

HEDIS® Tip Sheet

Care for Older Adults (COA)

Measure Description

The percentage of adults 66 years and older who had each of the following during the measurement year:

- **Medication Review:** At least one medication review by a prescribing practitioner or clinical pharmacist and the presence of a medication list in the medical record or transitional care management services during the measurement year.
- **Functional Status Assessment:** Documentation in the medical record of evidence of at least one complete functional status assessment during the measurement year and the date performed. An 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, 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, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances.
 - **Result of assessment using a standardized assessment tool;** including, but 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, Edmonton Frail Scale, Extended ADL (EADL) Scale, Groningen Frailty Index, 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.

Product Line: Medicare (only SNP and MMP benefit packages)

★ Medicare Star Measure Weight: 1

Measure Specification: Administrative and Hybrid

Codes Included in the Current HEDIS® Measure

| Description | Code |
|---------------------------------------|---|
| Medication Review | CPT: 90863, 99483, 99605, 99606 CPT II: 1160F <i>Note: Do not include codes with CPT CAT II Modifier (1P-3P, 8P).</i> |
| Medication List | CPT II: 1159F HCPCS: G8427 |
| Functional Status Assessment | CPT: 99483 CPT II: 1170F HCPCS: G0438, G0439 <i>Note: Do not include codes with CPT CAT II Modifier (1P-3P, 8P).</i> |
| Transitional Care Management Services | CPT: 99495, 99496 |

Ways Providers can Improve HEDIS® Performance

- A Medication Review performed without the patient present meets criteria.
- The Medication Review requires that the medications (including over the counter (OTC) medications and herbal supplemental therapies) be listed in the medical record, reviewed, signed, and dated by the provider that reviewed the medication list.
- A Functional Status Assessment limited to a single acute or single condition, event or body system does not meet criteria for compliance.
- The Functional Status Assessment and Pain Assessment indicators do not require a specific setting. Therefore, services rendered during a telephone visit, e-visit or virtual check-in meet criteria.
- Pain Assessments, medication reviews, and functional status assessments performed in an acute inpatient setting do not meet criteria for compliance.
- Notation alone of a pain management plan or a pain treatment plan does not meet criteria.
- Use of CPT® II Codes report clinical outcomes and reduce the need for medical record chart requests and reviews. Please note that 1160F (documentation of medications reviewed in medical record) and 1159F (medication list documented in medical record) must be submitted on the same date of service to close the gap.
- Leverage telehealth opportunities to facilitate Advance Care Planning and conduct assessments of functional status and pain for older adults.
- Providers can upload medical record that contains med review and/or functional status assessment documentation (e.g., progress notes) in Availity HEDIS Portlet, Cozeva, fax, etc. to close a data gap if the patient has a med review/functional status assessment on file.
- Complete the COA assessment form annually with eligible patients or as part of an annual wellness exam. Completed forms can then be submitted as supplemental data.

Ways Health Plans can Improve HEDIS® Performance

- Educate providers on the use of CPTII codes to report clinical outcomes
- Audit, identify, and educate top 10 providers with open gaps
- Have care management perform medication review
- Health plans can educate providers on the standardized pain assessment tools, the process for assessing members' pain and documentation of pain assessment in members' medical record.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Exclude services provided in an acute inpatient setting.

All summaries of the measures contained herein are reproduced with permission from HEDIS® Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA).

The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional. Molina Healthcare, Inc. does not warrant or represent that the information contained herein is accurate or free from defects.

COPYRIGHT NOTICE AND DISCLAIMER

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS measures and specifications were developed by and are owned by NCQA. NCQA holds a copyright in these materials and may rescind or alter these materials at any time. Users of the HEDIS measures and specifications shall not have the right to alter, enhance or otherwise modify the HEDIS measures and specifications, and shall not disassemble, recompile or reverse engineer the HEDIS measures and specifications. Anyone desiring to use or reproduce the materials, subject to licensed user restrictions, without modification for an internal non-commercial purpose may do so without obtaining any approval from NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. All other uses, including a commercial use (including but not limited to vendors using the measures and specifications with a product or service to calculate measure results), or any external reproduction, distribution and publication of the HEDIS measures or results ("rates") therefrom must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program.

HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on HEDIS measures and specifications or data reflective of performance under such measures and specifications.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.

CPT® codes, descriptions and other data are copyright 2024 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Health Care Provider Taxonomy Code Set codes copyright 2024 AMA. The codes are published in cooperation with the National Uniform Claim Committee (NUCC) by the AMA. Applicable FARS/DFARS restrictions apply.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. All uses of the UB Codes may require a license from the AHA. Specifically, anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@aha.org.

The American Dental Association (ADA) holds a copyright to the Current Dental Terminology (CDT) codes contained in certain measure specifications. The CDT codes in the HEDIS specifications are included with the permission of the ADA. All uses of the CDT codes require a license from the ADA. No alteration, amendments, or modifications of the CDT or any portion thereof is allowed. Resale, transmission, or distribution of copies of the CDT or other portions of the CDT is also not allowed. To inquire about licensing, contact CDT-SNODENT@ada.org.

Some measure specifications contain coding from LOINC® (<https://loinc.org/>). The LOINC table, LOINC codes, LOINC panels and form file, LOINC linguistic variants file, LOINC/RSNA Radiology Playbook, and LOINC/IEEE Medical Device Code Mapping Table are copyright © 1995–2024 Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee and are available at no cost under the license at <https://loinc.org/kb/license/>.

"SNOMED" and "SNOMED CT" are registered trademarks of the International Health Terminology Standards Development Organisation (IHTSDO).

The CDC Race and Ethnicity code system was developed by the U.S. Centers for Disease Control and Prevention (CDC). NCQA's use of the code system does not imply endorsement by the CDC of NCQA, or its products or services. The code system is otherwise available on the CDC website at no charge.

Certain NullFlavor codes are owned and copyrighted by Health Level Seven International (HL7®); 2024. "HL7" is a registered trademark of Health Level Seven International.

RadLex copyright 2014, The Radiological Society of North America (RSNA), all rights reserved. Licensed under RadLex License Version 2.0. You may obtain a copy of the license at: <http://www.rsna.org/radlexdownloads/> This work is distributed under the above noted license on an "AS IS" basis, WITHOUT WARRANTIES OF ANY KIND, either express or implied. Please see the license for complete terms and conditions.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording or any information storage and retrieval system, without the written permission of NCQA.

© 2024 by the National Committee for Quality Assurance
1100 13th Street NW, Third Floor,
Washington, DC 20005