

# HEDIS and the patient centered care team

Recognition for the quality care you provide



# What is HEDIS?

## Healthcare Effectiveness Data and Information Set

- HEDIS® is used to measure performance in the delivery of medical care and preventive health services.
- HEDIS covers 91 measures across five domains of care, including:
  - Effectiveness of care.
  - Access and availability of care.
  - Patient experience.
  - Utilization and relative resource use.
  - Health plan descriptive information.
- HEDIS evaluates adherence to both physical and behavioral health *Clinical Practice Guidelines*.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

# Patient-centered care team

- Our consultants conduct medical record reviews to assess compliance with the medical record standards of Healthy Blue.
- During a medical record review, we evaluate:
  - Medical record organization.
  - Continuity and coordination of care.
  - Content of the medical record, including:
    - Documentation of all services provided directly by the practitioner.
    - All ancillary services and diagnostic tests ordered by the practitioner.
    - Preventive care.
    - Documentation standards (allergies, problem lists, medication lists, etc.).

# How do these two programs affect your practice?

HEDIS and the patient-centered care team work together to:

- Evaluate the quality of care provided to our members.
- Identify areas of best practice and/or opportunities for improvement.
- Educate, strategize and collaborate with practice to implement changes based on the results of efforts.

**Note:** Your office may be contacted for copies of medical records or to schedule an on-site visit. This may occur several times during a calendar year.

# How are members selected for review?

## HEDIS:

- **Annually:** Members are randomly selected for review based on a predetermined sample size identified for each measure. This takes place during the annual data collection project performed each spring.
- **Year-round:** Members who have not had a claim submitted for specific services may be selected to assess barriers and provide information to providers (*Care Opportunity Reports*).
- **Compliance audit:**  
The clinical practice consultant team pulls a stratified, random sample of a provider's panel for review of the medical record documentation standards.

# HEDIS and the patient-centered care team audit measures and standards

- Childhood immunizations status
- Immunizations for adolescents
- Weight assessment and counseling – BMI
- Well-child visits (early and periodic screening, diagnosis and treatment) ages 0–21
- Chlamydia screening
- Asthma medication ratio
- Appropriate testing for pharyngitis
- Appropriate treatment for upper respiratory infection
- Follow-up care for children prescribed ADHD medication
- Metabolic monitoring for children and adolescents on antipsychotics
- Use of multiple concurrent antipsychotics in children and adolescents

# Childhood immunization status

All of the following must be completed by the 2<sup>nd</sup> birthday:

- **4 — DTaP** (diphtheria, tetanus and acellular pertussis)
- **3 — IPV** (polio)
- **1 — MMR** (measles, mumps and rubella)
- **3 — HiB** (H. influenza type B)
- **3 — Hep B** (hepatitis B)
- **1 — VZV** (chickenpox)
- **4 — PCV** (pneumococcal conjugate)
- **1 — HepA** (hepatitis A)
- **2–3 RV** (rotavirus)
- **2— Flu** (influenza)

# Immunizations for adolescents (9–13 years old)

1 — TDAP

Between the 10th–13th birthday



1 — Meningococcal

Between the 11th–13th birthday

2 — HPV

(must be 146 days apart, if three doses not needed)



# If vaccines are administered somewhere other than your office...

- Obtain immunization history from the patient/parent/guardian **and** document vaccines with dates of administration. When possible, document the place of service.
- Contact any previous provider(s) to obtain immunization records, and include these in the member's medical record. When possible, please note the previous providers' name(s).
- Document all alternate locations where your patients get preventive health services.

**Remember:** Report all vaccinations to the *South Carolina Immunization Registry*.

# Standards for well-child early and periodic screening, diagnostic and treatment (EPSDT) visits (ages 0–21)

- **Nutritional assessment/counseling**
- **Physical activity assessment/counseling**
- **Physical development** (milestones)
- **Mental development** (milestones)
- **Comprehensive physical exam** (two or more body systems)
- **Health education/anticipatory guidance** (If you document that a handout was given, please include a copy of that handout in the medical record.)



Children should have at least six well visits during the first 15 months of life, then, annually for ages 2–21.

