



2020 HEDIS[®] 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+
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 WOMEN'S HEALTH MEASURES 2020

Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements	Opportunities for Improvement
BCS	Breast Cancer Screening Age 50-74	One or more mammograms performed between October 1, 2017 – December 31, 2019	This measure is identified through pharmacy data and claims/encounter data for: <ul style="list-style-type: none"> For mastectomy patients, document the type of breast surgery performed, i.e. total, radical, partial, bilateral, etc. Document date 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 toward compliance. If a unilateral mastectomy is documented there is need for a unilateral mammogram.
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. (positive pap)
PPC	Prenatal and Postpartum Care Live birth on or between October 8, 2018 and October 7, 2019	The patient received a prenatal visit <ul style="list-style-type: none"> In the first trimester OR On or before the enrollment start date or within 42 days of enrollment Postpartum visit is on or between 7 and 84 days after delivery	<u>Prenatal visits with one of the following that includes:</u> <ul style="list-style-type: none"> Complete obstetrical history. Basic physical obstetric examination that includes: FHT, FH or pelvic exam with obstetrical observations. Obstetric panel, TORCH antibody panel, rubella antibody titer with ABO/Rh or echography of pregnant uterus. Documentation of LMP or EDD with prenatal risk assessment and counseling/education. A diagnosis of pregnancy. <u>Postpartum visit that includes:</u> <ul style="list-style-type: none"> Pelvic exam. Evaluation of weight, BP, breasts and abdomen. (Breastfeeding is acceptable for breast exam.) Notation of postpartum care, PP care, PP check, 6-week check or a preprinted "Postpartum Care" form in which information was documented. Perineal or incision/wound check. Screening for depression, anxiety, tobacco use, substance abuse disorder or pre-existing mental health disorders. Glucose screening for women with gestational diabetes. Documentation of infant care, breastfeeding, resumption of intercourse, birth spacing, family planning, sleep/fatigue, resumption of physical activity and attainment of healthy weight. 	<ul style="list-style-type: none"> FHT and fundal height that are documented with each visit count towards compliance. Ultrasound results that are discussed with the member at the time of the encounter and documented count towards compliance. A pap test does not count for a prenatal care visit. Encourage member to return for PP visit. (Especially multiple's.) Post-op or Perineal checks count towards PP visit compliance. Screening documentation and education, medical advice during the visit count towards compliance. (See previous column for list.) Multiple deliveries from a single pregnancy count as one birth.

HEDIS WOMEN'S HEALTH MEASURES 2020

Measure Abbreviation	Measure Description	Valid Timeline	Measure Criteria and Documentation Elements	Opportunities for Improvement
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.
AWC	Adolescent Well-Care Visits Age 12 – 21	Measurement year (2019)	Need one comprehensive visit in 2019 with PCP or OB/GYN that must include documentation of the following: <ul style="list-style-type: none"> • Health history. • Physical development history (age appropriate milestones must be assessed). • Mental development history (age appropriate milestones must be assessed). • Physical exam. • Health education/anticipatory guidance (age appropriate). 	<ul style="list-style-type: none"> • All components are needed for compliance. • All components should be included in sick/sports visits. • “Age appropriate anticipatory guidance” notation does not count toward compliance. • Handouts given during a visit without evidence of a discussion does not meet compliance. • Adolescent pregnancy is a common missed opportunity. • Tanner stage/scale is compliant for physical development. • Services that occur over multiple visits count, as long as all services occur in the measurement year.

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>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

HEALTH PLAN OF NEVADA PHYSICIAN RESOURCE LIST

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