



HEDIS® Made Easy

What you really need to know



L.A. Care
HEALTH PLAN®

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 or expert advice or 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 in this document is for 2016 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

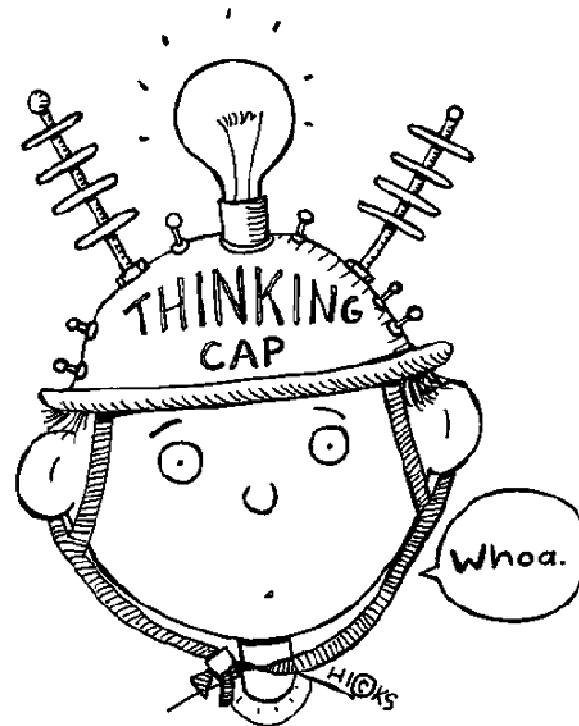
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HEDIS OPERATIONS
HEALTHCARE OUTCOMES & ANALYSIS

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 wracking
- 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



HIPAA

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



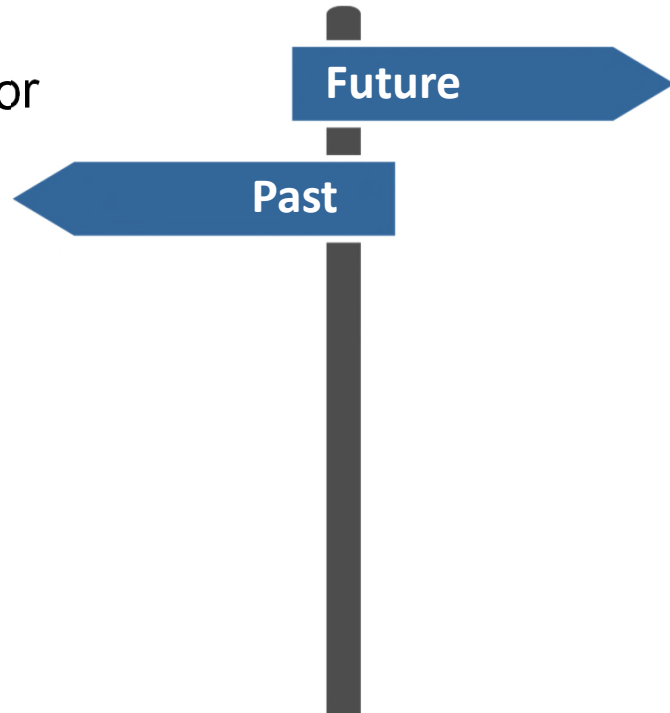


What is HEDIS®?

- 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® 2016 CALENDAR

Jan – May

- Collection of medical records from Dr. Offices
- Medical records audited by L.A. Care

June

- Audit results are compiled
- Audit results are sent to NCQA

July - Oct

- NCQA releases report card
- NCQA releases new measures/changes
- Training at doctors' offices
- Onsite medical record audit

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

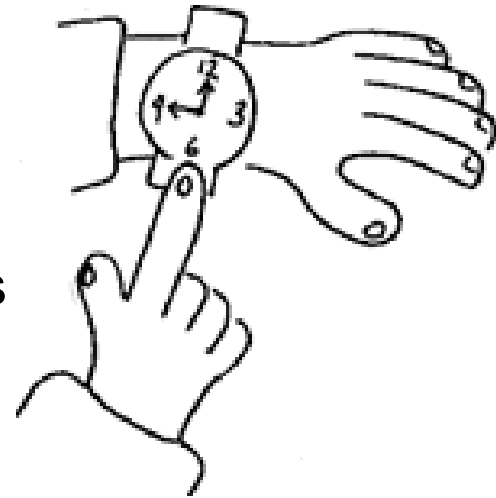
Who do I contact if I have a question about the HEDIS® request?

