

HEDIS[®] 101



L.A. Care
HEALTH PLAN[®]

For All of L.A.

Quality Improvement Initiatives

HEDIS Background



L.A. Care
HEALTH PLAN®

For All of L.A.



Bettsy Santana, MPH
Senior Manager, Quality Improvement
Initiatives

What is HEDIS®?

Healthcare

Effectiveness

Data and

Information

Set



What is HEDIS®?

- HEDIS is a set of **standardized performance measures** designed to compare the effectiveness of clinical care among health care plans
 - HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis
- Measures typically consist of rates like: Percentage of members receiving X screening.
 - Example: % of L.A. Care members between 45-75 who had appropriate screening for colorectal cancer.
- HEDIS measures are reported *retrospectively* on services received in the past
 - Example: services that occurred in 2023 are reported on in 2024

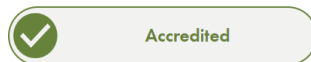


Who created HEDIS?

- HEDIS was developed by the **National Committee for Quality Assurance (NCQA)** in 1993.
- Process overview:
 1. Plans collect data from providers/medical groups throughout the year.
 2. Plans supplement administrative data with medical record data for certain measures from January to May.
 3. Plans submit audited data on HEDIS measures to NCQA.
 4. NCQA compares performance across plans and assigns ratings to each plan.

Local Initiative Health Authority, dba L.A. Care Health Plan

California



Last update: 01/15/2024
Ratings are updated annually (September)

Health Plan Rating[Ⓢ]
★★★★☆ 3.0 of 5

INSURANCE TYPE[Ⓢ]

Medicare

NEXT REVIEW DATE

04/23/2024

EVALUATION PRODUCT

Renewal Survey

CMS CONTRACT

H8258

PRODUCT TYPE

HMO

MEMBERS ENROLLED

18,000

WEBSITE

<http://www.lacare.org>

SPECIAL PROJECT[Ⓢ]

CMS

Other Accreditations, Certifications, and Distinctions

- ✓ Electronic Clinical Data
- ✓ Health Equity Accreditation
- ✓ Multicultural Care (MHC)



What does HEDIS measure?

- Includes more than **90 HEDIS measures**.
 - Grouped into *6 domains of care*.
- **Care domains:**
 - Effectiveness of Care.
 - Access/Availability of Care.
 - Utilization and Risk Adjusted Utilization.
 - Experience of care (Consumer Assessment of Healthcare Providers and Systems - CAHPS).
 - Measures Reported Using Electronic Clinical Data Systems.
 - Health Plan Descriptive Information.



Clinical domains of care

- **Effectiveness of Care** - Are we providing adequate, effective prevention, screening & care?
 - Prevention and screening (cancer screening, immunizations, fluoride)
 - Respiratory Conditions (appropriate testing for pharyngitis, asthma medication ratio)
 - Cardiovascular Conditions (controlling high blood pressure)
 - Diabetes (glycemic status, eye exam, kidney health)
 - Musculoskeletal Conditions (osteoporosis management and screening)
 - Behavioral Health (follow-up after hospitalization for mental illness)
 - Care Coordination (transitions of care)
 - Overuse/Appropriateness (appropriate treatment for upper respiratory infection)
 - Measures gathered through surveys (physical activity in older adults)
- **Access/Availability of Care** - Are we meeting members' needs? How accessible is care?
 - Access to preventive/ambulatory services
 - Prenatal and Timely Postpartum Care
- **Utilization and Risk Adjusted Utilization**
 - Emergency Department Utilization
 - Plan All-Cause Readmissions
 - Well-Child Visits and Well-Care Visits



What is a HEDIS measure?

- Measure specifications are published/updated annually by NCQA.
- Most measures do not change from year to year.
- Each HEDIS measure has an “**Eligible Population**” (members that are eligible for the measure).
- Criteria may include the member’s age, gender, enrollment dates, certain conditions (hypertension, diabetes, hospital discharge, birth of a child, etc.)



