



## Provider Healthcare Effectiveness Data and Information Set (HEDIS®) Toolkit

At 'Ohana Health Plan, we believe prevention is the key to good health. 'Ohana utilizes the National Committee for Quality Assurance HEDIS® measures to monitor and ensure members are receiving high quality care.

To assist you, 'Ohana has developed a Provider Toolkit that includes helpful information for identifying and documenting required preventive services.

The following documents are included in your toolkit:

- **What is HEDIS®?:** A general overview of HEDIS®
- **HEDIS® Provider Profile:** Your 'Ohana HEDIS® rates, based on the members in your panel, benchmarked against the Health Plan rates and the Health Plan goals
- **Provider HEDIS® Non-Compliant Member Lists:** A comprehensive list of members paneled to you who, according to our records, have not received the recommended services
- **HEDIS® Quick Reference Guide:** A reference document that includes the HEDIS® measure specifications and the industry standard codes that are in compliance with the 2010 HEDIS® Technical Specifications

Additional resources and Clinical Practice Guidelines can be found online at <http://www.wellcare.com/provider/resources>.

Thank you for your continued support of these important health initiatives.

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

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# What is HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

## WHY HEDIS® IS IMPORTANT

HEDIS® ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

## VALUE OF HEDIS® TO YOU, OUR PROVIDERS

HEDIS® can help save you time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care.

### HEDIS® can also help you:

- Identify noncompliant members to ensure they receive preventive screenings
- Understand how you compare with other WellCare providers as well as with the national average

## VALUE OF HEDIS® TO YOUR PATIENTS, OUR MEMBERS

HEDIS® ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

### WHAT YOU CAN DO

- Encourage your patients to schedule preventive exams
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members

If you have questions about HEDIS® or need more information, please contact your local Provider Relations representative.



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

Source: [www.ncqa.org](http://www.ncqa.org)

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# **HEDIS® Quick Reference Guide for Adults**

**The diagnosis and/or procedure codes in this HEDIS® Quick Reference Guide are in compliance with the HEDIS® 2011 Volume 2 Technical Specifications.**