**Note:** *Please document any services that were refused.*

# Well-child Visits in the First 30 Months of Life <sup>\*</sup>New HEDIS measure

Percentage of members ages 0–30 months who had the following well-child visits:

- 6+ visits in the first 15 months of life
- 2+ visits between 15–30 months of life
- Visits must occur with a PCP, but the provider doesn't have to be assigned to the member
- Medical records are no longer collected annually (during HEDIS hybrid season)
- Claim submissions will determine the rates (administrative)
- Medical records may be sent to Healthy Blue year-round to complete care opportunities

# Child and Adolescent Well-care Visits \*New HEDIS measure

Percentage of members 3–21 years of age with one comprehensive well-child visit during measurement year:

- Three age stratifications:
  - 3–11 years
  - 12–17 years
  - 18–21 years
- Visits must occur with a PCP or OB/GYN, but the provider doesn't have to be assigned to the member
- Medical records are no longer collected annually (during HEDIS hybrid season)
- Claim submissions will determine the rates (administrative)
- Medical records may be sent to Healthy Blue year-round to complete care opportunities

# A sick visit can count for a well-child visit

Sick visits may count for a well-child visit using the **Modifier 25** if **all** of the required data elements are present for that visit:

- A physical exam requires at least two body systems that are not related to the sick visit.
- AG has occurred if the parent has been educated about possible future occurrences and what to do for them. Education related to the sick visit does not count.
- This **will** count for the well visit for the calendar year.

**Note:** This is not applicable for federally-qualified health centers because they are billed per encounter.

# Incentives

Providers are eligible for the well-child incentive by adding G9153 to the same claim as the well-child exam:

- Use the date of the wellness exam in *DOS From and DOS Through*.
- CPT®/HCPCS is **G9153**.
- Billed Charge is **\$30.00**.
- Days or Units is **1**.
- Send the professional claim to your contracted clearinghouse/plan.
  - Make sure the third-party biller is aware of this code as it is not on the SC fee schedule.

# How can we help?

- Drive-thru vaccinations
- Collaborative events
- Outreach to Healthy Blue members (internal or provider's office)
- Clinic days

# Chlamydia screenings

Percentage of women 16–24, identified as sexually active and completed at least one chlamydia screening:

- Can be completed during a well-woman exam
- Conducted via urinalysis
- Two methods identify sexually active women:
  - Pharmacy data
    - Dispensed contraceptive prescription
  - Claim/Encounter data
    - Pregnancy diagnosis
    - Sexually active notation
    - Pregnancy test
- Reimbursement covered once per year





# Asthma medication ratio

Members aged 5–64 identified as having persistent asthma and determining the ratio of controller medications to total asthma medications:

- Preventive vs. rescue inhalers
- Is the member having one episode, or a flare up?
- Coordinate care with the member's PCP
- Check previous visits for the same diagnosis and if rescue inhalers were used in the past
- If **three or more episodes** have occurred in the past year, consider managing asthma as a **chronic condition**

# Antidepressant Medication Management

- Percentage of members 18+ treated with antidepressant medication:
  - New Diagnosis/new medication
  - Remained on medication for at least 12 weeks
  - Continued medication for at least six months

# Follow-Up Care for Children Prescribed ADHD Medication

- Percentage of members aged 6–12 with newly prescribed medications
- Completed three or more follow-up care visits within a 10-month period
- First visit completed within 30 days from when medication was first prescribed
- Percentage of members who continued the ADHD medication, and completed two additional office visits.
- Three or more follow up visits in a 10-month period

# Follow-up After Hospitalization/ED

- Percentage of members diagnosed with a mental illness or self-harm and had a follow-up visit with a mental health provider:
  - Within 30 days after discharge
  - Within seven days after discharge

## Eligible providers:

- MD or DO – psychiatrist
- Licensed psychologist
- Certified clinical social worker
- Physician's assistant – specialize in mental health
- Registered nurse, specializing in mental health
- Marital/Family therapist
- Professional counselor
- Certified community mental health center

# Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Members 18–64 years of age with:
  - Schizophrenia.
  - Schizoaffective disorder.
  - Bipolar disorder.
  - Dispensed an antipsychotic medication **and** had a diabetes screening test during the measurement year.
- The medications may increase the risk of diabetes for members

# Metabolic Monitoring for Children and Adolescents on Antipsychotics

Percentage of children and adolescents age 1–17

- Two or more antipsychotic prescriptions and metabolic testing
  - Blood glucose test
  - Cholesterol test

# Telehealth

A well-child visit may be conducted virtually, with the caveat that the patient return for a follow-up visit as soon as it is feasible.

