UnitedHealthcare Medicare Advantage COVID-19 Telehealth Considerations

CMS Star Ratings Provider Quick Reference Guide

During the national public health emergency period, we're working to provide resources and streamline processes, so that you can focus on delivering care. To help address opportunities in care, we've provided a guide for Centers for Medicare & Medicaid Services (CMS) Star Rating measures to reference for telehealth visits.

Measure	Closure Requirement		Telehealth	Guidance	CPT II CODES
Care for Older Adults (COA) - Advanced Care Planning (ACP)	Conversation with Patient	Documentation of conversation between provider and patient or patient declining to have conversation about ACP	✓	Consider the following questions: • Does the patient have an advanced directive? • Has the patient discussed end-of-life care during this visit? • Has the patient been provided verbal discussion of an Advanced Directive? • Does the patient have a Health Care Surrogate/Proxy?	1123F 1124F 1157F 1158F
COA - Considerations	n/a	n/a	✓	Ask the member if there are questions (e.g., "What questions can I help answer about your medications?" and "What questions do you have about your health?") • Finish the review by asking for questions (e.g., "I've reviewed a lot of information with you. Do you have any other health-related questions?")	

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COA - Functional Status Assessment	**Conduct Assessment**	**Completed Assessment in Medical Record**	✓	• Include the following: ADL/IADL; Ambulatory Status; Cognitive Status; Sensory Hearing; Sensory Speech; Sensory Vision. Assessment of at least four Instrumental Activities of Daily Living, including, but not limited to: • Laundry • Cleaning • Cooking • Driving, (or using public transportation) • Grocery shopping • Home repair, maintenance • Paying bills or other financial tasks • Taking prescribed medications Assessment of at least five ADLs, including, but not limited to: • Bathing/hygiene • Dressing • Eating • Getting up and down from sitting or lying position • Toileting/Using the restroom • Walking Body systems assessment that includes three of the four: • Ambulation status • Cognitive status • Functional independence -(exercise, housework, work outside of the home) • Sensory status – hearing, vision and speech Note: If functional status compromise is identified, assure the appropriate diagnosis is documented and coded in the note and billing.	1170F
COA – Pain Screening	**Conduct Assessment**	**Completed Assessment in Medical Record**	✓	Ask the member questions, for example: • On a scale of 1-10, with 0 being no pain and 10 being the worst pain you can imagine, how does it hurt right now? • Where does it hurt? • Is the pain constant? Y/N • Type of pain (e.g., ache, deep, sharp, hot, cold, sensitive skin) • Describe the onset, duration, variations of the pain. • What relieves the pain? Screening for chest pain or documentation of chest pain alone will not meet compliance. A pain assessment related to a single body part, with the exception of chest, meets compliance.	1125F 1126F
COA - Medication Review	**Conduct Assessment**	**Completed assessment, by qualified clinician in medical record**	✓	• COA medication review must be completed by the prescribing physician or pharmacist only. • Prescribing physician or pharmacist must go through the medication list with the member.	1159F 1160F

