

CARE FOR OLDER ADULTS

COA

A HEDIS HYBRID MEASURE

Measurement Year 2025



COA Description = Members 66 And Older Who Had Each of The Following During the Measurement Year:

- 1. Medication Review**
- 2. Functional Status Assessment**

LOB

MEDICARE SPECIAL NEEDS PLAN

D-SNP

IMPACT

CMS STAR RATINGS



**COLLECTION &
REPORTING**

HYBRID= *CLAIMS +MRR

CARE FOR OLDER ADULTS

COA SUB-MEASURES

1. MEDICATION REVIEW

TIMEFRAME: IN THE MEASUREMENT YEAR-MED LIST SIGNED/DATED BY APPROPRIATE PRACTITIONER TYPE

REQUIRED CREDENTIAL: CLINICAL PHARMACIST (Pharm D) OR PRESCRIBING PRACTITIONER

SETTING: OUTPATIENT OR NON-ACUTE FACILITY
(+TELEHEALTH VISIT OR TELEPHONE ENCOUNTER)

2. FUNCTIONAL STATUS ASSESSMENT

TIMEFRAME: MEASUREMENT YEAR

REQUIRED CREDENTIAL: NONE SPECIFIED

SETTING: OUTPATIENT OR NON-ACUTE FACILITY (+TELEHEALTH VISIT OR TELEPHONE ENCOUNTER)

METHOD: FUNCTIONAL STATUS ASSESSMENT TOOL, NOTATION THAT ADLs WERE ASSESSED AND THE FINDING

CARE FOR OLDER ADULTS

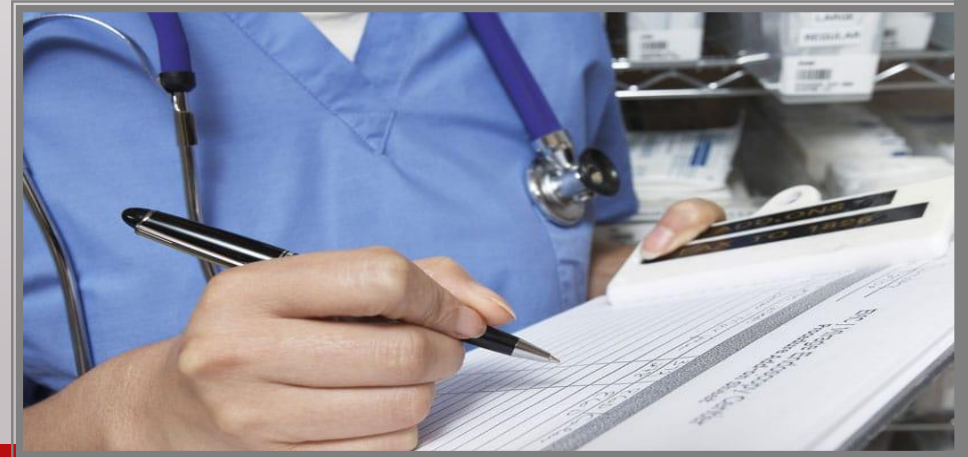
1. MEDICATION REVIEW SPECIFICATIONS

Documentation must come from the same medical record and include one of the following:

- Evidence of a medication review by a clinical pharmacist (PharmD) or prescribing practitioner during the measurement year
- A medication list signed & dated by a clinical pharmacist or prescribing practitioner in the medical record is evidence of a medication review
- A dated notation that the member is not taking any medication
- Transitional care management services in the measurement year

**A review of side effects for a single medication at the time of prescription alone is not sufficient*

***A medication review without the member present meets criteria*



1. MEDICATION REVIEW SPECIFICATIONS CON'T...

- **Documentation that the medications aren't tolerated is not an exclusion for this measure**
- **The practitioner is not required to be the member's primary or ongoing care provider; any prescribing practitioner or clinical pharmacist (Pharm D) can complete the medication review**
- **A medication review may be conducted over the phone if the clinician is a prescriber or clinical pharmacist. An RN can collect the list of current medications during the call, but there must be evidence that the appropriate practitioner type reviewed the list during the measurement year. For example: An electronic signature with credentials on the medication list.**
- **The medication review must include all of the member's medications, including prescription and over-the-counter medications and herbal or supplemental therapies.**

