

Healthcare Effectiveness Data Information Set HEDIS

Clarifying 2021 and MY2020

It's the Year 2021. We will be participating in MY2020. The records we will be obtaining will be from 2020 (sometimes 2019) but never 2021.

What is HEDIS

HEDIS is a measurement tool coordinated and administered by the National Committee for Quality Assurance (NCQA) used by more than 90% of America's health plans.

The results are used to:

1. Measure performance
 2. Identify quality initiatives
 3. Provide educational programs for Providers and Members
- Measures are specifically defined so that the performance of all health plans can be measured equally.
 - Measures can change from year to year

Measures and Data Collection

- Data is collected and compiled between February – May of the following year
- Data is reported collectively without individual identifiers
 - Under HIPAA data collection is permitted and the release of this information request requires no special patient consent or authorization
- HEDIS currently includes more than 90 measures across 6 domains of care
 - Effectiveness of Care
 - Access/Availability of Care
 - Experience of Care
 - Utilization and Risk Adjusted Utilization
 - Health Plan Descriptive Information

Measures and Data Collection

- Measure Data is Collected Using both Electronic Clinical Data Systems (Administrative) and sometimes medical records provided by your office (Hybrid)
- 3 Types of Data Collection:
 - Administrative Data - Filed claims
 - Hybrid Data - Medical record review
 - Survey Data - Member and Provider surveys

Provider Role

The completion of HEDIS® measure data collection enhances both:

- The wellness checks of your patients
- And claims verification and documentation, ensuring the optimization of our collaboration with our Network Physicians

How can you help?

- Provide the appropriate care within the designated time frames
- Accurately documenting all care in the patient's medical record
- Accurately coding all claims and submitting claims in a timely manner
- Responding to Hybrid medical record requests within 14 days
 - HIPAA Requirements:
 - No special patient consent or authorization
 - Data reported without individual identifiers

