

MY 2024

# **HEDIS**<sup>®</sup> TRAINING

## What Is HEDIS<sup>®</sup>?

- The **Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>)** is one of the most widely used sets of healthcare performance measures in the United States.
- HEDIS<sup>®</sup> is a set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA) for the managed care industry.
- HEDIS<sup>®</sup> is a tool used by more than 90% of health plans to measure performance based on the care and service provided to their Members.
- HEDIS<sup>®</sup> metrics are used to assess care for many public health issues relevant to our member population, including but not limited to cancer, diabetes, and heart disease.

## HEDIS<sup>®</sup> Measures

HEDIS<sup>®</sup> includes more than 90 measures across the following six domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

## HEDIS<sup>®</sup> Results:

- Are the industry-wide standardized measurement tool for quality improvement processes and preventive care programs
- Provide an assessment of the overall health and wellness of the plan's membership
- Are used for evaluating a health plan's ability to improve in its preventive care and quality of care
- Help identify gaps in care and aid in developing programs and interventions to increase member compliance and improve health outcomes
- Validate the provider's commitment to improve care and member outcomes

## Why HEDIS® Is 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 to monitor provider compliance with incentive programs

## There are three sources of HEDIS® Data

1. **Administrative** – Data collected through claims / encounters submitted by medical offices
2. **Hybrid** – Data collected through the review of medical records for data not captured from claims/encounters
3. **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey** – Survey which is performed by a third-party vendor to collect data about members' experience with healthcare

## HEDIS® Data is in compliance with HIPPA

1. Patient health information (PHI) is collected by the Plan and is maintained in accordance with all federal and state laws.
2. Disclosure of patient information is permitted as part of Quality Improvement initiatives
3. 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, medical record information (hybrid data), and supplemental data

- The Quality Improvement department staff is responsible for collecting and reviewing medical records

CAHPS Survey administration begins in February and continues until 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 any specialists
- Member's experience with the Health Plan

## What Is the Providers' Role in HEDIS®?

- ⇒ To document clearly and accurately in the patient's medical records ALL the care given by providers to our members
- ⇒ To respond to Quality Department requests for records within 5-7 business days
- ⇒ To ensure accurate coding of care when submitting a claim and/or encounter (see HEDIS® Reference Guide for appropriate codes for each measure)
- ⇒ To become familiar with HEDIS® measurement documentation requirements

## My 2024 Retired Measures

The following are retired measures for the 2024 year:

- Colorectal Cancer Screening (COL) \*Only the COL-E, ADD-E and APM-E measures will be reported. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR).
- Inpatient Utilization—General Hospital/Acute Care (IPU).

## Revised Measures

The former Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD) measure was revised and the name was changed to Glycemic Status Assessment for Patients With Diabetes (GSD).

## Race and Ethnicity

NCQA requires reporting race and ethnicity as defined by the Office of Management and Budget (OMB) Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.

- NCQA has introduced the race and ethnicity stratification to 3 HEDIS Medicare Measures:

- 1) Colorectal Cancer Screening (COL-E)
- 2) Controlling High Blood Pressure (CBP)
- 3) Glycemic Status Assessment for Patients with Diabetes (GSD)

Clear Spring Health is actively surveying all our membership to gather race and ethnicity data. We encourage our participating providers to include race and ethnicity as part of their medical record documentation.

