



# Application

## Transformation Community Benefit Initiative Reinvestments

### New Ideas and Pilot Projects

#### Background:

The Eastern Oregon Coordinated Care Organization (EOCCO) is pleased to announce the availability of funds to support better health, better health care, and lower costs for EOCCO members and their communities. The current application supports requests for funding focusing on the following areas:

1. **New Ideas:** Proposals to implement innovative new ideas that have high potential to improve the health and health care of EOCCO members and their communities.
2. **Pilot Projects:** Proposals to help EOCCO provide quality, cost-effective care in the right place at the right time, by enhancing primary care clinic services and including incorporation of community partners, and that have the potential to be replicated in other EOCCO service areas. Examples include, but are not limited to:
  - a. Develop a program to increase collaboration with Public Health Departments and School Based Clinics with primary care practices to achieve specific Incentive Measure targets.
  - b. Establish a fund to assist key clinics to achieve specific Incentive Measure targets.
  - c. Provider recruitment assistance

#### Eligibility Requirements:

1. **Applicants:** Eligible applicants include any interested Eastern Oregon organization demonstrating the ability to successfully complete their proposed project within 12 months of the award start date.
2. **Goals and Activities:**
  - a. Proposed activities are not currently underway in the grantee's community
  - b. Proposed goals and activities are not already funded by a past or current EOCCO grant
  - c. Proposed goals and activities are not currently or expected to receive full funding from another source
  - d. Goals should align with the goals of the local or regional Community Health Improvement Plan, the EOCCO incentives, or aim to improve the health outcomes of the EOCCO population or a subset of the population.
3. **Population:** Proposal must target the EOCCO population. If the proposal aims to target a specific age group, members in a certain geographic area, or other characteristics, those should be clearly defined.
4. **Outcomes Measurement:** Proposals must define how progress to the goals will be measured.
5. **Budget:**

- a. Must directly relate to the proposed activities
  - b. Non-project related indirect expenses, funds for capital expenditures, and costs related to enhancing reimbursements or supporting state-covered services are not allowed
6. **Community Involvement:** Project benefits and/or has documented support from multiple community partners.
  7. **Sustainability:** Project should provide a plan for sustainability beyond the end of the proposed grant period

**Funding Amount:**

The maximum funding amount per proposal is \$50,000. Proposals requesting smaller amounts are welcome. Applicants are expected to propose realistic budgets for the proposed project.

## **Application Process to Apply for a New Idea or Pilot Project:**

To request EOCCO funding for new idea or pilot project funds, please follow the directions in this application.

### **Key Dates:**

- Application Deadline: Rolling
- Grant Period: 12 months from the projected start date
- Review Period: Applicants will be notified of funding decisions within approximately 60 days of receipt of the application.

### **Application Components:**

1. Application Coversheet
2. Project Narrative
3. Budget and Budget Justification (Appendix 1).
4. Letters of Commitment (Appendix 2) for any organization that would receive funds from your grant or play a major role in its conduct.

Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.

### **Submitting Your Application:**

Send your full application with all of the above listed Application Components in a **single PDF** to Anne King at [kinga@ohsu.edu](mailto:kinga@ohsu.edu) and Sankirtana Danner at [danners@ohsu.edu](mailto:danners@ohsu.edu). Applications that include multiple files will be returned to the applicant.

### **Review Process:**

A committee appointed by the EOCCO Board will make the final funding decisions subject to approval by the EOCCO Board.

# Transformation Community Benefit Initiative Reinvestments: New Idea or Pilot Project Application Coversheet

**Name of Applicant Organization:** \_\_\_\_\_

**Project Director (person who will be responsible for the overall project):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Organization to Receive and Manage Funds:**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Employee Managing Funds: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Funding Opportunity to which the Applicant is Applying:** \_\_\_\_ New Idea \_\_\_\_ Pilot Project

**Total Amount Requested:** \$ \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Project Purpose (do not exceed space below):**

**Signatures:**

I hereby certify that this proposal is fully approved by our organization for submission to the EOCCO. The statements contained in this application are true and complete to the best of my knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of Organization Official: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Transformation Community Benefit Initiative Reinvestments**  
**New Ideas and Pilot Projects**  
**Project Narrative (up to 5 pages)**

*Please follow the instructions below to complete your project narrative, providing complete answers to each question.*

- A. What are the goals of this project?
- B. Describe any preliminary or past data that support the need for implementation of this project idea.
- C. What makes this project innovative?
- D. Describe the target population for this project.
- E. Which incentive measure(s), CHIP goal(s), or health outcomes does this project directly address? (See Appendix 3 for the 2018 CCO Incentive Measures, Appendix 4 for the 2018 Incentive Measure Reference Guide, Appendix 5 for the latest report on Incentive Measure Performance by County.)
- F. What activities will you undertake to address the targeted incentive measure(s), CHIP goal(s), or health outcomes? (Please describe the major steps or events in your project and the month when you expect each step will happen. Be detailed enough so that someone not familiar to the project can understand what will happen.)
- G. Well selected metrics help us measure the outcomes of our work. Please choose two or three metrics that will enable you to know if your project has been successful and complete the following table.

