



Anthem Blue Cross and Blue Shield Healthcare Solutions  
Medicaid Managed Care



# HEDIS 101 for providers — 2019

Improving quality of care

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# HIPPA

Under the *Health Information Portability and Accountability Act (HIPAA)* Privacy Rule, data collection for HEDIS is permitted and does not require patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. All of the health plans' providers' records are protected by this.



HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities.

# What is HEDIS?

**HEDIS (H̄E · DIS)**

**Healthcare**

**Effectiveness**

**Data and**

**Information**

**Set**

- HEDIS is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service
- HEDIS is coordinated and administered by NCQA (National Committee for Quality Assurance) and used by Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations
- All managed care companies which are NCQA accredited perform HEDIS reviews the same time each year
- A subset of HEDIS measures will be collected and reported for the Marketplace (healthcare exchanges) product lines
- HEDIS is a retrospective review of services and performance of care

# HEDIS results

- Receiving all requested medical records helps ensure that our results are an accurate reflection of care provided.
- HEDIS results are audited by an independent, NCQA-certified auditor prior to being reported.
- Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members.
- Results are reported as part of Medicare Stars, NCQA Health Plan Ratings and State and Marketplace Report Cards.

# What is your role in HEDIS?

**We appreciate your cooperation and timeliness in submitting the requested medical record information:**

- You play a central role in promoting the health of our members.
- You and your office staff can help facilitate the HEDIS process improvement by:
  - Providing the appropriate care within the designated time frame.
  - Documenting all care in the patient's medical record.
  - Accurately coding all claims. Providing accurate information on a claim may reduce the number of records requested.
- Responding to our requests for medical records within 5 to 7 business days.

The records you provide during this process help us validate the quality of care provided to our members.

# Annual HEDIS calendar

## January through May

- Clinical Quality staff initiates medical record requests and collection from our providers.

## June

- Results are reported to NCQA.

## July through October

- NCQA releases Quality Compass® results nationwide:
  - July — commercial edition
  - September/October — Medicaid and Medicare editions

**Each year, NCQA sets a hard deadline in May for health plans to complete HEDIS data collection.**

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

# Types of reviews

HEDIS data is collected three ways:

- **Administrative data:** obtained from our claims database
- **Hybrid data:** obtained from our claims database and medical record reviews
- **Survey data:** obtained from member and provider surveys





# Medical record requests

- Medical record requests are sent to providers.
- The request includes a member list identifying their assigned measures and the minimum necessary information needed.
- Data collection methods include fax, mail, onsite visits for larger requests, remote electronic medical record (EMR) system access and electronic data interchange via a secure site.
- Due to the shortened data collection timeframe, a 5- to 7-business-day turnaround is appreciated.

We recommend uploading records to our secure site to allow for better tracking of information submitted.

# Hybrid HEDIS measures



Adult Body Mass Index (ABA)	Immunizations for Adolescents (IMA)
Adolescent Well Care Visits (AWC)	Prenatal and Postpartum Care (PPC)
Childhood Immunization Status (CIS)	Weight Assessment/Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
Controlling High Blood Pressure (CBP)	Well-Child Visits in the First 15 Months of Life (W15)
Cervical Cancer Screening (CCS)	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
Comprehensive Diabetes Care (CDC)	

# Administrative HEDIS Measures



Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Follow-Up After Hospitalization for Mental Illness (FUH)
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
Antidepressant Medication Management (AMM)	Use of Imaging Studies for Low Back Pain (LBP)
Medication Management for People with Asthma (MMA)	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are using Antipsychotic Medications (SSD)

**Note:** List is not comprehensive.

# Q&A

## **Should you send the entire record?**

No, we ask that you only provide the minimum necessary to meet our request.

## **Who do I contact if I have questions about HEDIS requests?**

Each medical record request includes contact information for a HEDIS Lead in Clinical Quality who is assigned to your office.

## **How to improve scores for HEDIS measures?**

Use of correct diagnosis and procedure codes, timely submission of claims and encounter data, ensure presence of **all** components required in the medical record documentation.

## **How are HEDIS rates communicated to physicians?**

Educational articles are included in provider newsletters, which can be found on the provider website.

## **Where can I get more information about NCQA and HEDIS?**

More information can be found at <https://www.ncqa.org>.



