Provider News

February 16, 2017

HEDIS 2017 Frequently Asked Questions

What is HEDIS?

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

- All Medi-Cal plans undergo annual, retrospective HEDIS reviews to monitor effectiveness of care, use of care, and access to care
- Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members

What is a provider's role in HEDIS reporting?

Providers play a central role in promoting the health of Alliance members. Providers and office staff can help facilitate HEDIS process improvement by:

- Providing appropriate care within designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims

This information allows the Alliance to validate the quality of care provided to our members.

Do I need member consent to release personal health information (PHI) for HEDIS reporting?

No. 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. Alliance members' PHI is maintained in accordance with all state and federal laws. In addition, data is 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, Verscend (formerly Verisk Health), will contact providers directly to request medical records for selected members.

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

When does medical record review begin and end?
Medical record requests will begin as early as February 22, 2017 and end by May 15, 2017.

Should the entire medical record be sent?
No. Please provide only the minimum records necessary to meet our request.

Who is the contact for questions about HEDIS medical record requests?
When the record requests are sent, contact instructions will be listed on the request.

Does HEDIS 2017 apply to all records and claims in 2017?
No. HEDIS 2017 reflects on what is called the measurement year, which measures the year prior, with patient look-backs up to five 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/materials requested for HEDIS data collection.

Are records requested for All HEDIS measures?
For a comprehensive list of 2017 HEDIS measures, please see the list of hybrid and administrative measures on page three. Medical record requests will be made only for hybrid measures.

Is there a direct line for general questions related to HEDIS?
Please direct any programmatic questions to Britta Vigurs, Projects and Communications Specialist at (831) 430-2620 or bvigurs@ccah-alliance.org.

HEDIS 2017 Measures

2017 HEDIS Measure		Data Source	Description
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Admin	The percentage of adults 18 to 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. Not an NCQA-reported measure.
AMB	Ambulatory Care	Admin	Summarizes use of care in Outpatient Visits and ED Visits by adults 20 years of age and older.
AMR	Asthma Medication Ratio	Admin	The percentage of members 5 to 85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
BCS	Breast Cancer Screening	Admin	The percentage of female members 50 to 74 years of age who had one or more mammograms to screen for breast cancer any time on or between 10/1/14 - 12/31/16.
CAP	Children and Adolescents' Access to Primary Care Practitioners	Admin	The percentage of members 12 months to 6 years of age who had a visit with a PCP during the measurement year. The percentage of members 7 to 19 years of age 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 to 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 to 64 years of age who had cervical cytology in last 3 years; or 30 to 64 years of age who had cervical cytology and HPV cotesting in the last 5 years.
CDC	Comprehensive Diabetes Care	Hybrid	The percentage of members 18 to 75 years of age with diabetes (type 1 or type 2) who had each of the following: A1c, medical attention for nephropathy, blood pressure control and retinal eye exam.
CDF	Screening for Clinical Depression and Follow-Up Plan	Hybrid	The percentage of members 12 years of age and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen. Not an NCQA-reported measure.
CIS	Childhood Immunization Status	Hybrid	The percentage of children 2 years of age who had four DTaP, three IPV, one MMR, three Hib, three HepB, one VZV, four pneumococcal conjugate, one HepA, two/three RV, and two flu vaccines by their second birthday.
IMA	Immunizations for Adolescents	Hybrid	The percentage of adolescents 13 years of age who had one dose meningococcal vaccine, tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.
LBP	Use of Imaging Studies for Low Back Pain	Admin	The percentage of members 18 to 50 years of age with a primary diagnosis of low back pain who did not have an imaging study within 28 days of the diagnosis.
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 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 11/6/15 and 11/5/16.
W34	Well-Child Visits in the 3rd-6th Years of Life	Hybrid	The percentage of members 3 to 6 years of age who received one or more well-child visits with a PCP during the measurement year.
WCC	Weight Assessment and Counseling for Nutrition and Activity for Children and Adolescents	Hybrid	The percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN, counseling for nutrition and counseling for physical activity during the measurement year.