

Provider Newsletter

HEDIS® MEASUREMENT YEAR 2022 AT-A-GLANCE

April 2022

Message on Medicaid Redetermination

Best practices to
IMPROVE
Access to Care

Important Information
for you regarding
HEDIS Measures





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To our trusted Provider partners,

The Public Health Emergency (PHE) is likely to end sometime between April and July. As of this writing, no official date has been confirmed. During the PHE annual Medicaid Redetermination was suspended. It's important to note that the process of annual redetermination will begin again with the official declaration of the end of the PHE.

Ensuring coverage for our Members is important and we ask for your help. Please make sure your Members understand the process of redetermining their Medicaid benefits.

Nevada Medicaid is asking providers, partners, MCOs, and others to encourage Medicaid members to update their contact information now, get ready to renew their coverage, or be prepared to transition to other health insurance.

Below and attached are resources you can use to ask members to update their contact information, get ready to renew their coverage, or transition to other coverage.

Please use suggested emails, social media, and other messages provided by the Centers for Medicare and Medicaid Services to reach out to members. Each provider, MCO, and partner can create their own messaging.



Each provider, MCO, and partner can create their own messaging.

[English Messaging](#)
[Spanish Messaging](#)

Encourage members to update their addresses:

1. Through the [Access Nevada Portal](#)
2. Visit a [Northern or Southern Nevada Office](#)
3. [Complete this form](#) and email to: welfare@dwss.nv.gov
4. Call: 1-800-992-0900

Direct members who need to transition to other insurance to Nevada Health Link: <https://www.nevadahealthlink.com/>

Encourage members to download the [NV Medicaid App](#) to receive messages.

Ask members to sign up for Medicaid Member News direct from [Nevada Medicaid here](#).

Providers can find information on Nevada Medicaid's [COVID-19 page](#) and, in addition to regularly checking for Web Announcements at [Medicaid.NV.GOV](https://www.nv.gov/medicaid), providers can sign up for email notifications from [Nevada Medicaid here](#).

Access to Care

What is Access to Care?

Timely use of personal health services to achieve the best health outcomes, focusing on key components: services, timeliness, and staff.



Ability to provide health when it is needed, before or after hours, app/portal scheduling

Access Availability Questions

Getting Needed Care

When you needed care right away, how often did you get care as soon as you needed?

Appointment Availability

How often did you get an appointment for a check-up or routine care as soon as you needed?

Time in Waiting Room

How often did you see the person you came to see within 15 minutes of your appointment time?*

*Time in the waiting room includes time spent in waiting area and exam room.

AHRQ Agency for Healthcare Research and Quality
<https://www.ahrq.gov/topics/access-care.html>

Why is Access to Care important?

Access to care can have an affect on a patient's health and well being.

Providing regular and reliable access to health care can prevent disease and disability and manage and treat illnesses/chronic health conditions.

U.S. Dept of Health and Human Services
<https://health.gov/healthypeople/objectives>



Staying on time with daily schedule, communicating to patients on status wait time



Providing care including screenings, prevention, chronic and acute services

Never
Definitely No

0 1 2

Sometimes
Probably No

3 4 5

Usually
Probably Yes

6 7 8

Always
Definitely Yes

9 10

“ ... ensure time is allowed to listen and answer questions and focus on the overall patient care within your office. ”

Access to Care

How can you improve Access to Care?

Assist with easement of scheduling appointments, ensure time is allowed to listen and answer questions and focus on the overall patient care within your office.

Ensure there are open appointments for patients needing same day visits

Create a comfortable environment in waiting and exam rooms

Keep communication open between staff and patients

Set aside enough time to listen and look at patients



Best practices to improve Access to Care with patient perception and experience



Standard of Operation for Next Appointment

Creating a Wait List

Develop office policy to make next regular check up at the end of current appointment.

Create a wait list for patients who want to be seen sooner.

Validate visit preference - telehealth vs in-person.

Encourage patients to use schedule portal/app.

Team to have overall better continuity of care.

