Capital

Provider Newsletter

2021 – Edition 1

What's Inside

New normal is one of the key phrases used to describe living in a pandemic. How are you coping with the new normal? As practices are starting to reopen and preventive care becomes a priority again, we know that you are tirelessly working to make sure you are available for your patients, have spots in your schedule to keep them healthy, and provide preventive care.

This issue of the *Provider Newsletter* focuses on the new normal for Healthcare Effectiveness Data and Information Set (HEDIS®); this includes the normal changes instituted for HEDIS 2021, as well as changes warranted by the pandemic. We will offer some best practice tips and continuing education to keep you engaged and prevent you from burning out. We will touch on some of the medication adherence HEDIS measures that do not always get a lot of attention, and what Capital Blue Cross can do to help our members — your patients — keep on their important medication. We end with an update on how we are working to keep our members healthy.

National Committee for Quality Assurance (NCQA) HEDIS Updates

HEDIS Going Forward (Schedule Change, Transition Year, and Naming Convention Change)

Based on feedback and guidance provided, NCQA will be changing the name of all HEDIS publications to refer to the HEDIS measurement year. For example, HEDIS Measurement Year 2020 is now HEDIS MY 2020, and refers to Measurement Year 2020, not HEDIS 2021 (Measurement Year 2020) (as it would have previously been called). This transition coincided with a schedule change that began in 2020 and will end in 2021.

As usual, HEDIS MY 2020 Volumes 1 and 2 (which include the measures pertinent to most provider programs) and technical updates were released in July and October respectively; those measures will be effective for HEDIS MY 2021 as well. A technical update was released in March 2021. In August of 2021, Volumes 1 and 2 will be released for HEDIS MY 2022, allowing several months to adjust to new or changing measures.

Notice Regarding Measures Updates for HEDIS Measurement Year 2020 (January 1, 2020 – December 31, 2020)

Unless noted differently, these changes are reflected in the Theon® platform and the Performance Measures Guide as of April 2021.

Adolescent Well-Care Visits: This measure was combined with well-child visits in the third, fourth, fifth, and sixth years of life to become the new Child and Adolescent Well-Care Visits measure (WCV). Members ages 7 – 11 were added. There will no longer be hybrid chart review data collection of this measure, and the telehealth exclusion has been removed.

Childhood Immunization Status: Live attenuated influenza vaccine (LAIV) was added as numerator compliant for flu rate.

Cervical Cancer Screening: Clarified that documentation of *vaginal hysterectomy* meets criteria for documentation of hysterectomy with no residual cervix (optional exclusion).

***Reminder**: In HEDIS 2020 (MY 2019), this measure also updated the screening methods to include primary high-risk human papillomavirus (HPV) testing.*

Appropriate Testing for Pharyngitis: Excluded visits that result in an inpatient stay.

***Reminder**: In HEDIS 2020 (MY 2019), this measure extended the age range to members three years old and older.*

Appropriate Treatment for Upper Respiratory Infection: Excluded visits that result in an inpatient stay.

***Reminder**: In HEDIS 2020 (MY 2019), this measure extended the age range to members three months and older*

Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis: Excluded visits that result in an inpatient stay.

***Reminder**: In HEDIS 2020, this measure extended the age range to members three months and older.*

Controlling Blood Pressure: Shortened the time frame to use for identifying an event/diagnosis from the measurement year and the year prior to the first six months of the measurement year plus the year prior. NCQA added telephone visits, e-visits, and virtual check-ins as appropriate settings for blood pressure (BP) readings for both this measure and Comprehensive Diabetes Care — Blood Pressure Control. They also removed the requirements for remote monitoring devices to allow BPs taken by any digital device (not just those digitally stored and transmitted to the provider) and removed the exclusion of BP readings reported or taken by the member for both this measure and Comprehensive Diabetes Care — Controlling Blood Pressure.

Comprehensive Diabetes Care: NCQA added polycystic ovarian syndrome (PCOS) to the optional exclusion list. They clarified that eye exam results, read by a system that provides an artificial intelligence (AI) interpretation, meet criteria.

