

## **Closing Gaps-In-Care Utilizing Telemedicine Services**

MVP Health Care® (MVP) continues to support MVP Members during the COVID-19 pandemic by promoting the use of Telemedicine services. Members may be hesitant to visit their primary care providers for preventive care services; however, Telemedicine services offer an alternative solution for the Member as well as allowing Providers to continue to offer best practice services while closing gaps-in-care.

## **How MVP is Supporting MVP Members Through Telemedicine Services**

- MVP is covering all Telemedicine and telephone services at no cost-share to the Member during the declared COVID-19 pandemic.
- Behavioral Health Providers, including qualified practitioners and services Providers, may deliver Covered Services via Telemental Health, including telephonic services at no cost-share to the Member.
- MVP encourages the use of Telemedicine and/or telephone visits to review any gaps-in-care the Member may have and discuss when may be an appropriate time to schedule those services.

The following list notes some of the HEDIS measures in which Telemedicine may be used to close gaps-in-care. During your Telemedicine visit, review any other gaps the Member may have and discuss when may be an appropriate time to schedule.

HEDIS Measure	Telephone	Telemedicine	Tips
Adult's Access to Preventative & Ambulatory Care (AAP)	✓	✓	Telemedicine and telephone visits can be used for this measure.
Follow-up Care for Children Prescribed ADHD Medication (ADD)	✓	✓	Telemedicine and telephone visits can be used for this measure.
Annual Well Visits (AWV)	✓	✓	Telemedicine and telephone visits can be used for this measure.
Controlling High Blood Pressure (CBP)	<b>✓</b>	<b>✓</b>	Members can self-report and take their BP using any BP monitoring digital device.
Comprehensive Diabetic Care (CDC): HbA1c testing, diabetic retinal screening, attention to nephropathy	✓	✓	Utilize Telemedicine visits to evaluate if at-home screening options are clinically appropriate.
Colorectal Cancer Screening (COL)	<b>✓</b>	<b>√</b>	Utilize Telemedicine visits to evaluate if at-home screening options are clinically appropriate.
Follow-up after Hospitalization for Mental Health (FUH)	<b>~</b>	<b>~</b>	Mental health providers using Telemedicine or telephone visits within 7- and 30-days post-discharge can close this gap in care. Note: Visits on the day of discharge will not count toward the compliance of the measure.
Follow-up after ED visit for mental health (FUM) or alcohol and other drug abuse or dependence (FUA)	<b>√</b>	<b>~</b>	Telemedicine or telephone visits within 7- and 30-days post-discharge can be used for this measure.  Can use same-day visits as the ER.
Prenatal and Postpartum Care (PPC)	✓	✓	Telemedicine can be used for prenatal visits in the first trimester and postpartum visits between 7-84 days after delivery.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	✓	✓	Use Telemedicine or telephone visits to ensure Members are compliant with the medication regime.
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	<b>✓</b>	✓	Evaluation and education on the need for annual LDL-C and HbA1c testing are done.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<b>✓</b>	✓	Members can self-report their BMI, height, and weight.
<b>New Measure:</b> Well-Child Visits in the First 30 Months of Life (W30)		✓	In the first 30 mos. of life, 8 well-child visits are required.
<b>New Measure:</b> Child and Adolescent Well-Care Visits (WCV)		<b>√</b>	Requires a yearly well-care visit for children 3–20 years of age.

<sup>\*</sup>During the COVID-19 State of Emergency, different Place of Service may apply.

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