HEDIS® 101 for Providers

Improving Quality of Care

11/5/2020

ARTC20-H-184

Agenda

- What is HEDIS®?
- How is Data Collected for HEDIS?
- Why is HEDIS Important to the you?
- What is your role in HEDIS?
- HIPAA and HEDIS
- HEDIS Measures
- CAHPs Survey – A Component of HEDIS
- HOS Survey – A Component of HEDIS
- How Can You Improve Your HEDIS Scores?
- Maximizing Compliance
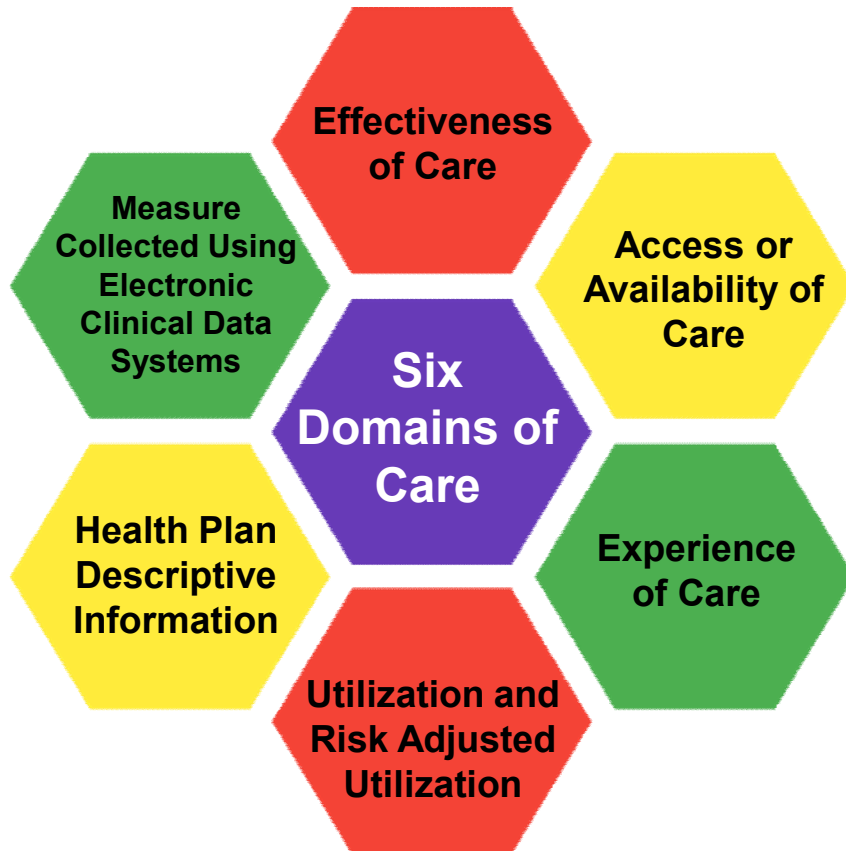- Tip Sheets
- Provider Tools
- Contact Information

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

What is HEDIS?

Healthcare Effectiveness Data and Information Set

- A set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA) for the managed care industry

- A tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service

- Consists of 92 measures across 6 domains of care

- Designed to allow consumers to compare health plan performance to other plans on an "apples-to-apples" basis

- HEDIS results are audited by an independent, NCQA-certified auditor prior to being reported.

- Results are reported as part of Medicare Stars, NCQA Health Plan Ratings, and State and Marketplace Report Cards.

HEDIS Domains of Care

Effectiveness of Care

Measure Collected Using Electronic Clinical Data Systems

Access or Availability of Care

Six Domains of Care

Health Plan Descriptive Information

Experience of Care

Utilization and Risk Adjusted Utilization

These domains of care measure important dimensions of care and service.

Each of these domains *help to identify gaps in care*, particularly preventative care, in a variety of chronic populations.

What is HEDIS?