What is a HEDIS measure? *Continued*

- A rate is calculated—percentage of members in the eligible population that receive the service divided by total eligible population.
- There are 2 primary methods for calculating HEDIS data:
 - **Administrative:**
 - Data captured from claims, encounters, pharmacy, and labs
 - Rates are calculated for the entire eligible population who qualify for a HEDIS measure
 - *Examples:* Child & Adolescent Well Care Visits, Breast Cancer Screening
 - **Hybrid:**
 - A combination of administrative data and medical record review
 - A statistically valid sample of members (~411) drawn from the eligible population
 - Select measures only
 - *Examples:* Controlling Blood Pressure, Cervical Cancer Screening, Childhood Immunization Status



Additional HEDIS data collection methods

- **Survey:** the CAHPS survey collects data on member experience.
 - CAHPS is becoming increasingly important to our HEDIS rating
- **Electronic Clinical Data Systems (ECDS):** Data from databases containing clinical data, such as Electronic Health Records and quality management databases, and registry data.
- *NCQA increasingly expects plans to rely on administrative data, moving away from chart review, and utilize EMR connections, etc.*



Why is HEDIS important?

- Measures **quality performance** and identifies areas in need of improvement.
- **Cost containment.**
- **Ranking** among health plans and states.
 - Used for Medicare Stars and Covered California ratings that consumers can see
- Required by CMS, DHCS, and for **health plan accreditation.**
 - For Medi-Cal, HEDIS performance determines the percentage of new members that are assigned to L.A. Care.
 - DHCS also requires that health plans achieve at least the 50th percentile for 18 measures. If not achieved, DHCS may impose financial penalties or require performance improvement plans.



“Year” phrasing

- **Measurement Year (MY)**
 - Data reflects delivery of service during the calendar year.
 - e.g. from 01/01/23 to 12/31/23
- **Reporting Year (RY)**
 - Data reported to NCQA in June of the year following year.
 - “HEDIS” year.
- **HEDIS 2024 (RY) = 2023 data (MY)**
- *Going forward:* NCQA is transitioning to using MY to describe timeline.



HEDIS calendar

Jan- May

- Collection of medical records from Dr. Offices
- Medical records audited by L.A. Care

June

- Audit results are compiled
- Audit results are sent to NCQA

July- Oct

- NCQA releases report card
 - NCQA releases new measures/changes
 - Training at doctors' offices
 - Onsite medical record audit
-
-
-



2024 HEDIS Updates

- Updated the diabetes measure.
 - Revised and renamed Hemoglobin A1c Control for Patients with Diabetes (HBD) to Glycemic Status Assessment for Patients with Diabetes (GSD).
- Retired four measures.
 - Use of Spirometry Testing in the Assessment and Diagnosis of COPD.
 - Non-Recommended Cervical Cancer Screening in Adolescent Females.
 - Ambulatory Care and Inpatient Utilization – General Hospital/Acute Care.
- Race/Ethnicity Stratification.
 - Introduced stratifications to nine HEDIS measures.
- Gender-Affirming Care.
 - Expanded Breast Cancer Screening and Cervical Cancer Screening measures to include transgender members.
- ECDS
 - Retired Admin and Hybrid reporting for COL, ADD, APM.



Key terms

- **Allowable gap**- number of days a person is not a plan member and can still be in the denominator
- **Anchor date**- specifies the required enrollment date for the eligible population
- **Continuous enrollment**- number of days a person is enrolled in the plan without a break in coverage
- **Denominator**- every member in the sample or EP
- **Eligible population (EP)**- everyone in the denominator
- **Exclusion criteria**- some reason (usually diagnoses code) that removes a person from the denominator. Example: hospice care
- **Inverse measures**- a measure in which a lower rate is better
- **MR**- Medical Record
- **Numerator**- every member that got the service
- **Tech specs**- a very detailed description of how a measure is calculated

A diagram illustrating the components of a fraction. The fraction $\frac{2}{5}$ is shown in large blue numbers. An orange arrow points from the word "NUMERATOR" to the number 2. Another orange arrow points from the word "DENOMINATOR" to the number 5. The fraction is centered on the page.





L.A. Care
HEALTH PLAN®

For All of L.A.

