

Telehealth Visits for Healthcare Effectiveness Data and Information Sets (HEDIS®) Measures



MAY 2020

MICHIGAN

Dear Providers,

Many preventive care and disease management services can be completed using telehealth visits, telephone visits and online assessments. The National Committee for Quality Assurance (NCQA) recognizes the importance of these methods for delivery of care to increase access and availability and for the completion of Healthcare Effectiveness Data and Information Set (HEDIS®) services.

The following list includes all applicable HEDIS® measures for which telehealth services are appropriate:

HEDIS® Measure	Call to Action
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	Schedule an appointment before the end of the year. This can be with any provider and can include well-visit, follow up or sick visit.
Follow-Up Care for Children Prescribed ADHD Medication - C&M phase only (ADD)	After initial 30-day follow-up appointment (cannot be telehealth), schedule two additional follow-up appointments within nine months.
Antidepressant Medication Management (AMM)	Urge patients to refill their antidepressant medications and continue taking as prescribed.
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Schedule an appointment for psychosocial care prior to initiation of antipsychotic medication when clinically appropriate.
Disease-Modifying Anti-Rheumatic Drug Therapy (DMARD) for Rheumatoid Arthritis (RA) (ART)	Make sure patients diagnosed with RA are prescribed a DMARD. Urge patients to fill their DMARD and continue taking as prescribed.
Children and Adolescents' Access to Primary Care Practitioners (CAP)	Schedule an appointment before the end of the year. This must be completed with a primary care provider, but can include well-visit, follow up or sick visit.
Care for Older Adults (COA)	Schedule an appointment before the end of the year addressing: Advance Care Planning, Medication Review, Pain Assessment and Functional Status Assessment.
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	Schedule follow-up appointment within seven days of emergency department visit discharge.
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Schedule follow-up appointment within seven days of emergency department visit discharge.
Follow-Up After Hospitalization for Mental Illness (FUH)	Schedule follow-up appointment within seven days of inpatient discharge.
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	Schedule follow-up appointment within seven days of inpatient admission, residential treatment or detoxification treatment discharge.
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Schedule follow-up appointment within seven days of emergency department visit discharge.

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Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET)	Schedule an appointment for initiation of AOD abuse or dependence treatment within 14 days of diagnosis. Continue treatment for at least two additional appointments within 34 days of diagnosis.
Medication Management for People With Asthma (MMA)	Urge patients to refill their asthma controller medications and continue taking as prescribed.
Medication Reconciliation Post-Discharge (MRP)	Perform medication reconciliation within 30 days of inpatient discharge. Can be completed by provider, registered nurse or clinical pharmacist.
Osteoporosis Management in Women Who Had a Fracture (OMW)	Prescribe osteoporosis medication within six months of diagnosis of fracture.
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Prescribe patients with acute myocardial infarction a beta blocker and urge patients to fill their beta blocker and continue taking as prescribed.
Pharmacotherapy Management of COPD Exacerbation (PCE)	Prescribe patients with COPD exacerbation a corticosteroid and bronchodilator. Urge patients to fill their corticosteroid within 14 days of the event and their bronchodilator within 30 days.
Prenatal and Postpartum Care (PPC)	Schedule appointment with OB or PCP provider for prenatal care within first trimester and for postpartum care between seven and 84 days of delivery.
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Urge patients to refill their antipsychotic medications and continue taking as prescribed.
Statin Therapy for Patients With Cardiovascular Disease (SPC)	Prescribe patients diagnosed with cardiovascular disease a statin. Urge patients to fill their statins and continue taking as prescribed.
Statin Therapy for Patients with Diabetes (SPD)	Prescribe patients diagnosed with diabetes a statin. Urge patients to fill their statins and continue taking as prescribed.
Transitions of Care (TRC)	Document receipt of notification within one day of admission. Document receipt of discharge information within one day of discharge. Schedule appointment for follow up and perform medication reconciliation within 30 days of discharge. Can be completed by provider, nurse or clinical pharmacist.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Complete discussion of nutrition and physical activity assessment and counseling before the end of the year.

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Billing for Telehealth*

Telephone visits	Telehealth Modifier	Telehealth POS
99441-99443	95, GT	2

For more information on HEDIS® criteria, contact your Provider Network Management Representative or call Meridian at **888-437-0606**.

Sincerely,

Meridian

*Codes listed are specific to the subject matter of this flyer. While Meridian encourages you to use these codes in association with the subject matter of this flyer, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.

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