HEDIS Results help to:

- Serve as measurements for quality improvement processes and preventive care programs

- Evaluate the health plan's ability to demonstrate improvement in its preventive care and quality measurements

- Provide a picture of the overall health and wellness of the plan's membership

- Identify gaps in care and develop programs/interventions to help increase compliance and improve health outcomes

- Demonstrate the provider's commitment to quality care and improved patient outcomes

How is Data Collected for HEDIS?

Three sources:

- **Administrative**
  - Administrative measures use claims/encounters for hospitalizations, medical office visits, labs, and procedures as well as pharmacy data
- **Hybrid**
  - Hybrid measures combine data obtained from the member's medical record with administrative data
- **Survey of Member Experience**
  - Survey measures compile data collected directly from members via the CAHPS survey

Why is HEDIS important for you?

- HEDIS is a tool for providers to ensure timely and appropriate care for their patients.

- HEDIS assists providers in identifying and eliminating gaps in care for the patients assigned to their panel.

- As HEDIS rates increase, there is potential for the provider to earn maximum or additional revenue through the Pay for Quality, Value Based Services, and other pay-for-performance models.

- Measure rates can be used as a tool to monitor compliance with incentive programs.

- Improved rates impact potential benefits offered to members year over year as outcomes improve

What is your role in HEDIS?

- You play a central role in promoting the health of our members.
- You and your office staff help facilitate the HEDIS process improvement by:
  - Reaching out to new and currently assigned members for your practice and scheduling annual well exams.
  - Providing the appropriate care within designated time frames.
  - Document clearly and accurately in the medical record ALL of the care you provide to our members.
  - Know your HEDIS measures documentation requirements and specific parameters.
  - Accurately coding all claims. Providing accurate information on a claim may reduce the number of records requested. (Tip sheets are available on the provider website for guidance).
    - The ultimate goal is for providers to submit claims/encounters with coding that administratively captures all required HEDIS data via claims.
      - This decreases or removes the need for medical record (hybrid) review

Medical Record Requests

- Medical record requests are sent to providers.
- The request includes a member list identifying assigned measures and the minimum necessary information needed.
- Data collection methods include: fax, email, secure provider portal, onsite for larger requests, remote EMR system access, and electronic data interchange via a secure site (SFTP).
- Due to the data collection time frame, a five- to seven-day turnaround is appreciated.
- We recommend uploading records to our secure site to allow for optimal tracking of information submitted.
- The records you provide during this process help us validate the quality of care provided to our members.
- We appreciate your cooperation and timeliness in submitting the requested medical record information.

HIPAA and HEDIS

- Under the HIPAA Privacy Rule, release of information for the purpose of HEDIS data collection is permitted and does not require patient consent or authorization.

- Disclosure is permitted as part of quality assessment and improvement activities.

- All of the health plans' contracted providers' records are protected under this act.

- Member PHI that we collect is maintained in accordance with all federal and state laws.

- HEDIS data is reported collectively.
  - Rates represent aggregate data.
  - No individual identifiers are included.

New and Revised Measures 2020

Acronym	HEDIS Measure	Status	Type of Measure
CRE	Cardiac Rehabilitation	New	Admin only
KED	Kidney Health Evaluation for Patients with Diabetes	New	Admin only
OSW	Osteoporosis Screening in Older Women	New	Admin only
W30	Well-Child Visits in the First 30 Months of Life	Revised-previously W15	Admin with year round medical record review
WCV	Child and Adolescent Well-Care Visits	Revised-previously W34 & AWC	Admin with year round medical record review

Retired Measures 2020-2021

Acronym	HEDIS Measure	Timeline
ABA	Adult BMI Assessment	2020
MMA	Medication Management for People with Asthma	2020
ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	2021
MRP	Medication Reconciliation Post Discharge	2020 (Still collected in TRC measure)
OTO	Osteoporosis Testing in Older Women	2020
CAP	Children and Adolescents' Access to Primary Care Practitioners	2020
BCR	Board Certification	2020

