

# Quality Management

# What is HEDIS®?

## Healthcare Effectiveness Data and Information Set

- A set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA)
- A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service
- Consist of 96 measures across 6 domains:
  - 1) Effectiveness of care
  - 2) Access/availability of care
  - 3) Experience of care
  - 4) Utilization and risk adjusted utilization
  - 5) Health plan descriptive information
  - 6) Measures collected using electronic clinical data systems
- Designed to allow consumers to compare health plan performance to other plans

# HEDIS® Results help to:

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- 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

# Why is HEDIS® Important to Provider?

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- It 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. In development, estimated go-live 2021.
- Measure rates can be used as a tool to monitor compliance with incentive programs.

# What is the Provider's Role in HEDIS®?

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- ❑ Provide appropriate care within the designated timeframes
- ❑ Document clearly and accurately in the medical record ALL of the care you provide to our members
- ❑ Accurately code all claims (see our Provider Tip Sheets)
- ❑ Know your HEDIS® measures documentation requirements and specific parameters
- ❑ Respond to our request for medical records within **5-7 business/calendar** days.

\*timely submission is appreciated

# How is Data Collected for HEDIS®?

Three sources:

- Administrative (claims/encounters)



- Hybrid



- Survey of Member Experience (CAHPS)



# How is Data Collected for HEDIS®?

- Administrative measures use claims/encounters for medical office visits, hospitalizations, and procedures or pharmacy data
- Hybrid measures combined data obtained from member's medical record with administrative data
- Survey measures compiled data collected directly from members via the CAHPS survey
- **The ultimate goal** is for providers to submit claims/encounters with coding that administratively captures all required HEDIS® data via claims
  - ✓ This decrease or removes the need for medical record (hybrid) review

# CAHPS Survey

- Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey – standardized patient level satisfaction survey on the perceived overall healthcare experience
- The CAHPS survey include questions about access to care and care delivery over the last 6 months. Patients' experience with their provider is a main focus in the survey. Following are a few examples of 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 you needed?
  - When you talked about starting or stopping a prescription medicine, did a doctor or other healthcare 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?

\*there is an adult and child version of this survey and the questions are similar in both



# HEDIS® Annual Timeline

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## January –May

- Plan prepares for HEDIS® Season
- CAHPS survey administration begins in February
- HEDIS® department staff collect medical records and review data for hybrid reviews

## May –August

- CAHPS survey continues through May
- HEDIS® results are submitted, certified/reported to NCQA and regulatory agency
- Opportunities for improvement are identified

## September –December

- NCQA releases Quality Compass results nationwide for Medicaid
- Supplemental Data entry occurs

### Note:

- HEDIS® is a retrospective process and is year round
- HEDIS® rates will be referenced by Measurement Year (MY)
- Hybrid Claims, Survey and Supplemental data collection is a cyclical process

# HIPPA and HEDIS®

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- 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
- 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

# How Can You Improve Your HEDIS® Scores?

- ❑ Understand HEDIS® Measure Requirements
- ❑ Understand Measure Timelines
  - Schedule the next appointment before the patient leaves the office
- ❑ Know Gaps in Care Before Patient Arrives
  - 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. These components will increase the Adolescent Well Visit and Well child rates
  - Contact patients that are delinquent in needed care and schedule services
- ❑ Code Correctly (see our Provider Tip Sheets)
  - Use CPT II billing codes to help increase scores for BMI's, BMI percentiles, labs, etc.
  - Document Clearly and Completely
- ❑ Collaborate with the health plan on programs and interventions

# How we at ABH-CA can help!

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- ❑ If the member is compliant, but we don't have the claim yet, fax the medical record with a copy of the Gaps in Care report for that member to 833-540-7639
- ❑ Having trouble getting your member into the office to be seen? Contact our Member Service department at 1-855-772-9076 (TTY: 711)
- ❑ Contact the HEDIS® department at 1-855-737-0872 for HEDIS® education meetings/seminar/webinars and Provider Toolkits
- ❑ Please visit our Provider Web page for additional HEDIS® Measure Specifications, information, resources and guidance
  - <https://www.aetnabetterhealth.com/california/providers/index.html>