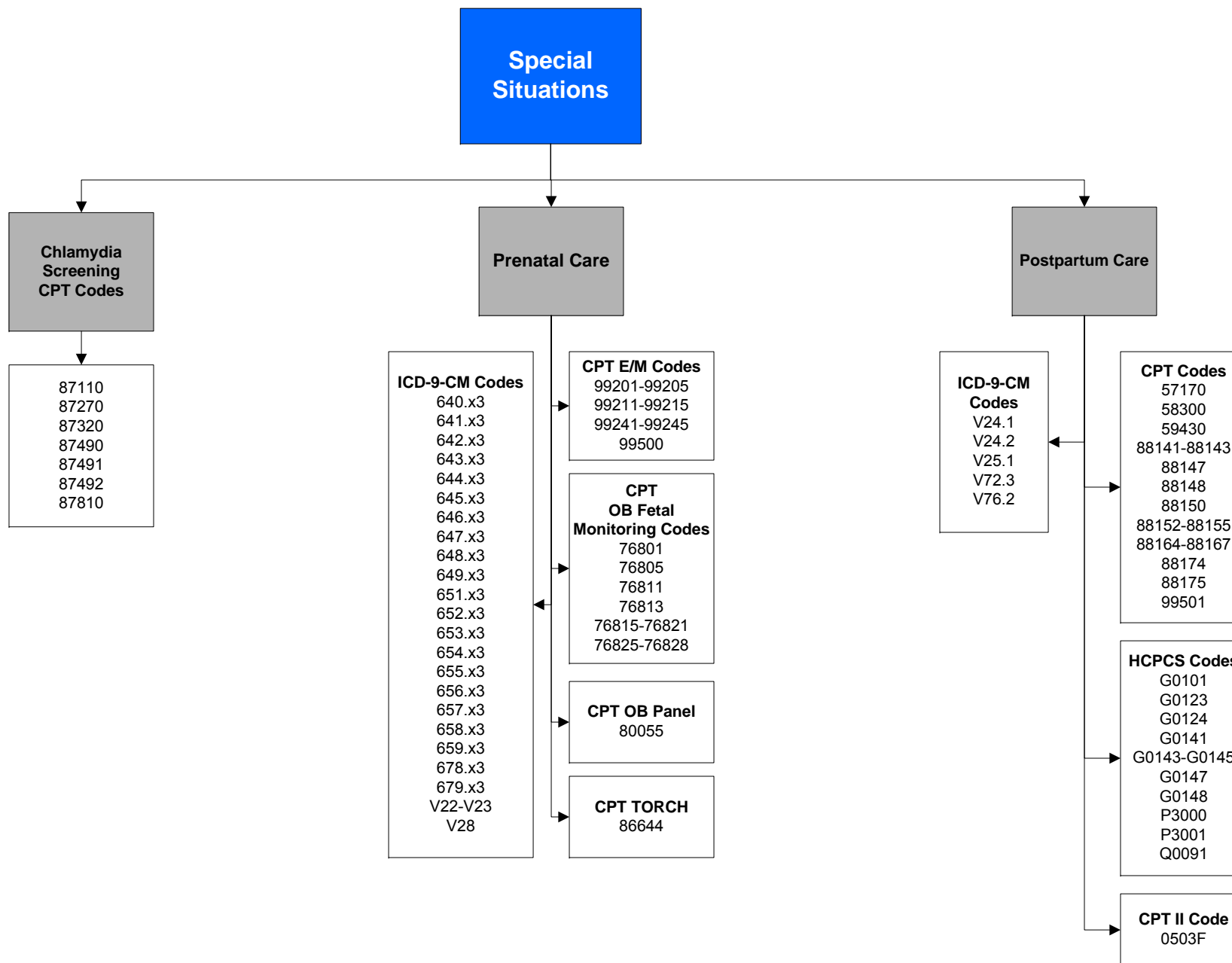
**Reimbursement for these services will be in accordance with the terms and conditions of your agreement.**

<b>Comprehensive Diabetes Care:</b>	<p>The percentage of members 18–75 years of age with diabetes (Type 1 and Type 2) who had each of the following:</p> <ul style="list-style-type: none"> <li>- Hemoglobin A1c (HbA1c) testing</li> <li>- HbA1c poor control (&gt;9.0%)</li> <li>- HbA1c control (&lt;8.0%)</li> <li>- HbA1c control (&lt;7.0%) for a Selected Population*</li> <li>- Eye exam (retinal) performed by an eye care provider</li> <li>- LDL-C screening</li> <li>- LDL-C control (&lt;100 mg/dL)</li> <li>- Medical attention for nephropathy</li> <li>- BP control (&lt;140/80 mm Hg)</li> <li>- BP control (&lt;140/90 mm Hg)</li> </ul> <p>*Additional exclusion criteria are required for this indicator. This indicator is reported only for the commercial and Medicaid product lines. The exclusion criteria are: CABG or PCI, IVD, CHF, Prior MI, CRF, Dementia, Blindness, Amputation of lower extremity.</p>
<b>Adult BMI Assessment:</b>	<p>Percentage of members 18–74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.</p>
<b>Cholesterol Management for Patients with Cardiovascular Conditions:</b>	<p>Percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of 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 each of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>- LDL-C screening</li> <li>- LDL-C control (&lt;100 mg/dl)</li> </ul>
<b>Cervical Cancer Screening:</b>	<p>Percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year.</p>
<b>Use of Spirometry Testing in COPD:</b>	<p>Percentage of adults 40 and older newly diagnosed or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.</p>
<b>Osteoporosis Management in Women Who Had a Fracture:</b>	<p>The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.</p>
<b>Colorectal Cancer Screening:</b>	<p>Percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.</p>
<b>Care for Older Adults:</b>	<p>Percentage of adults 66 years and older who had each of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>- Advance care planning</li> <li>- Medication review</li> <li>- Functional status assessment</li> <li>- Pain screening</li> </ul>

