



HEDIS 2016 FAQs

What Is HEDIS?

HEDIS stands for Healthcare Effectiveness Data and Information Set and is a performance measurement tool developed and administered by NCQA (National Committee for Quality Assurance) and used by the California Department of Health Care Services (DHCS) for monitoring the performance of Medi-Cal managed care plans.

- All Medi-Cal Plans undergo HEDIS reviews annually. HEDIS is a retrospective review of effectiveness of and access to care.
- Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members.

What Is the Provider's Role in HEDIS Reporting?

Providers 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 timeframes.
- Documenting all care in the patient's medical record.
- Accurately coding all claims.

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

Do I Need Member Consent to Release Personal Health Information for HEDIS Reporting?

Under the Health Information Portability and Accountability Act (HIPAA), data collection for HEDIS is permitted, and health plan requests for medical records do not require patient consent or authorization. Please be assured that our members' personal health information is maintained in accordance with all state and federal laws. In addition, data are reported at an aggregate level without individual identifiers.

What Data Sources Are Used in HEDIS Reporting?

- Administrative Data obtained from the Alliance's claims system.
- Hybrid Data obtained from medical record reviews.
- Survey data obtained from member and provider surveys.

How Will the Alliance Collect HEDIS Data?

The Alliance's HEDIS vendor, Verisk Health, will contact your office to request medical records for selected members.

- Each request will include the members and measure(s) selected for review and the relevant portions of the medical records to be submitted.
- Data collection methods include fax, mail, onsite visits, remote electronic medical record (EMR) system access.
- Providers should submit the requested documentation within 5 days.

When Does Medical Record Review Begin and End?

Medical Record requests will begin as early as February 15th and end by May 15th.

Should the entire record be sent?

No. Please provide only the minimum records necessary to meet our request.

Who Do I Contact if I Have Questions about HEDIS Medical Record Requests?

Medical record requests will have the appropriate contact information when questions and/or concerns arise.

Does HEDIS 2016 Apply to All Records and Claims in 2016?

No. HEDIS 2016 reflects on what is called the measurement year, which measures the year prior, with patient look-backs up to 5 years.

Where Can I Get More Information about NCQA and HEDIS?

More information can be found at www.ncqa.org

Will I Be Reimbursed for Copies/Materials?

Per your Alliance contract, we do not reimburse for medical record copies requested for HEDIS data collection.

Are Records Requested of All HEDIS Measures?

For a comprehensive list of 2016 HEDIS measures, please see the list at the end of this document of hybrid and administrative measures. Medical record requests will be made only on the hybrid measures.

Is There a Direct Line for General Questions Related to HEDIS?

Please direct any programmatic question to the Alliance's Quality Improvement department at (831) 430-2622.

What are the HEDIS Measures for 2016?

2016 HEDIS Measures		Data Source	2016 HEDIS Measure Descriptions
AAB[†]	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Admin	The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription at initial diagnosis.
ACR[†]	All-Cause Readmissions	Admin	For members 21 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Non-NCQA reported measure.
AMB[†]	Ambulatory Care	Admin	Summarizes use of care in Outpatient Visits and ED Visits by adults 20 and over.
AWC	Adolescent Well-Care Visits	Admin	The percentage of enrolled members 12-21 years of age who had at least one well-care visit with a PCP or an OB/GYN during the measurement year.
CAP[†]	Children and Adolescents' Access to Primary Care Practitioners	Admin	The percentage of members 12 months - 6 years of age who had a visit with a PCP during the measurement year. The percentage of members 7-19 years who had a visit with a PCP during the measurement year or year prior.
CBP	Controlling High Blood Pressure	Hybrid	The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90) during the measurement year.
CCS	Cervical Cancer Screening	Hybrid	The percentage of female members who had a Cervical Cancer screening using either criteria: 21-64 years of age who had cervical cytology in last 3 years or 30-64 years of age who had cervical cytology and HPV testing in the last 5 years.
CDC	Comprehensive Diabetes Care	Hybrid	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following: A1c, medical attention for nephropathy, blood pressure control and retinal eye exam.
CIS	Childhood Immunization Status	Hybrid	The percentage of children 2 years of age who had four DTaP, three IPV, one MMR, three Hib, three Hep B, one VZV, four pneumococcal conjugate by their second birthday.
IMA	Immunizations for Adolescents	Hybrid	The percentage of adolescents 13 years of age who had one dose meningococcal vaccine and one Tdap or one Td by 13th birthday.
LBP	Use of Imaging Studies for Low Back Pain	Admin	The percentage of members 18-50 years with a primary diagnosis of low back pain who did not have an imaging study within 28 days of the diagnosis.
MMA	Medication Management for People with Asthma	Admin	The percentage of members 5-64 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 reported: at least 50% or 75% compliance.
MPM	Annual Monitoring for Patients on Persistent Medications	Admin	The percentage of members 18 years of age and older who received at least 180 treatment days of ACE/ARBs or Digoxin [†] or diuretics during the measurement year and at least one lab panel monitoring test in the measurement year.
PPC	Prenatal and Postpartum Care	Hybrid	Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment. Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21-56 days after delivery. Note: this applies to women delivering a live infant between Nov. 6, 2014 and Nov. 5, 2015.
WCC	Weight Assessment and Counseling for Nutrition and Activity for Children and Adolescents	Hybrid	The percentage of members ages 3-17 years of age who had an outpatient visit with a PCP or OB/GYN with evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
W34	Well-Child Visits in the 3rd-6th Years of Life	Hybrid	The percentage of members 3-6 years of age who received one or more well-child visits with a PCP during the measurement year.

[†] MCPs will not be held to a minimum performance level (MPL) for measures

REPORTING KEY:

Admin = Submitted via claims. Hybrid = Submitted claims and medical record review.