

# HEDIS® 101



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

## Quality Improvement Initiatives

# HEDIS Background



L.A. Care  
HEALTH PLAN®

*For All of L.A.*



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# What is HEDIS®?

Healthcare  
Effectiveness  
Data and  
Information  
Set



# What is HEDIS®?

- HEDIS is a set of **standardized performance measures** designed to compare the effectiveness of clinical care among health care plans
  - HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis
- Measures typically consist of rates like: Percentage of members receiving X screening.
  - Example: % of L.A. Care members who received recommended vaccinations by age two
- HEDIS measures are reported retrospectively on services received in the past
  - Example: services that occurred in 2021 are reported on in 2022



# Who created HEDIS?

- HEDIS was developed by the National Committee for Quality Assurance (NCQA) in 1993
- Process overview:
  1. Plans collect data from providers/medical groups throughout the year
  2. Plans supplement administrative data with medical record data for certain measures from January to May
  3. Plans submit audited data on HEDIS measures to NCQA
  4. NCQA compares performance across plans and assigns ratings to each plan.



## NCQA Health Insurance Plan Ratings 2019-2020 - Summary Report (Medicaid)

Search for a health insurance plan by state, plan name or plan type (private, Medicaid, Medicare). Click a plan name for a detailed analysis.

In 2019, NCQA rated more than 1,000 health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. Ratings emphasize care outcomes (the results of care) and what patients say about their care.

The overall rating is the weighted average of all measures, not the average of the three composites (Consumer Satisfaction, Prevention, Treatment). For more information about the ratings, including how they are calculated, visit our [2019 ratings page](#).

**Note:** There were no Health Plan Ratings in 2020. See our [Health Plan Ratings Marketing and Advertising Guidelines](#) for more information regarding the continued usage of 2019-2020 Health Plan Ratings for advertising and marketing purposes.

			Lower Performance <span>Higher Performance</span>									
			≤1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	
Medicaid	California	I.a. care	Search									
Rating	Plan Name	States	Type	NCQA Accreditation	Consumer Satisfaction	Prevention	Treatment					
4.0	Local Initiative Health Authority, dba L.A. Care Health Plan	CA	HMO	Yes	2.0	3.5	3.5					

# What does HEDIS measure?

- There are a total of 92 HEDIS measures.
  - Grouped into 6 domains of care
- Care domains:
  - Effectiveness of care
  - Availability/access to care
  - Utilization and risk adjusted utilization
  - Experience of care (Consumer Assessment of Healthcare Providers and Systems - CAHPS)
  - Measures reported using Electronic Clinical Data Systems
  - Health plan descriptive information



# Clinical domains of care

- **Effectiveness of Care** - Are we providing adequate, effective prevention, screening & care?
  - Prevention and screening (cancer screening, immunizations, Care for Older Adults)
  - Respiratory Conditions (appropriate testing for pharyngitis, asthma medication ratio)
  - Cardiovascular Conditions (controlling high blood pressure)
  - Diabetes
  - Musculoskeletal Conditions (anti-rheumatic drug therapy)
  - Behavioral Health (follow-up after hospitalization for mental illness)
  - Medication Management and Care Coordination (transitions of care)
  - Overuse/Appropriateness (appropriate treatment for upper respiratory infection)
  - Measures gathered through surveys (e.g. flu and pneumococcal vaccines, smoking cessation)
- **Access/Availability of Care** - Are we meeting members' needs? How accessible is care?
  - Access to preventive/ambulatory services
  - Prenatal and Timely Postpartum Care
- **Utilization and Risk Adjusted Utilization**
  - Emergency Department Utilization
  - Plan All-Cause Readmissions



# What is a HEDIS measure?

- Measure specifications are published/updated annually by NCQA.
- Most measures do not change from year to year.
- Each HEDIS measure has an “Eligible Population” (members that are eligible for the measure).
- Criteria may include the member’s age, gender, enrollment dates, certain conditions (hypertension, diabetes, hospital discharge, birth of a child, etc.)





