

January 2021

# BlueBlast<sup>SM</sup>

*News Providers Can Use*



 **Healthy Blue<sup>SM</sup>**  
BlueChoice<sup>®</sup> HealthPlan of SC

Healthy Connections 

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# Updates to AIM Specialty Health Cardiac Clinical Appropriateness Guidelines

Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Specialty Health (AIM) *Advanced Imaging of the Heart and Diagnostic Coronary Angiography Clinical Appropriateness Guidelines*. AIM Specialty Health is a separate company providing some utilization review services on behalf of BlueChoice HealthPlan.

Evaluation of patients with cardiac arrhythmias:

- Updated repeat transthoracic echocardiography (TTE) criteria.
- Added restrictions for patients whose initial echocardiogram shows no evidence of structural heart disease, and follow-up echocardiography is not appropriate for ongoing management of arrhythmia.

Evaluation of signs, symptoms or abnormal testing:

- Added restrictions for TTE in evaluation of palpitation and lightheadedness based on literature.

Diagnostic coronary angiography:

- Updated criteria to evaluate patients with suspected congenital coronary artery anomalies.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **Provider Portal** directly at <https://providerportal.com>.\*\*\*
- **Online access is available 24/7 to process orders in real time and is the fastest and most convenient way to request authorization.**
- Access AIM via the Availity Portal\*\* at <https://www.availity.com>.\*\*\* Call the AIM Contact Center toll free at **800-714-0040** from 7 a.m. to 7 p.m.

For questions related to guidelines, please contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).\*\*\*



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## Updates to AIM Clinical Appropriateness Guidelines for Advanced Imaging

The following updates will apply to the AIM Clinical Appropriateness Guidelines for Advanced Imaging for claims with dates of service on and after March 14, 2021.

To learn more, go to [Updates to AIM Clinical Appropriateness Guidelines for Advanced Imaging](#).\*\*\*



PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY

## Transition to AIM Specialty Health Rehabilitative Services Clinical Appropriateness Guidelines

Effective Dec. 8, 2020, Healthy Blue will transition the clinical criteria for medical necessity review of certain outpatient rehabilitative services from our clinical guidelines for physical therapy CG-REHAB-04, occupational therapy CG-REHAB-05, and speech language pathology CG-REHAB-06 to AIM Specialty Health Rehabilitative Service Clinical Appropriateness Guidelines. These reviews will continue to be completed by the SC utilization management team.

Access and download a copy of the current and upcoming guidelines [here](#).\*\*\*



## HEDIS Coding Tip: Childhood Immunizations Status (CIS)

The following CPT®, ICD-10-CM and HCPCS codes can help reduce the number of medical records we request during HEDIS® medical record review season (January to May each year). Adding these codes to a claim will help us identify additional information about the visit and improve the accuracy of reporting quality measures.\*\*\*\*The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. \*\*\*\*

Vaccines administered by their second birthday:

- Four diphtheria, tetanus and acellular pertussis (DTaP) — Do not give prior to 42 days after birth.
- Three polio (IPV) — Do not give prior to 42 days after birth.
- One measles, mumps and rubella — (MMR) Must be given between the first and second birthday.
- Three hepatitis B (hep B) — One of the three vaccinations can be a newborn hep B vaccination.
- Three haemophilus influenza type B (HiB) — Do not give prior to 42 days after birth.
- One chickenpox (VZV) — Must be given between the first and second birthday.
- Four pneumococcal conjugate (PCV) — Do not give prior to 42 days after birth.
- One hepatitis A (hep A) — Must be given between the first and second birthday.
- Two to three rotavirus (RV) — Do not give prior to 42 days after birth.
- Two influenza (flu) vaccines — Do not give prior to six months (180 days) after birth.  
One of the two vaccines can be LAIV vaccination on the child's second birthday.

Codes to identify vaccine procedures:

Description	CPT
DTaP	90698, 90700, 90723
IPV	90698, 90713, 90723
MMR	90707, 90710
HiB	90644, 90647, 90648, 90698, 90748
VZV	90710, 90716
HBV	90723, 90740, 90744, 90747, 90748
PCV	90670
Hep A	90633
RV (2-dose schedule)	90681
RV (3-dose schedule)	90680
Flu	90655, 90657, 90661, 90673, 90685-90689 LAIV: 90660, 90672

### Immunizations for Adolescents (IMA)

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between their 11th and 13th birthdays
- One Tdap vaccine on or between their 10th and 13th birthdays
- Three doses of HPV vaccine administered on or between their ninth and 13th birthdays or two doses of HPV with at least 146 days between first and second dose

Codes to identify vaccine procedures:

Description	CPT
Meningococcal	90734
Tdap	90715
HPV	90649, 90650, 90651

### Lead Screening in Children (LSC)

CPT
83655

**Follow-Up Care for Children Prescribed ADHD Medication (ADD)** Health and behavior assessment or intervention:

CPT
96150-96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171





# Healthy Rewards Program

The Healthy Rewards Program for Healthy Blue helps you increase your quality scores and our members earn rewards.