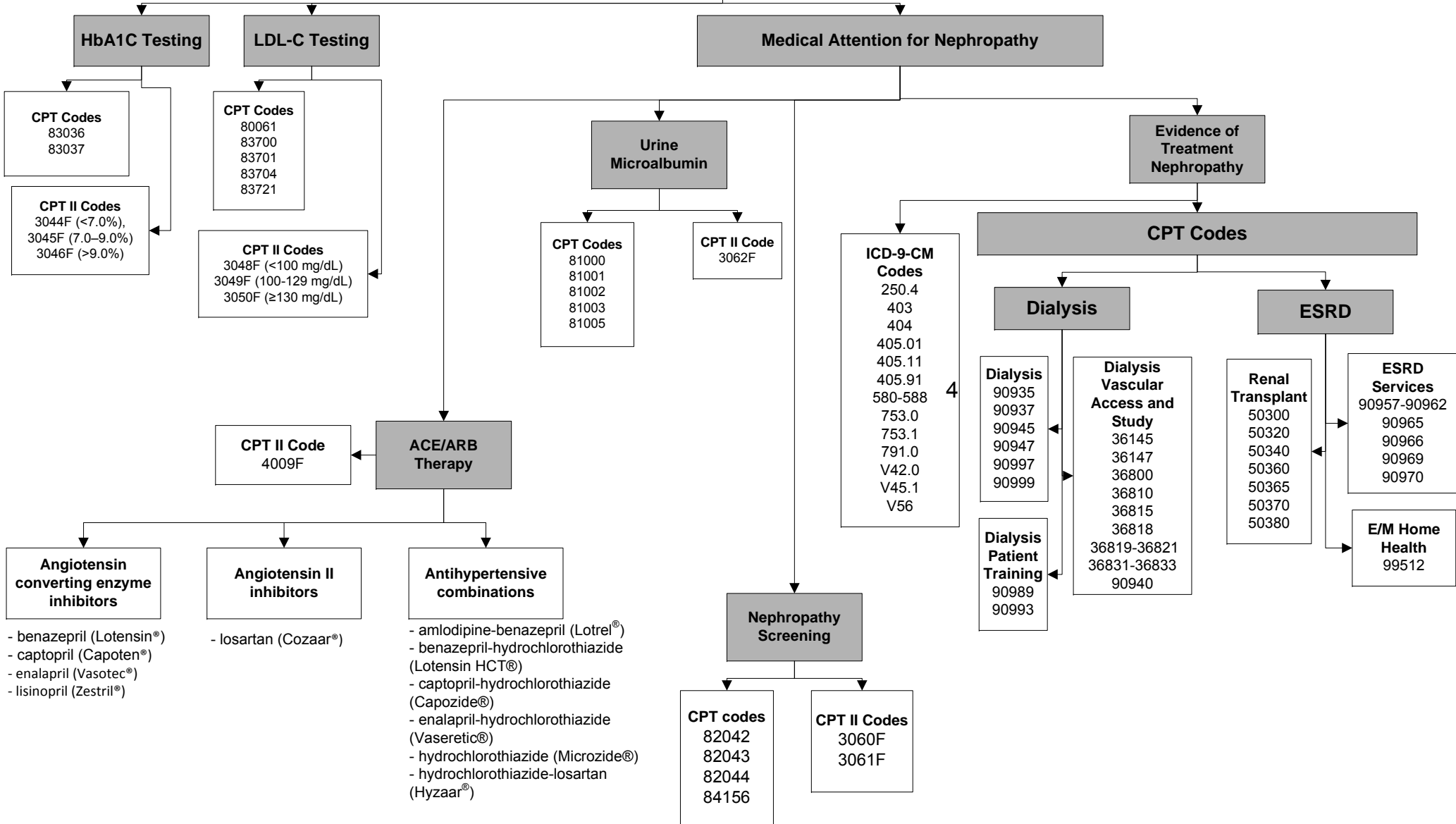
<b>Medication Reconciliation Post-Discharge:</b>	Percentage of discharges from January 1 to December 1 of the measurement year for members 66 years of age and older for whom medications were reconciled on or within 30 days of discharge.
<b>Breast Cancer Screening:</b>	Percentage of women 40–69 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year.
<b>Glaucoma Screening:</b>	Percentage of members 65 years of age or older, without a prior diagnosis of glaucoma or suspect, who received a glaucoma eye exam by an eye care professional for early identification of glaucomatous conditions during the measurement year or the year prior to the measurement year.
<b>Adults' Access to Preventive/Ambulatory Health Services:</b>	Percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.
<b>Controlling High Blood Pressure:</b>	Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) on or before June 30 of the measurement year and whose BP was adequately controlled (<140/90) during the measurement year.



