



# 2020 HEDIS<sup>®</sup> COMPLIANCE

Measure Information and Learning Tools



Prepared by Quality, Strategy and Performance Operations; UnitedHealthcare - Nevada  
 Source: HEDIS 2020 Technical Specifications, Volume 2.  
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## RECOMMENDED SCREENINGS

RECOMMENDED SCREENINGS & IMMUNIZATIONS TO KEEP YOU HEALTHY							
AGE	18+	30	40	50	60	70	80+
<b>Breast Cancer (for women)</b>				Beginning at age 50, have a mammogram every 1 to 2 years, up to age 74.			
<b>Cervical Cancer (for women)</b>	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.						
<b>Colorectal Cancer</b>				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.			
<b>Diabetes</b>	<p><b>B/P:</b> Have your blood pressure checked every year. Your goal is to be 139/89 or lower.</p> <p><b>HgbA1c:</b> Have your HgbA1c checked every year. Goal is to be less than 9% for control; less than 7% is the best.</p> <p><b>Kidney Protection:</b> 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><b>Retinal Eye Exam:</b> Have a dilated retinal eye exam by an eye care provider every 1 to 2 years.</p>						
<b>HIV and other STD's</b>	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.						
<b>Hypertension</b>	Have your blood pressure checked every year. Your goal is to be 139/89 or lower for individuals 18-85 years of age.						
<b>Immunizations</b>	Get an annual flu shot. Get a tetanus diphtheria booster shot every 10 years. Get a pneumonia shot once after age 65.						
<b>Osteoporosis</b>				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.			
<b>Weight Management</b>	Have your height, weight and body mass index (BMI) calculated annually.						

Please use this chart for posting and/or distribution.

## HEDIS PEDIATRIC HEALTH MEASURES 2020

Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements	Opportunities for Improvement
<b>ADD</b>	<p><b>Follow-Up Care for Children Prescribed ADHD Medication</b> 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"> <li>Newly prescribed ADHD medication.</li> <li>Two rates are reported: <ul style="list-style-type: none"> <li>Initiation phase: percentage of children who received a dispensed prescription and had follow-up visit within the first 30 days</li> <li>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</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Ensure regular and routine follow-up with new medication regimen.</li> <li>Consider pre-scheduling follow-up visits when writing/dispensing new medications and refill medications as indicated.</li> <li>Schedule follow-up visits strategically to ensure proper medication compliance.</li> </ul>
<b>AMR</b>	<p><b>Asthma Medication Ratio</b> Age 5 – 64</p>	Measurement year (2019)	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> <li>Diagnosis of persistent asthma.</li> <li>Ratio of controller medication dispensed for asthma is 50% or higher than rescue medications dispensed for asthma.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage regular and consistent use of controller medication to ensure better asthma control and decrease use of rescue medication for breakthrough occurrences.</li> </ul>
<b>APM</b>	<p><b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b> 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"> <li>Antipsychotic medication dispensed during measurement year (2 or more).</li> <li>Metabolic testing during measurement year: <ul style="list-style-type: none"> <li>Blood glucose or A1c testing <b>AND</b></li> <li>LDL-C or cholesterol testing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Perform metabolic testing on members who qualify for this measure every calendar year to meet compliance.</li> <li>Ensure regular and routine follow-up with medication regimen.</li> <li>Consider pre-scheduling follow-up/lab visits when writing/dispensing new medications and refill medications as indicated.</li> <li>Members that were dispensed 2 or more prescription antipsychotics during the measurement year will be drawn into the denominator.</li> </ul>
<b>AWC</b>	<p><b>Adolescent Well-Care Visits</b> Age 12 – 21</p>	Measurement year (2019)	<p>Need one comprehensive visit in 2019 with PCP or OB/GYN that must include documentation of all of the following:</p> <ul style="list-style-type: none"> <li>Health history.</li> <li>Physical development history (age appropriate milestones must be assessed).</li> <li>Mental development history (age appropriate milestones must be assessed).</li> <li>Physical exam.</li> <li>Health education/anticipatory guidance (age appropriate).</li> </ul>	<ul style="list-style-type: none"> <li>All components are needed for compliance.</li> <li>All components should be included in sick/sports visits.</li> <li>“Age appropriate anticipatory guidance” notation does not count toward compliance.</li> <li>Handouts given during a visit without evidence of a <i>discussion</i> does not meet compliance.</li> <li>Adolescent pregnancy is a common missed opportunity.</li> <li>Tanner stage/scale is compliant for physical development.</li> <li>Services that occur over multiple visits count, as long as all services occur in the measurement year.</li> </ul>
<b>AAB</b>	<p><b>Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis</b> Age 3 months and older</p>	Diagnosis of acute bronchitis or bronchiolitis between July 1, 2018 and June 30, 2019	<p>This measure is identified through pharmacy data and claims/encounter data for:</p> <ul style="list-style-type: none"> <li>Diagnosis of acute bronchitis/bronchiolitis.</li> <li>Antibiotic prescribed within 3 days of bronchitis/bronchiolitis.</li> </ul>	<ul style="list-style-type: none"> <li>Avoid prescribing antibiotics for acute bronchitis or bronchiolitis.</li> <li>Provide member education regarding the indicated and intended use of antibiotics.</li> </ul>

