

Provider Newsletter

HEDIS® MEASUREMENT YEAR 2022 AT-A-GLANCE

June 2022



Cultural Competency

Value Added Benefits
& so much more

Get to know your
MEMBERS



www.SilverSummitHealthplan.com

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Dear Healthcare Organization/Provider

We are requesting your support to improve health data interoperability and data quality by participating in our state certified health information exchange, HealthIE Nevada. Our recent experience during this pandemic has shown that improving how we share patient and member clinical data is critical to our collective success.

It is imperative to us that HealthIE Nevada is a service we should all use to accomplish this.

Participation with HealthIE Nevada will:

Strengthen collaboration amongst payers, hospitals, providers, state public health agencies and HealthIE Nevada.

- Provide up to date patient information available at the time of care delivery and immediately afterwards.
- Become the source of truth for quality data that drives patient safety and improved quality outcomes.
- Help align performance expectations among providers and payers.
- Make it easier for providers to submit data and obtain accurate, on time evaluation of clinical performance.
- Reduce office burden for both payers and providers by eliminating or dramatically reducing manual data capture.
- Improve data collection that will allow reporting of quality measures and drivers of cost reduction
- Allow MCO nurses to work to their license, helping providers improve workflow related to clinical care and capturing quality measures.
- Enhance end user experience with HealthIE Nevada for both providers and payers.
- Improve quality scores across providers, payers, and the State of Nevada Medicaid Division
- Improve Nevada Health Outcomes for all Nevadans by reducing morbidity and mortality rates.

Participation in HealthIE Nevada is provided as a patient centered public service that benefits all participants. Please contact Chuck Dorman, Director of Outreach at hiesupport@HealthIENevada.org to complete an interest form and he will reach out to you to provide additional information on how HealthIE Nevada can support your organization.

SilverSummit Health Plan Network Changes

SilverSummit Health Plan is pleased to announce we are partnering with Smith Therapy Partners as our preferred Physical Therapy/Occupation Therapy (PT/OT) providers effective April 1, 2022.

Please refer all members requiring PT/OT services to this group:

Smith Therapy Partners - (725) 726-7847

Referral Fax - (725) 726-7876

Referral Email: referrals@stplv.com

Sun City Summerlin Office

9310 Sun City Blvd, Ste 103
Las Vegas, NV 89134

Nellis Office

727 N. Nellis Blvd.
Las Vegas, NV 89110

Eastern Office

4000 S. Eastern Ave., Ste 150
Las Vegas, NV 89121

Craig North Las Vegas Office

955 W. Craig Rd., Ste 103
North Las Vegas, NV 89032

Charleston Office

2820 W. Charleston Blvd., Ste 1
Las Vegas, NV 89102

Rainbow Office

6590 S. Rainbow Blvd., Ste 230
Las Vegas, NV 89118

Craig Office

7121 W. Craig Rd., Ste 110
Las Vegas, NV 89129

St. Rose Office

2879 St. Rose Parkway, Ste. 110
Henderson, NV 89052

Coming Soon

Alta/Hualapai
Las Vegas, NV

Referrals for Pediatric Neurodevelopmental and Torticollis should be sent directly to the following groups:

Speak Easy Therapy Services - (702) 515-4009

Northwest Office

7425 W Azure Dr., #140
Las Vegas, NV 89130

Spring Valley Office

6345 S. Jones Blvd, Ste 300
Las Vegas, NV 89118

Optimal Physical Therapy

Windmill Office

1525 E Windmill Lane, Ste 102
Las Vegas, NV 89123
(702) 564-6712

Pahrump Office

2250 E Postal Drive, Ste 4
Pahrump, NV 89048
(775) 727-3838

Let's Talk Therapy Services

(702) 360-1137

My Left Foot Children's Therapy - (702) 360-1137

Central Office

2012 S. Jones Blvd
Las Vegas, NV 89130

Henderson Office

171 N. Gibson Rd., Ste 140
Henderson, NV 89014

East Office

4385 N Pecos Rd., Ste 170
Las Vegas, NV 89115

Green Valley Office

8826 S. Eastern Ave., Ste 115
Las Vegas, NV 89123

Northwest Office

3965 W. Cheyenne, Ste 101
North Las Vegas, NV 89032

Henderson Office

2490 Paseo Verde Pkwy., Ste 115
Henderson, NV 89032

Cheyenne Office

9050 W Cheyenne Ace., Ste 210
Las Vegas, NV 89129
(702) 209-0069

Main Office

3101 W. Charleston Blvd
Las Vegas, NV 89102

Summerlin North Office

7501 W. Lake Mead, Ste 115
Las Vegas, NV 89128

Centennial Office

7541 Tule Springs Rd., Ste 150
Las Vegas, NV 89131

North Las Vegas Office

675 E Darrell Lane, Ste 110
Las Vegas, NV 89084

Please contact your Provider Relations Specialist directly for any questions or call Provider Services at 1-844-366-2880.

