



華人
健康
計劃

Chinese
Community
Health
Plan

CCHP

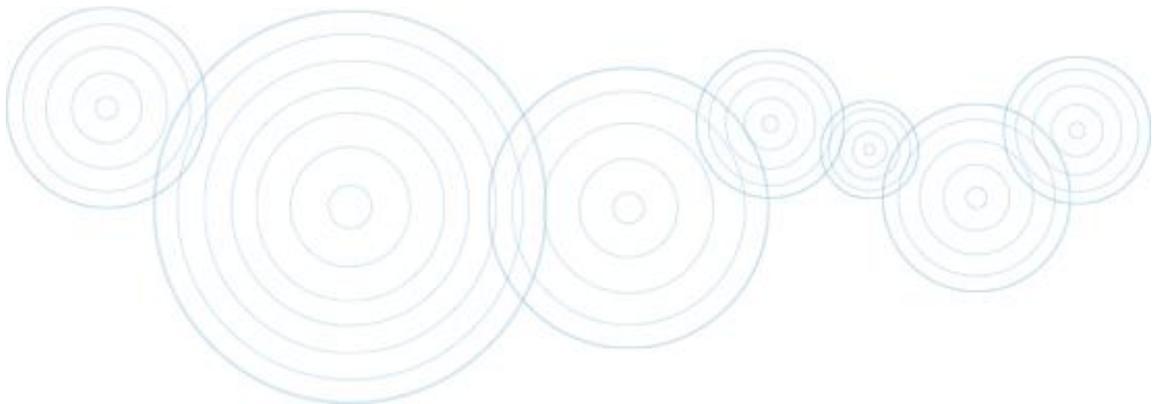


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About HEDIS

The **Healthcare Effectiveness Data and Information Set** (HEDIS) is an annual performance measurement created by the National Committee for Quality Assurance (NCQA) and used to help establish accountability and improve the quality of health care. Chinese Community Health Plan is required by our contract with the Centers for Medicare and Medicaid Services (CMS) to report HEDIS measurements.

HEDIS is one of the most widely used set of health care performance measures in the United States. Health plans also use HEDIS results to identify areas that need quality improvement efforts. These measures are designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes.

Cooperation with HEDIS Chart Review Abstractions

Many HEDIS measures are scored using claims data; however, additional information that may only be found in a member's chart is often needed. During HEDIS season, typically March to June, chart reviewers may contact providers to set up appointments to view charts and scan appropriate supporting documentation. We may also request that you either mail or fax copies of certain chart components for off-site review. Without this supporting documentation, it is impossible to follow the HEDIS compliance standards that are required of CCHP.

Chinese Community Health Plan and Chinese Community Health Care Association (CCHCA) require providers to cooperate with HEDIS chart review and abstraction. Participating in quality management activities is specified in your provider contract; you do not need to get special patient permission for the chart data abstraction process.

How to Improve HEDIS Scores

1. Understand the specifications established for each measure. Review the Quick Reference Guide on the following pages. If you have questions, please contact the CCHP Quality Assessment Department.
2. Educate patients and reinforce the importance of screenings during the appointment.
3. Request patient information from specialists.
4. Schedule the screening or next appointment at the current visit.
5. Chart documentation must reflect services billed.
6. Submit claims data for each and every service rendered.



Common HEDIS Measures for 2011 and Required Documentation

Measure	Chart Documentation Requirement
Body Mass Index (BMI)	Once a year for members 18-74 years of age: $\text{BMI} = \frac{\text{Weight (lbs)} \times 703}{\text{Height (in)} \times \text{Height (in)}}$
Breast Cancer Screening	Mammogram every 1-2 years for women 40-69 years of age
Care for Older Adults	Annually for ≥ 65 years of age: <ul style="list-style-type: none"> • Advance Care Planning • Medication Review • Functional Status Assessment • Pain Screening
Cervical Cancer Screening	Pap smear every 1-3 years for women 21-64 years of age
Chlamydia Screening in Women	Once a year for sexually active women 16-24 years of age
Cholesterol Management for Patients with Cardiovascular Conditions	For 18-75 years of age with cardiovascular conditions: <ul style="list-style-type: none"> • Annual LDL-C screening • LDL-C control ($<100\text{mg/dL}$)
Colorectal Cancer Screening	Screening for 50-75 years of age: <ul style="list-style-type: none"> • Annual fecal occult blood test, <i>or</i> • Flexible sigmoidoscopy every 5 years, <i>or</i> • Colonoscopy in last 10 years
Comprehensive Diabetes Care	Annually for members 18-75 years of age with diabetes: <ul style="list-style-type: none"> • HbA1c testing and controlled (<7 unless contraindicated) • Eye exam • LDL screening and controlled ($<100\text{ mg/dL}$) • BP control $<130/80$ • Medical attention for nephropathy
Medication Reconciliation Post-Discharge	For members ≥ 65 years of age, in-patient discharge medications are reconciled or reviewed within 30 days of discharge
Osteoporosis Management in Women	<ol style="list-style-type: none"> 1. Women ≥ 65 years of age received a bone density test to check for osteoporosis. 2. Women ≥ 65 years of age received the following within six months after a fracture: <ul style="list-style-type: none"> • Bone mineral density (BMD) test <i>or</i> • Prescription for a drug to treat or prevent osteoporosis



Measure	Chart Documentation Requirement
Pneumonia Vaccine	Members \geq 65 years of age received a pneumococcal vaccine
Rheumatoid Arthritis Management	Members \geq 18 years of age with rheumatoid arthritis received at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD)
Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)	Members \geq 40 years of age with a new diagnosis or newly active COPD received appropriate spirometry testing to confirm the diagnosis.
Childhood Immunization	Vaccinated by 2 nd birthday: <ul style="list-style-type: none"> • 4 Diphtheria, tetanus and acellular pertussis (DTaP) • 3 Polio (IPV) • 1 Measles, Mumps, and Rubella (MMR) • 3 H Influenza type B (HIB) • 2 Influenza (flu) • 2 Hepatitis A (HepA) • 3 Hepatitis B (HepB) • 4 Pneumococcal conjugate (PVC) • 2-3 Rotavirus (RV) • 1 Varicella (VZV)
Immunization for Adolescents	Vaccinated by 13 th birthday: <ul style="list-style-type: none"> • 1 Meningococcal vaccine • 1 Tetanus, diphtheria toxoid and acellular pertussis vaccine (Tdap) or 1 Tetanus and diphtheriatoxoid (Td)
Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents	Annually for 3-17 years of age: <ul style="list-style-type: none"> • BMI percentile or BMI percentile plotted on an age-growth chart for members < 16 years of age • BMI value for adolescents 16–17 years of age • Counseling or referral for physical activity • Counseling or referral for nutrition education