Targeted Metric	Activity Planned	Metrics*	Goal (definition of success)
<b>EXAMPLE:</b> Dental sealants	Wellness fair with onsite dental sealant services	Number of kids who received sealants at last year's wellness fair (baseline)	75 kids will receive sealants which will be a 20% increase over last year
		number of kids who receive sealants this year (change)	
<b>EXAMPLE:</b> Developmental screening	Phone call reminders on behalf of community clinics to families of kids needing screenings	Number of developmental screens last year at participating clinics (baseline)	15% increase in completed screens over prior year
	Raffle at each clinic for families obtaining screening	Number of completed screens this year at participating clinics (change)	
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

\*If funded, updates to the EOCCO Board on the status of your project and its metrics will be due during the award year.

- H. What could cause this project to have trouble or fail and how could you reduce this risk(s)?

- I. Describe the plan to sustain this effort once the project ends.
- J. Please list the members of the project team, their organizations, their roles and responsibilities on the project and their email addresses so that they can be invited to technical assistance meetings.
- K. Please list the organizations involved in your project and fill out a Letter of Commitment form for each collaborating organization.

## Appendix1 BUDGET TEMPLATE

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, meetings and supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to enhancing reimbursements or supporting state-covered services cannot be funded through these grants.

**Start date of project:** \_\_\_\_\_

**End date of project:** \_\_\_\_\_

Budget							
<b>Personnel:</b>						<b>In-Kind Cash Contribution</b>	<b>In-Kind non- Cash Contribution</b>
<b>Name</b>	<b>Role</b>	<b>FTE</b>	<b>Salary Requested</b>	<b>Benefits Requested</b>	<b>Total Requested</b>		
<b>Equipment and Supplies:</b>							
<b>Name of Item</b>	<b>Description</b>				<b>Total Requested</b>		
<b>Travel:</b>							
<b>Location</b>	<b>Description</b>				<b>Total Requested</b>		
<b>Other Expenses:</b>							
<b>Name of Item</b>	<b>Description</b>				<b>Total Requested</b>		
<b>GRAND TOTAL</b>					\$		

### Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it and whether the donation is in cash or non-cash (e.g. labor, etc.)

## Appendix 2 Letter Template

### Agreement to Participate in EOCCO Project

Dear *Name of project director*,

We look forward to participating in the *Project Name* starting *date* and ending *date*.

Our organization agrees to *describe what the collaborating organization is expected to do including any staff responsibilities*.

We understand that we will receive *list any funds being provided to the collaborating organization*.

Thank you for including us in this important project.

Sincerely,

*Signature*

*Name spelled out*

*Organization name*

*Email address*

*Phone number*



## Appendix 3

### Eastern Oregon Coordinated Care Organization 2018 Incentive Measure Dictionary

To learn how EOCCO and OHA track the metrics, please contact [eoccometrics@modahealth.com](mailto:eoccometrics@modahealth.com) or visit the Oregon Health Authority website page: [Technical Specifications and Guidance Documents for CCO Incentive Measures](#). Please note that all metric performances are measured on an annual basis, using the calendar year.

#### Claims Based Measures:

Measure ID	Measure Definitions	Data Source
1	<p><b>Adolescent Well Care Visits</b> Adolescents ages 12-21 with at least one comprehensive well care visit. Well care visit includes:</p> <ul style="list-style-type: none"> <li>• History</li> <li>• Physical exam that includes weight, height, vision, heart, lungs, skin and genitalia</li> <li>• Assessment &amp; plan</li> </ul>	Medical claims
2	<p><b>Alcohol and Drug Misuse Screening (SBIRT)</b> Members ages 12 and older who received alcohol and drug misuse screening during an outpatient visit. Outpatient visits include office visits, home visits, and/or preventive medicine. Full screen or full screen + brief intervention services are required for reimbursement. A brief screen does not count toward this measure.</p>	Medical claims
3	<p><b>Child Immunization Status Combo 2</b> Children who turned 2 years of age in the measurement year and had all of the following specified vaccinations: Dtap, IPV, MMR, HiB, Hepatitis B, VZV.</p>	Public Health Division Immunization Program Registry (ALERTIIS)
4	<p><b>Dental, Mental, Physical Health Assessment for Children in DHS Custody</b> Identified children/adolescents 0 – 17 years of age in DHS custody for 60 days who received a physical health assessment, a mental health assessment, and a dental health assessment within 60 days of the notification date (when CCOs are notified the member is in DHS custody, or within 30 days prior to the notification date).</p> <ul style="list-style-type: none"> <li>• Ages 1-4 mental health assessment not required</li> <li>• Ages &lt; 1 only physical health assessment required</li> <li>• First Tooth or Smiles for Life certified medical providers can conduct and code for a dental assessment (D0191) when performed during a well-child check</li> </ul>	Dental, behavioral health, and medical claims
5	<p><b>Dental Sealants on Permanent Molars for Children</b> Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth. Dental hygienists can determine need and apply sealants without the direct supervision by a dentist.</p>	Dental claims
6	<p><b>Developmental Screening (0-36 months)</b> Children who turn 12 months, 24 months, or 36 months in 2018 who had a developmental screening within the <u>12 months prior to their birthday</u>. Screening results must be reviewed and interpreted by the provider (physician, NP or PA), discussed with the family, and the patient record must document the screening tool, results and actions taken. Another healthcare provider or early learning and development provider may <u>initiate</u> a developmental screen with a family. As long as the screening tool and full set of answers are shared with the primary care provider who completes the required steps of interpretation, documentation and discussion with the family, the provider (physician, NP or PA) can appropriately bill. While screenings can be completed and scored in advance of provider review and interpretation, results should be</p>	Medical claims

