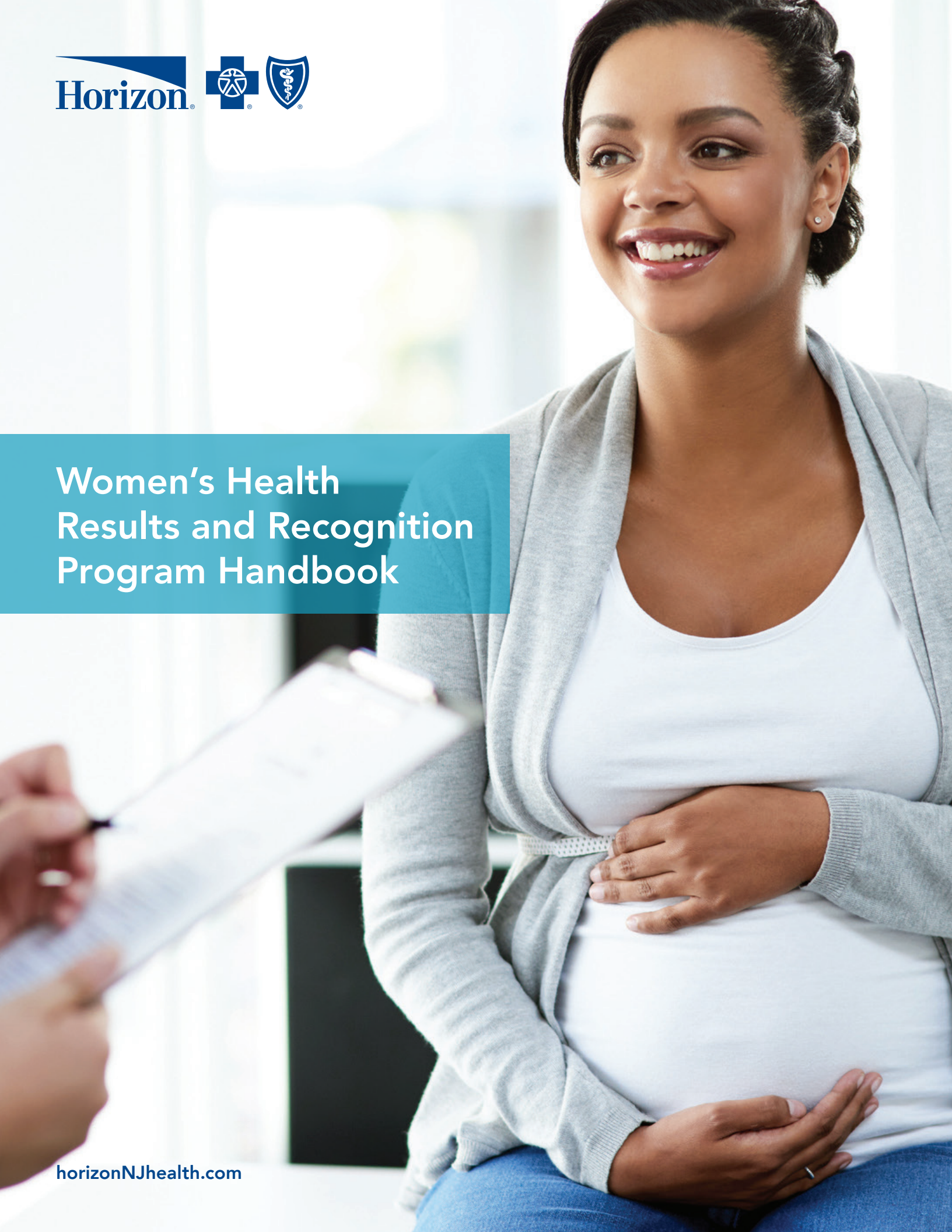

Women's Health Results and Recognition Program Handbook

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Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) would like to work alongside you to help improve infant and maternal health in New Jersey. Our goal is to positively impact the health of women and children.

