

HEDIS[®] Overview for Providers

IAPEC-0648-17

May 2017



Practice consultant

- Participates in quality improvement program as a team member
- Assists in quality improvement processes as a team member and facilitator as needed
 - Collects and analyzes data
 - Identifies opportunities for improvement
- Assists in the development and implementation of preventive health and chronic disease outcomes and improvement interventions
 - Creates newsletter articles and member and community education

Practice consultant role

- Develops a partnership/relationship with providers
- Conducts provider/clinic staff education, outreach interventions, medical record reviews, focus studies and surveys
- Focuses on HEDIS:
 - National Committee for Quality Assurance (NCQA) standards
 - Measure requirements and clinical documentation as part of office visits
 - Processes to facilitate care gap closures
 - Monthly, quarterly, annual and ad hoc medical record reviews during HEDIS season
 - Current practice pattern assessments

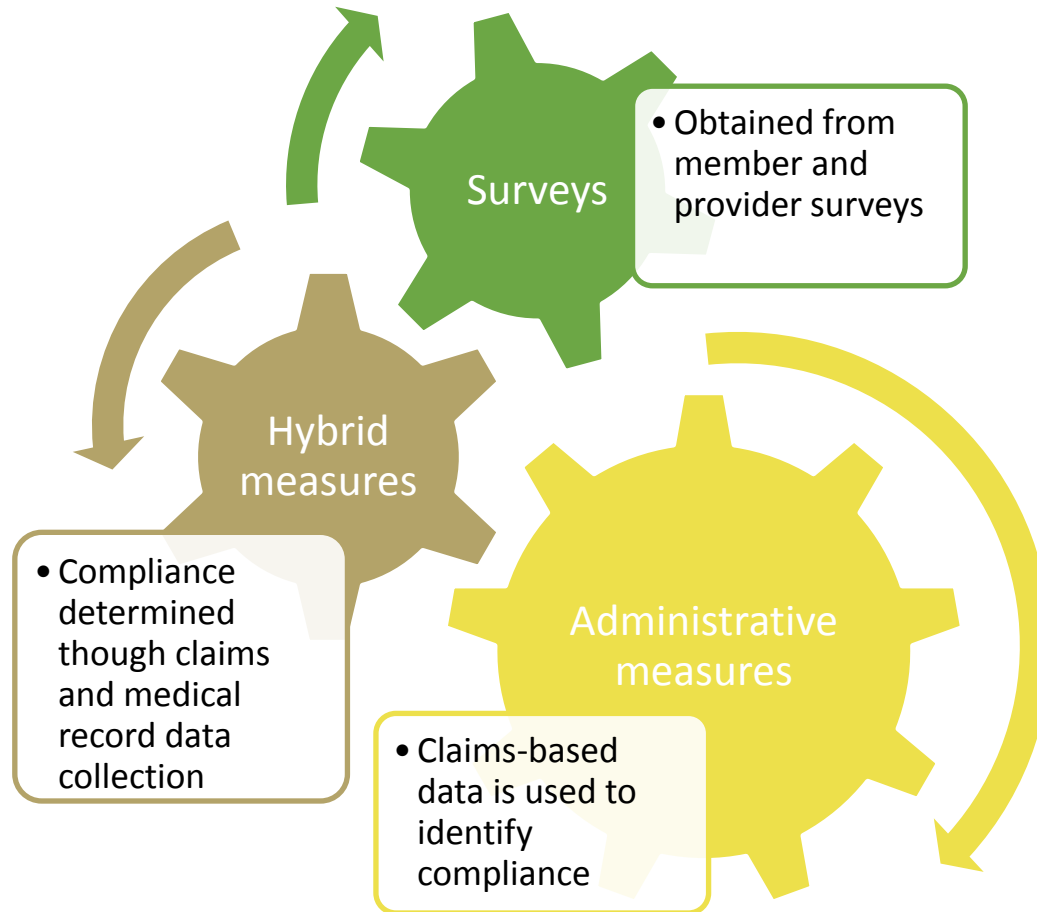
HEDIS

- What is HEDIS
 - Healthcare Effectiveness Data and Information Set
 - A registered trademark of the NCQA
 - More than 81 measures for Medicaid, Medicare and commercial
 - Results used to measure performance, identify quality initiatives and provide educational programs for providers and members
- Retrospective reviews — data collection
 - [February-May]
 - Administrative vs. hybrid measures

HEDIS (cont.)

- Medical record reviews
 - Minimum of four charts per provider with a passing rate of 80 percent
 - Overview of administrative charting
 - HEDIS measure review — use as educational opportunities

How is HEDIS data collected?



