



2020 HEDIS[®] COMPLIANCE

Measure Information and Learning Tools



Prepared by Quality, Strategy and Performance Operations; UnitedHealthcare - Nevada
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RECOMMENDED SCREENINGS

RECOMMENDED SCREENINGS & IMMUNIZATIONS TO KEEP YOU HEALTHY							
AGE	18+	30	40	50	60	70	80+
Breast Cancer (for women)				Beginning at age 50, have a mammogram every 1 to 2 years, up to age 74.			
Cervical Cancer (for women)	Have a Pap test every 1 to 3 years starting at age 21. Beginning at age 30, have a Pap and HPV test every 5 years up to age 64.						
Colorectal Cancer				Beginning at age 50, have a colonoscopy every 10 years, a flexible sigmoidoscopy or a CT colonography every 5 years, or a DNA stool test every 3 years and/or a fecal occult blood test every year up to the age of 75.			
Diabetes	<p>B/P: Have your blood pressure checked every year. Your goal is to be 139/89 or lower.</p> <p>HgbA1c: Have your HgbA1c checked every year. Goal is to be less than 9% for control; less than 7% is the best.</p> <p>Kidney Protection: Have a urine test performed every year and/or talk to your provider about taking an angiotensin receptor blocker (ARB) or an ACE inhibitor medication if indicated. (Some examples: Cozaar or Lisinopril)</p> <p>Retinal Eye Exam: Have a dilated retinal eye exam by an eye care provider every 1 to 2 years.</p>						
HIV and other STD's	Get tested for HIV and other STD's if you have had unprotected sex, are pregnant, or have any other reason to think you may be at risk. Have a yearly chlamydia test if you're between ages 16 and 24 and are sexually active.						
Hypertension	Have your blood pressure checked every year. Your goal is to be 139/89 or lower for individuals 18-85 years of age.						
Immunizations	Get an annual flu shot. Get a tetanus diphtheria booster shot every 10 years. Get a pneumonia shot once after age 65.						
Osteoporosis				Call and tell your provider if you break any bones. Your provider might want to have a painless test ordered to see how strong your bones are. Beginning at age 65, talk to your provider about having a bone mineral density (BMD or DEXA Scan) test.			
Weight Management	Have your height, weight and body mass index (BMI) calculated annually.						

Please use this chart for posting and/or distribution.

HEDIS ADULT HEALTH MEASURES 2020

Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements	Opportunities for Improvement
AAB	Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis Age 3 months and older	Diagnosis of acute bronchitis or bronchiolitis between July 1, 2018 and June 30, 2019	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> • Diagnosis of acute bronchitis/bronchiolitis. • Antibiotic prescribed within 3 days of bronchitis/bronchiolitis diagnosis. 	<ul style="list-style-type: none"> • Avoid prescribing antibiotics for acute bronchitis/bronchiolitis. • Provide member education regarding the indicated and intended use of antibiotics.
ABA	Height, Weight & BMI Age 18 – 74	Measurement year and year prior (2018 – 2019)	<ul style="list-style-type: none"> • For members 20 and over, weight and BMI must be recorded during the measurement year or prior year for compliance. • For members ages 18 and 19, height, weight and BMI percentile documentation is required. 	<ul style="list-style-type: none"> • EMR template – add BMI values and percentages. • BMI % can be found on a BMI growth chart. • BMI % ranges (i.e. 75%-80%) do not count towards compliance for this measure.
AMM	Antidepressant Medication Management Age 18 and older	May 1, 2018 – April 30, 2019	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> • Diagnosis of major depression treated with and remained on antidepressant medication. • Two rates are measured: <ul style="list-style-type: none"> - Effective Acute Phase: remained on an antidepressant medication for at least 84 days (12 weeks) - Effective Continuation Phase: remained on an antidepressant medication for at least 180 days (6 months) 	<ul style="list-style-type: none"> • Members who have a diagnosis of major depression and are treated with antidepressant medication during the measurement period will be drawn into the denominator. • PHQ-9s should be repeated 4-8 months after initial elevated PHQ-9.
AMR	Asthma Medication Ratio Age 5 – 64	Measurement year (2019)	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> • Diagnosis of persistent asthma. • Ratio of controller medication dispensed for asthma is 50 % or higher than rescue medications dispensed for asthma. 	<ul style="list-style-type: none"> • Encourage regular and consistent use of controller medication to ensure better asthma control and decrease use of rescue medication for breakthrough occurrences.
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics Age 1 – 17	Measurement year (2019)	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> • Antipsychotic medication dispensed during measurement year (2 or more) and had metabolic testing. • Metabolic testing during measurement year: <ul style="list-style-type: none"> - Blood glucose or A1c testing - LDL-C or cholesterol testing 	<ul style="list-style-type: none"> • Perform metabolic testing on members who qualify for this measure every calendar year to meet compliance. • Ensure regular and routine follow-up with medication regimen. • Consider pre-scheduling follow-up/lab visits when writing/dispensing new medications and refill medications as indicated. • Members that were dispensed 2 or more prescription antipsychotics during the measurement year will be included in the denominator.
ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis Age 18 or older	Measurement year (2019)	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> • Outpatient visit with the diagnosis of rheumatoid arthritis. • Prescribed and dispensed at least one disease-modifying anti-rheumatic drug (DMARD). 	<ul style="list-style-type: none"> • Ensure accurate diagnosis of rheumatoid arthritis and treat accordingly (DMARD).