Follow-up After Hospitalization for Mental Illness: Replaced *mental health practitioner* with *mental health provider* and revised the instructions identifying mental health providers to remove the mental health provider requirement for follow-up visits for intensive outpatient encounters, partial hospitalizations, community mental health centers, and electroconvulsive therapy settings. Added visits in a behavioral healthcare setting as well as telephone visits to the numerator.

Prenatal and Postpartum Care:

- **Prenatal**: Clarified that visits occurring prior to the enrollment state date (during the pregnancy) meet criteria.

  ***Reminder**: In HEDIS 2020 updates — visits on date of delivery do NOT count.*

- **Postpartum**:

  ***Reminder**: In HEDIS 2020 updates — excludes all acute inpatient visits.*

  Timeline changed to include visits to occur on or between seven and 84 days after delivery. New options for compliance include: perineal or C-section incision wound check, screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorder, glucose screening for women with gestational diabetes, and documentation of any of the following topics: infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity, and attainment of healthy weight.

Well-Child Visits in the First 30 Months of Life

(formerly Well-Child Visits in the First 15 Months of Life): This measure was revised to be broken down into two rates:

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

  This measure is now only collected via administrative collection and no longer will be collected via official HEDIS record requests. The telehealth exclusion has also been removed, allowing for visits conducted via telehealth to count.

Several measures allowed for services rendered during a telephone visit, e-visit, or virtual check-in to meet criteria:

- Weight Assessment and Counseling for Nutrition
- Weight Assessment and Counseling for Physical Activity
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Follow-Up After Emergency Department Visit for Mental Illness
- Prenatal and Postpartum Care — Both Rates

Several measures allowed for services rendered during a telephone visit, e-visit, or virtual check-in to be included as part of the advanced illness exclusion:

- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling Blood Pressure
- Comprehensive Diabetes Care
- Osteoporosis Management in Women Who had a Fracture

Several Measures Added Palliative Care as a Required Exclusion:

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Controlling Blood Pressure
- Comprehensive Diabetes Care
- Osteoporosis Management in Women Who had a Fracture

Measures Removed From HEDIS MY 2020

- **Comprehensive Diabetes Care — Medical Attention for Nephropathy**: Removed for Commercial lines of business based on feedback that this indicator is not precise enough to meet the needs of kidney health evaluation as an aspect of diabetes management. It was replaced by a first year measure, Kidney Health Evaluation for Patients with Diabetes (KED).
- **Adult BMI**: This measure was removed as NCQA is focusing more on outcomes measures than process measures.

Measures Added to HEDIS MY 2020 That Are Related to Preventive Screening:

- **Kidney Health Evaluation for Patients With Diabetes (KED)**: The percentage of members 18 – 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR) during the measurement year.
- **Osteoporosis Screening in Older Women (OSW)**: The percentage of women 65 – 75 years of age who received osteoporosis screening.

The following measures removed the restriction that only one of the two visits with a qualifying diagnosis be outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis:

- **Comprehensive Diabetes Care**: identifying diabetes
- **Controlling Blood Pressure**: identifying hypertension

COVID-19 Adaptation

Although recent reports note that visits to physician offices had fallen by 60%, in early April 2020, visits to physician offices rebounded to 10% below prepandemic levels. Much like other prepandemic events, those office visits will now look a little different. We know practices have made modifications to safely accommodate in person visits and increased use of telemedicine, where appropriate. Additionally, many practices are encouraging their patients to keep preventive medicine a priority. The following are resources that may be helpful to you:

- Our subsidiary company, Geneia® LLC, wrote an article entitled **Restarting regular care: Nine ways to get patients back to the office**. This article focuses on several suggestions such as anticipating and acknowledging your patient's fears about returning to the doctor's office and using identification and stratification analytics to identify those patients with the greatest risks and most significant gaps in care while prioritizing how best to attend to their care based on their risk for COVID-19 — whether it be through technology or in-person visits.
  - The American Medical Association (AMA) has developed resources for physicians to help them cope with the stress and anxiety caused by the pandemic. One great resource applicable to both prior to the pandemic and after is the following continuing medical education (CME) on preventing physician burnout, **Physician Burnout: Improve Physician Satisfaction and Patient Outcomes**.
- The AMA hub also shared a success story on a new staffing model called **Working Smarter**. This model *shifts clerical work to care team members to create in-room support for physicians*. This change resulted in higher staff job satisfaction, physician productivity, and the ability to see more patients per day.
- The Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) shared the following **images and postcards** that providers can utilize to encourage their patients to maintain their immunizations and well-visits. These items can be adapted as needed, but will need to keep the PA AAP and Pennsylvania Immunization Coalition (PAIC) logos with a credit to the Colorado AAP chapter who created them.
- The American Academy of Family Practice (AAFP) has also shared **resources** to help providers with Practice Management during and after the pandemic, specifically around patient care, physician well-being, and telehealth guidance.