On average, mothers in New Jersey are dying at a faster rate than the rest of the nation. For every 100,000 live births in New Jersey, 37 women die, compared with 20 nationally. This earned our state one of the worst ratings in the nation.

For mothers and babies of color, the issue is even more critical.

- Within the first year of giving birth, black women in New Jersey are five times more likely to die from maternity-related complications.
- Black babies are three times more likely to die in the first year of their life than white babies, even though New Jersey's infant mortality rate is among the lowest.

This is the widest racial disparity in the nation. It is up to us to make a change. The health of one community affects the health of all other communities.

60% Up to 60% of **maternal complications** are projected to be preventable.

RANKED 47th **Rate of pregnancy-related deaths** doubled nationally from 1987 to 2014. New Jersey ranked 47th among the states.

37 DEATHS

More than 37 deaths per **100,000 births**.

Horizon BCBSNJ created a Women's Health Incentive Program to help improve quality outcomes through practice transformation. The incentive program will include:

- **Additional payments for every:**
  - Medicaid quality performance gap closed over the adjusted percentile targets[1]
  - Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) quality performance gap closed once you reach the identified STARS rating
  - Medicare quality performance gap closed once you reach the identified STARS rating
- **Practice-level monthly quality report cards and patient-level detail gap reports** (data will include expectant women due in 2020 and women who become pregnant in 2020 that have completed a Patient Risk Assessment with your practice)
- **A dedicated single point of contact** on quality for all lines of business with support through monthly touchpoints and report analysis, education through monthly webinars and resources to promote best practices and quality improvement
- Three payments a year and a detailed payment report:
  - First and Second Quarter Results – Payment in the **fourth quarter of 2020**
  - Third Quarter Results – Payment in the **second quarter of 2021**
  - Fourth Quarter Results – Payment in the **second quarter of 2021**
- I**ncluded measures:**
  - Prenatal and Postpartum Care
  - Cervical Cancer Screening
  - Breast Cancer Screening
  - Chlamydia Screening

Access/Availability of Care Measures

Medicaid Measure

Prenatal and Postpartum Care Measure (PPC)	
Topic	**Explanation**
Measure	Prenatal and Postpartum Care (PPC)
Description of the Measure	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. • Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
Eligible Population	Women who delivered a live birth on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. Include women who delivered in any setting. Multiple births. Women who had two separate deliveries (different dates of service) between October 8 of the year prior to the measurement year and October 7 of the measurement year count twice. Women who had multiple live births during one pregnancy count once. **Exclusions:** Members in hospice care are excluded from the denominator Non-live births
Compliant Member	Women who delivered live births: • Who had a prenatal care visit in the first trimester • Who had a postpartum visit for a pelvic exam or postpartum care on or between 7 and 84 days after delivery
How to submit to Horizon BCBSNJ	**Coding:** **Prenatal Visit** Prenatal Bundled Services Value Set Stand Alone Prenatal Visits Value Set Prenatal Visits Value Set • Obstetric Panel Value Set • Prenatal Ultrasound Value Set • Pregnancy Diagnosis Value Set • Toxoplasma Antibody Value Set • Rubella Antibody Value Set • Cytomegalovirus Antibody Value Set • Herpes Simplex Antibody Value Set • Rubella Antibody Value Set and ABO Value Set • Rubella Antibody Value Set and Rh Value Set • Rubella Antibody Value Set and ABO/Rh Value Set

Prenatal and Postpartum Care Measure (PPC) - (*CONTINUED*)	
Topic	**Explanation**
How to submit to Horizon BCBSNJ (continued)	**Postpartum Visit** Postpartum Visits Value Set Cervical Cytology Value Set Postpartum Bundles Services Value Set **Documentation:** **Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP in the first trimester.** For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following: • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used). • Evidence that a prenatal care procedure was performed, such as: – Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), **or** – TORCH antibody panel alone, **or** – A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or** – Ultrasound of a pregnant uterus. • Documentation of LMP, EDD or gestational age in conjunction with either of the following: – Prenatal risk assessment and counseling/education. – Complete obstetrical history. **Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7 and 84 days after delivery.** Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following: • Pelvic exam. • Evaluation of weight, BP, breasts and abdomen. – Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component. • Notation of postpartum care, including, but not limited to: – Notation of "postpartum care," "PP care," "PP check," "6-week check." – A preprinted "Postpartum Care" form in which information was documented during the visit.