Acronyms for 2017 HEDIS hybrid measures

- ABA: Adult Body Mass Index Assessment
- AWC: Adolescent Well Care Visits
- CBP: Controlling High Blood Pressure
- CCS: Cervical Cancer Screening
- CDC: Comprehensive Diabetes Care
- CIS: Childhood Immunization Status
- COA: Care for Older Adults
- COL: Colorectal Cancer Screening
- FPC: Frequency of Ongoing Prenatal Care

Acronyms for 2017 HEDIS hybrid measures (cont.)

- HPV: Human Papillomavirus Vaccine for Female Adolescents
- IMA: Immunizations for Adolescents
- LSC: Lead Screening in Children
- MRP: Medication Reconciliation Post-Discharge
- PPC: Prenatal and Postpartum Care
- WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- W15: Well-Child Visits in the First 15 Months of Life
- W34: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

ABA

What is required:

- Members 18-74 years of age in measurement year
- At least one visit in the measurement year with the following documented:

Members 20 and older on the date of service

- Weight
- BMI value

Members < 20 years old on the date of service

- Height
- Weight
- BMI percentage or age growth chart documentation

ABA (cont.)

- Ranges and thresholds are **not acceptable** for this measure. A distinct BMI value or percentile is required.
- Documentation of greater than 99 percent or less than one percent **does** meet criteria because a distinct BMI percentile is evident (e.g., 100 percent or zero percent).



AWC

What is required:

- Members 12-21 years of age in measurement year that have had at least **one** well-care visit with a PCP or OB/GYN (school physical, Pap test, postpartum visit) during the measurement year
- Evidence of the following:
 - Health history
 - Physical developmental history
 - Mental developmental history
 - Physical exam
 - Health education/anticipatory guidance

AWC (cont.)

Common chart deficiencies:

- Adolescents being seen for sick visits only and no documentation related to well-child visits
- Lack of documentation of education and anticipatory guidance

Preventive services may be rendered on visits other than well-child visits.

CBP

What is required:

- Members 18-85 years of age in the measurement year
- At least one outpatient visit with a diagnosis of hypertension during the first six months of the measurement year
- Use of one medical record for both the confirmation of the diagnosis and the representative blood pressure (BP)



CBP (cont.)

Common chart errors:

- Rechecked elevated BPs during the same visit not documented
- Hypertension diagnosis and last BP reading from different providers with no explanation
- Not going back in member's history to find hypertension diagnosis
- Taking the hypertension diagnosis date off a problem list and using BP from same visit (the date of service for the hypertension diagnosis must be the date of the visit; the later visit must be found for the BP reading)

CCS

What is required:

- Female members age 21-64 years old
 - Had cervical cytology performed during the measurement year
- Female members age 30-64 years old
 - Had cervical cytology and human papillomavirus (HPV) cotesting performed during the measurement year
- One of the following:
 - Date and result of cervical cancer screening test
 - Date and result of cervical cancer screening test and date of HPV test on the same date of service
 - Evidence of hysterectomy with no residual cervix

CDC



What is required:

- Members 18-75 years old
- Members identified as having diabetes in the measurement year
- HgbA1C screening and results
- Eye exam (dilated eye exam with documentation of diabetic retinopathy **or** no diabetic retinopathy)
- Medical attention for nephropathy (need only **one**)
 - Urine test for albumin or protein and results
 - Evidence of ACE/ARB therapy
 - Evidence of nephropathy
- Blood pressure screening
 - Less than 140/90

CIS

What is required:

- Members who turn 2 years old during measurement year
- Members who had all of the required immunizations below by their second birthday

4 DTAP	3 IPV
3 HIB	3 Hep B
1 MMR	4 Pneumococcal (PCV)
1 Hep A	2 Influenza
2 or 3 Rotavirus <ul style="list-style-type: none">• RV Rotarix = 2 dose• Rota Teq = 3 dose	1 VZV (or has had chickenpox)

CIS (cont.)

Common chart deficiencies:

- Immunizations received after the second birthday
- PCP charts do not contain immunization records if received elsewhere
 - Health departments
 - Immunizations that are given in the hospital at birth
- No documentation of contraindications/allergies
- Immunizations given in the hospital at birth

If missing immunizations, include:

- Documentation of parental refusal
- Documentation of request for delayed immunization schedules
- Immunizations given at health departments
- Immunizations given in the hospital at birth
- Documentation of contraindications or allergies

COA

What is required:

- Members 66 years old and older
- Advanced care planning discussion and documentation of:
 - Advance directives
 - Actionable medical orders
 - Living wills
- Medication review
 - Prescriptions
 - Over the counter
 - Herbal/supplemental



COA (cont.)

