

HEDIS[®] Measurement Year 2020 & 2021



Aetna-760



Aetna policy statement

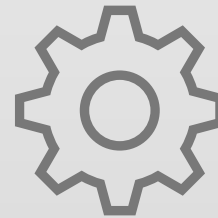
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Agenda



- What is HEDIS®
- HEDIS® Annual Timeline
- How is data collected for HEDIS®
- HIPAA and HEDIS®
- HEDIS® measures (VBS HEDIS measures)
- CAHPS Survey- A component of HEDIS
- How can you improve your scores
- How can Aetna Better Health help
- Important Contacts

HEDIS



HEALTHCARE EFFECTIVENESS
DATA and INFORMATION SET

What is HEDIS®?

Healthcare Effectiveness Data and Information Set

- A set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA)
- A tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service
- Consist of 96 measures across 6 domains
 - Effectiveness of care
 - Access/availability of care
 - Experience of care
 - Utilization and risk adjusted utilization
 - Health plan descriptive information
 - Measures collected using electronic clinical data systems
- Designed to allow consumers to compare health plan performance to other plans

HEDIS® Annual Timeline

January – May

- Plan prepares for HEDIS® Season
- CAHPS survey administration begins in February
- HEDIS® department staff collect medical records and review data for hybrid reviews

May – August

- CAHPS survey continues through May
- HEDIS® results are submitted, certified and reported to NCQA and Kentucky Medicaid
- Opportunities for improvement are identified

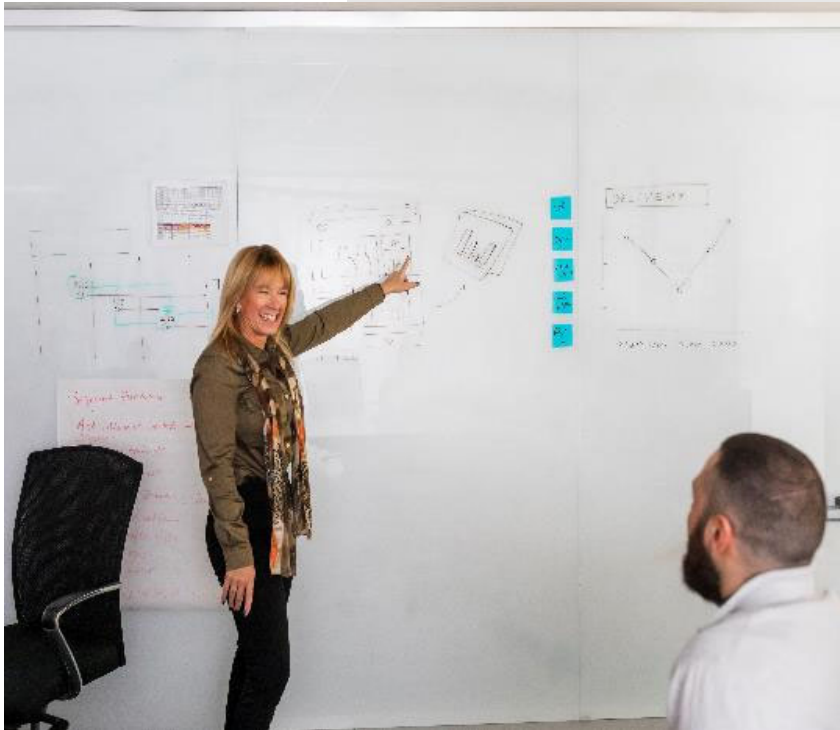
September – December

- NCQA releases Quality Compass results nationwide for Medicaid
- Supplemental Data entry occurs

- HEDIS® is a retrospective process HEDIS® MY2020 - Calendar year data 2020
- HEDIS® is a year-round effort
- Hybrid, Claims, Survey and Supplemental data collection is a cyclical process

How is Data Collected?

Sources



Administrative – administrative measures use claims/encounters for medical office visits, hospitalizations and procedures or pharmacy data.

Hybrid – measures combine data obtained from the member’s medical record with administrative data.

Survey of member experience – measures compile data collected directly from members via the CAHPS survey.