	reviewed with the family within one month of completion of the screen to be considered valid or current.	
7	<b>Effective Contraceptive Use</b> Women ages <u>15-50</u> with evidence of one of the following methods of contraception in 2018: sterilization, IUD, implant, contraception injection, contraceptive pills, patch, ring, or diaphragm. Surveillance of existing contraception is included in this measure – which are women utilizing long-acting reversible contraception (LARC) or permanent contraceptive options who would not otherwise have a pharmacy claim or procedure code in 2018.	Medical and pharmacy claims
8	<b>Emergency Department Utilization</b> Patients who have a physical health visit at an ED that does not result in an inpatient encounter. Exclude ED visits with a primary diagnosis of mental health or chemical dependency. Multiple ED visits on the same date of service is counted as 1 visit.	Medical claims
9	<b>*Emergency Department Utilization for Individuals Experiencing Mental Illness</b> Patients with a previous diagnosis of mental illness who have a physical health visit at an ED that does not result in an inpatient encounter. Exclude ED visits with a primary diagnosis of mental health or chemical dependency. Multiple ED visits on the same date of service is counted as 1 visit.	Medical claims
10	<b>*Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</b> Patients ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement period: <ol style="list-style-type: none"> <li>1. Height, weight, and body mass index (BMI) documented</li> <li>2. Nutrition Counseling</li> <li>3. Physical Activity Counseling</li> </ol>	To be determined

\*New measures in 2018

### State CAPHS Survey Measures

	Measure Definitions	Data Source
11	<b>CAHPS Access to Care</b> <ul style="list-style-type: none"> <li>• Received care right away for illness/injury/condition as soon as you/child needed</li> <li>• Received an appointment for routine care as soon as you/child needed</li> </ul>	State CAHPS survey

### Chart Review Measures

	Measure Definitions	Data Source
12	<b>Colorectal Cancer Screening</b> Individuals receiving at least one of the following screenings for colorectal cancer either during the measurement year or years prior to the measurement year: <ul style="list-style-type: none"> <li>• Fecal occult blood test during the measurement year</li> <li>• Colonoscopy during the measurement year or nine years prior to the measurement year</li> <li>• Flexible sigmoidoscopy during the measurement year or four years prior to the measurement year</li> </ul>	Medical claims and chart review on sample population, determined by Oregon Health Authority
13	<b>Timeliness of Prenatal and Postpartum Care</b> Prenatal care provided in the first trimester or within 42 days of enrollment. First trimester is considered the first three months of pregnancy, from the first day of the last menstrual period through 13 weeks gestation. <u>Prenatal care</u> Documentation in the medical record must include a note indicating the date when the	Medical claims and chart review on sample population, determined by

	<p>prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> <li>• Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height)</li> <li>• Prenatal care procedure (obstetric panel, echography of a pregnant uterus, documentation of LMP or EDD in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history)</li> </ul> <p><u>Postpartum care</u> Evidence of one of the following between 21 and 56 days after delivery:</p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of weight, blood pressure, breasts and abdomen</li> <li>• Notation of postpartum care, including, but not limited to “postpartum care,” “PP care,” “PP check,” or “6-week check”</li> <li>• Preprinted “Postpartum care” form</li> <li>• Pap test</li> </ul>	Oregon Health Authority
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### Clinical Quality Measures

	Measure Definitions	Data Source
14	<p><b>Cigarette Smoking Prevalence</b> Unique members 13 years of age or older who had a qualifying visit, who have their smoking and/or tobacco use status recorded as structured data, who are current smokers and/or tobacco users.</p> <p>Rate # 2 is used to determine the cigarette smoking prevalence measure. The rate must reduce in 2018.</p> <p><b>Reports must be able to query the following to determine the prevalence measure:</b></p> <ol style="list-style-type: none"> <li>1) Of all your patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded?</li> <li>2) <b>Of all your patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers?</b></li> <li>3) Of all your patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users?</li> </ol> <p>Rate # 2 is used to determine the cigarette smoking prevalence measure. The rate must reduce in 2018.</p> <p>For information on tobacco treatment reimbursement, please refer to the EOCCO provider manual <a href="http://eocco.com/providers/resources.shtml">http://eocco.com/providers/resources.shtml</a></p>	Clinic’s Electronic Health Record
15	<p><b>Controlling Hypertension (High Blood Pressure)</b> Patients ages 18-85 with a diagnosis of essential hypertension within the first six months of the year, whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure &lt;140 mmHg and diastolic blood pressure &lt;90 mmHg). Only blood pressure readings performed by a clinician in the provider office are acceptable.</p>	Clinic’s Electronic Health Record
16	<p><b>Depression Screening and Follow Up Plan</b> Patients ages 12+ screened for clinical depression, using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p>	Clinic’s Electronic Health Record
17	<p><b>Diabetes HbA1c Poor Control</b></p>	Clinic’s

