-3879. Hearing Impaired TTY/TDD: 711. This information is available for free in other languages. Please contact our customer service number at 602-263-3000 or 1-800-624-3879 (Hearing impaired TTY/TDD: 711) for additional information. Hours of operation: 24 hours a day, 7 days a week.

Mercy Care Advantage (HMO SNP) es un plan de Cuidado Coordinado bajo contrato con Medicare y un contrato con el Programa Medicaid de Arizona. La inscripción en Mercy Care Advantage depende de la renovación del contrato. Usted debe recibir toda su atención de rutina de proveedores del plan. Ésta es información general de salud y no tiene la intención de reemplazar la atención o asesoría que usted recibe de su doctor. Siempre pídale a su doctor u otro proveedor de cuidado para la salud información sobre sus propias necesidades del cuidado de la salud. Si tiene preguntas, Representantes de Servicio al Cliente de Mercy Care Advantage están disponibles para ayudarle 24 horas al día, 7 días de la semana. Por favor llame al 602-263-3000 o al número de larga distancia gratuita 1-800-624-3879. TTY/TDD para personas con problemas auditivos: 711. Esta información está disponible gratuitamente en otros idiomas. Para información adicional, por favor llame a nuestro número de Servicios al Miembro al 602-263-3000 o al 1-800-624-3879 (Personas con Problemas Auditivos TTY/TDD: 711). Horas de servicio: 24 horas al día, 7 días de la semana.

Az-13-01-07
Comprehensive Diabetes Care (C13, C14, C15)

**Goal:** To increase the percentage of adults 18–75 years with diabetes (type 1 and type 2) that had each of the following during the measurement year.

- Eye Exam
- Kidney Disease Monitoring
- Blood Sugar Controlled
Diabetes Care - Eye Exam (C13) - Eye exam (Retinal) performed to check for damage from diabetes

1) With no evidence of retinopathy - dilated retinal eye exam every two years

2) With evidence of retinopathy - dilated retinal eye exam every year

Codes to Identify Diabetic Retinal Screening

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<tr>
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<th>HCPCS</th>
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</table>

Diabetes Care - Kidney Disease Monitoring (C14) - Kidney function test or evidence of medical attention for nephropathy during the measurement year.

1) Nephropathy screening test - Urine test for Albumin at least yearly. At least one of the following:
   a. Macroalbumin - if this test is negative or trace follow with microalbumin
   b. Microalbumin
      i. 24-hour urine for microalbumin
      ii. Timed urine for microalbumin
      iii. Spot urine for microalbumin
      iv. Urine for microalbumin/creatinine ratio
      v. 24-hour urine for total protein
      vi. Random urine for protein/creatinine ratio

Or

2) Medical Attention for Nephropathy - yearly. At least one of the following:
   a. Use of ACE inhibitors/ARB therapy
   b. Documentation of a visit to a nephrologist
   c. Documentation of a renal transplant
   d. Documentation of medical attention for any of the following:
      i. Diabetic Nephropathy
      ii. Chronic Renal Failure
      iii. Acute Renal Failure
      iv. Proteinuria
      v. Renal Dysfunction
vi. End-Stage Renal Disease
vii. Renal Insufficiency
viii. Dialysis (hemodialysis/peritoneal)
ix. Albuminuria
x. Chronic Kidney Disease

**Diabetes Care - Blood Sugar Controlled (C15)** The most recent HbA1c level in the measurement year shows their average blood sugar is under control.

1) HbA1c testing with good control (less than 7%). The American Diabetes Association recommends this test is done at least two times every year for those meeting goal, four times a year for those not meeting goal.

2) A less stringent A1C goal, such as 8% may be appropriate for members with an age of 65 years or more or with a history of Coronary Artery Bypass Graft, Percutaneous Coronary Intervention, Ischemic Vascular Disease, Thoracic Aortic Aneurysm, Chronic Heart Failure, prior Myocardial Infarction, End-Stage Renal Disease, Chronic Kidney Disease, Dementia, Blindness or Amputation (lower extremity).