# What is a HEDIS measure? Continued

- A rate is calculated—percentage of members in the eligible population that receive the service.
- There are 2 primary methods for calculating HEDIS data:
  - **Administrative:**
    - Data captured from claims, encounters, pharmacy, and labs
    - Rates are calculated for the entire eligible population who qualify for a HEDIS measure
    - *Examples:* Child & Adolescent Well Care Visits, Breast Cancer Screening
  - **Hybrid:**
    - A combination of administrative data and medical record review
    - A statistically valid sample of members (~411) drawn from the eligible population
    - Select measures only
    - *Examples:* Controlling Blood Pressure, Cervical Cancer Screening, Childhood Immunization Status



# Additional HEDIS data collection methods

- **Survey:** the CAHPS survey collects data on member experience
  - CAHPS is becoming increasingly important to our HEDIS rating
- **Electronic Clinical Data Systems (ECDS):** Data from databases containing clinical data, such as Electronic Health Records and quality management databases
- NCQA increasingly expects plans to rely on administrative data, moving away from chart review, and utilize EMR connections, etc.



# Why is HEDIS important?

- Measures quality performance and identifies areas in need of improvement
- Cost containment
- Ranking among health plans and states
  - Used for Medicare Stars and Covered California ratings that consumers can see
- Required by CMS, DHCS, and for health plan accreditation
  - For Medi-Cal, HEDIS performance determines the percentage of new members that are assigned to L.A. Care
  - DHCS also requires that health plans achieve at least the 50<sup>th</sup> percentile for 17 measures. If not achieved, DHCS may impose financial penalties or require performance improvement plans.

CMS – Centers for Medicare & Medicaid Services

DHCS – California Department of Health Care Services



# “Year” phrasing

- Measurement Year (MY)
  - data reflect delivery of service during the calendar year
    - e.g. from 01/01/21 to 12/31/21
- Reporting Year (RY)
  - data reported to NCQA in June of the year following year
  - “HEDIS” year
- **HEDIS 2022 (RY) = 2021 data (MY)**
- Going forward: NCQA is transitioning to using MY to describe timeline



# HEDIS calendar

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## Jan- May

- Collection of medical records from Dr. Offices
- Medical records audited by L.A. Care

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## June

- Audit results are compiled
- Audit results are sent to NCQA

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## July- Oct

- NCQA releases report card
  - NCQA releases new measures/changes
  - Training at doctors' offices
  - Onsite medical record audit
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# Key terms

- **Allowable gap**- number of days a person is not a plan member and can still be in the denominator
- **Anchor date**- specifies the required enrollment date for the eligible population
- **Continuous enrollment**- number of days a person is enrolled in the plan without a break in coverage
- **Denominator**- every member in the sample or EP
- **Eligible population (EP)**- everyone in the denominator
- **Exclusion criteria**- some reason (usually diagnoses code) that removes a person from the denominator. Example: hospice care
- **Inverse measures**- a measure in which a lower rate is better
- **MR**- Medical Record
- **Numerator**- every member that got the service
- **Tech specs**- a very detailed description of how a measure is calculated

A diagram illustrating the components of a fraction. The fraction  $\frac{2}{5}$  is shown in large blue numbers. An orange arrow points from the word "NUMERATOR" to the number 2. Another orange arrow points from the word "DENOMINATOR" to the number 5.

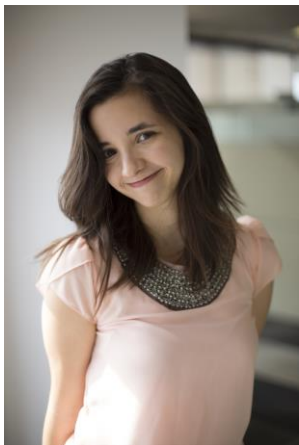
$$\text{NUMERATOR} \rightarrow 2 / 5 \leftarrow \text{DENOMINATOR}$$

# Providers' Role in HEDIS



L.A. Care  
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Carolina Coleman, MPP  
Program Manager, Quality Improvement Initiatives

# Why should HEDIS matter to providers?

1. Standardized way to monitor how you and your patients are managing their health
2. Ensures that your patients get the clinical services they are due for
3. Incentives
  - Better performance is tied to incentive payments
  - Earn up to \$4 per member per month through L.A. Care's Physician P4P program, plus per service payments through the Proposition 56 Value-Based Payment Program

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# Incentive programs

- High performance on HEDIS yields incentive rewards!
- For IPAs: Value Initiative for IPA Performance (VIIP) + Pay-for-Performance (P4P)
  - Medi-Cal, L.A. Care Covered, Cal MediConnect
- For providers:
  - **Physician Pay-for-Performance Program** for Medi-Cal
    - Private practices and community clinics can receive *significant revenue above capitation* for outstanding performance and year-over-year improvement on multiple HEDIS measures
  - **Proposition 56 Value Based Payment Program** for Medi-Cal
    - Per service payments for specific services (often tied to HEDIS measures)