Medication Adherence

During a public health emergency, it is easy for patients to rationalize reasons not to refill their medications or they may forget to in light of more urgent priorities. Below are some of the HEDIS measures that focus on medication adherence as well as quality improvement strategies for increasing your rates in these measures.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure Description: Males age 21 – 75 years and females age 40 – 75 years identified as having clinical atherosclerotic cardiovascular disease (ASCVD) who meet the following criteria:

- **Received Statin Therapy**: Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year
- **Statin Adherence**: Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period (the initial dispense date of the statin medication through the end of the measurement year)

Statin Therapy for Patients with Diabetes (SPD)

Measure Description: Members 40 – 75 years of age, during the measurement year, with diabetes and do not have ASCVD who meet the following criteria:

- **Received Statin Therapy**: Members who were dispensed at least one medication of any intensity during the measurement year.
- **Statin Adherence**: Members who remained on a statin medication of any intensity for at least 80% of the treatment period (the initial dispense date of the statin medication through the end of the measurement year).

Members Can Be Identified as Having Diabetes in Several Ways:

- At least one acute inpatient encounter (not a telehealth encounter) with a diagnosis of diabetes.
- At least two outpatient visits, observation visits, or emergency department (ED) visits, on different dates of service, with a diagnosis of diabetes.

Visit type need not be the same for the two encounters. Only one of the two visits may be a telehealth visit (identified by a telehealth modifier or a telehealth Place of Service code), a telephone visit, or an online assessment.

Nonacute inpatient encounters can also be used for the above, but this type of encounter cannot be a telehealth visit.

- Members who were dispensed insulin or hypoglycemic/anti-hyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

NOTE: These measures are pharmacy-driven measures so, in order to be included in the measure, the member must have Capital Blue Cross' pharmacy benefit. This also excludes Capital Blue Cross from collecting supplemental data for these measures as they will not show up as having a gap in care. You will still want to monitor nonpharmacy benefit members that are on statins.

Diagnosis and current procedural terminology (CPT®) codes that include the member in the denominator for the Statin Therapy for Patients with Cardiovascular Disease measure but will exclude them from the Statin Therapy for Patients with Diabetes measure:

- Discharged from an acute and nonacute inpatient stay with the following myocardial infarction diagnoses:
  - I21.01 (ST elevation ([STEMI]) Myocardial infarction involving left main coronary artery
  - I12.02 (ST elevation ([STEMI]) Myocardial infarction involving left anterior descending coronary artery
  - I21.09 (ST elevation ([STEMI]) Myocardial infarction involving other coronary artery of anterior wall
  - I21.11 (ST elevation ([STEMI]) Myocardial infarction involving right coronary artery
  - I21.19 (ST elevation ([STEMI]) Myocardial infarction involving other coronary artery of inferior wall
  - I21.21 (ST elevation ([STEMI]) Myocardial infarction involving left circumflex coronary artery
  - I21.29 (ST elevation ([STEMI]) Myocardial infarction involving other sites
  - I21.3 (ST elevation ([STEMI]) Myocardial infarction of unspecified site
  - I21.4 (NonST elevation ([STEMI]) Myocardial infarction
  - I21.9 Acute myocardial infarction, unspecified
  - I21.A1 Myocardial infarction type 2
  - I21.A9 Other myocardial infarction type
  - I22.0 (Subsequent ST elevation ([STEMI]) Myocardial infarction of anterior wall
  - I22.1 (Subsequent ST elevation ([STEMI]) Myocardial infarction of inferior wall
  - I22.2 (Subsequent nonST elevation ([STEMI]) Myocardial infarction
  - I22.8 (Subsequent ST elevation ([STEMI]) Myocardial infarction of other sites
  - I22.9 (Subsequent ST elevation ([STEMI]) Myocardial infarction of unspecified site
  - I23.0 Hemopericardium as current complication following acute myocardial infarction
  - I23.1 Atrial septal defect as current complication following acute myocardial infarction
  - I23.2 Ventricular septal defect as current complication following acute myocardial infarction
  - I23.3 Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction
  - I23.4 Rupture of chordae tendineae as current complication following acute myocardial infarction
  - I23.5 Rupture of papillary muscle as current complication following acute myocardial infarction
  - I23.6 Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction
  - I23.7 Postinfarction angina
  - I23.8 Other current complications following acute myocardial infarction
  - I25.2 Old myocardial infarction
- Coronary artery bypass grafting (CABG) in any setting
- Percutaneous coronary intervention (PCI) in any setting
- Other revascularization in any setting with the following CPT codes:
  - 37220
  - 37221
  - 37224 – 37231
- Ischemic vascular disease (IVD) diagnosis in at least one outpatient visit, an online assessment, or a telephone visit during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years. Only one of the two visits may be a telehealth visit, a telephone visit, or an online assessment. Telehealth visits are identified by the presence of a telehealth modifier or a telehealth Place of Service code associated with the outpatient visit.
- One acute inpatient encounter with an IVD diagnosis will also qualify for the above, but this encounter cannot be a telehealth encounter.

Exclusions for Both Statin Therapy Measures:

- Female members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year
- In vitro fertilization in the measurement year or year prior to the measurement year
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year
- End-Stage Renal Disease (ESRD) during the measurement year or the year prior to the measurement year without telehealth (without telehealth is applicable to the statin therapy for diabetics only)
- Cirrhosis during the measurement year or the year prior to the measurement year

- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year (musculoskeletal symptoms are frequently cited as a reason for noncompliance for these measures). If your patient is experiencing these symptoms, the following codes will exclude them from these measures:
  - G72.0 Drug-induced myopathy
  - G72.2 Myopathy due to other toxic agents
  - G72.9 Myopathy, unspecified
  - M62.82 Rhabdomyolysis
  - M79.1 Myalgia
- Medicare members 66* years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an institutional special needs plan (I-SNP) any time during the measurement year
  - Living long-term in an institution any time during the measurement year
- Members receiving palliative care

Reminder of Exclusion for HEDIS 2019:† Members 66 years of age and older as of December 31 of the measurement year with frailty **AND** advanced illness during the measurement year

- Frailty CPT Codes: 99504, 99509, along with a multitude of DME HCPCS codes
- Advanced illness diagnosis codes on at least two outpatient, observation, ED, or nonacute inpatient visits on different dates of service
- One acute inpatient encounter with an advanced illness diagnosis
- A dispensed dementia medication
  - Donepezil, galantamine, rivastigmine
  - Memantine
  - Donepezil-memantine

Exclusions Only for Statin Therapy for Patients with Diabetes Measure: Members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year. For supplemental data submission proof of these exclusions, additional documentation will be needed.

Statin Medications That Include the Member in the Denominator:

- **High-intensity statin therapy**
  - Atorvastatin (Lipitor/atorvastatin calcium)
  - Amlodipine-atorvastatin (Caduet/amlodipine besylate-atorvastatin)
  - Rosuvastatin (Crestor/rosuvastatin calcium)
  - Simvastatin (Zocor)
  - Eztimiebe-simvastatin (Vytorin)
- **Moderate-intensity statin therapy**
  - Atorvastatin (Lipitor/atorvastatin calcium)
  - Amlodipine-atorvastatin (Caduet/amlodipine besylate-atorvastatin)
  - Rosuvastatin (Crestor/rosuvastatin calcium)
  - Simvastatin (Zocor)
  - Eztimiebe-simvastatin (Vytorin)
  - Pravastatin (Pravachol/pravastatin sodium)
  - Lovastatin (Mevacor/Altoprev)
  - Fluvastatin (Lescol/fluvastatin sodium)
  - Pitavastatin (Livalo)
- **Low-intensity statin therapy (for statin therapy for patients with diabetes only)**
  - Ezetimibe-simvastatin (Vytorin)
  - Fluvastatin (Lescol/fluvastatin sodium)
  - Lovastatin (Mevacor/Altoprev)
  - Pitavastatin (Livalo)
  - Pravastatin (Pravachol/pravastatin sodium)
  - Simvastatin (Zocor)

* Please note the age for this exclusion changed for HEDIS 2019.

