Health Plan of Nevada
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Sierra Health and Life
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Quality Improvement – Clinical Quality Team

Monthly Jam Session and Tech Spec Series

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Introduction

The QI Clinical Quality Team has interpreted and broken down the Measurement Year (MY) 2023 Technical Specifications.

They then organized them in a way to make them informative, interesting and in some cases, they even made learning HEDIS and Risk **FUN**!!

This year we are excited to add two new sessions to our series!

- HEDIS 101 & Provider Resources
  - https://healthplanofnevada.com/Provider/HEDIS-Measures
- Risk Adjustment 101:
  - Risk Adjustment Factor (RAF)
  - Risk Adjustment Data Validation (RADV)

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2023 Monthly Jam Session and Tech Spec Series

- **June 14:** HEDIS 101 & Provider Resources (*new offering*)
- **July 12:** Coding and Closing Gaps in Care
- **August 9:** Pregnancy and Pediatric Measures
- **September 13:** Behavioral Health Measures
- **October 11:** Adult Measures
- **November 8:** Risk Adjustment 101; RAF and RADV (*new offering*)

For more information or to receive the link to attend, email
Cheri.Levine@uhc.com

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Jennifer Brady, M.Ed.

Associate Director,
Clinical Quality

Zybrell Zayas

Senior Project Coordinator,
Clinical Quality

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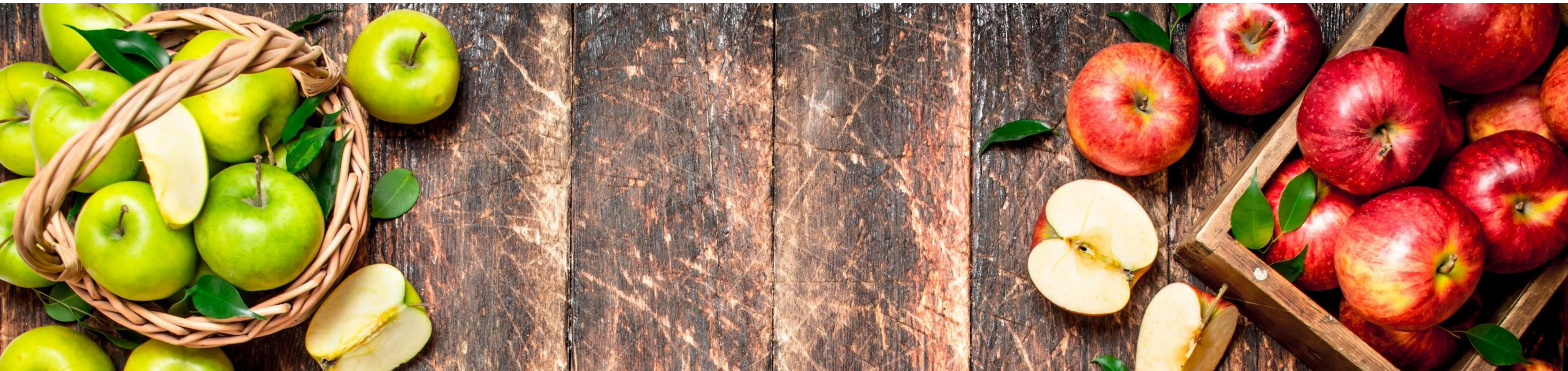
What is HEDIS®?

Healthcare **E**ffectiveness **D**ata and **I**nformation **S**et (**HEDIS**)

Over 90 different metrics: Diabetes, immunizations, prenatal/postpartum care, depression screenings, etc.

HEDIS is a set of standardized measures designed to compare health plan performance and quality nationwide on an **apples to apples** basis.



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Adult Provider Resource Guide

Health Plan of Nevada
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Provider Resource Guide 2023
HEDIS® Adult Measures

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This guide is a tool to help close HEDIS gaps in care; it is a quick reference for common preventive health screenings for anyone with the ability to impact measures (i.e. clinicians, administrators and staff). The below information describes the measure population, action(s) to close the gap and goal. It is not designed to replace clinical judgment but as a support to reinforce the importance of preventive care and share how clinical decisions impact HEDIS.