HEDIS ADULT HEALTH MEASURES 2020

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BCS	Breast Cancer Screening Age 50 – 74	One or more mammograms performed between October 1, 2017 – December 31, 2019	<p>This measure is identified through claims/encounter data for:</p> <ul style="list-style-type: none"> For mastectomy patients, document the type of breast surgery performed, i.e. total, radical, partial, bilateral, etc. Document month and year that the mammogram was completed. 	<ul style="list-style-type: none"> Document, at minimum, month and year for self-reported mammograms. Clinical breast exams, ultrasounds and MRI's do not count towards compliance. If a unilateral mastectomy is documented, there is a need for a unilateral mammogram.
CBP	Controlling Blood Pressure Age 18 – 85	Last BP of the measurement year (2019)	<ul style="list-style-type: none"> Members 18–85 years of age as of December 31 of the measurement year whose BP was 139/89 or lower (<140/90). Codes may be used to capture compliance administratively. 	<ul style="list-style-type: none"> 140/90 is non-compliant; 139/89 is a compliant BP. Retake BP at least 20 min later if equal to or greater than 140/90 and document results. Update problem list at each visit, as dates of diagnosis may be misinterpreted as date of service.
CCS	Cervical Cancer Screening Age 21 – 64	2017-2019 Pap smear (Age 21-64) 2015-2019 HPV/Pap smear co-test or hrHPV alone (Age 30-64)	<ul style="list-style-type: none"> Note the date the Pap/HPV was performed and the result or lab/pathology documentation with the results. Biopsies do not count toward this measure. 	<ul style="list-style-type: none"> When documenting surgical history for a hysterectomy, document if the surgery was complete, total or radical or if the cervix is absent. Reflex testing for HPV does not meet compliance.
CDC	Comprehensive Diabetes Care Age 18 – 75	<ul style="list-style-type: none"> BP <140/90 2019 HbA1c 2019 Nephropathy screening A retinal or dilated exam <ul style="list-style-type: none"> -By an eye care professional (ophthalmologist or optometrist) -During the measurement year (2019 meets compliance for negative or positive exam) -In the measurement year or year prior (2018 or 2019 meets compliance for a negative exam) 	<ul style="list-style-type: none"> Members 18-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was 139/89 or lower (<140/90). Latest A1c testing of the measurement year; goal for HbA1c is <9. Urine screening for albumin or protein during the measurement year. <ul style="list-style-type: none"> -or Rx for ACE/ARB -or nephrology consult -or documentation of a renal transplant Retinal eye exam by an eye care provider in 2019, or in 2018 if test was negative for diabetic retinopathy. <ul style="list-style-type: none"> -Documentation of negative diabetic retinopathy in 2018 and/or 2019 -Documentation of retinal eye exam, positive or negative in 2019 Documentation must include “retinal eye exam by an eye care provider”. 	<ul style="list-style-type: none"> 140/90 is non-compliant; 139/89 is a compliant BP. Retake BP at least 20 minutes later if equal to or greater than 140/90 and document results. A1c notations must include, at minimum, month/year and results (i.e., 12/2018 A1c 7.5). Use of urine dipsticks for protein meet compliance. Update/reconcile medication list at every encounter. Documentation by the PCP of retinal eye exam by an eye care provider must include, at minimum, month/year and results (i.e. retinal exam by eye care provider, negative 12/2018). Clear, concise documentation avoiding misinterpretation of results i.e. “no significant diabetic retinopathy.” Documentation of no diabetic retinopathy with notation of macular or pre/non/proliferative changes. Fundus photography must be interpreted by an <u>eye care provider</u> to count towards compliance.

