

MY2023
HEDIS[®] TRAINING

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.
- HEDIS® is a set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA) for the managed care industry.
- HEDIS® 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® 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® Measures

HEDIS® 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® 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?

- ④ HEDIS® assists providers in identifying and eliminating care gaps for their patients
- ④ Helps ensure timely and appropriate care for their patients
- ④ 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 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 any specialists
- Member's experience with the Health Plan

What Is the Providers' Role in HEDIS®

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

2023 Retired Measures

The following are retired measures for 2023 measurement year:

- Breast Cancer Screening (BCS) **Only the BCS-E Measured will be reported*
- Annual Dental Visit (ADV)
- Frequency of Selected Procedures (FSP)
- Flu Vaccination for Adults Ages 18-64 (FVA)
- Flu Vaccinations for Adults Ages 65 and Older (FVO)
- Pneumococcal Vaccination Status for Older Adults (PNU)

New Measures - Medicare

- Advanced Care Planning (ACP)-The percentage of adults 66-80 years of age with advanced illness, and indication of frailty or who are receiving palliative care, and adults 81 years of age and older who advance care planning during the measurement year 2023
- Deprescribing of Benzodiazepines in Older Adults (DBO) - The percentage of members 67 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent) during the measurement year.
- Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes (EDH)
- Social Need Screening and Intervention (SNS-E)

Revised Measures

The former Comprehensive Diabetes Care (CDC) measure has been separated into three stand-alone measures since MY 2022:

- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Blood Pressure Control for Patients with Diabetes (BPD)
- Eye Exam for Patients with Diabetes (EED)

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)
 - 2) Controlling High Blood Pressure (CBP)
 - 3) Hemoglobin A1c Control for patient with Diabetes (HBD)

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 ABBREVIATION	MEASURE	DOCUMENTATION NEEDED FROM THE TREATING PROVIDER
COA	Care for Older Adults	<p>Medication Review</p> <ul style="list-style-type: none"> • Medical notes / progress notes indicating a medication review was conducted • Medication List within the medical record <p>Note: The medication list must be signed and dated by a practitioner or clinical pharmacist.</p> <p>Functional Status Assessment</p> <p>Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.</p> <p>Notations for a complete functional status assessment must include one of the following:</p> <ol style="list-style-type: none"> 1) Activities of Daily Living (ADL) 2) Instrumental Activities of Daily Living (iADL) 3) Results of assessment using a standardized functional status assessment tool <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>Pain Assessment</p> <p>Documentation in the medical record must include evidence of a pain assessment and the date when it was performed.</p> <p>Notations for a pain assessment must include one of the following:</p> <ol style="list-style-type: none"> 1) Documentation that the patient was assessed for pain (which may include positive or negative findings for pain). 2) Results of assessment using a standardized pain assessment tool 3) Documentation that the patient is in hospice, using hospice services and members who died anytime during the measurement year 2023.
E-BCS	Breast Cancer Screening	<p>Documentation needed the following:</p> <p>Claim or encounter for one or more mammograms any time on or before October 1 two years prior to the measurement year (2022) and December 31, of the measurement year (2023)</p> <ul style="list-style-type: none"> • This measure is strictly administrative meaning there is no medical record review.