Helpful Hints

Exclusions:
Appropriately coding for exclusionary criteria removes member(s) from the HEDIS measure(s). Palliative/hospice coding during the measurement year excludes members from most measures. Specific measure exclusions are listed under each measure.

Telehealth:
Telehealth is an underutilized method to close many gaps in care.

Patient Self-Reporting:
Patient self-reporting is frequently acceptable as long as the necessary details listed under each measure are documented.

This guide is not comprehensive; for additional resources use your phone to scan the QR code below.

Healthplanofnevada.com/Provider/HEDIS-Measures

Colorectal Cancer Screening (COL)

Patient Population
- Ages 45–75
- Has not completed a listed screening for colorectal cancer

Action:
Ask and document last colorectal cancer screening date and test type. If overdue: place order or provide at-home testing kit.
- FOBT – annually
- FIT-DNA (i.e. Cologuard®): current year - 2 years prior
- Flexible sigmoidoscopy: current year - 4 years prior
- CT Colonography: current year - 4 years prior
- Colonoscopy: current year - 9 years prior

Exclusions: History of colorectal cancer or a total colectomy

Goal: Cancer detection

Use of Imaging Studies for Low Back Pain (LBP)

Patient Population
- Ages 18–75
- Principal diagnosis of uncomplicated low back pain

Action:
Avoid imaging within 28 days as the first line of treatment (plain x-rays, CT, MRI) when no indication of underlying condition.

Exclusions: Cancer, recent trauma, IV drug use, neurologic impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroid, osteoporosis, fragility fracture, lumbar surgery, spondylopathy

Goal: Reduce the overuse of imaging for evaluation as it is not associated with improved outcomes.

Controlling High Blood Pressure (CBP)

Patient Population
- Ages 18–85
- Hypertension diagnosis

Action:
- Take and record BP
- Repeat BP if value is not 140/90 or higher (139/90 or 140/89 are not compliant)

Goal: Ensure blood pressure (BP) is adequately controlled (<=139/89 mmHg) during measurement year.

Antibiotic Stewardship

Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) and/or Appropriate Treatment for Upper Respiratory Infection (URI)

Patient Population
- Ages 3 months and older
- Diagnosed with acute bronchitis and/or upper respiratory infection

Action:
Avoid prescribing antibiotics for members on or 3 days after the diagnosis.

Goal: Reduce overuse of antibiotics

Appropriate Testing for Pharyngitis (CWP)

Patient Population
- Ages 3 and older
- Pharyngitis diagnosis

Action:
Complete a group A streptococcus (strep) test or rapid strep test prior to prescribing antibiotics.

Goal: Reduce overuse of antibiotics

Statins

Statin Therapy for Patients With Cardiovascular Disease (SPC)

Patient Population
- Males ages 21–75
- Females ages 40–75
- Diagnosis of ASCVD

Action:
- Educate members on the ability to adjust prescription, if side effects arise
- Explain why the medication is being prescribed

Exclusions: Pregnancy, IVF, clomiphene prescription, ESRD or dialysis, cirrhosis, myalgia, myositis, myopathy or rhabdomyolysis (muscular pain)

Goal: Reduce ASCVD health events

Statin Therapy for Patients With Diabetes (SPD)

Patient Population
- Ages 40-75
- Diabetic w/o ASCVD

Action:
- Educate members on the ability to adjust prescription if side effects arise
- Explain why the medication is being prescribed

Exclusions: AMI, CABG, PCI, IVD pregnancy, IVF, clomiphene prescription, ESRD or dialysis, cirrhosis, myalgia, myositis, myopathy or rhabdomyolysis (muscular pain)

Goal: Reduces ASCVD health events

Diabetes

Patient Population
- Ages 18-75
- Diabetes diagnosis
- Dispensed insulin or hypoglycemics/ antihyperglycemics

