

Cardiovascular Monitoring for People with Cardiovascular Disease and Serious Mental Illness

CBH is committed to ensuring members receive quality care. This PA Integrated Care Plan measure assesses the percentage of members ages 18 to 64 years of age with serious mental illness (SMI) and cardiovascular disease who had an LDL-C test during the measurement year (January 1 to December 31). Cardiovascular disease is the leading cause of death in the United States, disproportionately affecting members with SMI. Members with SMI die 10 to 20 years earlier than the general population, most often from cardiovascular disease. For these reasons, it is important to screen for and monitor existing cardiovascular disease.

Kochanek, KD, Xu JQ, Arias E. Mortality in the United States, 2019. NCHS Data Brief, No395. Hyattsville, MD: National Center for Health Statistics. 2020

Olfson, M, Gerhard, T, Huang, C, Crystal, S, Stroup, T. Premature Mortality Among Adults with Schizophrenia in the United States. JAMA Psychiatry. 2015; 72(12):1172-81.

Liu et al., 207.

Best Practices

- ➔ Screen members for cardiovascular disease using an LDL-C test at least annually, particularly those who do not have regular contact with a primary care physician (PCP).
- ➔ Educate member and caregiver about:
 - » The risks associated with antipsychotic medications and cardiovascular disease
 - » The importance of obtaining an LDL-C test
 - » The importance of a healthy lifestyle
- ➔ Assess need for case management services and refer accordingly.
- ➔ Discuss results with members and refer to PCP as appropriate.
- ➔ Collaborate with case management and PCPs on member care strategies. Ensure the results are communicated in a timely fashion to other healthcare providers involved in the care of the member.
- ➔ Screen member for tobacco use and offer tobacco use counseling and pharmacotherapy. Refer to CBH’s Clinical Practices Guidelines for Tobacco Use Disorder*.

** Tools available in the Resources section*

Diagnoses Associated With This Measure

- ➔ [F20.0] Paranoid Schizophrenia
- ➔ [F25.9] Schizoaffective Disorders, Unspecified
- ➔ [F30.0] Manic Episode
- ➔ [F31.0] Bipolar Disorder
- ➔ [F32] Major Depressive Disorder, Single Episode
- ➔ [F33] Major Depressive Disorder, Recurrent
- ➔ [F34] Persistent Mood [Affective] Disorder
- ➔ [F39] Unspecified Mood [Affective] Disorder
- ➔ [F29] Unspecified psychosis not due to a substance or known physiological condition
- ➔ [F60.3] Borderline Personality Disorder

Lab Screenings Associated With This Measure

LDL-C Test

CPT: 80061, 83700, 83701, 83704, 83721

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Resources

CBH Clinical Practices Guidelines for Tobacco Use Disorder
cbhphilly.org/wp-content/uploads/2020/08/2020-08-06_clinical_guidelines_tobacco_use_disorder.pdf

NCQA: Comprehensive Diabetes Care (CDC)
ncqa.org/hedis/measures/comprehensive-diabetes-care/

Centers for Medicare & Medicaid Services Measures Inventory Tool
cmit.cms.gov/cmit/

NCQA Letter: NCQA Supports Medicaid Behavioral Measure Reporting
ncqa.org/comment-letter/ncqa-supports-medicaid-behavioral-measure-reporting/

Lab Coverage Information

<i>Health Plan</i>	<i>Laboratory Provider</i>
Community Behavioral Health	Atlantic Diagnostics and Parkway Clinical Laboratories
Aetna Better Health	Quest Diagnostics
Health Partners Plans	Quest Diagnostics
Keystone First	LabCorp
United Healthcare	LabCorp and Quest Diagnostics

Disclaimer: The information contained in this tip sheet is for educational and informational purposes only. The clinical services described in this tip sheet may not be covered for all CBH enrollees. To find out about what services are available to you under the CBH benefit package, please contact CBH Provider Operations at 215-413-3100.

This document was developed in partnership with collaborating providers and the Southeastern Pennsylvania Medicaid MCOs that participate in the HealthChoices and Community HealthChoices programs.