



Health Partners Plans

August 18, 2020

Dear Provider,

On July 1, 2020, the National Committee for Quality Assurance (NCQA) announced adjustments to 31 Healthcare Effectiveness Data and Information Set (HEDIS) measures to support the use of telehealth during and after the coronavirus (COVID-19) pandemic.

Health Partners Plans will follow NCQA's guidance and apply the telehealth adjustment to quality measures effective **immediately**.

HPP has outlined measure specific changes in Exhibit A of this document.

WHAT HAS CHANGED?

For the 31 measures impacted, NCQA has defined three types of adjustments:

1. Diagnoses codes captured during any telehealth visit are now allowed to count toward the inclusion and exclusion criteria for select measures.
2. Services performed during telehealth visits (synchronous, and telephonic only) are now allowed to count toward compliance for select measures. Simply pair one of the allowed telehealth codes listed in **Exhibit B** to existing billable codes (e.g., well visit codes) during your claim submissions to receive credit. Please note that adding the telehealth codes will **not** impact your existing reimbursement (the initial service billed will pay, if applicable, and the telephonic code will just deny).
3. Patients identified with frailty **and** advanced illness can now be excluded from the measures. Please contact your Network Account Manager (NAM) to receive an electronic copy of all allowable codes used to identify opportunities.

In addition, NCQA announced a change for the Controlling Blood Pressure measure in that readings captured in the home are now allowable. The following rules apply:

1. Blood pressure readings must be taken using a **digital device**. Readings may also now be reported during telephone visits and e-visits/virtual check-ins (in addition to the non-acute inpatient encounters and remote monitoring events that were permitted in the past).
2. Results can be taken **by the member** and reported to the provider **verbally** over the phone. Medical record documentation must **clearly** state that the reading was taken by a digital device.
3. Although readings transmitted electronically from the device are recommended and preferred, the provider can **manually** enter verbally reported BP readings in the appropriate medical record/EMR; the BP does not have to be reported via text/email and is not required to be transmitted electronically from the device.
4. Blood pressure readings taken by the member using a non-digital device, such as with a manual blood pressure cuff or a stethoscope, **do not meet criteria**.

5. Providers should use the **CPT II codes** to reflect the results and be included in your calculation. Simply use the codes listed in **Exhibit C** specific to the results.
6. The adequate control required to meet compliance remains the same, which is defined as **BP <140/90 mm Hg**.

WHY DOES THIS MATTER?

Your practice can further increase your efforts on these measures and take advantage of these changes to improve your overall quality performance and impact your QCP payout opportunities for the 2021 payout cycle (measured in 2020).

WHAT CAN I DO TO HAVE AN IMPACT?

HPP recommends the following activities to improve your results:

1. Continue to utilize office visits, where applicable, and leverage the telehealth codes required for compliance. Please contact our clinical coding team if you have any questions. Chrissy Rock, Clinical Education Specialist Supervisor, can be reached at **215-965-7127** or crock@hpplans.com.
2. Review your NaviNet gap-in-care report monthly to identify opportunities in which you can perform telehealth visits. **Completing this step will increase your rates in key measures.**
3. Review your population to identify members who meet the new frailty and advanced illness exclusion. **Completing this step will ensure that those members do not count against your performance this year.**

Thank you for being a HPP participating provider and for your anticipated partnership in providing great service to our members.

Sincerely,

Abdou Bah

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Associate Vice President
Practice Quality Optimization

Michael K. Krusen

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Regional Vice President
Provider Network Operations

Exhibit A: Overview of changes to quality measures

Telehealth Impacted Measure	Telehealth is allowed in Identification/ Exclusion of Condition	Telehealth Visits are now Allowed	Frailty & Advanced Illness Exclusion Added
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	X		X
Antidepressant Medication Management	X		
Asthma Medication Ratio	X		
Breast Cancer Screening*			X
Cardiac Rehabilitation			X
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	X		
Care for Older Adults*		X	
Child and Adolescent Well Care Visits* (<i>New Measure</i>)		X	
Colorectal Cancer Screening*			X
Comprehensive Diabetes Care*	X		X
Controlling High Blood Pressure*	X	X	X
Diabetes Monitoring for People with Diabetes and Schizophrenia	X		
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	X		
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	X		X
Follow-up After Emergency Department Visit for Mental Illness		X	
Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	X	X	
Follow-up After Hospitalization for Mental Illness		X	
Follow-up Care for Children Prescribed ADHD Medication		X	
Kidney Health Evaluation for Patients with Diabetes (<i>New Measure</i>)	X		
Mental Health Utilization		X	
Osteoporosis Management in Women Who Had a Fracture			X
Osteoporosis Screening in Older Women (<i>New Measure</i>)			X
Persistence of Beta-Blocker Treatment After a Heart Attack			X
Prenatal and Postpartum Care		X	
Statin Therapy for Patients with Cardiovascular Disease	X		X
Statin Therapy for Patients with Diabetes			X
Transitions of Care		X	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	X		
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	X		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		X	
Well-Child Visits in the First 30 Months of Life*		X	

* Indicates inclusion for the 2020 QCP Program (2021 Payout)

Exhibit B: Codes allowed for Telehealth visits (use these in addition to the traditional codes)

Value Set Name	Code	Definition
Telephone Visits	99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
Telephone Visits	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

Value Set Name	Code	Definition
Online Assessments	99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
Online Assessments	99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
Online Assessments	99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
Online Assessments	G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment (G2010)
Online Assessments	G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion (G2012)

Exhibit C: CPT II Codes allowed for Controlling Blood Pressure

Value Set Name	Code	Definition
Diastolic Less Than 80	3078F	Most recent diastolic blood pressure less than 80 mm Hg
Diastolic 80-89	3079F	Most recent diastolic blood pressure 80-89 mm Hg
Diastolic > or = to 90	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
Systolic Less Than 140	3074F	Most recent systolic blood pressure less than 130 mm Hg
Systolic 130-139	3075F	Most recent systolic blood pressure 130-139 mm Hg
Systolic > or = to 140	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg