



# HEDIS 2019 Takeaways and Your Role in 2020

Presentation to CCHP Practitioners and Staff

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## Agenda

- Objectives of Presentation
- What is HEDIS?
- How We Use HEDIS Results
- Roles and Responsibilities for CCHP and Practitioners
- Measures We Retrieve Records for
- How We Can Work Together
- Summary & Next Steps
- Q&A Session



## Objectives

- Explain what HEDIS is, and the purpose of HEDIS measurement and results.
- Discuss what is the timeline of events for the upcoming HEDIS 2020 season.
- Explain what the roles and responsibilities of practitioners are in HEDIS measurement and reporting.
- Discuss what specific HEDIS measures for which CCHP requests medical records.
- Explain how CCHP and practitioners can work together to achieve HEDIS success.



## What is HEDIS?

- HEDIS is a standardized set of performance measures called **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et
- HEDIS is a tool used by the National Committee on Quality Assurance (NCQA) to track and compare our performance on a number of measures
  - Claims data = Administrative
  - Medical records data = Hybrid

NCQA collects data on over 90 measures across 6 domains of care.

Much of the data collected by health plans are captured by claims data (administrative), while some data is pulled through medical record review and/or electronic data integration between the physician's office and the health plan (hybrid).



## How We Use HEDIS Results

- Evaluate quality of care and services
- Evaluate provider performance
- Develop performance improvement initiatives
- Perform outreach to providers and members

We use our HEDIS results to evaluate our health plans performance across many different aspects of care.

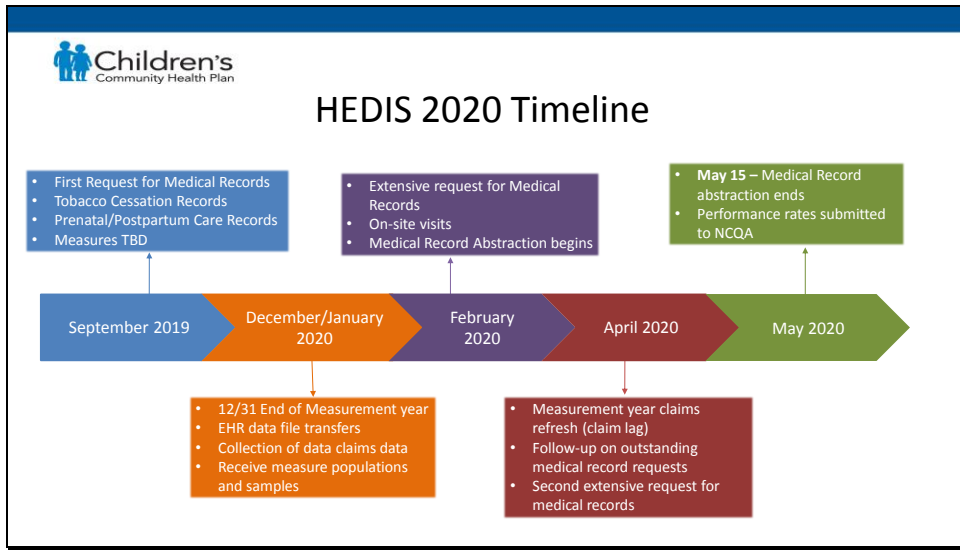
We look year round at results to ensure a high quality of care and services

Since we can get down to the members that fall in each measure, we are able to assign the member to their primary care physician and determine performance rates at the provider level. If you are interested, we are able to send you your performance rates and some tips on improvement.

We also assign member compliance at the primary care clinic and provider system level and have developed initiatives and agreements with provider groups based on the performance of certain HEDIS measures.

We also use these results as a basis to our performance improvement projects for the State of Wisconsin and reports to our national accrediting organization, NCQA.

Lastly, we try to identify high and low performing providers to reach out to either compliment or ask to see if the provider needs any help increasing their performance. We have worked with providers before and are able to provide member level lists to help close the care gaps for the member's assigned to that certain provider group.



