

Provider Newsletter

Simply Healthcare Plans, Inc. (Simply)

Provider Services: Medicaid & Florida Healthy Kids: **844-405-4296** • Medicare: **844-405-4297** | <https://provider.simplyhealthcareplans.com>

Clear Health Alliance (CHA)

Provider Services: Medicaid: **844-405-4296** | <https://provider.clearhealthalliance.com>

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Want to receive our *Provider Newsletter* and other communications via email?

Click [here](#) to provide/update your email address.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.



Simply Healthcare Plans, Inc. | Medicaid, Florida Healthy Kids and Medicare Advantage
Clear Health Alliance | Medicaid

COVID-19 information

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) are closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical teams are actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *COVID-19 Updates* page on the [Simply website](#) and [CHA website](#).

SFLPEC-1898-20/SFLCARE-0208-20



Administration

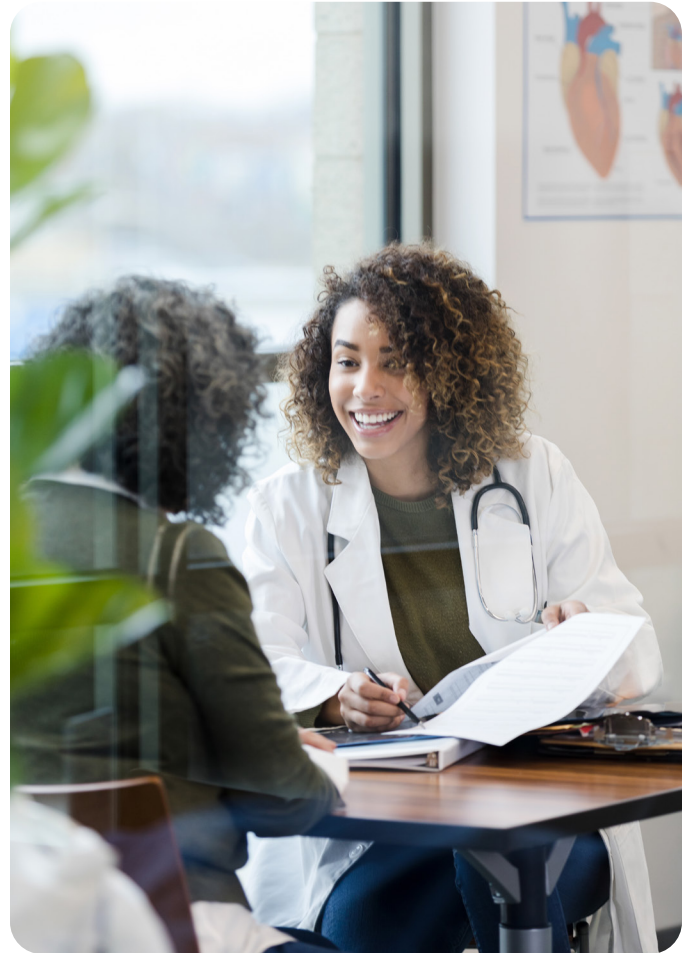
Simply Healthcare Plans, Inc. | Medicaid, Florida Healthy Kids and Medicare Advantage
Clear Health Alliance | Medicaid

2021 affirmative statement concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

SFL-NL-0326-21



Information about 2021 Special Needs Plans

Introduction

Simply Healthcare Plans, Inc. (Simply) is offering Special Needs Plans (SNPs) to people eligible for both Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. Some SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid, which include supplemental benefits such as hearing, dental, vision, and transportation to medical appointments. Some SNP plans include a card or catalog for purchasing over-the-counter items, but SNPs do not charge premiums.

SNP members benefit from a model of care (MOC) that is used by Simply to assess needs and coordinate care. Each member receives a comprehensive health risk assessment (HRA) within 90 days of enrollment and annually thereafter, which covers physical, behavioral, and functional needs, along with a comprehensive medication review. The HRA is then used to create a member care plan. Members with multiple or complex conditions are assigned a health plan case manager.