Prenatal and Postpartum Care Measure (PPC) - (*CONTINUED*)	
Topic	**Explanation**
How to submit to Horizon BCBSNJ (continued)	• Perineal or cesarean incision/wound check. • Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders. • Glucose screening for women with gestational diabetes. • Documentation of any of the following topics: – Infant care or breastfeeding – Resumption of intercourse, birth spacing or family planning. – Sleep/fatigue. – Resumption of physical activity and attainment of healthy weight. **Note:** Services that occur over multiple visits count toward this measure if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure. A Pap test does not count as a prenatal care visit for the administrative and hybrid specification of the Timeliness of Prenatal Care rate, but is acceptable for the Postpartum Care rate as evidence of a pelvic exam. A colposcopy alone is not numerator compliant for either rate. The intent is that a prenatal visit is with a PCP or OB/GYN or other prenatal care practitioner. Ancillary services (lab, ultrasound) may be delivered by an ancillary provider. Non-ancillary services (e.g., fetal heart tone, prenatal risk assessment) must be delivered by the required provider type. The intent is to assess whether prenatal and preventive care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.
Best Practices	Use gap lists to help manage your population of women who were • Make outreach calls and/or send letters to advise members of the need for a visit • Stress the importance of the **prenatal/initial visit** to perform – Medical and surgical history review • Prior births involving cesarean delivery and/or complications, immunization status, medications and allergies, etc. – Behavior, lifestyle and social issues assessment – Physical examination • Immunizations • Initial screening and testing • Review the visit schedule with the patient – Please see guidelines regarding visit schedule on the following pages. • Connect patients to resources for family assistance programs in New Jersey • Partner with Horizon *Healthy Journey* Program to assist with targeted outreach activities

Prenatal Measure: Prenatal visits

Table 1

Visit schedule	
Visit type[1]	**Timing**
Initial visit with a registered nurse	As soon as the patient knows she is pregnant, preferably before 8 weeks gestation
Initial visit	At or before 10 weeks[2]
Early second trimester	14 to 16 weeks
Late second trimester	24 to 28 weeks
Third trimester	32 weeks, 36 weeks, 38 weeks, 39 weeks, 40 weeks, 41 weeks
Postpartum care	3 to 4 weeks post-delivery (no later than 6 weeks)

[1] Except where noted, all visits are with a medical doctor or advanced practice provider.
[2] Holding initial visits at this time may lead to earlier identification of multiple gestations, potentially improving pregnancy outcomes.

History

Request transfer of the patient's medical records from prior births involving cesarean delivery and/or complicated pregnancies.

Update the patient's history in the medical record to include:

- Current pregnancy history
- Past obstetric history
- Menstrual history
- Sexual history
- Contraceptive history
- Medical and surgical history
- Infection history
- Genetics history
- Immunization status
- Medications and allergies
- Exposure to teratogens
- Sociodemographic data
- Pregnancy readiness
- Nutrition
- Housing/finances
- Social support
- Human immunodeficiency virus (HIV)/sexual transmitted infection (STI) risk
- Tobacco use history
- Alcohol use history
- Drug use history

Consider using a tool to review important medical/surgical history, such as:

- An Ob/Gyn Care Visit questionnaire
- The U.S. Surgeon General's *My Family Health Portrait Tool* - **phgkb.cdc.gov/FHH/html/index.html**

Behavior, lifestyle and social issues

If the patient:

- **Smokes**: advise her to quit and refer to Quit For Life® or other tobacco cessation program.
- **Discloses domestic violence**: complete a safety assessment and supply information regarding support services.
- **Reports or if you suspect she is consuming alcohol:** perform a brief intervention.
- **Has positive screening on the AUDIT-C**: offer a referral to a behavioral health professional.
- **Is at risk for HIV/STI**: perform risk-reduction counseling.