Look and Listen

Its all about the patient

Set aside time to look at your patients and listen to them.

Demonstrate you care about them and what is going on in their life.

Review nonverbal cues/body language with the care team and office staff.

Ask clarifying questions so they know you are listening.

Best practices to improve Access to Care with patient perception and experience



Connect,Cultural, Commit,Continuity

Social Determinants

Make the connection - get to know your patient's background.

Speak their language and if you can't be sure to have language services available.

Encourage patients to see the same provider or care team to have overall better continuity of care.

Members without Visits

Patient Education

Institute a process to learn which patients need to be seen; who have not been seen during the current year.

Educate the patient on the importance of seeing their provider at least once a year if not more depending on medical conditions.

Team to have overall better continuity of care.

Best Practices to improve Access to Care and meeting patient needs



Quick Access to Care/ Non-traditional Availability

Open schedule to early/late hours
Urgent Care/ Retail Clinics

Support early, late or weekend hours.

Encourage patients to use urgent care/retail clinics for after hours when needing to get care quickly.

Create signage for hours and what patients should do for after hours.

Transportation

Free public transportation

Assist patients with transportation needs such as shuttle services and or ride sharing programs.

When confirming appointment, ask to make sure they have transportation.

Best Practices to improve Access to Care and meeting patient needs



Telehealth Services

Electronic visits

Offer telehealth services for patients during the day and after hours.

This can assist with transportation barriers.

Utilize electronic monitoring for blood pressure, weight and blood sugars.

Reserve Schedule Block for Same Day Appointments

Same Day Visits

Reserve time for same day visits for urgent needs.

Symptoms can decrease when patients receive care quicker.

This can decrease the number of visits to Urgent Care and or Emergency Room.

Guidelines for Providers

Appointment Availability and Access Standards

SilverSummit Healthplan follows the availability requirements set forth by applicable regulatory and accrediting agencies. SilverSummit Healthplan monitors compliance with these standards on at least an annual basis and will use the results of appointment standards monitoring to first, ensure adequate appointment availability and second, reduce unnecessary emergency room utilization.

Primary Care	
Life-threatening Emergency Services	Immediately, 24 hours/7 days per week
PCP Medically Necessary	Within 2 calendar days
PCP Urgent Care	Same day
PCP Routine Care	Within 2 weeks <i>The two-week standard does not apply to regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every two weeks.</i>
Specialist Care	
Specialist (emergency referral)	Same day, within 24 hours of referral
Specialist (urgent referral)	Within 3 calendar days of referral
Specialist (routine referral)	Within 30 days calendar days of referral
Maternity Care	
Prenatal Care (first trimester)	Within 7 calendar days of first request
Prenatal Care (second trimester)	Within 7 calendar days of the first request
Prenatal Care (third trimester)	Within 3 calendar days of first request
High-risk Pregnancy	Within 3 calendar days of identification of high risk; immediately if emergency exists

Office Wait Times

A Member's wait time at the PCP or specialist office shall be no more than one hour from the scheduled appointment time. There may be times when a provider is unavailable due to an emergency. These delays can occur when services are provided for urgent cases, when a serious problem with a patient is found, or when a patient had an unknown need that requires more services or education that was described at the time the appointment was made.

HEDIS® MEASUREMENT YEAR 2022 AT-A-GLANCE

BEHAVIORAL HEALTH MEASURES

We value everything you do to deliver quality care to our members — your patients — to ensure they have a positive healthcare experience.

There are several HEDIS® behavioral health measures that providers can directly impact related to follow-up care for mental illness or substance use disorders, medication adherence, and metabolic monitoring.

That's why we've created this easy-to-use At-A-Glance Toolkit. It will give you the tools you need to meet, document, and code HEDIS® measures. Together, we can provide the care and services our members need to stay healthy while also improving our quality scores and Star Ratings.

Please contact your Provider Relations Representative if you need more information or have any questions.