Notification of Medicaid Network Changes

IMPORTANT REMINDER: SilverSummit Healthplan Notification of Medicaid Network Changes

SilverSummit Health Plan is pleased to announce we are partnering with Nevada EyePA as our preferred Medicaid Ophthalmology provider. Please begin referring all new members requiring ophthalmology services to Nevada EyePA and its affiliates. Members who are currently receiving services from another provider will be allowed to continue services. Authorizations are required for any out of network Ophthalmology services.

Group Name, Phone and Fax

Locations



Phone: (702) 485-5000

Fax: (702) 485-5001

- 8352 W. Warm Springs Rd., # 130 Las Vegas, NV 89113
- 10105 Banburry Cross Dr., #255 Las Vegas, NV 89144
- 2020 Wellness Way, #402 Las Vegas, NV 89106
- 6850 N. Durango Dr., #106 Las Vegas, NV 89149



Phone: (702) 896-6043

Fax: (702) 896-9591

- 1505 Wigwam Pkwy, #100 Henderson, NV 89074
- 9100 W. Post Rd. Las Vegas, NV 89148
- 2020 Wellness Way, #401 Las Vegas, NV 89106
- 6850 N. Durango Dr., #404 Las Vegas, NV 89149
- 1627 Boulder City Pkwy Boulder City, NV 89005
- 61 N. Willow St. Mesquite, NV 89027
- 3640 S. Nevada Highway 160, #101 Pahrump, NV 89048



Phone: (702) 731-2088

Fax: (702) 734-7836

- 3575 Pecos McLeod Las Vegas, NV 89121
- 2100 N. Rampart Blvd. Las Vegas, NV 89128
- 9100 W. Post Rd Las Vegas, NV 89148
- 2475 Horizon Ridge Pkwy., #120 Henderson, NV 89052
- 6850 N. Durango Dr., #404 Las Vegas, NV 89149



Phone: (702) 825-2085

Fax: (702) 852-5743

- 2390 W. Horizon Ridge Pkwy., #100 Henderson, NV 89052
- 7190 Smoke Ranch Rd., #110 Las Vegas, NV 89128



Phone: (702) 550-4013

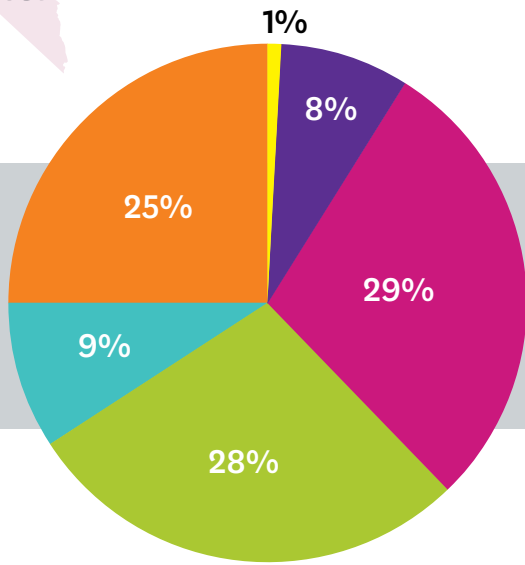
Fax: (702) 508-9118

- 653 Town Center Dr., #518 Las Vegas, NV 89144
- 3006 S. Maryland Pkwy., #710 Las Vegas, NV 89109
- 710 Coronado Center Dr., #201 Henderson, NV 89052
- 6220 N. Durango Dr. Las Vegas, NV 89149
- 3650 S. Pointe Circle, #210 Laughlin, NV 89029
- 1301 Bertha Howe Ave., #11 Mesquite, NV 89027
- 3640 S. Nevada Highway 160, #101 Pahrump, NV 89048

*Members can be referred directly for disease & surgery of the retina and vitreous. Please refer all other ophthalmology services to one of the above groups.

