HEDIS ® Made Easy

What you really need to know

Disclaimer

This document is merely a tool for providers and provides a general summary on some limited HEDIS® Program requirements. This document should not be used as legal advice, expert advice or as a comprehensive summary of the HEDIS® Program. Please refer to ncqa.org for HEDIS® Program measures and guidelines as well as relevant statutes.

The information provided is in this document is for 2017 HEDIS period and is current at the time this document was created. NCQA HEDIS® Program requirements, applicable laws, and L.A. Care’s policy change from time to time, and information and documents requested from you may also change to comply with these requirements.

L.A. Care is not affiliated with NCQA or its HEDIS® Program and does not receive any financial remuneration from it.

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

HEDIS OPERATIONS

HEALTHCARE OUTCOMES & ANALYSIS
Learning Goals for Today

- HIPAA
- Learn what HEDIS® is
- What is your role in HEDIS®?
- Annual HEDIS® Calendar
- Medical Record Requests
- Hybrid HEDIS® Measures
- Questions & Answers
Our “1” Simple Goal

• HEDIS®
  can be intimidating
• HEDIS®
  can be nerve wrecking
• HEDIS®
  can be frustrating

To make HEDIS® easier for you!
How to Reach Goals

• Understand the guidelines
• Follow best practice
• Establish a habit
• Continual repetition till it sticks
Under the Health Information Portability and Accountability Act rule:

- Personal Health Information (PHI) can be collected and shared with the Health Plan for quality purposes
- Data collection is permitted
- No further authorization needed from the patient
What is HEDIS®?

- Healthcare
- Effectiveness
- Data and
- Information
- Set
Retrospective Review

• HEDIS® is a look backwards at the year or year(s) prior
• It is a review of the services and clinical care provided to L.A. Care patients.
HEDIS® HYBRID DATA

HEDIS® hybrid data is a combination of:

1. Administrative data: Data captured from Claims, Encounters, Pharmacy, and Labs
2. Medical Record review: A validation audit
What is your role in HEDIS®?

- Ensure preventative healthcare screening is done
- Ensure screening is completed within the right time frame
- Ensure all screenings are documented in the Medical Record
- Ensure the date of service, date of birth, and member name are legible and correct
- Faxing medical records to L.A. Care within 5 business days of request
### HEDIS® 2017 CALENDAR

<table>
<thead>
<tr>
<th>Jan – May</th>
<th>June</th>
<th>July - Oct</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collection of medical records from Dr. Offices&lt;br&gt;• Medical records audited by L.A. Care</td>
<td>• Audit results are compiled&lt;br&gt;• Audit results are sent to NCQA</td>
<td>• NCQA releases report card&lt;br&gt;• NCQA releases new measures/changes&lt;br&gt;• Training at doctors’ offices&lt;br&gt;• Onsite medical record audit</td>
</tr>
</tbody>
</table>
Medical Record Requests

Medical record requests are sent by fax and include:

- A patient list
- The measure(s) we are auditing
- Explanation of the minimum documents needed
Frequently Asked Questions

• Should I send the entire record?
  – No, we ask that you only provide what is needed which is specified on the medical request form.

• Who do I contact if I have a question about the HEDIS® request?
  – Each fax request sent includes the contact person’s name and telephone number.
Turn-Around Time

Day turn-around to fax Medical Records to L.A. Care
### Hybrid HEDIS® Measures

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Adult Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>ABA Adult BMI Assessment</td>
</tr>
<tr>
<td>LACC</td>
<td>CBP Controlling High Blood Pressure</td>
</tr>
<tr>
<td>MA</td>
<td>CDC Comprehensive Diabetes Care</td>
</tr>
<tr>
<td>MMP</td>
<td>COL Colorectal Cancer Screening</td>
</tr>
<tr>
<td>MLTSS</td>
<td>MRP Medication Reconciliation Post-Discharge</td>
</tr>
<tr>
<td>MA</td>
<td>COA Care for Older Adults</td>
</tr>
<tr>
<td>MMP</td>
<td>CCS Cervical Cancer Screening</td>
</tr>
<tr>
<td>MA</td>
<td>FPC Frequency of Prenatal Care</td>
</tr>
<tr>
<td>MMP</td>
<td>PPC Prenatal and Postpartum Care</td>
</tr>
<tr>
<td></td>
<td>CIS Childhood Immunization Status</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>IMA Immunizations for Adolescents</td>
</tr>
<tr>
<td>LACC</td>
<td>WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</td>
</tr>
<tr>
<td>MA</td>
<td>W34 Well-Child Visits in the 3rd, 4th, 5th &amp; 6th Years of Life</td>
</tr>
<tr>
<td>MMP</td>
<td>AWC Adolescent Well-Care Visits</td>
</tr>
</tbody>
</table>

MMP – Cal MediConnect/dual eligible; MA – Medicare Advantage; LACC – Commercial/Marketplace; MLTSS – Managed Long Term Services and Support
Hybrid HEDIS® MEASURES

ADULT HEALTH

“You’ve come down with a viral video.”
Adult BMI Assessment (ABA)

Ages 18-74

Documentation in 2015/2016

Documentation must have:

- **20 years-of-age and older:** Weight and BMI value.
- **Younger than 20 years-of-age:** Height, Weight, and BMI in percentile.