| MEASURE ABBREVIATIONS | MEASURE               | DOCUMENTATION NEEDED FROM THE TREATING PROVIDER   |
|-----------------------|-----------------------|---|
| COA                   | Care for Older Adults | <p><b>Medication Review</b></p> <ul style="list-style-type: none"> <li>• Medical notes / progress notes indicating a medication review was conducted after 2024</li> <li>• Medication list within the medical record</li> </ul> <p>Note: The medication list must be signed and dated by a practitioner or clinical pharmacist during 2024.</p> <p><b>Functional Status Assessment</b></p> <p>Documentation in the medical record must include evidence of a complete functional status assessment and the date it was performed during 2024.</p> <p>Notations for a complete functional status assessment must include one of the following:</p> <ol style="list-style-type: none"> <li>1. Activities of Daily Living (ADL) were assessed or at least 5 of the following were assessed: Bathing, dressing, eating, transferring, using toilet, and or walking.</li> <li>2. Instrumental Activities of Daily Living (IADL) were assessed or at least four of the following were assessed. Shopping for groceries, driving, or using public transportation, using the telephone, cooking, housework, home repair, laundry, taking medications, and handling finances.</li> <li>3. Results of assessment using a standardized functional status assessment tool not limited to SF-36 Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLS) Scale, Bayer ADL (B-ADL) Scale, Barthel Index, Edmonton Frail Scale, Extended ADL (EADL) SCALE, Groningen Frailty index Independent Living Scale (ILS), Katz Index of Independence in ADL<sup>®</sup>, Kenny Self-Care Evaluation, Klein-Bell ADL Scale, Kohlman Evaluation of Living Skills (KELS), Lawton &amp; Brody's IADL scales, Patient Reported Outcome Measurement Information, System (PROMIS) Global or Physical Function Scales<sup>®</sup>.</li> </ol> <p>Note: A functional status assessment limited to an acute or single condition, event or body system (e.g., leg) does not meet criteria.</p> <p><b>Pain Assessment</b></p> <p>Documentation in the medical record must include evidence of a pain assessment and the date when it was performed during 2024. Notations for a pain assessment must include one of the following:</p> |

| MEASURE ABBREVIATIONS | MEASURE                                | DOCUMENTATION NEEDED FROM THE TREATING PROVIDER  |
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|                       |  | <ol style="list-style-type: none"> <li>1. Documentation that the patient was assessed for pain (which may include positive or negative findings for pain).</li> <li>2. Results of assessment using a standardized pain assessment tool, not limited to: Numeric Rating scales (verbal or written), Face, legs, activity, cry consolability (FLACC scale), Verbal descriptor scales (5-7 word scales, present pain inventories), Pain Thermometers, Pictorial Pain scales (face pain scale, Wong-Baker Pain Scale), Visual analogue scale, Brief Pain Inventory, Chronic Pain Grade, PROMIS Pain Intensity Scale, Pain assessment in advanced Dementia (PAINAD) scale).</li> <li>3. Documentation that the patient is in hospice, using hospice services and members who died anytime during the measurement year 2024.</li> </ol>  |
| <b>E-BCS</b>          | <b>Breast Cancer Screening</b>         | <p>Documentation needed the following:<br/> Claim or encounter for one or more mammograms any time on or before October 1, two years prior to the measurement year (2023) and December 31 of the measurement year (2024)</p> <ul style="list-style-type: none"> <li>• This measure is strictly administrative, meaning there is no medical record review.</li> </ul>   |
| <b>COL-E</b>          | <b>Colorectal Cancer Screening</b>     | <p>Documentation within the medical record of the following:</p> <ul style="list-style-type: none"> <li>• For a list of codes, please refer to the HEDIS MY 2024 Provider Quick Reference Guide</li> <li>• Diagnosis or history of Colorectal Cancer or a Total Colectomy</li> </ul> <p>Documentation of one of the following screenings and the date the screening was performed, documentation must come in the form of a medical claim for the following services:</p> <ul style="list-style-type: none"> <li>• Colonoscopy between 2015 and 2024</li> <li>• Fit-DNA (Cologuard®) between 2022 and 2024</li> <li>• Fecal occult blood test (FOBT) in 2024</li> <li>• Flex sigmoidoscopy between 2020 and 2024</li> <li>• Computerized tomography (CT) colonography between 2020 &amp; 2024</li> <li>• Documentation indicating patient is in hospice or using hospice services any time during 2024, if applicable</li> <li>• Any documentation from a gastrointestinal consult that includes prior screening method and the date when it was completed</li> <li>• Documentation that the member has passed away (died) any time during 2024</li> </ul> |
| <b>CBP</b>            | <b>Controlling High Blood Pressure</b> | <ul style="list-style-type: none"> <li>• Problem List or Progress Notes confirming the diagnosis of Hypertension (HTN)</li> </ul>  |