Hybrid Measures

Acronym	Measure	Acronym	Measure
CBP	Controlling High Blood Pressure	IMA	Immunizations for Adolescents
CCS	Cervical Cancer Screening	LSC	Lead Screening in Children
CDC	Comprehensive Diabetes Care	PPC	Prenatal and Postpartum Care
CIS	Childhood Immunization Status	TRC	Transitions of Care
COA	Care for Older Adults	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
COL	Colorectal Cancer Screening		

Administrative Measures with Year Round Medical Record Review

Acronym	Measure	Acronym	Measure
AAP	Adults' Access to Preventative/Ambulatory Health Services	FUH	Follow Up After Hospitalization for Mental Illness
ADV	Annual Dental Visit	SMC	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	SMD	Diabetes Screening for People with Diabetes and Schizophrenia
BCS	Breast Cancer Screening	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Use Antipsychotic Medications
CHL	Chlamydia Screening in Women	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
CWP	Appropriate Testing for Pharyngitis	W30	Well-Child Visits in the First 30 Months of Life
IET	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	WCV	Child and Adolescent Well-Care Visits

Admin Only Measures

Acronym	Measure	Acronym	Measure
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	DAE	Use of High-Risk Medications in Older Adults
ADD	Follow-Up Care for Children Prescribed ADHD Medication	DDE	Potentially Harmful Drug-Disease Interaction in Older Adults
AMM	Antidepressant Medication Management	FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
AMR	Asthma Medication Ratio	FUI	Follow-Up After High-Intensity Care for Substance Use Disorder
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	FUM	Follow-Up After Emergency Department Visit for Mental Illness
CWP	Appropriate Testing for Pharyngitis	FMC	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions
CRE	Cardiac Rehabilitation	HDO	Use of Opioids at High Dosage
COU	Risk of Continued Opioid Use	KED	Kidney Health Evaluation for Patients with Diabetes

Admin Only Measures (cont.)

Acronym	Measure	Acronym	Measure
LBP	Use of Imaging Studies for Low Back Pain	PSA	Non-Recommended PSA-Based Screening in Older Men
NCS	Non-Recommended Cervical Cancer Screening in Adolescent Females	SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
OMW	Osteoporosis Management In Women Who Had a Fracture	SPC	Statin Therapy for Patients with Cardiovascular Disease
OSW	Osteoporosis Screening in Older Women	SPD	Statin Therapy for Patients with Diabetes
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	UOP	Use of Opioids from Multiple Providers
PCR	Plan All-Cause Readmissions	URI	Appropriate Treatment for Upper Respiratory Infection
POD	Pharmacotherapy for Opioid Use Disorder		

CAHPS Survey – A Component of HEDIS

- Member Satisfaction Survey - A Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey is also a part of HEDIS

    There is an adult and a child version of this survey and the questions are similar in both

- CMS selects 800+ members to be sampled between March and June annually using two survey mailings and telephone follow-up of non-respondents
- The CAHPS survey includes questions about access to care and care delivery over the last 6 months. Patients' experience with their provider is a main focus in this survey. Here are a few examples of the survey questions:
    - When you needed care right away, how often did you get care as soon as you needed?
    - How often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
    - When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
    - On a scale of 0 -10 where 0 is worst and 10 is best, what number would you use to rate your personal doctor?
    - How often did your personal doctor listen to you and show you respect?
- Measures Collected Through the CAHPS Survey
    - Flu Vaccinations for Adults Ages 18-64 (FVA)
    - Flu Vaccination for Adults Ages 65 and Older (FVO)
    - Medical Assistance With Smoking and Tobacco Use Cessation (MSC)
    - Pneumococcal Vaccination Status for Older Adults (PNU)