† This exclusion is not supported by supplemental data.

Asthma Medication Ration (AMR)

Measure Description: 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 medications of 0.50 or greater during the measurement year

- **Dispensing Events**:
  - **Oral medication dispensing event**: One prescription of an amount lasting 30 days or less. Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events.
  - **Inhaler dispensing event**: All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Allocate the dispensing events to the appropriate year, based on the date when the prescription was filled.
  - **Injection dispensing event**: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events. Allocate the dispensing event to the appropriate year, based on the date when the prescription was filled.

NOTE: These measures are pharmacy-driven, so in order to be included in the measure, the member must have Capital Blue Cross' pharmacy benefit. This also excludes Capital Blue Cross from collecting supplemental data for these measures as they will not show up as having a gap in care. You will still want to monitor nonpharmacy benefit members that are on asthma medications.

Members are identified as having persistent asthma if they meet at least one of the following criteria in both the measurement year and the year prior to the measurement year. The criteria does not have to be the same across both years.

- At least one ED visit with a principal diagnosis of asthma
  - J45.21 Mild intermittent asthma with (acute) exacerbation
  - J45.22 Mild intermittent asthma with status asthmaticus
  - J45.30 Mild persistent asthma, uncomplicated
  - J45.31 Mild persistent asthma with (acute) exacerbation
  - J45.32 Mild persistent asthma with status asthmaticus
  - J45.40 Moderate persistent asthma, uncomplicated
  - J45.41 Moderate persistent asthma with (acute) exacerbation
  - J45.42 Moderate persistent asthma with status asthmaticus
  - J45.50 Severe persistent asthma, uncomplicated
  - J45.51 Severe persistent asthma with (acute) exacerbation
  - J45.52 Severe persistent asthma with status asthmaticus
  - J45.901 Unspecified asthma with (acute) exacerbation
  - J45.902 Unspecified asthma with status asthmaticus
  - J45.909 Unspecified asthma, uncomplicated
  - J45.991 Cough variant asthma
  - J45.998 Other asthma
- At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth
- At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim
- At least four outpatient visits, observation visits, telephone visits, e-visits, or virtual check-ins, on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits.
- At least four asthma medication dispensing events for any controller or reliever medication. If leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, they must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor

Exclusions for the Measure:

- Members who had no asthma controller or reliever medications dispensed during the measurement year
- Members who had any diagnosis listed below during the member's history through December 31 of the measurement year
  - J43.0 Unilateral pulmonary emphysema (MacLeod's syndrome)
  - J43.1 Panlobular emphysema
  - J43.2 Centrilobular emphysema
  - J43.8 Other emphysema
  - J43.9 Emphysema, unspecified
  - 492.0 Emphysematous bleb
  - 492.8 Other emphysema
  - J98.2/518.1 Interstitial emphysema
  - J98.3/518.2 Compensatory emphysema
  - J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection
  - J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
  - J44.9 Chronic obstructive pulmonary disease, unspecified
  - 493.20 Chronic obstructive asthma, unspecified
  - 493.21 Chronic obstructive asthma, unspecified

