REFERENCE GUIDE PURPOSE:

The purpose of this Reference Guide is to outline the process for documenting Quality MassHealth measures. This reference guide includes documentation for the following measures, Screening and Brief Counseling for Unhealthy Alcohol Use, Tobacco Use: Screening and Cessions, Care for Adults, and Depression Screening and Follow-Up.

DEFINITIONS & ACRONYMNS:

- MY: Measurement Year
- Measurement Year: The audit year in which quality measure data is collected from.
- DOS: Date of Service
- Date of Service: The date a rendered service was provided.
- Ongoing Care Providers: Clinicians who manage the member's ongoing care, such as: NP, PA, MD, DO
- Clinical Staff: LPN, RN
- Non-clinical staff: Non licensure holding staff including, but not limited to health information management specialist, health outreach workers, etc.
- Qualifying Event: Specified event, such as diagnosis code, event code, etc. as detailed per measure, that will count towards a member's compliance.
- Measure Cohort: All the details which create a measure, be it a specific set of diagnosis, an age range, or other parameters which are defined to calculate a measure population.
- Denominator: All members with qualifying events defined by a measure cohort to make them a part of the eligible population.
- Numerator: All the members within a specified measure denominator that have had a qualifying event such as diagnosis code, event code, or whatever is detailed in the measure that shows the member has had a qualifying event to be counted as having the service of interest.
- Numerator Compliant member: A member with a qualifying event for a measure.
- Administrative Data: Transaction data, or other administrative data used to identify the eligible population and numerator. This information includes both claims and other transaction data, as well as supplemental data.
- Supplemental Data: Data used to capture missing service data not received through administrative sources (claims or encounters) or by standard electronically generated files from the service providers.
- Hybrid Data: Medical record data used to identify eligible numerator events.
- Transaction Data: Data that is created and updated within operational systems, which collects information related to intake, service, diagnostic testing, procedures, purchasing, billing, accounts receivable and accounts payable. Can be from claims, EMR data exports, etc.

© 2022
Commonwealth Care Alliance, Inc.

Contents

© 2022
Commonwealth Care Alliance, Inc.

MassHealth One Care Measures

MA 4.2 Screening and Brief Counseling for Unhealthy Alcohol Use

SubMeasure: (2): Screening, Follow-Up

Measure Member Cohort Age Range: 21+ years old
Measure Lookback: 2 Years
Description: The percentage of members that were screened for unhealthy alcohol use using a systematic screening during the measurement year or the year prior

Virtual or telephone visits are acceptable for this measure.

Examples of How to Document and Where.

Unhealthy Alcohol Use Screening	**Visit Information**	Electronic Health Record - Defined Structed Data Location - HPI - Question: - "How many times in the past 12 months did the member have 5or more drinks a day (males) or 4 or more drinks (females)? (One drink is 12 ounces of wine, or 1.5 ounces of 80-proof spirits)" Electronic Health Record - Defined Structed Data Location - HPI - Response: - Any response other than "Never" - Almost Daily, - Daily, or - Occasionally
Unhealthy Alcohol Use Follow-Up	**Visit Information**	Electronic Health Record - Defined Structed Data Location - Care Notes - Member educated on risks of unhealthy alcohol use

© 2022
Commonwealth Care Alliance, Inc.

MA 4.3 Tobacco Use: Screening and Cessation

SubMeasure: (2): Screening, Cessation

Measure Member Cohort Age Range: 21+ years old
Measure Lookback: 2 Years
Measure Description: The percentage of members that were screened for tobacco use using a systematic screening during the measurement year or the year prior

Virtual or telephone visits are acceptable for this measure.

EXAMPLES OF HOW TO DOCUMENT AND WHERE.

Tobacco Use Screening	**Visit Information**	Electronic Health Record - Defined Structed Data Location - HPI - Question: - "How many times in the past12 months did the member use tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?" Electronic Health Record - Defined Structed Data Location - HPI - Response: - Any response other than "Never" - Almost Daily, - Daily, or - Occasionally
Tobacco Use Cessation	**Visit Information**	Electronic Health Record - Defined Structed Data Location - Care Notes - Member given education on smoking cessation

© 2022
Commonwealth Care Alliance, Inc.

MA 4.5 Care for Adults

Sub-measure(s):(3): Annual Medication Review

Measure Member Cohort Age Range: 21+ years old
Measure Lookback: 1 year
Description: The percentage of members 21+ y/o who had a medication review performed during the measurement year.