Common Chart Deficiencies:

- Height and/or weight are documented but there is no calculation of the BMI
- A range was given or threshold to be met. Each patient must have a distinct BMI value or %
Controlling High Blood Pressure (CBP)

Ages 18-85
Diagnosis of Hypertension
Blood Pressure Controlled
18-59 <140/90
60-85 with diabetes <140/90
60-85 without diabetes <150/90

Documentation must have:
• HTN diagnosis on or before June 30, 2016
• Last BP reading of 2016
• You must have the date and result

A minimum of two notes must be submitted. 1) HTN diagnosis 2) BP reading

The diagnosis can be from any progress note, problem list, consult note, hospital admission or discharge.

Common Chart Deficiencies:
• Elevated BP
• Check the patient’s BP at the beginning and the end of the visit and document both findings
• Diagnosis date of hypertension is not clearly documented
Comprehensive Diabetes Care (CDC)

Age 18 - 75
HbA1c Testing
HbA1c Results
Nephrology
Retina Eye Exam
Blood Pressure Reading

Documentation must have:

- Hemoglobin A1c
- Blood Pressure
- Nephropathy: Urine Tests (+) and (-) now acceptable, ACE/ARB prescription, or visit notes from nephrologists
- Retinal Eye Exam (2015/2016)

Submit the last HbA1c and BP screening of the year 2016

Common Chart Deficiencies:

- Tests ordered but not done
- Lab results not found
- Consult reports not found
- BP reading elevated. Take BP reading at the beginning and end of each visit, and document
Colorectal Cancer Screening (COL)

Ages 50-75 Screening for Colon Cancer

Documentation must have:
Date and result of one of these screenings:

- Colonoscopy within ten years (2007 -2016)
- Sigmoidoscopy within five years (2012-2016)
- FOBT (2016)
- CT Colonography (2012-2016)
- FIT-DNA (2014-2016)

Any of the three scenarios pass for FOBT

1. Guaiac FOBT – 3 samples or note that it was done.
2. Immunochemical FIT note that it was done.
3. FOBT unknown but documented as done.

Common Chart Deficiencies:

- Not documenting Colorectal screenings in the health history
- Not providing the health history with the note and/or test results
- FOBT test performed in an office setting or performed during a digital rectal exam does not meet criteria
Medication Reconciliation
Post-Discharge
(MRP)

Ages 18 +
Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on date of discharge through 30 days after discharge (31 days total)

Documentation must have 1 (one) of the following:

- Documentation that the provider reconciled the current and discharge medications.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- Documentation of the member’s current medications with a notation that the discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
- Evidence that the member was seen for post discharge hospital follow-up with evidence of medication reconciliation or review.
- Documentation in the discharge summary that the discharge medications were reconciled with the current medications. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
- Notation that no medications were prescribed or ordered upon discharge.

An outpatient visit is not required, only documentation in the outpatient record that the medication was reconciled meets criteria.
Hybrid HEDIS® MEASURES
OLDER ADULT HEALTH
Care of the Older Adult (COA)

Ages 66 +
Advance Care Planning
Medication Review
Functional Status Assessment
Pain Assessment

Documentation must have:

1. Advance Care Planning
   Includes a discussion about preferences for resuscitation, life sustaining treatment and end of life care. Examples include:
   - Advance directive
   - Actionable medical orders
   - Documentation of care planning discussion
   - Living Will/Medical Power of Attorney

2. Medication Review
   Includes at least one (1) medication review with:
   - Presence of a medication list and date the review was performed or
   - Dated notation that the member is not taking any medication

Review must be by a prescribing practitioner and/or clinical pharmacist
Care of the Older Adult (COA) (Continued)

Documentation must have:

3. Functional Status Assessment
   One (1) functional status assessment and the date it was performed. Examples include:
   • Notation ADLs were assessed, or
   • Notation that Instrumental Activity of Daily Living (IADL) were assessed, or
   • Results of assessment using a standardized tool, or
   • Notation that at least 3 of the 4 following were assessed: cognitive status, ambulation status, hearing, vision and speech, other functional independence

   The assessments may be done during separate visits

4. Pain Assessment
   Documentation of pain assessment and the date it was performed (positive or negative findings)
Hybrid HEDIS® MEASURES

WOMEN’S HEALTH
Cervical Cancer Screening (CCS)

Females Ages 21-64
Pap
(2014/2015/2016)

Females Ages 30-64
Pap with HPV co-testing
(2012–2016)

Documentation must have:
• Date and result of cervical cancer screening test -or-
• Date and result of cervical cancer screening test and date of HPV test on the same date of service -or-
• Evidence of hysterectomy with no residual cervix

Reflex HPV does not count as co-testing

Common Chart Deficiencies:
• Pap smear test results not documented in medical record
• Incomplete documentation related to hysterectomy
Frequency of Ongoing Prenatal Care (FPC)

Live Births Delivered on or between 11/6/2015 to 11/5/2016 and were continuously enrolled 42 days prior to delivery

Documentation must have:
Date and documentation of all prenatal visits.