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Controlling Blood Pressure	**Conduct Assessment - Blood Pressure**	**Completed blood pressure in medical record**	✓	**Guidance** For members 66-80, exclusion criteria require BOTH the appropriate (per the HEDIS Value Set Data) Advanced Illness coding, as well as the Frailty coding. For members 81+, exclusion criteria only require the Frailty coding. For BP readings received from any digital devices, they must be digitally stored and transmitted to the provider. Member can take a BP on their digital device and show the provider the stored BP on the device during a telehealth visit (i.e., the patient holds the device up to the screen). Provider must document that the reading is recorded on an electronic device, and the results were digitally stored and transmitted to the provider for interpretation. Note: Member-reported results not shown to the provider from a remote monitoring device are not acceptable. Administrative Reporting: • The last BP of the measurement year is identified through administrative data and a member automatically becomes numerator compliant, and there is no further action needed.	3074F 3075F 3077F 3078F 3079F 3080F
Medication Reconciliation Post-Discharge (MRP)	**Conduct Assessment**	**Completed Reconciliation by qualified clinician in medical record on day of discharge through 30 days after discharge (31 days total)** **A medication reconciliation performed without the member present meets criteria**	✓	• MRP measure can be closed by telehealth or telephone support by a clinician. This includes MD, RN or pharmacist and does not require that the PCP is the one reconciling the medication. • The documentation is sufficient for the MRP measure if the outpatient medical record includes evidence of medication reconciliation and date when it was performed. Any of the following examples meet criteria if the documentation includes: • Current medications with a notation that the provider reconciled the current and discharge medications (e.g., no changes in medication since discharge, same medications at discharge, discontinue all discharge meds) • Current medications with a notation that the discharge medications were reviewed • The current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service • The current medication list with evidence that the member was seen for post-discharge follow-up with documentation that the provider was aware of the hospitalization or discharge • Documentation in the discharge summary (filed in the outpatient chart on the date of discharge through 30 days after discharge [31 total days]), that the discharge medications were reconciled with the most recent medication list in the outpatient medical record • Notation that no medications were prescribed or ordered upon discharge If MRP is conducted by telehealth or telephone support, submission of administrative codes (1111F, 99495, 99496, 99483) will bypass the need for documentation evidence.	1111F

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Medication Therapy Management - Comprehensive Medication Review (MTMCMR)	**Conduct Assessment**	**Comprehensive medication review completed through interactive, real-time discussion by a qualified clinician within the outcomes of MTM provider network and documented in the outcomes of MTM vendor platform**	✓	• Providers can discuss open opportunity for Comprehensive Medication Review (CMR) with the patient and recommend the patient contact UnitedHealthcare's MTM pharmacy team at **866-216-0198** to complete their annual medication review.
				• Notify patient that UnitedHealthcare's MTM Pharmacy team may be reaching out by telephone to complete the CMR and request they do so if contacted. Patient may also be contacted by their retail pharmacist to complete.
				• Let eligible patients know that the annual medication review can help them:
				  – Take their medications as prescribed
				  – Recognize the benefits of their medications
				  – Better understand side effects to help lower the risk for adverse reactions
				• If there are any urgent issues or concerns, the pharmacist will contact the provider, and the provider will let member know of that communication.
					N/A

Statin Use for Patients with Cardiovascular Disease (SPC)	**Medication**	**Moderate or High Intensity Statin Medication Fill through the Part D benefit**	✓	• Providers can discuss open opportunity for statin gap with patient and consider prescribing a moderate or high intensity statin when clinically appropriate. **Risk:** prescribing statin may be dependent on lab work (e.g., LFTs, lipid panel etc.)	N/A
Statin Use in Patients with Diabetes SUPD	**Medication**	**Statin fill thru the Part D benefit**	✓	• Providers can discuss open opportunity for statin gap with patient and consider prescribing a statin when clinically appropriate. **Risk:** prescribing statin may be dependent on lab work (e.g., LFTs, lipid panel etc.)	N/A
Medication Adherence (Diabetes, Hypertension, Cholesterol)	**Prescription drug coverage of 80% or more at the end of measurement period**	**Member needs to have qualifying medication(s) on hand for at least 80% of the measurement period. Qualifying medications must be processed using Part D benefit.**	✓	Medication adherence can be discussed with patients using telehealth visits or telephone visits. Consider addressing the following: • If patient has enough medication(s) on hand; encourage member to refill their medication(s) if they are out. • Send additional refills to pharmacy for chronic medications, if needed. • Discuss home delivery of medications with patients either by retail or mail delivery. • Consider writing for 90-day supply to ensure patient has medication on hand. • Counsel patient on the importance of continuing to take medications as prescribed.	N/A

Resources

For additional information, please reach out to your assigned UnitedHealthcare representative. Stay informed about the latest UnitedHealthcare COVID-19 related resources at UHCprovider.com/covid19.

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