What is required (cont.)

- Functional status assessment
 - Instrumental activities of daily living or activities of daily living
 - Result of standardized functional assessment tool or notation of at least three of the following four areas:
 - Functional independence
 - Sensory ability
 - Cognitive status
 - Ambulatory status
- Pain assessment

COL

What is required:

- Members 50-75 years old
- Must have **one** of the following:
 - Colonoscopy during the measurement year (or nine years prior)
 - Fecal occult blood test (FOBT) — two types (in measurement year)
 - Guaiac(gFOBT) — based on the results of **three** fecal specimens
 - Immunochemical (FIT)

COL (cont.)

What is required (*continued from previous slide*):

- Flexible sigmoidoscopy during the measurement year (or within last four years)
- FIT-DNA testing during the measurement year (or two years prior)
- Computed tomography (CT) colonography during the measurement year (or four years prior)
- What **does not** count as evidence:
 - Digital rectal exam (DRE)
 - FOBT performed in office setting or performed on a sample collected via DRE
 - “No occult blood,” “no blood in stool found,” “blood occult \pm ,” “heme \pm ”

FPC

What is required:

- Female members who delivered a live birth on or between November 6 of prior year to November 5 of the measurement year and were continuously enrolled 42 days prior to delivery
- For visits to a PCP, a diagnosis of pregnancy must be present
- Prenatal care visits to OB/GYN, PCP or prenatal care practitioner
 - Identify gestational age for all deliveries
 - Dates of all prenatal visits (on or after member's enrollment date)
 - Corresponding evidence of prenatal care
 - Estimated date of delivery/estimated date of confinement

FPC (cont.)

Common chart deficiencies:

- Prenatal visits must be unduplicated.
 - If there is an office visit and the provider orders an ultrasound and labs and they are done on separate days, all three would only count as one date of service.
 - Labs, ultrasounds and other procedures cannot be counted separate from the visit with the prenatal care provider.



HPV

What is required:

- Female members 9-13 years old
- Adolescent members who had three doses of the HPV vaccine on or between their 9th and 13th birthdays

Common chart deficiencies:

- HPV vaccines administered prior to a member's 9th birthday or after the 13th birthday (cannot be counted)
- All three immunizations in the series not documented
- PCP charts do not contain immunization records if received elsewhere (i.e., health department)

HPV (cont.)

If missing immunizations, include:

- Documentation of parental refusal
- Documentation of request for delayed immunization schedules
- Immunizations given at health departments
- Immunizations given in the hospital at birth
- Documentation of contraindications or allergies

IMA

What is required:

- Members 13 years old
- Members who turned 13 during the measurement year have received the required immunizations



Meningococcal Conjugate

- At least one Meningococcal Conjugate
- Dates of service on or between the member's 11th and 13th birthdays

Tdap/TD

- At least one tetanus, diphtheria toxoids and cellular pertussis (Tdap)
- Date of service on or between the member's 10th and 13th birthdays

IMA (cont.)

Common chart deficiencies:

- Immunizations not administered during appropriate time frames
- PCP charts do not contain immunization records if received elsewhere (i.e., health departments)

If missing immunizations, include:

- Documentation of parental refusal
- Documentation of request for delayed immunization schedules
- Immunizations given at health departments
- Immunizations given in the hospital at birth
- Documentation of contraindications or allergies

LSC

What is required:

- Members 2 years of age
- Members who have had one or more capillary or venous lead blood test for lead poisoning on/or before their 2nd birthday
- A note indicating the date the test was performed and the result or finding
- Pb is the chemical symbol for lead

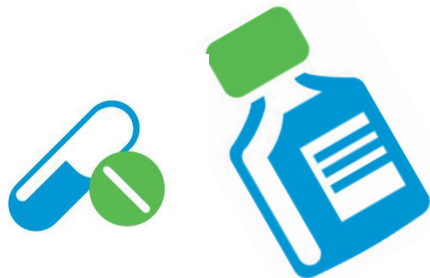
Common chart deficiencies:

- Lead assessment does not constitute a lead screening
- Testing conducted outside of time frame
- Provider assumes that there is no exposure due to environment

MRP

What is required:

- Members 18 years old by the end of the measurement year
- The percentage of discharges from January 1-December 1 of the measurement year for members 18 and older for whom medications were reconciled on or within 30 days of discharge
- Evidence of the medication reconciliation
- Date it was performed
- Conducted by a prescribing practitioner, clinical pharmacist or registered nurse



MRP (cont.)