## HEDIS PEDIATRIC HEALTH MEASURES 2020

Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements		Opportunities for Improvement
<b>CIS</b>	<b>Childhood Immunization Status</b> Age 2	Date of birth in 2017 through birthday in 2019	Documentation of: 1 MMR 4 Pneumococcal 3 HepB 3 HiB 1 VZV 3 IPV 1 Hep A 4 Dtap 2 Influenza	2 Rotarix or 3 Rotateq Rotavirus. • Document which type of Rotavirus vaccine was administered • Live attenuated influenza vaccine (LAIV) counts toward compliance	<ul style="list-style-type: none"> <li>Administration of any immunization after the second birthday is non-compliant.</li> <li>Ensure accurate Rotavirus type is documented.</li> <li>Document vaccine administration in state database (i.e. NV Web IZ).</li> <li>Document any anaphylactic or allergic reactions to any immunization.</li> <li>Consider pre-scheduling 18-month old visits to ensure compliance prior to age 2.</li> <li>MMR, VZV and Hep A vaccinations are compliant if administered between the child's first and second birthdays.</li> </ul>
<b>CWP</b>	<b>Appropriate Testing for Pharyngitis</b> Age 3 and older	July 1, 2018 – June 30, 2019	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> <li>Diagnosed with pharyngitis.</li> <li>Dispensed antibiotic for that episode of care.</li> <li>Received a group A streptococcus test (from 3 days prior to event date through to 3 days after the event date).</li> </ul>		<ul style="list-style-type: none"> <li>Complete strep test on patients that are prescribed antibiotics for pharyngitis to ensure accurate treatment.</li> <li>Educate patients on appropriate use of antibiotic treatments.</li> </ul>
<b>FUA</b>	<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</b> 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"> <li>Emergency dept. visits with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence.</li> <li>Two rates are measured: <ul style="list-style-type: none"> <li>Received follow-up with any practitioner within 7 days of discharge</li> <li>Received follow-up with any practitioner within 30 days of discharge</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Members must be seen by any practitioner type within 7 days of discharge.</li> <li>Consider scheduling the member's appointment within 5 days to allow for rescheduling.</li> <li>If members are not seen within 7 days, schedule a follow up appointment within 30 days.</li> </ul>
<b>FUH</b>	<b>Follow-Up After Hospitalization for Mental Illness</b> 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"> <li>Hospitalized and discharged for treatment of mental illness and/or intentional self-harm.</li> <li>Two rates are measured: <ul style="list-style-type: none"> <li>Received follow-up with a mental health practitioner within 7 days of discharge</li> <li>Received follow-up with a mental health practitioner within 30 days of discharge</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Members must be seen by a <u>mental health practitioner</u> within 7 days of discharge.</li> <li>If members are not seen by a <u>mental health practitioner</u> within 7 days, they must be seen within 30 days.</li> <li>Refer member for a mental health visit if you are notified of a hospital visit with primary diagnosis of mental illness.</li> </ul>

