

Annual Monitoring for Patients on Persistent Medications

PROVIDER TIP SHEET

California Health & Wellness Plan (CHWP) wants to help you improve your quality scores on Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures. To assist your practice with increasing HEDIS rates, we have created this *Annual Monitoring for Patients on Persistent Medications (MPM) Provider Tip Sheet* outlining key aspects of the MPM HEDIS measure, codes associated with this measure and guidance for proper documentation.¹

What Is HEDIS?

HEDIS, developed and maintained by the National Committee for Quality Assurance (NCQA), is a set of standardized performance measures that evaluates plan performance on important dimensions of care and service. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policymakers. HEDIS allows for standardized measurement, standardized reporting, and accurate, objective side-by-side comparisons of quality across health plans and against benchmarks.

Persistent Medication Monitoring Facts

Patient safety is highly important, especially for patients at increased risk of adverse drug events from long-term medication use.² Persistent use of long-term medications warrants monitoring and follow-up by the prescribing physician to assess for side effects and adjust drug dosage/therapeutic decisions accordingly.³

HEDIS Specifications

Line of Business: Medi-Cal

Description: Patients ages 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year (MY) and at least one of the following during the MY:

- Annual monitoring for patients on angiotensin converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs).
- Annual monitoring for patients on diuretics.
- HEDIS guidelines require the following annual monitoring laboratory tests for patients taking any one of these classes of medications: ACEIs, ARBs or diuretics.

ACEIs/ARBs	Diuretics
Metabolic panel test <i>or</i> Serum potassium test and serum creatinine	Metabolic panel test <i>or</i> Serum potassium test and serum creatinine

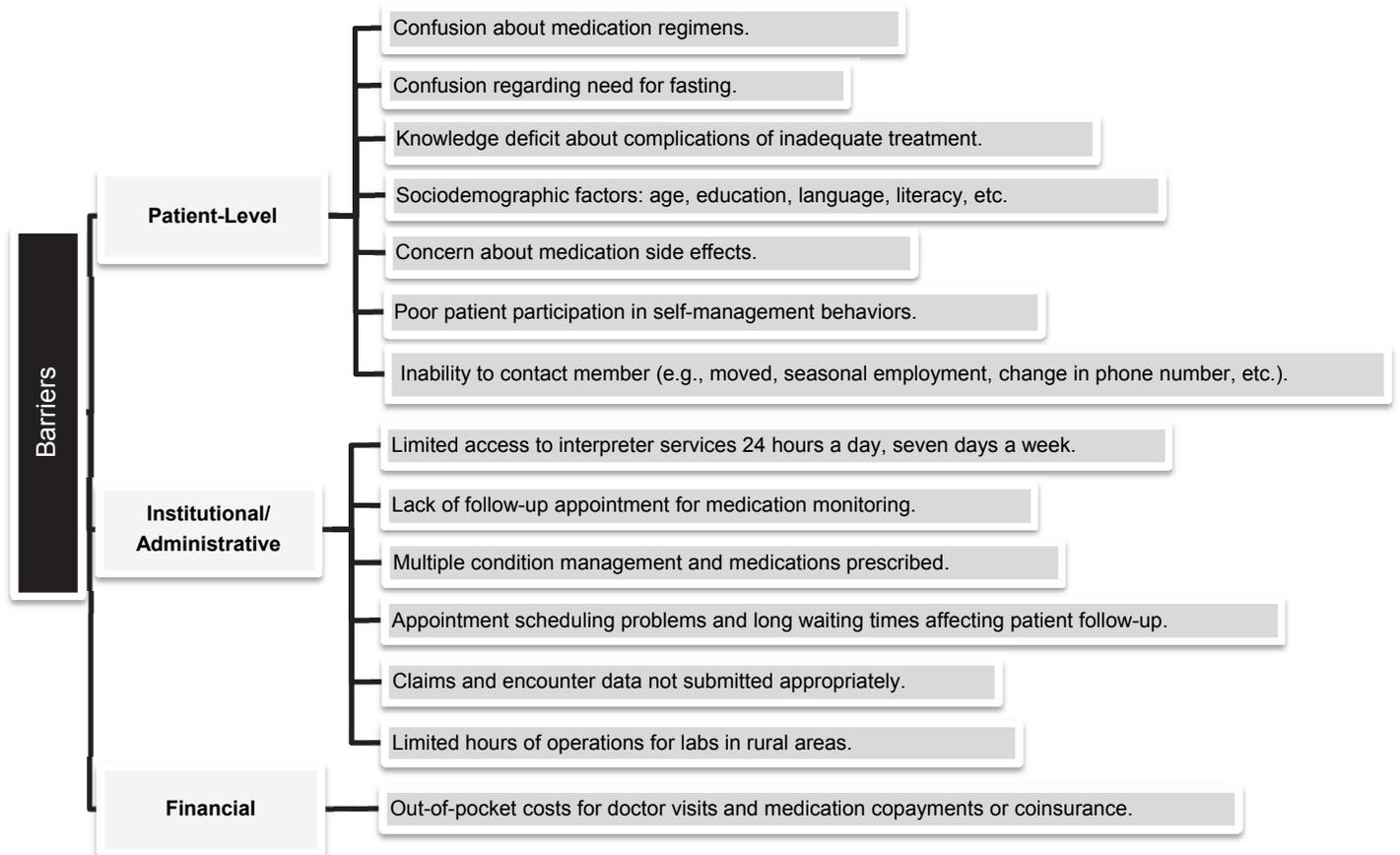
Information for the MPM measure is collected through claims submission, lab data and other supplemental data sources. CPT codes for lab services for this measure are as follows:

CPT code	Definition	Measure components
<i>Any of the following lab panels would count toward compliance.</i>		
80047	Basic metabolic panel (calcium ionized)	Lab panel
80048	Basic metabolic panel (calcium ionized)	Lab panel
80050	General health panel	Lab panel
80053	Comprehensive metabolic panel	Lab panel
80069	Renal function panel	Lab panel
For patient to be compliant, one serum potassium and one serum creatinine test need to be completed in MY.		
82565	Creatinine, blood	Serum creatinine
82575	Creatinine, blood clearance	Serum creatinine
80051	Electrolyte	Serum potassium
84132	Potassium serum, plasma or whole blood	Serum potassium

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Common Barriers to Monitoring Patients on Persistent Medications



Recommendations for PCPs to improve performance

- Perform outreach to patients on persistent medications who are due for monitoring and lab testing on an annual basis.
- Review medications and treatment adherence with the patient at each outpatient visit.
 - Order the required annual monitoring lab tests and review results with the patient.
 - Educate patients about the intended actions of their prescribed medications and the importance of medication adherence.
 - Encourage patients to use the mail order pharmacy services to save on the cost of medications.
 - Educate patients about why annual lab monitoring is important, including how prolonged usage of medication can affect heart and kidney function. Annual lab tests help monitor vital organ function.
- Assess whether transportation is a concern and encourage patients to inquire about health plan and public transportation services available to them.
- Access qualified interpreters who are trained in health care terminology to support and address common communication challenges across cultures.
- Ensure there is proper documentation in the patient medical record, including current patient contact information, record of refusal of service, etc.

Recommendations for PPGs to improve performance

- Timely submission of claims and encounter data allows the health plan to close the care gap for the member.
- Audit claims for proper codes and provide education to staff about coding as indicated. Verify that capitated providers are submitting records of services provided.

References

- ¹NCQA. July, 2014. Available at: www.ncqa.org/hedis-quality-measurement/hedis-measures.
^{2,3}National Quality Measures Clearinghouse. October, 2015.