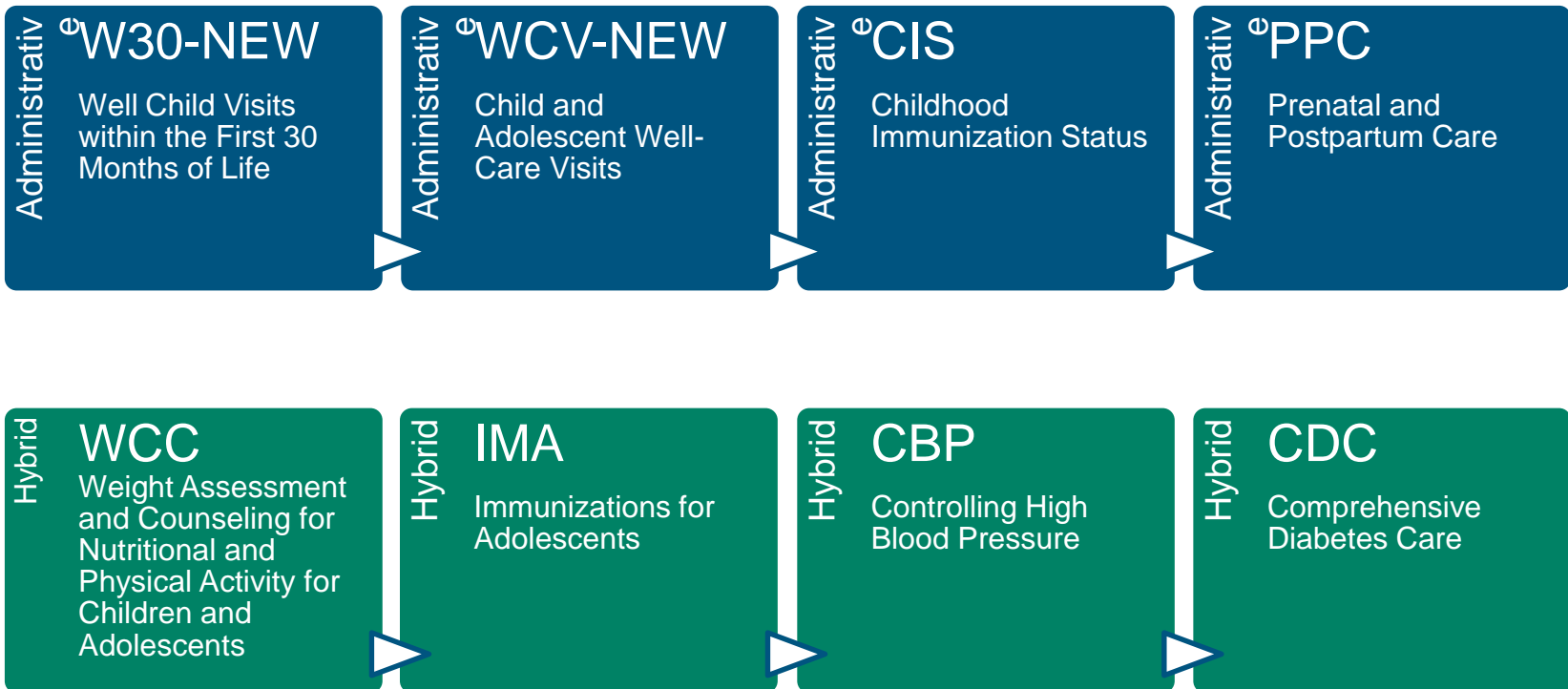
Care Everywhere

- Cook Children's Health Plan moved to a new system, Tapestry, which links us to Epic records. Please contact Provider Relations to find out if and how you can link up to Care Everywhere to save your staff resources
- Cook Children's Health Plan staff can view and pull records avoiding your staff having to obtain and send us records upon request, not just during HEDIS, but through out the year

