

Quality Management

HEDIS season is almost here, here's what you need to know.

Thank you for being part of the Aspirus Health Plan provider network and providing high quality services to our members. HEDIS (Healthcare Effectiveness Data and Information Set) is one of the most widely used set of performance measurement tools in the country. It was developed, maintained, and administered by the National Committee for Quality Assurance (NCQA) and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations. You can read more about HEDIS through the NCQA website at: [HEDIS - NCQA](#)

Part of the HEDIS audit includes the retrieval and review of medical records to supplement and support quality measures when claims data is not enough. It is critical to obtain records for our members to produce accurate results on cancer screenings, immunizations, post-discharge care and so much more.

We could not complete our annual HEDIS audits without the collaboration of all our providers. The medical record review period runs from January to early May. During this period, you may be contacted by fax, email, and/or phone from Aspirus Health Plan and/or one of our vendors working on our behalf (CIOX and/or Optum) to request access to any of your patients randomly selected for the measurement year 2022 HEDIS audit; which measures the care from 2022.

If you do not receive a medical records request from us during that period, you do not need to provide any data. For those that do receive a request, included will be a letter explaining the notice, timelines and giving you important details on options for submitting your medical records. The formal request will also include a patient list, and for which measures they were selected to be audited. A Quality Review Specialist will work with you to accommodate your needs in whatever way we can to obtain records as efficiently as possible. We welcome access to EMR portals, SFTPs or secure faxing depending on the size of the request.

HEDIS is measured by health plans at the product level, so you may receive requests that are specific to Commercial or Marketplace populations separately. There are also measure differences in some cases between products. We will also provide a measure guide along with your patient list to give more information about what parts of the medical record are most important for those measures.

This is an annual quality improvement activity that is required by your contract with us and medical records for HEDIS purposes are not to be withheld or considered for payment by Aspirus Health Plan. If you have any questions, please send an email to heather.clark@preferredone.com.

Reminding Patients of Yearly Preventive Screenings

As the end of 2022 rapidly approaches, we want to encourage all our practitioners to remind and encourage their patients to make an appointment for their annual preventive screenings. In the wake of the COVID-19 pandemic, annual preventive screenings, especially for older adults and those with chronic or pre-existing conditions, decreased. Now with robust vaccination programs and effective safety protocols in place patients can feel safe to visit their primary care practitioner and have their annual preventive screenings performed.

MEDICAL MANAGEMENT

Medical Policy

Medical Policy documents are available on the Aspirus Health Plan website to members and to providers without prior registration. The most current version of Medical Policy documents are accessible under the [Medical Policy section](#) on the Aspirus Health Plan website (aspirushealthplan.com/group-individual). (Click on Providers then choose Provider Resources then click on Medical Policies).

If you wish to have paper copies of these documents, or you have questions, please contact the Medical Policy Department telephonically at (763) 847-3386 or online at Heather.Hartwig-Caulley@AspirusHealthPlan.com.

Prior Authorization List

- Cosmetic and/or Reconstructive Procedures: added potentially; Laboratory Testing: Molecular Testing, Gene Expression – added CPT code 0013M; Neurology: Hypoglossal Nerve Stimulation – deleted CPT 64568; Oncology: Cryoablation – added soft tissue sarcoma/desmoid tumors; Other Procedures/Treatments: deleted Risk Reducing Mastectomy (this no longer requires prior authorization)
- Laboratory: under Pharmacogenetic/Pharmacogenomic Testing added CPT codes 81225,81226.
- Neurology: Radiofrequency ablation – CPT code 64569 replaced with 64629.
- Gender Reassignment: CPT code 19803 replaced with 19303.

Medical Clinical Policies

- New: None
- Revisions (substantive clinical revisions)
 - Cryoablation/Cryosurgery for Oncology Indications (MC/I007) – revised to include medical necessity requirements for renal cell carcinoma and desmoid tumors, as supported by NCCN
 - Genetic Testing, Hereditary Cancer Syndromes (MC/L010) - revised to align with shift in clinical practice approach from primarily single gene testing to panel testing, and as supported by evidence
 - Genetic Testing, Preimplantation Genetic Diagnosis (MC/L026) – revised to expand indications for use and testing focus
 - Genetic Testing, Whole Exome and Whole Genome Sequencing (MC/L021) – revised to reflect inclusion of Whole Genome Sequencing (WGS)
 - Intervertebral Disc Prosthesis, Cervical and Lumbar (MC/F022) – deleted contraindications
 - Laboratory Testing for Detection of Heart Transplant Rejection (MC/L014) - revised to include medical necessity indications for AlloSure®
 - Molecular Testing, Tumor/Neoplasm Biomarkers (MC/L012)
 - revised to reflect expansion of coverage beyond gene expression assays
 - revised tests and indications based on market availability and supporting evidence
 - added medical necessity indications for pre- and post-prostate biopsy biomarker testing, per NCCN guidelines
 - revised to quantify the number of tests allowed in a targeted genomic next generation sequencing (NGS) panel
 - Occupational Therapy and Physical Therapy (MC/N003) – revised to include specific indications for continuation of PT for congenital muscular torticollis
 - Radiation Therapy, Intensity Modulated (IMRT) (MC/L009) – revised based on guidelines supported by Radiation Therapy Oncology Group [RTOG] and/or Quantitative Analysis of Normal Tissue Effects in the Clinic [QUANTEC] guidelines
 - Radiation Therapy, Selective Internal Microspheres (MC/L025) – revised to include criterion for use in intrahepatic cholangiocarcinoma
- Retired
 - Anesthesia Services for Routine Screening and Diagnostic Gastrointestinal Endoscopic Procedures (MC/G013)
 - Risk Reducing Mastectomy or Salpingo-Oophorectomy (MC/G007)

Medical Investigative List

- Addition: Amyloid brain PET for diagnosis of Alzheimer’s disease
- Revision: Molecular testing for detection of prostate cancer

Please visit www.aspirushealthplan.com for the most current version.