**Codes to Identify HbA1C Testing**

<table>
<thead>
<tr>
<th>CPT</th>
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<td>3044F, 3045F, 3046F, 83036, 83037</td>
<td>17856-6, 4548-4, 4549-2</td>
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Controlling Blood Pressure (C16)

Goal: To increase the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90). The most recent BP reading during the measurement year (as long as it occurred after the diagnosis of hypertension was made) is used for this measure. Compliance is based on medical chart reviews.
We care about your health

Dear [Member]:

According to medical information we have received from your doctor, our records indicate that you may have high blood pressure or hypertension. This is a disease where your heart works too hard to pump blood to the rest of your body. You may not feel that anything is wrong, but high blood pressure can permanently damage your heart, brain, eyes and kidneys before you feel anything. By keeping your blood pressure in the healthy range, you are reducing your risk for a heart attack, heart failure, stroke, and kidney failure.

Mercy Care Advantage (HMO SNP) has enclosed:
1. A brochure to help you understand and manage your blood pressure.
2. A form you can use to track your blood pressure levels and record medications.

Your doctor can suggest tools and programs to help you manage your condition. If needed, your doctor can adjust your medications. Call your doctor today to schedule an appointment.

If you need help scheduling an appointment, please call Mercy Care Advantage Member Services. Member Services representatives can be reached at 602-263-3000, 1-800-624-3879 (Hearing impaired TTY/TDD: 711); 24 hours a day, 7 days a week.

We wish you the best of health.

Sincerely,

Mercy Care Advantage

Mercy Care Advantage (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. You must receive all routine care from plan providers. This is general health information and is not meant to replace care or advice you get from your doctor. Always ask your doctor or other health care provider for information about your own health care needs. If you have questions, Mercy Care Advantage Member Services Representatives are available to help you 24 hours a day, 7 days a week. Please call 602-263-3000 or toll-free 1-800-624-3879. Hearing Impaired (TTY/TDD) 711.
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We care about your health
What you don’t know about high blood pressure can hurt you.
Learn how to control your blood pressure.
Step 1: Learn about high blood pressure (HBP)
• High blood pressure, or hypertension, is a disease
• Your heart works harder to pump blood to the rest of your body
• Your blood vessels walls become overstretched and injured

What do the numbers in a blood pressure mean?

Blood pressure
Blood pressure is typically recorded as two numbers, written as a ratio like this:

117/76 mm Hg

Step 2: Understand what high blood pressure does to your body
• Sometimes called “the silent killer,” you may not be aware that it’s damaging your arteries, heart and other organs
• It is a major risk factor for: stroke, vision loss, heart failure, heart attack and kidney disease
• The longer it’s left untreated, the more serious its complications can become.

Step 3: Your risk for high blood pressure

Risk factors
• Family history
• Advanced age
• Gender-related risk
• Lack of physical activity
• Poor diet – especially too much salt
• Overweight and obesity
• Drinking too much alcohol

Possible contributing factors
• Stress
• Smoking or second-hand smoke
• Sleep apnea

Blood pressure category

<table>
<thead>
<tr>
<th>Blood pressure category</th>
<th>Systolic mm Hg (upper #)</th>
<th>Diastolic mm Hg (lower #)</th>
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</thead>
<tbody>
<tr>
<td>Normal</td>
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</tr>
<tr>
<td>Prehypertension</td>
<td>120-139 or 80-89</td>
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<tr>
<td>High blood pressure (Hypertension) stage 1</td>
<td>140-159 or 90-99</td>
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<tr>
<td>High blood pressure (Hypertension) stage 2</td>
<td>160 or higher or 100 or higher</td>
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</tr>
<tr>
<td>Hypertensive crisis (Emergency care needed)</td>
<td>higher than 180 or higher than 110</td>
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</tr>
</tbody>
</table>

1 American Heart Association
Step 4: Symptoms, diagnosis and monitoring of high blood pressure (HBP)

Symptoms
Don’t make the mistake of assuming symptoms will alert you to the problem of HBP. The truth is that HBP is largely a symptomless condition and is called the “silent killer.”