Most of this information is found on the ACOG form

ACOG recommends 14 visits for a 40 week pregnancy

Common Chart Deficiencies:
Must be “unduplicated” prenatal visits.

If there is an office visit and the provider orders an U/S and labs and they are done on separate days, all three would only count as one date of service.
Prenatal and Postpartum Care (PPC)

Live Births Delivered on or between 11/6/2015 to 11/5/2016

Documentation must have:

Prenatal Care: Prenatal visit during the first trimester or within 42 days of enrollment

Most information is found on the ACOG form

Postpartum Care: Post-partum visit within 21-56 days of delivery

Common Chart Deficiencies:

• Prenatal care not done within timeframe
• No Postpartum care visit
• Incision check for post C-section does not constitute a postpartum visit
Hybrid HEDIS® MEASURES

CHILD AND ADOLESCENT HEALTH
Childhood Immunization Status (CIS)

% of children 2 years of age who had all of the required immunizations (2014-2016)

Documentation must have:

- 4 Dtap: Diphtheria, tetanus and cellular pertussis
- 3 IPV: Inactivated Polio Virus
- 1 MMR: Measles, Mumps, and Rubella
- 3 Hib: Haemophilus influenza type B
- 3 HepB: Hepatitis B
- 1 VZV: Chicken Pox
- 4 PCV: Pneumococcal conjugate
- 1 HepA: Hepatitis
- 2 or 3 RV: Rotavirus
- 1 Flu: Influenza

Submit:

- Complete Immunization Records
- PM 160
- CAIR Records
- Copy of yellow immunization card
- Parental refusal
- Allergies List
- History of Illness, as applicable
Childhood Immunization Status (CIS) (Continued)

Common chart deficiencies:

- Immunizations received after the 2nd birthday.
- PCP charts do not contain immunization records if received at Health Department or school.
- Immunizations records given in the hospital at birth are not obtained.
- No documentation of allergies, contraindications, or illness.
- No documentation of parental refusal.

If missing any immunizations, please 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, allergies or illness
Immunizations for Adolescents (IMA)

Meningococcal 2014 – 2016
(11th – 13th birthday)
Tdap 2013 – 2016
(10th – 13th birthday)
Human papillomavirus vaccine
(3 doses between 9th – 13th birthday)

Documentation must have:
- Date administered and type
- Certificate of immunization
- Notation of anaphylactic reaction

If immunizations are missing, please send:
- Documentation of parental refusal
- Patient contraindications/allergies

Common Chart Deficiencies:
- Immunizations not administered during timeframes
- Immunization records not found in the PCP chart or immunization card
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)

Ages 3-17
Notation in the medical record
Year 2016

Documentation must have:
- BMI date and percentile
- Weight date and value
- Height date and value
- Age growth chart(s)

BMI must be in percentile only

Counseling for Nutrition:
Documentation of discussion on diet and nutrition, checklist, referral to nutritionist, anticipatory guidance, or weight/obesity counseling

Counseling for Physical Activity:
Documentation of discussion on current physical activities, check list, counseling/referral, education, anticipatory guidance, or weight/obesity counseling
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)

Common Chart Deficiencies:

- BMI documented as value (number) not as percentile
- BMI growth charts not submitted
- Anticipatory guidance does not always address nutrition and physical activity
- Developmental milestones are not acceptable
- PM 160 forms do not address physical activity
Well Child Visits in the 3rd, 4th, 5th & 6th Years of Life (W34)

Ages 3 - 6 yrs.
At least ONE “Well-Child” visit with a PCP in 2016

Documentation must have:
• Health history
• Developmental history - physical
• Developmental history - mental
• 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 required elements
• Children being seen for sick visits and the required elements are not addressed
Adolescent Well-Child Visits (AWC)

Ages 12 - 21 yrs.
At least one “Well-Child” visit with a PCP or an OB/GYN in 2016

Documentation must have:
• Health history
• Developmental history - physical
• Developmental history - mental
• Physical exam
• Health education/ anticipatory guidance

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

Common Chart Deficiencies:
• Lack of documentation of required elements
• Adolescents being seen for sick visits and the required elements are not addressed
Let’s See What You’ve Learned

1. What does HEDIS® Stand for?

2. What is your role in HEDIS®?

3. Do you need to send the entire record?

4. What do you do if you have questions?
Got Questions?

Email us at: HEDISOps@lacare.org

Check out our website at:
https://www.lacare.org/providers/provider-resources/hedis-resources

Click on:
HEDIS® Resources
For helpful trainings and guides
Resources at Your Fingertips

Presentation and Trainings:
HEDIS® Made Easy
6 Steps to HEDIS Success
Quality Improvement Webinar for PPGs

Guidance Documents:
HEDIS® Measure Criteria
HEDIS® at a Glance
HEDIS® Value Set Directory (codes)
HEDIS® Measures Handout
HEDIS® Office Manager’s Guide
HEDIS® Provider Wellness Flyers
Question and Answer Period