Medicaid Managed Care Program (STAR) and Children’s Health Insurance Program (CHIP) HEDIS® 101 for PROVIDERS

2013 Provider Training
Introduction

Welcome to Blue Cross and Blue Shield Texas Medicaid HEDIS® 101 for Providers.

- What is HEDIS?
- What is your role, as a provider, in HEDIS?
- Annual HEDIS Calendar
- HIPAA
- Types of Reviews
- HEDIS Measures
- Hybrid HEDIS Measures
- HEDIS Physician Documentation Requirements
- Questions and Answers
What is HEDIS?

HEDIS (heˈ-dis)

Healthcare Effectiveness Data and Information Set
What is HEDIS?

- HEDIS is a performance measurement tool that is coordinated and administered by the NCQA (National Committee for Quality Assurance)
- It is used by more than 90% of America’s Health Plans
- (NEW) NCQA has a set deadline of May 15 for health plans to gather HEDIS data
- Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members
- HEDIS measure requirements and calendar can change on an annual basis
- HEDIS data is always collected for activities performed during the previous annual year – HEDIS 2014 for measurement year 2013
How is HEDIS data used?

- HEDIS data is used to measure the Quality of care received by health plan members
- HEDIS consists of 75 measures across 8 domains of care
- Some measures are considered “accreditation” measures and a plan seeking NCQA accreditation is scored on their performance for those measures
  - This is a subset of the 75 total measures
- HHSC uses some of the HEDIS measures to evaluate MCOs performance to a set of ‘At Risk Performance Measures and Quality Challenge Measures’
- HHSC contracts with an external quality review organization (EQRO) to collect HEDIS data for all MCOs
  - Used to develop Quality of Care Reports for HHSC per MCO
- Some plans may collect their own HEDIS data for NCQA Accreditation or for a more comprehensive annual assessment of their plan results and to submit to the EQRO organization
What is your role, as a Provider, in HEDIS?
As a Provider, you play a central role in promoting the health of our members.

You and your office staff can help facilitate the HEDIS process by:
1. Providing the appropriate care within the designated timeframes
2. Accurately documenting all care in the patient’s medical record
3. Accurately coding all claims
4. And lastly, by responding to our requests for medical records within 5 business days

HEDIS is reported collectively for each plan, not by provider or member.

*Your cooperation and timeliness in providing the requested medical record information is greatly appreciated!*
Annual HEDIS Calendar
And
HIPAA
NCQA has a set deadline of May 15 for Health Plans to gather HEDIS data (NEW)

The HEDIS calendar and deadlines are set each year

- **Feb - May 15**: Clinical Quality Staff collect HEDIS data (Medical Record Reviews)
- **June**: Results are reported to NCQA
- **September**: NCQA releases Quality Compass results nationwide
HIPAA requirements for HEDIS

- HIPAA – Health Information Portability and Accountability Act
- Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS is permitted and the release of this information request no special patient consent or authorization.
- Please be assured our members’ personal health information is maintained in accordance with all federal state laws.
- Data is reported collectively without individual identifiers
- All of the health plans’ contracted providers’ records are protected under this act.
Types of Reviews
Types of Reviews

HEDIS data are collected three ways:

- **Administrative Data** - obtained from our claims database
- **Hybrid Data** - obtained from our claims database and medical record reviews (chart reviews)
  - Data collected from provider charts
- **Survey Data** - obtained from member and provider surveys, example: *Consumer Assessment of Healthcare Providers and Systems* surveys (CAHPS)
Medical Record Requests
Medical Record Requests

- Initial Medical Record Requests are faxed to providers;
  - the requests includes a member list identifying their assigned measures and information needed

- Data collection methods may include: fax, mail, onsite for larger requests, remote electronic medical record (EMR) system access, and electronic data interchange

- Due to the shortened data collection timeframe, a five-day turnaround is expected

- Medical record requests may come from the Health and Human Services Commission (HHSC) External Quality Review Organization (EQRO) group and/or from the MCOs.
Hybrid HEDIS Measures
Below is the list of all NCQA defined measures that can have Hybrid data collection.

MRR will only be conducted on a subset of all NCQA approved Hybrid measures based on the annual At Risk performance measures, Quality challenge measures and HHSC priorities.