**Medication review and the presence of a medication list can be accepted as supplemental data



2. FUNCTIONAL STATUS ASSESSMENT

SPECIFICATIONS



Notations for a complete Functional Status Assessment must include one of the following:

- Notation that Activities of Daily Living (ADLs) were assessed OR that at least five of the following were assessed:
 1. Bathing
 2. Dressing
 3. Eating
 4. Transferring
 5. Toileting
 6. Walking
- Notation that Instrumental Activities of Daily Living (iADLs) were assessed OR at least four of the following were assessed:
 1. Grocery shopping
 2. Driving or use of public transportation
 3. Using telephone
 4. Cooking/meal prep
 5. Housework
 6. Home repair
 7. Laundry
 8. Taking medications
 9. Handling finances

AND

- Documented *findings* of the assessment
- The FSA cannot be performed in an acute inpatient setting

2. FUNCTIONAL STATUS ASSESSMENT

SPECIFICATIONS CON'T....

*Functional Status assessments can be accepted as supplemental data



OR

The result of an assessment using a standardized Functional Status Assessment tool, not limited to:

- SF-36®
- Assessment of Living & Resources (ALSAR)
- Barthel ADL Index Physical Self-Maintenance (ADLS) Scale
- Bayer ADL (B-ADL) Scale
- Barthel Index
- Edmonton Frail Scale
- Extended ADL (EADL) Scale
- Groningen Frailty Index
- Independent Living Scale (ILS)
- Katz Index of Independence in ADL
- Kenny Self-Care Evaluation
- Klein-Bell ADL Scale
- Kohlman Evaluation of Living Skills (KELS)
- Lawton & Brody's IADL Scales
- Patient Reported Outcome Measurement Information System (PROMIS) Global or Physical Function Scales

2. FUNCTIONAL STATUS ASSESSMENT

FINAL SPECIFICATIONS



To Do and Not to Do:

- The components of the Functional Status Assessment may take place during separate visits within the measurement year.
- A Functional Status Assessment limited to an acute or single condition, event or body system, such as lower back or leg will not meet compliance.

THESE NOTATIONS WILL NOT MEET COMPLIANCE:

- “Functional Status Reviewed” doesn’t indicate that a complete functional status assessment was performed.
- Documentation of “normal motor/sensory” during a neurological exam isn’t enough evidence for a functional assessment.

COA REQUIRED EXCLUSIONS

- **Members who use Hospice services or elect to use a Hospice benefit in the *measurement year***
- **Member death in the *measurement year***

CARE FOR OLDER ADULTS

CPT/CPT II CODES

1. MEDICATION REVIEW

- ✓ **MEDICATION LIST: 1159F**
THIS CODE MUST BE SUBMITTED WITH 1160F (REVIEW OF ALL MEDICATIONS BY A PRESCRIBING PRACTITIONER OR CLINICAL PHARMACIST DOCUMENTED) ON THE SAME DATE OF SERVICE
- ✓ **TRANSITIONAL CARE MANAGEMENT: CPT-99495, 99496**

2. FUNCTIONAL STATUS ASSESSMENT

- ✓ **FUNCTIONAL STATUS ASSESSMENT: 1170F**
- ✓ **TELEPHONE VISITS: CPT-98966, 98967, 98968, 99441, 99442, 99443**
- ✓ **ONLINE ASSESSMENT: (E-VISIT/VIRTUAL CHECK-IN): 98969, 98970, 98971, 98972, 99421, 99423, 99444, 99457**

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**For more information about the
HEDIS COA measure, email:**

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