HOS Survey – A Component of HEDIS

- Member Quality of Life Survey - A Health Outcomes Survey (HOS) is also a part of HEDIS
- CMS selects a group of 1200 members to be sampled between March and July each year. Two years later, these same respondents are surveyed again.
- HOS is intended to gather self-reported quality of life data over time. MA Health plans can use data to assess program performance, monitor the health of its population and venerable subgroups, and evaluate treatment outcomes and procedures.
- Survey collects information about the members health status- Improving or Maintaining Physical and Mental Health. Here are a few examples of the survey questions:
    - In general, how would you rate your health? Excellent, Good, Fair or Poor
    - Does your health limit your daily activity?
    - During the past 4 weeks how much pain interferes with your normal activity?
    - Do you have any emotional problems that interfere with daily work activities?
    - How much time during the last 4 weeks did you feel blue or down?
- Measures Collected Through the HOS Survey
    - Medicare Health Outcomes Survey (HOS)
    - Fall Risk Management (FRM)
    - Management of Urinary Incontinence in Older Adults (MUI)
    - Physical Activity in Older Adults (PAO)

How can you improve your HEDIS scores?

- Schedule and conduct Well Visits in the first quarter of the year. Plans run on calendar year and not 365 days.

- Conduct and bill a well visit with a sick visit for a member who has not had his/her annual physical

- Expand a basic sports physical, especially for adolescents, to include education and anticipatory guidance. Including these components will increase the Adolescent Well Visit and Well child rates.

- Contact members that are delinquent in needed care and schedule services.

- Be sure that follow-up instructions are clear and documented in the medical record (ex: for future appointments and what to do)

- Schedule the next appointment before the patient leaves the office

- Collaborate with the health plan on programs and interventions including disease management, social work, and case management to assist members with action plans.

- Utilize mail order and 90 day fill on medications to assist with compliance.

- Schedule hospital follow-ups within 7 days of discharge.

- Address open care gaps at each visit.

Telehealth Services

- Telehealth refers to a broad collection of electronic and telecommunications technologies that support delivery of health care services from distant locations. Forms of telehealth include Telemedicine, Virtual Check-Ins, E-Visits, and Telephone visits, among others.

- Telemedicine is the practice of medicine using technology to deliver care at a distance. A practitioner in one location (distant site) uses telecommunications to deliver care to a patient at another location (originating site).

  - These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

- Services that can be provided via telemedicine include, among others, office/outpatient visits, annual wellness visits, emergency department or initial inpatient consultations, ESRD- related services, individual and group diabetes self-management training, and individual psychotherapy.

- Practitioners who can furnish who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers, and registered dietitians.

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Telehealth Services

- As of March 1, 2020, telehealth services furnished to patients are broader so that beneficiaries can receive healthcare without having to travel to a healthcare facility during the COVID-19 Public Health Emergency.

- Please visit the provider websites for more information
  - https://www.arhealthwellness.com/providers/coronavirus-information.html
  - https://www.arkansastotalcare.com/providers/coronavirus-information.html

Telehealth Services

- HEDIS Measures can be impacted and closed by telehealth visits. Examples of these measures include:

  - Care for Older Adults (COA)
  - Transitions of Care (TRC)
  - Adults' Access to Preventive/Ambulatory Health Services (AAP)
  - Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
  - Prenatal and Postpartum Care (PPC)
  - Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)
  - Controlling High Blood Pressure (CBP)
  - Statin Use in Persons with Cardiovascular Disease (SPC)
  - Follow Up Care for Children Prescribed ADHD Medication (ADD)

- Please follow up with the HEDIS team for more information. Contact information provided at the end of the presentation.

Maximizing Compliance

- Leverage historical data on specific measures such as colorectal screening up to 10 years, cervical cancer up to 5 years, and mammograms up to 3 years.

- Include all lab tests results with record.

- Documenting specialists in record along with results. Examples are eye providers and last exam or colorectal screening and last exam.

- DOB on all records.

- Ensure specific time frames are met for each measure.

- CPT II codes

- Be sure you are coding correctly for all the services you provide.

- Utilize provider portal, Quality depart fax and email, remote EMR access, and SFTP sites close all gaps that require a medical record.

