

# Medicare and Medicaid quality news

Helping you close gaps in care with tools, resources and member engagement campaigns

Fall 2024

## ★ Medicare quality

### A final push to close care gaps

We know closing health care gaps in the fourth quarter can be challenging. Here's how we're working alongside you to help your patients, our members, get the care they need.

- **Outreach:** We regularly reach out to our members to discuss the importance of timely care. Get our new [2024 member outreach calendar](#) for more information on our outreach initiatives across all plans.
- **Reports:** The following reports help you identify your Priority Health Medicare patients with care gaps.

Report name	Report ID	What is included
<b>HEDIS Gaps in Care (TAB)</b>	PIP_011C	<b>Includes the following information:</b> <ul style="list-style-type: none"> <li>• Patient's PCP</li> <li>• Patient's Priority Health plan</li> <li>• Measures the patient is included in</li> <li>• Gap closure status for these measures (including if and when the gap was closed)</li> </ul>
<b>PIP Diabetes Lab Result Worksheet (TAB)</b>	PIP_011G	Provides the last HbA1c lab date, value and source for your Priority Health Medicare patients with a diabetes diagnosis.
<b>PIP Hypertension Worksheet (TAB)</b>	PIP_011H	Provides date of last blood pressure (BP), the value, source and most recent office visit for your Priority Health Medicare patients with a hypertension diagnosis.
<b>PIP Gaps in Care Immunizations (TAB)</b>	PIP_011I	Provides an immunization status for your Priority Health Medicare patients included in our incentivized immunization measures who aren't up to date on their immunizations.
<b>Medication adherence reports</b>		Provides the adherence status of your Priority Health Medicare patients included in the diabetes, cholesterol, hypertension and/or Statin Use of Persons with Diabetes (SUPD) measure.
<b>Let's Get Checked (LGC) reports (beginning in October)</b>		Provides the results of your Priority Health Medicare patients who've completed their LGC at-home test kits. These test kits include screenings for HbA1c and/or kidney health.
<b>Osteoporosis Management in Women who Suffered a Fracture (OMW)</b>		Lists your Priority Health Medicare patients included in the OMW measure who need to complete their bone mineral density (BMD) test.

## Medicare quality HEDIS focus areas

This quarter, our Medicare quality team is focusing on the measures listed below.

Measure	How we're supporting gap closure
<b>Breast Cancer Screening (BCS)</b>	<ul style="list-style-type: none"> <li>Member outreach</li> <li>PIP incentive for providers</li> </ul>
<b>Colorectal Cancer Screening (COL)</b>	<ul style="list-style-type: none"> <li>At-home Cologuard test kits through Exact Sciences</li> <li>Member outreach</li> <li>PIP incentive for providers</li> </ul>
<b>Controlling blood pressure (CBP)</b>	PIP incentive for providers
<b>Diabetes Care:</b> <ul style="list-style-type: none"> <li><b>Blood Sugar Controlled (GSD)</b></li> <li><b>Eye Exam (EED)</b></li> <li><b>Kidney Health (KED)</b></li> </ul>	<ul style="list-style-type: none"> <li>Member outreach</li> <li>Diabetic eye exam Medicare member incentive</li> <li>PIP incentive for providers</li> </ul>
<b>Flu vaccine</b>	<ul style="list-style-type: none"> <li><a href="#"><b>Incentive for Medicare patients who complete their annual flu vaccine</b></a></li> <li>Member outreach</li> </ul>
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	Monthly reports to ACNs detailing Medicare patients in need of a bone mineral density (BMD) test
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>	PIP incentive for providers
<b>Statin Use in Persons with Diabetes</b>	PIP incentive for providers
<b>Medication Adherence for Diabetes Medications (MAD)</b>	<ul style="list-style-type: none"> <li>PIP incentive for providers</li> <li><a href="#"><b>Biweekly/monthly medication adherence reports sent to ACNs</b></a></li> </ul>
<b>Medication Adherence for Cholesterol (Statins) (MAC)</b>	<ul style="list-style-type: none"> <li>PIP incentive for providers</li> <li><a href="#"><b>Biweekly/monthly medication adherence reports sent to ACNs</b></a></li> </ul>
<b>Medication Adherence for Hypertension (MAH)</b>	<ul style="list-style-type: none"> <li>PIP incentive for providers</li> <li><a href="#"><b>Biweekly/monthly medication adherence reports sent to ACNs</b></a></li> </ul>

For information on available PIP incentives, visit our [PCP Incentive Program \(PIP\) Manual \(login required\)](#).

### **Capturing patient data accurately and completely**

Inaccurate documentation is a barrier to closing care gaps and ensuring your patients have access to appropriate resources and care management. Always document your patients' diagnoses to the highest level of specificity. In addition to improving health outcomes, accurate documentation also improves your earnings in PIP and our Disease Burden Management Program (DBM).

### **Submitting documentation to close your patients' care gaps**

Need to submit documentation to close your Priority Health patients' care gaps? You can submit directly to the Priority Health HEDIS department:

**Email:** [HEDIS@priorityhealth.com](mailto:HEDIS@priorityhealth.com)

**Fax:** 616.975.8897

**Mail:** HEDIS at 1231 E. Beltline Ave, NE Mail Stop 1280, Grand Rapids, MI, 49525

### **Electronic Clinical Data Systems (ECDS):**

Contact [HEDIS@priorityhealth.com](mailto:HEDIS@priorityhealth.com) for more information.

