

## Quality Care Gap Questionnaire

### HEDIS Metrics

#### 1. Breast Cancer Screening

Does your program offer screening mammography services capable of closing care gaps?

- No     Yes - we have mobile mammography units to perform screening mammography.  
 Yes - we coordinate with an in-network mammography provider for scheduling and member transport.  
 Other (*please explain*):

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#### 2. Colorectal Cancer Screening

Does your program offer colorectal cancer screening services capable of closing HEDIS care gaps?

- No     Yes - we provide a Fit Kit or Cologuard to the member and the member is responsible to mail it into the lab. We review the results with the member.  
 Yes - we provide a Fit Kit or Cologuard to members and we coordinate getting the test/sample mailed to the lab. We review the results with the member.  
 Other (*please explain*):

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#### 3. Special Needs Plan (SNP) Care Management

Does your program complete Health Risk Assessments and coordinate their return to the Health Plan?

- No     Yes

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#### 4. Care of Older Adults - Medication Review

Does your program provide full medication reviews?

- No     Yes - we document a complete medication review in an electronic health record and submit the appropriate code on a claim. Please specify which codes may be used to indicate completion of the medication review.  
 1159F (CPT II)     G8427 (HCPCS)     1160F (CPT II)     90863 (CPT)  
 99483 (CPT)     99495/99496 (CPT)     99605/99606 (CPT)  
 Yes – we document a complete medication review in an electronic health record and submit the clinical record to the health plan.  
 Other (*please explain*):

5. **Care of Older Adults - Pain Assessment**

Does your program provide full medication reviews?

- No     Yes - we document a pain assessment in an electronic health record and submit the appropriate code on a claim. Please specify which codes may be used to indicate completion of the pain assessment.
- 1125F (CPT II)     1126F (CPT II)
- Yes – we document a complete medication review in an electronic health record and submit the clinical record to the health plan.
- Other (*please explain*):
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6. **Osteoporosis Management in Women who had a Fracture**

Does your program provide bone density screening for eligible members?

- No     Yes - we have a mobile bone density screening device that we can administer in the member's home.
- Yes - we coordinate with an in-network imaging provider for scheduling and member transport.
- Yes - if the member has an indication for an osteoporosis medication, a provider will prescribe the member a medication as appropriate.
- Other (*please explain*):
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7. **Diabetes Care - Eye Exam for Members w/ Diabetes (EED)**

Does your program provide eye exams for members with diabetes?

- No     Yes - we have a mobile retinopathy device and coordinate with ophthalmologists to review.
- Yes - we coordinate with the member's primary care provider and ophthalmology provider to assist with scheduling the member for an eye exam.
- Other (*please explain*):
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8. **Diabetes Care – Kidney Health Evaluation for Members w/ Diabetes (KED)**

Does your program offer lab/sample collection and send to in-network laboratories?

- No     Yes - we collect labs/samples and send to in-network laboratories.  
          If yes, please describe how you review the results with members.
- Other (*please explain*):
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9. **Diabetes Care – Hemoglobin A1c Control for Members w/ Diabetes (HBD)**

Does your program offer lab/sample collection and send to in-network laboratories?

- No       Yes – we collect labs/samples and send to in-network laboratories.  
 Yes – we have point-of-care lab testing capabilities and can administer testing directly.  
Please describe how you review the results with members.

Please indicate whether you will submit a claim for the A1c test with result:

- Yes – we submit a claim for this test.  
 No – we provide clinical documentation of the test and result to the health plan.(CPT)  
 Other (please explain):

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10. **Controlling Blood Pressure**

Does your program administer blood pressure readings?

- No       Yes - we administer blood pressure assessment in-home and document the blood pressure in an electronic health record. We submit a claim for the BP assessment with appropriate CPT-II codes to close care gaps.  
 Yes – we do not submit a claim for BP assessment with appropriate CPT-II codes to close care gaps, but we provide clinical documentation of the blood pressure to the health plan.  
 Other (please explain):

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11. **Annual Flu Vaccine**

Does your program offer flu vaccinations to members?

- No       Yes - we submit a claim for the flu vaccine.  
 Yes - we do not submit a claim for the flu vaccine but provide clinical documentation of the flu vaccine to the health plan.

## Part D Metrics

1. **Medication Adherence (Diabetes Meds, Hypertension, Statins)**

Does your program offer the ability to prescribe refills on prescriptions for members (especially for those that have difficulty with transportation or mobility)?

- No       Yes

Does your program assist members in enrolling in mail order pharmacy or other delivery programs for obtaining prescriptions, as directed by the member?

- No       Yes

Does your program track prescription status & coordinate with the pharmacy to fill prescription medications on time?

- No       Yes

## Health Outcome Survey Metrics

### 1. Monitoring Physical Activity

Does your program discuss exercise with the member and advise to start, increase, or maintain their physical activity during the year?

No     Yes

Other (*please explain*):

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### 2. Reducing the Risk of Falling

Does your program discuss with members any problems with falling, walking or balancing and offer recommendations on how to prevent falls?

No     Yes

Other (*please explain*):

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### 3. Improving Bladder Control

Does your program discuss with members any urine leakage problems they have?

No     Yes

Other (*please explain*):

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