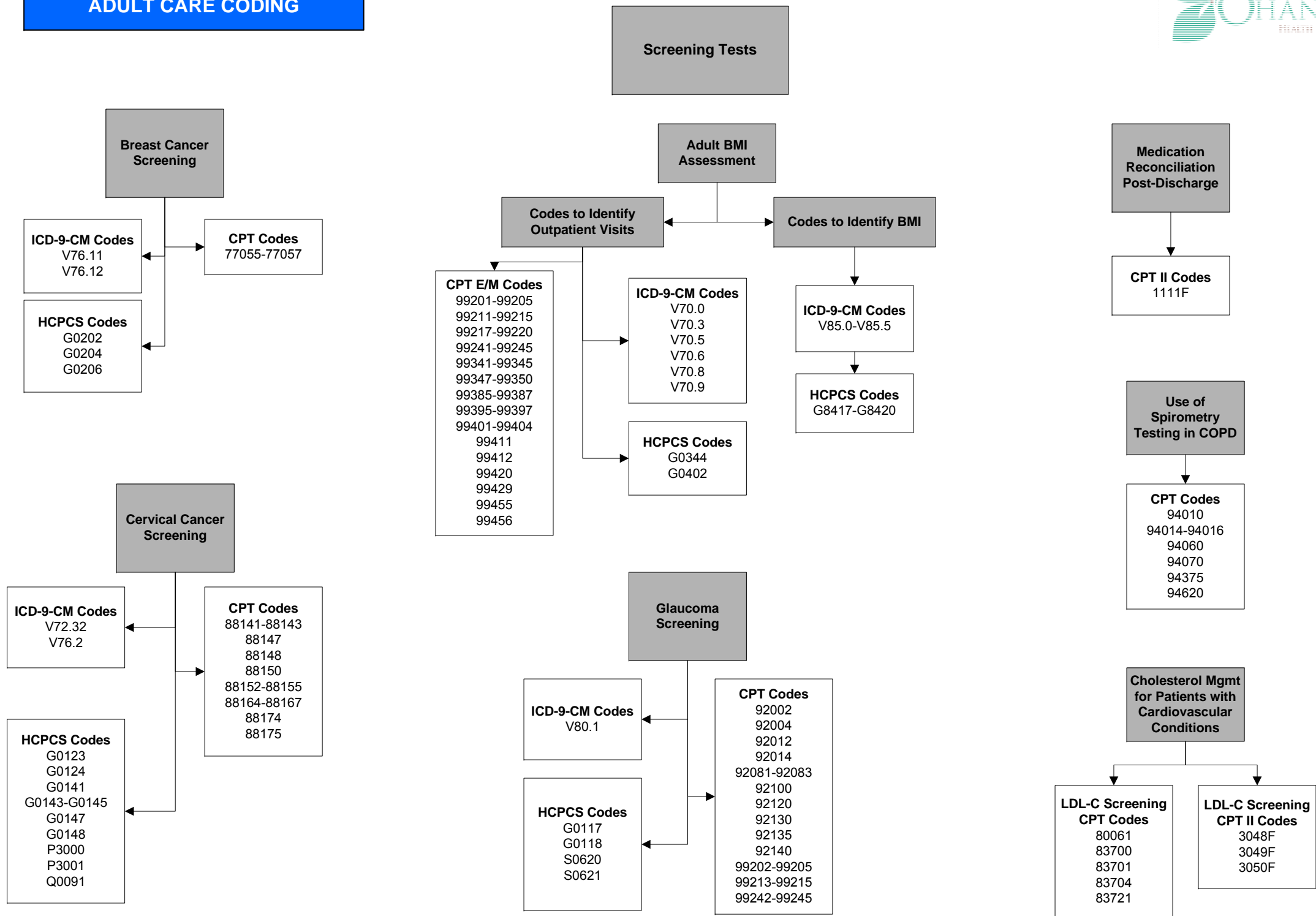
<b>Chlamydia Screening in Women:</b>	Percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.
<b>Use of Appropriate Medications for People with Asthma:</b>	Percentage of members 5–50 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.
<b>Prenatal Care:</b>	Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment.
<b>Postpartum Care:</b>	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