- 493.22 Chronic obstructive asthma with (acute) exacerbation
- 496 Chronic airway obstruction, not elsewhere classified
- 491.20 Obstructive chronic bronchitis without exacerbation
- 491.21 Obstructive chronic bronchitis with (acute) exacerbation
- 491.22 Obstructive chronic bronchitis with acute bronchitis
- J68.4/506.4 Chronic respiratory conditions due to chemicals, gases, fumes and vapors
- E84.0/277.02 Cystic fibrosis with pulmonary manifestations
- E84.11/277.01 Meconium ileus in cystic fibrosis
- E84.19/277.03 Cystic fibrosis with other intestinal manifestations
- E84.8/277.09 Cystic fibrosis with other manifestations
- E84.9 Cystic fibrosis, unspecified
- 277.00 Cystic fibrosis without mention of meconium ileus
- J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
- J96.01 Acute respiratory failure with hypoxia
- J96.02 Acute respiratory failure with hypercapnia
- J96.20 Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
- J96.21 Acute and chronic respiratory failure with hypoxia
- J96.22 Acute and chronic respiratory failure with hypercapnia
- 518.81 Acute respiratory failure

Asthma Controller Medications:

- Antiasthmatic combinations
  - dyphylline-guaifenesin
- Antibody inhibitors
  - omalizumab
- Anti-interleukin-4
  - dupilumab
- Anti-interleukin-5
  - benralizumab, mepolizumab, reslizumab
- Inhaled steroid combinations
  - budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, formoterol-mometasone
- Inhaled corticosteroids
  - beclomethasone, budesonide, ciclesonide, flunisolide, Fluticasone, mometasone
- Leukotriene modifiers
  - montelukast, zafirlukast, zileuton
- Methylxanthines
  - theophylline

Asthma Reliever Medications:

- Short-acting, inhaled beta-2 agonists
  - albuterol, levalbuterol

Additional Quality Improvement Strategies

Statin Adherence Measures:

- The Capital Blue Cross Quality Improvement Committee has reviewed the *Recommendations for the Evaluation and Management of Hypercholesterolemia Clinical Practice Guidelines* and has adopted the **2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: Executive Summary**, a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Please be sure to refer to the most recent formulary for any specific member as not all drugs mentioned in this document may be covered in the formulary or there may be cost-sharing differences between brand name and generic products.
- The American Heart Association also provides resources for providers to help them manage **cholesterol**, including the **Cholesterol Management Guide for Healthcare Practitioners**.
- Resources such as the following video can be found for Capital Blue Cross members on their secure portal in the Healthwise® Knowledgebase, under the *Health and Wellness Info* tab: **Statins: Overcoming Barriers to Taking Them**.

Asthma Measure:

- The Capital Blue Cross Quality Improvement Committee has reviewed the recommendations for the diagnosis and management of mild to moderate stable asthma in adults and has adopted the evidence-based approach presented by the **2017 JAMA article Diagnosis and Management of Asthma in Adults: A Review**.
- Take advantage of the **Care Management program offerings** from Capital Blue Cross to help support your patients; referrals can be directed to **800.892.3033**.
- The American Lung Association® also has **resources** you can share with your patients.
- In our Provider Library on **Availity**, you can access an **Asthma Action Plan** for your patients to help them determine when to seek appropriate care.
- The Capital Blue Cross secure member portal has information regarding the importance of adhering to asthma medication such as the educational article **Asthma: Overcoming Obstacles to Taking Medication**. This information can be found in the Healthwise Knowledgebase, under the *Health and Wellness Info* tab.

All Three Measures:

- Educate patients on understanding their diagnosis, managing medications, self-care, and communicating with healthcare professionals; remember to check with the patient for understanding.
- Encourage patients to participate in auto refill options for their medications, including 90-day prescriptions.
- Engage patients in discussion of side effects, discomfort, etc., associated with medication, and evaluate other options.
- Educate patients on the importance of taking medications as prescribed.
- Properly document any reactions to medications.
- Provide medication reconciliation with the patient/family member to verify current medications and any changes/additions, as well as the patient's ability to afford the medications; if they cannot, please contact your Capital Blue Cross Provider Engagement Consultant, or you may submit a referral for Care Management by calling **800.892.3033**.
- Capital Blue Cross works closely with our pharmacy benefit manager, Prime Therapeutics, using evidence-based clinical rules to send out GuidedHealth® letters to our members. These letters include tips to help them better manage their medicines and offers education to help them start conversations regarding their medications with either their pharmacist or provider. As their provider, you will also receive a letter that addresses medication adherence gaps in care, conflicting medications, as well as opioid red flags for your review.