	Patients ages 18-75 with a diagnosis of diabetes, whose most recent HbA1c level (performed during the measurement period) is >9.0%.	Electronic Health Record
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**PCPCH Enrollment Measure**

	Measure Definitions	Data Source
18	<b>PCPCH Enrollment</b> Number of members enrolled in PCPCHs by tier.	EOCCO Member PCP assignment

## Appendix 4

### EOCCO Incentive Measure Reference Guide 2018

#### Claims Based Measures:

Metric	Code(s) and Identification				Notes
1 <b>Adolescent Well-Care Visits</b>	<p>Annual adolescent well-care visit includes history, physical, assessment &amp; plan.</p> <p><b><u>CPT/HCPCS Codes</u></b> 99383-99385, 99393-99395, G0438, G0439</p> <p><b><u>ICD-10-CM Diagnosis</u></b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9</p>				Members ages 12-21 years old receiving at least one comprehensive well care visit during the measurement year.
2 <b>Alcohol and Drug Misuse Screening (SBIRT)</b>	<p>Please provide full screen or full screen +brief intervention services for reimbursement. A brief screen does not count toward this measure.</p> <p><b><u>Full screen</u></b> CPT code 96160, with diagnosis code *Z13.89 or Z13.9</p> <p>This coding combination is also used when a brief intervention lasting less than 15 minutes is performed.</p> <p>*Z13.89 may be used as standalone codes, i.e., they do not need to be paired with CPT 96160 for inclusion in the numerator</p> <p><b><u>Full Screen and Brief Intervention</u></b> CPT Code 99408 15-29 minutes administering and interpreting a validated alcohol or drug-screening tool, plus performing face to face brief intervention CPT Code 99409 30+ minutes administering and interpreting a validated alcohol or drug-screening tool, plus performing face to face brief intervention</p>				<p>Members age 12+ who had an outpatient visit (office visit, home visit, and/or preventative medicine).</p> <p>CPT codes should be appended to E/M service, with modifier 25. Documentation should support both services.</p>
3 <b>Childhood Immunization Status 2</b>	<b>Type</b>	<b>Required</b>	<b><u>CVX</u></b>	<b><u>Codes &amp; Diagnoses</u></b>	<p>Members who turn 2 years of age during 2018.</p> <p><b>Date of service must be on or before the child's</b></p>
DTaP	At least four	20, 50, 106, 110, 120	90698, 90700, 90721, 90723		
IPV	At least three	10, 110, 120	90698, 90713, 90723		
MMR (Measles,	At least one or history of	<b>MMR:</b> 03, 94	90707, 90710		

		Mumps and Rubella)	measles, mumps, or rubella illness	<b>Measles/Rubella: 04</b> <b>Measles: 05</b> <b>Mumps: 07</b> <b>Rubella: 06</b>	90708 90705 B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 90704 B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 90706 B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9	<b>second birthday.</b>  Note: EOCCO relies on the Public Health Division Program Registry (ALERTIIS) data.
		HiB	At least three	46-51, 120, 148	90644, 90645-90648, 90698, 90721, 90748	
		Hepatitis B	At least three or history of hepatitis illness	08, 44, 51, 110	90723, 90740, 90744, 90747, 90748, G0010  B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	
		VZV Vaccine Administered	At least one	21, 94	90710, 90716	
		Varicella Zoster	history of varicella zoster (e.g., chicken pox) illness		B01.0, B01.1, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.22, B02.33, B02.34, B02.49, B02.7, B02.8, B02.9	
<b>4</b>	<b>Dental, Mental, Physical Health Assessment for Children in DHS Custody</b>	*Age 1-3 mental health assessment not required *Age < 1 only physical health assessment required  If a provider uses (99201-99205), they will qualify for inclusion in the measure as both mental and physical health assessments only if there is a mental health diagnosis on the same claim as the new patient E&M code. This is to reflect assessments that were provided by a psychiatric (nurse or physician) provider. The diagnosis codes that qualify when billed with 99201-99205 for a mental health assessment				Members age 0-17 in DHS custody for 60 days.  Physical, mental, and dental