Membership Highlights

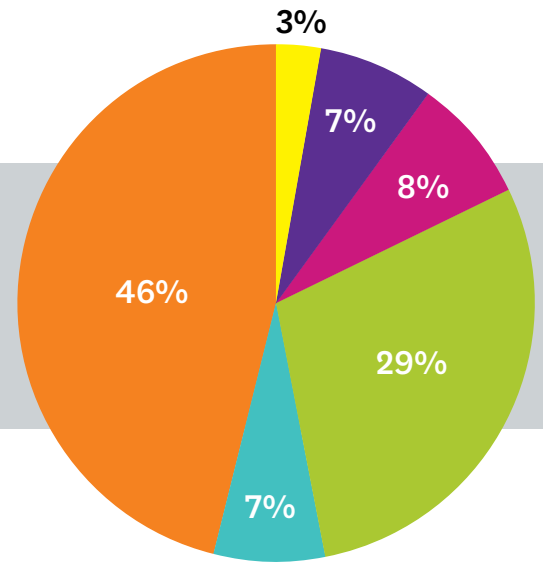
Clark



124,785

Total Clark County Membership

Washoe



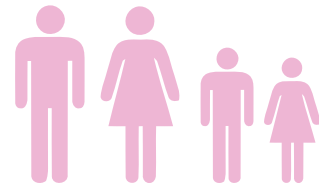
15,785

Total Washoe Membership

Total Membership

140,570

Hispanic Black White American Indian or Alaskan Asian or Pacific Islander Other

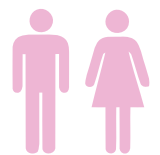


The median income of our **Members live in families of four or more**, earning a maximum of \$17 per hour or \$36,000 per year.

\$18k

Max amount individual can earn and qualify for Medicaid

Our Membership is split almost evenly between male and female.



Value Added Benefits



SilverSummit Healthplan offers quality healthcare for Nevada Medicaid and Nevada Check Up members.

Nothing is more important than our and Members and their families' health. This is why SilverSummit Healthplan offers medical care and benefits to fit Members needs.

DENTAL BENEFITS

Keep your smile bright with two dental visits (cleaning and x-ray) a year, if provided in at Federally Qualified Health Center (FQHC), for members 21 and older, and pregnant women.

Receive \$30 reward for a preventative dental visit (1 per enrollment, within 90 days of first PCP visit if PCP visit occurred within the first 90 days of enrollment).

VISION BENEFITS

Protect your eyes with services such as eye exams

and prescription eye wear. We offer all of our members repair or replacement of glasses once during every 12-months. Members 21 and older will get \$100 towards contact lenses. This is when medically necessary.

START SMART FOR YOUR BABY

Take care of yourself and your baby with our special program for women who are pregnant and moms who just had a baby. Receive helpful information in the mail, over the phone and online.

Receive \$50 for completing a Notice of Pregnancy Form (NOP) (PDF) if completed within 1st trimester. Receive \$25 if completed within 2nd

PHARMACY BENEFITS

Receive drug therapy that is appropriate, high-quality and cost-effective. We will ensure you have access to safe and effective medications to

Value Added Benefits



help you get healthy and stay healthy.

24/7 NURSE ADVICE LINE

Call to speak to a medical professional for immediate advice on health-related problems— anytime, day or night. The 24/7 Nurse Advise Line phone number: 1-844-366-2880, press #2 for Member Services, then #5 Nurse Advise Line.

TRANSPORTATION SERVICES

We support members who need help with transportation to access community supports and services. Our staff will identify transportation options. We will provide transportation vouchers to eligible members.

SECOND ASTHMA NEBULIZER FOR SCHOOL

Your children will not have to bring their nebulizer back and forth from school. We provide a second nebulizer to use at school for eligible members.

BOYS AND GIRLS CLUB

Because you and we know social and leadership skills for your children is important, we will sponsor the membership fee for children ages 6-18 to the local Boys and Girls Club for eligible members.

WEIGHT WATCHERS MEMBERSHIP

Members can receive vouchers for registration and 10 weeks of meeting room classes. The 10 week voucher also includes access to 14 weeks of online tools for eligible members. Regular check up at the end of current appointment.

Cultural Competency



Providers should note that the experience of a Member begins at the front door!