HEDIS 2020 is a look back of Measurement year 2019- Jan 1-Dec 31, 2019



## What is Your Role?

- Strong advocate for preventative healthcare
- Maintain accurate and complete clinical documentation
- Follow evidence based clinical guidelines, "Best practice"
- Submit accurate claims in a timely manner
- Respond to requests for medical records

Your biggest role is to continue to provide high quality Health care to our members. For CCHP to translate your excellent clinical care into great HEDIS rates here are some things you to do:

- Be a strong advocate for preventative healthcare by ensuring that preventative healthcare screening are: ordered; completed within the right time frame and documented on; and make sure that discussions, referrals and refusals for these screenings are documented.
- Maintaining accurate and complete clinical documentation includes: documentation which is legible; documentation which contains complete medical/surgical histories, member name, date of birth, and date of service.
- Follow evidence based clinical guidelines, Best practice such as: American Academy of Pediatrics' recommendations for preventive pediatric health care (Bright Futures).
- Look for ways to standardize documentation that represents best practice .
- Submit accurate claims in a timely manner.
- Respond to requests for medical records.




## Benefits of Quality Clinical Documentation

- Less time required to process fax requests for records
- More time to spend with patients
- More time to spend on outreach and scheduling and working with your patients attempting to close care gaps

As you follow standards of quality clinical documentation, there will be less time required to process fax requests for records on you end during the medical record retrieval season, which will leave you more time to spend with patients, more time to spend on outreach and scheduling and working with your patients as you attempt o close care gaps.





**We Request Medical Records for the Following HEDIS Measures:**


<b>Adulthood (18 years and older)</b>	<b>Childhood and Adolescence (under 18 years)</b>
<ul style="list-style-type: none"><li>• Controlling High Blood Pressure</li><li>• Comprehensive Diabetes Care</li><li>• Cervical Cancer Screening</li><li>• Adult Weight/BMI Assessment</li><li>• Prenatal and Postpartum Care</li><li>• Colorectal Cancer Screening</li><li>• Tobacco Cessation-Counseling</li></ul>	<ul style="list-style-type: none"><li>• Childhood Weight/BMI Assessment</li><li>• Well Child Checks, including counseling for nutrition and physical activity</li></ul>

If your practice's focus in pediatrics, family medicine, obstetrics and gynecology, or internal medicine many times we will be requesting or retrieving office notes, flowsheets, and test results. Our medical requests focus on certain HEDIS measure, which can only be validated through clinical documentation or a combination of administrative claims and clinical documentation.

The following is the list of HEDIS Measures which require the HYBRID methodology for validation. There are two main categories: those for adults,  
(Controlling High Blood Pressure  
Comprehensive Diabetes Care  
Cervical Cancer Screening  
Adult Weight/BMI Assessment  
Prenatal and Postpartum Care  
Colorectal Cancer Screening  
Tobacco Cessation-Counseling)

and those for children and adolescents,  
(Childhood Weight/BMI Assessment  
Well Child Checks, including counseling for nutrition and physical activity)

These HEDIS measures demonstrate a focus on preventative healthcare and on controlling chronic disease or screening for conditions that have a potential to lead to poor outcomes if not treated early in the disease progression.




## Adulthood HEDIS Measures

- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC)
- Cervical Cancer Screening (CCS)
- Adult Weight/BMI Assessment (ABA)
- Prenatal and Postpartum Care (PPC)
- Colorectal Cancer Screening (COL)
- Tobacco Cessation-Counseling

Adulthood Measures:

- Controlling High Blood Pressure or CBP- Your coding gives us the information on our members with a Hypertension diagnosis. We need the last BP within the measurement year. This can be obtained through an office visit, or a flowchart. Members may be excluded from this measure if they have had a diagnosis of End-stage renal disease, kidney transplant or pregnancy.
- Comprehensive diabetes Care or CDC- Again coding gives us the information on our members living with a diagnosis of Diabetes type 1 or 2. We need evidence of four components: a recorded blood pressure, attention to evaluation of kidney function, HgA1c and dilated eye exam. This information is usually found in office notes, consults reports, lab reports and flowsheets. Members may be excluded from this measure if there is documentation that the member does not have a diagnosis of DM
- Cervical Cancer Screening- CCS – This measure is focused on your female patients, but from the ages 21 and older. For this measure we are looking for the results of women from the ages of 21-64 who had cervical cytology performed within 3 years of measurement year and women 30-64 who had cervical cytology/human papillomavirus co-testing performed within 5 years of measurement year. Those results can be found in lab reports, office visit notes. Women will be excluded if there is documentation that they had a Hysterectomy with no residual cervix, cervical agenseiss or acquired absence of cervix, also documentation of complete, total or radical abdominal or vaginal hysterectomy may exclude a member from this measure.
- Evidence of evaluation of eight/ BMI Assessment- ABA – for adults is found in an office note or flowsheet. A weight and calculated BMI on the same date in the measurement year or the year before must be present. There are no exclusions for this measure.
- Prenatal and Postpartum Care (PPC). We are looking for documentation that represents timely complete care for both prenatal and post-partum periods for members and there are many criteria which should be included to qualify as complete. This documentation can be in the form of office visit notes or standardized prenatal/post natal flow sheets. Fetal demise is an exclusion for this measure.
- Colorectal Cancer Screening or COL- Within this measure, we need evidence that our members over the age of 50, have been screened for colorectal cancer. The screens can be documentation of a colonoscopy, flexible sigmoidoscopy, CT colonoscopy, Fecal Occult Blood test, or Fit DNA, all have specific time frames and conditions to be considered completed. We would consider excluding a member if they have a history of Colorectal Cancer, or a total colectomy. The documentation that would satisfy this measure include a consult report, procedure report, pathology report, a medical history with the date of the procedure , in the case of the medical history, a result is not required.
- Tobacco Cessation-Counseling- Although this measure is placed in the Adulthood category, the members included, start at the age of 12. These patients are identified as tobacco users. When they received counseling to quit smoking either face to face, phone or by claims, they are considered complaint. Documentation for cessation counseling is usually found in office notes, progress notes, H &P or Discharge summary. A history of tobacco use and pregnancy may exclude a member from this measure.