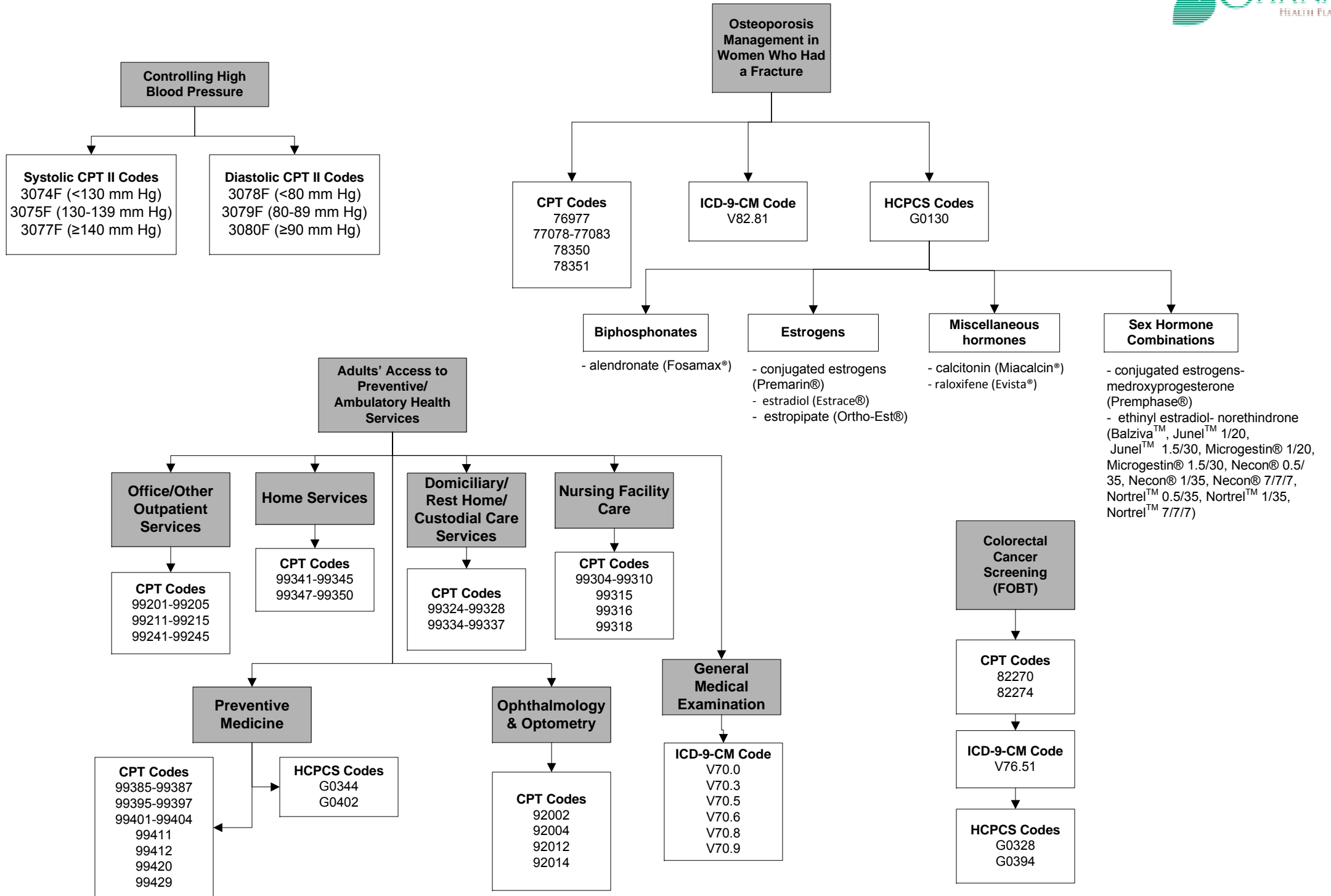


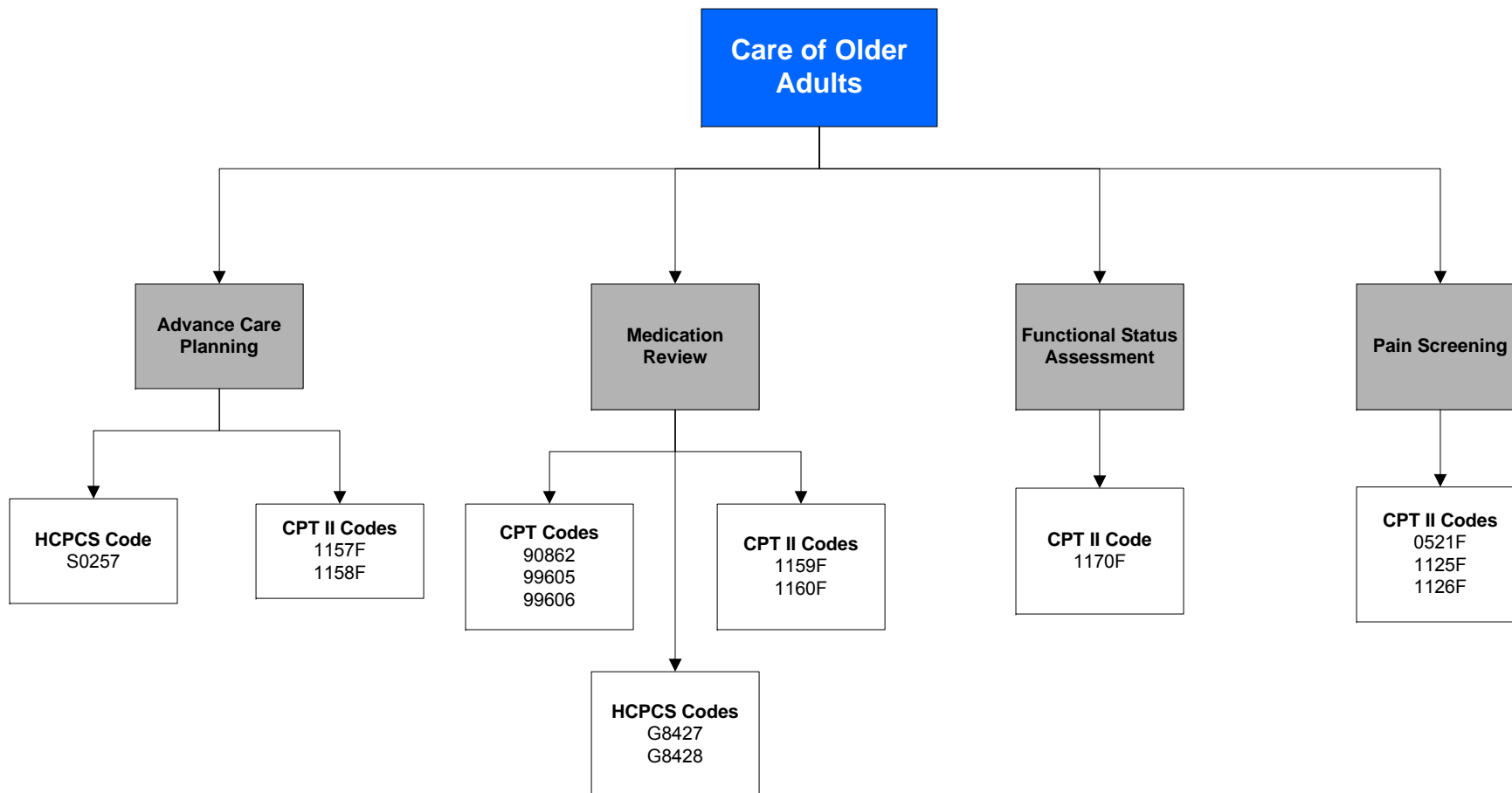
# Comprehensive Diabetes Care



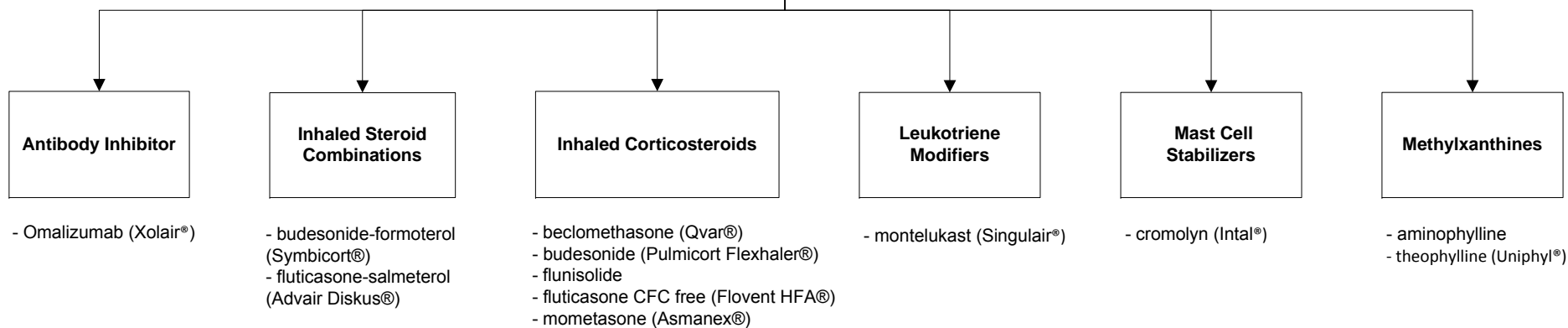
# ADULT CARE CODING







**Use of Appropriate Medications for People with Asthma**





# **HEDIS® Quick Reference Guide for Pediatrics**

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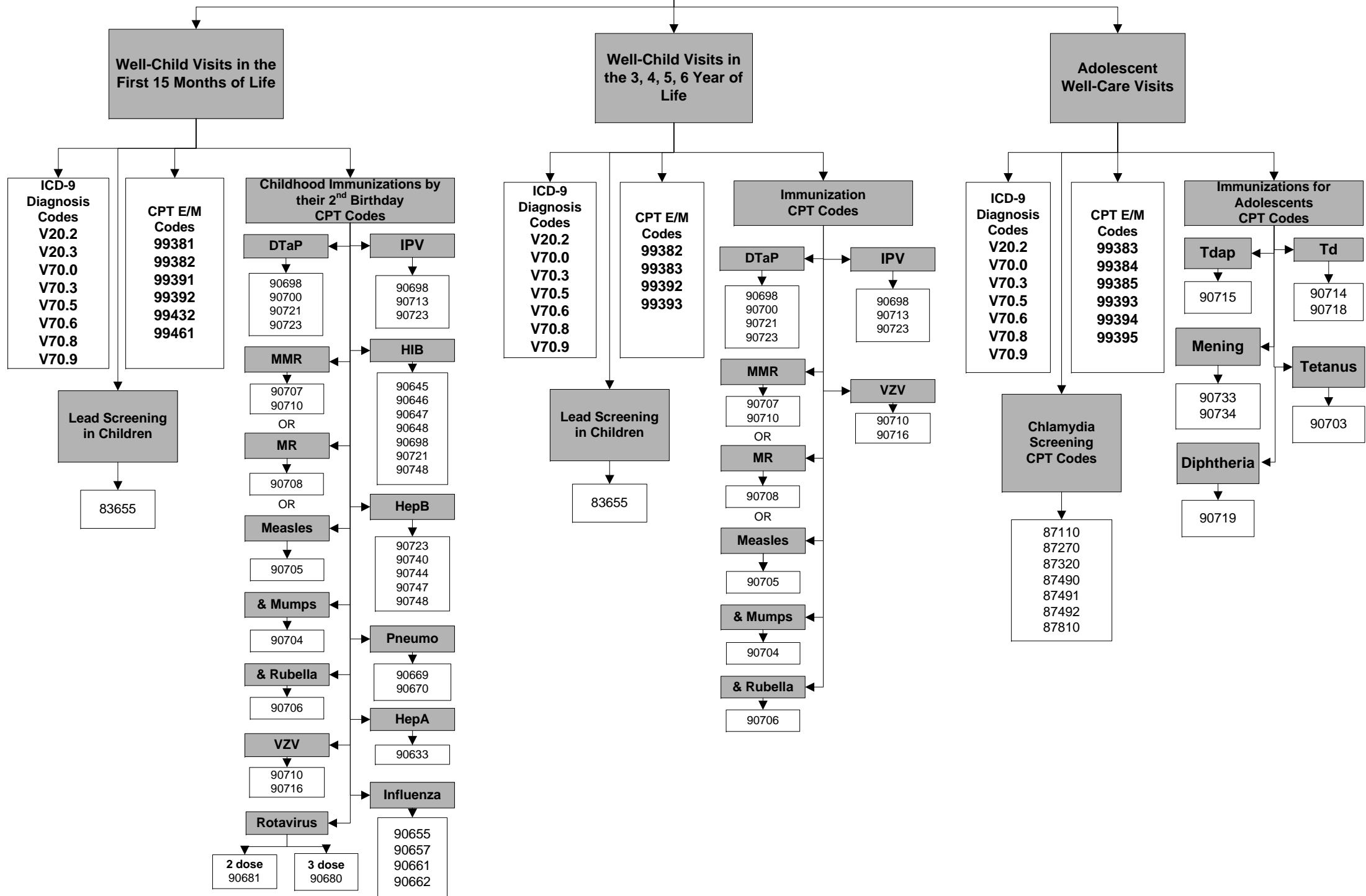


<b>Well-Child Visits in the First 15 Months of Life:</b>	Percentage of members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a primary care provider during their first 15 months of life.