Physical examination

Lactation assessment should be included in the physical exam.

Ultrasound is preferred at the initial visit to determine gestational age, estimated date of delivery (EDD) and to identify multiple gestations. All pregnant women can receive this service at their primary care clinic.

Once the EDD has been established, it should not be changed, unless there is a significant discrepancy between ultrasound dating and last menstrual period (LMP) dating (see Table 2). Traditional EDD is set at 280 days after the LMP, or determined based on the crown-rump length when measured by ultrasound during the first trimester (up to and including 13 and 6 to 7 weeks of gestation).

Immunizations

Table 2

Immunizations for pregnant women, their families and caregivers[3]	
Vaccine	**Eligible population**
Preservative-free influenza (flu) vaccine Tdap[4]	All pregnant women
Hepatitis B vaccine	Pregnant women not previously immunized who have any of these characteristics: • More than one sex partner during previous six months • Previous evaluation or treatment for an STI • Recent or current injection drug use • HBsAg-positive sex partner
Before the patient gives birth: • Flu vaccine • Tdap, if not previously administered	Patient's family members and potential caregivers for newborn(s)

[3] Centers for Disease Control and Prevention (CDC) Guidelines for Vaccinating Pregnant Women: CDC.gov/vaccines/pregnancy/hcp/guidelines.html

[4] Tdap should be given to pregnant women in each pregnancy (preferably between 27 and 36 weeks' gestation), regardless of the number of years since prior Td or Tdap vaccination. Pregnant women who have never been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids. The recommended schedule is birth, 4 weeks and 6 to 12 months old. Tdap should replace one dose of Td, preferably during the third or late second trimester (after 20 weeks' gestation) of pregnancy.

The following vaccines are contraindicated during pregnancy:

- Human papillomavirus (HPV)
- Flu in live attenuated influenza vaccine (LAIV) form (pregnant patients should receive inactive form)
- Measles, Mumps and Rubella (MMR)vaccine or its components
- Varicella
- Bacillus Calmette–Guérin vaccine

Initial screening and testing

Table 3

Initial prenatal screening and testing	
Test	**Eligible population**
• **Blood type and rhesus** • **Antibody screen** • **Complete blood count** • **HbA1c**[5] • **Depression, PHQ-9**[6] • **Alcohol use, AUDIT-C**[7] • **HIV, with patient counseling** • **Syphilis** • **Chlamydia testing**[8] • **Hepatitis B surface antigen** • **Rubella immunity** • **Varicella immunity** • **Urine testing followed by urine culture for positive results**	All pregnant women
Toxoplasmosis screening	Women with risk factors for toxoplasmosis, such as high risk of exposure to contaminated undercooked meat, untreated drinking water or cat litter boxes
Gonorrhea testing	Women with risk factors for STIs, such as 25 years old and under, multiple sexual partners or history of prior STI
Herpes simplex virus	Women with risk factors for STI and women who are immunocompromised
Tuberculosis (TB) screening	Women with risk factors for TB, such as poverty, drug use, HIV positive and immigrants from TB-endemic areas
Cytomegalovirus (CMV)	Women with risk factors for CMV, such as day care workers, NICU nurses and adolescents with multiple sexual partners or a history of STI
Hepatitis C antibody testing	Women with a history of injection drug use, blood transfusion or organ transplantation prior to 1992
Pap test	Women 21 years of age and older who are due or overdue for a Pap test
Thyroid-stimulating hormone testing[9]	Women with diagnosed hypothyroidism only. Routine screening not recommended
Drug misuse screening, DAST-10	Women that have a suspicion of drug misuse

[5] A two-step screening test for gestational diabetes is recommended if the patient's HbA1c is negative but diabetes is suspected due to symptoms, body mass index results or ultrasound findings. Review the Gestational Diabetes Guideline.
[6] Review the Depression Guideline at **acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression?IsMobileSet=false**.
[7] Alcohol use during pregnancy is unhealthy, review the Adult Unhealthy Drinking Guideline.
[8] Screen all pregnant women with risk factors for STIs.
[9] Thyroid-stimulating hormone reference range for pregnant patients: first trimester (0 to 14 weeks) 0.3–3.70 µIU/mL, second trimester (15 to 28 weeks) 0.3–4.35 µIU/mL and third trimester (28 to 40 weeks) 0.41–5.18 µIU/mL.