Virtual or telephone visits are accepted for this measure.

What does HEDIS Require and By Whom?

Credentials	Documentation Requirement
Prescribing Practitioner	Annual medication review of all the member's medications, including over-the-counter, and herbal or supplemental therapies, as well as a medication list in the member's legal health record.
Clinical Pharmacist	Annual medication review of all the member's medications, including over-the-counter, and herbal or supplemental therapies, as well as a medication list in the member's legal health record.

Examples of How to Document and Where.

Visit Information	Electronic Health Record - Visit completed by appropriate provider o Medication List ▪ Medications Reviewed Checkbox ▪ Medications Reconciled **Note must be signed by appropriate provider**

© 2022
Commonwealth Care Alliance, Inc.

MA 4.5 Care for Adults

Sub-measure(s):(3): Functional Status Assessment

Measure Member Cohort Age Range: 21+ years old
Measure Lookback: 1 year
Description: The percentage of members 21+ y/o who had a functional status assessment during the measurement year.

Virtual or telephone visits are accepted for this measure.

WHAT DOES HEDIS REQUIRE AND BY WHOM?

Credentials	Documentation Requirement
Clinical staff, ongoing care provider	Result of completed standardized functional status assessment tool.
Clinical staff, ongoing care provider	Notation that Activities of Daily Living (ADL) were assessed or that at least **5** of the following addressed: Bathing, dressing, eating, transferring, using toilet, walking
Clinical staff, ongoing care provider	Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least **4** 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, handing finances.

EXAMPLES OF HOW TO DOCUMENT AND WHERE.

Visit Information	Electronic Health Record - Defined Structed Data Location ▪ Functional Status Assessment examples: • Katz Index • ALSAR • B-ADL Scale
Visit Information	Electronic Health Record - Defined Structed Data Location o Review of System ▪ List of assessed ADL/IADL

© 2022
Commonwealth Care Alliance, Inc.

MA 4.5 Care for Adults

Sub-measure(s):(3): Pain Assessment

Measure Member Cohort Age Range: 21+ years old
Measure Lookback: 1 year
Description: The percentage of members 21+ y/o who had a pain assessment during the measurement year.

Virtual or telephone visits are accepted for this measure.

What does HEDIS Require and By Whom?

Credentials	Documentation Requirement
Clinical staff, ongoing care provider	Pain Assessment result using a standardized pain assessment tool, or documentation that the member was assessed for pain (not including acute pain management plan, chest pain, or other specific acute events)

Examples of How to Document and Where.

Visit Information	Electronic Health Record - Defined Structed Data Location o Review of Systems ▪ Pain Frequency
Visit Information	Electronic Health Record - Defined Structed Data Location o Review of Systems ▪ Pain Scale • 1-10

© 2022
Commonwealth Care Alliance, Inc.

MA 4.6 Depression Screening and Follow-Up

Sub-Measure: (2): Screening, Follow-Up

Measure Member Cohort Age Range: 21+ years old
Measure Lookback: 1 Year
Description: The percentage of members that were screened for clinical depression at least once during the measurement year.

Virtual or telephone visits are acceptable for this measure.

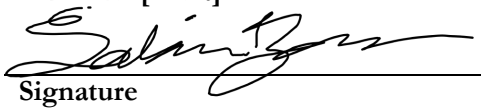
How are we pulling Supplemental Data?

Depression Screening	**Visit Information**	Electronic Health Record - Defined Structed Data Location - HPI - Question: - "PHQ 2 screening: Was the member bothered by any of the following problems over the past 2 weeks?" - "Feeling down, depressed, or hopeless?" - "Little Interest or pleasure in doing things?" Electronic Health Record - Defined Structed Data Location - HPI - Response: - Any response other than "Never" - Almost Daily, - Daily, or - Occasionally
Depression Follow-Up	**Visit Information**	Electronic Health Record - Defined Structed Data Location - Care Notes - Member given education on coping strategies

© 2022
Commonwealth Care Alliance, Inc.

RELATED DOCUMENTS:

APPROVALS:

Sabrina N Zecher	Manager, HEDIS
CCA SUBJECT MATTER EXPERT[Print]	**Title [Print]**
	12/01/2021
Signature	**Date**

© 2022
Commonwealth Care Alliance, Inc.