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|                       |   | <ul style="list-style-type: none"> <li>• Office visits/encounters/vital sign flow sheets documenting the patient's blood pressure (BP) in 2024 only</li> <li>• Evidence that the member was diagnosed with end-stage renal disease (ESRD) or received a kidney transplant</li> <li>• Pregnancy with a diagnosis of pregnancy any time during 2024</li> <li>• Blood pressure reading from a remote monitoring device. The readings must be digitally stored and transmitted to the provider and reviewed by the provider.</li> <li>• The patient can report blood pressure readings, but the provider must ensure that the reading was taken with a digital device</li> <li>• Evidence that the member has been receiving palliative care during 2024</li> <li>• Documentation indicating patient is in hospice or using hospice services any time during 2024</li> <li>• Member who has passed away (died) any time during 2024</li> </ul>  |
| GSD                   | Glycemic Status Assessment for Patients with Diabetes | <p><b>Blood Pressure for Patients with Diabetes (BPD)</b></p> <ul style="list-style-type: none"> <li>• 2024 office visits/encounters, inclusive of vital sign sheet documenting the most recent blood pressure (BP) reading</li> <li>• Blood pressure reading from a remote monitoring device. The readings must be digitally stored and transmitted to the provider and interpreted by the provider.</li> <li>• Documentation indicating patient is in hospice or using hospice services any time during 2024, if applicable</li> <li>• Documentation indicating the patient is receiving palliative care, if applicable</li> <li>• Member who has passed away (died) any time during 2024</li> </ul> <p><b>GSD Hemoglobin A1C Control for Patients with Diabetes (GSD)</b></p> <ul style="list-style-type: none"> <li>• Documentation of HgA1c, or glucose management indicator (GMI) the date test was performed and result in 2024</li> <li>• Documentation indicating patient is in hospice or using hospice services any time during 2024, if applicable</li> <li>• Documentation indicating patient received palliative care during 2024.</li> <li>• Members who died during 2024</li> </ul> |

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|-----------------------|---------|---|
|                       |         | <p><b>GSD Retinal Eye Exam for Patients with Diabetes (EED)</b></p> <ul style="list-style-type: none"> <li>• Progress notes indicating a retinal or dilated eye exam was completed with results and the name of the eye care provider (ophthalmologist or optometrist) during 2024.</li> <li>• Progress note indicating that a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (ophthalmologist or optometrist) in year 2024.</li> <li>• Consultation note/letter from an eye care professional indicating that an ophthalmic or diabetic eye exam was completed, must include the date and the results of the exam</li> <li>• A chart or photograph indicating the date when the fundus photography was done, evidence that eye care professional (ophthalmologist or optometrist) reviewed the results or evidence that results were read by a qualified reading center or evidence that results were read by a system that provides an artificial intelligence (AI) interpretation</li> <li>• Any documentation showing evidence that a patient had a bilateral eye enucleation any time during their history through 2024</li> <li>• Documentation indicating patient is in hospice or using hospice services any time during 2024, if applicable</li> <li>• Documentation indicating the patient is receiving palliative care, anytime during 2024, if applicable</li> <li>• Member who has passed away (died) any time during 2024</li> </ul> <p><b>Kidney Health Evaluation for Patients with Diabetes (KED)</b></p> <ul style="list-style-type: none"> <li>• At least one eGFR (Estimated Glomerular Filtration Rate Lab Test).</li> <li>• At least one uACR identified by either of the following: <ul style="list-style-type: none"> <li>• Quantitative Urine Albumin Test or a urine creatinine test with services dates four days or less apart.</li> </ul> </li> <li>• Documentation indicating the patient was diagnosed with ESRD any time during the member's history on or prior to December 31 of 2024.</li> <li>• Documentation indicating the patient had dialysis any time during the patient's history on or prior to December 31, 2024.</li> <li>• Documentation indicating the patient received or is receiving palliative care during 2024.</li> </ul> |



