Closing HEDIS® gaps in care virtually

Provider reference guide

What's HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality, access, and patient experience across health plans.

Providers play an essential role in promoting the health of your patients, our members. Your practice can help increase HEDIS scores by discussing the importance of preventive health screenings and exams and managing chronic disease with your patients and following up after emergency department or inpatient discharges.

Telehealth is an important tool that helps improve the effectiveness, access and experience of care for your patients. Offering telehealth alternatives is an effective strategy to increase member engagement and your HEDIS score.

The following HEDIS measures can be completed virtually:

Measure	Virtual care
Blood Pressure Control for Patients with Diabetes (BPD) Patients 18-85 years of age who had a diagnosis of diabetes and whose BP was adequately controlled (<140/90 mmHg) during the measurement year	Virtual care is often used in combination with remote monitoring of high blood pressure. The most recent BP reading documented via any of the following will be considered for the measure: ✓ **Telehealth or telephone visit** ✓ **Member reported reading:** Blood pressure readings taken by the patient using a digital device during telehealth services and documented in the patient's medical record are eligible for use in reporting during telehealth visits ✓ **Remote monitoring** *Note: Providers must record in the chart a member-reported BP monitor reading from any digital BP monitor device. Include a notation that the encounter reflects visual and patient-assisted findings. Include the corresponding CPT II code with the claim.*

Measure	Virtual care
Controlling High Blood Pressure (CBP) Patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mmHg) during the measurement year	Virtual care is often used in combination with remote monitoring of high blood pressure. The most recent BP reading documented via any of the following will be considered for the measure: ✓ Telehealth or telephone visit ✓ Member reported reading ✓ Remote monitoring *Note: Providers must record in the chart a member-reported BP monitor reading from any digital BP monitor device. Include a notation that the encounter reflects visual and patient-assisted findings. Include the corresponding CPT II code with the claim.*
Follow-up After Emergency Department Visit for Substance Use (FUA) Emergency department (ED) visits for patients 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 Total days) 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED (8 total days)	**7-day follow-up:** A follow-up visit with any practitioner, with a principal diagnosis of AOD, within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. **30-day follow-up:** A follow-up visit with any practitioner, with a principal diagnosis of AOD, within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit. For both indicators, any of the following visit types meets criteria for the measure: ✓ A telephone visit ✓ Virtual check-in ✓ E-visit
Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) Follow-up care for patients 18 years and older with multiple high-risk chronic conditions, who had a follow-up service within 7 days of the emergency department visit.	A telehealth follow-up visit within 7 days of the ED visit (8 total days). Any of the following visit types meet criteria for the measure: ✓ Telehealth or telephone visit ✓ Virtual check-in ✓ E-visit
Measure	**Virtual care**

Follow-up After High-Intensity Care for Substance Use Disorder (FUI) A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder who were discharged from an acute hospitalization, residential treatment, or detoxification who had a follow-up service with any provider.	**7-day follow-up:** A follow-up visit with any provider, within 7 days after discharge **30-day follow-up:** A follow-up visit with any provider, within 30 days after discharge For both indicators, any of the following visit types meets criteria for the measure: ✓ A telephone visit ✓ Virtual check-in ✓ E-visit
Follow-up After Hospitalization for Mental Illness (FUH) Follow-up care for patients 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.	**7-day follow-up:** A follow-up visit with a mental health provider, within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. **30-day follow-up:** A follow-up visit with a mental health provider, within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit. For both indicators, any of the following visit types meets criteria for the measure: ✓ A telephone visit ✓ Virtual check-in ✓ E-visit
Follow-up Care for Children Prescribed ADHD Medication (ADD-E) Follow-up care for children 6-12 years of age who are newly prescribed attention-deficit hyperactivity disorder (ADHD) medications within a 300-day (10 month) period. **Initiation phase:** Patients 6-12 years of age 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. **Continuation and Maintenance (C&M) phase:** Patients 6–12 years of age with a prescription dispensed for ADHD medication, who remained 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.	At least three follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed: ✓ Telehealth or telephone visit ✓ Virtual check-in ✓ E-visit Initiation phase ✓ Telehealth visit ✓ Telephone visit C&M phase ✓ E-visit or virtual check-in ✓ Telehealth visit ✓ Telephone visit

Measure	Virtual care
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Adolescent and adult patients (13 years and older) with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: • Initiation of AOD treatment: The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis • Engagement of AOD treatment: The percentage of patients who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit	Initiation of AOD treatment: An outpatient visit, telehealth, intensive outpatient visit or partial hospitalization with a diagnosis of AOD abuse or dependence. Any of the following meet criteria: ✓ A telephone visit with a diagnosis matching the initial episode diagnosis using one of the following: alcohol abuse and dependence, opioid abuse and dependence, or other drug abuse and dependence ✓ An online assessment with a diagnosis matching the initial episode diagnosis including one of the following: alcohol abuse and dependence, opioid abuse and dependence, or other drug abuse and dependence Engagement of AOD treatment: Any of the following beginning on the day after the initiation encounter through 34 days after the initiation event (34 days total) meet criteria for an engagement visit: ✓ A telephone visit with a diagnosis matching the initial episode diagnosis including one of the following: alcohol abuse and dependence, opioid abuse and dependence, or other drug abuse and dependence ✓ An online assessment with a diagnosis matching the initial episode diagnosis using one of the following: alcohol abuse and dependence, opioid abuse and dependence, or other drug abuse and dependence

Measure	Virtual care
Transitions of Care (TRC) The percentage of discharges for Medicare patients 18 years of age and older who had an inpatient discharge. Four rates are reported and the care opportunities for this measure can be closed by completing the following: • Notification of inpatient admission: Documentation of receipt of notification of inpatient admission on the day of admission or the following day • Receipt of discharge information: Documentation of receipt of discharge information on the day of discharge or the following day • Patient engagement after inpatient discharge: Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge • Medication reconciliation post-discharge: Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days)	Patient Engagement after Inpatient Discharge provided within 30 days after discharge. The following meet criteria for patient engagement: ✓ An outpatient visit ✓ A telephone visit ✓ Transitional care management services

Coding tip:

Code virtual visit claims per CMS billing guidelines and include the appropriate CPT procedure code, CPT II code and/or modifier and place of service (POS) code.