HEDIS ADULT HEALTH MEASURES 2020

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COL	Colorectal Cancer Screening Age 50 – 75	Colonoscopy; 2010-2019 OR Sigmoidoscopy; 2015-2019 OR CT Colonography; 2015-2019 OR FIT-DNA; (Cologuard) 2017-2019 OR iFOBT; Measurement Year only - 2019	<ul style="list-style-type: none"> Documentation of the specific testing and year performed is necessary to meet compliance. For exclusionary evidence, document history of colorectal cancer or total colectomy. 	<ul style="list-style-type: none"> “Colorectal cancer screening” is non-specific and therefore not compliant. “Colonoscopy up to date” or “History of Colonoscopy” is not date specific. Do not use unapproved abbreviations such as C-scope, CSP, Colo, Colon. Document, at minimum, month and year for self-reported colonoscopies/flexible sigmoidoscopies/CT Colonographies A result <u>must be documented</u> for FIT- DNA and iFOBT. Do not count digital rectal exams (DRE) for FOBT tests performed in an office setting or performed on a sample collected via DRE.
CWP	Appropriate Testing for Pharyngitis Age 3 and older	July 1, 2018 – June 30, 2019	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> Diagnosed with pharyngitis. Dispensed antibiotic for that episode of care. Received a group A streptococcus test (from 3 days prior to event date through to 3 days after the event date). 	<ul style="list-style-type: none"> Complete strep test on patients that are prescribed antibiotics for pharyngitis to ensure accurate treatment. Educate patients on inappropriate use of antibiotic treatments.
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Age 13 and older	This measure applies to ED visits for alcohol and other drug (AOD) abuse or dependence between January 1 – December 1, 2019	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> Emergency dept. visits with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence. Two rates are reported: <ul style="list-style-type: none"> Received follow-up with any practitioner type within 7 days of discharge Received follow-up with any practitioner type within 30 days of discharge 	<ul style="list-style-type: none"> Members must be seen by any practitioner type within 7 days of discharge. Consider scheduling the member’s appointment within 5 days to allow for rescheduling. If members are not seen within 7 days, schedule a follow up appointment within 30 days.
FUH	Follow-Up After Hospitalization for Mental Illness Age 6 or older	Acute inpatient discharge for mental illness between January 1 – December 1, 2019	<p>This measure is identified through claims/encounter data for:</p> <ul style="list-style-type: none"> Hospitalized and discharged for treatment of mental illness and/or intentional self-harm. Two rates are measured: <ul style="list-style-type: none"> Received follow-up with a mental health practitioner within 7 days of discharge Received follow-up with a mental health practitioner within 30 days of discharge 	<ul style="list-style-type: none"> Members must be seen by a <u>mental health practitioner</u> within 7 days of discharge. If members are not seen by a <u>mental health practitioner</u> within 7 days, they must be seen within 30 days. Refer member for a mental health visit if you are notified of a hospital visit with primary diagnosis of mental illness.