		<p>are:</p> <p>T74.02xA, T74.02xD, T74.12xA, T74.12xD, T74.22xA, T74.32xA, T74.32xD, T74.22xD, T76.02xA, T76.02xD, T76.12xA, T76.12xD, T76.22xA, T76.22xD, T76.32xA, T76.32xD</p> <p><b><u>Physical Health Assessment Codes</u></b> 99201-99205, 99212- 99215, 99381-99384, 99391-99394, G0438, G0439</p> <p><b><u>Mental Health Assessment Codes</u></b> 90791-90792, 96101-96102, H0031, H1011, H2000-TG, H0019, H2013, H0037</p> <p>*H0019: use of this code counts as both mental and physical health assessment for children in PRTS (Psychiatric Residential Treatment Center, POS 56)</p> <p><b><u>Dental Health Assessment Codes</u></b> D0100-D0199</p>	<p>assessments must be conducted within 60 days of the notification date (when the CCO is notified of the member's placement in DHS) or 30 days prior.</p> <p>First Tooth or Smiles for Life certified medical providers can conduct and code for a dental assessment (D0191) when performed during a well child check.</p>								
5	<b>Dental Sealants on Permanent Molars for Children</b>	<p><b><u>Dental Sealant HCPCS Code</u></b> D1351</p> <p>**Dental hygienists can determine the need for and apply sealants without the supervision of a dentist.</p>	Members age 6-14 who receive a sealant on a permanent molar tooth.								
6	<b>Developmental Screening (0-36 months)</b>	<p><b><u>Developmental Screening CPT Code</u></b> 96110</p>	Members who turn 12, 24, or 36 months in 2018. Screening must be completed 12 months prior to the member's birthday.								
7	<b>Effective Contraceptive Use</b>	<p><b>*Please code for surveillance of existing methods for women utilizing long-acting reversible or permanent contraception. See Table 2 for surveillance codes.</b></p> <table border="1"> <thead> <tr> <th><b><u>Description</u></b></th> <th><b><u>ICD-10</u></b></th> <th><b><u>CPT</u></b></th> <th><b><u>HCPCS</u></b></th> </tr> </thead> <tbody> <tr> <td>Female Sterilization</td> <td>Z30.2</td> <td>58565, 58600, 58605, 58615, 58611, 58670,</td> <td>A4264, 58340, 74740</td> </tr> </tbody> </table>	<b><u>Description</u></b>	<b><u>ICD-10</u></b>	<b><u>CPT</u></b>	<b><u>HCPCS</u></b>	Female Sterilization	Z30.2	58565, 58600, 58605, 58615, 58611, 58670,	A4264, 58340, 74740	<p>Women age <b>15-50</b> at risk for unintended Pregnancy.</p> <p><b>Exclusions:</b> Women in the</p>
<b><u>Description</u></b>	<b><u>ICD-10</u></b>	<b><u>CPT</u></b>	<b><u>HCPCS</u></b>								
Female Sterilization	Z30.2	58565, 58600, 58605, 58615, 58611, 58670,	A4264, 58340, 74740								

		58671, 58340, 74740	
Intrauterine device (IUD/IUS)	Z30.430, Z30.433, Z30.431, Z97.5, 0UH97HZ, T83.31xA, T83.59xA	58300	J7300, J7301, J7302, vS4989, Q0090, S4981
Hormonal implant	Z30.016, Z30.017	11981, 11983	J7306, J7307,
Injectable (1-month/3-month)	Z30.013,		J1050, J1051, J1055, J1056
Oral contraceptive	Z30.011		S4993
Patch	Z79.3		J7304
Vaginal ring	Z30.015		J7303
Diaphragm		57170	A4266
Surveillance of a contraceptive method		Z30.41, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49	
Unspecified Contraception		Z30.019, Z30.018, Z30.40, Z30.8, Z30.9	

denominator who were not numerator compliant and had a pregnancy diagnosis in the calendar year.

**Table 2 - \*Effective Contraception Surveillance Codes Women using long-acting reversible contraception or permanent contraceptive options, who would not otherwise have a pharmacy claim or procedure code during 2018**

<b>Z30.41</b>	Encounter for Surveillance of contraceptive pills
<b>Z30.431</b>	Encounter for routine checking of IUD
<b>Z30.42</b>	Encounter for surveillance of injectable contraceptive
<b>Z30.49</b>	Encounter for surveillance of other contraceptives
<b>Z30.018</b>	Encounter for initial prescription of other contraceptives
<b>Z30.019</b>	Encounter for initial prescription contraceptives, unspecified
<b>Z30.40</b>	Encounter for surveillance of contraceptives, unspecified
<b>Z30.8</b>	Encounter for other contraceptive management
<b>Z30.9</b>	Encounter for contraceptive management, unspecified
<b>Z97.5</b>	Presence of intrauterine contraceptive device

**Pregnancy Exclusions:**

**Pregnancy Diagnosis:** See HEDIS 2018 Pregnancy Diagnosis Value Set (178 codes) Z34.00, Z34.80, Z34.90, Z33.1, Z32.01, Z64.0 **Pregnancy CPT Codes:** See HEDIS 2018 Pregnancy Diagnosis Value Set (1,692 codes) 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622, 59425, 59426