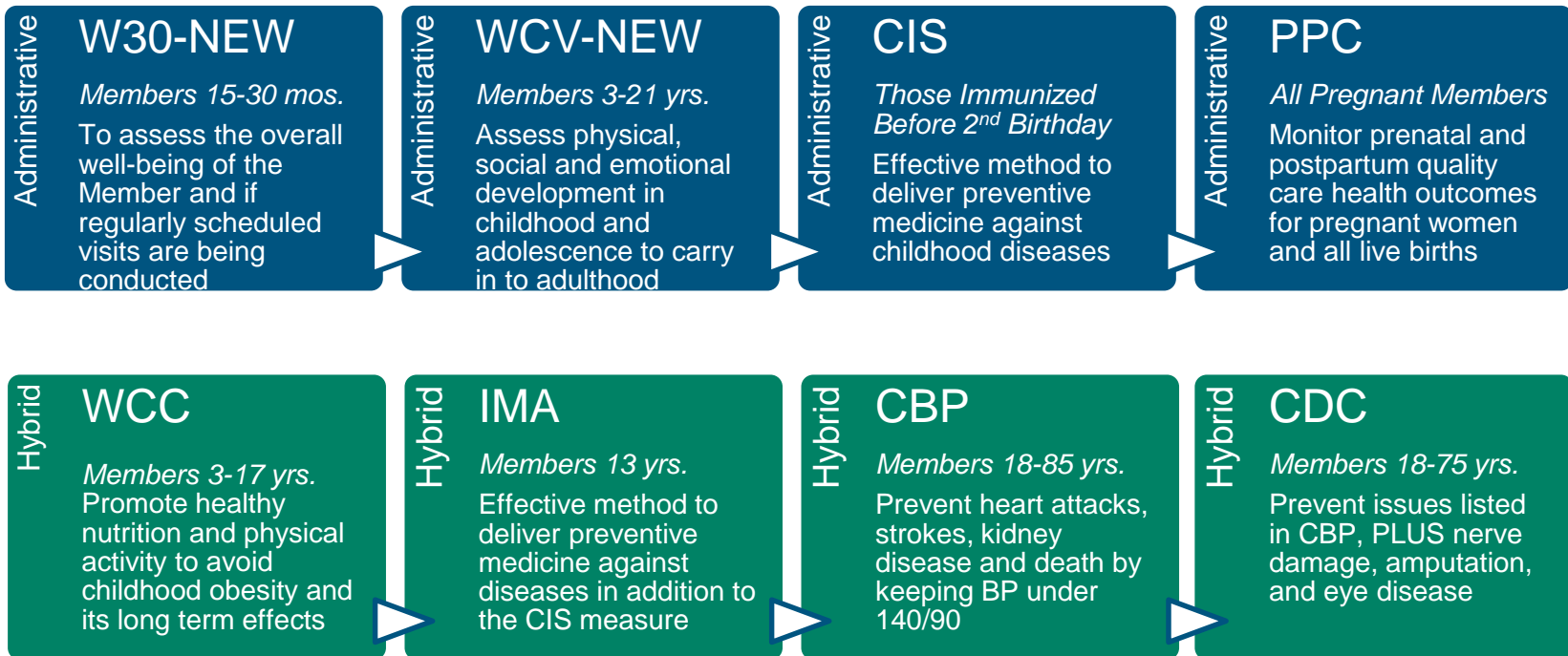
Administrative Data Collection

- Half or more of Cook Children's Health Plan measures this year will be obtained through Administrative data. This will likely evolve to a 100% administrative process over time
- Providing accurate claims data and coding will ensure greater success in achieving higher scores
- Hybrid measures allow a second chance to supplement records proving care was provided
- Administrative data collection is a one chance only opportunity determined automatically by electronic claims data
- Check to see if your EMR system has internal HEDIS enhancing cues, checklist, timers that can enhance quality and performance

Administrative vs Hybrid



Target Members and Associated Goals



MY2020 Hybrid Data Collection

- There are 4 measures Cook Children's Health Plan will be requesting from your office this year via Hybrid data collection
 - WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
 - IMA – Immunization for Adolescents
 - CBP – Controlling High Blood Pressure
 - CDC – Comprehensive Diabetes Care
- We can use medical records we obtain from your office to supplement the Administrative records already captured in claims
- Hybrid allows for a second chance to prove the actual quality of care
- 5 measures that will not be collecting Hybrid are W15, W34, AWC, CIS, and PPC

Hybrid Measure Details - WCC

WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents has three components

1. BMI Percentile along with height and weight
2. Counseling for Nutrition including details such as:
 - Documented detailed discussion of eating habits, dieting behaviors
 - Checklist indicating nutrition was addressed
 - Counseling or referral for nutrition education
 - Providing named educational materials on nutrition during a face-to-face visit
 - Anticipatory guidance given specifying nutrition or weight or obesity counseling

Hybrid Measure Details - WCC

3. Counseling for Physical Activity including details such as:
 - Documented detailed discussion of current physical activity behaviors such as exercise routine, participation in sports activities, exam for sports participation
 - Checklist indicating physical activity was addressed
 - Counseling or referral for physical activity
 - Provide named educational materials on physical activity during a face-to-face visit
 - Anticipatory guidance named specific to the child's physical activity

Hybrid Measure Details - WCC

- Weight or Obesity Counseling Counts for Both Physical and Nutrition Counseling
- All three values must be obtained
- No BMI ranges as they do not count
- Exclusion of Member-reported biometric values removed, but information must be documented by a Primary Care Physician

Hybrid Measure Details - IMA

IMA – Immunization for Adolescents (completed on-time and all doses)

- Meningococcal Immunizations:
 - At least one meningococcal serogroups A, C, W, Y vaccine with date of service on or between the Members 11th and 13th birthdays
 - Do not count meningococcal recombinant (serogroup B) (MenB) vaccines
- Tdap/Td Immunizations:
 - At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the Member's 10th and 13th birthdays

