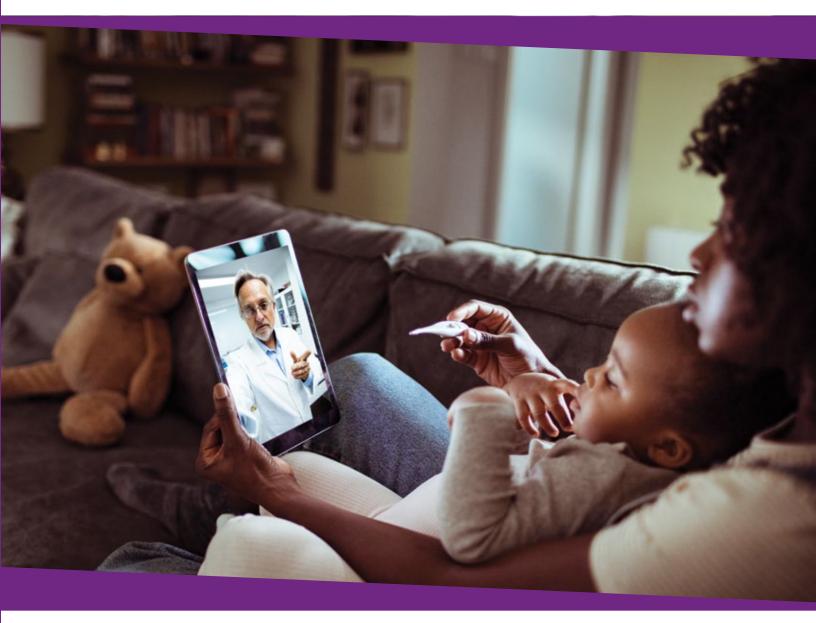# 2020-2021 Telehealth
HEDIS® Measure
Quick Reference Guide

CareSource®

The landscape of telehealth has evolved during the COVID-19 pandemic, and recent policy changes have expanded the use of telehealth to deliver acute, chronic, primary and specialty care. Additionally, the National Committee for Quality Assurance (NCQA) is committed to preserving the patient-provider relationship and promoting continuity of care by allowing broader use of virtual health-care modalities.

The following is a list of activities where telehealth visits and their related claims may contribute to measurable quality outcomes in HEDIS (Healthcare Effectiveness Data and Information Set). This list is not inclusive of every health care service with a telehealth component.

Providers should code telehealth claims as if the visit has occurred in the office and include the appropriate **CPT/ CPT II code, procedure code, modifier and point of service (POS) code.**

Please note that an in-office visit continues to be the preferred standard of care. Telehealth can be an additional and optional visit type, when safety and accessibility are impacted. An in-person exam should occur at the next scheduled visit when possible.

Definitions of terms used in this document and provider types approved for telehealth are found at the end of this document. For additional information, please contact your Provider Engagement Specialist or visit **CareSource.com** > Tools & Resources > Updates & Announcements.

MEASURE	TELEHEALTH IMPLICATIONS
Adults' Access to Preventive/Ambulatory Health Services (AAP) The percentage of members 20 years and older who had an ambulatory or preventive care visit.	**Services rendered during any of the following visit types meets criteria for the measure:** • Telehealth or telephone visit • Online assessment • Virtual check-in • E-visit

Follow-up Care for Children Prescribed ADHD Medication (ADD)
 	
The percentage of children between the ages of 6-12 years newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed (Index Prescription Start Date or IPSD).
 	
Two rates are reported:
1. Initiation Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
2. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory 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.
	Services rendered during any of the following visit types meets criteria for the measure:
	Initiation Phase: One outpatient visit during the first 30 days of IPSD.
	• Telehealth or telephone visit
	Continuation and Maintenance Phase: Two outpatient visits during day 31-300 of IPSD
	• Telehealth or telephone visit
	• One of the two visits during days 31–300 may be
	  - Virtual check-in
	  - E-visit

MEASURE	TELEHEALTH IMPLICATIONS
Ambulatory Care (AMB) This measure summarizes utilization of ambulatory care in the following categories: • Outpatient Visits (including telehealth) • ED Visits	**Services rendered during any of the following visit types meets criteria for the measure:** • Telehealth or telephone visit • Online assessments • Virtual check-in • E-visit
Controlling High Blood Pressure (CBP) The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mmHg) during the measurement year	**Telemedicine is often used in conjunction 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: Practitioners 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. This reading is not limited to remote monitoring devices only. Include the corresponding CPT II code with the claim.*
Comprehensive Diabetes Care (CDC) – Blood Pressure Control only The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had BP control (<140/90 mm Hg).	**Telemedicine is often used in conjunction with remote monitoring of high blood pressure. The most recent (controlled) BP reading via any of the following meets criteria for the measure:** • Telehealth or telephone visit • Member reported reading • Remote monitoring *Note: Practitioners 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. This reading is not limited to remote monitoring devices only. Include the corresponding CPT II code with the claim.*
Care for Older Adults (COA) – D-SNP population ONLY for MA, also MyCare MMP The percentage of adults 66 years and older who had each of the following during the measurement year: • Advance Care Planning • Functional Status • Pain Screening • Medication Reconciliation	**Services rendered during the following visit types meets criteria for the measure:** • Telehealth or telephone visit • Virtual check-in • E-visit
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) The percentage of emergency department (ED) visits for members 18 years and older with multiple high-risk chronic conditions, who had a follow-up service within 7 days of the ED visit.	**A follow-up visit within 7 Days after the ED visit, including the date of the visit (8 days total allowed to meet the measure)** Any of the following visit types meets criteria for the measure: • Telehealth or telephone visit • Virtual check-in • E-visit