Action:
- Measure and report all of the following labs:
  - HbA1c
  - eGFR
  - Urine Albumin-Creatinine Ratio (uACR)
  - Albumin/microalbumin **and** a urine creatinine test (<4 days of each other)
- Consider prescribing a statin (ages 40-75)
- Take and record BP
  - Repeat the BP if either value is 140/90 or higher (139/90 or 140/89 are not compliant)
- Refer to eye care provider for retinopathy screening
- Refer to Disease Management for help managing HbA1c

Goal: To measure control of diabetes.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Patient Population
- Ages 18-64
- Diabetes diagnosis
- Schizophrenia or schizoaffective disorder

Action:
Place order or complete the following labs during the year:
- LDL-C
- HbA1c

Goal: Diabetes monitoring

Social Determinants of Health (SDoH) such as food insecurity, homelessness or housing instability, psychosocial circumstances, economic challenges, etc. have been identified as key factors in impacting a patient's health and health outcomes. Coding for these can bring attention to their prevalence and help identify needed resources.

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Adult Provider Resource Guide

Social Determinants of Health (SDoH) such as food insecurity, homelessness or housing instability, psychosocial circumstances, economic challenges, etc. have been identified as key factors in impacting a patient's health and health outcomes. Coding for these can bring attention to their prevalence and help identify needed resources.

Colorectal Cancer Screening (COL)

Patient Population

- Ages 45–75
- Has not completed a listed screening for colorectal cancer

Action:
Ask and document last colorectal cancer screening date and test type. If overdue: place order or provide at-home testing kit.

- FOBT – annually
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- Flexible sigmoidoscopy: current year - 4 years prior
- CT Colonography: current year - 4 years prior
- Colonoscopy: current year - 9 years prior

Exclusions: History of colorectal cancer or a total colectomy

Goal: Cancer detection

Helpful Hints

Exclusions:
Appropriately coding for exclusionary criteria removes member(s) from the HEDIS measure(s). Palliative/hospice coding during the measurement year excludes members from most measures. Specific measure exclusions are listed under each measure.

Telehealth:
Telehealth is an underutilized method to close many gaps in care.

Patient Self-Reporting:
Patient self-reporting is frequently acceptable as long as the necessary details listed under each measure are documented.

Women's Measures

Cervical Cancer Screening (CCS)

Patient Population

- Women ages 21-64 who have not been screened for cervical cancer

Action:
Schedule, perform, and document the applicable screening and result:

- Pap smear in the measurement year or 2 years prior (ages 21-64).
- High-risk human papillomavirus (hrHPV) testing in the measurement year or 4 years prior (ages 30-64).
- Document type of service, date performed and result

Exclusions: Hysterectomy with no residual cervix, male to female transgender, cervical agenesis or acquired absence of cervix (i.e. total hysterectomy)

Goal: Cancer detection

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Pediatric Provider Resource Guide

Health Plan of Nevada
A UnitedHealthcare Company

Provider Resource Guide 2023
HEDIS® Pediatric Measures

Sierra Health and Life
A UnitedHealthcare Company

This guide is a tool to help close HEDIS gaps in care; it is a quick reference for common preventive health screenings for anyone with the ability to impact measures (i.e., clinicians, administrators and staff). The below information describes the measure population, action(s) to close the gap and goal. It is not designed to replace clinical judgment but as a support to reinforce the importance of preventive care and share how clinical decisions impact HEDIS.

Helpful Hints

Exclusions:
Appropriately coding for exclusionary criteria removes member(s) from the respective HEDIS population. Palliative/hospice coding during the measurement year excludes patients from most measures. Additional measure-specific exclusions are listed under each measure.

Telehealth:
Telehealth is an underutilized method that can be applied to close many gaps in care.

Parent/Guardian Reporting:
Parent/self-reporting is a frequently acceptable method of gap closure if the necessary measure details are documented.

18-21 years of age
Patients in this age group often begin the transition from a pediatrician to an adult provider. To encourage continuity of care, start having conversations with your patient about selecting a new provider and what an adult visit may include.