# Appendix 1

HEDIS hybrid and  
administration measures,  
and required  
documentation

# HEDIS hybrid measures and required documentation





# Adult BMI Assessment (ABA)

Members ages 18 to 74 who had an outpatient visit with a body mass index (BMI) documented during the measurement year or the year prior

## Documentation needed:

- **BMI:** date and value
- **Weight:** date and value

A height, weight and BMI percentile must be recorded for patients who are ages 18 to 19 on the date of visit

## Common chart deficiencies:

- Height and/or weight are documented but there is no calculation of the BMI.
- Ranges and thresholds are not acceptable for this measure. A distinct BMI value or percentile is required.

# Adolescent Well-Care Visits (AWC)

Members ages 12 to 21 in the measurement year who have had at least **one** well-care visit with a PCP or OB/GYN (school physical, Pap, postpartum visit) during the measurement year

## Documentation needed:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

## Common chart deficiencies:

- Lack of documentation of education and anticipatory guidance
- Adolescents being seen for sick visits only and no documentation related to well-child visits

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

Services **specific** to the assessment or treatment of an **acute** or **chronic** condition do not count toward the measure.



# Controlling High Blood Pressure (CBP)

Members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled ( $< 140/90$  Hg) during the measurement year (2018)

## Documentation needed:

- At least two outpatient visits on different dates of service with a diagnosis of HTN during the measurement year (2018) or the year prior (2017)
- BP reading must occur on or after the date when the second diagnosis of hypertension occurs

## Common chart deficiencies:

- Rechecked elevated pressures during the same visit not documented
- Diagnosis date of HTN is not clearly documented (no longer need DX)

# Cervical Cancer Screening (CCS)

Female members ages 24 to 64 who had cervical cancer screening during the measurement time frame

**or**

Female members ages 30 to 64 during the measurement time frame who had cervical cancer screening and HPV test

## **Documentation needed:**

- 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

## **Common chart deficiencies:**

- Lack of documentation related to women's health in PCP charts
- Incomplete documentation related to hysterectomy
- HPV tests ordered due to positive Paps do not count

# Comprehensive Diabetes Care (CDC)

Members 18 to 75 with type I and II diabetes who received proper testing and care for diabetes during the measurement year

## Documentation needed:

- Hemoglobin A1C\*
- Blood pressure\*
- Nephropathy: urine tests, ACE/ARB prescription or visits to nephrologists during the measurement year
- Dilated 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

# Childhood Immunization Status (CIS)

Percentage of children 2 years of age who had all of the required immunizations

## Documentation needed:

<b>4 each:</b>	DTaP, PCV (Pneumococcal)
<b>3 each:</b>	Hep B, HIB, IPV
<b>2 or 3 rotavirus/ RV:</b>	Rotarix = 2 dose Rota Teq = 3 dose
<b>2 each:</b>	Influenza
<b>1 each:</b>	Hep A , MMR, VZV or had chickenpox

### Please include this documentation if any immunizations are missing:

- Parental refusal
- Request for delayed immunization schedules
- Immunizations given at health departments
- Immunizations given in the hospital at birth
- Contraindications or allergies

# CIS (cont.)

## **Common chart deficiencies:**

- Immunizations received after the 2nd birthday
- Incomplete number of vaccines administered according to the recommended vaccine series
- PCP charts do not contain immunization records if received elsewhere:
  - Health departments
  - Immunizations that are given in the hospital at birth
- No documentation of contraindications/allergies

# Immunizations for Adolescents (IMA)

Adolescent members turning 13 in the measurement year who had these immunizations

## Documentation needed:

- **Meningococcal:** 1 dose on or between 11th and 13th birthdays
- **Tdap:** 1 dose on or between 10th and 13th birthdays
- **HPV:** 2-dose or 3-dose vaccine series administered between 9th and 13th birthdays

## Common chart deficiencies:

- Immunizations not administered during appropriate time frames
- PCP charts do not contain immunization records if received elsewhere, (for example, health departments)

If immunizations are missing please include:

- Documentation of parental refusal.
- Health Department records.
- Patient contraindications/allergies.

# Prenatal and Postpartum Care (PPC)

Female members who had a live birth **on or between** November 6 of the year prior and November 5 of the measurement year

## Documentation needed:

- **Prenatal care:** prenatal visit within 42 days of enrollment or during the first trimester
- **Postpartum care:** postpartum visit within 21 to 56 days of delivery

## Common chart deficiencies:

- Incision check for post cesarean section alone does not constitute a postpartum visit
- Office visit outside of time frame

# Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Members ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN with the following components in the measurement year

## **Documentation needed:**

- **BMI percentile:**
  - BMI percentile and date:
    - BMI values, ranges and thresholds do not meet the criteria for this measure
  - Weight and date
  - Height and date
- **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