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|-----------------------|--------------------|---|
|                       |                    | <ul style="list-style-type: none"> <li>Documentation indicating the patient used hospice services or elected to use a hospice benefit any time during 2024.</li> <li>Documentation indicating that the patient died during 2024.</li> </ul>   |
| TRC                   | Transition of Care | <ul style="list-style-type: none"> <li>Documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).</li> <li>Any communication between inpatient providers or staff and the members PCP or ongoing care provider (e.g., phone call, email, fax)</li> <li>Communication about admission between the emergency room department and the member's PCP or ongoing provider (faxes, emails, phone calls).</li> <li>Communication about admission with member's PCP or ongoing care provider through a shared electronic medical record (EMR) system. <ul style="list-style-type: none"> <li>Communication about admission to the member's PCP or ongoing care provider from the member's health plan.</li> <li>Indication that the member's PCP or ongoing care provider admitted the member to the hospital.</li> <li>Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider.</li> <li>Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay.</li> <li>Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission.</li> <li>Receipt of discharge information.</li> <li>Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). with evidence of the date when the documentation was received.</li> </ul> </li> </ul> <p>Discharge information may be included in, but not limited to, a discharge summary or summary of care record. At a minimum, the discharge information must include all the following:</p> <ul style="list-style-type: none"> <li>The practitioner responsible for the member's care during the inpatient stay.</li> <li>Procedures or treatment provided.</li> <li>Diagnoses at discharge.</li> <li>Current medication list.</li> </ul> |

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|-----------------------|-----------------------|--|
|                       |                       | <ul style="list-style-type: none"> <li>• Testing results or documentation of pending tests, or no tests pending.</li> </ul> <p>Instructions for patient care post-discharge</p> <ul style="list-style-type: none"> <li>- Patient Engagement After Inpatient Discharge</li> </ul> <p>Documentation of patient engagement (e.g., office visits, visits of the home, or telehealth) within 30 days after discharge.</p> <ul style="list-style-type: none"> <li>- Medication reconciliation post-discharge</li> </ul> <p>Medication reconciliation post-discharge</p> <ul style="list-style-type: none"> <li>- Documentation within the member’s medical record that the discharge medications were reconciled with the most recent medication list in the outpatient record and the date when it was performed</li> <li>- Documentation indicating patient is in hospice or using hospice services any time during 2024, if applicable</li> </ul> |
| ACP                   | Advance Care Planning | <ul style="list-style-type: none"> <li>• Claim or encounter for advance care planning any time during the measurement year</li> <li>• This measure is strictly administrative meaning there is no medical record review</li> </ul> <p><i>For a list of codes, please refer to the HEDIS MY 2024 Provider Quick Reference Guide</i></p>   |

## HOW TO IMPROVE YOUR HEDIS® SCORES



Determine if patient has a gap in care prior to a visit



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



Use correct data code when submitting claims or encounters for ALL services rendered to a patient. For a complete list of codes, please refer to HEDIS MY2024 Provider Quick Reference Guide, online at:

<https://clearspringhealthcare.com/for-providers/provider-overview/>



Follow all HEDIS® measure requirements and document clearly within the medical record

**For a list of claim codes, please refer to HEDIS Provider Reference Guide**

## CONTACT US FOR ASSISTANCE

Quality Improvement Department: **1-844-895-9047**

Online at: <https://clearspringhealthcare.com/for-providers/provider->

If you are having trouble getting your patients seen at an office, **CALL 1-844-895-9047** for assistance