Through our Healthy Rewards Program, members can earn \$10 to \$50 for getting certain health services. At the same time, you increase your practice's quality scores by providing members with the vaccinations, screening visits and medications they need.

When a member meets the eligibility criteria for the activities listed below and completes the service, they will earn the corresponding reward amount after the service is confirmed by the Claims department. The reward dollars are loaded into the member's Healthy Rewards portal and can be redeemed for a variety of retail gift cards. **Please ensure you file your claims timely so the members can receive their awards.**

**To help your practice, all Healthy Rewards activities are tied to HEDIS® scores and/or health initiatives. They include:**

Healthy activities	Who's eligible	Reward	Limit
Childhood Wellness Visit	M, F, ages 3 to 6 (including 6)	\$25	1 per 12 months
Adolescent Well-Care Visits	M, F ages 11 to 13 (including 13)	\$25	1 per 12 months
Breast Cancer Screening	F ages 50 to 74	\$50	1 per 24 months
Chlamydia Screening in Women	F ages 16 to 24	\$25	1 per 12 months
Cervical Cancer Screening	F ages, 21 to 64	\$50	1 per 36 months
Diabetic Retinal Eye Exam	M, F, ages 18 to 75	\$25	1 per 12 months
Diabetic A1c Screening	M, F, ages 18 to 75	\$25	1 per 12 months
Diabetic Nephropathy Screening	M, F, ages 18 to 75	\$25	1 per 12 months
1st Prenatal Care Visit	F, ages 13 to 55	\$25	1 per pregnancy
Postpartum Care Visit	F, ages 13 to 55	\$50	1 per pregnancy
Well-Child Visits in the First 15 Months of Life	M, F, ages 0 to 15 months	\$10, max \$60	6 times in 15 months

Remind your Healthy Blue patients about the Healthy Rewards Program at their next office visit. By working together, we can encourage good habits and help our members get the right care, and you can improve your quality scores.

**If your Healthy Blue patients have questions regarding the program,** have them call Healthy Rewards at **888-990-8681 (TTY 711)** or visit the Benefit Reward Hub by visiting **www.HealthyBlueSC.com**.

**To earn rewards,** members must enroll in the program prior to or within 30 days of the date of service.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.

To report fraud, call our confidential Fraud Hotline at **877-725-2702**. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at **888-364-3224** or email [fraudres@scdhs.gov](mailto:fraudres@scdhs.gov).

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[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)



Healthy Connections  
**Provider Bulletin**  
 November 2020

**Healthy Blue**  
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**Medical drug benefit Clinical Criteria updates**

On August 21, 2020, the Pharmacy and Therapeutics (P&T) Committee approved the following Clinical Criteria applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. If you have questions or would like additional information, use this email.

Please see the explanation/definition for each category of Clinical Criteria below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Annual review: minor wording and formatting updates, new document number
- Updates marked with an asterisk (\*) criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

**Please note: The Clinical Criteria listed below applies only to the medical drug benefits contained within the member's medical plan. This does not apply to pharmacy services.**