Medicare Moment

Capital Blue Cross and the Centers for Medicare and Medicaid Services (CMS) both cover the Annual Wellness Visit for Medicare members. This visit does not include a physical exam, but can often be paired with a routine annual physical exam. In 2021, Capital Blue Cross initiated the Enhanced Encounter that can also be completed at the same time as the Annual Wellness Visit. The Enhanced Encounter (EE) visit is designed to make it easier for members to maintain their overall health as well as offer providers an enhanced opportunity to thoroughly evaluate and monitor their Medicare Advantage patients. There is no need for separate documentation for the EE visit and the AWV. To review more detailed information on the EE and how to receive the associated $150 per member per year, check out the following **Quick Reference Guide**.

NOTE: the actual completion of the EE must be performed by the member's primary care provider (PCP) or other allied health professional. The Centers for Medicare & Medicaid Services (CMS) allows for other medical staff such as health educators, registered dieticians, or other licensed professionals to complete AWVs.

The following articles also provide some interesting thoughts on how to accomplish more AWVs in your practice:

- From the American Academy of Family Physicians: **Medicare Annual Wellness Visits: How to Get Patients and Physicians on Board** discusses the practice of utilizing ancillary staff to recruit Medicare members for their AWV.
- From the American Medical Association: **3 Steps to Add Annual Medicare Wellness Visits in Your Practice** promotes a CME module offering a workflow to help you perform a thorough AWV.

If you have questions regarding the EE visit, please reach out to your provider engagement consultant or the provider services team at **866.688.2242**.

Theon Platform Topics

The annual Theon conversion was completed on May 3, 2021. The conversion includes updates to guidelines, removal of retired measures, and the addition of the palliative care exclusion. Well-child visits in the first 30 months of life (W30) and child and adolescent well-child visits (WCV) screens will not be available until the next scheduled refresh. Please watch Theon's message center, located on the system settings tab, for updates.

Health Outreach

In order to better align with our new population health management strategy and Population Health Management department, the team previously known as *HOIT,* the Health Outcomes Improvement Team, has since transitioned into a broader group that works to streamline and monitor the outreaches of all of the Capital Blue Cross products (Federal Employee Program® (FEP), Children's Health Insurance Program (CHIP), Medicare, individual, and commercial). They have become part of a HEDIS workgroup that looks at the data on an ongoing basis and prioritizes measures and outreaches based on a multitude of factors, including, but not limited to, HEDIS performance, provider feedback, NCQA feedback, accreditation requirements, and current health issues (COVID-19, etc.).

Based on this information and the National Health Observances Calendar, the following outreaches were completed in Quarter 1 of 2021:

- **January** included a cervical cancer screening campaign with employer, member, and provider-facing components. It also included a targeted outreach to those members and parents/guardians of members who have gaps in care for cervical cancer screening via both our text-messaging platform (the LOOP) and email. A second message was sent to those parents/guardians of members who have a gap in care for the HPV vaccine, also via the LOOP and email.
- A brief radon educational outreach also was sent to members and employers through our member and employer newsletter for radon awareness month.
- **February** focused on heart health, prenatal care, and dental health with both member and employer-facing newsletter articles and Capital Journal articles. Capital Blue Cross sent a general email to all members educating them on the importance of controlling blood pressure and adhering to medications (specifically statins). We also sent a targeted LOOP for those members who have uncontrolled blood pressure (greater than 140/90) or have not shown adherence to their statin medications (specifically those who are diabetic and/or have cardiovascular problems).
- **March** emphasized the importance of colorectal cancer screening. This campaign featured employer outreach including newsletter articles, external articles featured in business journals, and information on our Colorectal Cancer Screening Employer Initiative. For this initiative, we partner with certain employer groups to send out colorectal cancer screening FIT kits to those eligible employees. This initiative continues to grow, and if your patients are included, you will receive updated information on a quarterly basis from your Population Health Consultant. Member-facing outreach included targeted LOOP and email outreach to those members with gaps in care for colorectal cancer screening as well as member newsletters, Capital Journal articles, and web banners on **CapitalBlueCross.com**. This campaign also included internal promotion with our own Capital Blue Cross employees.
- **April's** focus was two-fold, both on Sexually Transmitted Infections (STI) Awareness Month and on Alcohol Awareness Month. For STI Awareness Month, information was included about the chlamydia screening for women HEDIS measure in the provider electronic newsletter, the Capital Pulse, as well as a Capital Journal article that was promoted in our employer and member newsletters. For Alcohol Awareness Month, an article in our 360 for Our Members newsletter and externally sponsored content in several business journals focused on resources for members who are facing problems with alcohol, such as those found on Capital Blue Cross' **Mental Wellness Microsite** and **Healthwise Knowledgebase**. The member-focused article also directed members to talk to their PCP, especially if they have had an alcohol-related emergency department visit.