# WCC (cont.)

## **Common chart deficiencies:**

- BMI documented as a number versus percentile, which is based on height, weight, age and gender
- BMI growth chart not included in records submitted
- Anticipatory guidance does not always specify what areas were addressed and are not always age appropriate
- Notation of anticipatory guidance related solely to safety (for example, wears helmet or water safety) without specific mention of physical activity recommendations
- Developmental milestones do not constitute anticipatory guidance or education for physical activity
- Preprinted forms do not always address nutrition and physical activity

# Well-Child Visits in the First 15 Months of Life (W15)

Children who turned 15 months of age during the measurement year who had 0 to 6 or more well-child visits

## Documentation needed:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

Services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

## Common chart deficiencies:

- Lack of documentation of education and anticipatory guidance
- Children being seen for sick visits only and no documentation related to well-child visits

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

# Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Children 3 to 6 years old in the measurement year that have had at least **one** well-care visit with a PCP during the measurement year

Services **specific** to assessment or treatment of an **acute** or **chronic** condition do not count toward the measure.

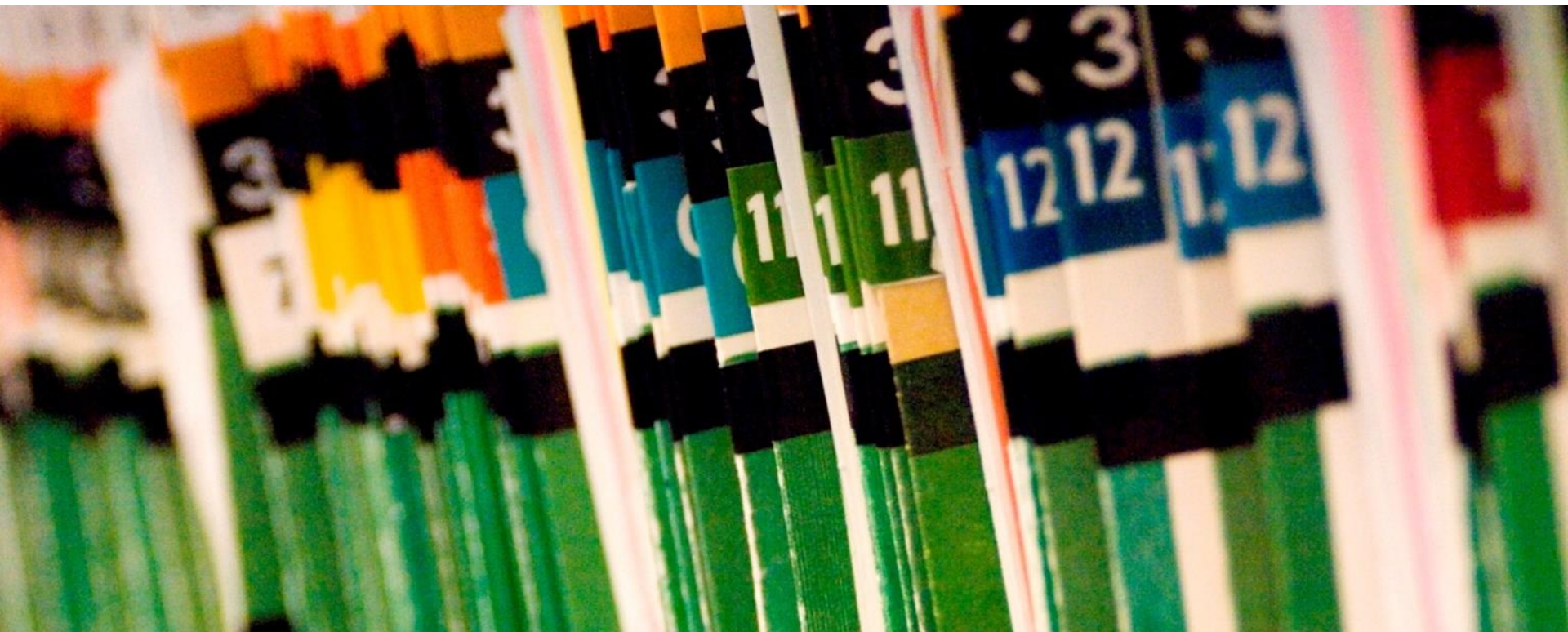
## Documentation needed:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

## Common chart deficiencies:

- Lack of documentation of education and anticipatory guidance
- Children being seen for sick visits only and no documentation related to well-child visits

# HEDIS administrative measures



# Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

The percentage of adults 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription:

Dispensed prescription for antibiotic medications (listed in the *HEDIS 2018 Medication List*) on or three days after the index episode start date (IESD).