**Exclusions (ICD-10s):**



		<p><b><u>Hysterectomy Diagnosis</u></b>  <u>ICD-9 Dx Codes</u>  V45.77, V88.01, V88.02  <u>ICD-9 Procedure Codes</u>  68.31, 68.39, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.9, 66.31, 66.32, 66.39, 66.51, 66.52  <u>ICD-10 Dx Codes</u>  Z90.710, N99.3, Z90.711, Z90.722  <u>CPT/HCPCS</u>  51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291-58294, 58541-58544, 58548, 58550, 58552-58554, 58570-58573, 58943, 58950-58954, 58956-58958, 59135, 59525</p> <p><b><u>Bilateral Oophorectomy Procedures</u></b>  0UT20ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ, 0UT00ZZ, 0UT08ZZ, 0UT0FZZ, 0UT10ZZ, 0UT17ZZ, 0UT18ZZ, 0UT1FZZ, 0UT24ZZ, 0UT04ZZ, 0UT14ZZ, 0U520ZZ, 0U523ZZ, 0U524ZZ, 0U570ZZ, 0U573ZZ, 0U574ZZ, 0U577ZZ, 0UB20ZZ, 0UB23ZZ, 0UB24ZZ, 0UB27ZZ, 0UB28ZZ, 0UB70ZZ, 0UB73ZZ, 0UB74ZZ, 0UB77ZZ, 0UB78ZZ, 0UL70CZ, 0UL70DZ, 0UL70ZZ, 0UL73CZ, 0UL73DZ, 0UL73ZZ, 0UL74CZ, 0UL74DZ, 0UL74ZZ, 0UL77DZ, 0UL77ZZ, 0UL78DZ, 0UL78ZZ, 0UT07ZZ, 0UT40ZZ, 0UT44ZZ, 0UT47ZZ, 0UT48ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ, 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ</p> <p><b><u>Natural Menopause Diagnosis</u></b>  N92.4, N95.0, N95.1, N95.2, N95.8, N95.9, Z78.0</p> <p><b><u>Premature Menopause Diagnosis</u></b>  256.1, 256.2, 256.31, 256.39, 256.8, E89.40, E89.41, E28.310, E28.319, E28.39, E28.8, E28.9, N98.1</p> <p><b><u>Congenital Anomalies of Female Genital Organs Diagnosis</u></b>  Q50.02, Q51.0</p> <p><b><u>Female Infertility Diagnosis</u></b>  628.0, 628.2, 628.3, 628.4, 628.8, 628.9, N97.0, N97.1, N97.2, N97.8, N97.9</p>	
8	<p><b>Emergency Department Utilization</b></p>	<p>Count each visit to an ED that does not result in an inpatient encounter; count multiple ED visits on the same date of service as one visit. Do not include ED visits that result in an inpatient stay.</p> <p><b><u>ED Value Set CPT Codes</u></b>  99281-99285</p>	<p><b>Exclusions:</b>  <b><u>Inpatient Stay Visits Value Set</u></b>  0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-</p>

		<p><b><u>UB Revenue</u></b> 0450, 0451, 0452, 0456, 0459, 0981</p> <p><b><u>ED Procedure Code Value Set with ED POS Value Set</u></b> 10021-69990 with 23</p> <p><b><u>Ambulatory Outpatient Visits CPT Codes</u></b> 92009, 92004, 92012, 92014, 99201-99205, 99211-99215, 99247-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99461</p> <p><b><u>Ambulatory Outpatient Visits HCPCS Codes</u></b> G0463, T1015</p> <p><b><u>Ambulatory Outpatient Visits UBREV Codes</u></b> 0510-0517, 0519-0529, 0982, 0983</p>	<p>0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p> <p>Mental health and chemical dependency services are excluded from the numerator.</p>
9	<p><b>*Emergency Department Utilization for Individuals Experiencing Mental Illness</b></p>	<p>Patients with a mental illness diagnosis noted on two or more claims in the last 36 months (January 1, 2016 to December 31, 2018) are in the denominator. Patients with a physical health visit in the ED that does not result in an inpatient encounter are in the numerator. Count multiple ED visits on the same date of service as one visit. Do not include ED visits that result in an inpatient stay.</p> <p><b><u>Mental Illness Value Set</u></b> F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.8, F34.9, F39, F42, F43.10, F43.11, F43.12, F60.3</p> <p><b><u>ED Value Set CPT Codes</u></b> 99281-99285</p> <p><b><u>UB Revenue</u></b> 0450, 0451, 0452, 0456, 0459, 0981</p> <p><b><u>ED Procedure Code Value Set with ED POS Value Set</u></b> 10021-69990 with 23</p>	<p>Mental health and chemical dependency services are excluded from the numerator.</p> <p><b>Exclusions:</b></p> <p><b><u>Inpatient Stay Visits Value Set</u></b> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p> <p><b><u>Psychiatry Value Set</u></b></p>

			<p>90785, 90791, 90792, 90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90863, 90865, 90867 - 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899</p> <p><b><u>Electroconvulsive Therapy Value Set</u></b>  GZB4ZZZ,  GZB0ZZZ,  GZB1ZZZ,  GZB2ZZZ,  GZB3ZZZ</p>
10	<p><b>*Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</b></p>	<p><b><u>Outpatient Visits</u></b>  99201-99205, 99211-99215, 99217-99220, 99241- 99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</p> <p><b><u>UB Revenue</u></b>  051x, 0520-0523, 0526-0529, 077x, 0982, 0983</p> <p><b><u>Nutrition Counseling CPT</u></b>  97802-97804</p> <p><b><u>Nutrition Counseling HCPCS</u></b>  G0270-G0271, S9449, S9452, S9470</p> <p><b><u>Physical Activity Counseling HCPCS</u></b>  S9451</p>	<p>Patients ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI, Nutrition Counseling, and Physical Activity Counseling.</p> <p><b>Exclusions:</b>  Female members who have a diagnosis of pregnancy in 2018.</p>

\*New measures in 2018. Code sets are currently draft.

### State CAPHS Survey Measures

	Metric	Code(s) and Identification	Notes
11	CAHPS Access to Care	Members surveyed after the calendar year and their response rate to the following statements: <ul style="list-style-type: none"> <li>• Received care right away for illness/injury/condition as soon as you/child needed</li> <li>• Received an appointment for routine care as soon as you/child needed</li> </ul>	Members must have 6 months experience with Medicaid/OHP to be eligible.