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FUM	Follow-Up After Emergency Department Visit for Mental Illness Age 6 or older	This measure applies to ED visits with a principal diagnosis of mental illness between January 1 – December 1, 2019	This measure is identified through claims/encounter data for: <ul style="list-style-type: none"> Emergency dept. visits with a principal diagnosis of mental illness and/or intentional self-harm. Two rates are measured: <ul style="list-style-type: none"> Received follow-up with any practitioner within 7 days of discharge Received follow-up with any practitioner within 30 days of discharge 	<ul style="list-style-type: none"> Members must be seen by any practitioner type within 7 days of discharge. Consider scheduling the member's appointment within 5 days to allow for rescheduling. If members are not seen within 7 days, schedule a follow up appointment within 30 days.
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder Age 13 or older *First year measure*	This measure applies to inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 and older that result in a follow up visit or service for substance use disorder between January 1 – December 1, 2019	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> Hospitalized and discharged for treatment of substance use disorder. Two rates are measured: <ul style="list-style-type: none"> Received follow-up with any practitioner within 7 days of discharge Received follow-up with any practitioner within 30 days of discharge 	<ul style="list-style-type: none"> Members must be seen by any practitioner type within 7 days of discharge. Consider scheduling the member's appointment within 5 days to allow for rescheduling. If members are not seen within 7 days, schedule a follow up appointment within 30 days.
IET	Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment Age 13 or older	New episode of alcohol or other drug dependence between January 1 – November 13, 2019	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> New episode of alcohol and other drug dependence. Two rates are measured: <ul style="list-style-type: none"> Initiation: member initiates AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis Engagement: member who initiated treatment and who had two or more further additional services within 34 days of initiation visit 	<ul style="list-style-type: none"> Exercise caution when coding for past history. Be sure to have a conversation with the member before referring them to behavioral health services. Consider having a treatment plan in place when diagnosing for Substance Use Disorder (SUD). Avoid Substance Use Disorder (SUD) diagnosis for a member who is tolerant to opioids, though using as instructed/prescribed for chronic pain management.
LBP	Use of Imaging Studies for Low Back Pain Age 18 – 50	Diagnosis of low back pain between January 1 – December 31, 2019	This measure is identified through claims/encounter data for: <ul style="list-style-type: none"> Primary diagnosis of low back pain. Member received an imaging study (plain X-ray, MRI or CT scan) within 28 days of diagnosis. 	<ul style="list-style-type: none"> Avoid imaging studies (plain X-ray, MRI, CT scan) for acute back pain (within 28 days of diagnosis), if not medically indicated. Attempt comfort measures, pain control and other alternative treatments for acute back pain if indicated.

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MMA	Medication Management for People with Asthma Age 5 – 64	The earliest prescription dispensing dates for any asthma medication during 2019 – December 31, 2019	This measure is identified through pharmacy data and claims/encounter data for members identified as having persistent asthma. <ul style="list-style-type: none"> Two rates are recorded: <ul style="list-style-type: none"> Percentage of members who remained on asthma controller medication for at least 50% of their treatment period Percentage of members who remained on asthma controller medication for at least 75% of their treatment period 	<ul style="list-style-type: none"> Encourage regular and consistent use of controller medication to ensure better asthma control and decrease use of rescue medication for breakthrough occurrences.
MRP	Medication Reconciliation Post Discharge Age 18 or older Discharges of members for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total)	All discharges (acute and non-acute) between January 1 – December 1, 2019. <ul style="list-style-type: none"> Documentation is required in an outpatient record, but an outpatient visit is not required. Medication reconciliation must be completed by a prescribing practitioner, clinical pharmacist or registered nurse within 30 days after discharge (31 total days). 	The following is sufficient evidence of medication reconciliation. <p>Documentation of:</p> <ul style="list-style-type: none"> Evidence that visit is for hospital follow-up or post-discharge. (Provider was aware of member's hospitalization or discharge) Evidence that hospital or discharge medications have been reviewed and/or reconciled with current medications. Notation that no medications were prescribed or ordered upon discharge. Date medication reconciliation was performed. Documentation "tells a story" of the hospital visit correlating with the office visit follow-up. Current medication list must be included. 	<ul style="list-style-type: none"> Documentation does not reflect that visit is for hospital follow-up or post-discharge. Documentation does not reflect that discharge medications were reviewed. Documentation does not reflect that discharge medications were reconciled with current medications. Provider did not see member within 30 days of hospital discharge. Medication reconciliation can never be abstracted from a nursing home chart, even if the member is a nursing home resident. Current medication list is not present.
OMW	Osteoporosis Management in Women who had a Fracture Age 67 – 85	Fractures occurring between July 1, 2018 - June 30, 2019	This measure is identified through pharmacy data, claims/encounter data for: <ul style="list-style-type: none"> Documentation of a BMD test or a prescription for an osteoporosis drug within the 6 months after a fracture. Fractures of finger, toe, face and skull are not included in this measure. 	<ul style="list-style-type: none"> Order a BMD test on all women with a diagnosis of a fracture within 6 months ~or~ prescribe medication to treat osteoporosis if indicated. Consider ordering a BMD or DEXA scan screening on all women 65 years of age every 2 years or more frequently if medically necessary. Educate patients on safety and fall prevention.
SMC	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia Age 18 – 64	Measurement year (2019)	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> Diagnosis of schizophrenia or schizoaffective disorder and cardiovascular disease. LDL-C testing during measurement year. 	<ul style="list-style-type: none"> Members who have a diagnosis of schizophrenia or schizoaffective disorder and cardiovascular disease will be drawn into the denominator. Perform LDL-C on members who qualify for this measure every calendar year to meet compliance. Ensure regular and routine follow-up with medication regimen. Consider pre-scheduling follow-up/lab visits when writing/dispensing new medications and refill medications as indicated.