- Well visits 99381–99385
- Follow-up visits 99201–99215
- E-visit 99421–99423
- Please include modifier GT



# Diagnoses allowed

- Telehealth provision allows care without regard to the diagnosis of the patient.
- Prevent vulnerable beneficiaries from unnecessarily entering health care facility when needs can be met remotely.
  - Example: a patient needing a visit with physician for refill of medication.
- Services must still be reasonable and necessary.



# Documentation practices

## American Health Information Management Association (AHIMA) recommendations:

- Patient name
- Identification number
- Date of service
- Referring physician
- Consulting physician
- Provider organization
- Type of evaluation performed
- Informed consent, if appropriate
- Evaluation results
- Diagnosis/impression
- Recommendations for further treatment

<http://bok.ahima.org/PB/Telemedicine#.XsH6t2i6OUk>\*

\* This link leads to a third-party site. That organization is solely responsible for the contents and privacy policies on its site.

# Telehealth visits categories

Type of service	What is the service?	HCPCS/CPT codes*	Patient relationship with provider
Virtual visit	A real-time clinical encounter using technology that supports real-time communication between clinician and patient.	<ul style="list-style-type: none"> <li>• 99201–99215</li> <li>• G0425–G0427</li> <li>• G0406–G0408</li> </ul>	For new or established patients
Virtual check-in	A short patient-initiated action (5–10 minutes) in which the clinician/patient have already had a face-to-face or virtual visit, and the patient wants to touch-base.	<ul style="list-style-type: none"> <li>• G2010</li> <li>• G2012</li> </ul>	For established patients
E-visit	A patient-initiated action in which the patient must initiate the initial inquiry or communication, often through a patient portal.	<ul style="list-style-type: none"> <li>• 99421–99423</li> <li>• G2061–G2063</li> </ul>	For established patients

\* Providers to verify proper coding according to State telehealth guidelines.

# Telehealth applications

## Live video conferencing

- Live, two-way interaction between a person and a provider using audiovisual telecommunications technology

## Teleconferencing

- Interactive communication among multiple users at different sites (voice, video and data)

## Store-and-forward\*

- Transmission of recorded health history through an electronic communications system to a practitioner

## Remote patient monitoring (RPM)

- Personal health and medical data collection from an individual in one location transmitted to a different location (heart monitors, physical activity monitors)

## Mobile health (MHEALTH)

- Health care practice and education supported by mobile communication devices such as cell phones, tablets and computers

\*SC Medicaid will not reimburse for store-and-forward due to the requirements that the beneficiary must be present and participating in the visit, and interactive audio and video telecommunication must be used.

# Video communication products

The Department of Health and Human Services (HHS) provided a list of vendors that provide *HIPAA*-compliant video communication products:

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet



Telemedicine

# Eligible providers

Distant site\* eligible, reimbursed providers:



\* Distant (consultant) sites must be located in the South Carolina medical service area which is the state of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina border.

[https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies/south-carolina-medicaid-live-video-eligible-providers\\*](https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies/south-carolina-medicaid-live-video-eligible-providers*)

\* This link leads to a third-party site. That organization is solely responsible for the contents and privacy policies on its site.

# Concerns and challenges

- Patients may not be clinically/technically knowledgeable.
- Devices (i.e., fitness trackers and glucometers, etc.) may not be as accurate as a clinician's measurements.
- Concerns regarding precision and accuracy of data.
- Risk of inaccurate or missing data.
- Interconnectivity of patient portals may be lacking.
  - Example: specialty visits completed outside of a PCP's office may not be available.

# ***Care Opportunities Report***

*Care Opportunities Report* provides:

- A member listing for the practice of members who have not had any visits the last year.
- Members who are in need of preventive service(s) during the measurement year.
- Current demographic information (Healthy Connections).
- Legend of documentation specifics for each of the measures on the *Care Opportunities Report*.