“
We value
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”

HEDIS® Measure

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Measure Specifications:

The percentage of children newly prescribed ADHD medication (no claims for 120 days prior) who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

1. Initiation Phase. The percentage of members ages 6-12 with a prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

2. Continuation and Maintenance (C&M) Phase. The percentage of members ages 6-12 with an ambulatory prescription dispensed for ADHD medication who were on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Applicable Line of Business:

Medicaid

Age Group: 6-12 years

Exclusion: Members in hospice or with a diagnosis of narcolepsy

Measurement Period:

The 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year.

HEDIS® Measure

Antidepressant Medication Management (AMM)

Measure Specifications:

The percentage of members ages 18 and older who were newly treated with an antidepressant medication (no claims for a period of 105 days prior) with a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

1. Effective Acute Phase Treatment. Members who remained on an antidepressant medication for at least 84 days (12 weeks).

2. Effective Continuation Phase Treatment. Members who remained on an antidepressant medication for at least 180 days (6 months).

Applicable Line of Business:

Medicaid, Medicare, Marketplace

Age Group: 18 years & older

Exclusion: Members who are in hospice or members who do not have a diagnosis of major depression

Measurement Period:

The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.

*Applicable Foster Care Measure

HEDIS® Measure

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Measure Specifications:

The percentage of children and adolescents ages 1-17 who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Applicable Line of Business:

Medicaid

Age Group: 1-17 years

Exclusion: Members in hospice

Measurement Period:

Jan. 1 through Dec. 1 of a given calendar year.

*Applicable Foster Care Measure

HEDIS® Measure

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

Measure Specifications:

The percentage of children and adolescents ages 1-17 who had a new prescription for an antipsychotic medication (no claims for a period of 120 days prior) and had documentation of psychosocial care as first-line treatment (90 days prior through 30 days after the dispensing date).

Applicable Line of Business:

Medicaid

Age Group: 1-17 years

Exclusion: Members in hospice and members for whom first-line antipsychotic medications may be clinically appropriate.

Measurement Period:

Jan. 1 through Dec. 1 of a given calendar year.

*Applicable Foster Care Measure

HEDIS® Measure

Follow-Up After Emergency Department Visit for Substance Use (FUA)

Measure Specifications:

The percentage of emergency department (ED) visits for members ages 13 and older with a principal diagnosis of substance use disorder or any diagnosis of drug overdose.

Two rates are reported:

1. The percentage of ED visits for which the member received a follow-up visit or a pharmacotherapy dispensing event within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received a follow-up visit or a pharmacotherapy dispensing event within 7 days of the ED visit (8 total days).

Applicable Line of Business:

Medicaid, Medicare, Marketplace

Age Group: 13 years & older

Exclusion: ED visits that resulted in any inpatient stay the day of or within 30 days. Members in Hospice.

HEDIS® Measure

Follow-Up After Hospitalization for Mental Illness (FUH)

Measure Specifications:

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

Applicable Line of Business:

Medicaid, Medicare, Marketplace

Age Group: 6 years & older

Exclusions: Non-acute patient & members in hospice.

Measurement Period:

Jan. 1 through Dec. 1 of a given calendar year.

*Applicable Foster Care Measure

HEDIS® Measure **Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)**

Measure Specifications:

The percentage of acute inpatient hospitalizations, residential treatments, or detoxification visits for a diagnosis of substance use disorder among members ages 13 and older that result in a follow-up visit or service for substance use disorder.

Compliance includes:

1. A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within 30 days after the visit or discharge.
2. A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within 7 days.

Applicable Line of Business:

Medicaid, Medicare, Marketplace

Age Group: 13 years & older

Exclusions: Non-acute patient & members in hospice.

Measurement Period:

Jan. 1 through Dec. 1 of a given calendar year.

*Applicable Foster Care Measure

HEDIS® Measure **Follow-Up After Emergency Department Visit for Mental Illness (FUM)**

Measure Specifications:

The percentage of emergency department (ED) visits for members ages 6 and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness.

Two rates are reported:

1. The percentage of ED visits for which the member received follow-up care within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up care within 7 days of the ED visit (8 total days).