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SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia Age 18 – 64	Measurement year (2019)	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> • Diagnosis of schizophrenia or schizoaffective disorder and diabetes. • Diabetic screening during measurement year <ul style="list-style-type: none"> - A1c testing AND - LDL-C testing 	<ul style="list-style-type: none"> • Members who have a diagnosis of schizophrenia or schizoaffective disorder and diabetes will be drawn into the denominator. • Members must have both tests completed during measurement year for compliance. • Perform metabolic testing (A1c and LDL) on members who qualify for this measure every calendar year to meet compliance. • Ensure regular and routine follow-up with medication regimen. • Consider pre-scheduling follow-up/lab visits when writing/dispensing new medications and refill medications as indicated.
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Age 18 – 64	Measurement year (2019)	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> • Diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder <u>with</u> antipsychotic medication dispensed during measurement year. • Diabetic screening during measurement year: <ul style="list-style-type: none"> - Glucose testing or A1c testing 	<ul style="list-style-type: none"> • Members who have a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder that were dispensed a prescription for antipsychotics during the measurement year will be drawn into the denominator. • Perform diabetic screening on members who qualify for this measure every calendar year to meet compliance. • Ensure regular and routine follow-up with medication regimen. • Consider pre-scheduling follow-up/lab visits when writing/dispensing new medications and refill medications as indicated.
SPC	Statin Therapy for Patients with Cardiovascular Disease Males age 21 – 75 ~And Females age 40 – 75 who were identified as having ASCVD	Measurement year (2019)	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> • Received Statin Therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. • Statin Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. 	<ul style="list-style-type: none"> • Members with an event of MI, CABG, and PCI or a diagnosis of IVD will be drawn into the denominator. • Consider prescribing a statin medication during hospital follow up if not already on one. • Consider pre-scheduling follow-up/lab visits when writing/dispensing new medications and refill medications as indicated. • Document any myalgia, myositis, myopathy or rhabdomyolysis during the measurement year if present. • Ensure regular and routine follow-up with medication regimen.