CPT® Category II Codes

- **What are they?**
  - CPT Category II codes are reporting codes that relay important information to the health plan. This information can close quality care gaps related to specific health outcome measures.
- **Why are they Important?**
  - CPT Category II codes should be submitted in conjunction with CPT or other codes used for billing and will decrease the need for record abstraction and chart reviews, minimizing your administrative burden.
- **How to bill CPT Category II codes:**
  - CPT Category II codes are billed in the procedure code field, just as CPT Category I codes are billed. CPT Category II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT Category II codes are billed with a $0.00 or $0.01 billable charge amount.
- **How can CPT Category II codes be used to close quality gaps in care on specific HEDIS measures?**
  - CPT Category II codes can relay important information related to health outcome measures such as:
    - ACE/ARB Therapy Controlling blood pressure
    - Comprehensive diabetes care
    - Care of Older Adults
    - Medication Reconciliation
    - Prenatal and Postpartum Care

CPT® Category II Codes

Quality Measure	Indicator or Description	CPT Category II codes
Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy	ACE/ARB Therapy	4010F
Controlling High Blood Pressure	Blood Pressure Readings	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Comprehensive Diabetes Care	A1C Results	3044F, 3046F, 3051F, 3052F
	Eye Exam	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F
	Nephropathy Screening	3060F, 3061F, 3062F, 3066F, 4010F
Care of Older Adults	Advanced Care Planning	1123F, 1124F, 1157F, 1158F
	Functional Status Assessment	1170F
	Medication Review	1111F, 1159F, 1160F
	Pain Screening	1125F, 1126F
Medication Reconciliation after Discharge	Medication Reconciliation	1111F
Prenatal and Postpartum Care	Prenatal Visit	0500F, 0501F, 0502F
	Postpartum Visit	0503F

Tip Sheets Available on the Provider Website

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Helping Arkansas Live Better

Medicare Quality Quick Reference Guide 2020

allwell. FROM arkansas health & wellness.

Measure	Requirement	Coding Assistance
A1C Hemoglobin A1C Testing and Control	**Test Needed:** HbA1C required at least one time in the measurement year and most recent test results must be < 9.0%. **Excludes:** Members with a diagnosis of gestational diabetes or steroid-induced diabetes.	**CPT® Code(s):** 83036, 83037 **CPT® II Code(s):** 3044F, 3045F, 3046F *When coding a Hemoglobin A1C Test, it is required to include the CPT®II Code with*

Cervical Cancer Screening Tips

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Cervical Cancer Screening HEDIS Measure: Women ages 21 to 64 should be screened for cervical cancer using either of the following criteria[1]:

- Women ages 21 to 64 should have cervical cytology performed every 3 years.
- *Women ages 30 to 64 should have cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Not Recommended for: Women with evidence of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix. Documentation of complete, total or radical abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix. Please ensure proper documentation.

Coding	CPT Codes	HCPCS	ICD-10	Lab Extracts
Cervical Cytology codes (ages 21-64)	88141-88143, 88147, 88148, 88150, 88152-88154, 88155 88164-	G0123, G0124, G0141, G0143-G0145, G0147, G0148	Abdominal hysterectomy: 0UT90ZZ, 0UT94ZL, 0UT94ZZ, 0UTC0ZZ, 0UTC4ZZ	Cervical cytology: 10524-7, 18500-9, 19762-4, 19764-0,

CPT CATEGORY II CODES

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What are they? CPT Category II Codes are reporting codes that relay important information to the health plan. This information can close quality care gaps related to specific health outcome measures.

Why are they important? CPT Category II codes should be submitted in conjunction with CPT or other codes used for billing and will decrease the need for record abstraction and chart reviews, minimizing your administrative burden.

How to bill CPT Category II Codes: CPT Category II codes are billed in the procedure code field, just as CPT category I codes are billed. CPT Category II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT Category II codes are billed with a $0.00 or $0.01 billable charge amount.

