

Ophthalmology  
Results and Recognition  
Program Handbook

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## Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) knows how important HEDIS measures are — to us and to your practice.

We would like to work with you to help meet New Jersey's 2021 goals for diabetes. The objectives New Jersey has chosen to focus on are reducing the diabetes death rate and increasing the percentage of diabetic adults who get a retinal or dilated eye exam.

Horizon BCBSNJ created an ophthalmology 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<sup>1</sup>
  - 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**
- **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 **first quarter of 2021**
  - Fourth Quarter Results – Payment in the **second quarter of 2021**
- **The measures included are:**
  - Comprehensive Diabetes Care
    - Eye Exam
    - Blood Pressure (BP) Control

## Medicaid, Medicare and FIDE SNP Measures

Comprehensive Diabetes Care (CDC): Eye Exam	
Topic	Explanation
<b>Measure</b>	CDC - Comprehensive Diabetes Care: Eye Exam
<b>Description of the Measure</b>	The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam
<b>Eligible Population</b>	<ul style="list-style-type: none"> <li>Members 18 to 75 years of age as of December 31 of the measurement year and has diabetes as identified via claims or pharmacy data</li> </ul> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice are excluded from the denominator</li> <li>Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year</li> </ul>
<b>Compliant Member</b>	<p>Screening or monitoring for diabetic retinal disease as identified by administrative data or medical record review. Diabetics who had one of the following:</p> <ul style="list-style-type: none"> <li>A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year</li> <li>A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year</li> <li>Bilateral eye enucleation anytime during the member's history through <b>December 31</b> of the measurement year</li> </ul>
<b>How to submit to Horizon BCBSNJ</b>	<p><b>Coding:</b></p> <ul style="list-style-type: none"> <li>Diabetic Retinal Screening Value set</li> <li>Diabetic Retinal Screening with Eye Care Professional Value Set</li> <li>Diabetic Retinal Screening Negative Value Set</li> <li>Unilateral Eye Enucleation Value Set with a Bilateral Modifier Value</li> <li>Unilateral Eye Enucleation Value Set</li> <li>Unilateral Eye Enucleation Left Value Set and Unilateral Eye Enucleation Right Value Set</li> <li>Eye Exam With Evidence of Retinopathy Value Set</li> <li>Eye Exam Without Evidence of Retinopathy Value Set</li> </ul> <p><b>Documentation:</b></p> <p>At a minimum, documentation in the medical record must include one of the following:</p> <ul style="list-style-type: none"> <li>A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results</li> </ul>

## Comprehensive Diabetes Care (CDC): Eye Exam - (CONTINUED)

Topic	Explanation
<p><b>How to submit to Horizon BCBSNJ (continued)</b></p>	<ul style="list-style-type: none"> <li>• A chart or photograph indicating the date when the fundus photography was performed and one of the following:                             <ul style="list-style-type: none"> <li>- Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.</li> <li>- Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.</li> <li>- Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.</li> </ul> </li> <li>• Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member’s history through <b>December 31</b> of the measurement year.</li> <li>• Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).                             <ul style="list-style-type: none"> <li>- Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates “diabetes without complications” does not meet criteria.</li> </ul> </li> </ul>
<p><b>Best Practices</b></p>	<p><b>Prospective Strategies</b></p> <ul style="list-style-type: none"> <li>• Establish agreements between practice and eye specialists to provide arrangements for the exchange of information. Indicate the type of information that will be provided when referring patients and expectations regarding timeliness and content of response from the specialist.</li> <li>• Utilize patient-focused educational materials, i.e. diabetic eye exam reminder cards as well as patient-focused resources at the American Diabetes Association at <b>diabetes.org</b>.</li> <li>• Refer to the National Eye Institute for education programs at <b>nei.nih.gov/</b> (National Institutes of Health, National Eye Institute [NIH, NEI], 2020).</li> <li>• Prepare standing referral to ophthalmologist, assist patient in making eye specialist appointment and track referral until specialist report is obtained.</li> <li>• Diabetes measures screen savers.</li> <li>• 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).</li> </ul> <p><b>Retrospective Strategies</b></p> <ul style="list-style-type: none"> <li>• Conduct chart review to identify evidence of negative retinal eye exam in the year prior to the measurement year. Report previous year negative eye screening with a current calendar year date of services.</li> <li>• Conduct chart review to identify exclusions of criteria for gestational or steroid-induced diabetes.</li> </ul>

## Medicaid Measures

Comprehensive Diabetes Care (CDC): Blood Pressure Control	
Topic	Explanation
<b>Measure</b>	CDC BP – Comprehensive Diabetes Care: Blood Pressure Control
<b>Description of the Measure</b>	The percentage of members age 18 to 75 with diabetes (type 1 and type 2) who had blood pressure control, <140/90 mmHg, during the measurement year
<b>Eligible Population</b>	<p>Members age 18 to 75 with diabetes (type 1 and type 2) during the measurement year</p> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members who: <ul style="list-style-type: none"> <li>- Are in hospice.</li> <li>- Age not valid (patient not born in the measurement parameters).</li> <li>- A diagnosis of steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year. The patient must not have had a face-to-face encounter with a diagnoses of diabetes during this timeframe.</li> <li>- A diagnosis of gestational diabetes in any setting during the measurement year or the year prior to the measurement year. The patient must not have had a face-to-face encounter with a diagnosis of diabetes during this timeframe.</li> <li>- A diagnosis of Polycystic Ovarian Syndrome in any setting during the measurement year or the year prior to the measurement year. The patient must not have had a face-to-face encounter with a diagnosis of diabetes during this timeframe.</li> </ul> </li> </ul>
<b>Compliant Member</b>	Members age 18 to 75 with diabetes (type 1 and type 2) who had the following during the measurement year: <b>BP control &lt;140/90 mmHg</b>
<b>How to submit to Horizon BCBSNJ</b>	<p><b>Codes:</b></p> <ul style="list-style-type: none"> <li>• Systolic Value Set</li> <li>• Diastolic blood pressure readings Value set</li> </ul> <p><b>Documentation:</b></p> <p>The most recent BP reading in the measurement year. The member is not compliant if the BP reading is <math>\geq 140/90</math> mmHg, if there is no BP reading during the measurement year, or if the reading is incomplete (e.g., the systolic or diastolic level is missing).</p> <p>If initial reading is high, a second reading can be taken later in the same visit. The lowest diastolic and lowest systolic reading is used.</p> <p><b>Common chart deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Rechecked elevated pressures during the same visit not documented.</li> <li>• BP reading is incomplete (e.g. the systolic or diastolic level is missing).</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Complete pre-visit planning to identify all gaps and call the patient to come in</li> <li>• Coordinate lab testing prior to the office visit so that results can be reviewed and treatment plans adjusted as needed.</li> <li>• Repeat BP reading during an office if the initial readings are high; monitor BP status at each visit and adjust medications as needed for control</li> <li>• Communicate with members and other treating providers to ensure all tests are completed and documented results are shared with the team</li> </ul>



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