

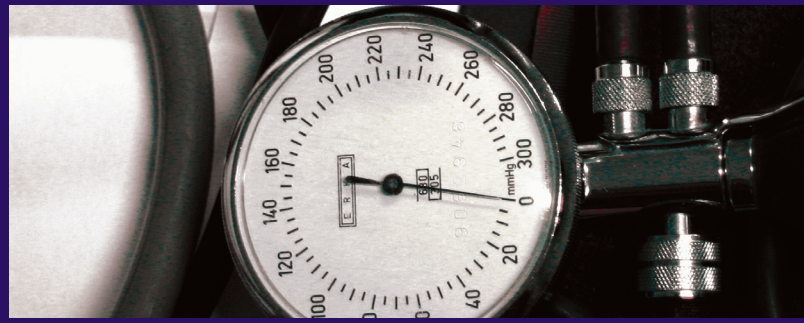
What is HEDIS (Healthcare Effectiveness Data and Information Set)?

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. HEDIS gives purchasers and consumers the ability to distinguish between health plans based on comparative quality instead of simply cost differences. HEDIS reporting is a required part of many State contracts. Through HEDIS, NCQA holds Magnolia Health Plan (Magnolia) accountable for the timeliness and quality of health care services (acute, preventive, mental health, etc) delivered to its diverse membership.

HEDIS consists of over 20 Effectiveness of Care type measures as well as Access to Care and Use of Services measures. These rates are calculated based on claims/encounter data and/or medical record review data. The rates are reported to NCQA and to the state if required by contract.

What are HEDIS scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds'. These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS.



How are HEDIS rates calculated?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Measures typically calculated using administrative data include: annual mammogram, annual Chlamydia screening, annual Pap test, appropriate treatment of asthma, cholesterol management, antidepressant medication management, access to PCP services, and utilization of acute and mental health services.

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review. Measures typically requiring medical record review include: comprehensive diabetes care, control of high-blood pressure, immunizations, and prenatal care.

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Magnolia
Health Plan



Who will be conducting the Medical Record Reviews?



Magnolia will contract with MedAssurant™, a national medical record review vendor, to conduct the medical record reviews on our behalf. Medical record review audits are usually conducted March through May each year. At that time, you may receive a call from a Medical Records Review (MRR) representative if any of your patients are selected into HEDIS samples for Magnolia. Your prompt cooperation with the MRR representative is greatly needed and appreciated.

What about HIPAA?

As a reminder, protected health information (PHI) that is used or disclosed for purposes of treatment, payment or health care operations is permitted by HIPAA Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the member/patient. MedAssurant has signed a HIPAA compliant Business Associate Agreement with Magnolia Health Plan which allows them to collect PHI on our behalf.

How can I make HEDIS season less stressful?

We realize early spring can be a time of increased stress in the provider office with multiple organizations requesting copies of medical records in addition to the increased incidence of sick visits. We are pleased to be able to contract with MedAssurant, who is able to offer several medical record correspondence options including confidential fax, traditional mail, or onsite review by qualified staff. These various options allow you as the provider to choose the most convenient method for your practice.

What can be done to improve my HEDIS scores?

1. Understand the specifications established for each HEDIS measure.
2. Submit claim/encounter data for each and every service rendered. Chart documentation must reflect services billed. All providers must bill (or report by encounter submission) for services delivered, regardless of contract status. Claim/encounter data is the most clean and efficient way to report HEDIS. If services are not billed or not billed accurately they are not included in the calculation. Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.

Who should I contact at Magnolia Health Plan for Assistance?

If you have any questions, comments, or concerns related to the annual HEDIS project or the medical record reviews, please contact the Magnolia Quality Improvement Department at 866-912-6285.

HEDIS Measurement Criteria

Measurement	Specification (HEDIS Logic)	Applicable Billing Codes
Adolescent Well Care Visits	Adolescents 12 to 21 years old with ≥ 1 comprehensive well care visits (EPSDT) with PMP or OB/GYN during measurement year.	99383-99385, 99393-99395 OR applicable E&M code billed in conjunction with: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
Childhood Immunization: 4 DtaP/DT, 3 IPV, 1 MMR, 2 Hib, 3 Hep B, 1 VZV, 4 Pneumococcal, 2 Hep A, 2 or 3 Rotavin, 2 Influenza	Children who turn 2 years of age during measurement year & have had all immunizations noted as part of combo 3 on or before their 2nd birthday. Note: Documentation of chicken pox must include month and year of illness. For combination vaccinations that require more than one antigen, evidence of all antigens must be found.	90698, 90700, 90721, 90723, 90713, 90707, 90708, 90709, 90705, 90704, 90706, 90645-90648, 90748, 90740, 90744, 90747, 90710, 90716, 90669, 90633, 90681, 90680, 90655, 90657, 90661, 90662
Cholesterol Management for Patients with Cardiovascular Conditions	18 to 75 year olds with a history of cardiovascular conditions who had a LDL-C screening and those with LCL-C controlled (<100mg/dl)	80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F
Comprehensive Diabetes Care	18 to 75 year olds with Type 1 or Type 2 diabetes who had at least one of each: HbA1c test; dilated eye exam for diabetic retinal disease performed by eye care professional; LDL-C test; and screening for nephropathy or have evidence of nephropathy during measurement year.	HbA1c: 83036, 83037, 3044F, 3045F, 3046F, 3047F Dilated Eye Exam: must be done and billed for by eye care professional LDL-C: 80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F Nephropathy Screening: 82042, 82043, 82044, 84156, 3060F, 3061F
Controlling High Blood Pressure	18 to 85 year olds diagnosed with hypertension whose blood pressure was adequately controlled (<140/90) during measurement year.	n/a—this measure done through medical record review only
Frequency of Ongoing Prenatal Care	Deliveries that received ≥ 81% of expected prenatal care visits adjusted for gestational age and duration of enrollment.	Applicable E&M code billed in conjunction with: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 689.x3, V22-V23, V28, 649.x3, 659.x3, 678.x3, 679.x3 OR 59400*, 59510*, 59610*, 59618*, 59425*, 59426*
Lead Screening in Children	% of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.	83655
Timeliness of Postpartum Care	% of women that received a postpartum visit on or between 21 to 56 days after delivery.	57170, 58300, 59430, 59400*, 59410*, 59510*, 59515*, 59610*, 59614*, 59618*, 59622*
Timeliness of Prenatal Care	% of women that received a prenatal care visit in the 1st Trimester of pregnancy or within 42 days of enrollment.	Applicable E&M code billed in conjunction with: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 689.x3, V22-V23, V28, 649.x3, 659.x3, 678.x3, 679.x3 OR 59400*, 59510*, 59610*, 59618*, 59425*, 59426*
Well Child Visits Ages 3-6 Years of Life	Children who were 3, 4, 5 or 6 years of age during measurement year and had ≥ 1 well child visit (EPSDT) with PMP during measurement year.	99382, 99383, 99392, 99393 OR applicable E&M code billed in conjunction with: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
Well Child Visits in the First 15 Months of Life	Children who turned 15 months old during measurement year and had ≥ 6 well child visits (EPSDT) with PMP during measurement year.	99381, 99382, 99391, 99392, 99432, 99461 OR applicable E&M code billed in conjunction with: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

*these are generally billed on date of delivery, not on date of postpartum visit