Failure to use Culturally Competent and linguistically competent practices could result in the following:

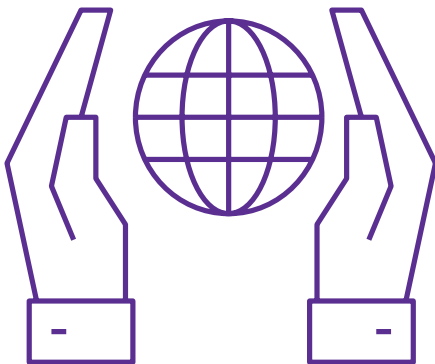
- Feelings of being insulted or treated rudely
- Reluctance and fear of making future contact with the office
- Confusion and misunderstanding
- Treatment non-compliance
- Feelings of being uncared for, looked down on, and devalued
- Parents resisting to seek help for their children
- Unfilled prescriptions
- Missed appointments
- Misdiagnosis due to lack of information sharing
- Wasted time
- Increased grievances or complaints



Cultural Competency within SilverSummit Health Plan is defined as the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population. The road to developing a Culturally Competent practice begins with the recognition and acceptance of the value of meeting the needs of the patients.

SilverSummit:

- Covers benefits for risk factors common among ethnic groups
- Offers a choice of providers with cultural and linguistic expertise
- Expects the provider to be knowledgeable about patient’s cultural values and incorporate this information in their treatment plan
- Offers providers and our staff complimentary training to best serve members
- Expects the provider to ask questions relevant to how the family cultural values might influence how the patient handles their diagnosis



Fraud, Waste & Abuse



SilverSummit follows the four parallel strategies of the Medicare and Medicaid Programs to Prevent, Detect, Report and Correct Fraud, Waste and Abuse:

- Preventing fraud through effective enrollment and education of physicians, providers, suppliers and beneficiaries
- Detecting waste through data analytics and medical records review
- Reporting abuse to the appropriate partners, including contractors, the NBI-MEDIC and federal and state law enforcement agencies such as the Office of Inspector General (OIG), Federal Bureau of Investigation (FBI), Department of Justice (DOJ) and Medicaid Fraud Control Unit (MFCU)
- Correcting fraud, waste and abuse by applying fair and firm enforcement policies such as a pre-payment review and a retrospective review, as well as developing and implementing a corrective action plan

Fraud, Waste & Abuse



Most Common Issues:

- Use of incorrect billing code
- Not following the service authorization
- Inaccurate procedure codes for the provided service
- Excessive use of units not authorized by the case manager
- Lending of insurance card

Benefits of Eliminating Fraud, Waste & Abuse:

- Improves patient care
- Saves dollars and identifies recoupments
- Decreases wasteful medical expenses

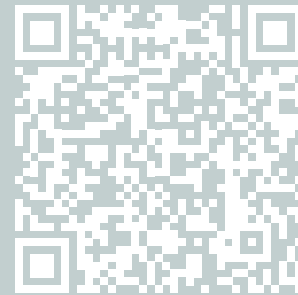
SilverSummit performs front and back-end audits to ensure compliance with billing regulations.

Fraud, Waste & Abuse

All providers are required to complete Fraud, Waste, and Abuse training within their organization



Fraud, Waste, and Abuse Information is available on:




<https://www.silversummithealthplan.com/providers/resources/report-fraud.html>


SilverSummit expects all providers, contractors and subcontractors to comply with applicable laws and regulations, including but not limited to the following:

- Federal and State False Claims Act
- Qui Tam Provision (Whistle blower)
- Anti-Kickback Statute
- Physician Self-Referral Law (Stark Law)
- Health Insurance Portability and Accountability Act (HIPAA)
- Social Security Act (SSA)
- US Criminal Codes

Resources

SilverSummit expects all providers, contractors and subcontractors to comply with applicable laws and regulations, including but not limited to the following:


 Report fraud, waste, or abuse through SilverSummit's anonymous and confidential hotline at **1-866-685-8664**

 Contacting our Compliance Department at **1.844.366.2880**

 Emailing our Compliance Department at **SilverSummitCompliance@silversummithealthplan.com**

To report suspected fraud, waste or abuse in the Medicaid Program, please use one of the following avenues:

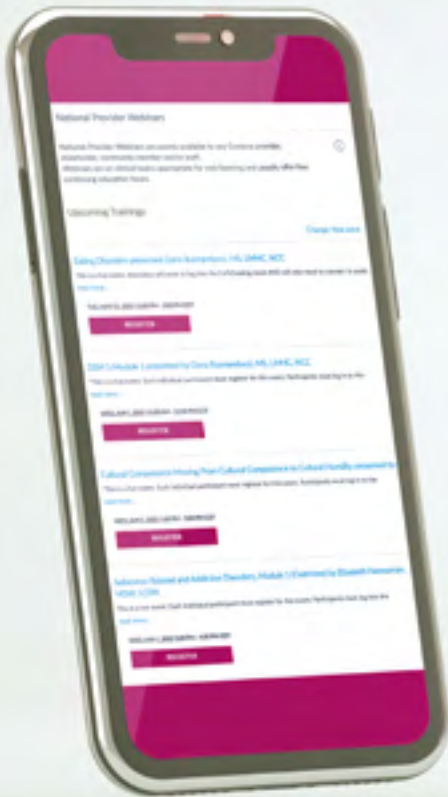
 Nevada Consumer Complaint Hotline:
1-844-594-7275

 Nevada Attorney General's Office:
1-702-486-3132

 Nevada Division of Insurance, Consumer Services Section complaint form:
<http://doi.nv.gov/Consumers/File-A-Complaint/>

If you suspect fraud, waste, or abuse in the healthcare system, you must report it for investigation.

BH Training & Preferred Specialist



BH Training

https://attendee.gototraining.com/2c781/catalog/5463069059159718144?tz=America/New_York

Preferred Specialist

<https://www.silversummithealthplan.com/providers/preferred-specialists.html>



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Appendix

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Medicaid Redeterminations: Helping your Patients with the Process of renewing their eligibility

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](#).

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.

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.

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>



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



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
No

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



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
everything you
do to deliver
quality care to
our members
”

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

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.

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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.

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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 typed 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

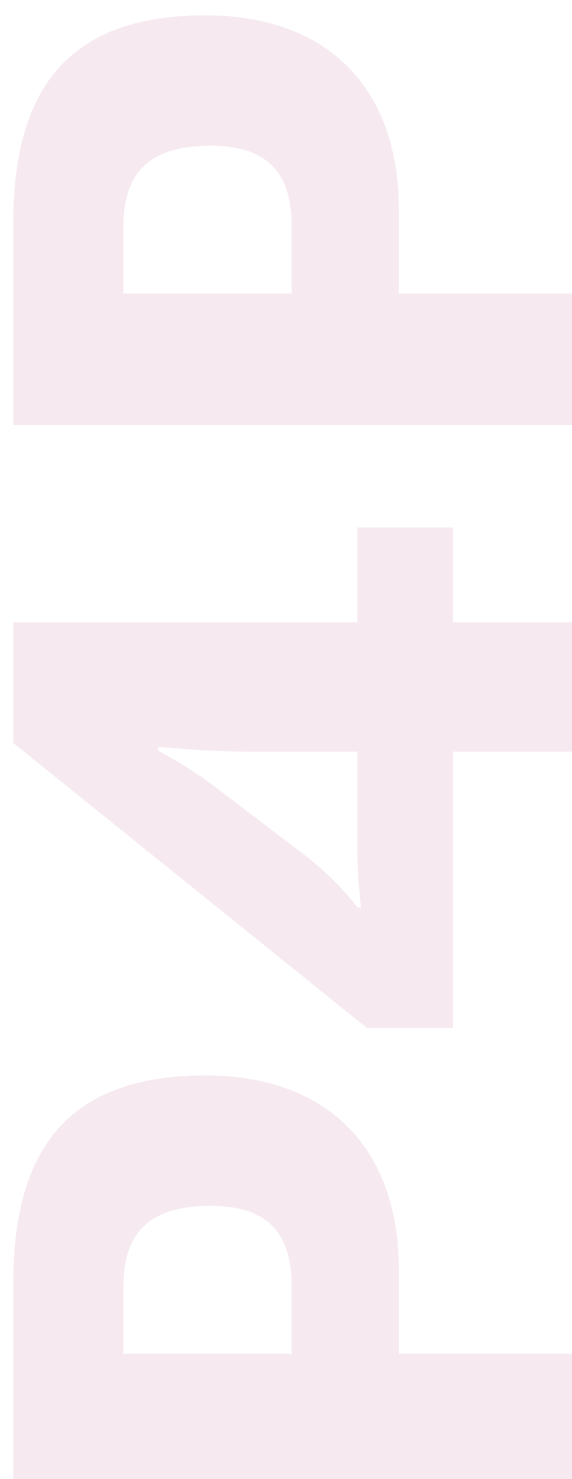
(W30) Well Child 30 in Measurement Year- Well Child Visits in the First 15 months

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



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

Biller/ 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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