NCQA defined Hybrid Measures

- ABA - Adult Body Mass Index
- CBP - Controlling High Blood Pressure
- CDC - comprehensive Diabetes Care
- CMC - Cholesterol Management for persons with Cardiovascular conditions
- COL - Colorectal Cancer Screening
- IMA - Immunizations for Adolescents
- LSC - Lead Screening in Children
- HPV - Human Papillomavirus Vaccine for Female Adolescents
- FPC - Frequency of Prenatal Care
- CIS - Childhood Immunization Status
- PPC - Prenatal and Postpartum Care
- WCC - Weight Assessment/Counseling for Nutrition & Physical Activity for Children/Adolescents
- W15 - Well Child Visits in the first 15 months of life
- W34 - Well Child visits in the 3rd, 4th, 5th, and 6th years of life
- AWC - Adolescent Well Care Visits

*Measures listed in Blue are priority measures for HHSC*
Hybrid HEDIS Measures
Required Documentation
Hybrid Measures Required Documentation
Adolescent Well Child Visits

- AWC - Adolescent Well Child Visits

- Members 12 - 21 years old in the measurement year that have had at least ONE “Well Care” visit (school physical, pap, post partum visit)

Documentation must include:
- Health and Development (i.e. - development assessment, social and emotional development, school progress, physical activity, depression, menarche, peer relationships)
- Physical Exam (i.e. - Tanner stage, height, weight, BMI, head, eyes, heart, lungs, acne, pap smears, abdomen)
- Anticipatory Guidance (i.e. - balanced meals, sex education, safety, smoking, drug and ETOH avoidance, regular exercise, breast self exams, seat belt use, suicidal ideation, partner selection)

Common Chart Deficiencies:
- Lack of documentation for all 3 requirements: developmental assessment, anticipatory guidance provided, and physical exam components
- Children being seen for sick visits only and no documentation related to well-child visits.
Hybrid Measures Required Documentation – Cervical Cancer Screening

- CCS - Cervical Cancer Screening
- Female members 24 - 64 during the measurement timeframe (measurement year and two years prior) who had cervical cancer screening

Documentation must include:

- Date and result of cervical cancer screening test

Common Chart Deficiencies:

- Lack of documentation related to women’s health in Primary Care Physician charts
- Incomplete documentation related to hysterectomy
- Lack of test results in chart
Hybrid Measures Required Documentation – Comprehensive Diabetes Care

- CDC - Comprehensive Diabetes Care
- Members 18 - 75 with Type I or Type II Diabetes who received proper testing and care for diabetes during the measurement year
- Scores are looked at for each sub measure

Documentation must include:

- Hemoglobin AIC
- LDL Lipid Screening
- Blood Pressure
- Nephropathy-Urine tests, ACE/ARB prescription, or visits to nephrologists
- Retinal Eye Exam (during the measurement year or year prior)

Common Chart Deficiencies:

- Incomplete information from consultants in the PCP charts
- Incomplete information related to yearly lab testing and results
- Documentation of Eye exam referred or completed but not documentation of type of exam or results.
Hybrid Measures Required Documentation – Childhood Immunization Status

- CIS Childhood Immunization Status
  - HEDIS looks at 9 combinations
  - HHSC collects data for Combo 4 to evaluate MCO performance

- Percentage of children 2 years of age who had all of the required immunizations for Combo 4

**Combo 4 Documentation must include**

- 4 DTAP
- 3 HIB
- 1 MMR
- 1 HEP A
- 1 VZV or has had chickenpox
- 3 IPV
- 3 HEP B
- 4 Pneumococcal (PCV)

**Common Chart Deficiencies:**

- Immunizations received after the 2\(^{nd}\) birthday
- PCP charts do not contain immunization records if received elsewhere, i.e. - from Health departments or immunizations that are given in the hospital at birth
- Dates and details of all immunizations received
- Documented history of the illness or seropositive results can count as a numerator positive hit if applicable
Hybrid Measures Required Documentation – Lead Screening in Children

- LSC – Lead Screening in Children

The 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

Documentation must include:
- A note indicating the date the test was performed, and
- The result or finding

Common Chart Deficiencies:
- Lead assessment does not constitute a lead screening
- A note that testing was completed but no results in chart.
Hybrid Measures Required Documentation – Immunizations for Adolescents

- IMA - Immunizations for Adolescents
- Adolescent members turning 13 in the measurement year who had these immunizations

Documentation must include:
- Meningococcal - 1 dose on or between 11th and 13th birthdays
- TDAP/TD - 1 dose on or between 10th and 13th birthdays