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TRC	<p>Transitions of Care Age 18 or older</p> <p>Discharges of members who had the following from the date of discharge through 30 days after discharge</p>	<p>This measure applies to all (acute and non-acute) discharges between January 1 – December 1, 2019.</p> <p>Four rates are reported:</p> <ul style="list-style-type: none"> • <u>Notification of Inpatient Admission</u> on the day of admission or the following day. • <u>Receipt of Discharge Information</u> on the day of discharge or the following day. • <u>Patient Engagement After Inpatient Discharge</u> within 30 days after discharge. • <u>Medication Reconciliation Post-Discharge (MRP)</u> on the day of discharge or within 30 days after discharge (31 total days). 	<p>Evidence in the outpatient medical record of the following:</p> <ul style="list-style-type: none"> • Evidence of notification of inpatient admission on the day of admission or the following day. • Evidence of receipt of discharge information on the day of discharge or the following day. • Evidence of patient engagement within 30 days after discharge: <ul style="list-style-type: none"> - Outpatient visit; office or home - Synchronous telehealth visit with real-time interaction between member and provider • Evidence that current and discharge medications were reconciled within 30 days of discharge. <p>The following is sufficient evidence of medication reconciliation. Documentation of:</p> <ul style="list-style-type: none"> • Evidence that visit is for hospital follow-up or post-discharge. (Provider was aware of member's hospitalization or discharge.) • Evidence that hospital or discharge medications have been reviewed and/or reconciled with current medications. • Notation that no medications were prescribed or ordered upon discharge. • Date medication reconciliation was performed. • Documentation "tells a story" of the hospital visit correlating with the office visit follow-up. • Current medication list must be included. 	<ul style="list-style-type: none"> • Outpatient medical record does not indicate that there was notification of: <ul style="list-style-type: none"> - Admission on the day of or day after - Discharge information on the day of or day after • There is no evidence of patient engagement within 30 days of discharge. • There is insufficient evidence of medication reconciliation within 30 days of discharge: <ul style="list-style-type: none"> - Documentation does not reflect that visit is for hospital follow-up or post-discharge - Documentation does not reflect that discharge medications were reviewed - Documentation does not reflect that discharge medications were reconciled with current medications - Provider did not see member within 30 days of hospital discharge - Medication reconciliation can never be abstracted from a nursing home chart, even if the member is a nursing home resident - Current medication list is not present
HDO	<p>Use of Opioids at High Dosage Age 18 or older</p>	<p>Measurement year (2019)</p>	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> • Members 18 years and older, receiving prescription opioids during the measurement year at a high dosage (average milligram morphine dose [MME] \geq 90 mg). <p>Opioid medications that are EXCLUDED include:</p> <ul style="list-style-type: none"> • Injectables • Opioid cough and cold products • Methadone for the treatment of opioid disorder • Fentanyl transdermal patch <p>Members with cancer or sickle cell disease are excluded from the measure.</p>	<ul style="list-style-type: none"> • Attempt/discuss alternative treatments or non-opioid drugs if possible. • Discuss the addictive qualities of these drugs if the member requests a refill. • Consider prescribing in a lower dose for the acute episode only. • Discussion of opioid reduction plan/weaning. • Consider drug screens to validate member usage of medication. • Consider running NV Prescription Monitoring Program. • Referral to pain management specialist for chronic pain.