Effective date	Document number	Clinical Criteria title	New, revised, annual review
12/28/2020	ING-CC-0170*	Uplizna (neblizumab)	New
12/28/2020	ING-CC-0172*	Vilepro (vitolarsen)	New
12/28/2020	ING-CC-0173*	Easpryn (satralizumab-mwgc)	New
12/28/2020	ING-CC-0174*	Kesimpta (ofatumumab)	New
12/28/2020	ING-CC-0168*	Tecartus (tucatinib)	New
12/28/2020	ING-CC-0171*	Zepzelca (turbanectin)	New
12/28/2020	ING-CC-0169*	Phegso (pertuzumab/trastuzumab/hyaluronidase-zzxf)	New
12/28/2020	ING-CC-0175*	Prolequin (aldesleukin)	New
12/28/2020	ING-CC-0176*	Belcodaq (belinostat)	New
12/28/2020	ING-CC-0178*	Synbro (omacetaxine mepepsuccinate)	New
12/28/2020	ING-CC-0177*	Synbro (omacetaxine mepepsuccinate extended-release)	New
12/28/2020	ING-CC-0166*	Zilretta (triamcinolone acetamide extended-release)	New
12/28/2020	ING-CC-0167*	Synbro (omacetaxine mepepsuccinate extended-release)	New
12/28/2020	ING-CC-0058*	Trastuzumab Agents Step Therapy	Revised
12/28/2020	ING-CC-0077*	Rituximab Agents for Oncologic Indications Step Therapy	Revised
12/28/2020	ING-CC-0042	Ocreotide Agents (Byngezin Pen, Sandostatin or Sandostatin LAR)	Revised
12/28/2020	ING-CC-0048*	Ocreotide Agents (Byngezin Pen, Sandostatin or Sandostatin LAR)	Revised
12/28/2020	ING-CC-0048*	Palyziq (pegvaliase-pqgz)	Revised
12/28/2020	ING-CC-0048*	Monoclonal Antibodies to Interleukin-17	Revised
12/28/2020	ING-CC-0104	Bavencio (avelumab)	Revised
12/28/2020	ING-CC-0094*	Levoleucovorin Agents	Revised
12/28/2020	ING-CC-0061*	Alimta (pemetrexed disodium)	Revised
12/28/2020	ING-CC-0009*	GnRH Analogs for the Treatment of Nononcologic Indications	Revised
12/28/2020	ING-CC-0029	Lentradra (alemtuzumab) for the Treatment of Multiple Sclerosis	Revised
12/28/2020	ING-CC-0038*	Dupilent (dupilumab)	Revised
12/28/2020	ING-CC-0139	Human Parathyroid Hormone Agents	Revised
12/28/2020	ING-CC-0044*	Evenity (romosozumab-aqqg)	Revised
12/28/2020	ING-CC-0152*	Exondys 51 (eteplirsen)	Revised
12/28/2020	ING-CC-0035*	Vyondys 53 (golodirsen)	Revised
12/28/2020	ING-CC-0048*	Duopa (carbidopa and levodopa enteral suspension)	Revised
12/28/2020	ING-CC-0048*	Spinraza (nusinersen)	Revised

[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections. To report fraud, call our confidential Fraud Hotline at 877-282-0792. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 800-264-3224 or email [fraudreport@dhhs.gov](mailto:fraudreport@dhhs.gov). BSCPEP-1041-20 November 2020

# CAHPS Survey

CAHPS is an annual standardized survey conducted from January to May to assess consumers' experience with their providers and health plan. A random sample of your adult and child patients may get the survey. Providers directly impact the majority of questions used for scoring.

## These questions are:

- When you needed care right way, how often did you get it?
- How often did you get an appointment for a checkup or routine care as soon as you needed it?
- How often was it easy to get the care, tests or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed it?
- How often did your personal doctor seem informed and up to date about the care you got from other health providers?
- How would you rate your primary care doctor?
- How would you rate the specialist you see most often?

To learn more about CAHPS and how you can improve the patient experience, review the CAHPS Overview training by visiting [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com).

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



# Medical Drug Benefit Clinical Criteria Updates

On Aug. 21, 2020, the Pharmacy and Therapeutics (P&T) Committee approved Clinical Criteria applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

The Clinical Criteria is publicly available on the provider websites, and the effective dates will be reflected in the [Clinical Criteria Web Posting August 2020](#).\*

Visit [Clinical Criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

# HEDIS 2020: Medicaid Measure Update and Summary of Changes From NCQA

## Revised measures:

- The former Well-Child Visits in the First 15 Months of Life (W15) measure was revised to **Well-Child Visits in the First 30 Months of Life (W30)**. It includes two indicators:
  - Well-child visits in the first 15 months — children who turned 15 months during the measurement year with six or more well-child visits
  - Well-child visits for ages 15 to 30 months — children who turned 30 months during the measurement year with two or more well-child visits
- The former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures have been combined into Child and Adolescent Well-Care Visits (WCV):
  - The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB-GYN practitioner during the measurement year

## Key measure changes:

- **Controlling Blood Pressure (CBP and CDC-CBP)**  
Telephone visits, e-visits and virtual check-ins are now acceptable settings for blood pressure (BP) readings. Digital BP readings reported by the member are considered numerator compliant.
- **Telehealth updates** NCQA has updated telehealth guidance in 40 HEDIS measures for HEDIS measurement years 2020 and 2021. The purpose of these changes is to:
  - Support increased use of telehealth caused by the pandemic.
  - Align with guidance from the Centers for Medicare & Medicaid Services and other stakeholders.