Applicable Line of Business:

Medicaid, Medicare, Marketplace

Age Group: 6 years & older

Exclusions: ED visits that resulted in any inpatient stay the day of or within 30 days.

Measurement Period:

Jan. 1 through Dec. 1 of a given calendar year.

*Applicable Foster Care Measure

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The percentage of members who initiated treatment and who were engaged in ongoing substance use disorder treatment within 34 days of the initiation visit.

”

HEDIS® Measure

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Measure Specifications:

The percentage members ages 13 and older with a new episode of substance use disorder (and no substance use disorder diagnoses within the past 194 days) who received the following.:

1. Initiation of Substance Use Disorder Treatment.
The percentage of members who initiate treatment through an inpatient substance use disorder admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.
2. Engagement of Substance Use Disorder Treatment.
The percentage of members who initiated treatment and who were engaged in ongoing substance use disorder treatment within 34 days of the initiation visit.

Applicable Line of Business:

Medicaid, Medicare, Marketplace

Age Group: 13 years & older

Exclusions: Members in hospice or substance use disorder episodes that occurred during the 194 days prior to the new substance use disorder episode date.

Measurement Period:

New episodes of substance use disorder, Nov. 15 of the year prior to the measurement year through Nov. 14 of the measurement year.

HEDIS® Measure **Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)**

Measure Specifications:

The percentage of members ages 18 and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the measurement year.

Applicable Line of Business:

Medicaid, Medicare

Age Group: 18 years & older

Exclusions: Members in hospice or members with a diagnosis of dementia.

Members with fewer than two antipsychotic medication dispensing events.

Measurement Period:

Jan. 1 through Dec. 1 of a given calendar year.

HEDIS® Measure **Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)**

Measure Specifications:

The percentage of members ages 18-64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Applicable Line of Business:

Medicaid

Age Group: 18 - 64 years

Exclusions: Members diagnosed with diabetes.

Members diagnosed with schizophrenia or bipolar but who did not receive antipsychotic medication.

Members in hospice.

Members with fewer than two antipsychotic medication dispensing events.

Measurement Period:

Jan. 1 through Dec. 1 of a given calendar year.

“

The percentage of members ages 18-64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

”

HEDIS® Measure

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)

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Measure Specifications:

The percentage of members ages 18-64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Applicable Line of Business:

Medicaid

Age Group: 18 - 64 years

Exclusions: Members diagnosed with diabetes.

Members diagnosed with schizophrenia or bipolar but who did not receive antipsychotic medication.

Members in hospice.

Members with fewer than two antipsychotic medication dispensing events.

Measurement Period:

Jan. 1 through Dec. 1 of a given calendar year.

HEDIS Measures for P4P

AMR

(AMR) Asthma Medication Ratio

Measure evaluates the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

BCS

(BCS) Breast Cancer Screening

Measure evaluates the percentage of women 52-74 years of age who had a mammogram to screen for breast cancer.

CCS

(CCS) Cervical Cancer Screening

This measure demonstrates the percentage of women 21-64 years, as of December 31st of measurement year, who were screened for cervical cancer using either of the following criteria: PAP, hrHPV, PAP/HPV

CIS

(CIS) Childhood Immunization Status- Combo 7

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday.

CDC

(CDC) Comprehensive Diabetes Care

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:
- HgbA1c control (<8.0%)

IMA

(IMA) Immunizations for Adolescents- HPV Immunizations

Measure evaluates percentage of adolescents 13 years of age who completed HPV series immunizations on or before member's 13th birthday.