# *Care Opportunities Report*

- Number of providers in the practice
- Total membership (current)
- Total gap members in the eligible population for HEDIS
- Number of target members needed to be seen to meet the specific NCQA percentile for that practice/for that measure
- Practice rate for that NCQA HEDIS measure

# Care Opportunities Report



**Healthy Blue**<sup>SM</sup>  
BlueChoice® HealthPlan of SC



Group Address: 1 Providers: 2  
 Group Name: 2 Total Members: 268  
 Group TaxID: 3 Eligible Gap Members: 121

		<sup>4</sup> Eligible Population	<sup>5</sup> Practice Rate	<sup>6</sup> Member to Target	<sup>7</sup> NCQA 50th Percentile
<b>PREVENTIVE HEALTH OPTIMAL CARE</b>	AWC-Adolescent Well-Care	18	0.00%	-9	48.18%
	W34 -Wellchild 3-6 years	10	20.00%	-6	72.26%
	W15-Wellchild 0-15 months	9	44.44%	-2	65.16%
	AAP-Adult Access	82	51.22%	-28	84.35%
<b>ASTHMA</b>	ASM -Appro. Medication	1	100.00%		84.70%
<b>BEHAVIORAL HEALTH</b>	FUH-Mental Illness in 30 days				65.85%
	ADD-ADHD Initiation Phase				39.76%
<b>DIABETES OPTIMAL CARE</b>	CDC - HbA1c test	3	33.33%	-2	83.16%
	CDC - LDL_C screening	3	33.33%	-2	76.28%
	CDC - Nephropathy	3	33.33%	-2	79.23%

# Care Opportunities Reports



**Healthy Blue**<sup>SM</sup>  
BlueChoice® HealthPlan of SC

Healthy Connections



Provider Address:

Provider Name:

Group ID:

Provider ID:

Group TAXID:

Provider NPI:

Provider Primary Speciality:

Provider County: J

Providers in Group:

Provider Type: PCP

Group Name:

Member Information					Asthma		Preventive Health					Immunization		Diabetes Care			Other				
#	Member Name	Medicaid ID	DOB	Phone	ASM	MMA	PPC	AAP	W15	W34	AWC	CIS	IMA	HbA1C	LDL_S	Neph	FUH	CMC	Lead	ADD	
Member Address																					
					Latest WCV																
1										N											
2										N											
3											N										
4										N											
5										N											
6										N											
7										N											

Provider Name:

Created At:

6/9/2014 4:40:23 PM

Page 1 of 3



**Healthy Blue**<sup>SM</sup>  
BlueChoice® HealthPlan of SC

Healthy Connections

# Care Opportunities Report Legend



BlueChoice HealthPlan Medicaid HEDIS 2015 Gap In Care- Data Updated in May. 2014

## Legends

AAP- % of members 20 years or older who had an ambulatory or preventive care visit with a PCP during the measurement year

AWC- % of enrolled members 12-21 yrs of age who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the measurement year

ASM- % of members 5-64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

CDC (HbA1c)- % of members 18-75 years of age with diabetes (type 1 and type 2) who had at least one HbA1c testing during the measurement year

CDC (LDL Test)- % of members 18-75 years of age with diabetes (type 1 and type 2) who had a LDL\_C screening during the measurement year

CDC (Neph)- % of members 18-75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy during the measurement year

CIS (combo 3)- % of Children 2 yrs of age who had 4 DTap, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 4 PCV and 1 VZV by their second birthday

FUH (30 days)- % of discharges for members 6 years of age and older who received follow-up within 30 days of discharge after hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

IMA- % of adolescents 13 yrs of age who had one dose of meningococcal and one tdap by their 13th birthday.

W15 (6 visits)- % of members who turned 15 months old in the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life

W34 - % of members 3 to 6 yrs of ages who had 1 or more well-child visits with a PCP during the measurement year

MMA (75%)- % of members 5 to 64 yrs of ages during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on an asthma controller medication for at least 75% of the treatment period

CMC( LD-C screening) - % of members 18 to 75 yrs of ages who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions(PCI) in the year prior to the measurement year, or who had a diagnosis of Ischemic vascular disease(IVD) during the measurement year and the year prior to the measurement year, who had LDL-C screening during the measurement year.

ADD( Initiation Phase)- % of children newly prescribed attention-deficit/hyperactivity disorder(ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Initiation Phase: the % of members 5 -12 years of age as of the IPGD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase.