Hybrid Measure Details - IMA

- HPV Immunizations (This vaccine is for MALES and FEMALES):
 - At least two HPV vaccines with dates of service at least 146 days apart on or between the Member's 9th and 13th birthdays (e.g., if the service date for the first vaccine was March 1, then the service date for the second vaccine must be after July 25). OR at least three HPV vaccines with different dates of service on or between the Member's 9th and 13th birthdays
- Combination 1 Immunizations – Obtained meningococcal and Tdap immunizations as described above
- Combination 2 Immunizations – Obtained meningococcal, Tdap, and HPV as described above

Hybrid Measure Details - CBP

CBP – Controlling High Blood Pressure (among those aged 18-85):

- Most recent Systolic recording of 139 or under taken by a DIGITAL device
- Most recent Diastolic recording of 89 or under taken by a DIGITAL device
- CBP data from virtual/telehealth visits can be reported this year
- Blood pressure has to be 139/89 or below to be compliant
- Rechecking blood pressure after a few minutes can provide a more accurate reading

Hybrid Measure Details - CDC

CDC – Comprehensive Diabetes Care (among those aged 18-75):

- HbA1c Controlled with a value of <8 (8.0 does not count!)
- HbA1c Tested During Measurement Year (any value)
- Nephrology evaluation is no longer part of the CDC measure for Medicaid
- Dilated retinal eye exam and BP are not being measured by Cook Children's Health Plan for the CDC measure this year

Hybrid Documentation Tips

- Include the BMI percentile with the vital signs
- Review immunization records every visit
- Slash marks and dots DO count! Please be sure not to leave blank sections or empty boxes on checklists and assessments
- Education/anticipatory guidance requires an actual topic discussed
- A topic handout recorded as given will NOT count unless a discussion is also documented as given
- Timing is Everything
 - Vaccines and exams have to be administered within specific timeframes
 - HEDIS sometimes counts in increments of 30. Some months have 31 days. Some exams miss passing by just one day because the exam was scheduled by whole months instead of remembering to back up days to account for months with 31 days

Administrative Measure Details

W30 and WCV Administrative Measures replacing W15, W34, and AWC.

- W30 = Well-Child Visits in the First 30 Months of Life
 - Extended to 30 Months from former W15 (Well-Child Visits in the First 15 Months of Life)
 - Administrative only (not Hybrid)
 - Removing Performance Rates for 0-5 visits and Provider type requirement (all or nothing)
- WCV = Child and Adolescent Well Care Visits (Ages 3-21)
 - Combination of former (W34) and Adolescent Well-Care Visits (AWC)
 - Administrative only (not Hybrid)
 - Ages 7-11 are now included
 - Include the BMI percentile with the vital signs

Administrative Measure Details

W30 and WCV equals sick and well exams

MEASURE	GOAL OF MEASURE	RECORD SCOPE	A COMPLETE WELL EXAM INCLUDES DETAILED:
W30 WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE	8+ well visits completed with a PCP between 0-30 months of age [6 visits 0-15 months of age] [2 visits 15-30 months of age] Visits must be 14 days apart!	All sick and well child visits for the measurement period defined by Member's birthdate through the end of 2020. Telehealth visits count this year!	<ul style="list-style-type: none"> • Health history • Physical exam • Health education/anticipatory guidance provided • Physical developmental history • Mental developmental history • Growth charts
<p>These measure are based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit the Bright Futures website for more information about well-child visits (https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/).</p>			
WCV CHILD AND ADOLESCENT WELL CARE VISITS	1+ well visit to a PCP or OB/Gyn completed during 2020 for Members aged 3-21 Now includes Members aged 7-11	All sick and well child visits for the measurement period defined by Member's birthdate through the end of 2020. Telehealth visits count this year!	<ul style="list-style-type: none"> • Health history • Physical exam • Health education/anticipatory guidance provided • Physical developmental history • Mental developmental history

Administrative Measure Details

CIS = Immunizations

- This measure calculates a rate for each vaccine and 9 separate combination rates
- New requirement that LAIV (influenza) vaccination must occur on the child's second birthday
- 2 year well child checks should be on the day of or before their 2nd birthday