### Chart Review Measures

	Metric	Code(s) and Identification	Notes
12	Colorectal Cancer Screening	<p><b><u>Colonoscopy CPT Codes</u></b> 44388-44394, 44397, 44401-44408, 45355, 45378-45387, 45388-45390, 45391, 45392, 45393, 45398</p> <p><b><u>Colonoscopy HCPCS Codes</u></b> G0105, G0121</p> <p><b><u>DX Codes</u></b> 45.22, 45.23, 45.25, 45.42, 45.43</p> <p><b><u>Fecal Occult Blood Test CPT Codes</u></b> 82270, 82274</p> <p><b><u>Fecal Occult Blood Test HCPCS Codes</u></b> G0328</p> <p><b><u>LOINC Codes</u></b> 2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6</p> <p><b><u>Flexible Sigmoidoscopy CPT</u></b> 45330-45335, 45337-45342, 45345, 45346, 45347, 45349, 45350</p> <p><b><u>Flexible Sigmoidoscopy HCPCS</u></b> G0104</p> <p><b><u>DX Codes</u></b> 45.24</p> <p><b><u>CT Colonography CPT Code</u></b> 74263</p> <p><b><u>FIT-DNA CPT Code</u></b> 81528</p>	Members age 51-75  <b>Exclusions:</b>  <b><u>Colorectal Cancer HCPCS</u></b> G0213-G0215, G0231 <b><u>Colorectal Cancer ICD-10</u></b> C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048  <b><u>Colectomy CPT</u></b> 44150-44153, 44155-44158, 44210-44212  <b><u>Colectomy ICD-10</u></b> 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

		<p><b><u>FIT-DNA HCPCS Code</u></b> G0464</p> <p><b><u>FIT-DNA LOINC Codes</u></b> 77353-1, 77354-9</p> <p>**A pathology report that indicates the type of screening and the date when the screening was performed meets criteria for inclusion in the measure.</p>	
13	<b>Timeliness of Prenatal and Postpartum Care</b>	<p><b><u>Prenatal care (one of the following)</u></b> Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred</p> <ul style="list-style-type: none"> <li>• Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height)</li> <li>• Prenatal care procedure (obstetric panel, echography of a pregnant uterus, documentation of LMP or EDD in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history)</li> </ul> <p><b><u>Postpartum care (one of the following)</u></b></p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of weight, blood pressure, breasts and abdomen</li> <li>• Notation of postpartum care, including, but not limited to “postpartum care,” “PP care,” “PP check,” or “6-week check”</li> <li>• Preprinted “Postpartum care” form</li> <li>• Pap test</li> </ul>	<p>A prenatal visit in the first trimester or within 42 days of enrollment .</p> <p>A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery.</p> <p>Includes visits with PAs, NPs, and midwives and provided a co-signature by a physician is present, if required by state law.</p>

### Clinical Quality Measures

	<b>Metric</b>	<b>Code(s) and Identification</b>	<b>Notes</b>
14	<b>Cigarette Smoking Prevalence</b>	<p><b>Documentation:</b> Each EHR may have different codes to document cigarette smoking and tobacco use.</p> <p>Please indicate if cigarette smoking only, and/or broader tobacco use.</p> <ol style="list-style-type: none"> <li>1) Of all patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded?</li> <li>2) <b>Of all patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers?</b></li> <li>3) Of all patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users?</li> </ol>	<p>Members age 13+ who had a qualifying visit where their smoking and/or tobacco use status is recorded as structured data, who are current smokers and or tobacco users.</p> <p>The prevalence of</p>

		For information on tobacco treatment reimbursement please refer to the EOCCO provider manual <a href="http://eooco.com/providers/resources.shtml">http://eooco.com/providers/resources.shtml</a>	cigarette smokers is determined by rate #2 and must begin to reduce.
15	<b>Controlling Hypertension (High Blood Pressure)</b>	<p>Patients whose blood pressure at the most recent visit is adequately controlled</p> <ul style="list-style-type: none"> <li>• Systolic blood pressure &lt;140 mmHg</li> <li>• Diastolic blood pressure &lt;90 mmHg</li> </ul> <p><b>Outpatient Services:</b> Office Visit, Face-to-Face Interaction, Preventive Care Services, Home Health Services, Annual Wellness Visit</p> <p><b>Exclusions:</b> Evidence of ESRD (End Stage Renal Disease), Chronic Kidney Disease Stage 5, Dialysis or renal transplant, Diagnosis of pregnancy</p> <p>**If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the</p>	Members 18-85 years of age who had a diagnosis of essential hypertension within the first six months 2018 or any time prior and who received a qualifying outpatient service in 2018.
16	<b>Depression Screening and Follow up Plan</b>	<p>Patients screened for depression on the date of the encounter, using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p> <p>The following Grouping Value Sets are used to identify follow-up planning:</p> <ul style="list-style-type: none"> <li>• Referral for Depression Adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.537)</li> <li>• Referral for Depression Adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.538)</li> <li>• Additional evaluation for depression- adolescent SNOMED-CT Value set (2.16.840.1.113883.3.600.1542)</li> <li>• Additional evaluation for depression- adult SNOMED-CT Value set (2.16.840.1.113883.3.600.1545)</li> <li>• Follow-up for depression- adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.467)</li> <li>• Follow-up for depression- adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.468)</li> </ul>	<p>Members age 12+ with at least one eligible encounter in 2018.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Patients with an active diagnosis for depression or bipolar disorder (Identified by Grouping Value set codes).</li> <li>2. Patients refusing to participate (SNOMED-CT Value Set) or an urgent/emergent</li> </ol>