SNP HRAs, care plans, and case managers support members and their providers by helping identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up appointments plus providing navigation and coordination of services across the Medicare and Medicaid programs.

Provider training required

Providers contracted for SNP plans are required to complete an annual training to keep up-to-date with plan benefits and requirements, including details on coordination of care and MOC elements. Every provider contracted for SNP is required to complete an attestation stating they have completed their annual training. These attestations are located at the end of the self-paced training document.

To take the self-paced training, please go to the MOC Provider Training link at <https://www.availity.com>.

* *Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.*

SHPCRNL-0108-21

How to access the Custom Learning Center on the Availity Portal:*

1. Log in to the Availity Portal at <https://www.availity.com>.
 - At the top of the Availity Portal, select **Payer Spaces** and select the appropriate payer.
2. On the Payer Spaces landing page, select **Access Your Custom Learning Center** from *Applications*.
3. In the *Custom Learning Center*, select **Required Training**.
4. Select **Special Needs Plan and Model of Care Overview**.
5. Select **Enroll**.
6. Select **Start**.
7. Once the course is completed, select **Attestation** and complete.

Not registered for the Availity Portal?

Have your organization's designated administrator register your organization for the Availity Portal.

1. Visit <https://www.availity.com> to register.
2. Select **Register**.
3. Select your organization type.
4. In the *Registration* wizard, follow the prompts to complete the registration for your organization.



Read more online.

Administration — Digital Tools

Simply Healthcare Plans, Inc. | Medicaid, Florida Healthy Kids and Medicare Advantage
Clear Health Alliance | Medicaid

Get your payments faster when you sign up for electronic funds transfer

Effective November 1, 2021, EnrollSafe will replace CAQH Enrollhub® as the electronic funds transfer (EFT) enrollment website for Simply Healthcare Plans, Inc. and Clear Health Alliance providers. As of November 1, 2021, CAQH Enrollhub will no longer offer EFT enrollment to new users.

When you sign up for EFT through <https://enrollsafe.payeehub.org>, the new enrollment website, you'll receive your payments up to seven days sooner than through the paper check method. Not only is receiving your payment more convenient, so is signing up for EFT. What's more, it's easier to reconcile your direct deposits.

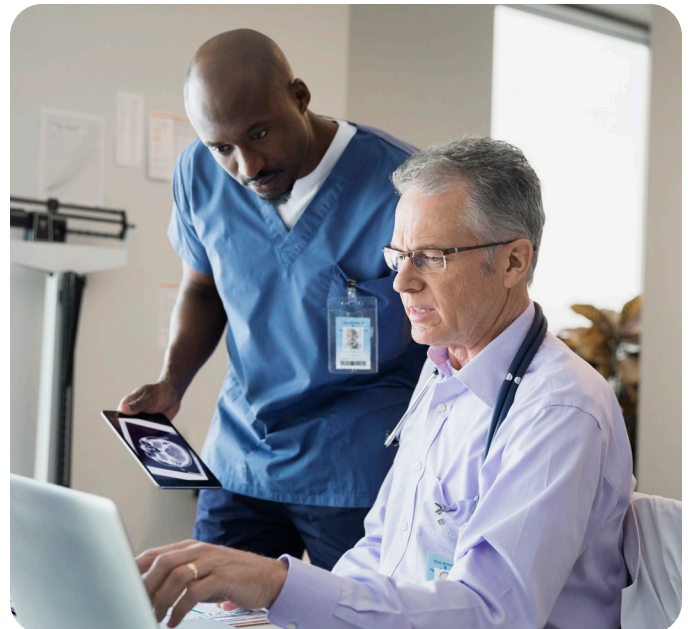
EnrollSafe is safe, secure and available 24 hours a day

Beginning November 1, 2021, log onto the EnrollSafe enrollment hub at <https://enrollsafe.payeehub.org> to enroll in EFT. You'll be directed through the EnrollSafe secure portal to the enrollment page, where you'll provide the required information to receive direct payment deposits.

