



2020 HEDIS[®] COMPLIANCE

Measure Information and Learning Tools



Prepared by Quality, Strategy and Performance Operations; UnitedHealthcare - Nevada
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HEDIS BEHAVIORAL HEALTH MEASURES 2020

Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements	Opportunities for Improvement
ADD	<p>Follow-Up Care for Children Prescribed ADHD Medication Age 6 – 12</p> <p>Members with newly prescribed ADHD medication that have 3 visits within a 10-month period, 1 of which is within the first 30 days.</p>	Dispensed ADHD medication between March 1, 2018 – February 28, 2019	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> • Newly prescribed ADHD medication. • Two rates are reported: <ul style="list-style-type: none"> - Initiation phase: percentage of children who received a dispensed prescription and had follow-up visit within the first 30 days. - Continuation phase: percentage of children who remained on medication for 210 days and, in addition to the visit in the initiation phase, had two follow-up visits with a practitioner within 270 days (9 months) after initiation phase ended. 	<ul style="list-style-type: none"> • Ensure regular and routine follow-up with new medication regimen. • Consider pre-scheduling follow-up visits when writing/dispensing new medications and refill medications as indicated. • Schedule follow-up visits strategically to ensure proper medication compliance.
AMM	<p>Antidepressant Medication Management Age 18 and older</p>	May 1, 2018 – April 30, 2019	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <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.
APM	<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics Age 1 – 17</p>	Measurement year (2019)	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> • Antipsychotic medication dispensed during measurement year (2 or more). • Metabolic testing during measurement year: <ul style="list-style-type: none"> - Blood glucose or A1c testing AND - 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 drawn into the denominator.

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APP	Use of First-Line Psychosocial Care 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. • Psychosocial care encounter during measurement year (required timeframe: 90 days prior - 30 days after prescription dispensing date). 	<ul style="list-style-type: none"> • Perform/order psychosocial care for members who qualify for this measure every calendar year to meet compliance. • Ensure regular and routine follow-up with medication regimen. • Consider pre-scheduling psychosocial care when writing/dispensing new medications and refill medications as indicated. • Members that were dispensed a prescription antipsychotic during the measurement year will be drawn into the denominator.
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	This measure is identified through pharmacy data and claims/encounter data for: <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 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.
FUH	Follow-Up After Hospitalization for Mental Illness Age 6 or older	Acute inpatient discharge for mental illness 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 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.
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 pharmacy data and 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.

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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.
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia Age 18 and older	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 with antipsychotic medication dispensed and remained on at least 80% of the treatment period. 	<ul style="list-style-type: none"> Members who have a diagnosis of schizophrenia or schizoaffective disorder and were dispensed and remained on an antipsychotic medication during the measurement period will be drawn into the denominator. If the member remains on the medication for the measurement period, they will be compliant.
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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Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements	Opportunities for Improvement
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 <u>and</u> 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.

QUALITY, STRATEGY and PERFORMANCE NURSE CONTACTS

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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