Supplemental data – for administrative only measures, medical record data is considered supplemental data. *Goal is for providers to submit claims/encounters with coding that administratively captures all required HEDIS® data via claims. (Note: this decreases or removes the need for medical record (hybrid) review and/or supplemental data submission).*

HIPAA and HEDIS®

Under the HIPAA Privacy Rule (Health Insurance Portability and Accountability Act), release of information for the purpose of HEDIS® data collection is permitted and does not require patient consent or authorization

- Disclosure is permitted as part of quality assessment and improvement activities
- Member PHI (Protected Health Information) that we collect is maintained in accordance with all federal and state laws
- HEDIS® data is reported collectively
- Rates represent aggregate data
- No individual identifiers are included

Measures Overview

HEDIS® Measure	Acronym
Adults' Access to Preventive/Ambulatory Health Services	AAP
Follow-up Care for Children with ADHD	ADD
Ambulatory Care Emergency Department	AMBED
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP
Adolescent Well Care	AWC
Breast Cancer Screening	BCS
Cervical Cancer Screening	CCS
Comprehensive Diabetes Care (eye exam/HbA1c)	CDC
Chlamydia Screening	CHL
Childhood Immunization Status	CIS- Combo 10
Follow-up after Hospitalization for Mental Illness	FUH
Plan All-Care Readmissions	PCR
Well Child Visits in the First 15 Months of Life	W15

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES- AAP

Adults 20 years and older who had an ambulatory or preventive care visit during the measurement year.



Follow-up Care for Children with ADHD- ADD



Children 6-12 years of age newly prescribed with attention deficit/hyperactivity disorder (ADHD) medication with at least 3 follow-up visits within a 10-month period.

Continuation Phase - Children who remained on the medication for at least 210 days and who, in addition to the Initiation Phase, had *at least 2 follow-up visits* with a practitioner within 270 days (9 months) after the Initiation Phase ended

Ambulatory Care- AMBED

Summary of utilization of ambulatory care in the following categories:

- Outpatient visits including telehealth
 - Count multiple codes with the same practitioner on the same date of service as a single visit. Count visits with different providers on the same date of service as different visits.
- Emergency Department visits
 - Count each visit to an ED once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit. Visits that result in an inpatient admission will not be included in the measure.



Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics- APP



Children and adolescents 1-17 year of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

- Index Prescription Start Date (IPSD): The earliest prescription dispensing date for an antipsychotic medication between January 1 – December 1 of the measurement year.
- Psychosocial care must occur in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD (by December 31 of the measurement year) to count towards compliance.

Adolescent Well Care- AWC

The percentage of enrolled members 12–21 years of age who had at least one comprehensive Well-Care visit with a PCP or an Ob/Gyn practitioner during the measurement year.

*Preventative services may be rendered on visits other than Well-Child visits. Well-Child preventive services count toward the measure, regardless of the primary intent of the visit eg: Gyn type visit, but services that are specific to an acute or chronic condition do not count toward the measure.

Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation that a Well-Care exam occurred is available in the medical record or administrative system in the time frame specified by the measure.

*The PCP does not have to be assigned to the member.



Breast Cancer Screening- BCS



The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer between October 1 two years prior to the measurement year through December 31 of the measurement year.

Note: This measure evaluates primary screening. Do not count biopsies, breast ultrasounds or MRIs because they are not appropriate methods for primary breast cancer screening.

All types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance.

Cervical Cancer Screening- CCS

The percentage of women 21 -64 of age who were screened for cervical cancer using either of the following criteria:

- Women 21 – 64 years old who had a cervical cytology (Pap Test) performed within the last 3 years. Measurement year and two years prior.
- Women 30 – 64 years old who had cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years. Measurement year and four years prior.
- Women 30 – 64 years old who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years. Measurement year and four years prior.



The percentage of members 18–75 years of age with diabetes type 1 and type 2 who had each of the following:

- **HbA1c Testing: An HbA1c test performed during the measurement year**
 - Glycated hemoglobin and glycosylated hemoglobin are acceptable HbA1c tests.
 - HbA1c control 9.0: Inverse measure Fewer members in this category are better. Will fall into poor control category if: results actually >9.0 or a result was not received on a member or if an HbA1c test was not done during the measurement year.
- HbA1c control <8%
- **Retinal Eye Exam: An eye screening for diabetic retinal disease:**
 - A retinal or dilated eye exam by an eye care professional in the measurement year (regardless of results) or
 - A retinal or dilated eye exam by an eye care professional in the year prior to the measurement year that was negative for retinopathy.