Second trimester visits (14 to 28 weeks)

Screening for aneuploidy and neural tube defects

For information on screening during the second trimester, review recommendations for average- and high-risk women.

Physical examination (14 to 16 weeks)

During the 14 to 16 weeks physical examination, check the patient's:

- Weight
- Blood pressure (BP)
- Auscultation of fetal heart tones

Depression screening, using the PHQ-9, should be repeated for all pregnant women at their first visit in their second trimester (about 16 weeks).

Ultrasound (18 to 22 weeks)

The second trimester ultrasound is designed to detect structural anomalies and growth. Structural anomalies should be followed up by a referral for high-resolution ultrasound and/or maternal-fetal medicine consultation. The referral should be to a tertiary perinatal center for confirmation, consultation and discussion of risks, available testing options and therapeutic options. Consultation for pregnancy termination should be facilitated by the patient's MD/APP, when desired by the patient before 23 weeks' gestation.

Physical examination (24 to 28 weeks)

During the 24 to 28 weeks physical examination, check the patient's:

- Weight
- BP
- Auscultation of fetal heart tones
- Measurement of fundal height

Screening and testing (24 to 28 weeks)

Table 4

Late second trimester (24 to 28 weeks): screening and testing	
Test	**Eligible population**
Hematocrit **2-step gestational diabetes screening**[10]	All pregnant women
Pregnancy-induced hypertension urine protein	Women with risk factors for gestational hypertension, such as first pregnancy, high blood pressure or kidney disease prior to pregnancy

[10] For more details, review the Gestational Diabetes Guideline.

Third trimester visits (28 to 41 weeks)

During the 28 to 41 weeks physical examination, check the patient's:

- Weight
- BP
- Auscultation of fetal heart tones
- Measurement of fundal height
- Determination of fetal lie at 36 weeks and subsequent visits
- Cervical examination by 42 weeks

Depression screening, using the PHQ-9, should be repeated for all pregnant women at their first visit in their third trimester (about 32 weeks).

Interventions

Offer external cephalic version, if fetus is breech at 36 weeks.

Routine topics to discuss

- Breastfeeding and formula supplementation during the first six months
- Skin-to-skin contact and infant feeding cues
- Rooming in with baby after birth

Screening and testing

Table 5

Third trimester (28 to 41 weeks): screening and testing	
Test	**Eligible population**
• **Group B strep vaginal and rectal culture at 35 to 37 weeks** • **Non-stress test (or alternative test for fetal well-being) by 42 weeks** **Antibody screen**[11]	All pregnant women
• **Chlamydia** • **Gonorrhea** • **Syphilis** • **HIV** • **Herpes** • **Hepatitis B surface antigen**	Women at high risk for STI
Methicillin-resistant Staphylococcus aureus (MRSA) screening at 34–38 weeks	Women with a history of MRSA colonization

[11] As indicated, Rh(D) negative women should receive anti(D)immune globulin.

Postpartum visit

The routine postpartum visit should take place approximately 3 to 4 weeks after delivery, but no later than 12 weeks. For women who delivered by cesarean section who are at high risk for postpartum depression, an early postpartum visit at 1 to 2 weeks after delivery should be considered.

During the postpartum physical examination, check the patient's:

- Weight
- BP
- Thyroid
- Breasts
- Abdomen
- Pelvic

Evaluate:

- Breastfeeding
- Return to sexual activity
- Contraceptive plan
- Emotional status

Screening and testing

Table 5

Postpartum care: screening and testing	
Test	**Eligible population**
Postpartum depression, PHQ-9[12]	All postpartum women
HbA1c[13]	All women with gestational diabetes

[12] Review the Depression Guideline.
[13] The recommendation to use HbA1c as the standard screening test is different from the ACOG. HbA1c is thought to be a more accurate screening test with less variability between patients. Review the Gestational Diabetes Guideline. Place an order for the screening test at 4-week postpartum.