A list of the 40 measures can be found on the NCQA COVID-19 website at [www.ncqa.org/covid](http://www.ncqa.org/covid).\*\*\*

## New Medicaid measures:

**Kidney Health Evaluation for Patients With Diabetes (KED)** — The percentage of members 18 to 85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an

estimated glomerular filtration rate (eGFR) and a uACR identified by both a quantitative urine albumin test and a urine creatinine test with service days four or fewer days apart during the measurement year

**Cardiac Rehabilitation (CRE)** — The percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement; four rates are reported:

- **Initiation** — The percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event
- **Engagement 1** — The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event
- **Engagement 2** — The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event
- **Achievement** — The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event

## Retired Medicaid measures:

- **Comprehensive Diabetes Care (CDC) retired sub-measures** —
  - Medical Attention for Nephropathy (retired for Commercial and Medicaid)
  - HbA1c control (< 7.0%) for a selected population
- **Adult BMI Assessment (ABA)**
- **Medication Management for People With Asthma (MMA)**
- **Children's and Adolescents' Access to Primary Care Practitioners (CAP)**

## Measure change summary:

For a complete summary, go to <https://tinyurl.com/NCQA-measures>.\*\*\*



## Disease Management/ Population Health Program

Disease Management/Population Health is designed to support providers in caring for patients with chronic health care needs. Healthy Blue provides members enrolled in the program with continuous education on self-management, assistance in connecting to community resources, and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications.

### Who is eligible?

Disease Management/Population Health case managers provide support to members with:

- Asthma.
- Bipolar disorder.
- COPD.
- Diabetes.
- Congestive heart failure.
- Coronary artery disease.
- HIV/AIDS.
- Hypertension.
- Major depressive disorder — adults.
- Major depressive disorder — children and adolescents.
- Schizophrenia.
- Substance use disorder.

Our case managers use member-centric motivational interviewing to identify and address health risks, such as tobacco use and obesity, to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

For more information on our program and how to refer a Healthy Blue member for this program, please visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) and select Providers.

Your input and partnership are valued. Once your patient is enrolled in the Disease Management/Population Health program, you will be notified by the case manager assigned.

We look forward to working with you.

## HEDIS Coding Tip: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The following CPT, ICD-10-CM and HCPCS codes can help reduce the number of medical records we request during HEDIS medical record review season (January to May each year). Adding these codes to a claim will help us identify additional information about the visit and improve the accuracy of reporting quality measures.\*\*\*\*

### Cholesterol lab test: CPT

82465, 83718, 83722, 84478

### Glucose lab test: CPT

80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

### HbA1c lab test: CPT

83036, 83037

### LDL-C lab test: CPT

80061, 83700, 83701, 83704, 83721

**Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)** Psychosocial care codes:

CPT	HCPCS
90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880	G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485

For a complete list of CPT codes, go to the American Medical Association website at: <https://www.ama-assn.org>\*\*\* > Practice Management > CPT (Current Procedural Terminology) > CPT Overview > Finding Coding Resources.



## HEDIS Coding Tip: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

The following CPT, ICD-10-CM and HCPCS codes can help reduce the number of medical records we request during HEDIS medical record review season (January to May each year). Adding these codes to a claim will help us identify additional information about the visit and improve the accuracy of reporting quality measures.\*\*\*\*

Codes to identify weight assessment, nutritional counseling and physical activity.

Member-collected biometric values (height, weight, BMI percentile) are eligible for use:

Description	CPT	ICD-10-CM	HCPCS
BMI percentile		Z68.51 Body mass index (BMI) pediatric, less than 5th percentile for age Z68.52 BMI pediatric, 5th percentile to less than 85th percentile for age Z68.53 BMI pediatric, 85th percentile to less than 95th percentile for age Z68.54 BMI pediatric, greater than or equal to 95th percentile for age	
Nutrition Counseling	97802, 97803, 97804	Z71.3	G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling		Z02.5, Z71.82	G0447, S9451



Codes to identify outpatient visit:

CPT	HCPCS
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015

**Well-Child Visits in the First 30 Months of Life (W30)** Codes to identify well-care visits:

CPT	HCPCS	ICD-10-CM
99381-99385, 99391-99395, 99461	G0438, G0439, S0302	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

**Child and Adolescent Well-Care Visits (WCV)** Codes to identify well-care visits:

CPT	HCPCS	ICD-10-CM
99381-99385, 99391-99395, 99461	G0438, G0439, S0302	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

For a complete list of CPT codes, go to the American Medical Association website at: <https://www.ama-assn.org>\*\*\*  
> Practice Management > CPT (Current Procedural Terminology) > CPT Overview > Finding Coding Resources. The American Medical Association is an independent organization that offers health information you may find helpful.



