HEDIS 101 for Providers

Aetna Better Health of Kentucky
2017
HEDIS 101 for Providers

- **Integrity**: We do the right thing for the right reason.
- **Excellence**: We strive to deliver the highest quality and value possible through simple, easy and relevant solutions.
- **Inspiration**: We inspire each other to explore ideas that can make the world a better place.
- **Caring**: We listen to and respect our customers and each other so we can act with insight, understanding and compassion.
HEDIS® 101 for Providers Agenda

- What is HEDIS®?
- Why is HEDIS® Important to the Provider?
- How is Data Collected for HEDIS®?
- HEDIS® Annual Timeline
- HIPAA and HEDIS®
- What is the Provider’s Role in HEDIS®?
- HEDIS Measures (select examples)
- How Can You Improve Your HEDIS® Scores?
- CAHPs Survey – A Component of HEDIS®
- How Can Aetna Better Health Help?
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 81 measures across 5 domains of care
- Designed to allow consumers to compare health plan performance to other plans on an “apples-to-apples” basis
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
Why is HEDIS® Important to the Provider?

- 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.
- Measure rates can be used as a tool to monitor compliance with incentive programs.
How is Data Collected for HEDIS®?

Three sources:
• Administrative
• Hybrid
• Survey of Member Experience
How is Data Collected for HEDIS® Reporting?

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

**The Ultimate Goal**

- 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
HEDIS® Annual Timeline

**January to early May**
ABH of KY 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 and reported to NCQA and Kentucky Medicaid. Opportunities for improvement are identified.

**September - December**
NCQA releases Quality Compass results nationwide for Medicaid. Supplemental data entry occurs.

**Reminder:**
HEDIS® is a retrospective process
HEDIS® 2017 = Calendar Year 2016 Data

HEDIS® is a year-round effort. Hybrid, claims, survey, and supplemental data collection is a cyclical process.
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.
- 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.
What is the Provider’s Role in HEDIS®

✓ 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 for guidance).
✓ Know your HEDIS® measures documentation requirements and specific parameters.
✓ Respond to our requests for medical records within 5 – 7 days. Timely submission is appreciated.
## HEDIS® Measures (select examples)

<table>
<thead>
<tr>
<th>ABA</th>
<th>Adult Body Mass Index</th>
<th>CISQ</th>
<th>Childhood Immunization Status with Lead Screening in Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWC</td>
<td>Adolescent Well Care</td>
<td>FPC</td>
<td>Frequency of Prenatal Care</td>
</tr>
<tr>
<td>BCS</td>
<td>Breast cancer Screening</td>
<td>IMA</td>
<td>Immunizations for Adolescents</td>
</tr>
<tr>
<td>CBP</td>
<td>Controlling High Blood Pressure</td>
<td>PPC</td>
<td>Prenatal and Postpartum Care</td>
</tr>
<tr>
<td>CCS</td>
<td>Cervical Cancer Screening</td>
<td>WCC</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</td>
</tr>
<tr>
<td>CDC</td>
<td>Comprehensive Diabetes Care</td>
<td>W15</td>
<td>Well Child Visits in the First 15 Months of Life</td>
</tr>
<tr>
<td>CHL</td>
<td>Chlamydia Screening</td>
<td>W34</td>
<td>Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life</td>
</tr>
</tbody>
</table>
How Can You Improve Your HEDIS® Scores?

- Understand HEDIS® Measure Requirements
- Understand Measure Timelines
- Know Gaps in Care Before Patient Arrives
- Code Correctly
- Document Clearly and Completely
How Can You Improve Your HEDIS® Scores?

1. Be sure you are coding correctly for all the services you provide.
2. Use CPT II billing codes to help increase scores for BMI’s, BMI percentiles, labs, etc.
3. Conduct and bill a well visit with a sick visit for a member who has not had his/her annual physical
4. 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.
5. Contact members that are delinquent in needed care and schedule services.
6. Be sure that follow-up instructions are clear and documented in the medical record (ex: for future appointments and what to do)
7. Schedule the next appointment before the patient leaves the office
8. Collaborate with the health plan on programs and interventions
CAHPs Survey – A Component of HEDIS®

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

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?

*There is an adult and a child version of this survey and the questions are similar in both*
How We Aetna Better Health Help?

• 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 1-855-415-1215.

• Having trouble getting your members into the office to be seen? Contact our Member Outreach Department. We can help.

• Contact the HEDIS® department at 1-855-737-0872 for HEDIS® education meetings/seminars/webinars and provider toolkits.

• Please visit our Provider Web page for additional HEDIS® Measure specifications, information, resources, and guidance.

  https://www.aetnabetterhealth.com/kentucky/providers/
Thank you