Vaccine Abrv.	Name	# Needed	Date Parameters
DTaP	Diphtheria, Tetanus and Acellular Pertussis	4	On or after 42 days and by 2 nd birthday
IPV	Polio	3	On or after 42 days and by 2 nd birthday
MMR	Measles, Mumps and Rubella	1	On or between 1 st birthday and 2 nd birthday
HiB	Haemophilus Influenza Type B	3	On or after 42 days and by 2 nd birthday
HepB	Hepatitis B	3	On or before 2 nd birthday
VZV	Chicken Pox	1	On or between 1 st birthday and 2 nd birthday
PCV	Pneumococcal Conjugate	4	On or after 42 days and by 2 nd birthday
HepA	Hepatitis A	1	On or between 1 st birthday and 2 nd birthday
RV	Rotavirus	2 or 3 [mfr. specific]	Full series to be completed by 8 th month
FLU	Influenza	2	By the 2 nd birthday [see special note below]

Administrative Measure Details

Prenatal and Postpartum Care

MEASURE	GOALS OF MEASURE	MEMBERS WHO WILL BE EVALUATED	SPECIAL NOTES
<p>PPC PRENATAL AND POSTPARTUM CARE</p>	<p>At least 1 Prenatal Visit in the first trimester, on or before the enrollment start date OR within 42 days of enrollment with CCHP.</p> <p>AND</p> <p>At least 1 Postpartum visit on or between 7 and 84 days after delivery</p> <p>Note: First trimester is defined as 280-176 days prior to delivery (or EDD).</p>	<p>Members who had a live birth between October 8, 2019 and October 7, 2020</p>	<p>PRENATAL visits may include:</p> <ul style="list-style-type: none"> • A bundled prenatal service • A standalone prenatal visit • Telephone/Online visit WITH a pregnancy-related diagnosis code <p>Telephone, e-visits and virtual check-ins COUNT!</p> <p>Visits from providers before the Member joined CCHP can count!</p> <p>POSTPARTUM may include:</p> <ul style="list-style-type: none"> • A bundled postpartum service [but not on the day of delivery] • A postpartum visit • A cervical cytology with value set

Disclaimer

Coding for healthcare services is complex and this training is not intended to provide a thorough treatment of the topic. This is a brief description of codes that might be used when providing services to Members that apply to HEDIS measurements.

- Codes used should reflect the patient's actual diagnosis and the level and type of services provided
 - CPT Category I codes must be billed for reimbursement purposes
 - CPT Category II codes are optional codes that can be used for performance measurement
- These codes are intended to facilitate data collection about the quality of care rendered by coding certain services and test results that support nationally established performance measures and that have an evidence base as contributing to quality patient care
- The codes listed are not all inclusive

Measure Codes 2021 for MY2020

CBP – Controlling Blood Pressure Common Codes
(Hypertension Diagnosis ICD-10 Code = I10)

	CPT II Codes
Systolic Blood Pressure <130 mm Hg	3074F
Systolic Blood Pressure 130-139 mm Hg	3075F
Systolic Blood Pressure \geq 140 mm Hg	3077F
Diastolic Blood Pressure <80 mm Hg	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure \geq 90 mm Hg	3080F

Green = compliant value

Red = noncompliant value

Measure Codes 2021 for MY2020

CDC – Comprehensive Diabetes Care Common Codes
HbA1c Only

	CPT I Codes
Glycosylated A1C testing	83036 83037
	CPT II Codes
HbA1c tested and <7.0%	3044F
HbA1c tested and 7.0% to ≤8.0%	3051F
HbA1c tested and >8.0% to ≤9.0%	3052F
HbA1c tested and >9.0%	3046F
HbA1c total in blood	4548-4
HbA1c total in blood by Electrophoresis	4549-2
	LOINC Codes
HbA1c total in blood by HPLC	17856-6

Green = compliant value for both tested and value

Orange = compliant for tested only, unknown for value

Measure Codes 2021 for MY2020

CIS – Childhood Immunization Status Codes

Vaccine	CPT Codes
DTaP	90700
FLU	90630, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90756
Hib	90647, 90648
Hep A	90632, 90633
Hep B	90743, 90744
IPV	90713
MMR	90707
PCV13	90670