# Give THANKS with a grateful heart



**Upstate South Carolina** was filled with smiles, food and turkeys during this Thanksgiving holiday!



From Nov. 23 – 25 Healthy Blue provided turkeys to families in Greenville, Spartanburg and Anderson in partnership with “The Block” radio station. More than 300 turkeys were distributed. Outreach Specialist David Rojas shared Healthy Blue benefits, service information, and provided many giveaways for those attending.



## Coding Spotlight: HEDIS MY 2021

### HEDIS overview

The National Committee for Quality Assurance (NCQA) is a nonprofit organization that accredits and certifies health care organizations. The NCQA establishes and maintains the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a tool comprising standardized performance measures used to compare managed care plans. The overall goal is to measure the value of health care based on compliance with HEDIS measures. HEDIS also allows stakeholders to evaluate physicians based on health care value rather than cost. This article will outline specific changes to the HEDIS measures as outlined by the NCQA. The changes are effective for the measurement year (MY) 2020 to 2021. It is important to note that the state health agency has the authority to determine which measures and rates managed care organizations should capture.

HEDIS data helps calculate national performance statistics and benchmarks and sets standards for measures in NCQA Accreditation.

### Health plans use HEDIS performance results to:

- Evaluate the quality of care and services.
- Evaluate provider performance.
- Develop performance improvement initiatives.
- Perform outreach to providers and members.
- Compare performance with other health plans.

### HEDIS MY 2020 new measures:

- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
- Pharmacotherapy for Opioid Use Disorder (POD)

- Breast Cancer Screening (BCS-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Prenatal Depression Screening and Follow-Up (PND)
- Postpartum Depression Screening and Follow-Up (PDS)

#### **HEDIS MY 2020 retired measures:**

- Annual Monitoring for Patients on Persistent Medications (MPM)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Standardized Healthcare-Associated Infection Ratio (HAI).

Retired measures are no longer maintained by NCQA or included in the HEDIS measurement set. NCQA has determined that specific measures are clinically inappropriate and are no longer in use. Once retired, the measures are not used in any product, program or service, and all use must stop.

#### **HEDIS MY 2020 revised hybrid measures:**

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Cervical Cancer Screening (CCS)
- Colorectal Cancer Screening (COL)
- Care for Older Adults (COA)
- Controlling Blood Pressure (CBP)
- Medication Reconciliation Post-Discharge (MRP)
- Transitions of Care (TRC)
- Prenatal and Postpartum Care (PPC)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well-Care Visits (AWC)

#### **HEDIS MY 2020 revised administrative measures:**

- Appropriate Testing for Children With Pharyngitis (CWP)
- Statin Therapy for Patients With Cardiovascular Disease (SPC)
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Follow-Up After Hospitalization for Mental Illness (FUH)

- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP).

#### **HEDIS and telehealth**

HEDIS measures include synchronous telehealth (which requires real-time interactive audio and video telecommunications), telephone visits and online assessments, as appropriate. A measure specification will indicate when telephone visits or online assessments are eligible for use in reporting.

A measure specification that is silent about telehealth is assumed to include telehealth. Correct coding requires billing telehealth services using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and a telehealth POS code. Therefore, the CPT or HCPCS code in the value set will meet criteria (regardless of whether a telehealth modifier or POS code is present). A measure specification will indicate when telehealth is not eligible for use and is excluded.

#### **The future of HEDIS**

The future of HEDIS focuses on six core ideas:

- Allowable adjustments: New flexibility lets users modify measures without changing their clinical intent.
- Licensing and certification: Updated requirements ensure the accuracy of the results.
- Digital measures: HEDIS specifications that download directly into users' data systems bring new ease of use.
- Electronic clinical data systems (ECDS): This new reporting method helps clinical data create insight for managing the health of individuals and groups.
- Schedule change: A new schedule gives users more time by providing the complete measure specifications sooner — 11 months earlier than the traditional timeline
- Telehealth: The access to care that telehealth has brought during COVID-19 is vital to quality now after the pandemic.

#### **Resources:**

HEDIS Measures and Technical Resources.  
[https://www.ncqa.org/HEDIS®/measures\\*](https://www.ncqa.org/HEDIS®/measures*)



# Happy New Year!

# 2021



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