Best Practices

vaxPACES Open Bed Campaign Against COVID-19:
Capital Blue Cross would like to help you increase your patient vaccination rates for influenza and pneumococcus while providing you an opportunity to earn, at no cost to you or your practice:

- AMA PRA Category 1 Credits™ for Continuing Medical Education (CME)
- 60 AMA PRA Category 1 Practice Improvement CME Credits™, and
- 60 ABIM Practice Assessment Points towards Maintenance of Certification (MOC)

The 2.5 credits for case-based learning activities are open to physicians and allied health professionals including physician assistants, nurse practitioners, and pharmacists. The practice assessment and improvement activities to support Practice Improvement CME credits and ABIM Practice Assessment Points for MOC are applicable to physicians only.

With the National Committee for Quality Assurance (NCQA) and the Immunization Action Coalition (IAC), Capital Blue Cross is offering you a data-driven, quality improvement resource to help advance immunizations within your practice while decreasing COVID-19 related burdens on local healthcare systems. The Vaccine Performance Assessment and Continuing Education System (vaxPACES) Open Bed Campaign against COVID-19 focuses on continuous quality improvement efforts for adult influenza and pneumococcal vaccination and includes:

- Feedback on the vaccination status of patients within your Capital Blue Cross panel
- Online CME modules on pneumococcal and influenza vaccination
  - These have emphasis on improved health outcomes for patients at high risk for COVID-19 coinfection
  - COVID-19 vaccination strategies may also be rolled into the project in the future

Please join your colleagues and Capital Blue Cross in these efforts to reduce the incidence of vaccine-preventable diseases and help reduce the consequences of COVID-19 coinfection.

Following a simple five-minute registration, vaxPACES will automate the processes for data reporting, education, and awards for CME and professional development.

You can register today by clicking **HERE**.

If you would like assistance with the registration of additional providers within your practice or affiliated health systems or if you have any questions, **email VaxPACES support**.

CHIP Corner

Importance of Metabolic Monitoring for Children & Adolescents on Psychotropic Medications (HEDIS measure APM)

Multiple studies have shown an increased use of psychotropic medications in children and adolescents for their intended or for other off-label uses. While these medications can be highly effective when prescribed, current best practice requires an adequate trial on these medications to assess the response. It is very important metabolic monitoring is conducted at regular intervals as part of the assessment of the response. Since the use of these medications has a potential impact on the long-term health and well-being of the youngest segments of the population we serve, Capital Blue Cross monitors whether certain activities are occurring as an indicator of the effectiveness of the metabolic monitoring that is recommended, including:

1. Blood glucose testing
2. Cholesterol screening — lipid profile
3. Weight and BMI
4. Waist circumference
5. Blood pressure

Antipsychotic medications may be insufficiently monitored for a number of reasons including:

- Lack of understanding of monitoring guidelines
- Lack of communication created by uncertainty about which provider is responsible for ordering testing when several practitioners are providing care to the same member
- Lack of member or parental education and understanding

The inconvenience of obtaining laboratory test results for a child/adolescent —ordering laboratory tests in a timely manner and communicating these expectations with the patient and/or caregiver during the visit may help to increase medication adherence and assure an adequate trial and full evaluation of the effectiveness of the medication.

Questions Regarding This Newsletter?

Providers Included in an Accountable Care Arrangement:
Contact Your Medical Value Consultant

All Other Providers:
Contact Your Provider Engagement Consultant

Capital

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