Each fax request sent includes the contact person's name and telephone number

Turn-Around Time

5

Day turn-around
to fax
Medical Records
to L.A. Care

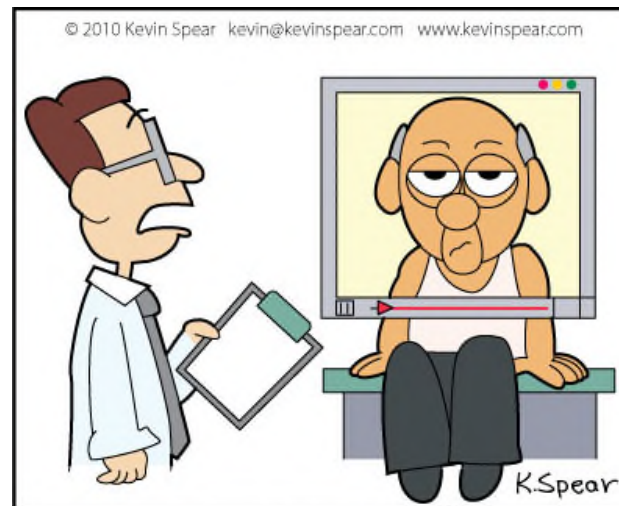


Hybrid HEDIS® Measures

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

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 2014/2015

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 before June 2015
- Last BP reading of 2015
- 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)



Ages 18-75
HbA1c Testing
HbA1c Results
Nephrology
Retinal Eye Exam
Blood Pressure reading

Documentation must have:

- Hemoglobin A1c
- Blood Pressure
- Nephropathy: Urine Tests (+) and (-) now acceptable, ACE/ARB prescription, or visits notes from nephrologists
- Retinal Eye Exam (2014/2015)

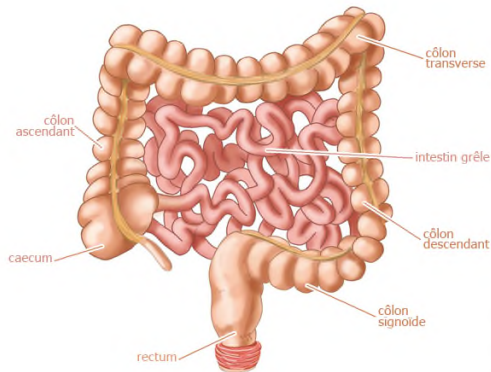


Submit the last HbA1c and BP screening of the year 2015

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 (2006 -2015)
- Sigmoidoscopy within five years (2011-2015)
- FOBT (in 2015)



Any of the three scenarios pass for FOBT

1. Guaiac FOBT – 3 samples or note that done
2. Immunochemical FOBT 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 do 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. Notation that the medications prescribed upon discharge were reconciled with the current medication in the outpatient record **-or-**
2. A medication list in a discharge summary that is present in the outpatient chart and evidence of a reconciliation with the current medications **-or-**
3. Notation that no medications were prescribed 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 directives
- Actionable medical orders
- Documentation of care planning discussion
- Living Will

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 pharmacist

Care of the Older Adult (COA) (Continued)



3. Functional status assessment

- One (1) functional status assessment and the date it was performed
- 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
(2013/2014/2015)**

**Females Ages 30-64 Pap
with HPV co-testing results
(2011-2015)**

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



HPV ordered after positive Pap testing
does not count as co-testing

Common Chart Deficiencies:

- Pap Smear test results not found in PCP charts
- Incomplete documentation related to hysterectomy

Frequency of Ongoing Prenatal Care (FPC)



Live Births Delivered
on or between
11/6/2014 to 11/5/2015
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
11/6/2014 to 11/5/2015

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
(2013-2015)**

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)

HUG ME!