All applicable HEDIS Prenatal and Postpartum Value Set codes used to submit claims to Horizon BCBSNJ can be found in the *2020 Provider Tips for Optimizing HEDIS Results* booklet.

Prevention and screening measures

Medicaid Measures

Adult & Pediatric Measure – Chlamydia Screening in women (CHL)	
Topic	**Explanation**
Measure	CHL – Chlamydia Screening in women
Description of the measure	The percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year
Eligible population	Women 16 to 24 years of age deemed sexually active as determined by one of the following: • Pharmacy data for dispensed contraceptive • Claim/Encounter for pregnancy test **Exclusions:** • Members in hospice are excluded from the denominator
Compliant member	Member has at least one chlamydia test during the measurement year
How to submit to Horizon NJ Health	**Coding:** • Chlamydia Tests Value Set **Documentation:** • A note indicating the date the test was performed and the result or finding • Lab report with appropriate member identifiers showing results date and results
Best practices	**Prospective strategies** • Update providers and clinical staff on prevalence of chlamydia as documented in the CDC Fact Sheet Reported STDs in the United States national data at **CDC.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf**. • Access preventive guidelines and resources on the Highmark Provider Resource Center including CE credit webinars and self-studies. - *Provider News Issue 6, 2015 Chlamydia Testing in Young Women: Room for Improvement* • Adopt urine screening for chlamydia screening to eliminate need for a pelvic exam. • Use a private environment for taking notes on sexual history. Develop tool for taking a sexual history for teenage girls. • Use reminder notifications that screenings are due. • Establish process for obtaining chlamydia screening results from Ob/Gyn participating in the patient's care. • Review and incorporate parent/patient education materials. Resources and tools are available at **CDC.gov/std/chlamydia**. • Reference the *Horizon Healthy Journey Provider Tips for Optimizing HEDIS Results* booklet. This booklet is updated frequently and has all the HEDIS measures and acceptable HEDIS Value Set Codes for billing and closing gaps via medical claims submissions.

Medicaid, Medicare Advantage and FIDE-SNP Measures

Adult Measure – Breast Cancer Screening (BCS)	
Topic	**Explanation**
Measure	BCS – Breast Cancer Screening
Description of the measure	The percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer
Eligible population	Women 52 to 74 years of age as of **December 31** of the measurement year **Exclusions:** • Members in hospice are excluded from the denominator • Bilateral mastectomy any time during the member's history through **December 31** of the measurement year. Any of the following meet criteria for bilateral mastectomy: - Bilateral mastectomy (Bilateral Mastectomy Value Set). - Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (Bilateral Modifier Value Set). - Unilateral mastectomy found in clinical data with a bilateral modifier. - History of bilateral mastectomy (History of Bilateral Mastectomy Value Set). - Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service. **Left Mastectomy (any of the following):** • Absence of the left breast (Absence of Left Breast Value Set) • Left unilateral mastectomy (Unilateral Mastectomy Left Value Set) • Unilateral mastectomy (Unilateral Mastectomy Value Set) with a left-side modifier (Left Modifier Value Set) (same visit) • Unilateral mastectomy found in clinical data (Clinical Unilateral Mastectomy Value Set) with a left-side modifier (Clinical Left Modifier Value Set) (same procedure) **Right Mastectomy (any of the following):** • Absence of the right breast (Absence of Right Breast Value Set) • Right unilateral mastectomy (Unilateral Mastectomy Right Value Set) • Unilateral mastectomy (Unilateral Mastectomy Value Set) with a right-side modifier (Right Modifier Value Set) (same visit) • Unilateral mastectomy found in clinical data (Clinical Unilateral Mastectomy Value Set) with a right-side modifier (Clinical Right Modifier Value Set) (same procedure)