<b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life:</b>	Percentage of members who were three, four, five, or six years of age who received one or more well-child visits with a primary care provider during the measurement year.
<b>Adolescent Well-Care Visits:</b>	Percentage of members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.
<b>Lead Screening in Children:</b>	Percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.
<b>Childhood Immunizations by Their 2<sup>nd</sup> Birthday:</b>	Percentage of children 2 years of age who had four DTaP, three IPV, one MMR, three H influenza type B, three hepatitis B, one chickenpox vaccine (VZV), four pneumococcal conjugate, two hepatitis A, two or three rotavirus, and two influenza vaccines by their second birthday.
<b>Immunizations for Adolescents:</b>	Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13 <sup>th</sup> birthday.
<b>Appropriate Testing for Children with Pharyngitis:</b>	Percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test; 3 days before diagnosis, the day of diagnosis or 3 days after diagnosis.
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:</b>	<p>Percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.</p> <p>Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</p>
<b>Annual Dental Visits:</b>	Percentage of members 2–21 years of age who had at least one dental visit during the measurement year. (This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.)



<b>Chlamydia Screening in Women:</b>	Percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.
<b>Use of Appropriate Medications for People with Asthma:</b>	Percentage of members 5–50 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.
<b>Prenatal Care:</b>	Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment.
<b>Postpartum Care:</b>	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

# Well-Child/ Adolescent Visits



# Special Situations