ECDS reporting can include:

- Administrative claims systems
- Clinical registries
- Disease/case management registries
- Electronic health records (EHRs)
- Electronic laboratory reports (ELR)
- Electronic pharmacy systems
- Health information exchanges (HIEs)
- Immunization
- Information systems (IIS)

### **Have you visited our Quality Improvement page?**

(login required) You'll find tips on how to be successful in HEDIS, how to document with CPT II codes and provider tipsheets for select measures that include information on closing care gaps and billing and coding.

### **Register for our 2025 Medicare and Medicaid quality updates VOA.**

Join us on November 7 as we discuss our 2025 quality focus areas.

[Join here](#)


**Medicaid quality**
**Medicaid quality HEDIS focus areas**

This quarter, our Medicaid quality team is focusing on the measures below. Here's how we're working alongside you to close care gaps and improve the health outcomes of your patients, our members.

Measure	How we're supporting gap closure
<b>Controlling Blood Pressure (CPB)</b>	<ul style="list-style-type: none"> <li>Member outreach</li> <li>PIP incentive for providers</li> </ul>
<b>Eye Exam for Patients with Diabetes (EED)</b>	<ul style="list-style-type: none"> <li>Member outreach</li> <li>PIP incentive for providers</li> </ul>
<b>Lead Screening in Children (LSC)</b>	<ul style="list-style-type: none"> <li>Member outreach</li> <li>Medicaid member incentive</li> <li>PIP incentive for providers</li> </ul>
<b>Childhood Immunization Status (CIS) Combination 3</b>	<ul style="list-style-type: none"> <li>Member outreach</li> <li>PIP incentive for providers</li> </ul>
<b>Chlamydia Screening in Women (CHL)</b>	<ul style="list-style-type: none"> <li>PIP incentive for providers</li> </ul>
<b>Prenatal and postpartum care</b>	<ul style="list-style-type: none"> <li>Member outreach</li> <li><a href="#">PriorityMOM</a> and <a href="#">PriorityBABY</a> programs</li> </ul>
<b>Well-child visits in the first 30 months of life (W30)</b>	<ul style="list-style-type: none"> <li>Member outreach</li> <li>PIP incentive for providers</li> </ul>
<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>	<ul style="list-style-type: none"> <li>Member outreach</li> <li>PIP incentive for providers</li> </ul>

For information on available PIP incentives, visit our [PCP Incentive Program \(PIP\) Manual \(login required\)](#).

## Closing care gaps for chronic kidney disease (CKD)

According to the [National Kidney Foundation](#), an estimated 37 million Americans have CKD, but only 10 percent, or fewer than 4 million, are aware of it. We encourage you to order a kidney health evaluation for your patients with comorbidities, especially those with diabetes and/or hypertension. **Reminder:** To close care gaps in the Kidney Evaluation for Patients with Diabetes (KED) HEDIS measure and increase your earnings in our PCP Incentive Program (PIP), the following tests are required:

- A blood test for kidney function (estimated glomerular filtration rate [eGFR]) **and**
- A urine test for kidney damage (urine albumin-creatinine ratio [uACR])

Our [CKD webpage](#) offers your patients helpful information on CKD management and resources.

## Do your patients struggle with medication adherence?

Consider switching them to 90-day prescription fills. 90-day fills mean fewer trips to the pharmacy, reduced medication costs for your patients and the convenience of having a longer supply on hand, which can significantly improve adherence.



## Combatting vaccine hesitancy this flu season

With a resurgence of flu and Covid-19 in our communities, we created a [presentation for providers](#) with a refresher on how to combat vaccine hesitancy in your practice.



## Sharing Priority Health resources for your Medicaid patients with HIV

An estimated 38,000 Americans are newly diagnosed with HIV each year, with a disproportionate number of new diagnoses taking place within marginalized and low-income communities. We're partnering with you to help reduce HIV diagnoses and increase suppression rates across the state of Michigan. Here's how:

- **Care management services:** Our care management team provides personalized plans for your Priority Health Medicaid patients with HIV to help them prioritize and stay on top of their care.
- **Transportation services:** Your Priority Health Medicaid patients have access to [transportation assistance](#) through SafeRide.
- **Covered therapies to help prevent or treat HIV:** Priority Health Medicaid members have access to covered therapies that can help prevent or treat HIV, at little to no cost to them, through the Michigan Fee For Service (FFS) Medicaid plan. Use the [FFS MRx Providers' drug lookup tool](#) or call the Beneficiary Help Line at **1.800.642.3195** to learn more about coverage.

Get our [member resource](#) designed to help your Priority Health Medicaid patients with HIV understand the tools and programs available to them.

## Your patients may be eligible for free behavioral health services through Community Mental Health (CMH)

CMH is a program offered through the Centers for Medicare and Medicaid Services (CMS) that provides free behavioral health services to eligible patients. If you have a patient who could benefit from these services, use the [CMH locator](#) to identify a program in their area. Note: Be sure to select the CMH program that offers services in the county the patient resides in. Once you've made the referral, CMS will assess the patient's clinical needs to determine if they're eligible. For questions or assistance, call Priority Health's Behavior Health Intake Line at **1.800.673.8043**.