

HEDISTM

Transforming the health of the community, one person at a time

Agenda



- What is HEDIS™?
- Performance Measures
- Closing Care Gaps
- Pay for Performance
- Tools and Resources
- Future of HEDIS™

What is HEDIS?



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 Healthcare Effectiveness Data and Information Set

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Measures Performance

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 Allows comparison across the Managed Care Industry

- Best Practice
- Industry Standards of Care

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Provides an indicator of the quality of care that members receive



HEDIS Domains





Effectiveness of Care

- Prevention and Screening
- Respiratory/Cardiovascular/Diabetic Conditions
- Behavioral Health
- Medication Management



Access/Availability

- Prenatal and Postpartum Care
- Annual Dental Visits for Children
- Adult and Children Access to Preventive Health Services



Overuse/Appropriateness

Appropriate Treatment for Children with Upper respiratory Infection Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis Use of Imaging Studies for Initial Diagnosis of Low Back Pain

HEDIS Rates



- HEDIS rates calculated based on data
- There are two types of data:
 - Administrative/Claims
 - CPT, CPT II, and ICD 10 codes
 - Pharmacy, lab or provider claims
 - Medical Record Review
 - Retrieve medical charts to verify documentation in the medical record















Age Dependent

- Childhood immunizations complete before age 2
- Lead Screening before age 2
- Adolescent Immunizations between ages 10-13



Time Sensitive

- Postpartum Visit between 21-56 days after delivery
- Annual wellness or preventive screenings before Dec 31
- Medication fill rates



Provider Influenced

- Not prescribing antibiotics for adults with acute bronchitis
- Testing children with Pharyngitis for Strep
- Monitoring Serum Potassium and Creatinine in patients who are taking ACE/ARB or Diuretics



- Preventive Measures
 - Breast Cancer Screening
 - Denominator
 - » Women 52-74 years of age
 - Numerator
 - » Mammogram anytime on or between October 1 two years prior to the measurement year and December 31 of the measurement year
 - Exclusions
 - Documentation of Bilateral, Unilateral, Two Unilateral,
 Absence of left breast or Absence of right breast





Preventive Measures

- Cervical Cancer Screening
 - Denominator
 - » Women 24-64 years of age during the measurement year
 - Numerator
 - » Cervical cytology during the year or two years prior to the measurement year
 - » Cervical cytology and HPV test during the measurement year or four years prior to the measurement year and were 30 years or older on the date of both test
 - Exclusions
 - Hysterectomy with no residual cervix, cervical agenesis or acquired
 absence of cervix





- Preventive Measures
 - Chlamydia Screening In Women
 - Denominator
 - » Women 16-24 years of age
 - » Sexually active
 - Numerator
 - » Chlamydia test during the measurement year
 - Exclusions
 - » Pregnancy test and prescription for Isotretinoin
 - » Pregnancy test and x-ray on same day or within 6 days





- Preventive Measures
 - Weight Assessment and Counseling for Nutrition and Counseling for Physical Activity (WCC)
 - Denominator
 - » Children 3-17 years of age
 - Numerator
 - » BMI Percentile
 - » Counseling for Nutrition
 - » Counseling for Physical Activity









- Preventive Measures
 - WCC (continued)
 - Exclusions
 - » Pregnancy
 - Medical Record Review
 - Required documentation
 - » Height, Weight, BMI percentile or BMI percentile on growth chart
 - » Checklist indicating Nutrition and Physical activity was discussed, documentation that member received educational materials on Nutrition and Physical activity during face-to-face visit, etc.







- Preventive Measures
 - Childhood Immunization Status

*ACIP and Bright Future Guidelines



- » Children who turn 2 years of age during the year
- Numerator
 - » Vaccines for DTaP, IPV, MMR, HiB, HepB, and VZV on or before the child's second birthday
- Exclusions
 - » Vaccines administered prior to 42 days after birth
 - » Contraindications clearly documented







- Preventive Measures
 - Immunizations for Adolescents
 - *ACIP and Bright Futures guidelines
 - Denominator
 - » Adolescents (Male and Female) who turn 13 years of age during the year
 - Numerator
 - » At least one Meningococcal conjugate vaccine between 11th and 13th birthday
 - » At least one **tetanus**, **diphtheria toxoids and acellular pertussis** vaccine on between 10th and 13th birthdays
 - » At least three HPV vaccines on different dates between 9th and 13th birthdays
 - Exclusions
 - » Contraindications clearly documented





- Quality Measures
 - Medication Management for People with Asthma (MMA)
 - Denominator
 - » 5-64 years of age during the measurement year
 - » One of the following in the measurement year and one in the year prior to the measurement year
 - ED visit with asthma diagnosis
 - Inpatient stay with asthma diagnosis
 - Four (4) outpatient visits with two (2) asthma medications dispensed
 - Four (4) asthma medication dispensing events
 - Numerator
 - » Members who achieved a proportion of days covered of at least 75% (continued)



- Quality Measures
 - MMA (continued)
 - *Proportion of days covered

Total days covered by a controller medication in the treatment period

Total days in treatment period

*Total days covered equals the remaining number of days in the year from the date the first prescription is filled