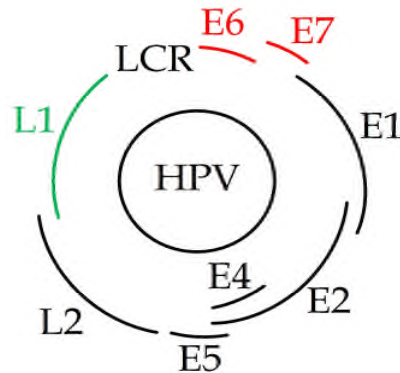
Common Chart Deficiencies:

- 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 or contraindications
- 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 or allergies

Human Papillomavirus Vaccine (HPV)



**Female adolescent
3 doses of the HPV vaccine by age 13
2011 – 2015
between the 9th and 13th birthdays**

Documentation must have:

At least (3) three HPV vaccinations with different dates of service. Submit:

- MD Progress note, PM 160, Copy of immunization record, CAIR Record



If immunizations are missing please send:

- Documentation of parental refusal
- Copy of Immunization card
- Patient Contraindications/allergies

Common Chart Deficiencies:

- HPV vaccines administered prior to the 9th birthday or after the 13th birthday
- PCP charts do not contain immunization records if received elsewhere, i.e. Health Departments and schools.
- Immunizations not documented
- Parental refusal not documented

Immunizations for Adolescents (IMA)



Meningococcal 2013 – 2015
(11th - 13th birthday)
Tdap or Td 2012 – 2015
(10th - 13th birthday)

Documentation must have:

- Date administered and type
- Certificate of immunization
- Notation of anaphylactic reaction



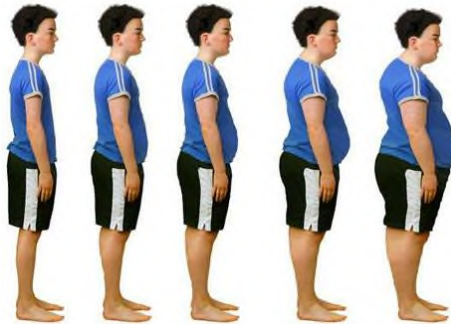
If immunizations are missing please send:

- 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 2015

Documentation must have:

- BMI date and percentile
- Weight date and value
- Height date and value
- Age growth chart(s)

BMI Value option removed for members ages 16-17, 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 2015**

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 2015

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: HEDIS_Ops@lacare.org

Check out our website at:

<https://www.lacare.org/providers/provider-resources>

Click on:

HEDIS® Resources

For helpful trainings and guides



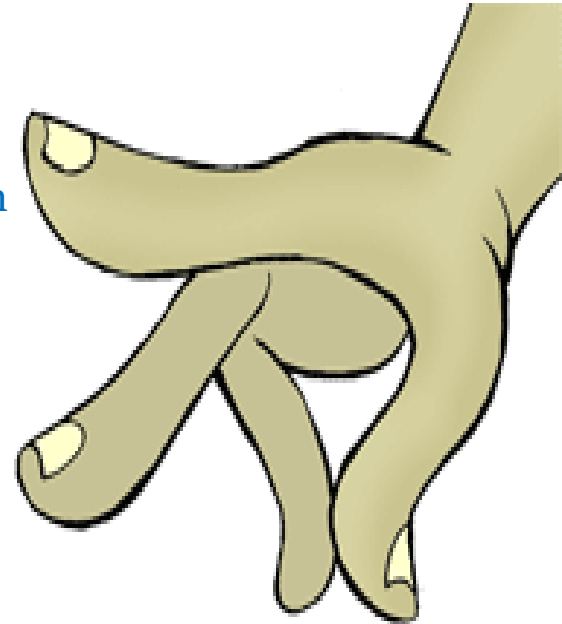
Resources at Your Fingertips

Presentation and Trainings:

HEDIS® Overview Presentation
WCC – Weight Assessment Documentation
HEDIS® Made Easy

Guidance Documents:

HEDIS® 2016 Measure Criteria
HEDIS® at a Glance
HEDIS® Measures Handout
HEDIS® Measures Poster
HEDIS® Office Manager's Guide
Provider Opportunity Report
HEDIS® Value Set Directory



Question and Answer Period





HEDIS® Made Easy 2016

THE END