

PENNSYLVANIA MEDICAID AND MEDICARE

Explanation of HEDIS[®] Measures

Each year, NCQA (National Committee for Quality Assurance) publishes HEDIS[®] (Healthcare Effectiveness Data and Information Set), a set of standardized performance measures used in the managed care industry to report how well practitioners provide important aspects of care and service such as: cancer screening; immunization rates; diabetes treatment; cardiovascular disease; member satisfaction; smoking cessation and other health issues. These standards are reported to NCQA each year. There are two ways we obtain the required information: Administrative or Hybrid. Administrative measures are through claims submission. Hybrid uses both claims and data from the medical record.

The following standards are those that the Quality Improvement Department requests medical record information for, either by FAX and/or by review of medical charts at your offices:

Adult BMI Assessment (ABA) – (Medicaid and Medicare)

The percentage of members 18–74 years of age who had an outpatient office visit and had their body mass index (BMI) documented.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - (Medicaid)

The percentage of members 3–17 years of age who had an outpatient visit with a primary care practitioner/OB-GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity.

Childhood Immunization (CIS) – (Medicaid)

The percentage of children who became 2 years old during the measurement year and who had received these vaccinations on or before 2 years of age: four diphtheria-tetanus-acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four doses of pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines. This measure follows the CDC Advisory Committee on Immunization Practices (ACIP) guidelines for immunizations.

Immunizations for Adolescents (IMA) – (Medicaid)

The percentage of adolescents who became 13 years old during the measurement year and who had received the following vaccinations on or before their 13th birthday: one dose of meningococcal vaccine, and one tetanus, diphtheria toxoids, acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td). This measure follows the CDC/ACIP guidelines for immunizations.

Human Papillomavirus Vaccine for Female Adolescents (HPV) – (Medicaid)

The percentage of female adolescents who became 13 years old during the measurement year and who received the three-dose human papillomavirus (HPV) vaccine series, with different dates of administration, by their 13th birthday.

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Lead Screening in Children (LSC) – (Medicaid)

The percentage of children 2 years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.

Cervical Cancer Screening (CCS) – (Medicaid)

The percentage of women 21–64 years of age who were appropriately screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Colorectal Cancer Screening (COL) – (Medicare)

Assesses whether adults 50–75 years of age have had appropriate screening for colorectal cancer (CRC). “Appropriate screening” is defined by meeting any one of the screening methods below:

- Fecal occult blood test (FOBT) during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years before the measurement year.
- Colonoscopy during the measurement year or the nine years before the measurement year.

Care for Older Adults (COA) – (Medicare)

Assesses the percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning.
- Functional status assessment.
- Medication review.
- Pain assessment.

Controlling High Blood Pressure (CBP) – (Medicaid and Medicare)

This intermediate-outcome measure looks at whether blood pressure was controlled among adults 18–85 years of age who were diagnosed with hypertension. Control is demonstrated by the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Comprehensive Diabetes Care (CDC) – (Medicaid and Medicare)

The percentage of diabetics age 18 – 75 years of age who:

- Had a hemoglobin (HbA1c) blood test.
- Have poorly controlled diabetes (HbA1c >9.0%).
- Have controlled diabetes (HbA1c <8.0%).
- Have controlled diabetes (HbA1c <7.0% for a selected population)*.
- Had a retinal or dilated eye examination.

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- Have been screened or monitored for kidney disease.
- Have blood pressure <140/90 mm Hg.

Medication Reconciliation Post-Discharge (MRP) – (Medicare)

The percentage of discharges from January 1–December 1 of the measurement year for members 65 years of age and older, for whom medications were reconciled on or within 30 days of discharge

Prenatal and Postpartum Care (PPC) – (Medicaid)

The percentage of pregnant women in the organization who began prenatal care during the first 13 weeks of pregnancy, or within 42 days of enrollment, for women who were more than 13 weeks pregnant when they enrolled. This measure also looks at the percentage of women who had live births and who had a postpartum visit between 21 and 56 days after delivery.

