HEDIS[®] Tips:

Statin Therapy for Patients with Cardiovascular Disease (SPC)

MEASURE DESCRIPTION

The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. Two rates are reported:

- 1. *Received Statin Therapy.* Patients were dispensed at least one high or moderate-intensity statin medication during the measurement year.
- 2. Statin Adherence 80%. Patients remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

MEDICATIONS High and Moderate-Intensity Statin Medications					
Description	Prescription				
High-intensity statin therapy	Atorvastatin 40–80 mg	 Rosuvastatin 20–40 mg 			
	Amlodipine-atorvastatin 40-80 mg	 Simvastatin 80 mg 			
	Ezetimibe-simvastatin 80 mg				
Moderate-intensity statin therapy	Atorvastatin 10–20 mg	 Fluvastatin 40–80 mg 			
	Amlodipine-atorvastatin 10-20 mg	 Pravastatin 40–80 mg 			
	Ezetimibe-simvastatin 20-40 mg	Lovastatin 40 mg			
	Rosuvastatin 5–10 mg	 Pitavastatin 2–4 mg 			
	Simvastatin 20–40 mg				

*Please refer to the Molina Healthcare Drug Formulary at <u>www.molinahealthcare.com</u> for statin medications that may require prior authorization or step therapy.

Codes to Identify Online Assessments, Telephone, Telehealth Appointments

Description			Codes
Online Assessments	CPT®: 98969, 99444		
Telephone Visits	CPT®: 98966, 98967, 98968, 99441, 99442, 99443		
Telehealth Modifier	95, GT	WITH	POS: 02

HOW TO IMPROVE HEDIS SCORES			
Continue to stress the value of prescribed medications for managing cardiovascular disease and the importance of adherence throughout the entire treatment period.			
Schedule telephone and/or telehealth appointments to diagnose patients with ischemic vascular disease (IVD) and prescribe statin medication. Note: Only one of the two diagnosis visits are permitted to be telehealth, telephone visit or an online assessment.			
Schedule appropriate follow-up with patients to assess if medication is taken as prescribed.			
Do not rely on the patient to follow through with scheduling subsequent appointments. Routinely arrange the next appointment when the patient is in the office. If the patient misses a scheduled appointment, office staff should contact the patient to assess why appointment was missed.			
Provide smoking cessation and other interventions to eliminate or control risk factors.			

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