How can CPT Category II codes be used to close quality gaps in care on specific HEDIS measures?
CPT Category II codes can relay important information related to health outcome measures such as:

- ACE/ARB Therapy
- Controlling blood pressure
- Comprehensive diabetes care
- Care of Older Adults
- Medication Reconciliation
- Prenatal and Postpartum Care

The following table lists the HEDIS quality measure, indicator description, and the CPT Category II codes recognized in the HEDIS specifications for the current 2020 Provider Quality Reports.

Quality Measure	Indicator Description	CPT Category II codes
Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy	ACE/ARB Therapy	4010F

Provider Tools Available

- Provider Portal and Availity
    - Member attribution
    - Care Gaps
    - P4P and Incentives
- HEDIS team
    - Resources
    - In-depth gap closure strategy
    - Specialized reporting needs
    - Medical record review and abstraction year round
- Case Management
- Health plan outreach programs
    - Member engagement
    - Appointment scheduling assistance
    - Specialized screening kits such as colorectal cancer
    - Health fairs
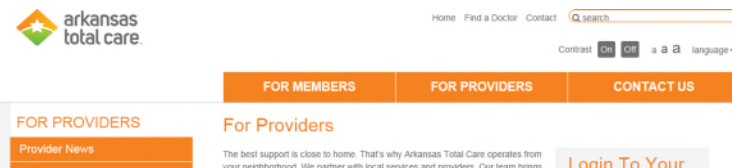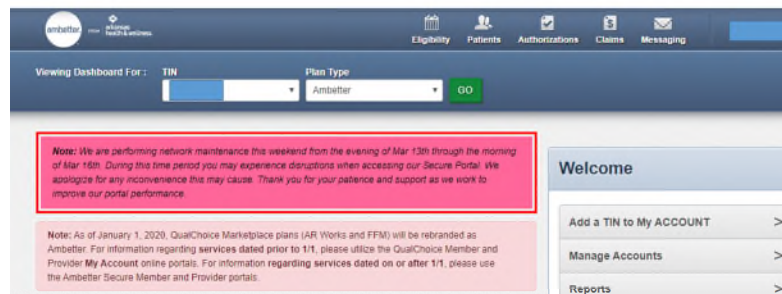
Provider Tools Available

- For further training on any of the provider tools, website, portal, or Availity please contact your provider representative.

- Contact information can be found at:
  - https://www.arhealthwellness.com/providers/provider_relations.html
  - https://www.arkansastotalcare.com/providers/provider_relations.html

- You may also email:
  - providers@arhealthwellness.com
  - providers@arkansastotalcare.com

Quality Improvement HEDIS Team

- Tip Sheets can be found on the provider websites:
  - https://www.arhealthwellness.com/providers/resources/CODING_TIP_SHEETS_AND_FORMS.html
  - https://www.arkansastotalcare.com/providers/resources/CODING_TIP_SHEETS_AND_FORMS.html

- For further information on HEDIS gap closure, resources, special reporting, or any other HEDIS needs please reach out to the HEDIS team.

- Secure Email: QI_AR_HEDIS@CENTENE.COM

- Secure Fax: 800-716-2380

Quality Improvement HEDIS Team

Carrie Hampton
Manager
Quality Improvement
501.725.7685
Carrie.Hampton@CENTENE.COM
ARHealthWellness.com
ArkansasTotalCare.com | P.O. Box 25538 | Little Rock, AR 72221

Danielle Winstead, LPN, PHIAS
QI Specialist II
Quality Improvement
501-478-2313
Danielle.Winstead@arkansastotalcare.com
ARHealthWellness.com
ArkansasTotalCare.com | P.O. Box 25538 | Little Rock, AR 72221

Keitha McGhee
HEDIS Coordinator
Quality Improvement
501-478-2288
Keitha.L.McGhee@centene.com
ARHealthWellness.com | P.O. Box 25538 | Little Rock, AR 72221

Ashley Ollison
HEDIS® Coordinator
Quality Improvement
501-478-2223
Ashley.Ollison@centene.com
ARHealthWellness.com
ArkansasTotalCare.com | P.O. Box 25538 | Little Rock, AR 72221