# Prop. 56 VBP measures

Acronym	Prop. 56 VBP Measures	HEDIS	P4P (MY2021)	Telehealth
	Adult Influenza ('Flu') Vaccine			
CIS	All Childhood Vaccines for Two Year Olds	x	x <sup>1</sup>	
LSC	Blood Lead Screening	x		
CDC	Comprehensive Diabetes Care	x	x <sup>2</sup>	x
AMR	Control of Persistent Asthma	x	x	x
CBP	Controlling High Blood Pressure	x	x	x
	Dental Fluoride Varnish			
AMM	Management of Depression Medication	x		x
	Postpartum Birth Control			x
PPC	Postpartum Care Visits	x	x <sup>3</sup>	x
PPC	Prenatal Care Visit	x	x	
PRS	Prenatal Pertussis ('Whooping Cough') Vaccine	x		
	Tobacco Use Screening			x
DSF	Screening for Clinical Depression	x	test	x
	Screening for Unhealthy Alcohol Use			x
W34	Well Child Visits in 3rd – 6th Years of Life	x	x <sup>4</sup>	x
W15	Well Child Visits in First 15 Months of Life	x	x <sup>5</sup>	x

x = double-weighted for P4P: Performance on these measures has a greater role in determining provider group performance scores, performance rankings, and incentive payments.

1 Completing the measure for P4P (CIS-10) fulfills the VBP measure.

2 Completing the measure for P4P (CDC-HbA1c Control <8.0%) fulfills the Prop 56 VBP measure.

3 Completing the measure for VBP fulfills the P4P Postpartum Care Visit measure.

4 Completing the measure for VBP fulfills the new P4P measure WCV.

5 Completing the measure for VBP counts towards fulfilling the new P4P measure W30a: Well-Child Visits in the First 15 Months of Life.

# How do I monitor performance for HEDIS?

- Utilize L.A. Care's Provider Opportunity Reports (PORs) to improve rates for key measures
  - Available monthly
  - Posted on the [Provider Portal](#) for solo/small group practices and IPAs; clinics should email [incentiveops@lacare.org](mailto:incentiveops@lacare.org)
  - Includes measure-level rates and member-level details (“gaps-in-care”)
- Review your POR to see how you're performing on target measures
- Refer to the gap in care reports to see member-level details
  - Identify missing data and members with gaps to conduct outreach to schedule appointments



# Provider Opportunity Report

FileHomeInsertPage LayoutFormulasDataReviewViewNuanace PDFTell me what you want to do...

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V#####\_CLINIC ABC

	A	B	C	D	E	F	G	H	I	J
1	V#####_CLINIC ABC									
3	Base Measure	Measure	Total Eligible	Met	Not Met	Rate	P4P Threshold (50th Percentile)	Threshold # Hits to Meet	P4P Benchmark (95th Percentile)	Bench Mark # Hits to Meet
5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	290	12	278	4.14%	33.13%	84	88.4%	244
12	Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure	521	6	515	1.15%	22.22%	110	74.41%	382
13	Comprehensive Diabetes Care (CDC)	Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%)	420	144	276	34.29%	44.44%	43	71.2%	155

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Clinic Summary Report

License Level Report

AMM

AWC

BCS

CBP

CCS

CDI ...

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Ready

# Steps to high performance

1. Provide appropriate and timely healthcare services
  - i. Utilize telehealth when appropriate
  - ii. Take advantage of every visit to complete as many needed services as possible
2. Code the services in the medical record or electronic health record
3. Submit the codes to your IPA
4. IPA submits to L.A. Care / Anthem Blue Cross / Blue Shield Promise
5. Review your POR to ensure the services were credited



# Tips to improve HEDIS performance

- Communication and collaboration between IPAs and providers
  - IPAs – please share information from L.A. Care with your providers!
- Focus on data completeness
  - Coding matters!
  - Consistent, accurate, timely data submission
  - CAIR use for immunization measures
- Use the Provider Opportunity Reports (PORs) to close gaps
  - **Remember *members*, not just patients**
- Run Plan-Do-Study-Act (PDSA) cycles