What is required (*continued from previous slide*):

- Any of the following evidence meets criteria:
 - Notation that the medications prescribed upon discharge were reconciled with the current medication in the outpatient record
 - A medication list in a discharge summary that is present in the outpatient chart and evidence of a reconciliation with the current medications
 - Notation that no medications were prescribed upon discharge

PPC



What is required:

- Female members who delivered a live birth between November 6 of the year prior and November 5 of the measurement year

PPC (cont.)

What is required (*continued from previous slide*):

- Prenatal care:
 - Prenatal visit within 42 days of enrollment or during the first trimester
 - Date the visit occurred
 - Evidence of prenatal care visit
 - OB exam: fetal heart tones, OB pelvic exam, fundal height (must have **one**)
 - Office visit: OB panel, TORCH antibody, echography of pregnant uterus, ABO/Rh blood typing
 - Documentation of last menstrual period or estimated due date with either prenatal risk assessment or OB history

PPC (cont.)

What is required (*continued from previous slide*):

- Postpartum care:
 - Postpartum visit within 21-56 days of delivery
 - Date the visit occurred
 - Evidence of postpartum visit (any **one** of the following may be used as evidence)
 - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check” or use of *Postpartum Care Form*
 - Pelvic exam
 - Evaluation of weight, BP, abdomen and breasts (all four components **must** be present; notation of breastfeeding is acceptable)
 - PAP test

W15

What is required:

- Children who turned 15 months of age during the measurement year who had six or more well-child visits
- Evidence of the following:
 - Health history
 - Physical developmental history
 - Mental developmental history
 - Physical exam
 - Health education/anticipatory guidance

Preventive services may be rendered on visits other than well-child visits.

Common chart deficiencies:

- Lack of documentation of education and anticipatory guidance
- Children being seen for sick visits only and no documentation related to well-child visits

W15 (cont.)

Physical Exam	Physical health development	Mental health development	Health education/anticipatory guidance
Musculoskeletal system	Developing appropriately for age	Coos and babbles at parents	Safety (car seat, back to sleep, child proofing, etc.)
Integumentary system (skin)	Prenatal/birth history	Pleasure response to familiar/enjoyable (bottle, bath, face, etc.)	Nutrition (vitamins, weight)
Digestive system	Follows parents with eyes	Cries more than normal	Baby's decreased interest in breast as they get older
Nervous system	Sits unsupported for 10 minutes	Shows fear of strangers	Family (changing roles, sibling reaction, etc.)
Circulatory system	Responds to sounds	Quiets down when picked up	Discuss with parents on how to recognize an ill baby
Respiratory system	Walks alone with one hand held	Looks for toy fallen out of sight	Discuss socialization (i.e., play groups and play)

W34

What is required:

- Children 3-6 years of age in the measurement year that had at least **one** well-child visit with a PCP during the measurement year
- Evidence of the following:
 - Health history
 - Physical developmental history
 - Mental developmental history
 - Physical exam
 - Health education/anticipatory guidance

Preventive services may be rendered on visits other than well-child visits.

Common chart deficiencies:

- Lack of documentation of education and anticipatory guidance
- Children being seen for sick visits only and no documentation related to well-child visits

WCC

What is required:

- Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN in the measurement year
- BMI — must have **all three**
 - BMI percentile
 - May be plotted on an age-growth chart
 - Ranges and thresholds will **not** meet measure criteria
 - Documentation cannot include less than one percent or greater than 99 percent (either zero percent or 100 percent)
 - Weight date and value
 - Height date and value

WCC (cont.)

What is required:

- Counseling for nutrition
 - Documentation of counseling for nutrition or referral for nutrition education
 - Documentation of current dietary habits, weight counseling, educational materials focused on nutrition during face-to-face visit, nutrition checklist
- Counseling for physical activity
 - Discussion of current physical activities, referral to counseling for increased activity, anticipatory guidance on physical activity, educational materials focused on physical activity during face-to-face visit, physical activity checklist

WCC (cont.)

Documentation that does not count

- Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations
- Developmental milestones: bike riding, climbing stairs, hopping, skipping, etc.
- Notes that indicate “very active, runs, climbs stairs, saying lots of words” or “well nourished”
- On ADHD medications: notes that indicate “watch weight closely; may have to go back down on dose if appetite suppression and weight loss continue”
- In member’s social history: diet – no particular diet; exercise – active (no discussion documented)

Questions