## HEDIS PEDIATRIC HEALTH MEASURES 2020

Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements	Opportunities for Improvement
<b>FUM</b>	<b>Follow-Up After Emergency Department Visit for Mental Illness</b> 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"> <li>Emergency dept. visits with a principal diagnosis of mental illness and/or intentional self-harm.</li> <li>Two rates are measured: <ul style="list-style-type: none"> <li>Received follow-up with any practitioner within 7 days of discharge</li> <li>Received follow-up with any practitioner within 30 days of discharge</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Members must be seen by any practitioner type within 7 days of discharge.</li> <li>Consider scheduling the member's appointment within 5 days to allow for re-scheduling.</li> <li>If members are not seen within 7 days, schedule a follow up appointment within 30 days.</li> </ul>
<b>IET</b>	<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment</b> 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"> <li>New episode of alcohol and other drug dependence.</li> <li>Two rates are measured: <ul style="list-style-type: none"> <li>Initiation: member initiates AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis</li> <li>Engagement: member who initiated treatment and who had two or more further additional services within 34 days of initiation visit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Exercise caution when coding for past history.</li> <li>Be sure to have a conversation with the member before referring them to behavioral health services.</li> <li>Consider having a treatment plan in place when diagnosing for Substance Use Disorder (SUD).</li> <li>Avoid Substance Use Disorder (SUD) diagnosis for a member who is tolerant to opioids, though using as instructed/prescribed for chronic pain management.</li> </ul>
<b>IMA</b>	<b>Immunizations for Adolescents</b> Age 13	<ul style="list-style-type: none"> <li>Meningococcal: 2017-2019</li> <li>Tdap: 2016-2019</li> <li>HPV: 2015-2019</li> </ul>	Documentation of: <ul style="list-style-type: none"> <li>1 Meningococcal on or between the 11th and 13th birthdays.</li> <li>1 Tdap on or between the 10th and 13th birthdays.</li> <li>2 HPV vaccinations at least 146 days apart on or between the 9th and 13th birthdays</li> </ul> OR <ul style="list-style-type: none"> <li>3 HPV vaccinations on or between the 9th and 13th birthdays.</li> </ul>	<ul style="list-style-type: none"> <li>Meningococcal given prior to 11th or after 13th birthdays is non-compliant.</li> <li>Tdap given prior to 10th and after 13th birthdays is non-compliant.</li> <li>HPV given after 13th birthday is non-compliant.</li> <li>HPV 2 doses must be given 146 days apart.</li> <li>Consider pre-scheduling 12-year old visits to ensure compliance prior to age 13.</li> </ul>
<b>MMA</b>	<b>Medication Management for People with Asthma</b> 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: <ul style="list-style-type: none"> <li>Identified as having persistent asthma.</li> <li>Two rates are recorded: <ul style="list-style-type: none"> <li>Percentage of members who remained on asthma controller medication for at least 50% of their treatment period</li> <li>Percentage of members who remained on asthma controller medication for at least 75% of their treatment period</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Encourage regular and consistent use of controller medication to ensure better asthma control and decrease use of rescue medication for breakthrough occurrences.</li> </ul>

## HEDIS PEDIATRIC HEALTH MEASURES 2020

Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements	Opportunities for Improvement
<b>W15</b>	<b>Well-Child Visits in the First 15 Months of Life</b>	6 visits in measurement year and year prior (2018-2019)	Need 6 visits by age 15 months on different DOS. Each visit must have documentation of: <ul style="list-style-type: none"> <li>• Health history.</li> <li>• Physical development history (age appropriate milestones must be assessed).</li> <li>• Mental development history (age appropriate milestones must be assessed).</li> <li>• Physical exam.</li> <li>• Health education/anticipatory guidance (age appropriate).</li> </ul>	<ul style="list-style-type: none"> <li>• Visits after 15 months of age will not count towards compliance.</li> <li>• All components are needed for compliance.</li> <li>• All components should be included in sick visits.</li> <li>• "Age appropriate anticipatory guidance" notation does not count toward compliance.</li> <li>• Handouts given during a visit without evidence of a <i>discussion</i> does <b>not</b> meet compliance.</li> <li>• Services that occur over multiple visits count, as long as all services occur in the measurement timeframe.</li> </ul>
<b>W34</b>	<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b> Age 3 – 6	Measurement year (2019)	Need one visit in 2019 that must include documentation of: <ul style="list-style-type: none"> <li>• Health history.</li> <li>• Physical development history (age appropriate milestones must be assessed).</li> <li>• Mental development history (age appropriate milestones must be assessed).</li> <li>• Physical exam.</li> <li>• Health education/anticipatory guidance (age appropriate).</li> </ul>	<ul style="list-style-type: none"> <li>• All components are needed for compliance.</li> <li>• All components should be included in sick visits.</li> <li>• "Age appropriate anticipatory guidance" notation does not count toward compliance.</li> <li>• Handouts given during a visit without evidence of a <i>discussion</i> does <b>not</b> meet compliance.</li> <li>• Services that occur over multiple visits count, as long as all services occur in the measurement year.</li> </ul>
<b>WCC</b>	<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</b> Age 3 – 17	Measurement year (2019)	Need one comprehensive visit in 2019 with PCP or OB/GYN that must include documentation of all of the following: <ul style="list-style-type: none"> <li>• Height, weight and BMI percentile.</li> <li>• Counseling for nutrition.</li> <li>• Counseling for physical activity.</li> <li>• Document content of discussions and counseling for nutrition and physical activity.</li> <li>• Services rendered for obesity or eating disorders if documentation is present.</li> <li>• Referral to WIC may be used to meet criteria for Counseling for Nutrition.</li> </ul>	<ul style="list-style-type: none"> <li>• Must include BMI percentile in note or plotted on growth chart to count towards compliance.</li> <li>• BMI percentile ranges do not count (i.e. 75%-80%) for compliance.</li> <li>• All components should be included in sick/sports visits.</li> <li>• Adolescent pregnancy is a common missed opportunity.</li> </ul>