Measures Focus & Timely Data Submissions

Tiffany Wen, Program Manager
Quality Performance Management

Objective

- Measures focus for improvement and timely data submissions
- Measures:
 - Breast Cancer Screening (BCS-E)
 - Cervical Cancer Screening (CCS)
 - Childhood Immunization Status (CIS) – Combo 10
 - Colorectal Cancer Screening (COL)
 - Lead Screening in Children (LSC)
 - Well-Child Visits in the First 30 Months of Life - Age First 15 Months (W30A) and Age 15 Months-30 Months (W30B)
 - Child and Adolescent Well-Care Visits (WCV)



Reporting Requirements

- Reporting Requirements for MY2023:
 - DHCS Managed Care Accountability Set Measure (MCAS) Medi-Cal
 - Held to the minimum performance level (MPL) for MY2023 (50th Percentile)
 - BCS-E, CCS, CIS, LSC, W30A, W30B, & WCV
 - NCQA Medi-Cal
 - BCS-E, CCS, CIS, COL, LSC, W30A, W30B, & WCV
 - NCQA and CMS Medicare (Medicare Plus)
 - BCS-E & COL
 - Exchange (L.A. Care Covered)
 - BCS-E, CCS, CIS, COL, W30A, W30B, & WCV



MY = Measurement Year

DHCS = California Department of Health Care Services

NCQA = National Committee for Quality Assurance

CMS = Centers for Medicare & Medicaid Services



Breast Cancer Screening (BCS-E)

Reporting Requirements: NCQA & DHCS Medi-Cal, Medicare Plus (D-SNP) and L.A. Care Covered

- DHCS Managed Care Accountability Set Measure (MCAS) Medi-Cal
 - Held to the minimum performance level (MPL) for MY2023 & MY2024

Denominator: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Numerator: One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

Data Type: Electronic Clinical Data Systems (ECDS) - require claim/encounter data submission only using the appropriate value set codes.

Rate as of January:

- Medicare Plus = 64.37% (trending below PY by about 4%)
- L.A. Care Covered = 64.73% (trending below PY by about 2%)



Breast Cancer Screening (BCS-E)

Q: How to improve score for this HEDIS® measure?

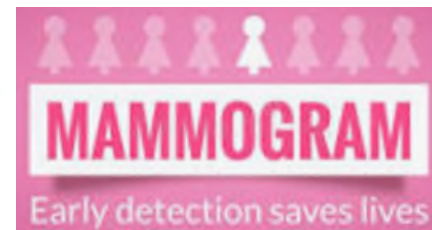
A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claim/encounter data
- ☑ Note that mammograms do not need prior authorization and share list of nearby contracted imaging/mammography centers with member
- ☑ Educate female members about the importance of early detection, address common barriers/fears, and encourage testing
- ☑ Proper coding or documentation of mastectomy either bilateral or unilateral – *to assist in excluding member from the HEDIS® sample. See below for exclusion criteria:*
- ☑ Exclusions: Palliative Care and Hospice Care
- ☑ Exclusions: for Breast Cancer Screening: (Use designated Value Set Code for each)

Any of the following meet criteria for bilateral mastectomy:

- Bilateral Mastectomy
- Unilateral Mastectomy with bilateral modifier must be from the same procedure.
- Two unilateral mastectomies with service dates 14 days or more apart
- Unilateral mastectomy with right-side modifier with same date of service
- Unilateral mastectomy with left-side modifier with same date of service

Note: Biopsies, breast ultrasounds and MRIs are not appropriate methods for breast cancer screening.



Cervical Cancer Screening (CCS)

Reporting Requirements: NCQA & DHCS Medi-Cal and L.A. Care Covered

- DHCS Managed Care Accountability Set Measure (MCAS) Medi-Cal
 - Held to the minimum performance level (MPL) for MY2023 & MY2024

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

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



Cervical Cancer Screening (CCS)

Numerator: The number of women who were screened for cervical cancer. Either of the following meets criteria:

- Women 24–64 years of age as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement year or the 2 years prior to the measurement year.
- Women 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set, High Risk HPV Test Result or Finding Value Set) during the measurement year or the 4 years prior to the measurement year **and** who were 30 years or older on the date of the test.

Note: *Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting; therefore, additional methods to identify cotesting are not necessary.*

Data Type: Hybrid - require claim/encounter data submission using the appropriate value set codes AND medical record review. Refer to our HEDIS Resource Guide for the list of acceptable medical records.



