

Magellan Complete Care of Arizona (HMO SNP)

HEDIS 2021

Calendar Year 2020
Measures of Focus



- HEDIS[®]
- CAHPS[®]
- CMS Admin
- HOS[®]

**HEDIS[®] (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA).*

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Measurement sets and examples

HEDIS®: The Healthcare Effectiveness Data and Information Set (HEDIS) is a component of the National Committee for Quality Assurance’s accreditation process that collects performance measures developed and maintained by the National Committee for Quality Assurance (NCQA).

HEDIS allows consumers to compare health plan performance to other plans and to national or regional benchmarks. HEDIS® results are used to track year-to-year performance. The HEDIS® measures are divided into six (6) “domains of care:”

- 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

HEDIS data is collected through surveys, medical charts and insurance claims for hospitalizations, medical office visits, procedures and pharmacy services.

There are some HEDIS® measures that are based upon administrative (claims) data. To support these measures, it is important that providers use appropriate, up-to-date diagnosis and procedure codes to assure that services are accurately captured.

HEDIS results are audited by an NCQA-approved firm and are publicly reported.

HOS: The Health Outcome Survey (HOS) is a survey conducted by health plans that measures the change in members’ health status over time.

CAHPS: The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey of a member’s experience with their health plan and delivery systems.

As a Magellan Complete Care of Arizona (MCC of AZ) provider, you play a major part in helping us achieve and report on these quality of care measures for our members—beginning with services you provide, extending to the way you code them, and finishing with your support during chart reviews.

This guide is intended to help you understand MCC of AZ (HMO SNP)’s priority quality measures and how to code appropriately for them. Examples of measures include:

HEDIS – Clinical Measures	CAHPS – Member Satisfaction
<ul style="list-style-type: none"> • Adult BMI assessment • Breast cancer screening • Comprehensive diabetes care • Controlling high blood pressure 	<ul style="list-style-type: none"> • Rate your health care • Satisfaction with access to care • Continuity & coordination of care

Help us meet our goals

Providers play the central role in improving the health of our members. You and your office staff can help facilitate the quality improvement process by:

- Providing the appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 business days
- Making sure access to care is available

Annual HEDIS calendar:

February 1 - May 9 — Clinical Quality staff collects HEDIS data (medical record reviews)

June — Results are reported to NCQA

September — NCQA releases Quality Compass results nationwide

We appreciate your cooperation and timeliness in submitting the requested medical record information.

HEDIS: Data collection, obstacles and ways to improve

Data collection methods:

- Administrative data – obtained from claims database using standard HEDIS codes (e.g., ICD, CPT, UB Revenue, MS DRG, HCPCS, CPT II)
- Hybrid data – based on a random sample of the population eligible for the measure. Rate is a combination of administrative data and the results of the medical record reviews
- Survey data - a survey which measures a member's satisfaction with areas such as customer service and getting needed care quickly

Common obstacles encountered:

- Claims submitted without the proper HEDIS codes that count toward the measure
- Services are not documented properly in the member's medical record
- Certain services provided do not meet date parameters
- All components of required measures not met
- Exclusions for measures are not properly documented
- Sometimes coding in a claim qualifies the member for the measure when the member doesn't actually have the condition

Ways to improve:

- Use of correct diagnosis and procedure codes
- Timely submission of claims and encounter data
- Ensure presence of all components of the visit are documented in the medical record

Prevention and screening measures

Measure Name	Measure Definition	Measure Type	Calculation Method	Measure Tips
Adult BMI assessment	The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year. (CY 2019 & CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> • Make BMI assessment part of the vital signs assessment at each visit. • Documentation in the medical record must indicate the weight and BMI value (dated during the measurement year or year prior to the measurement year). The weight and BMI must be from the same data source.
Breast cancer screening	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. (CY 2019 & CY 2020)	HEDIS	Administrative method uses claims	<ul style="list-style-type: none"> • Educate female patients about the importance of early detection and encourage screening. • Engage members in discussion of their fears about mammograms and let women know these tests are less uncomfortable and use less radiation than they did in the past. • Conduct outreach calls to patients to remind them of the importance of annual wellness visits and to