This guide is not comprehensive; for additional resources use your phone to scan the QR code below.

https://healthplanofnevada.com/Provider/HEDIS-Measures

Antibiotic Stewardship

Avoidance of Antibiotic Treatme[nt] for Acute Bronchitis (AAB) and/ Appropriate Treatment for Uppe[r] Respiratory Infection (URI)

Patient Population
- Ages 3 months and older
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Action:
Avoid prescribing antibiotics for patients o[n] or 3 days after the diagnosis

Goal: Reduce overuse of antibiotics

Appropriate Testing for Pharyn[gitis] (CWP)

Patient Population
- Ages 3 years and older
- Pharyngitis diagnosis

Action:
Order a group A streptococcus (strep) test or rapid strep test prior to prescribing antibiotics.

Goal: Reduce overuse of antibiotics

Immunizations

Childhood Immunization [Sta]tus (CIS)

Patient Population
- Prior to 2 years of age

Action:
Provide vaccinations and/or c[ode] any anaphylactic reactions for th[e foll]owing [i]mmunizations and docu[ment i]n WebIZ:

[illegible]	[illegible]
[illegible]	4
[illegible]	3
R	1
B	3
epB	3
VZV	1
PCV	4
HepA	1
RV	2 or 3
Influenza	2

Avoiding a delayed immunization schedule will assist in meeting compliance.

Goal: Disease protection

Immunizations for Adolescents (IMA)

Patient Population
- Prior to 13 years of age

Action:
Provide vaccinations and/or code any anaphylactic reactions for the following immunizations and document in WebIZ:

Immunization	Dose(s)
Meningococcal	1
Tdap	1
HPV	2 or 3

When 1st HPV vaccination is given, consider scheduling next visit for 2nd HPV vaccination after 146 days.

Goal: Disease protection

Well Visits

Child and Adolescent Well-Care Visits (WCV)

Patient Population
- Ages 3-21

Action:
Document and submit coding for well-care visits annually; audio/visual telehealth visits can also count as a well-care visit if documentation supports.

Goal: Build patient/provider relationship and assist youth in maintaining a healthy lifestyle and appropriate development

Well-Child Visits in first 30 Months of Life (W30)

Patient Population
- Ages 0-30 months

Action:
Document and submit coding for six or more well-child visits within the first 15 months of life and two or more visits between 15 and 30 months of age

Goal: Build patient/provider relationship, guide timely vaccination administration, assist in appropriate infant/toddler development

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Patient Population
- Ages 3-17

Action:
- Document BMI percentile, height and weight or plot a BMI growth chart and code for BMI percentile
- Counseling for nutrition (or referral for nutrition education, eating habits, dieting, checklist, member received materials during face-to-face visit, anticipatory guidance for nutrition, weight or obesity counseling)
- Counseling for physical activity (or exercise routine, participation in sports activities, exam for sports participation, checklist, counseling or referral for physical activity, member received materials during face-to-face visit, anticipatory guidance specific to child's physical activity, weight or obesity counseling)

Goal: Maintain healthy weight

Asthma Medication Ratio (AMR)

Patient Population
- Ages 5 - 64
- Diagnosed with persistent asthma

Action:
- Prescribe controllers to patients with persistent asthma
- Refer members to Disease Management for help managing asthma https://healthplanofnevada.com/Member/Disease-Management

Goal: Asthma management

Exclusions: Chronic respiratory conditions (i.e., emphysema, COPD, obstructive chronic bronchitis, cystic fibrosis, acute respiratory failure)

Social Determinants of Health (SDoH) such as food insecurity, homelessness or housing instability, psychosocial circumstances, economic challenges, etc. have been identified as key factors in impacting a patient's health and health outcomes. Coding for these can bring attention to their prevalence and help identify needed resources.

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Pediatric Provider Resource Guide

Immunizations

Childhood Immunization Status (CIS)

Patient Population

- Prior to 2 years of age

Action:
Provide vaccinations and/or code any anaphylactic reactions for the following immunizations and document in WebIZ:

Immunization	Dose(s)
DTaP	4
IPV	3
MMR	1
HiB	3
HepB	3
VZV	1
PCV	4
HepA	1
RV	2 or 3
Influenza	2

Avoiding a delayed immunization schedule will assist in meeting compliance.