Cervical Cancer Screening (CCS)

Rate as of January:

- Medi-Cal = 50.92% (rate is below PY by about 0.5% and trending to miss MPL). An additional 3,500 numerator hits to reach the 50th percentile.
Note: for MY2022 the Medi-Cal rate did not meet MPL.

Q: How to improve score for this HEDIS® measure?

A:

- Use of complete and accurate Value Set Codes
- Timely submission of claim/encounter data
- Ensure proper documentation in medical record
- Request results of screenings be sent to you if done at OB/GYN visit
- Exclusion: Palliative Care, Hospice Care, Hysterectomy with no residual cervix, cervical agenesis, acquired absence of cervix, or vaginal hysterectomy



Childhood Immunization Status (CIS)

Reporting Requirements: NCQA & DHCS Medi-Cal and L.A. Care Covered

- DHCS Managed Care Accountability Set Measure (MCAS) Medi-Cal
 - Held to the minimum performance level (MPL) for MY2023 & MY2024

Denominator: The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines **by their second birthday**. The measure calculates a rate for each vaccine and three combination rates.

Numerator: For combo 10, all antigens must be met by the child's second birthday.

Data Type: Hybrid - require claim/encounter data submission using the appropriate value set codes AND medical record review. Refer to our HEDIS Resource Guide for the list of acceptable medical records.



Childhood Immunization Status (CIS)

Rate as of January:

- Medi-Cal = 27.02% (rate is below PY by about 2% and may miss MPL). An additional 1,300 numerator hits to reach the 50th percentile.
- L.A. Care Covered = 41.36% (trending above PY by 1% and 24 numerator hits to reach the 66th percentile).

Q: How to improve score for this HEDIS® measure?

A:

- ✓ Upload immunizations on to California Immunizations Registry (<http://cairweb.org>)
- ✓ Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups (http://www.lacare.org/sites/default/files/LA1401_0815.pdf)
- ✓ Educate parents about the importance of timely vaccinations and share the immunization schedule
- ✓ Use of complete and accurate Value Set Codes
- ✓ Timely submission of claim/encounter data
- ✓ Ensure proper documentation of dates and types of immunizations, test results, history of illness, or contraindication for a specific vaccine

Note: Exclude children who have immunocompromising conditions or contraindication for a specific vaccine

California requires that providers report immunizations to CAIR



Colorectal Cancer Screening (COL)

Numerator: One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT Lab Test Value Set; FOBT Test Result or Finding Value Set) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.
- Flexible sigmoidoscopy (Flexible Sigmoidoscopy Value Set; History of Flexible Sigmoidoscopy Value Set) during the measurement year or the 4 years prior to the measurement year.
- Colonoscopy (Colonoscopy Value Set; History of Colonoscopy Value Set) during the measurement year or the 9 years prior to the measurement year.
- CT colonography (CT Colonography Value Set) during the measurement year or the 4 years prior to the measurement year.
- Stool DNA (sDNA) with FIT test (sDNA FIT Lab Test Value Set; sDNA FIT Test Result or Finding Value Set) during the measurement year or the 2 years prior to the measurement year.

Rate as of January:

- Medicare Plus = 58.26% (trending below PY by about 3% and 630 numerator hits away from 33rd percentile)
- L.A. Care Covered = 41.40% (trending way below 10th percentile with 270 numerator hits shy)



Colorectal Cancer Screening (COL)

Q: How to improve score for this HEDIS® measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claim/encounter data
- ☑ Prior to each visit for members 45 years and older, review chart to determine if COL screening has been completed, if not, discuss options with member, as colonoscopy every 10 years and stool testing done yearly are shown to have similar effectiveness in identifying colon cancer
- ☑ Request a supply of stool screening test kits from your contracted lab(s) to have on hand to share with members when at office visits
- ☑ If a member had a colonoscopy, the provider's office should ask the member for a copy of the report or the rendering provider's contact information to request the report and save a copy in the member's medical record
- ☑ Timely submission of claim/encounter data
- ☑ Ensure presence of all components in the medical record documentation
- ☑ Exclusions: Members with diagnosis of colorectal cancer or total colectomy.