**Intake period:** January 1 through December 24 of the measurement year; the intake period captures eligible episodes of treatment

**Episode date:** The date of service for any outpatient or emergency department visit during the intake period with a diagnosis of acute bronchitis

This measure is reported as an inverted rate. A higher rate indicates appropriate treatment of adults with acute bronchitis (the proportion for whom antibiotics were *not* prescribed).

# Antidepressant Medication Management (AMM)

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and remained on an antidepressant medication treatment

## Two rates are reported:

- **Effective Acute Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 180 days (six months)



# Follow-Up Care for Children Prescribed ADHD Medication (ADD)

The percentage of children ages 6 to 12 who received an initial prescription for ADHD medication and had a least two follow-up visits within 270 days (nine months)

## Two rates are reported:

- **Initiation phase:** received at least one follow -up visit with a practitioner with prescribing authority within 30 days of prescription
- **Continuation and Maintenance Phase:** remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-ups within 270 days after the Initiation Phase ended with a practitioner with prescribing authority



# Follow-Up After Hospitalization for Mental Illness (FUH)

The percentage of discharges for members 6 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

## **Two rates are reported:**

- The percentage of discharges for which the member received follow-up within 30 days of discharge
- The percentage of discharges for which the member received follow-up within seven days of discharge

Do not include visits that occur on the date of discharge.



# Use of Imaging Studies for Low Back Pain (LBP)

The percentage of members 18 to 50 years old with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis

**Intake period:** January 1 through December 3 of the measurement year; the intake period is used to identify the first outpatient or emergency department encounter with a primary diagnosis of low back pain

**IESD:** the earliest date of service for an outpatient or emergency department encounter during the intake period with a principal diagnosis of low back pain.

This measure is reported as an inverted rate A higher score indicates appropriate treatment of low back pain (the proportion for whom imaging studies did not occur).

# Medication Management for People with Asthma (MMA)

The percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period

## **Two rates are reported:**

- The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period
- The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period

# Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a glucose or HbA1c test performed during the measurement year

Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding. Count notation of the following:

- A1c
- HbA1c
- HgbA1c
- Hemoglobin A1c
- Glycohemoglobin A1c
- Glycohemoglobin
- Glycoated hemoglobin
- Glycosylated hemoglobin



## Appendix 2

2019 HEDIS measure  
physician documentation  
guidelines and  
administrative codes

# 2019 HEDIS measure physician documentation guidelines and administrative codes

This document is located on our website:

<https://www.anthem.com> > Providers > Policies and Guidelines > select your state > scroll down and select **View Med Policies and UM Guideline** > on the *Health & Wellness* tab> scroll down and select **Quality Improvement and Standards** > scroll down on the page to *HEDIS Information*

This reference document includes HEDIS measures and the criteria (including ICD-10, CPT and HCPCS codes) required for your patient's chart or claims review to be considered valid towards HEDIS measurements.



## Appendix 3

### Survey data

# Survey data

There are measures that are collected using survey methodology:

- *CAHPS® Health Plan Survey 5.0H, Adult Version*
- *CAHPS Health Plan Survey 5.0H, Child Version*
- *CAHPS Health Plan Survey 5.0H, Child Version, Children with Chronic Conditions.*

This survey data provides information on the experiences of our members and indicates how well the organization meets their expectations for our commercial and Medicaid populations.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



# CAHPS surveys

CAHPS surveys represent an effort to accurately and reliably capture information from consumers about their experiences with health plans:

- The surveys assess our members' experience with our health plan over the past six months for Medicaid plans.
- Health plans report survey results to NCQA which uses the results to:
  - Make accreditation decisions.
  - Rate health plans.
  - Create national benchmarks for care and service.

Health plans also use CAHPS survey data for internal quality improvement purposes.



# CAHPS Health Plan Survey 5.0 H— adult and child Version

Results reflect members rating the plan 8, 9 or 10 on a scale of 0 to 10 in the following areas:

- Rating of all health care
- Rating of health plan overall
- Rating of personal doctor
- Rating of specialist seen most often

# CAHPS Health Plan Survey 5.0 H — adult and child Version (cont.)

**Composite scores also summarize responses for these key areas:**

- Customer service
- Getting care quickly
- Getting needed care
- How well doctors communicate
- Shared decision making

**There are two areas that are reported individually:**

- Health promotion and education
- Coordination of care

# Thank you

**<https://mediproviders.anthem.com/nv>**

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