Already enrolled in EFT through CAQH Enrollhub?

If you're already enrolled in EFT through CAQH Enrollhub, no action is needed unless you are making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.

If you have changes to make, after October 31, 2021, use <https://enrollsafe.payeehub.org> to update your account.



Electronic remittance advice (ERA) makes reconciling your EFT payment easy and paper-free

Now that you are enrolled in EFT, using the digital ERA is the very best way to reconcile your deposit. You'll be issued a trace number with your EFT deposit that matches up with your ERA on the Availity* Portal. To access the ERA, log onto <https://www.availity.com> and use the **Claims and Payments** tab. Select **Send and Receive EDI Files**, then select **Received Files Folder**. When using a clearinghouse or billing service, they will supply the 835 ERA for you. You also have the option to view or download a copy of the *Remittance Advice* through the Remittance Inquiry app.

** Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.*

SFL-NL-0339-21

Policy Updates



Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids
Clear Health Alliance | Medicaid

Correction to step therapy update

In a recent notification, we shared that effective August 1, 2021, the following codes would be included in our step therapy review process. Please be advised that these codes **will not be included** in our step therapy review process at this time.

Clinical Criteria	HCPCS or CPT® code(s)	Drug
ING-CC-0182	J1756	Venofer
ING-CC-0182	J2916	Ferrlecit
ING-CC-0182	J1750	Infed
ING-CC-0182	J1439	Injectafer
ING-CC-0182	Q0138	Feraheme
ING-CC-0182	J1437	Monoferric

SFLPEC-2728-21

Simply Healthcare Plans, Inc. | Medicare Advantage

New Medical Step Therapy Requirements

Effective November 1, 2021, the *Clinical Criteria* ING-CC-0005 will include a trial and inadequate response or intolerance to two preferred hyaluronan agents in the Part B medical step therapy precertification review. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving non-preferred medications listed below.

Clinical Criteria are publicly available on the provider website. Visit the [Clinical Criteria page](#) to search for specific criteria.

Clinical Criteria	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0005	<p>Euflexxa (J7323)</p> <p>Supartz FX (J7321)</p> <p>Durolane (J7318)</p> <p>Gelsyn-3 (J7328)</p>	<p>Including but not limited to:</p> <ul style="list-style-type: none"> • Gel-One (J7326) • GenVisc 850 (J7320) • Hymovis (J7322) • Monovisc (J7327) • Orthovisc (J7324) • Synvisc/Synvisc One (J7325) • TriVisc (J7329) • Hyalgan/Visco-3 (J7321) • Triluron (J7332)

SFLCARE-0455-21



Simply Healthcare Plans, Inc. | Medicaid
Clear Health Alliance | Medicaid

COVID-19 Update: Hospital Transfer Requirements

In light of the current surge in COVID-19 hospital admissions, Simply Healthcare Plans, Inc. and Clear Health Alliance are reinstating the waiver of service authorization requirements prior to admission for hospital transfers, which was implemented per Agency for Health Care Administration (“Agency”) ***Policy Transmittal PT 2020-41, COVID-19 State of Emergency: Updated Hospital Transfer Requirements***.

This waiver, applicable to both plan participating and nonparticipating receiving facilities, was recently terminated per *Agency Policy transmittal PT 2021-20* dated June 18, 2021, but is now being reinstated by our health plan. This flexibility is specific to service authorizations for the following services and effective August 2, 2021:

- Inter-facility transfers
- Transfers to a long-term care hospital
- Transfers to a nursing facility

Please note that we will require receiving facilities to notify the plan of an admission within 48 hours of the admission, including weekends. Fax admission notifications to: **800-964-3627**. At the point of notification, additional clinical information will be requested for concurrent/continued stay reviews to facilitate care coordination and discharge planning.