Lead Screening in Children (LSC)

Reporting Requirements: NCQA & DHCS Medi-Cal and L.A. Care Covered

- DHCS Managed Care Accountability Set Measure (MCAS) Medi-Cal
 - Held to the minimum performance level (MPL) for MY2023 & MY2024

Denominator: The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their **second birthday**.

Data Type: Hybrid - require claim/encounter data submission using the appropriate value set codes AND medical record review. Refer to our HEDIS Resource Guide for the list of acceptable medical records.

Numerator: At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday.



Lead Screening in Children (LSC)

Rate as of January:

- Medi-Cal = 56.22% (trending to miss MPL with 2,200 numerator hits to reach the 50th percentile).

Q: How to improve score for this HEDIS® measure?

A: Documentation in the medical record must include both of the following:

- Use of complete and accurate Value set Codes
- Timeline submission of claim/encounter data
- Exclusion:
 - Members in hospice or using hospice services in 2023
 - Members who died any time in 2023



Well-Child Visits in the First 30 Months of Life

Reporting Requirements: NCQA & DHCS Medi-Cal and L.A. Care Covered

- DHCS Managed Care Accountability Set Measure (MCAS) Medi-Cal
 - Held to the minimum performance level (MPL) for MY2023 & MY2024

Denominator: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

- *Well-Child Visits in the First 15 Months.* Children who turned 15 months old during the measurement year: Six or more well-child visits.
- *Well-Child Visits for Age 15 Months–30 Months.* Children who turned 30 months old during the measurement year: Two or more well-child visits.

Data Type: Administrative - require claim/encounter data submission using the appropriate value set codes.



Well-Child Visits in the First 30 Months of Life

- **Numerator Rate 1:** Six or more well-child visits (Well-Care Value Set) on different dates of service **on or before the 15-month birthday**. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
- **Numerator Rate 2:** Two or more well-child visits (Well-Care Value Set) on different dates of service **between the child's 15-month birthday plus 1 day and the 30-month birthday**. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Q: How to improve score for this HEDIS® measure?

A:

- ☑ Use of complete and accurate Value Set Codes.
- ☑ Timely submission of claims and encounter data
- ☑ Use every visit (including sick visit) to provide a well-child visit and immunizations



Well-Child Visits in the First 30 Months of Life

Rate as of January:

- Medi-Cal
 - W30A = 44.22% (trending below PY by about 2% and likely to miss MPL). An additional 2,100 numerator hits to reach the 50th percentile.
 - W30B = 63.15% (need 1,200 numerator hits to reach the 50th percentile).
- L.A. Care Covered
 - W30A = 28.70% (trending below PY by almost 5%)
 - W30B = 80.28% (slightly above PY by 1%)



Child and Adolescent Well-Care Visits (WCV)

Reporting Requirements: NCQA & DHCS Medi-Cal and L.A. Care Covered

- DHCS Managed Care Accountability Set Measure (MCAS) Medi-Cal
 - Held to the minimum performance level (MPL) for MY2023 & MY2024

Denominator: The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Data Type: Administrative - require claim/encounter data submission using the appropriate value set codes.

Numerator: One or more well-care visits (Well-Care Value Set) during the measurement year. The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.



Child and Adolescent Well-Care Visits (WCV)

Rate as of January:

- Medi-Cal = 42.27% (trending below PY by about 2% and likely to miss MPL). An additional 28,250 numerator hits to reach the 50th percentile.
- L.A. Care Covered = 37.66% (trending below PY by about 4%)

Q: How to improve score for this HEDIS® measure?








A:

- ✓ Use every visit (including sick visits) to provide a well-child visit (Ambulatory visits, Telephone visits, Online assessments)
- ✓ Use standardized templates for WCV in Electronic Health Records (EHR)
- ✓ Use of complete and accurate Value Set Codes
- ✓ Timely submission of claim/encounter data
- ✓ Submission of telehealth claim/encounter



Resources

HEDIS Reporting Resources: <https://www.lacare.org/providers/tools/hedis-resources>

-  [Guide to HEDIS® Measures MY 2023](#)
-  [HEDIS® MY 2023 Hybrid Measure Quick Guide with Codes](#)
-  [HEDIS® MY 2023 Hybrid Measure Pocket Guide](#)
-  [HEDIS® MY 2023 Administrative Measure Quick Guide with Codes](#)
-  [HEDIS® MY 2023 Chart Submission Requirements](#)
-  [PM160 Notification Letter](#)
-  [QI Interventions Reported by Top Performing IPAs](#)
-  [Telehealth Guide for HEDIS® MY 2023](#)