## Childhood and Adolescence HEDIS Measures

- Childhood Weight/BMI Assessment
- Well Child Checks, including counseling for nutrition and physical activity


### Childhood and Adolescence Measures:

- Childhood Weight/BMI Assessment: For childhood weight/BMI assessment, we are looking for a height, weight and a BMI percentile documented as a value or the BMI percentile plotted on an age-growth chart. Because BMI norms for youth vary with age and gender, Childhood weight/BMI Assessment evaluates whether the BMI percentile is assessed.
- Well child checks: These measures evaluates if children or adolescence ranging from birth to 21 years of age have completed recommended health checks based on CMS and the American Academy of Pediatrics guidelines for Early and periotic screening diagnostic and treatment visits. Within the office visit notes for well child there should be a health history, physical developmental History, Mental development history, physical exam as well as health education and or anticipatory guidance. For a Well child check for our members aged 3-17, the Childhood weight and BMI assessment as well as evidence for counseling for nutrition and physical activity should be a part of the office visit note.



How We Can Work Together:

- (1) Submit accurate and timely claims for every office visit:** This will decrease the amount record requests – data will be captured via claims.
- (2) Provide EHR access via portal:** Remote access is a secure method, CCHP will collect only the required data for specific measure. CCHP has “Remote Access” to several provider locations without any security incident. Remote access frees your staff from gathering and delivering the requested information.
- (3) Work with us to develop methods for electronically sharing data (e.g. FTP data transfers):** CCHP’s IT depart along with Jake Leroy, the HEDIS Project Manager, can help develop processes for electronic file transfers.
- (4) Timely turnaround of records:** Expect request on an annual basis, and we ask that you respond to request within 5-7 business days. For large volume requests, turnaround time will be extended. Remember as the insurer, CCHP member consent is not needed to review medical records. Data collection methods include: Fax, Mail, Schedule onsite retrievals, and granting remote EMR access. Requests include: Member Name, Member DOB, Measure Name, documentation needed, and Receive By date.
- (5) Provide the minimum necessary:** Please send requested data only- do not send the entire chart. Each record sent should include member demographics which include the full name and DOB - often records do not include DOB and then we have to send an additional request for proof that the record sent is indeed for the correct member.
- (6) Allow Onsite medical record retrieval:** We understand due to staffing and time needed to provide quality care to our members that sending request back to us may not be doable. CCHP’s QI staff can come onsite to retrieve measure specific information only. Data can be saved to a secured flash drive.
- (7) Maximize patient visits:** Capturing services due while members are onsite can help keep them as up to date as possible. Using a sick visit, to complete components of well visits, immunization and other needed services will help reduce missed opportunities for preventative care.
- (8) Continue WIR (Wisconsin Immunization Registry) data entry:** This is important for Childhood Immunization Status (CIS) and Immunizations for adolescents (IMA) measures. CCHP QI staff has access to WIR and can retrieve needed immunization information from WIR that hasn’t been captured via claims.
- (9) Whenever possible use standardized forms for documentation:** For example the Well child exams- addressing all sections can aid measures compliancy. In addition to the well child exams it’s important to include the BMI % or BMI percentile growth chart.
- (10) Successful HEDIS Season:** Providing CCHP with requested records along with submitting accurate and timely claims will help us validate the quality of care provided to our members. CCHP appreciates your cooperation. Please let us know if there is anything we can do to help you with the process or if you have suggestions for us- we value our partnership with each of you.