To facilitate nonemergency transportation services that may be needed to aid in these transfers, we are also waiving prior authorization requirements for nonemergency ambulance transportation services for hospital transfer scenarios as described above. These provisions apply to enrollees being transferred from a hospital regardless of diagnosis (in other words, COVID-19 and non-COVID-19 patients).

SFL-NL-0345-21

Medical drug benefit *Clinical Criteria* updates

Note: State mandated criteria will take precedence over the updates/changes to the criteria posted.

On August 21, 2020 and May 21, 2021, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Simply Healthcare Plans, Inc. and Clear Health Alliance. These policies were developed, revised, or reviewed to support clinical coding edits.



Read more online.

SFL-NL-0331-21

On August 21, 2020 and May 21, 2021 the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Florida Healthy Kids. These policies were developed, revised, or reviewed to support clinical coding edits.



Read more online.

SFL-NL-0338-21

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#).



Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids
Clear Health Alliance | Medicaid

Medicaid continuous glucose monitoring systems

On November 1, 2021, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) will implement a change regarding continuous glucose monitoring systems (CGMs). In 2020, we made it more convenient for members to obtain CGMs (devices and supplies) at their preferred in-network retail pharmacy or the IngenioRx* home delivery pharmacy. Beginning on November 1, 2021, CGM access (including but not limited to HCPCS codes: A9276, A9277, A9278, K0553, K0554) will only be available to a Simply and CHA member through their in-network retail pharmacy or IngenioRx home delivery pharmacy and no longer a durable medical equipment (DME) provider. Members receiving CGMs and their prescribers will be notified of the change. Please refer prescribers to Provider Services at **844-405-4296** or members to Member Services at **800-600-4441** for additional questions.

Note – This change only applies to CGMs and not insulin pump delivery systems.

** IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.*

SFL-NL-0297-21

Policy Updates — Prior Authorization

Simply Healthcare Plans, Inc. | Medicaid
Clear Health Alliance | Medicaid

Prior authorization updates for specialty pharmacy

Effective for dates of service on and after November 1, 2021, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will require prior authorization.

Clinical Criteria	HCPCS or CPT® code(s)	Drug	Drug classification
ING-CC-0174	J3490, J3590, C9399	Kesimpta	Multiple sclerosis
ING-CC-0171	J9223	Zepzelca	Cancer
ING-CC-0169	J9316	Phesgo	Cancer
ING-CC-0176	J9032	Beleodaq	Cancer
ING-CC-0177	J3304	Zilretta	Osteoarthritis

SFLPEC-2732-21

Simply Healthcare Plans, Inc. | Florida Healthy Kids

Prior authorization updates for specialty pharmacy

Effective for dates of service on and after November 1, 2021, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will require prior authorization.

Clinical Criteria	HCPCS or CPT® code(s)	Drug	Drug classification
ING-CC-0172	J1427	Viltepso	Muscular dystrophies
ING-CC-0174	J3490, J3590, C9399	Kesimpta	Multiple sclerosis
ING-CC-0171	J9223	Zepzelca	Cancer
ING-CC-0169	J9316	Phesgo	Cancer
ING-CC-0176	J9032	Beleodaq	Cancer
ING-CC-0178	J9262	Synribo	Cancer
ING-CC-0177	J3304	Zilretta	Osteoarthritis

SFLPEC-2733-21

Please note, inclusion of the national drug code on your claim will help expedite claim processing of drugs billed with a *not otherwise classified code*.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed above.



Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids
Clear Health Alliance | Medicaid

Correction to precertification update

In a recent notification, we shared that effective August 1, 2021, the following codes would be included in our precertification review process. Please be advised that these codes will not be included in our precertification review process at this time.