Next Steps

1. Share this information with providers and co-workers
2. Review your Provider Opportunity Reports and Member Care Gap Lists
3. Reach out to members to schedule appointments for 2024 or timely submission of data to close gaps to your IPA, health plan or through the Cozeva platform
4. Friendly reminder to our Plan Partners and IPAs, submit your data to L.A. Care monthly with the final due date for MY2023 on **April 25, 2024**
5. For MY2024, please continue to submit data monthly throughout the year and utilize the Cozeva platform to close gaps

Questions? Email: HEDISOps@lacare.org



Providers' Role in HEDIS



L.A. Care
HEALTH PLAN®

For All of L.A.



Brigitte Bailey, MPH, CHES
Supervisor, Quality Improvement Initiatives

Why should HEDIS matter to providers?

1. Standardized way to monitor how you and your patients are managing their **health**.
2. Ensures that your patients get the **clinical services** they are due for.
3. **Incentives**
 - Better performance is tied to incentive payments.
 - Learn more about our various incentive programs online: <https://www.lacare.org/providers/provider-incentives>



Incentive programs

- High performance on HEDIS yields incentive rewards!
- **For IPAs:** [Value Initiative for IPA Performance \(VIIP\)](#) + Pay-for-Performance (P4P).
 - Medi-Cal, L.A. Care Covered, Medicare Plus (D-SNP).
- **For providers:**
 - [Physician Pay-for-Performance Program](#) for Medi-Cal
 - Private practices and community clinics can receive *significant revenue above capitation* for outstanding performance and year-over-year improvement on multiple HEDIS measures



How do I monitor performance for HEDIS?

- Utilize **L.A. Care's Provider Opportunity Reports (PORs)** to improve rates for key measures.
 - Available monthly.
 - Posted on the [Provider Portal](#) for solo/small group practices and IPAs; clinics should email incentiveops@lacare.org.
 - Includes measure-level rates and member-level details (“gaps-in-care”).
 - Join our POR webinar in June!
- **Review your POR** to see how you're performing on target measures.
- Refer to the gap in care reports to see member-level details.
 - Identify missing data and members with gaps to **conduct outreach** to schedule appointments.



Provider Opportunity Report

File Home Insert Page Layout Formulas Data Review View Nuance PDF Tell me what you want to do...

Clipboard Font Alignment Number Styles Cells

A1 V#####_CLINIC ABC

	A	B	C	D	E	F	G	H	I	J
1	V#####_CLINIC ABC									
3	Base Measure	Measure	Total Eligible	Met	Not Met	Rate	P4P Threshold (50th Percentile)	Threshold # Hits to Meet	P4P Benchmark (95th Percentile)	Bench Mark # Hits to Meet
5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	290	12	278	4.14%	33.13%	84	88.4%	244
12	Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure	521	6	515	1.15%	22.22%	110	74.41%	382
13	Comprehensive Diabetes Care (CDC)	Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%)	420	144	276	34.29%	44.44%	43	71.2%	155

Clinic Summary Report License Level Report AMM AWC BCS CBP CCS CD ...

Ready

Steps to high performance

1. Provide appropriate and timely healthcare services.
 - i. Utilize telehealth when appropriate.
 - ii. Take advantage of every visit to complete as many needed services as possible.
2. Code the services in the medical record or electronic health record.
3. Submit the codes to your IPA.
4. IPA submits to L.A. Care / Anthem Blue Cross / Blue Shield Promise.
5. Review your POR to ensure the services were credited.



Tips to improve HEDIS performance

- Communication and collaboration between IPAs and providers
 - IPAs – please share information from L.A. Care with your providers!
- Focus on data completeness
 - Coding matters!
 - Consistent, accurate, timely data submission
 - CAIR use for immunization measures
- Use the Provider Opportunity Reports (PORs) to close gaps
 - **Remember *members*, not just patients**
- Run Plan-Do-Study-Act (PDSA) cycles

Success = better care + better data



You may be hearing from us...