## WCC NUTRITION AND PHYSICAL ACTIVITY CATEGORIES/EXAMPLES

### NUTRITION CATEGORIES

#### 1) Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors) – Noted in Assessment

- “Discussed good nutrition”
- “Nutrition reviewed: good with a variety of fruits and veggies”
- “Eats well, protein, vegetables, fruits”
- “The child’s current diet is diverse and healthy”
- “Diet: picky eater, does not like vegetables or fruits”
- “Diet: table foods, small portions, milk 2–3 cups/day”
- “Mostly consumes a well-balanced diet, 3 meals/day, tries to limit junk food/sodas”

#### 2) Checklist indicating nutrition was addressed

#### 3) Counseling or referral for nutrition education – Noted in Plan

- “Nutrition and BMI discussed”
- “Recommendation: Increase dairy intake to 2-3 servings/day. Increase fiber intake or use supplement”

#### 4) Member received educational materials on nutrition during a face-to-face visit

- “Anticipatory guidance and handouts given on nutrition”

#### 5) Anticipatory guidance for nutrition – Noted in Plan (e.g. advised, encouraged)

- “Handouts given on nutrition with documentation of discussion”
- “Anticipatory guidance discussed regarding healthy food choices”

#### 6) Weight or obesity counseling

### PHYSICAL ACTIVITY CATEGORIES

#### 1) Discussion of current physical activity behaviors (e.g. exercise routine, participation in sports activities, exam for sports participation) – Noted in Assessment

- “Discussed 60 minutes of physical activity every day”
- “Physical activity reviewed: active a few times a week”
- “Exercise and activity discussed”
- “Works out daily”
- “Sports – basketball”
- “Involved in tennis and dance”

#### 2) Checklist indicating physical activity was addressed

#### 3) Counseling or referral for physical activity – Noted in Plan

#### 4) Member received educational materials on physical activity during a face-to-face visit

- “Anticipatory guidance and handouts given on physical activity”

#### 5) Anticipatory guidance for physical activity – Noted in Plan (e.g. advised, encouraged)

- “Handouts given on physical activity with documentation of discussion”
- “Anticipatory guidance discussed regarding 60 minutes of physical activity/day”

#### 6) Weight or obesity counseling

## WELL CHECK VISITS

Well Child Visits: WCC, AWC, W15, and W34

Content from: BrightFutures.org and American Academy of Pediatrics

**Weight, height and BMI percentile documented for any patient under age 20.**

### Physical Development

- Diminished newborn reflexes, can suck, swallow, or smiles (days old thru 1 month)
- Has symmetrical movements, lifts head, good head control, begins to roll and reach (2-4 months)
- Starting to crawl, rolls over, sits well, pulls to stand, drinks from a cup (5-12 months)
- Walks, able to bend down, drinks from a cup with little spilling, plays with toys (12-15 months)
- Is toilet trained, walks up stairs alternating feet, brushes own teeth, hops on one foot (3-4 years)
- Builds a tower of eight blocks, draws person, dresses self (3-4 years)
- + or - body image, physical activity level, eating balanced diet, sees dentist regularly (11-21 years)

### Mental Development

- Eats well, follows your face, if upset able to calm (days to 1 month)
- Responds to affection, coos, able to self-comfort, looks for parent (2-4 months)
- Social smile, indicates pleasure and displeasure, expressive babbling (4-6 months)
- Recognizes own name, starting words, plays peekaboo, imitates sounds (6-9 months)
- Stranger anxiety, follows simple directions, waves bye-bye (9-12 months)
- Tries to imitate parents, listens to a story, scribbles, or shows you toys (12-15 months)
- Names objects, building sentences, knows name, imaginative play (3-4 years)
- Doing well in school, aspires to be a \_\_\_\_\_, able to cope with stress, displays self-confidence, is/is not anxious, depressed, irritable/has mood swings or not (11-21 years)

### Anticipatory guidance or health education on each visit is a requirement

- Requires a verb: Discussed, handout provided, counseled, and about WHAT topics?
- Health education: must be about a topic other than about a minor illness.
- Education and or handouts provided discussing diet & exercise topics fulfills all measures (with discussion).
- Anticipatory guidance: discussed nutrition/weaning, safety/car seat. (0-3 years)
- Counseling provided on poison control, milestones, sleep patterns. (0-3 years)
- Anticipatory guidance discussed: balanced nutrition and 1 hour exercise per day. (3-21 years)
- Counseling provided on diet, increasing fruits and vegetables. Ride bike, walk 20 minutes daily. (3-21 years)



## QUALITY, STRATEGY and PERFORMANCE NURSE CONTACTS

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## HEALTH PLAN OF NEVADA PHYSICIAN RESOURCE LIST

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

## HEALTH PLAN OF NEVADA PHYSICIAN RESOURCE LIST

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