Common chart Deficiencies:
- Immunizations not administered during appropriate timeframes
- PCP charts do not contain immunization records if received elsewhere (i.e. - Health Departments)
Hybrid Measures Required Documentation – Prenatal and Postpartum Care

- PPC - Prenatal and Postpartum Care
- Female members who delivered a live birth between November 6th of the year prior and November 5th of the measurement year

Documentation must include:

- Prenatal Care - Prenatal visit within 42 days of enrollment or during the first trimester
- Post-partum Care - Post-partum visit within 21 - 56 days of delivery
- See HEDIS tech specs for visit requirements if pregnancy related diagnosis code is not used
Hybrid Measures Required Documentation for PPC - Prenatal and Postpartum Care Measure

- Female members who delivered a live birth between November 6th of the year prior and November 5th of the measurement year

- Incision check for post C-section does not constitute a postpartum visit

- Prenatal visits must show evidence of: Any visit to an OB practitioner or midwife with one of the following:
  - Obstetric panel
  - TORCH antibody panel
  - Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing)
  - Ultrasound (echocardiography) of pregnant uterus
  - Pregnancy-related diagnosis code

- Prenatal visit evidence of: Any visit to a family practitioner or other PCP with diagnosis-based evidence of prenatal care in the form of a documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/education.

- Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following.
  - Pelvic exam, or
  - Evaluation of weight, BP, breasts and abdomen, or
  - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
  - Notation of postpartum care, including, but not limited to:
  - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
  - A preprinted “Postpartum Care” form in which information was documented during the visit.
Hybrid Measures Required Documentation

Weight Assessment & Counseling for Nutrition & Physical Activity for Children and Adolescents

- **WCC** - Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents

- **Members age 3 - 17 who had an outpatient visit with the following components in the measurement year**

**Documentation must include:**

- BMI (body mass index) Percentile - BMI percentile date and value (may be a BMI value for adolescents age 16 - 17 on date of service)
  1. Weight date and value
  2. Height date and value

- Counseling for Nutrition - discussion on diet and nutrition, anticipatory guidance or counseling on nutrition

- Counseling for Physical Activity - Discussion of current physical activities, counseling for increased activity, or anticipatory guidance on activity

**Common Chart Deficiencies:**

- BMI documented as number not percentile based on height, weight, age and gender
- Anticipatory guidance does not always specify what areas were addressed and are not always age appropriate
- Developmental milestones do not constitute anticipatory guidance or education
- Preprinted forms do not always address nutrition and physical activity
Hybrid Measures Required Documentation –
Well Child Visits within 15 months of Life

- **W15** - Well child visits in the First 15 Months of Life
- Children 0 - 15 months of age during the measurement year who had 6 or more well-child visits

**Documentation must include:**

- **Physical Exam** (e.g., general appearance, height, weight, head circumference, deformities, reflexes present, fontanels, alertness, heart, lungs, abdomen)
- **Health and Development** (e.g., developmental questionnaires regarding sleep habits, feeding, motor skills, teething, interaction with others, walks alone, teething, chewing objects, PCP observation)
- **Anticipatory guidance** (e.g., injury prevention, circumcision care, thermometer use, choking prevention, bathing, car seat use, temper tantrums, lead poisoning)

**Common Chart Deficiencies:**

- Lack of documentation of education and anticipatory guidance (must have components of all 3 requirements)
- Children being seen for sick visits only and no documentation related to well-child visits.
W34 - Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life

Children 3 - 6 years old in the measurement year that have had at least ONE “Well Care” visit

Documentation must include:

- **Physical** (i.e. height, weight, BMI percentile, head, eyes, heart, lungs, abdomen, extremities, hearing, teeth)
- **Health and Development** (i.e. developmental questionnaires, motor skills, interaction with others, communication skills, physical development, family situations)
- **Anticipatory Guidance** (i.e. injury prevention, car seat use, temper tantrums, establishing routines, after school activities, nutrition, gun safety, limit TV, safety, discipline, fire escape plan, good and bad touches)

Common chart Deficiencies:

- No immunizations due during this time so children are not seen as often
- Lack of documentation of education and anticipatory guidance (components of all 3 requirements must be included)
- Children being seen for sick visits only and no documentation related to well-child visits
ANY QUESTIONS?
Thank you for your time!
We look forward to working with you!

Please complete and fax the training evaluation form.