Vaccine	CPT Codes
MenB	90620, 90621
HPV	90650, 90651
DT	90702
Td	90714
Tdap	90715
PPSV23	90732
MPSV4	90733, 90734
Rotavirus	90680, 90681
Varicella	90716

Resource: THSteps Quick Reference Guide, Texas Medicaid Provider Procedures Manual

Measure Codes 2021 for MY2020

CIS – Childhood Immunization Status Codes

Combo Vaccine	CPT Code
DTaP-IPV/Hib	90698
DTaP-Hep B-IPV	90723
Hib/Hep B	90748
MMRV	90710
Hep A & Hep B	90636
Hib-MenCY	90644
DTaP-IPV	90696

Vaccine Administration	CPT Code
With Counseling	90460, 90461
Without Counseling	90471, 90472, 90473, 90474
	ICD-10 Code
Routine newborn exam, birth through 7 days	Z00.110
Routine newborn exam, 8 through 28 days	Z00.111
Routine child exam	Z00.129
Routine child exam, abnormal	Z00.121
Encounter for immunization	Z23

Resource: THSteps Quick Reference Guide, Texas Medicaid Provider Procedures Manual

Measure Codes 2021 for MY2020

IMA – Immunizations for Adolescents Common Codes

	CPT Codes
HPV	90650 90651
Meningococcal	90734
Tdap	90715

Vaccine Administration	CPT Code
With Counseling	90460, 90461
Without Counseling	90471, 90472, 90473, 90474
	ICD-10 Code
Routine newborn exam, birth through 7 days	Z00.110
Routine newborn exam, 8 through 28 days	Z00.111
Routine child exam	Z00.129
Routine child exam, abnormal	Z00.121
Encounter for immunization	Z23

Resource: THSteps Quick Reference Guide, Texas Medicaid Provider Procedures Manual

Measure Codes 2021 for MY2020

PPC – Prenatal Care Common Codes

	CPT I Codes
Routine Visits with Pregnancy Diagnosis	59430, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99345, 99347, 99348, 99349, 99350
	CPT II Codes
Prenatal Visits	0500F, 0501F, 0502F
	ICD-10 Codes
Prenatal Visits	O09.00-O09.893, Z34.00-Z34.93, Z36.0-Z36.5, Z36.81-Z36.9, Z3A.00-Z3A.49

Resources: Texas Medicaid Provider Procedures Manual, CPT 2021, ICD-10 CM 2021

Measure Codes 2021 for MY2020

PPC – Postpartum Care Common Codes

	CPT I Codes
Postpartum visits	59430
Postpartum visits included in the delivery	59410, 59515, 59614, 59622,
	CPT II Codes
Postpartum care visit CPT CAT II	0503F
	ICD-10 Codes
Postpartum visits	Z01.411-Z01.419, Z01.42, Z30.40-Z30.42, Z30.430-Z30.433, Z39.1-Z39.2

Resources: Texas Medicaid Provider Procedures Manual, CPT 2021, ICD-10 CM 2021

Measure Codes 2021 for MY2020

W30 – Well Child Visits within the First 30 Months of Life Common Codes

CPT I Codes

99381, 99382, 99391, 99392, 99461

ICD-10 Codes

Z00.110
Z00.111
Z00.121
Z00.129

Z00.2
Z76.1
Z76.2

Resources: Texas Medicaid Provider Procedures Manual, CPT 2021, ICD-10 CM 2021

Measure Codes 2021 for MY2020

WCC – Weight Assessment and Counseling Codes

	ICD-10 Codes
BMI	Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45, Z68.51-Z68.54
Counseling for Nutrition	Z71.3
Counseling for Physical Activity/Exercise Counseling	Z02.5, Z71.82

Resource: ICD-10 CM 2021

Measure Codes 2021 for MY2020

WCV – Well Child Visits Child and Adolescent Well – Care Visits Common Codes

CPT I Codes		
99381-99384, 99391-99394		
ICD-10 Codes		
Z00.110	Z00.2	Z02.71
Z00.111	Z00.3	Z02.82
Z00.121	Z00.8	Z08.89
Z00.129	Z02.0	Z02.9
	Z02.2	Z76.1
	Z02.4	Z76.2
	Z02.5	

Resource: ICD-10 CM 2021

Right to Access Records

[Uniform Managed Care Contract](#) section 8.1.7.9 may be viewed on the HHSC website.