Goal: Disease protection

Well Visits

Child and Adolescent Well-Care Visits (WCV)

Patient Population

- Ages 3-21

Action:
Document and submit coding for well-care visits annually; audio/visual telehealth visits can also count as a well-care visit if documentation supports.

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18-21 years of age
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Coding Tool

HEDIS® Measurement Year (MY) 2023
Best Practice Guidelines

ENSURE EVERY PATIENT VISIT IS DOCUMENTED AND APPROPRIATE CODES SUBMITTED				
Measure	**Population**	**Frequency**	**NCQA Codes and Requirements**	
Controlling High Blood Pressure (CBP)	Males and females 18-85 yrs. dx with **hypertension**	Annually	Dx of HTN & BP adequately controlled; ≤139/89 mm HG Systolic: 3074F, 3075F, 3077F; Diastolic: 3078F, 3079F, 3080F	
Colorectal Cancer Screening (COL)	Males and females 45-75 yrs.	Anytime	Colectomy Exclusionary Codes 44150,44151, 44152,4453,44155,44156,44157,44158,44210,44211,44212	
Blood Pressure Control For Patients With Diabetes (BPD)	Males and females 18-75 yrs. dx with **diabetes** (Type 1 and Type 2)	Annually	Systolic: 3074F, 3075F, 3077F Diastolic: 3078F, 3079F, 3080F	Blood pressure reading: Result of ≤139/89 mm HG
Hemoglobin A1c Control For Patients With Diabetes (HBD)	Males and females 18-75 yrs. dx with **diabetes** (Type 1 and Type 2)	Annually	HbA1c Control 3044F, 3051F, 3052F; *3046F	Date & Result <8.0% for control *>9.0% poor control
Eye Exam For Patients With Diabetes (EED)	Males and females 18-75 yrs. dx with **diabetes** (Type 1 and Type 2)	Prior Year and Annually	Retinal Eye Exam: 2022F, 2024F, 2026F 2023F, 2025F, 2033F Negative Retinal Screening Prior Year: 3072F Automated Eye Exam: 92229	Date & Result

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Electronic Clinical Data Systems (ECDS)

Medical record review rate contribution is disappearing!

What does this mean?

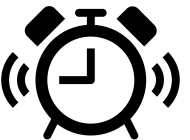
Rates will be based purely on claims/encounter data & standardized data feeds

What can be done now to ensure your compliant information is captured?

Submit CPTII codes

Collaborate with Clinical Quality to build a data feed

For more information, please reach out to ClinicalQualityNV@uhc.com



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Website Overview

HEDIS® Measures

What is HEDIS?

The acronym HEDIS stands for Healthcare Effectiveness Data and Information Set and according to the National Committee for Quality Assurance (NCQA), is the most widely used set of performance measures in the managed care industry. HEDIS is a tool consisting of over 90 measurements utilized to compare health plan quality across the nation and is a requirement to be an accredited health plan. The accreditation seal assures members/patients that they are being cared for by both a quality health plan and quality providers.

For more information about HEDIS, please visit the following NCQA website: NCQA.org/hedis/ or reach out to our Clinical Quality team at ClinicalQualityNV@uhc.com.

Provider Resources for Understanding Quality

Providers are vital to helping maintain accreditation status and ensuring quality care is delivered. By educating patients on the importance of cancer screenings, managing chronic conditions, addressing behavioral health matters, etc. providers are directly impacting the HEDIS rates.

Below are several resources to assist with the application of HEDIS metrics and gap closures. The *UnitedHealthcare Quality Reference Guide* is a detailed overview of the HEDIS measures with measure descriptions and details, coding recommendations and actionable takeaways. In the Resources section below, The *Provider Resource Guide* is a 1-page snapshot of key measures and actions. The *Coding Tool* offers guidance on NCQA approved codes that can be used to close HEDIS gaps in care, and the *Lunch & Learn Series* consists of presentations created by registered nurses on various HEDIS topics. These materials are updated annually or as changes are implemented.