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UOP	Use of Opioids From Multiple Providers Age 18 and older	Measurement year (2019)	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <p>Three rates are reported:</p> <ul style="list-style-type: none"> • Multiple Prescribers: The rate of members receiving prescriptions for opioids from four or more prescribers during the year. • Multiple Pharmacies: The rate of members receiving prescriptions for opioids from four or more different pharmacies during the year. • Multiple Prescribers and Multiple Pharmacies: The rate of members receiving prescriptions for opioids from four or more different providers <u>and</u> four or more different pharmacies during the year. <p>Opioid medications that are EXCLUDED include:</p> <ul style="list-style-type: none"> • Injectables • Opioid cough and cold products • Methadone for the treatment of opioid disorder • Fentanyl transdermal patch 	<ul style="list-style-type: none"> • Attempt/discuss alternative treatments or non-opioid drugs if possible. • Discuss the addictive qualities of these drugs if the member requests a refill. • Consider prescribing in limited amounts and lower dose for the acute episode only. • Discussion of opioid reduction plan/weaning. • Consider drug screens to validate member usage of medication. • Consider running NV Prescription Monitoring Program. • Referral to pain management specialist for chronic pain.
COU	Risk of Continued Opioid Use Age 18 and older	Dispensed opioid medication with a Negative Medication History between November 1, 2018 – October 31, 2019	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> • Members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. <p>Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period. • The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period. <p>Opioid medications that are EXCLUDED include:</p> <ul style="list-style-type: none"> • Injectables • Opioid cough and cold products • Methadone for the treatment of opioid disorder • Fentanyl transdermal patch 	<ul style="list-style-type: none"> • Attempt/discuss alternative treatments or non-opioid drugs if possible. • Discuss the addictive qualities of these drugs if the member requests a refill. • Consider prescribing in limited amounts (less than 15-day supply) and lower dose for the acute episode only. • Discussion of opioid reduction plan/weaning. • Consider drug screens to validate member usage of medication. • Consider running NV Prescription Monitoring Program. • Referral to pain management specialist for chronic pain
POD	Pharmacotherapy for Opioid Use Disorder Age 16 and older *First year measure*	Dispensed opioid medication with a diagnosis of OUD between July 1, 2018 – June 30, 2019	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> • Members 16 years of age and older who have a new medication administration event with a negative medication history. • The percentage of members whose pharmacotherapy event lasts 180 days or longer. <p>Opioid medications that are EXCLUDED include:</p> <ul style="list-style-type: none"> • Methadone 	<ul style="list-style-type: none"> • Attempt/discuss alternative treatments or non-opioid drugs if possible. • Discuss the addictive qualities of these drugs if the member requests a refill. • Consider prescribing in limited amounts (less than 15-day supply) and lower dose for the acute episode only. • Discussion of opioid reduction plan/weaning. • Consider drug screens to validate member usage of medication. • Consider running NV Prescription Monitoring Program. • Referral to pain management specialist for chronic pain

QUALITY, STRATEGY and PERFORMANCE NURSE CONTACTS

Cheri Levine, RN, MS
QSP RN Manager
p: 702-242-7466
f: 702-688-5078
cheri.levine@uhc.com

Barbara Christiansen, RN
Sr. Clinical Quality QSP RN
p: 702-592-1972
f: 702-266-8803
barbara.christiansen@uhc.com

Richard Kaysen, RN
Sr. Clinical Quality QSP RN
p: 702-820-3488
f: 702-804-3546
richard.kaysen@uhc.com

Kathy Kennedy, RN
Sr. Clinical Quality QSP RN
p: 702-562-8089
f: 702-838-1422
kathleen.kennedy1@uhc.com

Barbara Radke, RN
Sr. Clinical Quality QSP RN
p: 702-592-1972
f: 702-266-8802
barbara.radke@uhc.com

Thelma Seitz, RN, BSN
Sr. Clinical Quality QSP RN
p: 702-242-7036
f: 702-804-3454
thelma.seitz@uhc.com

Sherri Washington, RN, BSN, CCRN, AE-C
Sr. Clinical Quality QSP RN
p: 702-242-7756
f: 702-804-3547
sherri.washington@uhc.com