Clinical Criteria	HCPCS or CPT® code(s)	Drug
ING-CC-0182	J1756	Venofer
ING-CC-0182	J2916	Ferrlecit
ING-CC-0182	J1750	Infed
ING-CC-0182	J1439	Injectafer
ING-CC-0182	Q0138	Feraheme
ING-CC-0182	J1437	Monoferric

SFLPEC-2729-21

Simply Healthcare Plans, Inc. | Medicaid and Florida Healthy Kids
Clear Health Alliance | Medicaid

Coverage of medication-assisted treatment drugs

Medication-assisted treatment (MAT) drugs are currently covered by Simply Healthcare Plans, Inc. and Clear Health Alliance; however, effective September 15, 2021, the plan's authorization process for MAT drugs prescribed to our Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) members who are 16 years of age and older with a diagnosis of opioid use disorder has been revised to allow the following:

- Automatic approval that allows MAT therapy if the SMMC MMA recipient has a diagnosis of opioid use disorder in the Florida Medicaid pharmacy database
- Pharmacy level override **if** the diagnosis of opioid use disorder is provided on the prescription
- Pharmacy call center capability of entering approval override via phone request when a prescriber calls and confirms their patient has an opioid use disorder diagnosis

These steps have been implemented in an effort to remove barriers for providers in the authorization process and facilitate member access to the oral preferred buprenorphine containing the following medications:

- Buprenorphine sublingual tablets
- Buprenorphine/naloxone tablets
- Suboxone film (buprenorphine/naloxone)
- Zubsolv sublingual tablets (buprenorphine/naloxone)

If you have any questions, please contact IngenioRx* at **833-235-2030**.

** IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.*

SFL-NL-0346-21

Policy Updates — *Medical Policies and Clinical Guidelines*

Simply Healthcare Plans, Inc. | Medicare Advantage

May 2021 update

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. Please note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

To view a guideline, visit https://medicalpolicy.simplyhealthcareplans.com/shp_search.html.

Notes/updates:

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

- *CG-MED-89 — Home Parenteral Nutrition
 - Outlines the medically necessary and not medically necessary criteria for initial and continuing use of home parenteral nutrition
- *CG-MED-70 — Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule
 - Added the use of a magnetically controlled wireless capsule as not medically necessary
- *CG-SURG-59 — Vena Cava Filters
 - Removed major trauma indication from medically necessary statement
 - Added “severe trauma without documented venous thromboembolism” and “cancer and recurrent venous thromboembolism, despite anticoagulation treatment” to not medically necessary statement
- *MED.00004 — Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)
 - Added electrical impedance spectroscopy for the evaluation of skin lesions as investigational and not medically necessary
- *TRANS.00025 — Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
 - Added noninvasive tests for detection of heart transplant rejection as investigational and not medically necessary including, but not limited to, AlloSure Heart, AlloSeq cell-free DNA, MMDx Heart, and myTAIHeart
- CG-DME-49 — Standing Frames
 - A new *Clinical Guideline* was created from the content contained in DME.00034. There are no changes to the guideline content and the publish date is July 7, 2021

- CG-SURG-111 — Open Sacroiliac Joint Fusion
 - A new *Clinical Guideline* was created from the content contained in SURG.00127. There are no changes to the guideline content and the publish date is July 30, 2021

Effective October 4, 2021, Simply Healthcare Plans, Inc. (Simply) will begin using the AIM Specialty Health^{®**} *Clinical Appropriateness Guidelines* for medical necessity review of the below services. Note, the Simply Utilization Management team will complete these reviews using the AIM *Clinical Appropriateness Guidelines*.

- Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device will be reviewed using the AIM *Sacroiliac Joint Fusion Guideline*

Medical Policies

On May 13, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Simply. These guidelines take effect October 4, 2021.

Clinical UM Guidelines

On May 13, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Simply. These guidelines were adopted by the Medical Operations Committee for our members on May 27, 2021. These guidelines take effect October 4, 2021.



Read more online.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Simply Healthcare Plans, Inc.