- UnitedHealthcare Quality Reference Guide

Below is a breakout of key priority measures along with measure resources and supplemental information.

RESOURCES

DIABETES

WOMEN'S

ADULT

PEDIATRICS

BEHAVIORAL HEALTH

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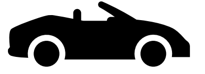
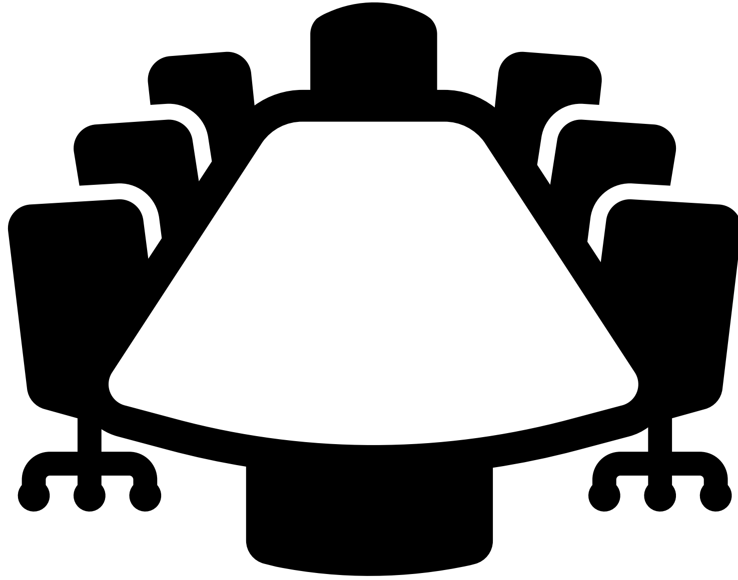
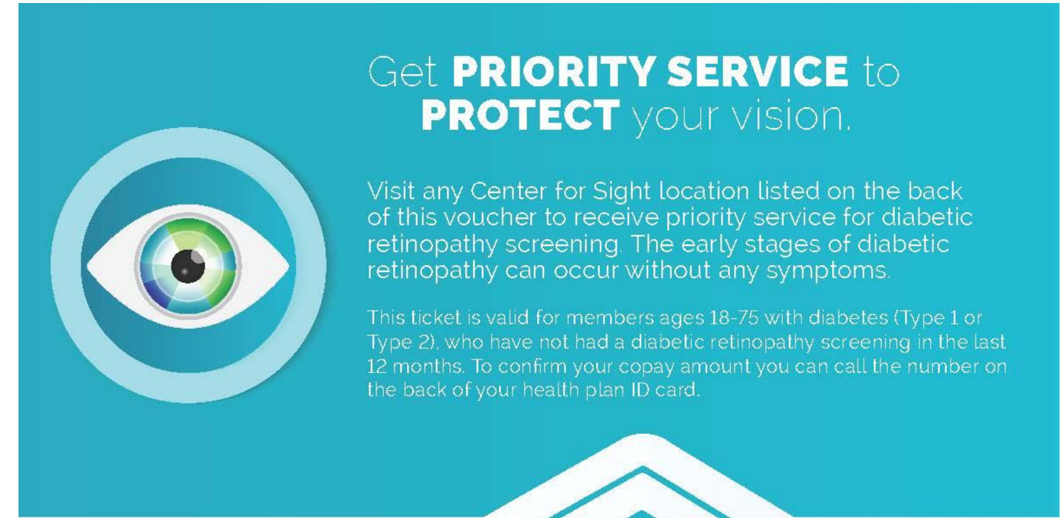



Voucher Initiatives



Southwest Medical Radiology Locations

Wait times may still occur. Mammography is closed from noon to 12:30 p.m. (W. Oakey is closed from noon to 1 p.m.) If you prefer to make an appointment, call **702-877-5390**.

