2020 HEDIS® Measure
Care of Older Adults

Updated Information for Medicare Advantage Care of Older Adults (COA)

Your practice may have received a Cigna HEDIS Provider Partnership Guide in past years. The information provided below has been updated. Please retain this flyer for future reference.

Following is updated information for Cigna Medicare Advantage.

What has changed for COA

Members 66 years and older enrolled in a Special Needs Plan who had each of the following completed during the measurement year:

- ☑ Functional Status Assessment
- ☑ Medication Review
- ☑ Pain Assessment
- ☑ Advance Care Planning

Medical record documentation includes

- ☑ Functional Status Assessment
  - Evidence of a complete functional status assessment using a standardized functional status assessment tool and the date when it was performed.
  - Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking.
  - Notation that Instrumental Activities of Daily Living (IADL) were assessed or that at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances.
  - Notation that at least three of the following four components were assessed: cognitive status, ambulatory status, sensory ability (hearing, vision, and speech must all be captured for sensory ability) and other. Functional independence.
- ☑ Medication Review
  - Current year medication list signed and dated by clinical/prescribing practitioner
  - Current year notation of medication review
  - Current year dated notation that member is not taking any medications

- ☑ Pain Assessment
  - Dated evidence of pain
  - Dated notation of positive or negative findings of pain (does not include chest pain alone), including result of standardized pain assessment tool
- ☑ Advance Care Planning
  - Advance care plan
  - Documentation of advance care planning discussion with the provider and date discussed, including customer declination of discussion
  - Documentation that member previously executed an advance care plan

Codes include

- ☑ Functional Status Assessment
  - 1170F - Functional Status Assessed
- ☑ Medication Review
  - 1159F - Medication list documented in medical record.
  - 1160F - Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record.
    - Both 1159F and 1160F must be submitted on the same claim
- ☑ Pain Assessment
  - 0521F - Plan of care for pain documented
  - 1125F - Pain severity quantified, pain present
  - 1126F – Pain severity quantified, no pain present
- ☑ Advance Care Planning
  - 1123F – Advance Care Planning discussed and documented in advance care plan or surrogate decision maker documented in the medical record
  - 1124F – Advanced Care Planning discussed and patient did not wish or was not able to provide advance care plan or name a surrogate decision maker
  - 1157F - Advanced Care Plan or similar legal document present in medical record
  - 1158F – Advanced Care Planning discussion documented in medical record

Tips to improve this measure

- ☑ Document and code assessments completed with date and results
- ☑ Review and document patient history annually regarding advance care planning

Questions or comments?

If you have any questions, please contact your Network Operations Representative.

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