SHPCRNL-0107-21

Policy Updates — Reimbursement Policies

Simply Healthcare Plans, Inc. | Medicaid, Florida Healthy Kids and Medicare Advantage
Clear Health Alliance | Medicaid

New Policy

Sexually Transmitted Infections Testing — Professional

(Effective 01/01/22)

Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) allow reimbursement of sexually transmitted infection (STI) tests unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. We consider certain STI testing CPT® codes to be part of a laboratory panel grouping. When Simply and CHA receive a claim with two or more single tests laboratory procedure codes reported, we will bundle those two or more single tests into the comprehensive laboratory procedure code listed below.

Applicable single STI CPT codes:

- 87491: Infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, amplified probe technique
- 87591: Infectious agent detection by nucleic acid (DNA or RNA); neisseria gonorrhoeae, amplified probe technique
- 87661: Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique

Applicable comprehensive code:

- 87801: Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

Simply and CHA will reimburse the more comprehensive, multiple organism code for infectious agent detection by nucleic acid, amplified probe technique (CPT code 87801), when two or more single test CPT codes are billed separately by the same provider on the same date of service. Reimbursement will be made based on a single unit of CPT code 87801 regardless of the units billed for a single code. No modifiers will override the edit.

For additional information, please review the Sexually Transmitted Infections Testing — Professional reimbursement policy at <https://provider.simplyhealthcareplans.com/florida-provider/reimbursement-policies> or <https://provider.clearhealthalliance.com/florida-provider/reimbursement-policies>.

SFL-NL-0336-21/SHPCRNL-0110-21



Quality Management

Simply Healthcare Plans, Inc. | Medicaid, Florida Healthy Kids and Medicare Advantage
Clear Health Alliance | Medicaid

Diabetes testing and screening HEDIS measures



Comprehensive Diabetes Care

The Comprehensive Diabetes Care HEDIS® measure looks for adults 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following during the measurement year:

- HbA1c poor control (> 9.0%)
- HbA1c control (< 8.0%)
- Retinal eye exam performed
- Blood pressure control (< 140/90 mm Hg)

Kidney Health Evaluation for Patients with Diabetes

Additionally, the Kidney Health Evaluation for Patients with Diabetes measure was added as a first year HEDIS measure in 2020. This measure evaluates adults 18 to 85 years of age with diabetes who received a kidney health evaluation, including an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

Record your efforts

Document each of the following results in your patients' medical record: HbA1c tests and results, Retinal Eye Exam, Blood Pressure, Urine Creatinine test, eGFR test.

Helpful tips:

- Have reminders set in your electronic medical record (EMR) to alert staff when a patient's screenings are due.
- Provide reminders to patients for upcoming appointments and screenings. Most adults seem to be responsive to SMS and social media influencers.
- Draw labs in your office if available or refer patients to a local lab for screenings. Ensure the local labs can send a copy for your records.
- Refer patients to participating eye professionals for annual retinal eye exams.
- Follow up on lab test, eye exams and specialist referrals and document in your chart.
- Telephone visits, e-visits and virtual check-ins are acceptable settings for blood pressure readings and should be recorded in the chart.
- Include Category II reporting codes on claims to reduce the burden of HEDIS medical record review.

Educate patients on topics (for example, home monitoring of blood sugar and blood pressure, taking medications as prescribed, and other healthy lifestyle education like diet, exercise, and smoking cessation).

Other available resources:

- *Clinical Practice Guidelines* are available on our provider self-service website.
- Contact the Health Plan for a copy of *Quality Measures Desktop Reference for Medicaid Providers* and the *HEDIS Benchmarks and Coding Guidelines for Quality*.
- Diabetes programs may be available to our members; contact your Provider Solutions representative for more information.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

SFL-NL-0322-21

2021 HEDIS Star Measures Reference Guide

Breast Cancer Screening (BCS)	
Age:	Women 50 to 74
Requirements:	Mammogram from October 1, 2018, to December 31, 2020
Administrative only exclusions:	Bilateral mastectomy
Helpful hints:	Past medical history notes can be used with date of mammography and results completed within time frame.