- Section 1B addresses our right to access records and section 1D stipulates that "Physician Group and its Physician Group Providers must provide, at no cost, the following entities or their designees with prompt, reasonable and adequate access to this Agreement and any and all originals and/or copies, free of charge, of all records, books, documents, papers and other information related to the agreement and/or the Physician Group's performance of its responsibilities"
- In the case of HEDIS requests, we are HHSC's designee by virtue of Paragraph 8.1.7.9 of the Uniform Managed Care Contract that we and other Medicaid Managed Care Organizations have entered into with HHSC

Right to Access Records

- The key language is that which requires the MCO to “supply medical records for focused clinical reviews conducted by” HHSC’s external quality review organization (“EQRO”) and to “work collaboratively with HHSC and the EQRO to annually measure selected HEDIS measures that require chart reviews.” Thus, HHSC requires us to obtain the medical records on their behalf for HEDIS purposes, effectively making us their designee in connection with those requests. Under those circumstances, HEDIS requests should be provided at no charge

Members do not need to sign a release of records for Cook Children's Health Plan to obtain them as we are their insurance provider.

HEDIS AND YOU

Your cooperation and prompt response to our medical record requests help us in many ways!

Initial medical record requests are sent by fax and include:

- A patient list
- The measure(s) that are being audited
- An explanation of the minimum documents needed

Collection methods may include:

- Fax
- Mail
- Onsite pickup of records (for larger requests)
- Remote Electronic Data Interchange

Helpful Tips

- Include the BMI percentile with the vital signs
- Use correct billing codes
- Review immunization records
- Well visits can be completed in conjunction with sick visits
- Provide all required data to optimize staff time by decreasing chart time

Information about HEDIS

- For more information regarding HEDIS visit our [Quality Improvement](#) page at cookchp.org
- For 1:1 training with our HEDIS team please send a request to CCHPProviderRelations@cookchildrens.org

Reference Page

Cook Children's Health Plan website
[cookchp.org](https://www.cookchp.org)

Provider Forms - Prior Authorization Request Form
[Provider Manual and Forms | Cook Children's Health Plan \(cookchp.org\)](#)

Provider Manuals
[Provider Manual and Forms | Cook Children's Health Plan \(cookchp.org\)](#)

Secure Provider Portal
[Login \(cookchp.org\)](#)

Electronic Submission Services
[Electronic Claims Submission | Cook Children's Health Plan \(cookchp.org\)](#)

Reference Page

Education & Training- Contact Us, Value Added Services, Webinars, CHIP Perinatal Quick Reference Guide, FQHC Billing Guidelines

<http://www.cookchp.org/English/Providers/Pages/Education-Training.aspx>

Prior Authorization

[Prior Authorization Search | Cook Children's Health Plan \(cookchp.org\)](#)

Texas Health Steps

[Texas Health Steps | Cook Children's Health Plan \(cookchp.org\)](#)

Quality Improvement Page (HEDIS) [Quality Improvement | Cook Children's Health Plan \(cookchp.org\)](#)

Texas Medicaid and Healthcare Partnership

[Welcome Texas Medicaid Providers | TMHP](#)

Contact

For HEDIS® Questions contact:

Tonia Bridges, BSN, RN, CPHQ

Director, Quality Improvement

Cook Children's Health Plan

Phone: 682-303-2129

Fax: 682-885-8494

Email: tonia.bridges@cookchildrens.org