Diagnosis
The only way to tell if you have HBP is to have it checked. The test can be done easily, quickly and painlessly by a healthcare professional.

Monitoring
• Recording of blood pressure readings can provide your healthcare provider with valuable information.
• Blood pressure can fluctuate. Monitoring your blood pressure can help determine whether you really have high blood pressure and whether your treatment plan is working.
• Discuss with your healthcare provider a suitable blood pressure monitor for your special needs and how to use it for home monitoring.
• You can also get help by visiting the American Heart Association website at www.heart.org. Look under Conditions/High Blood Pressure for recommendations on choosing a home monitor and how to take accurate home blood pressures. There is also an instructional video.
• Have your blood pressure checked at every healthcare provider visit.

Step 5: Prevention and treatment

Prevention
Good habits make a big difference. Healthy life choices are essential for the prevention and management of HBP. Managing blood pressure is a lifelong commitment. Start today for yourself and for those you love.

Treatment
There are eight main ways you can control your blood pressure.

• Eat more fruits and vegetables and use less salt
What you can do
Aim to eat a diet that’s rich in: fruits, vegetables, whole-grain, high-fiber foods, fat-Free and low-fat or 1 percent dairy products, beans, skinless poultry, lean meats, and fish.

• Enjoy regular physical activity
What you can do
Exercise. Check with your doctor on what type of exercise is right for you.

• Maintain a healthy weight
What you can do
Know your body mass index (BMI). If you’re overweight, make a plan to lose weight. Even losing 5 to 10 pounds may lower your blood pressure.

• Manage stress
What you can do
Reduce stress by changing your expectations. Give yourself enough time to get things done. Learn to say “no.” Don’t promise too much.

• Avoid tobacco smoke
What you can do
Decrease the amount you smoke and your exposure to secondhand smoke.

• Take your medications
What you can do
Take all of your medicines as prescribed by your doctor. Do not stop taking them or change the dose until you talk with your doctor.
• If you drink, limit alcohol
  What you can do
  If you drink, limit your alcohol consumption to no more than two drinks per day for men and no more than one drink per day for women.

• Understand hot tub safety
  What you can do
  If your doctor told you to avoid moderate exercise you should also be careful when considering hot tubs and saunas. People with high blood pressure should not move back and forth between cold water and hot tubs or saunas. This could cause an increase in blood pressure. Drinking alcohol and using a sauna isn’t a good combination either, so don’t mix the two.

Be informed
  Keep asking questions until you understand the answer.
  Every time you talk with a doctor, nurse or pharmacist, use these "Ask Me 3" questions to better understand your health. These questions were developed by the Partnership for Clear Health Communication. They were designed to help you talk with your doctor.
  • What is my main problem?
  • What do I need to do?
  • Why is it important for me to do this?

Learn more
  Helpful tips for lowering your blood pressure and heart-healthy recipes are available by calling or visiting:

American Heart Association
  Visit www.heart.org or call 1-800-242-8721
  • For more information about HBP look under Conditions/High Blood Pressure
  • For recipes look under Getting Healthy/Nutrition Center

National Heart, Lung and Blood Institute
  Visit www.nhlbi.nih.gov or call 1-301-592-8573
  • For more information about HBP, visit www.nhlbi.nih.gov/health/health-topics/topics/hbp
  • To find recipe collections for Traditional American Cuisine, Asian-American Cuisine, Southern Cuisine, Mexican-American Cuisine and Lacto-Ovo Vegetarian Cuisine, visit www.nhlbi.nih.gov/health/educational/lose_wt/menuplanner.html

Mercy Care Advantage (HMO SNP) is a Coordinated Care Plan with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. You must receive all routine care from plan providers. This is general health information and is not meant to replace care or advice you get from your doctor. Always ask your doctor or other health care provider for information about your own health care needs. This information is available for free in other languages. Please contact Member Services at 602-263-3000 or 1-800-624-3879, (TTY/TDD users should call 711) for additional information. Hours of operation: 24 hours a day, 7 days a week.