PPC (Prenatal)- % of deliveries of live birth between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

Lead screening- % of Children 2 yrs of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday

Latest WCV- Members latest Well-Care Visit date

N- Required Services have not yet been received on file

Provider Name:

5

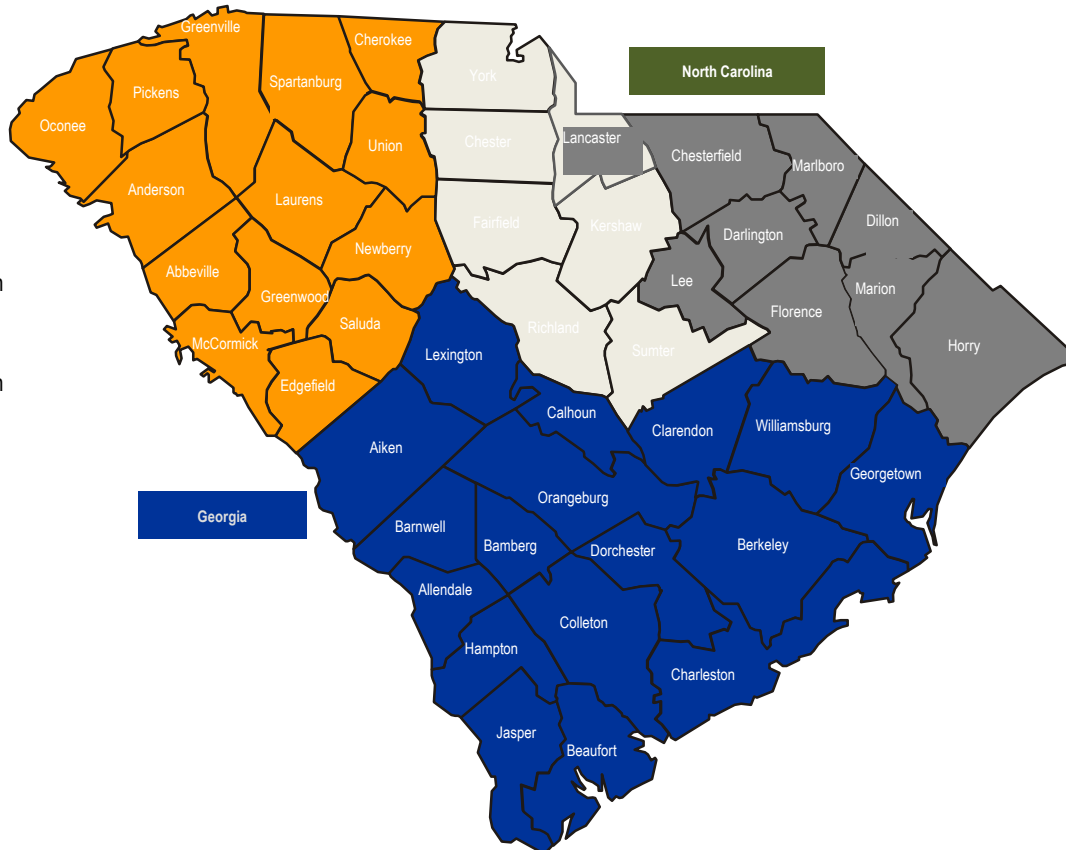
Created At:

6/9/2014 4:40:24 PM

Page 5 of

5

# Quality practice consultant territory map



**Terry Pennington**  
 terry.pennington@amerigroup.com  
 803-834-0168

**Terry Pennington**  
 terry.pennington@amerigroup.com  
 803-834-0168

**Alfred Thomas, Jr.**  
 alfred.thomasjr@amerigroup.com  
 803-391-2452

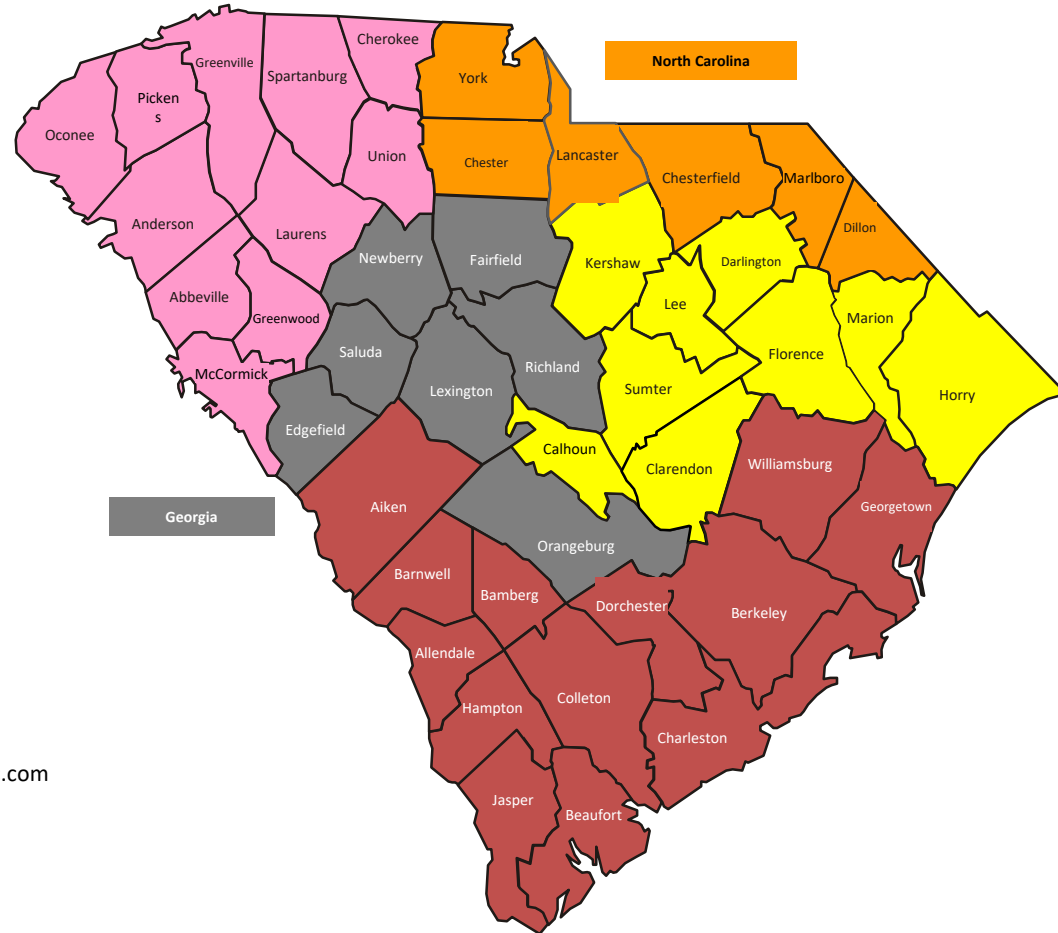
**HEDIS® questions:**  
 HEDIS\_SC@amerigroup.com

**Physical address:**  
 Healthy Blue  
 Attn: Quality Department  
 4101 Percival Rd., AX-E13  
 Columbia, SC 29229

**Quality fax:**  
 855.238.2257

# Provider education territory map

- Catawba**  
 Bunny Temple  
 Bunny.Temple@bluechoicesc.com  
 803-264-2361
  
- Lowcountry**  
 Tom Ingram  
 Thomas.Ingram@bluechoicesc.com  
 803-382-5778
  
- Upstate**  
 Donese Pinckney  
 Donese.Pinckney@bluechoicesc.com  
 803-382-5125
  
- Midlands**  
 Jon Keith  
 Jon.Keith@bluechoicesc.com  
 803-382-5085
  
- Pee Dee**  
 TBD  
 TBD@bluechoicesc.com  
 803-264-1414
  
- Behavioral Health (Entire State)**  
 Rikkia Kohn  
 Rikkia.G.Kohn@bluechoicesc.com  
 803-264-2954
  
- CIMS/FQHCs (Entire State)**  
 Fancy Crayton  
 Fancy.Crayton@bluechoicesc.com  
 803-264-3196



# Contact information for the quality department

**If you have questions, please reach out to us. We're here to help!**

- For HEDIS-related questions or concerns, please contact **both** Kim Chmiel at [kimberly.Chmiel@amerigroup.com](mailto:kimberly.Chmiel@amerigroup.com) and Trish Whitehead at [trish.whitehead@amerigroup.com](mailto:trish.whitehead@amerigroup.com)
- For *Care Opportunities Reports* or related questions/concerns, please contact Devon Murphy at [devon.murphy@amerigroup.com](mailto:devon.murphy@amerigroup.com)
- For information or questions related to Clinic Days, please contact Danetta Gibbs at [danetta.gibbs@amerigroup.com](mailto:danetta.gibbs@amerigroup.com)
- To provide medical records to close care opportunities during the HEDIS off season, please email to [HEDIS\\_SC@amerigroup.com](mailto:HEDIS_SC@amerigroup.com) or fax to **855-238-2257**.

# Thank you

## [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.

To report fraud, call our confidential Fraud Hotline at **877-725-2702**. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at **888-364-3224** or email [fraudres@scdhhs.gov](mailto:fraudres@scdhhs.gov).

BSCPEC-1823-20 September 2020