Exclusions

» Emphysema, COPD, Cystic Fibrosis, Acute Resp. Failure, Chronic Resp. Conditions due to Fumes/Vapors





- Quality Measures
 - Appropriate Testing for Children with Pharyngitis
 - Denominator
 - » 3 years of age by July 1 of the year prior to measurement year and 18 years of age by June 30 of measurement year
 - » Outpatient or ED visit with only a diagnosis of pharyngitis and a prescription for antibiotics
 - Numerator
 - » Those in denominator that had a group A streptococcus test
 - Exclusions
 - » Diagnosis other than Pharyngitis
 - » Antibiotics prescribed within 30 days prior to Pharyngitis diagnosis





- Quality Measures
 - Comprehensive Diabetic Care
 - Denominator
 - » 18-75 years of age during the measurement year
 - » Diagnosis of diabetes or hypoglycemic/hyperglycemics dispensed the year prior to measurement year
 - Numerator-*5 separate numerators
 - 1. Hemoglobin A1c test
 - 2. HbA1c poor control (>9%)
 - 3. HbA1c control (<8%)
 - 4. Retinal eye exam
 - Medical attention for nephropathy
 - Exclusions
 - » Gestational Diabetes or Steroid induced Diabetes





Quality Measures

Controlling High Blood Pressure

- Denominator
 - » 18-85 years of age during the measurement year
 - » Diagnosis or history of hypertension documented during the first six months of the measurement year
- Numerator
 - » Blood pressure ≤ 140/90 (18-59 years of age)
 - » Blood pressure ≤ 140/90 (60-85 years of age with diabetes)
 - » Blood pressure ≤ 150/90 (60-85 years of age without diabetes)

*most recent blood pressure reading during the measurement year and only by the PCP or treating specialty provider. Readings on the same day as a procedure cannot be included.

Exclusions

» End-stage renal disease, Pregnancy, Non-acute inpatient stay





- Quality Measures
 - Annual Monitoring for Patients on Persistent Medications
 - Denominator
 - » 18 years and older during the measurement year
 - » 180 treatment days of ACE/ARB or
 - » 180 treatment days of Diuretics
 - Numerator
 - » Lab panel that include Potassium and Creatinine or
 - » Serum Potassium and Serum Creatinine
 - Exclusions
 - » Acute and non-acute inpatient encounter





- Access/Availability
 - Prenatal Visit within the first trimester
 - Postpartum follow up visit 21-56 days after delivery
 - Annual Dental Visits for children ages 2 and older



Closing Gaps in Care



- Get patients in for Annual Wellness visits
 - Complete all preventive screening during the office visit if possible
 - Document all current, chronic and historical diagnosis annually in the medical record (to capture exclusions)
- Submit timely and accurate claims
- Put all diagnosis documented on a claim
 - Magnolia accepts up to 12
- Refer patients to Care Management for further follow-up when needed

Closing Gaps in Care





Coding

- Conditions that go undocumented usually do not get treated
- Accurate coding is critical to value based incentive programs
- Use the HEDIS™ codes
- Put all diagnosis codes on claims

Why Should Providers Care?

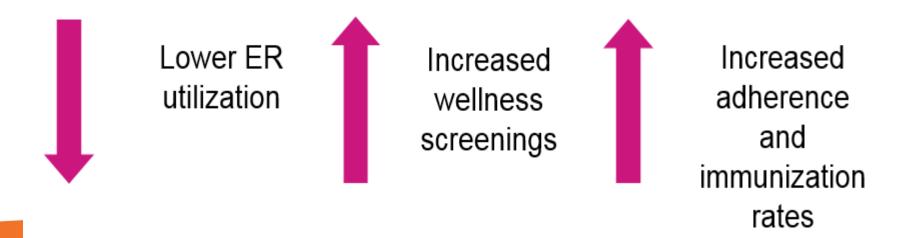


- Provider specific scores are used as evidence of preventive care
- Rates serve as a basis for provider incentive programs
- Preventive care helps patients:
 - Live longer, healthier lives
 - Avoid or delay the onset of disease
 - Keep the disease they may already have from becoming worse or debilitating
 - Improves health outcomes

Value Based Payment Agreements



 Show real results with cost savings and quality outcomes such as:



Tools and Resources



- HEDIS™ Quick Reference Guides
- Coding Tip Sheet
- Provider Partnership Associates
 - Provider onsite1:1 training and support
- Provider Web portal
- Care Management Department
- Member rewards for preventive care

Future of HEDIS™



- Electronic Clinical Data Systems (ECDS)
 - Electronic Health Record
 - Health Information Exchange/Clinical Registry
 - Electronic Pharmacy Systems
- WHY ECDS?
 - Increases the accuracy and validity of rates
 - Decreases cost and burden to providers

Take Aways



- Bring patients in for Annual Wellness visits
 - Close all care gaps during one visit if possible
- Document all current, chronic, and historical diagnosis annually in the medical record
- Put all diagnosis codes on your claims
- Submit claims timely and accurately
- Coding is the key to success
- You have Health Plan support
 - Provider Partnership Associate
 - Tools and Resources



Questions