Care for Older Adults (COA)	
Ages:	66 and older
Requirements:	Complete annual assessment for: <ul style="list-style-type: none"> • Functional status. • Advanced care planning. • Pain screening. • Medication review with a medication list.
Administrative helpful hints:	<ul style="list-style-type: none"> • Monitor membership reports for newly assigned members. • COA Form should have medications listed or office visit attached. • Pain screening must be completed with an actual score. • When in doubt, send the annual wellness note.

Colorectal Cancer Screening (COL)	
Age:	50 to 75
Requirements:	At least one of the tests within specified time frame <ul style="list-style-type: none"> • Fecal occult blood test (FOBT): yearly • Flexible sigmoidoscopy: 2017 to 2021 • Colonoscopy: 2012 to 2021 • Fecal immunochemical test (FIT)-DNA: 2019 to 2021 • CT colonography: 2017 to 2021

Colorectal Cancer Screening (COL) (cont.)	
Helpful hints:	<ul style="list-style-type: none"> • InSure® ONE™ is a one-sample FOBT test. • FIT-DNA test are compliant for three years. • Member states documentation in past medical history meets compliance with a date and results.

Comprehensive Diabetes Care (CDC)	
Ages:	18 to 75
Medical record requirements:	Lab results or medical record with the following: <ul style="list-style-type: none"> • Last A1c of the year with results and date of lab • Nephropathy screening • Retinal eye exam completed between 2020 to 2021
Helpful hints:	<ul style="list-style-type: none"> • Follow up with members who are not completing labs. • Monitor results timely for noncompliant members. • Microalbumin test should be ordered during annual wellness exam. • Eye exam from previous year can be used with results.

Controlling High Blood Pressure (CBP)	
Age:	18 to 85
Measure requirements:	A hypertension diagnosis on or before June 30 and the last blood pressure reading of the year.

Medication Adherence (ADH)	
Measure description:	Percentage of plan members who adhere to their cholesterol (statin) diabetes and hypertension medications at least 80% of the time they are supposed to be taking the medications.

2021 HEDIS Star Measures Reference Guide (cont.)

Medication Adherence (ADH) (cont.)	
Requirements:	Compliance requires filled prescription claims processed at the pharmacy under the Medicare Part D benefit.
Helpful hints:	<ul style="list-style-type: none"> • Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits and side effects. • When clinically appropriate, consider writing 90-day prescriptions to help improve adherence and minimize frequent trips to the pharmacy. • If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a mail-order pharmacy.

Osteoporosis Management in Women Who Had a Fracture (OMW)

Ages:	Women 67 to 85
Administrative only requirements:	Diagnosis of a bone fracture and a bone density test or prescription treatment within six months after fracture diagnosis.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Ages:	Men 21 to 75, women 40 to 75
Administrative requirements:	<ul style="list-style-type: none"> • Received statin therapy: members who had one high-intensity or moderate intensity statin medication during the measurement year • Statin adherence 80%: members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period

Transitions of Care (TRC)	
Ages:	18 and older
Measurement period:	January 1 to December 31
Requirements:	Assesses four key points of transition after discharge from an inpatient facility: Post-Discharge Medication Reconciliation, Patient Engagement, and Notification of both Admission and Discharge.
ICD-10-CM:	1111F
Helpful hints:	<ul style="list-style-type: none"> • Review your inpatient census reports daily. • A post-discharge visit can be completed at an office visit, home visit, or using telehealth with appropriate documentation. • Documentation must show that medications from home and hospital have been reconciled.

Key factors for achieving five stars:

- Review membership reports for new members.
- Review monthly HEDIS® and *Medication Adherence* reports for noncompliant members.
- Schedule uncontrolled members for follow-ups, as needed.
- Review lab results in a timely manner.
- Remember that Simply Healthcare Plans, Inc. is here to help!

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SHPCRNL-0111-21