Frequency of Ongoing Prenatal Care (FPC) – (Medicaid)

This measure looks at the use of prenatal care services. It tracks Medicaid-enrolled women who had live births during the past year to determine the percentage of recommended prenatal visits they had. Continued monitoring throughout pregnancy is necessary. Frequency and adequacy of ongoing prenatal visits are important factors in minimizing pregnancy problems. ACOG recommends that prenatal care begin as early as possible in the first trimester of pregnancy.²⁰² Visits should follow a schedule:

- Every 4 weeks for the first 28 weeks of pregnancy.
- Every 2–3 weeks for the next 7 weeks.
- Weekly thereafter until delivery.

Well-Child Visits in the First 15 Months of Life (W15) – (Medicaid)

The percentage of children who had between one and six or more well-child visits by the time they turned 15 months of age. The American Academy of Pediatrics recommends six well-child visits in the first year of life: the first within the first month of life, and then at around 2, 4, 6, 9 and 12 months of age.

Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34) – (Medicaid)

The percentage of children 3, 4, 5 and 6 years of age who received at least one well-child visit with a primary care practitioner during the measurement year.

Adolescent Well Child (AWC) – (Medicaid)

The percentage of adolescents 12–21 years of age who had one or more well-care visits with a primary care provider or OB/GYN during the measurement year. Adolescents benefit from an annual preventive health care visit that addresses the physical, emotional and social aspects of their health.

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Some of the Administrative measures for Medicaid include:

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Annual Dental Visit (ADV)
- Annual Member Satisfaction Survey
- Annual Monitoring for Patients of Persistent Medications (MPM)
- Appropriate Testing for Children with Pharyngitis (CWP)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Breast Cancer Screening in Women (BCS)
- Chlamydia Screening in Women (CHL)
- Follow-Up Care for Children Prescribed ADHD Medications (ADD)
- Medication Management for People with Asthma (MMA)
- Persistence of Beta-Blockers Treatment After a Heart Attack (PBH)
- Use of Appropriate Medications for People with Asthma (ASM)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Some of the Administrative measures for Medicare include:

- Annual Member Satisfaction Survey
- Annual Monitoring for Patients on Persistent Medications (MPM)
- Antidepressant Medication Management (AMM)
- Breast Cancer Screening (BCS)
- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)
- Glaucoma Screening in Older Adults (GSO)
- Identification of Alcohol and Other Drug Services (Total) (IADA)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Other Important Information Affecting Rates

Protected Health Information

According to the HIPAA Privacy Rule (CFR 160, 164) amended August 14, 2002, health care providers can disclose protected health information (PHI) to health plans for the purpose of quality assurance, quality improvement and accreditation activities. HEDIS data collection is included as a quality improvement and accreditation initiative. Providers are permitted to disclose PHI to health plans for HEDIS data collection without authorization from the patient when both the provider and health plan have/had a relationship with the patient and the information relates to that relationship. (45 C.F.R. 164.506 (c)(4))

EPSDT – Early Period Screening Diagnosis and Treatment

Gateway Health Plan[®]'s Growing Up with GatewaySM (GUWG) Program is based upon the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program for Medical Assistance eligible children who

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are under the age of 21 years. Through the EPSDT Program, children are eligible to receive regular immunizations and medical, dental, vision and hearing screenings to ensure that they receive all medically necessary services, without regard to Medical Assistance-covered issues.

Chlamydia Screening

Chlamydia Screening is underutilized. Chlamydia is a silent disease, and often missed if screening is not done. If left untreated, it can lead to serious medical conditions. Because the cervix of teens and young women is not fully mature, they are more susceptible to this type of infection. You are the key to early diagnosis and treatment. Avoid missed opportunities! Screen all females ages 16-24 years old. Screening can be done by urine or vaginal swab.

ICD-9 Codes:

- V69.2 - high risk sexual behavior
- V73.88 – Special screening for other specified chlamydial diseases
- V73.98 - screening for unspecified Chlamydia disease

CPT Codes: 87110, 87270, 87320, 87490, 87491, 87492 or 87810