MEASURE ABBREVIATION	MEASURE	DOCUMENTATION NEEDED FROM THE TREATING PROVIDER
COL	Colorectal Cancer Screening	<p>Documentation within the medical record of the following:</p> <ul style="list-style-type: none"> • For a list of codes, please refer to the HEDIS MY 2023 Provider Quick Reference Guide • Diagnosis or history of Colorectal Cancer or a Total Colectomy <p>Documentation of one of the following screenings and the date the screening was performed:</p> <ul style="list-style-type: none"> • Colonoscopy between 2014 and 2023 • Fit-DNA (Cologuard®) between 2021 and 2023 • Fecal occult blood test (FOBT) in 2023 • Flex sigmoidoscopy between 2019 and 2023 • Computerized tomography (CT) colonography between 2019 & 2023 • Documentation indicating patient is in hospice or using hospice services any time during 2023, if applicable • Any documentation from a gastrointestinal consult that includes prior screening method and when completed • Documentation that the member has passed away (died) any time during 2023
CBP	Controlling High Blood Pressure	<ul style="list-style-type: none"> • Problem List or Progress Notes confirming the diagnosis of Hypertension (HTN) • Office visits/encounters/vital sign flow sheets documenting the patient's blood pressure (BP) in 2023 only • Evidence that the member was diagnosed with end-stage renal disease (ESRD) or received a kidney transplant • Pregnancy with a diagnosis of pregnancy any time during 2023 • Blood pressure reading from a remote monitoring device. The readings must be digitally stored and transmitted to the provider and reviewed by the provider. • The patient can report blood pressure readings, but the provider must ensure that the reading was taken with a digital device • Evidence that the member has been receiving palliative care during 2023 • Documentation indicating patient is in hospice or using hospice services any time during 2023 • Member who has passed away (died) any time during 2023
CDC	Comprehensive Diabetes Control	<p>Blood Pressure for Patients with Diabetes (BPD)</p> <ul style="list-style-type: none"> • 2023 office visits/encounters, inclusive of vital sign sheet documenting the most recent blood pressure (BP) reading • Blood pressure reading from a remote monitoring device. The readings must be digitally stored and transmitted to the provider and interpreted by the provider

MEASURE ABBREVIATION	MEASURE	DOCUMENTATION NEEDED FROM THE TREATING PROVIDER
<p>CDC <i>continued</i></p>	<p>Comprehensive Diabetes Control</p>	<ul style="list-style-type: none"> • Documentation indicating patient is in hospice or using hospice services any time during 2023, if applicable • Documentation indicating the patient is receiving palliative care, if applicable • Problem List or documentation within Progress Notes indicating patient has any of the following diagnosis: <ol style="list-style-type: none"> 1. Polycystic Ovarian Syndrome 2. Gestational Diabetes 3. Steroid Induced Diabetes • Member who has passed away (died) any time during 2023 <p>CDC Hemoglobin A1C Control for Patients with Diabetes (HBD)</p> <ul style="list-style-type: none"> • Documentation of HgA1c, glycohemoglobin or glycated hemoglobin date test was performed and result in 2023 • Documentation indicating patient is in hospice or using hospice services any time during 2023, if applicable <p>CDC Retinal Eye Exam for Patients with Diabetes (EED)</p> <ul style="list-style-type: none"> • Progress notes indicating a retinal eye exam was completed with results and the name of the eye care provider (ophthalmologist or optometrist) during 2022 and 2023 • 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 • 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 • Any documentation showing evidence that a patient had a bilateral eye enucleation any time during their history through 2023 • Documentation indicating patient is in hospice or using hospice services any time during 2023, if applicable • Documentation indicating the patient is receiving palliative care, if applicable

MEASURE ABBREVIATION	MEASURE	DOCUMENTATION NEEDED FROM THE TREATING PROVIDER
<p>CDC <i>continued</i></p>	<p>Comprehensive Diabetes Control</p>	<ul style="list-style-type: none"> • Member who has passed away (died) any time during 2023. • Problem List or documentation within Progress Notes indicating patient has any of the following diagnosis: <ol style="list-style-type: none"> 1. Polycystic Ovarian Syndrome 2. Gestational Diabetes 3. Steroid Induced Diabetes
<p>TRC</p>	<p>Transition of Care</p>	<ul style="list-style-type: none"> • 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). • Any communication between inpatient providers or the emergency room department and the primary care providers (faxes, emails, phone calls) <ul style="list-style-type: none"> - A Plan notification letter informing of member’s admission - 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). - A Plan letter providing discharge summary of the member’s admission • Any communication between inpatient providers or the emergency room department and the primary care providers (faxes, emails, phone calls) <ul style="list-style-type: none"> - Patient engagement within 30 days of discharge - An outpatient visits after the member’s discharge. It may include an office visits and home visits, telehealth visit - Medication reconciliation post-discharge • 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 • Documentation indicating patient is in hospice or using hospice services any time during 2023, if applicable
<p>ACP</p>	<p>Advance Care Planning</p>	<ul style="list-style-type: none"> • Claim or encounter for advance care planning any time during the measurement year • This measure is strictly administrative meaning there is no medical record review <p>For a list of codes, please refer to the HEDIS MY 2023 Provider Quick Reference Guide</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 MY2023 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-overview/>

If you are having trouble getting your patients seen at an office, call us for help with this. **CALL 1-844-895-9047**