HEALTH PLAN OF NEVADA PHYSICIAN RESOURCE LIST

DEPARTMENT	DEPARTMENT CONTACT INFORMATION
<p>Complex Case Management (COC)</p> <ul style="list-style-type: none"> •Transitions of care and care coordination; decrease readmission and increase utilization of outpatient services. 	<p>For more information call: Northern NV 1-877-692-2058, TTY 711 Southern NV 702-797-2100</p>
<p>Community Health Worker (CHW) – Michael Louder</p> <ul style="list-style-type: none"> •Touch point for new Medicaid members to assist with navigation of resources. 	<p>Available 24/7. Call 1-800-288-2264, TTY 711</p>
<p>24-Hour Telephone Advice Nurse (TAN) – Karen Wright</p> <ul style="list-style-type: none"> •Patient and provider assistance/guidance. 	<p>Resource Coordination Center (Medicare): 702-242-7330 press 1 Access Center (Commercial and Medicaid): 702-242-7330 press 2 Case Management and Provider for office staff: 702-240-8775 Physician-Only Dedicated Line: 702-242-7716</p>
<p>Health Education and Wellness (HEW) – Tracy Truran and Jennifer Wilken</p> <ul style="list-style-type: none"> •Multiple educational resources to offer members: weight management, diabetes, tobacco cessation, nutrition, exercise, heart health, pregnancy and lactation. *This is a limited list. 	<p>Patients can call 702-877-5356 or 1-800-720-7253, TTY 711, to register for classes. One-on-one consultations require a physician’s referral, which can be submitted through the online member center.</p>
<p>Southwest Medical Home Health – Marie Sullivan</p> <ul style="list-style-type: none"> •Adult patients that require a “skilled need” and are “homebound.” 	<p>Website: smalv.com/HomeHealth Review “Guideline to Ordering Home Health Services” Call: 702-383-0887 or Fax: 702-341-1977 Submit referrals via the online member center.</p>
<p>Southwest Hospice and Palliative Care – Carol Degrazia</p> <ul style="list-style-type: none"> •Care for patients that have a life limiting illness and care of patients with advanced illness. 	<p>Available 24/7 Call 702-671-1111</p>
<p>Pharmacy – Ryan Bitton or Emily Loaiza</p> <p>Medication Therapy Management and Comprehensive Medication Review Medication adherence for STAR measures for Part D:</p> <ul style="list-style-type: none"> •Cholesterol (statins) •HTN (ACE/ARB) •Diabetes (oral agents; insulin is excluding agent) •100 day/fill program 	<p>Email: ryan.bitton@uhc.com emilyloaiza@uhc.com</p>
<p>Prior Authorization – Shelean Sweet</p> <ul style="list-style-type: none"> •Transplant case manager •Provider education regarding electronic authorization •Provider education regarding denials •Protocols online; “MyHPN” 	<p>For questions or issues contact:</p> <ul style="list-style-type: none"> •The prior authorizations number located on the back of the members' health plan ID card or, •myHPNonline.com <ul style="list-style-type: none"> ○ I am a provider ○ I need help with ○ Utilization management

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DEPARTMENT	DEPARTMENT CONTACT INFORMATION
Claims – Corrine Spaeth <ul style="list-style-type: none"> •No limitation on the number of codes submitted 	Contact your Provider Services representative
Behavioral Health, BHO – Shania Wilfong or Wendy Whitsett <ul style="list-style-type: none"> •Psychiatric medication adherence for PCP's •Inpatient substance abuse rehab for commercial and Medicaid •Residential for commercial 	Provider STAT #: 1-855-442-4648 , Monday-Friday, 8 a.m. - 5 p.m Assist in coordination of admissions and outpatient therapy Schedule an appointment 1-877-425-4994
Disease Management – Jennifer Wilken <ul style="list-style-type: none"> •Assist patients with management of chronic disease •Current focus is on asthma and diabetes •Pairing with HEW classes to introduce patients to disease management 	For more information call: 702-242-7346 or 1-877-692-2059 , TTY 711 Asthma Program: Telephonic education provided by an RN to members with asthma ages 5 and up. No referral required. Diabetes Fresh Start Program: 12-week program of telephonic education, motivation and support with an RN. For adult patients with diabetes. No referral required, though preferred for patient commitment.
Medicaid/CAHPS – Angela Bredenkamp, Associate Director of Clinical Quality, HPN <ul style="list-style-type: none"> •Questions on Medicaid 	Contact: Angela Bredenkamp Phone: 702-240-8730 Email: angela_bredenkamp@uhc.com
Medicare/Senior Dimensions (Southern Nevada) Mark Libman Frances Lopez Jessy Neely (Northern Nevada) Linda Kovaltchouk Optum Care Nevada IPA Network Business Manager <ul style="list-style-type: none"> •Questions on Medicare and HEDIS® rates 	Contact: mark.libman@optum.com linda.kovaltchouk@optum.com francis.lopez1@optum.com jessy.neely@optum.com susan.valdez@optum.com
Commercial – Krystal Marshall, RN Clinical Practice Consultant <ul style="list-style-type: none"> •Questions on Commercial lines of business and HEDIS® rates 	Contact Krystal: Phone: 763-361-0617 Email: krystal.marshall@uhc.com