WVC

(WVC) Child and Adolescent Well-Care Visits

Members 3-21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

W30

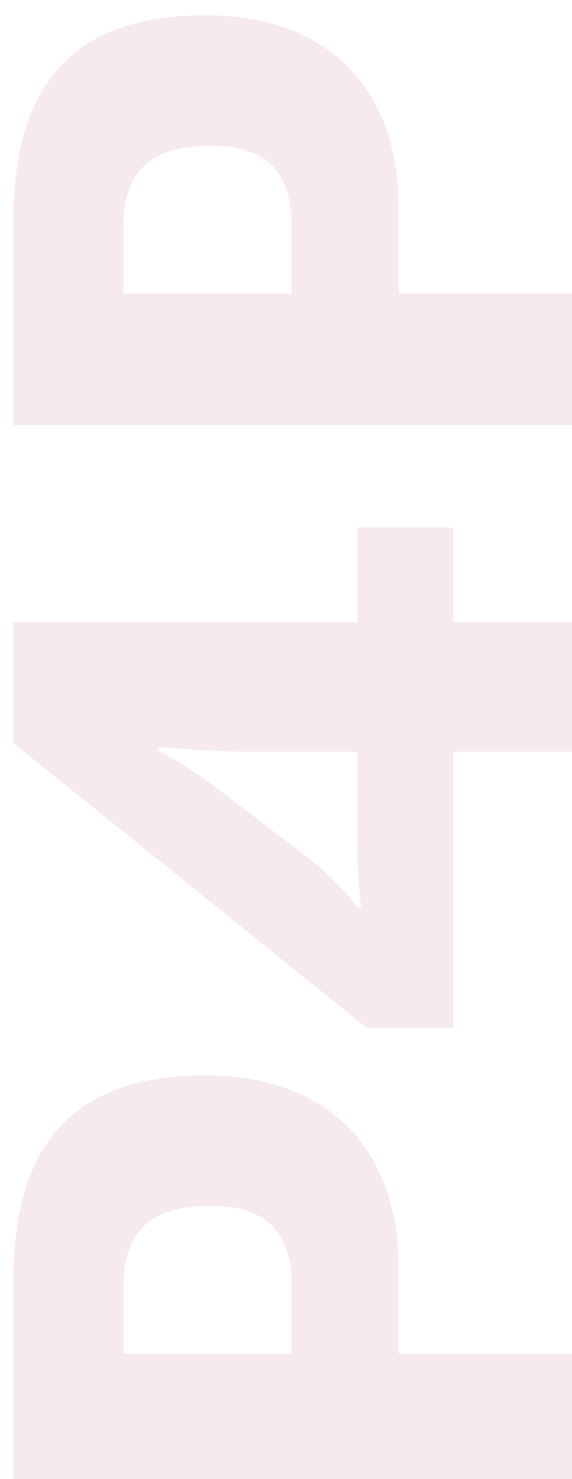
(W30) Well Child 30 in Measurement Year- Well Child Visits in the First 15 months

Well Child Visits in the First 15 Months:
Children who turned 15 months old during the measurement year: Six or more well-child visits.

W30

(W30) Well Child Visits in the First 30 Months of Life:

Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.



P4P Feedback/Questions



Pay for Performance 8 Measures

SSHP has over 80 PCP providers participating in our HEDIS Pay for Performance Program. The program is designed to enhance quality of care through a focus on preventative and screening services while promoting engagement with our members.

The P4P program is “upside only” & involves no risk to the provider.

The P4P program provides financial incentives for closing care gaps, based on NCQA and HEDIS quality performance standards. Each care gap has its own incentive amount and is paid for each compliant member event once the target has been achieved for that specific measure.

Best practices?
Intervention/Health Events?
Barriers?
How can we assist?



Billers/ Coder Manager:
EHR System:
Point of contact:
Access to EMR:

HEDIS Quick Reference Guide

<https://www.silversummithealthplan.com/providers/quality-improvement/hedis.html>

The Maintenance Drug Program provides details of the products that can be dispensed as part of this benefit.

Members can also obtain a 100-day supply (3-month supply) of their maintenance medications from participating retail maintenance drug pharmacies.

Maintenance Medications Up to 100 Days (PDF)

To find a pharmacy that is in the SilverSummit Healthplan network
<https://findaprovider.silversummithealthplan.com/location>

Telehealth

Currently using telehealth?

Reminder

Medicaid/SilverSummit Healthplan & Medicare/Allwell:

Audio & Video required

<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

Marketplace/Ambetter:

Audio only

<https://www.centene.com/covid-19-resource-center.html>

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