

#### **HEDIS**<sup>™</sup>

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

3/20/2019

#### Agenda



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

# What is HEDIS?





#### **HEDIS Domains**



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#### **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

Denominator



- » 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 11<sup>th</sup> and 13<sup>th</sup> birthday
      - » At least one tetanus, diphtheria toxoids and acellular pertussis vaccine on between 10<sup>th</sup> and 13<sup>th</sup> birthdays
      - » At least three HPV vaccines on different dates between 9<sup>th</sup> and 13<sup>th</sup> 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
  - 5. 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)</p>

\*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

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» 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<sup>™</sup> codes
- Put all diagnosis codes on claims

#### Why Should Providers Care?



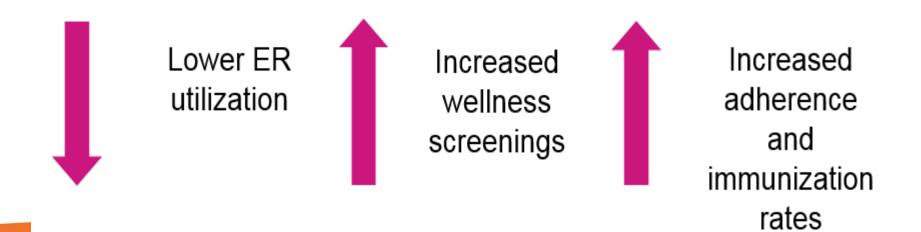
- Provider specific scores are used as evidence of preventive care
- Rates serve as a basis for provider incentive programs
- Preventive care helps patients:
  - Live longer, healthier lives
  - Avoid or delay the onset of disease
  - Keep the disease they may already have from becoming worse or debilitating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



#### Value Based Payment Agreements



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



#### **Tools and Resources**



- HEDIS<sup>™</sup> 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<sup>™</sup>



- 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

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