MEASURE	TELEHEALTH IMPLICATIONS
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) The percentage of emergency department (ED) visits for members 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)	**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 days) Include visits that occur on the date of the ED visit. **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. 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) The percentage of discharges for members 6 years and older who were hospitalized for treatment for selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health provider. Two rates are reported: 1. The percentage of discharges for which the member. received follow-up within 30 days after discharge 2. The percentage of discharges for which the member received follow-up within 7 days after discharge.	**30 Day Follow-Up:** A follow-up visit with a mental health provider within 30 days after discharge. Do not include visits that occur on the date of discharge. **7-Day Follow-Up:** A follow-up visit with a mental health provider within 7 days after discharge. Do not include visits that occur on the date of discharge For both indicators, any of the following visit types meets criteria for the measure: • Telehealth or telephone visit
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported: 1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. 2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.	**30 Day Follow-Up:** A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. Do not include visits that occur on the date of discharge from an inpatient setting. **7-Day Follow-Up:** A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 7 days after an episode for substance use disorder. Do not include visits that occur on the date of discharge from an inpatient setting. For both indicators, any of the following visit types meet criteria for the measure: • Telehealth or telephone visit with a principal diagnosis of substance use disorder • Virtual check-in or e-visit with a principal diagnosis of substance use disorder
Follow-Up After Emergency Department Visit for Mental Illness (FUM) The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. 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 visit (8 total days).	**30 Day Follow-Up:** A follow-up visit or event with any practitioner for a principal diagnosis of mental health disorder, or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder, within 30 days after the ED visit (31 total days). Include visits that occur on the date of discharge from an inpatient setting.

MEASURE	TELEHEALTH IMPLICATIONS
Follow-Up After Emergency Visit for Mental Illness, continued	**7-Day Follow-Up:** A follow-up visit or event with any practitioner for a principal diagnosis of mental health disorder, or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder, within 7 days after the ED visit (8 total days). Include visits that occur on the date of discharge from an inpatient setting For both indicators, any of the following visit types meets criteria for the measure: • Telehealth or telephone visit with a principal diagnosis of a mental health disorder. • Virtual check-in or e-visit with a principal diagnosis of a mental health disorder.

Identification of Alcohol and Other Drug Services (IAD)
This measure summarizes the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year:
• Inpatient
• Intensive outpatient or partial hospitalization
• Outpatient or medication treatment
• ED
• Telehealth
• Any service
	Those who receive chemical dependency services during the measurement year in any of the following sites will be included in the measure:
	• Inpatient
	• Intensive outpatient or partial hospitalization
	• Outpatient or medication treatment
	• ED
	• Telehealth: any of the following meet criteria:
	  - Telehealth or telephone visits
	  - virtual check-in or e-visit
	• Any service

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) The percentage of adolescent and adult members (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 members 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 members 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 (total of 34 days) 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	TELEHEALTH IMPLICATIONS

Mental Health Utilization (MPT)

This measure summarizes the number and percentage of members (no age range specified) receiving the following mental health services during the measurement year:

- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient
- ED
- Telehealth
- Any service

Any of the following telehealth visits meet criteria:

- Visit Setting (Unspecified) with a Telehealth Modifier or Telehealth POS code and a principal mental health diagnosis
- MPT IOP/PH visit with a Telehealth Modifier or Telehealth POS code and a principal mental health diagnosis
- MPT IOP/PH visit with a Telehealth Modifier or Telehealth POS code and a principal mental health diagnosis billed by a mental health practitioner

Prenatal and Postpartum Care (PPC)

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Prenatal or postpartum services rendered during any of the following visit types meets criteria for both indicators:

- Telehealth or telephone visit with a pregnancy-related diagnosis code
- Virtual check-in or e-visit with a pregnancy-related diagnosis code

Transitions of Care (TRC) - Medicare and MyCare MMP only

The percentage of discharges for Medicare members 18 years of age and older who had each of the following. Four rates are reported:

- 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

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

- Counseling Nutrition
- Counseling Physical Activity
- BMI

Services rendered during the following visit types meet criteria for the measure:

- Telehealth or telephone visit
- Virtual check-in
- E-visit

MEASURE	TELEHEALTH IMPLICATIONS
NEW: Well-Child Visits in the First 30 Months of Life (W30) [This measure replaces "Well-Child Visits in the First 15 Months" and extends ages included to 30 months] The percentage of members who had the following number of well-child visits* with a PCP during the last 15 months. The following rates are reported: 1. 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. 2. Well-Child Visits prior to 15 months of age: The American Academy of Pediatrics (AAP) states that the use of telehealth in this population falls outside the standard of care, and excludes this population from telehealth guidelines. *The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.*	Documentation of the following is required: • Date of the visit • A physical health history • A physical developmental history • A mental developmental history • Health education and anticipatory guidance with discussion notes The most recent remote monitoring or member-reported weight meets criteria for the measure. **For both indicators, only real-time interactive audio and visual telecommunications meet criteria for the measure** *Note: at the time of publication of this document, the Ohio Department of Medicaid has not given approval for the use of telehealth for pediatric well-visits.*
NEW: Child and Adolescent Well-Care Visits (WCV) [replaces W34 + AWC] [This measure is a combination measure that replaces the former "Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life" and "Adolescent Well-Care Visits" HEDIS measures] The percentage of members 3–21 years of age who had at least one comprehensive well-care visit* with a PCP or an OB/GYN practitioner during the measurement year. Three age stratifications are reported: • 3–11 years • 12–17 years • 18–21 years *The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not need to be the practitioner assigned to the member.*	Documentation of the following is required: • Date of the visit • A physical health history • A physical developmental history • A mental developmental history • Health education and anticipatory guidance with discussion notes The most recent remote monitoring or member-reported weight meets criteria for the measure. **For all three indicators, only real-time interactive audio and visual telecommunications meet criteria for the measure** *Note: at the time of publication, the Ohio Department of Medicaid has not given approval for the use of telehealth for pediatric well-visits.*

Definitions of terms in this document:

- **Telemedicine** is defined as the practice of medicine using technology to deliver care at a distance

- **Telehealth** refers broadly to electronic and telecommunication technology and services used to provide care and services from a distance

- **Synchronous visits** are real-time electronic communication sessions comprised of both live audio and video

- **Asynchronous visits** are two-way interactions that do not utilize both live audio and video during the session

  - Telephone calls without video component are considered asynchronous (CMS Medicare Telemedicine Health Care Provider Fact Sheet, 17Mar2020.)

  - Images delivered via email or fax

  - E-visits: member communications with their provider through online patient portals

  - Online questionnaires

- **Virtual check-in** visits can be synchronous or asynchronous, and used for both new and established patients. This service is a brief communication, usually initiated by the patient. and completed in their home via one of several communication technology modalities, including synchronous discussion over a telephone or exchange of information through video or image. CMS Medicare Telemedicine Health Care Provider Fact Sheet, 17Mar2020.

- **Member-reported services and biometric values** (height, weight, BMI percentile) - acceptable only if the information is collected by a primary care practitioner or specialist (if the specialist is providing a primary care service related to the condition being assessed) while taking a patient's history. The information must be recorded, dated and maintained in the member's legal health record

- **Remote patient monitoring:** This allows direct transmission of a patient's clinical measurements from a distance (may or may not be in real time) to their health care provider

Note: CareSource recognizes that there can be some conflicting definitions of terms, especially asynchronous and synchronous visit types, and advocates for further clarity around those definitions

Practitioners approved to provide telehealth are subject to state laws and regulations, and include all or some of the following:

- Physicians

- Nurse Practitioners

- Physician Assistants

- Clinical Nurse Specialists

- Clinical Psychologists and Psychiatrists

- Clinical Counselors

- Clinical Social Workers

- Registered Dieticians or nutrition professionals

- Occupational, Physical and Speech therapists

Telehealth Regulatory Guidance	
Centers for Medicare & Medicaid Services(CMS) – Medicare and Marketplace plans	https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
Ohio Medicaid	https://medicaid.ohio.gov/COVID/ODM-Emergency-Telehealth https://medicaid.ohio.gov/Portals/0/Providers/COVID19/Emergency_Telehealth_Claims_Guidance_06112020.pdf

For additional telehealth information, please see the CareSource Telehealth Tip Sheet.

For additional information on CPT II coding, please see the CareSource HEDIS Quality Companion Guide:

Ohio Medicaid | https://www.caresource.com/oh/providers/tools-resources/quick-reference-materials/medicaid/

Ohio D-SNP | https://www.caresource.com/oh/providers/tools-resources/quick-reference-materials/dsnp/

Ohio Medicare Advantage | https://www.caresource.com/oh/providers/tools-resources/quick-reference-materials/medicare/

Ohio MyCare | https://www.caresource.com/oh/providers/tools-resources/quick-reference-materials/mycare/

Ohio Marketplace | https://www.caresource.com/oh/providers/tools-resources/quick-reference-materials/marketplace/

Resources cited:

CMS | https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

American College of Rheumatology | https://www.rheumatology.org/Portals/0/Files/ACR-Telemedicine-Fact-Sheet-2020.pdf

NCQA | https://www.ncqa.org/hedis/measures/

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