2704 N. Tenaya Way	540 N. Nellis Blvd.	4475 S. Eastern Ave.
Mon-Sun 8 a.m. to 4:30 p.m.	Mon-Fri 9 a.m. to 3:30 p.m.	Mon-Fri 9 a.m. to 3:30 p.m.
4825 S. Durango Dr.	**2845 Siena Heights Dr.**	**4750 W. Oakey Blvd.**
Mon-Fri 9 a.m. to 3:30 p.m.	Mon-Fri 9 a.m. to 4:30 p.m.	Mon-Fri 9 a.m. to 3:30 p.m.

No appointment needed. Expires December 31, 2023.

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Insurance coverage provided by Sierra Health and Life.

QID7856_22.1 (08/22)

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Get screened for diabetic retinopathy today!

Center for Sight has 4 locations with walk-in availability.*

330 S. RAMPART BLVD., STE. 360	2870 S. MARYLAND PKWY. STE. 300
Las Vegas, NV 89145	Las Vegas, NV 89109
871 CORONADO CENTER DR., STE. 130	**5871 W. CRAIG RD.**
Henderson, NV 89052	Las Vegas, NV 89130

Clinic hours are 7:30 a.m. to 5 p.m.

*If you prefer to schedule an appointment, call **702-724-2020** or visit **CenterforSightLV.com.**

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QID8169_22.1 (10/22)

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Power in Prevention

Cervical Cancer Prevention

Up to 93% of cervical cancers could be prevented by screening and HPV (human papillomavirus) vaccination.

Good to know...

Two screening tests can help prevent cervical cancer:

1. A Pap smear or test looks for pre-cancers, which are cell changes on the cervix that become cancerous if not treated appropriately.
2. The HPV test looks for the virus that can cause these changes in the cells.

All women should begin cervical cancer testing at age **21**.

- **21-29 years** - Pap test every **three** years
- **30+ years** - Pap test combined with an HPV test every **five** years

Invest a little time, get some peace of mind.

If you need help scheduling an appointment, please call the Member Services number on the back of your health plan ID card or visit **HealthPlanofNevada.com** or **SierraHealthandLife.com** and sign in.

Sources: cdc.gov and cancer.org

Prevención del Cáncer de Cuello Uterino

Hasta el 93 % de los casos de cáncer de cuello uterino se podrían prevenir mediante las pruebas de detección y la vacunación contra el virus del papiloma humano (HPV).

Es bueno saber que...

Dos pruebas de detección pueden ayudar a prevenir el cáncer de cuello uterino:

1. Una prueba o examen de Papanicolaou busca casos de precáncer, que son cambios celulares en el cuello uterino que se convierten en cancerosos si no se tratan adecuadamente.
2. La prueba de HPV busca el virus que puede causar estos cambios en las células.

Todas las mujeres deberían comenzar las pruebas para el cáncer de cuello uterino a partir de los **21** años.

- **21-29 años:** Prueba de Papanicolaou cada **tres** años
- **30 años en adelante:** Prueba de Papanicolaou combinada con una prueba de HPV cada **cinco** años

Invierta un poco de tiempo, gane un poco de tranquilidad.

Si necesita ayuda para programar una cita, llame al número del Departamento de Servicio al Cliente que figura en la parte de atrás de su tarjeta de identificación del plan de salud o visite **HealthPlanofNevada.com** o **SierraHealthandLife.com** e inicie sesión.

Fuentes: cdc.gov y cancer.org

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Power in Prevention

Breast Cancer Prevention

According to the American Cancer Society, when breast cancer is detected early, the 5-year relative survival rate is 99%. Breast cancer is the second most common cancer among U.S. women; one in every eight women will develop breast cancer in their lifetime. There are over 3.5 million breast cancer survivors in the United States.

For more information about breast cancer screenings talk to your health care provider.

Good to know...

You can help detect breast cancer by having a mammogram screening every two years. A mammogram is a low dose X-ray and the best way to find breast cancers early. A referral is not required for HPN and SHL members (40 years and older).

- **50-74 years** - prioritize routine mammograms
- **40-49 years** - discuss screening with your doctor

Invest a little time, get some peace of mind.

If you need help scheduling an appointment, please call the Member Services number on the back of your health plan ID card or visit **HealthPlanofNevada.com** or **SierraHealthandLife.com** and sign in.