### Specific Codes to Use

<https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html>

Value Set Name	Code	Definition
<b>BMI%</b>	Z68.51	Body mass index (BMI) pediatric
	Z68.54	
<b>BMI</b>	Z68.1 - Z68.4	Body mass index (BMI) adult
<b>Controlled Blood Pressure</b>	3079F	Diastolic 80-90
	3075F	Systolic less than 140
<b>Controlled HbA1c</b>	3044F	HbA1c Level Less Than 7.0
	3045F	Most recent hemoglobin A1c (HbA1c) level 7.0-9.0
<b>Prenatal Care</b>	0500F -	Initial - Subsequent prenatal care visits
	0502F	
<b>Postpartum care</b>	0503F(CPT)	Postpartum care visit (Prenatal)
	Z39.2(ICD)	Encounter for routine postpartum follow-up
<b>Nutrition Counseling</b>	Z71.3	Dietary counseling and surveillance
<b>Physical Activity Counseling</b>	Z02.5	Encounter for examination for participation in sport
	Z71.82	Exercise counseling
<b>Tobacco Cessation Counseling</b>	Z71.6	Tobacco Abuse Counseling
	Z71	Nicotine Dependence
<b>Well-Care</b>	Z00.129	Encounter for routine child health examination without abnormal findings
	Z00.00	Encounter for general adult medical examination without abnormal findings

Once again, submitting accurate and timely claims will decrease the amount of record request. If a service or diagnosis is not coded accurately, the data may not be captured for HEDIS or the patient's gaps in care may not be reflected accurately.

Please be aware there is specific coding for:

BMI Percentile

Postpartum visit

Counseling for nutrition and physical activity

HgbA1c levels

Well child checks and sports physical exams as appropriate and Tobacco cessation counseling

For your reference we have included a table with specific ICD-10 codes and link to CMS that has the latest CPT codes.



## Follow up items

- Webinar information is available on CCHP's Provider Portal
- Email survey asking for your feedback
- To request your individualized score card, please contact our QI team at 414-337-4150 or email at CCHPQI@chw.org
- Questions regarding HEDIS or your role in HEDIS can be directed to the CCHP QI team at 414-337-4150 or email at CCHPQI@chw.org
- If you are having trouble getting your members into the office to be seen, you can contact our CCHP Member Advocate team at 1-877-900-2247 for assistance.

The survey link, a copy of video presentation, and transcripts from the presentation will be available on the provider portal following this presentation.



## In Summary: Today We Discussed...

- What HEDIS is, and how HEDIS results are used by CCHP
- What are some key HEDIS measures that CCHP tracks
- What your role is in HEDIS, and how we can work together in 2020 to achieve success

- We discussed that HEDIS is a set of over 90 performance measures that track clinical care across 6 domains. It's important to remember that HEDIS is a "look-back" of the previous year's health care activities. HEDIS is used by accrediting bodies, such as NCQA, to rate CCHP's performance on ensuring that our members receive high quality health care. HEDIS measures are administrative (data comes from claims) or hybrid (data comes from medical records). CCHP uses HEDIS results to evaluate the quality of care that our members receive from providers, and the results give CCHP a "roadmap" to provide outreach to members and providers and to develop and evaluate quality/performance improvement initiatives.
- We discussed the measures that we most often will look for medical records and claims in order to evaluate, including several measures for our adult members and several for our children/adolescent members. We also discussed some specific codes that must be used in order for those medical records and claims to meet compliance standards for the relevant measure.
- Finally, we discussed that as providers within the CCHP network, your primary role is to continue to provide high quality health care to our members. In order to see this high quality care articulated in HEDIS results, clear, complete, and accurate clinical documentation is critical – this documentation demonstrates the excellent, evidence-based care you provide to our members through recommending, ordering, and evaluating the results of critically important preventative health screenings at the right time for the right patients. Once you've provided this care and documented it, it is critical to then submit claims in a timely manner, and, during our periods of medical records requests, to allow CCHP access to your Electronic Medical Records systems and portals or to submit the appropriate medical records in a timely manner. In addition, we discussed that by fully integrating the appropriate codes and documentation standards into your practice, you will have more time to spend providing your patients with high quality health care, and will spend less time on "hunting down" the appropriate records and on submitting requested materials manually.



## Q & A Session