Esta información está disponible gratis en otros idiomas. Por favor comuníquese a nuestro número de Servicios al Miembro al 602-263-3000 o 1-800-624-3879 (TTY/TDD 711) para información adicional. Horas de servicio: 24 horas al día, 7 días a la semana. Participating physicians, hospitals, and other health care providers are independent contractors and are neither agents nor employees of Mercy Care Advantage. The availability of any particular provider cannot be guaranteed, and the provider network is subject to change.
## Blood pressure

<table>
<thead>
<tr>
<th>Date</th>
<th>BP</th>
<th>Date</th>
<th>BP</th>
<th>Date</th>
<th>BP</th>
<th>Date</th>
<th>BP</th>
<th>Date</th>
<th>BP</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

**YOUR GOAL:** ________/_______

## List of medications

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>DOSE</th>
<th>SCHEDULE</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>25 mg</td>
<td>daily in AM</td>
<td>lowers blood pressure</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
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<tr>
<td>4</td>
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<td>5</td>
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<td>10</td>
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<tr>
<td>11</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rheumatoid Arthritis Management (C17)

Goal: To increase the percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

<table>
<thead>
<tr>
<th>ICD-9-CM Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>714.0, 714.1, 714.2, 714.81</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DMARDs on Mercy Care Advantage Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIMZIA</td>
</tr>
<tr>
<td>HUMIRA</td>
</tr>
<tr>
<td>HUMIRA PEN</td>
</tr>
<tr>
<td>hydroxychloroquine sulfate generic</td>
</tr>
<tr>
<td>leflunomide TABS generic</td>
</tr>
<tr>
<td>methotrexate sodium tabs generic</td>
</tr>
<tr>
<td>REMICADE</td>
</tr>
</tbody>
</table>
Rheumatoid arthritis:
Key Priorities for Implementation

Referral for specialist treatment

- Refer for specialist opinion any person with suspected persistent synovitis of undetermined cause.
- Refer urgently if any of the following apply:
  - the small joints of the hands or feet are affected
  - more than one joint is affected
  - there has been a delay of 3 months or longer between onset of symptoms and seeking medical advice.

Disease-modifying and biological drugs

- In people with newly diagnosed active RA, offer a combination of disease-modifying antirheumatic drugs (DMARDs) (including methotrexate and at least one other DMARD, plus short term glucocorticoids) as first-line treatment as soon as possible, ideally within 3 months of the onset of persistent symptoms.
- In people with newly diagnosed RA for whom combination DMARD therapy is not appropriate, start DMARD monotherapy, placing greater emphasis on fast escalation to a clinically effective dose rather than on the choice of DMARD.
- In people with recent-onset RA receiving combination DMARD therapy and in whom sustained and satisfactory levels of disease control have been achieved, cautiously try to reduce drug doses to levels that still maintain disease control.

Monitoring disease

- In people with recent-onset active RA, measure C-reactive protein (CRP) and key components of disease activity (using a composite score such as DAS28) monthly until treatment has controlled the disease to a level previously agreed with the person with RA.

The multidisciplinary team

- People with RA should have access to a named member of the multidisciplinary team (MDT) (for example, the specialist nurse) who is responsible for coordinating their care.

Footnote: 1 For example, because of comorbidities or pregnancy, during which certain drugs would be contraindicated.
Reducing the Risk of Falling (C18)

Goals:

**Discussing Fall Risk** - To increase the percentage of Medicare members 75 years of age and older or 65–74 years of age with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.

**Managing Fall Risk** - To increase the percentage of Medicare members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

This measure is collected using a member survey methodology. Medicare Health Outcomes Survey (HOS)

**HOS Survey Questions:**

Q48. A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had no visits in the past 12 months</td>
<td></td>
</tr>
</tbody>
</table>

Q49. Did you fall in the past 12 months?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q50. In the past 12 months have you had a problem with balance or walking?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q51. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:

Suggest that you use a cane or walker

Check your blood pressure lying or standing

Suggest that you do an exercise or physical therapy program

Suggest a vision or hearing testing

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had no visits in the past 12 months</td>
<td></td>
</tr>
</tbody>
</table>
# Fall Assessment Charting Tool

## Patient’s Name

1. First
2. Middle Initial
3. Last

Positive for four or more core elements indicates the patient is at risk for falling and may need education, further evaluation or referral to a specialist.