Measure Name	Measure Definition	Measure Type	Calculation Method	Measure Tips
				assist in scheduling mammograms. <ul style="list-style-type: none"> • Women who have had a double mastectomy are excluded from the measure.
Colorectal cancer screening	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer. (CY 2019 & CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> • Update patient history annually regarding colorectal cancer screening (test done and date). • Encourage all patients ages 50 and older to follow through with colorectal cancer screening even when a digital rectal exam (DRE) was done at their annual physical exam.
Care for older adults	The percentage of adults 66 years and older who had each of the following during the measurement year: <ul style="list-style-type: none"> • Advance care planning • Medication review • Functional status assessment • Pain assessment (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> • Use a checklist for reference and place on top of chart as a reminder to complete. • Remember, the medication review measure requires that the medications are listed in the chart along with the review. • Remember, the pain assessment cannot be for an acute pain event; it must be a

Measure Name	Measure Definition	Measure Type	Calculation Method	Measure Tips
				comprehensive assessment.
Flu vaccinations for adults ages 65 and older	The percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed. (July 1, 2019 - Spring 2020)	CAHPS	Survey	<ul style="list-style-type: none"> • Advise patients to get a flu shot yearly and tell them where to get them. • When available, recommend a high-dose version of the flu vaccine, Fluzone, for patients ages 65 and older. • Offer the flu vaccine to patients in your office starting in September.
Pneumococcal vaccination status for older adults	The percentage of Medicare member 65 years of age and older who have ever received a pneumococcal vaccination. (Once in lifetime)	CAHPS	Survey	<ul style="list-style-type: none"> • Review patient's pneumococcal vaccination status to see if, based on the current recommendations, they would benefit from additional vaccination.

Cardiovascular conditions and diabetes measurements

Measure Name	Measure Definition	Measure Type	Calculation Method	Measure Tips
Controlling high blood pressure	The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year. (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in three months. Current guidelines recommend two blood pressure drugs started at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.
Comprehensive diabetes care Hemoglobin A1c (HbA1c) testing	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing. (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> Yearly HbA1c tests for all patients with diabetes. Address diabetes standards of care at each patient office visit.
Comprehensive diabetes care HbA1c good control (<8.0%)	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had HbA1c good control (<8.0%) (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> Adjust therapy to improve A1c. Yearly HbA1c tests for all patients with diabetes.

Measure Name	Measure Definition	Measure Type	Calculation Method	Measure Tips
Comprehensive diabetes care Eye exam (retinal) performed	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed. (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> Yearly dilated eye exams for all patients with diabetes. (Exam must be performed by an optometrist or ophthalmologist.)
Comprehensive diabetes care Medical attention for nephropathy	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy. (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> Order lab work prior to patient appointments. Yearly microalbumin measurements for all patients with diabetes.
Comprehensive diabetes care Eye exam (retinal) performed	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed. (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> Yearly dilated eye exams for all patients with diabetes. (Exam must be performed by an optometrist or ophthalmologist.)
Comprehensive diabetes care Medical attention for nephropathy	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy. (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> Order lab work prior to patient appointments. Yearly microalbumin measurements for all patients with diabetes.

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<p>Comprehensive diabetes care</p> <p>Blood pressure control (<140/90 mm Hg)</p>	<p>The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had BP in control (<140/90 mm HG) (CY 2020)</p>	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> • Monitor blood pressure at each office visit. • Adjust therapy to improve blood pressure control. • Coach member on behavior change.
<p>Medication adherence for hypertension (RAS antagonists)</p>	<p>This measure is defined as the percentage of Medicare Part D beneficiaries 18 years or older that adhere to their prescribed drug therapies for renin angiotensin system (RAS) antagonists, (angiotensin convertine enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor dications) medication which are recommended for people with diabetes. (CY 2020)</p>	CMS Admin.	Administrative using prescription claims data	<ul style="list-style-type: none"> • Help members remember to take their medicine. • Offer patients the opportunity to contact the provider’s office with any questions. • Suggest members use a pill box.
<p>Medication adherence for cholesterol (statins)</p>	<p>This measure is defined as the percentage of Medicare Part D beneficiaries 18 years or older that adhere to their prescribed drug therapy for statin cholesterol medications. (CY 2020)</p>	CMS Admin.	Administrative using prescription claims data	<ul style="list-style-type: none"> • Ask about adherence behavior at every visit. • Be mindful of the number of medications prescribed and their frequency and dosages.