Adult Measure - Breast Cancer Screening (BCS) - (CONTINUED)	
Topic	**Explanation**
Eligible population (*Continued*)	Medicare members 66 years of age and older as of **December 31** of the measurement year who meet either of the following: • Enrolled in an Institutional SNP any time during the measurement year. • Living long term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. Members 66 years of age and older as of **December 31** of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year. To identify members with advanced illness, any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years), meet criteria: • At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. • At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set). • A dispensed dementia medication (Dementia Medications List). • Cholinesterase inhibitors + Donepezil + Galantamine + Rivastigmine - Miscellaneous central nervous system agents + Memantine
Compliant member	Member must have at least one mammogram from **October 1** two years prior to the measurement year, through **December 31** of the current measurement year
How to submit to Horizon NJ Health	**Coding:** • Mammography Value Set **Medical Record Documentation:** A note indicating the date the screening was performed, screening type, location and the result or finding. Report with appropriate member identifiers showing results date and results. **Note:** MRI, ultrasounds or biopsies alone do not count towards numerator compliance.

Adult Measure – Breast Cancer Screening (BCS) - (CONTINUED)	
Topic	**Explanation**
Best practices	**Prospective strategies:** • Establish standing order to obtain annual mammogram for eligible population. • Assess existing barriers to mammography to implement policy and procedural changes to increase the rate of mammography screenings. • Reduce structural barriers that impede access to screening, such as expanding clinic hours or offering services in alternative or nonclinical settings (mobile van imaging). • Review CDC's and The Prudential Center for Health Care Research's Manual of Intervention Strategies to Increase Mammography Rates at **CDC.gov/cancer/nbccedp/pdf/prumanual.pdf.** • Utilize patient-focused educational materials (query Education Materials) available through the Horizon *Healthy Journey* Program. • Reference the *Provider Tips for Optimizing HEDIS Results* booklet. This booklet is updated frequently and has all the HEDIS measures and acceptable HEDIS Value Set Codes for billing and closing gaps via medical claims submissions. **Retrospective strategies:** • Conduct chart review to identify evidence of previous breast cancer screening or exclusion. • Confirm breast tomosynthesis is reported using the applicable mammography code along with the applicable add-on tomosynthesis code. - Frequently Asked Questions for Mammography Services at **CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Mammography-Services-Coding-Direct-Digital-Imaging.pdf** CMS, 2017

Medicaid Measures

Adult Measure – Cervical Cancer Screening (CCS)	
Topic	**Explanation**
Measure	CCS – Cervical Cancer Screening
Description of the measure	The percentage of women 21 to 64 years of age who were screened for cervical cancer
Eligible population	Women 24 to 64 years of age as of **December 31** of the measurement year **Exclusions:** • Members in hospice are excluded from the denominator • Hysterectomy (optional exclusion) with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through **December 31** of the measurement year
Compliant member	• Women 21 to 64 years of age who had a cervical cytology performed every three years • Women 30 to 64 years of age who had cervical cytology/HPV co-testing performed every five years • Woman 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
How to submit to Horizon NJ Health	**Coding:** • Two Steps: - Cervical Cytology Value Set - HPV Tests Value Set **Documentation (any of the following):** • A note indicating the date when the cervical cytology was performed along with the result or finding in 2018 to 2020 • If 30 years of age or older, Pap test with HPV results in 2016 to 2020
Best practices	**Prospective strategies** • Assess existing barriers to regular cervical cancer screening including access to care, cost, anxiety, embarrassment and fear to implement policy and procedural changes to increase the rate of cervical cancer screenings. • Increase community demand to promote cervical cancer screening through patient reminders, small or mass media, group and one-on-one education. • Utilize patient-focused educational materials (query Education Materials) i.e. cervical cancer screening reminder cards. • Reference the *Provider Tips for Optimizing HEDIS Results* booklet. This booklet is updated frequently and has all the HEDIS measures and acceptable HEDIS Value Set Codes for billing and closing gaps via medical claims submissions. **Retrospective Strategies** • Conduct chart review to identify exclusions including women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.

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