

HEDIS and health care quality

Understanding HEDIS®

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA). Aetna Better Health® of Illinois uses HEDIS® ratings to assess our performance in providing timely, quality health care services to members.

HEDIS also measures quality of care, based on timely delivery of recommended and needed health services for members to increase the likelihood of optimal health outcomes.

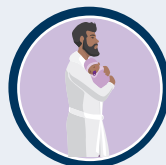
In addition to improved health outcomes, quality of care increases patient satisfaction and potential pay for performance (P4P) incentives a provider can earn from our health plan.

Illinois priority measures

Certain HEDIS measures are required to be reported to the Illinois Department of Healthcare and Family Services (HFS). These measures capture services for:



Behavioral health



Pediatrics



Chronic condition management



Women's health



Maternity

Some of these measures are P4P and have incentives or penalties based on member health outcomes and completion of services during the year.



Aetna Better Health® of Illinois

Capturing quality of care

Accurately coding claims is the best way to communicate member visits, diagnosis, diagnostic tests, immunizations, point-of-care tests and in-house labs. This helps improve the quality of care provided and increase P4P incentives. Acceptable codes for P4P and HEDIS measures for Aetna Better Health® of Illinois include those listed here.

Measure	Measure Description	Code	Code Description
Adult Access to Preventive Care (AAP)	Members 20 years of age or older who had an ambulatory or preventive care visit during the calendar year.	99201– 99205, 99211– 99215	Ambulatory Care
Blood Pressure Control for Patients with Diabetes (BPD)	Members 18–75 years of age with diabetes (types 1 and 2) whose BP was controlled (<140/90 mm Hg) during the calendar year.	3074F	Systolic Blood Pressure less than 130 mm Hg
		3075F	Systolic Blood Pressure less than 130–139 mm Hg
		3078F	Diastolic Blood Pressure less than 80 mm Hg
		3079F	Diastolic Blood Pressure 80–89 mm Hg
Breast Cancer Screening (BCS)	Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer from October 1 two years prior through December 31 of the current calendar year.	77055– 77057 77061– 77063 77065– 77067	Mammography
Cervical Cancer Screening (CCS)	Percentage of women 21–64 years of age who were screened for cervical cancer:	88141, 88142, 88143, 88147, 88148, 88150	Cervical Cytology
	21–64 years with a cervical cytology in the last 3 years	87620, 87621, 87622, 87624, 87625	High risk HPV test
	30–64 years with a high-risk HPV (hrHPV) test or cervical cytology hrHPV co-test in the last 5 years		
Childhood immunizations by age 2 (CIS)	Percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polios (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	97000 90713 90707 90644; 90647– 90648 90740 90716 90670 90633 90681 90680 90655, 90657	DTAP IVR MMR HiB HepB VZV PCV HepA Rota 2 dose Rota 3 dose Influenza
Controlling High Blood Pressure (CBP)	Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the calendar year.	3074F	Systolic Blood Pressure less than 130 mm Hg
		3075F	Systolic Blood Pressure less than 130 - 139 mm Hg
		3078F	Diastolic Blood Pressure less than 80 mm Hg
		3079F	Diastolic Blood Pressure 80 – 89 mm Hg
Dental services	Percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the calendar year.	DO150	Comprehensive Oral Evaluation - New or Established Patient
		DO120	Periodic Oral Evaluation - Established Patient
Eye Exam for Patients with Diabetes (EED)	Members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.	2022F, 2024F, 2026F	Eye Exam with Evidence of Retinopathy
	A negative result in the year or year prior satisfies the measure. A positive result satisfies the measure during the calendar year.	2023F, 2025F, 2033F	Eye Exam Without Evidence of Retinopathy

Follow-up services rendered by licensed behavioral health providers	Assessment of 7 and then 30 day follow-ups with a behavioral health practitioner for:		
	Members 13 years of age and older seen in the ED for substance use; or	98960–98962; 99201–99205; 99211–99215	IET Stand Alone Visits
	Members 6 years of age and older seen in the ED or admitted to the hospital for mental illness	98960–98962; 99201–99205	Behavioral Health Outpatient Visit
Hemoglobin Control for Patients with Diabetes (HBD)	Members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c	3044F	HbA1c level less than 7.0
	(HbA1c) was controlled <8.0% during the calendar year.	3051F	HbA1c level greater than/equal to 7.0 and less than 8.0
Immunizations for Adolescents (IMA)	Percentage of children who turned 13 years of age during the measurement year and had the following vaccinations on or by their 13th birthday:		
	One dose of meningococcal vaccine	90734	Meningococcal
	One tetanus, diphtheria toxoids and one acellular pertussis vaccine (Tdap)	90715	Tdap
	Completed the human papillomavirus (HPV) series.	90649–90651	HPV
Lead Screening in Children (LSC)	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	83655	Lead Tests
Timeliness of Prenatal Care (TOPC)	Members who received a prenatal visit within the first trimester, on or before the enrollment start date or within 42 days of enrollment with Aetna Better Health	99500, 0500F, 0501F, 0502F	Standalone Prenatal Visit
Postpartum Care (PPC)	Members with deliveries that received a postpartum visit between 7–84 days after delivery	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1–Z39.2	Postpartum Visit
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC)	Percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year		
	BMI percentile documentation	Z68.51 Z68.52 Z68.53 Z68.54	Less than 5th percentile for age 5th percentile to less than 85th percentile for age 85th percentile to less than 95th percentile for age Greater than or equal to 95th percentile for age
	Counseling for nutrition	97802–97804	Nutrition counseling
	Counseling for physical activity	Z71.82	Exercise counseling
Well Child Visits in the First 30 Months of Life (W30)	Percentage of members who had the following number of well-child visits with a PCP during the last 15 months	99381–99385, 99391–99395, 99461	Well Child Care
	6 or more visits from birth–15 months of age for members turning 15 months during the calendar year		
	2 or more visits between 15–30 months of age for members turning 30 months during the calendar year		



HEDIS Medical Record Review Project

When claims/encounters are submitted without accurate coding during visits, the health plan is required to look for missed services. We will collect charts on patients whose data was not received. This is known as the HEDIS Medical Record Review (MRR) Project. It occurs from January until May for the prior year. After this medical record review, final HEDIS rates are calculated for our health plan and provider network.



Partnering to improve performance

Aetna Better Health® of Illinois is committed to working with each provider in our network to help improve member health outcomes and increase provider performance for HEDIS and P4P measures. One way we do this is assigning staff members to work directly with providers throughout the state. Your Quality Practice Liaison (QPL) is your primary point of contact for Quality and P4P. Your QPL can help you with:

- ♥ Virtual or onsite education on HEDIS, CPT and additional coding tips, gap closure and data deep dives
- ♥ Valuable tips on how to increase P4P payout
- ♥ Medical record reviews to determine opportunities and areas for improvement
- ♥ Identifying patients who frequently miss appointments so our team can reach out to them

We also encourage you to attend our HEDIS webinar series. And, you can consider alternate ways to capture care provided to our members such as data feeds or health information exchanges (HIEs). Care captured through data feeds or HIEs count toward HEDIS and P4P program scores.

Questions?

Ask your QPL or email our Quality Department at ABHILQualityOutreach@Aetna.com