Pharmacy and other measures

Measure Name	Measure Definition	Measure Type	Calculation Method	Measure Tips
Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis	The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). (CY 2020)	HEDIS	Administrative method uses claims or pharmacy data	<ul style="list-style-type: none"> • Prescribe DMARDs when diagnosing rheumatoid arthritis in your patients. • Use the correct diagnosis code for rheumatoid arthritis. • Make sure only members with RA are coded with an RxDx.
Medication reconciliation post-discharge	The percentage of discharges from January 1-December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days). (CY 2020)	HEDIS	Hybrid (includes Medical Records Review)	<ul style="list-style-type: none"> • Documentation in the medical record must include evidence of medication reconciliation and the date when it was performed.
Osteoporosis management in women who had a fracture	The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or a prescription for a drug to treat osteoporosis in the six months after the fracture. (Fracture July 1, 2019 - June 30, 2020.)	HEDIS	Administrative method uses claims or pharmacy data	<ul style="list-style-type: none"> • Prescribe medication to prevent osteoporosis within 6 months of fracture. • Consider ordering a BMD test on all women with diagnosis of fracture. • Follow up within 6 months is needed.

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	Treatment Jan 1, 2020 - Dec 31, 2020)			<ul style="list-style-type: none"> • Educate patient on safety and fall prevention.
Plan all-cause readmissions	For members 18 years of age and older, the number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days, during the measurement year (CY 2020)	HEDIS	Administrative method uses claims or pharmacy data	Changes in care settings, care providers and medications after discharge can result in errors that lead to health care complications. Many people end up going back to the hospital because of these complications or because they were not prepared to manage their own care. Patients should have the following information upon discharge: <ul style="list-style-type: none"> • A scheduled outpatient appointment with their PCP within 7 days of discharge. • Instructions on all medications (new and old), including when and how to take them, and instructions on what to do if a problem occurs.

Member experience

Measure Name	Measure Definition	HOS Measures	Measure Tips
HOS – Health Outcomes Survey	An assessment of a Medicare Advantage Organization’s ability to maintain or improve the physical and mental health of its Medicare beneficiaries over a two-year period, using measures of functional status and health outcomes.	Doctor coached member on fall risk management	<ul style="list-style-type: none"> • Arrange for equipment as needed. • Discuss the risk of falls with elderly patients.
		Doctor coached member on management of urinary incontinence in older adults	<ul style="list-style-type: none"> • Provide needed medicines. • Coach members on bladder exercises that could reduce leakage.
		Doctor coached member on physical activity in older adults	<ul style="list-style-type: none"> • Ask members if they are physically active. • Give them suggestions about routine exercises.
		Doctor coached member on improved physical health	<ul style="list-style-type: none"> • Advise patients to eat a healthy diet. • Advise patients to sleep and exercise daily.
		Doctor coached member on improved mental health	<ul style="list-style-type: none"> • Ask patients about mental health. • Refer patients to specialists if needed.
CAHPS Health Plan Survey	CAHPS surveys ask consumers and patients to report on and evaluate their experiences with health care	Member’s access to care	<ul style="list-style-type: none"> • Make time available for drop-in appointments. • Refer members to MCC of AZ (HMO SNP) for help with transportation.

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		Continuity & coordination of care	<ul style="list-style-type: none"> • Make sure to review the patient’s medications at every visit. • Follow-up with patients regarding test results.
		Member gets needed medical care	<ul style="list-style-type: none"> • Help members with access to the specialists they need to see. • Make sure the member’s care is an authorized benefit.
		Doctors who communicate sell	<ul style="list-style-type: none"> • Educate and advise patients about their health. • Listen to your patients. Answer any questions they may have.