		<ul style="list-style-type: none"> <li>• Depression medications – adolescent RxNorm Value Set (2.16.840.1.113883.3.600.469)</li> <li>• Depression medications – adult RxNorm Value Set (2.16.840.1.113883.3.600.470)</li> <li>• Suicide Risk Assessment SNOMED-CT Value Set (2.16.840.1.113883.3.600.559)</li> </ul> <p>Note: the follow up plan must be related to a positive depression screening, example: “Patient referred for psychiatric evaluation due to positive depression screening.”</p> <p>Also note that the use of PHQ9 is allowable as follow up to a positive PHQ2</p>	situation where time is the essence and delaying treatment would jeopardize patient health (Medical or Other reason not done Value Set) are considered excluded from the denominator.
17	<b>Diabetes: HbA1c Poor Control</b>	<p>Patients whose most recent HbA1c level (performed during 2018) is &gt;9.0%, if the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during 2018.</p> <p><b><u>HbA1c Test CPT Codes</u></b> 83036, 83037, 3044F, 3045F, 3046F</p> <p><b><u>LDL-C Test CPT Codes</u></b> 3048F, 3049F, 3050F, 80061, 83700, 83701, 83704, 83721</p> <p><b>Outpatient Services:</b> Office Visit, Face-to-Face Interaction, Preventive Care Services – Established Office Visit, 18 and Up, Preventive Care Services – Initial Office Visit, 18 and Up</p>	Members 18-75 years of age who had a diagnosis of diabetes during or any time prior to 2018 and who received a qualifying outpatient service during 2018.
18	<b>PCPCH Enrollment</b>	<p><b>Numerator:</b> Number of CCO members enrolled in PCPCHs by tier, using the following formula:</p> <p>(Tier 1 members*1) + (Tier 2 members*2) + (Tier 3 members*3) + (Tier 4 members *4) + (5 STAR members *5)</p> <p><b>Denominator:</b> Total CCO enrollment for the same month as the PCPCH enrollment multiplied by 5.</p>	No exclusions.

EOCCO Referral and Authorization Guidelines, Moda Health Clinical Editing Policy Information, DMAP Prioritized List of Health Services and DMAP Provider Guidelines outline in the current Oregon Administrative rules apply. Services are subject to eligibility and plan provisions in effect at the time services are rendered. Please visit EOCCO.com to learn more about Billing and Payments. If you have comments, questions, or would like additional information on codes and billing, please contact [EOCCOmetrics@modahealth.com](mailto:EOCCOmetrics@modahealth.com).

## Appendix 5

### Progress Report- County Summary

December 2016

Reporting Period: Services Incurred 1/1/2016-12/31/2016 as of 3/31/2017

Measure Compliance Rate								
County	Adolescent Well Care Visits	SBIRT	Ambulatory Care & ED Utilization	Dental Sealants	Developmental Screening	Effective Contraceptive Use	Colorectal Cancer Screening**	Childhood Immunization Status
Baker	32.4%	4.7%	53.9	14.9%	68.1%	47.0%	34.7%	68.9%
Gilliam	31.7%	9.8%	43.0	22.0%	18.8%	35.7%	18.5%	20.0%
Grant	35.1%	14.9%	74.1	31.6%	39.0%	28.2%	24.5%	65.2%
Harney	22.7%	22.4%	49.5	11.8%	75.5%	53.8%	36.7%	63.9%
Lake	16.9%	6.7%	45.6	28.6%	33.8%	38.9%	21.7%	55.0%
Malheur	41.5%	12.3%	59.7	21.8%	79.4%	46.5%	38.0%	79.4%
Morrow	42.6%	31.2%	51.4	33.6%	31.4%	50.2%	33.8%	80.0%
Sherman	36.8%	17.9%	45.9	16.7%	35.7%	46.4%	29.3%	66.7%
Umatilla	32.7%	16.3%	59.6	18.4%	36.6%	44.1%	37.6%	71.7%
Union	36.9%	29.9%	62.7	6.6%	82.3%	46.1%	34.2%	57.1%
Wallowa	39.4%	9.5%	29.9	5.3%	67.6%	38.8%	39.4%	78.9%
Wheeler	29.6%	42.6%	30.1	15.2%	58.3%	57.7%	34.9%	75.0%
<b>EOCCO</b>	<b>35.1%</b>	<b>16.9%</b>	<b>57.2</b>	<b>18.6%</b>	<b>54.2%</b>	<b>44.9%</b>	<b>35.2%</b>	<b>70.8%</b>
<b>EOCCO Target</b>	<b>29.1%</b>	<b>11.8%</b>	<b>51.5</b>	<b>17.4%</b>	<b>47.7%</b>	<b>42.7%</b>	<b>39.0%</b>	<b>74.1%</b>