## Core Elements

### A. Age 65 years or older [ ] Yes [ ] No

### B. History of Fall(s)

1. Fallen within the last three months [ ] Yes [ ] No
2. Symptoms Associated With Fall(s)
3. Location of Fall(s)
4. Activity at Time of Fall(s)
5. Time of Fall(s)
6. Trauma Associated With Fall(s)

## Underlying Medical Conditions (check all that apply)

- [ ] Orthostatic hypotension
- [ ] Muscle weakness (especially lower extremities)
- [ ] Foot disorder
- [ ] Peripheral neuropathy
- [ ] Degenerative joint disease (especially hips/knees)
- [ ] 3 or more diagnoses

## Reduced Vision (check all that apply)

- [ ] Cataracts
- [ ] Glaucoma
- [ ] Macular degeneration
- [ ] Other (explain):

## Bladder dysfunction (urge incontinence, nocturia, frequency) [ ] Yes [ ] No

## Pain affecting level of function or compliance with safety recommendations [ ] Yes [ ] No

## Medication Status

- [ ] Four or more prescription medications
- [ ] Medication noncompliance
- [ ] Psychotropic medications, sedatives, anti-hypertensives (including diuretics)

## Functional Status

- Uses walking aids: [ ] Cane [ ] Walker [ ] Other (explain)
- Gait is unsteady [ ] Yes [ ] No
- Unable to walk a straight path [ ] Yes [ ] No
- Unsteady getting up from sitting position [ ] Yes [ ] No

## Cognitive impairment (dementia, Alzheimer’s, history of stroke) [ ] Yes [ ] No

## Recommendations


Doctor’s Signature

Date (MM/DD/YYYY)

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Mercy Care Advantage (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage is voluntary. **AZ-12-06-10**
Plan All Cause Readmissions (C19)

Goal: To decrease the number of members who have an acute inpatient stay followed by an acute readmission for any diagnosis within 30 days.
Dear Dr. _____,

______ was discharged from ______________________ on DATE.

In order to prevent unnecessary in-patient readmissions, it is imperative that you follow-up with the member within seven days of DATE.

Please work with the member to ensure that the member:

- Has an appointment with you within 7 days of their discharge date: DATE
- Understands and follows their discharge instructions.
- Has had their medications reviewed and reconciled with you.
- Is following appropriate diet.
- Is utilizing any in-home medical and/or monitoring equipment.
- Understands that if they are experiencing symptoms or pain they should immediately escalate their concerns for clinical evaluation.
- Is referred to an appropriate level of care for alcohol or drug dependence within 14 days of diagnosis, if applicable.
- Has scheduled the necessary follow-up appointments with relevant healthcare providers and has transportation to the appointments.

Thank you,

Inpatient Services Department at Mercy Care Plan

Disclaimer:
This message is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or proprietary information. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.

NOTICE TO RECIPIENT(S) OF INFORMATION:
Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug
Member Experience with the Health Plan Measures (C20, C21, C22, C23, C24, C25)

The following measures are all collected using a member survey methodology. Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan surveys

**Getting Needed Care (C20)** - How easy it was for a member to get needed care and see specialists.

- In the last 6 months, how often was it easy to get appointments with specialists?
- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your health plan?

**Getting Appointments and Care Quickly (C21)** - How quickly members get appointments and care.

- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed?
- In the last 6 month, how often did you see the person you came to see within 15 minutes of your appointment time?

**Customer Service (C22)** - How easy it is for members to get information and help from the plan when needed.

- In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
- In the last 6 months, how often did your health plan’s customer service treat you with courtesy and respect?
- In the last 6 months, how often were the forms for your health plan easy to fill out?

**Rating of Health Care Quality (C23)** - Score the plan earned from members who rated the quality of the health care they received.

- Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

**Rating of Health Plan (C24)** - Score the plan earned from members who rated the health plan.

- Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
Care Coordination (C25) - Score the plan earned on how well the plan coordinates members’ care. This includes whether doctors had the records and information they need about members’ care and how quickly members got their test results.

- Whether doctor had medical records or other information about the enrollee’s care
- Whether there was follow up with the patient to provide test results
- How quickly the enrollee got the test results
- Whether the doctor spoke to the enrollee about prescription medicines
- Whether the enrollee received help managing care
- Whether the personal doctor is informed and up-to-date about specialist care
Additional HEDIS® - Only Measures

Non-Recommended PSA-Based Screening in Older Men (PSA)

Goal: To decrease the percentage of men 70 and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

*A lower rate indicates better performance.
Pharmacotherapy Management of COPD Exacerbation (PCE)

Goal: To increase the percentage of members 40 years of age and older with COPD exacerbations who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.

OR

2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.
## Medications to Treat COPD on Mercy Care Advantage Formulary

<table>
<thead>
<tr>
<th>GLUCOCORTICOIDS</th>
<th>ANTICHLINERGIC/BETA AGONIST COMBINATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a-hydrocort</td>
<td>COMBIVENT RESPIMAT</td>
</tr>
<tr>
<td>dexamethasone</td>
<td>ipratropium-albuterol</td>
</tr>
<tr>
<td>dexamethasone sodium phosphate</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone</td>
<td>ANCHOLINERGICS</td>
</tr>
<tr>
<td>methylprednisolone</td>
<td>ATROVENT HFA</td>
</tr>
<tr>
<td>methylprednisolone sod succ</td>
<td>ipratropium bromide</td>
</tr>
<tr>
<td>prednisolone</td>
<td>SPIRIVA</td>
</tr>
<tr>
<td>prednisolone sodium phosphate</td>
<td></td>
</tr>
<tr>
<td>prednisone</td>
<td>BETA AGONISTS</td>
</tr>
<tr>
<td>SOLU-CORTEF</td>
<td>levalbuterol</td>
</tr>
<tr>
<td></td>
<td>PERFOROMIST</td>
</tr>
<tr>
<td></td>
<td>XOPENEX HFA</td>
</tr>
</tbody>
</table>

### XANTHINES

| aminophylline                          |                                               |
| ELIXOPHYLLIN                           | STEROID INHALANTS                             |
| THEO-24 Other                          | budesonide                                    |

### STEROID/BETA-AGONIST COMBINATIONS

| ADVAIR DISKUS                          |                                               |
| ADVAIR HFA                             |                                               |
| BREO ELLIPTA                           |                                               |
| DULERA                                 |                                               |
| SYMBICORT                              |                                               |
Pneumococcal Vaccination Status for Older Adults (PNU)

Goal: To increase the percentage of Medicare members 65 years of age and older who have ever received a pneumococcal vaccine.

This measure is collected using a member survey methodology. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) health plan surveys.

CAHPS Survey Question:

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Question</th>
<th>Response Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q69</td>
<td>Have you ever had a pneumonia shot? This shot is usually given only once</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>or twice in a person’s lifetime and is different from a flu shot. It is</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>also called the pneumococcal vaccine.</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>
Medication Reconciliation Post-Discharge (MRP)

**Goal:** To increase the percentage of discharges during the measurement year for members 66 years of age and older for whom medications were reconciled on or within 30 days of discharge.

A Medication Reconciliation is a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. This reconciliation may be conducted by a prescribing practitioner, clinical pharmacist, or registered nurse, as documented in the outpatient chart on or within 30 days of discharge.

**CPT Codes to Identify Medication Review**

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Review</td>
<td>1160F, 90863, 99605, 99606</td>
</tr>
<tr>
<td>TCM 7 day</td>
<td>99496</td>
</tr>
<tr>
<td>TCM 14 day</td>
<td>99495</td>
</tr>
</tbody>
</table>
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

Goal: To increase percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following.

- **Initiation of AOD Treatment:** The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

- **Engagement of AOD Treatment:** The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.