Sources: cdc.gov, breastcancer.org and cancer.org

Prevención del Cáncer de Seno

Según la American Cancer Society (Sociedad Estadounidense del Cáncer), cuando el cáncer de seno se detecta de forma temprana, la tasa de supervivencia relativa a 5 años es del 99 %. El cáncer de seno es el segundo cáncer más frecuente entre las mujeres estadounidenses; una de cada ocho mujeres desarrollará cáncer de seno a lo largo de su vida. Hay más de 3.5 millones de sobrevivientes del cáncer de seno en los Estados Unidos.

Para obtener más información sobre las pruebas de detección de cáncer de seno, hable con su proveedor de atención de la salud.

Es bueno saber que...

Usted puede ayudar a detectar el cáncer de seno si se realiza una mamografía cada dos años. Una mamografía es una radiografía de dosis baja y la mejor manera de detectar el cáncer de seno de forma temprana. Los miembros de HPN y SHL no necesitan una referencia (a partir de los 40 años).

- **50-74 años:** priorice las mamografías de rutina
- **40-49 años:** hable con su médico de las pruebas de detección

Invierta un poco de tiempo, gane un poco de tranquilidad.

Si necesita ayuda para programar una cita, llame al número del Departamento de Servicio al Cliente que figura en la parte de atrás de su tarjeta de identificación del plan de salud o visite **HealthPlanofNevada.com** o **SierraHealthandLife.com** e inicie sesión.

Fuentes: cdc.gov, breastcancer.org y cancer.org

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Provider Packets

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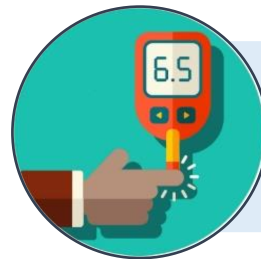
Disease Management

Personalized support from a registered nurse by phone or video:

- Asthma
- Diabetes
- Kidney Health

Dedicated program line: **702-242-7346**



Members participating in the Diabetes Fresh Start program improved their A1c by 1.8%*

Introduction

Justin Bernal, RN, BSN

Manager Clinical Quality

UnitedHealthcare – Nevada Market

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Clinical Practice Consultant

Clinical Practice Consultants (CPC) partner with our providers to improve the quality of care delivered to patients by:

Reviewing practice level performance data on HEDIS® quality measures on a monthly basis.

Collaborating with providers to develop interventions and programs aimed toward continuous quality improvement.

Supporting providers with education and resources to improve quality of care.

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Clinical Practice Consultant

Healthcare Effectiveness Data and Information Set (HEDIS)

Used by 90% of health plans nationwide.

Address a broad range of health issues such as access to care, prevention and screening, and best practices in the monitoring and treatment of conditions.

Gaps in Care Reports
(Empanelment specific)

Identify when there is no proof of service for a HEDIS specific measure within the required time frame.

Identify areas of strength and provide focus to areas needing improvement.

CPC to collaborate with provider offices to close gaps in care.

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Clinical Quality Nurse Visits

2023 Monthly Jam Session and Tech Spec Series

Recommendations

- When screenings or preventive modalities may be indicated:
  - Colonoscopy, Cologuard® and/or FOBT
  - Mammography
  - Pap Smear and/or HPV testing
  - Immunizations

Teaching/Coaching

- How to perform an appropriate blood pressure screening and when to repeat if indicated
- What elements may be necessary to complete measure compliance
  - Point of care testing and/or recommendations for lab orders
  - Obtaining height or weight for BMI calculations

Advisement

- Documentation elements that may have been captured during visits
  - History taking and recording; medical, surgical
  - Problem list updating; current vs historical
  - Diagnosis/Assessment awareness
- Coding for capturing compliance

Specialty Visits

- Primary Care / Family Medicine
- Pediatrics
- Women's Health
- Cardiology
- Endocrinology
- Nephrology
- Urgent Care Clinics

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Thank you!
Questions?

If you have questions, please contact ClinicalQualityNV@uhc.com

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