



Clear Spring Health



Community
Care Alliance
of Illinois



HEDIS[®] 2020

WORKING TOGETHER TO CLOSE GAPS AND PROMOTE HEALTH

What is HEDIS®?

- ▶ The Healthcare Effectiveness Data and Information Set (HEDIS®) is one of the most widely used sets of health care performance measures in the United States.
- ▶ 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 health plans to measure performance. Results specifically focus on how well plans give care and service to their Members.
- ▶ HEDIS® measures relate to many public health issues including but not limited to cancer, diabetes, and heart disease.

HEDIS® Results help to:

1

Serve as a measurement for quality improvement processes and preventive care programs

2

Indicates the overall health and wellness of the plan's membership

3

Tool use to evaluate the health plan's ability to improve in its preventive care and quality measurements

4

Helps identify gaps in care and develop programs & interventions to help increase member compliance and improve member health outcomes

5

Validates the provider's commitment to improve care and member outcomes

Why is HEDIS® Important to Providers

- ▶ HEDIS® assists providers in identifying and eliminating care gaps for their patients
- ▶ Helps ensure timely and appropriate care for their patients
- ▶ Measured rates can be used as a tool to monitor provider compliance with incentive programs



How is HEDIS® data collected?

- ▶ There are 3 ways to collect HEDIS® data:
 - ▶ Administrative – data collected through claims / encounters submitted by medical offices
 - ▶ Hybrid – data collected through the review of medical records for certain measures for which data is not captured through claims/encounters
 - ▶ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey – survey which is performed by a third-party vendor to collect data about member's experience with healthcare

HIPAA Rules and HEDIS®

- ▶ Patient health information (PHI) is collected by the Plan and it is maintained in accordance with all federal and state laws.
- ▶ Disclosure of patient information is permitted as part of Quality Improvement initiatives.
- ▶ Under HIPPA Privacy Rules, release of patient information for the purposes of HEDIS® data collection is permitted and does not require patient consent or authorization.

When is HEDIS® data Collected?

- ▶ HEDIS® is a year-round process in which the plan gathers all claims/encounter, hybrid and supplemental data.
 - ▶ The Quality Improvement department staff is responsible for collecting medical records and review data for hybrid reviews.
- ▶ CAHPS survey administration begins in February and continues in May.
 - ▶ Medicare CAHPS Survey includes the following domains:
 - ▶ Member's healthcare in the last 6 months
 - ▶ Member's experience with their primary care physician
 - ▶ Member's experience obtaining healthcare from specialist
 - ▶ Member's experience with the Health Plan

What is the Provider's Role when performing HEDIS®?



Document clearly and accurately in the patient's medical record ALL the care you provide for our members



Ensure that you are accurately coding patient's care when submitting a claim and/or encounter (see HEDIS® Reference Guide for appropriate codes to be used for each measure)



Respond to Quality department's request for medical records within 5-7 business days



Become familiar with HEDIS® measure documentation requirements

Abbreviation	Measure Description	Documentation Required	Information Needed
COA	Care for Older Adults	Physician Notes Advance Directive Assessments	<ul style="list-style-type: none"> • Advance Care Planning (living will, POA, advance directive) • Medication Review (medication list) • Functional Status Assessment (notation of ADLs or iADLs) • Pain Assessment
BCS	Breast Cancer Screening	Annual Mammography screening	Claims/Encounter
COL	Colorectal Cancer Screening	Physician Notes Lab Results Radiology Results	Date / Results Screening Performed for the following: <ul style="list-style-type: none"> • FOBT • FIT-DNA • Flexible Sigmoidoscopy • Colonoscopy • CT Colonography • Cologuard
CBP	Controlling High Blood Pressure	Physician Notes Medication Review / List	Blood pressure reading during the office visit
CDC	Comprehensive Diabetes Care	Physician Notes Lab Results Ophthalmology/Optomtrist Report Medication Review/List	<ul style="list-style-type: none"> • HbA1c Results • Urine Results • Retinal Eye Exams
OMW	Osteoporosis Management in Women Who Had a Fracture	Physician Notes Bone Mineral Density Test Medication Review/ List	Bone Density Test Results
TRC	Transition of Care	Physician Notes Medication Review/List Fax transmittals from Hospital	Notification of patient admission and discharge Medication review and reconciliation after discharge (e.g., office visits, telehealth)

Important HEDIS® Measures

How Can You Improve Your HEDIS® Scores?

Know the
patient's gap in
care prior to visit

When submitting
claims/encounter
data code
correctly for ALL
services that have
been rendered to
the patient

Document clearly
within the
medical record
following HEDIS®
measure
requirements

Submit complete
medical record
documentation
at the time of
medical record
request

How can We Help You?

- ▶ If you are having trouble getting your patients to be seen at the office? You can contact the Quality Improvement DepartmentWe can Help! **1-844-895-9047**
- ▶ If your patient is compliant with any measure and we have not received your claim/encounter, you can fax or email the medical record **with** a copy of the gap report for that patient to:
 - ▶ Fax: **1-800-903-5827**
 - ▶ Email: qualityimprovement@clearspringhealthcare.com
- ▶ Contact the Quality Improvement Department with any HEDIS® relate questions
- ▶ You can also visit our Provider Webpage for HEDIS® information, and reference guide

<https://clearspringhealthcare.com/>

<https://www.ccaillinois.com/medicare/>

<https://www.eonhp.com/>