**Success = better care + better data**




# You may be hearing from us...


- A few L.A. Care activities to maximize rates that may touch your office:
  - **Provider outreach** – Quality Improvement staff conducts telephonic education with provider offices focusing on closing care gaps, P4P, CAHPS/HEDIS education, and data submission
  - **Notifications and reminders** – L.A. Care Quality Improvement may send periodic notifications and reminders of clinical guidelines, available data, and other important topics via mail, email, and/or fax to your office
  - **Medical record collection** – L.A. Care may request medical records from your office for hybrid HEDIS measures. Please respond to these requests, even if you have no record for that member!
  - **Risk Adjustment and off season chart retrieval** – L.A. Care may request medical records for Risk Adjustment, and also uses these for HEDIS purposes




# Online resources

- Updated HEDIS Guides are now available on the L.A. Care website on the [HEDIS Resources page](#).
- The guides include measure descriptions, examples of codes to submit, guidelines for Telehealth/Telephonic visits, and changes to measures.
- Printable, orderable [patient educational materials](#)
- [Search for community resources](#)
- [CME events](#)

 [Guide to HEDIS® Measures MY 2021](#)

 [HEDIS® MY 2022 Hybrid Measure Quick Guide with Codes](#)

 [HEDIS® MY 2022 Hybrid Measure Pocket Guide](#)

 [HEDIS® MY 2022 Administrative Measure Quick Guide with Codes](#)





# Resources for Quality Care Flyer

RESOURCE NAME	DESCRIPTION	LINK
Provider Financial Opportunities & Support	<b>Direct Network Pay-for-Performance Program</b> - Offers performance-based incentives to qualified physicians and Community Clinics that provide high-quality preventive and chronic care to L.A. Care members.	<a href="http://www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/p4p-program">www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/p4p-program</a>
	<b>Prop 56 Funds</b> - Tax revenue allocated to 6 health programs.	<a href="http://www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs">www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs</a>
	<b>Elevating the Safety Net</b> - Initiative to address the physician shortage in Los Angeles County that includes:	
	<ul style="list-style-type: none"> <li>Provider Recruitment Program (up to \$125,000 per provider)</li> <li>Provider Loan Repayment Program (up to \$5,000 per month for 36 months)</li> <li>Medical School Scholarship Program</li> <li>Residency Support Program</li> <li>IHSS + Home Care Training Program</li> </ul>	<a href="http://www.lacare.org/providers/provider-central/elevating-safety-net">www.lacare.org/providers/provider-central/elevating-safety-net</a>
Online Provider Portal	Create an account on the L.A. Care Online Provider Portal and look up eligibility and claim status, download reports and find important forms.	<a href="http://www.lacare.org/providers/provider-central/la-care-provider-central">www.lacare.org/providers/provider-central/la-care-provider-central</a>
Patient Education	<b>Health Education Materials</b> - Order free health education resources and refer patients to free Health Education services via the online referral form.	<a href="http://www.lacare.org/providers/provider-resources/tools-tool-kits/health-education-tools">www.lacare.org/providers/provider-resources/tools-tool-kits/health-education-tools</a>
	<b>HEDIS Resources</b> - Learn more about providing the best quality care and how to properly submit data with these FREE HEDIS reference guides.	<a href="http://www.lacare.org/providers/provider-resources/tools-tool-kits/hedis-resources">www.lacare.org/providers/provider-resources/tools-tool-kits/hedis-resources</a>
Performance Resources	<b>Cozeva</b> - Better monitor and take action on performance gaps with this free reporting and analytics platform.	Providers can sign up for free. Email <a href="mailto:lacare@cozeva.com">lacare@cozeva.com</a> for more information.
	<b>Provider Opportunity Reports</b> - These reports contain year-to-date compliance rates for HEDIS and member gaps in care. Download them and other reports from the provider portal.	<a href="http://www.lacare.org/providers/provider-central/la-care-provider-central">www.lacare.org/providers/provider-central/la-care-provider-central</a>

# Questions?

- [Quality@lacare.org](mailto:Quality@lacare.org) – Resources, interventions
- [HedisOps@lacare.org](mailto:HedisOps@lacare.org) – Data submission, coding
- [VIIP@lacare.org](mailto:VIIP@lacare.org) - VIIP+P4P Program
- [Incentive\\_Ops@lacare.org](mailto:Incentive_Ops@lacare.org) - Physician P4P & POR/Gaps in Care report

