

What is HEDIS (Healthcare Effectiveness Data and Information Set)?

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. HEDIS gives purchasers and consumers the ability to distinguish between health plans based on comparative quality instead of simply cost differences. HEDIS reporting is a required part of many State contracts. Through HEDIS, NCQA holds CeltiCare Health Plan of Massachusetts, Inc. (CeltiCare) accountable for the timeliness and quality of health care services (acute, preventive, mental health, etc) delivered to its diverse membership.

HEDIS consists of over 20 Effectiveness of Care type measures as well as Access to Care and Use of Services measures. These rates are calculated based on claims/encounter data and/or medical record review data. The rates are reported to NCQA and to the State if required by contract.

What are the scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. HEDIS is a data set utilized to gather evidence of preventive care and clinical data from primary care office practices to measure performance on important aspects of health care. State purchasers of health care may utilize this criteria set to evaluate the effectiveness of a health plan's ability to demonstrate clinical quality and oversight of the care provided by their network physicians.

How are the rates calculated?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Measures typically calculated using administrative data include: annual mammogram, annual Chlamydia screening, annual Pap test, appropriate treatment of asthma, cholesterol management, antidepressant medication management, access to PCP services, and utilization of acute and mental health services.

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review. Measures typically requiring medical record review include: comprehensive diabetes care, control of high-blood pressure, prenatal and postpartum care.

Who should I contact at CeltiCare for assistance?

If you have any questions, comments, or concerns related to the annual HEDIS project or the medical record reviews, please contact the CeltiCare Quality Improvement Department at 1-866-895-1786.

Continued >>>

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HEDIS QUICK REFERENCE GUIDE

What can be done to improve my HEDIS scores?

Understand the specifications established for each HEDIS measure:

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- If services are not billed or not billed accurately they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.

Adolescent Well Care Visits

Measure evaluates the percentage of kids age 12 to 21 years old who had at least 1 comprehensive well care visit (EPSDT) in the current year with a PCP/OB.

CPT	99383-99385, 99393-99395	HCPSCS	G0438, G0439	ICD-9	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
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Breast Cancer Screening

Measure evaluates the percentage of women ages 40 to 69 who had a mammogram at least once within the past 2 years.

CPT	HCPSCS	ICD-9-CM Procedure	UB Revenue
77055-77057	G0202, G0204, G0206	87.36, 87.37	0401, 0403

Cervical Cancer Screening

Measure evaluates the percentage of women ages 24 to 64 who had 1 or more Pap tests to screen for cervical cancer within the past 3 years.

CPT	HCPSCS	ICD-9-CM Procedure	UB Rev
88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	91.46	0923

Chlamydia Screening in Women

Measure evaluates the percentage of women ages 16 to 24 who are sexually active who had at least 1 test for Chlamydia in the current year (Pap or urine).

CPT	87110, 87270, 87320, 87490-87492, 87810
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Prenatal Visits – Timeliness of First Visit and Frequency of Visits

Measure evaluates the percentage of pregnant women who had their first prenatal visit in the first trimester. Also, frequency of prenatal visits is assessed. *Generally, these codes are used on the date of delivery. Code is useful only if claim form indicates when prenatal care was initiated.

CPT	CPT II	ICD-9-CM Diagnosis
59400*, 59425*, 59426*, 59510*, 59610*, 59618*	0500F, 0501F, 0502F	640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28

Postpartum Visits

Measure evaluates the percentage of women who delivered a baby and who had their postpartum visit on or between 21 and 56 days after delivery.

CPT	CPT II	HCPSCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Rev
57170, 58300, 59400*, 59410*, 59430, 59510*, 59515*, 59610*, 59614*, 59618*, 59622*, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175, 99501	0503F	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	V24.1, V24.2, V25.1, V72.3, V76.2	89.26, 91.46	0923

Adult BMI Assessment

Measure demonstrates the percentage of members ages 18 to 74 who had their BMI documented during any outpatient visit in the past 2 years.

ICD-9-CM Diagnosis	V85.0-V85.5
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Comprehensive Diabetes Care

Measure demonstrates the percentage of members ages 18-75 with diabetes (types 1 & 2) who were compliant in the following submeasures:

Description	CPT	CPT II
An HbA1C test is completed at least once in the current year.	83036, 83037	3044F, 3045F, 3046F
An LDL-C test is completed at least once in the current year.	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F
A nephropathy screening test is performed at least once in the current year.	82042, 82043, 82044, 84156	3060F, 3061F

Eye Exam – a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) is completed every year OR a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year.

Cholesterol Management for Patients with Cardiovascular Conditions

Measure evaluates the percentage of members age 18 to 75 who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) or had a diagnosis of ischemic vascular disease who had an LDL-C level drawn in the current year.

CPT	80061, 83700, 83701, 83704, 83721	CPT II	3048F, 3049F, 3050F
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