- A few L.A. Care activities to maximize rates that may touch your office:
 - **Provider outreach** – Quality Improvement staff conducts telephonic education with provider offices focusing on closing care gaps, P4P, CAHPS/HEDIS education, and data submission.
 - **Notifications and reminders** – L.A. Care Quality Improvement may send periodic notifications and reminders of clinical guidelines, available data, and other important topics via mail, email, and/or fax to your office.
 - **Medical record collection** – L.A. Care may request medical records from your office for hybrid HEDIS measures. Please respond to these requests, even if you have no record for that member!
 - **Risk Adjustment and off season chart retrieval** – L.A. Care may request medical records for Risk Adjustment, and also uses these for HEDIS purposes.



Online resources

- Updated HEDIS Guides are now available on the L.A. Care website on the [HEDIS Resources page](#).
- The guides include measure descriptions, examples of codes to submit, guidelines for Telehealth/Telephonic visits, and changes to measures.
- Printable, orderable [patient educational materials](#).
- [Search for community resources](#).
- [CME events](#)

HEDIS Reporting Resources

[AWARE](#) [↗] - California Medical Association Foundation: Physician Resources

[Health Education Resources](#)

[📄 Guide to HEDIS® Measures MY 2023](#)

[📄 HEDIS® MY 2023 Hybrid Measure Quick Guide with Codes](#)

[📄 HEDIS® MY 2023 Hybrid Measure Pocket Guide](#)

[📄 HEDIS® MY 2023 Administrative Measure Quick Guide with Codes](#)

[📄 HEDIS® MY 2023 Chart Submission Requirements](#)



Resources for Quality Care Flyer



Resources for Quality Care

RESOURCE NAME	DESCRIPTION	CONTACT INFO
Provider Financial Opportunities & Support	<p>Physician Pay-for-Performance (P4P) Program - Offers performance-based incentives to qualified physicians and Community Clinics that provide high-quality preventive and chronic care to L.A. Care members</p> <p>Prop 56 Funds - Tax revenue allocated to 5 health programs.</p> <p>Elevating the Safety Net - Initiative to address the physician shortage in Los Angeles County that includes:</p> <ul style="list-style-type: none"> ■ Provider Recruitment Program (up to \$125,000 per provider) ■ Provider Loan Repayment Program (up to \$5,000 per month for 36 months) ■ IHSS + Home Care Training Program 	<p>Incentive_Ops@lacare.org</p> <p>Be connected with the appropriate team for any question on Prop 56 funds HERE</p> <p>Find the right team to contact online at www.lacare.org/elevate-providers</p>
Online Provider Portal	<p>Create an account on the L.A. Care Online Provider Portal and look up eligibility and claim status, download reports and find important forms.</p>	ProviderRelations@lacare.org
Patient Education	<p>Health Education Materials and Services - Order free health education materials and refer patients to free health education services via the online referral form.</p>	HealthEd_Info_Mailbox@lacare.org
Performance Resources	<p>HEDIS Resources - Learn more about providing the best quality care and how to properly submit coded data with these FREE HEDIS reference guides.</p> <p>Cozeva - Better monitor and take action on performance gaps with this free reporting and analytics platform.</p> <p>Provider Opportunity Reports- Solo and Small Group Providers and Contracted IPAs can download these and other reports from the provider portal. Make an account online by clicking here.</p> <p>Clinics (i.e.: Federally Qualified Health Centers (FQHCs) and FQHC-Lookalikes) and Plan Partner-only IPAs do not have access to reports on the provider portal and can request them.</p>	<p>HEDISOps@lacare.org</p> <p>lacare@cozeva.com</p> <p>Incentive_Ops@lacare.org</p>
Community Resources	<p>L.A. Care Community Link - A tool for addressing the Social Determinants of Health. It is a site where you can search for help with free or low-cost food, bills, job training, legal aid, and more.</p>	

CLICK THE RESOURCE DESCRIPTION TO BE DIRECTED TO THAT WEBPAGE.



Questions?

- Quality@lacare.org – Resources, interventions
- HedisOps@lacare.org – Data submission, coding
- VIIP@lacare.org - VIIP+P4P Program
- Incentive_Ops@lacare.org - Physician P4P & POR/Gaps in Care report