BP Control <140/90 mm Hg:

- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, virtual check-ins, remote monitoring event, or a non-acute inpatient encounter during the measurement year.

Comprehensive Diabetic Care- CDC



Chlamydia Screening



The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Members are identified as being sexually active by a pregnancy test or diagnosis, sexual activity, or contraceptive prescriptions being captured via claims.

Easiest testing method for Chlamydia is the urine testing (non-invasive).

Childhood Immunizations Status- CIS Combo 10

Combination Vaccinations for Childhood Immunization Status

Combination	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

The percentage of children who turned 2 years of age who had:

- ✓ 4 diphtheria, tetanus and acellular pertussis (DTaP);
- ✓ 3 polio (IPV);
- ✓ one measles, mumps and rubella (MMR);
- ✓ three haemophilus influenza type B (HiB);
- ✓ 3 hepatitis B (HepB);
- ✓ one chicken pox (VZV);
- ✓ 4 pneumococcal conjugate (PCV);
- ✓ 1 hepatitis A (HepA);
- ✓ 2 or 3 rotavirus (RV); and
- ✓ 2 influenza (Flu) vaccines by their second birthday.

Follow- Up After Hospitalization for Mental Illness- FUH

Measure Description: This measure captures the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health provider.

- ✓ The percentage of discharges for which the member received follow-up within 30 days after discharge.
- ✓ The percentage of discharges for which the member received follow-up within 7 days after discharge.



Plan All-Cause Readmissions- PCR

For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data is reported in the following categories:

- Count of Index Hospital Stay Discharges (IHS) (denominator).
 - An acute inpatient or observational stay with a discharge on or between January 1 and December 1 of the measurement year.
 - For discharges with one or more direct transfers, use the last discharge. A direct transfer is when the discharge date from the first stay precedes the admission date to a subsequent stay by one calendar day or less.
- Count of Observed 30-Day Readmissions (numerator).
- Count of Expected 30-Day Readmissions.



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

The percentage of members who had the following number of well-child visits with a PCP during the first 15 months of life:

- ✓ Children who turned 15 months old during the measurement year who had six or more well-child visits that include: health history, physical development, mental development, physical exam, and health education/anticipatory guidance.



CAHPS Survey- A component of HEDIS®

Member satisfaction survey – A Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey is also part of HEDIS®

- The CAHPS survey include questions about access to care and care delivery over the last 6 months. Patients' experience with their provider is a main focus in the survey.

Following are a few examples of survey questions:

1. When you needed care right away, how often did you get care as soon as you needed?
2. How often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
3. When you talked about starting or stopping a prescription medicine, did a doctor or other healthcare provider ask you what you thought was best for you?
4. On a scale of 0-10 where 0 is worst and 10 is best, what number would you use to rate your personal doctor?
5. How often did your personal doctor listen to you and show you respect?

*There is an adult and child version of this survey and the questions are similar in both

Tips to Improve your HEDIS[®] Scores

- ✓ Be sure you are coding correctly and for *ALL* the services you provide (see Toolkit)
- ✓ Use CPT II billing codes to help increase scores for screenings, labs, test, etc.
- ✓ Conduct and bill a well visit with a sick visit for a member who has not had his/her annual physical
- ✓ Expand a basic **Sports Physical**, especially for adolescents, to include **Education** and **Anticipatory guidance**. *These components will increase the Adolescent Well Visit and Well child rates*
- ✓ Contact patients that are delinquent in needed care and schedule services
- ✓ Schedule the next appointment before the patient leaves the office
- ✓ Be sure that follow-up instructions are clear and documented in the medical record (i.e. for future appointments and what to do)
- ✓ Collaborate with the health plan on programs and interventions

How can we help?

- Having difficulty getting your patient into the office to be seen? Contact our Member Services at 1-855-300-5528 – we can help.
- Contact the HEDIS® team at 1-855-737-0872 for HEDIS® education, meetings, webinars and Provider Toolkits.
- Please visit our Provider Webpage for additional HEDIS® Measure Specifications, information, resources and guidance.

<https://www.aetnabetterhealth.com/kentucky/providers/hedis>

Important Contacts

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Questions?

