

# HEDIS<sup>®</sup> Tips for Quality Care

Your guide to coding, benchmarks  
and CAHPS<sup>®</sup>





# Contents

<b>Welcome</b> .....	<b>2</b>
<b>Tips to Improve CAHPS®</b> .....	<b>2</b>
<b>HEDIS® 2020</b> .....	<b>5</b>
<b>Adult HEDIS® general helpful tips</b> .....	<b>6</b>
<b>Measures</b> .....	<b>7</b>
Adult Body Mass Index Assessment (ABA).....	7
Comprehensive Diabetes Care (CDC).....	8
Care of Older Adults (COA).....	10
Colorectal Cancer Screening (COL).....	12
Breast Cancer Screening (BCS).....	14
Osteoporosis Management in Women who had a Fracture (OMW)....	15
Medication Reconciliation Post-Discharge (MRP) .....	17
<b>Disclaimer</b> .....	<b>18</b>
<b>Notes</b> .....	<b>19</b>

# Welcome

Senior Whole Health thanks you for your continued partnership and the efforts you put forth to continually improve the quality of care for our members. The Senior Whole Health quality team has created this booklet to help all provider offices achieve their best possible HEDIS® results. We hope this resource becomes a guide and asset to you and the team within your office.

## Tips to Improve CAHPS®

We strive to make each member's experience a positive one. Each year, our members are asked to complete the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. This survey asks Medicaid adult members and parents of Medicaid children to rate and evaluate their experiences. The survey is comprised of several categories and focuses on:

- Getting care quickly
- Getting needed care
- How well doctors communicate

The information from this survey is used to improve the quality of services we give our members. Read on for tips to address these CAHPS® categories.

### **Getting care quickly**

*Description:* Measures member's perceptions of how quickly they received routine or urgent care within the last 6 months.

#### *How to Improve*

- Offer weekend and evening appointments to accommodate your patients' schedules.
- Include clear instructions on how to access after-hour care, such as how to find an Urgent Care Center (when your office is closed) or dialing 911 in an emergency.

- Consider assigning staff who are dedicated to preliminary work-up activities.
- Leave a few appointments available each day for urgent visits, if possible.
- Offer visits with nurse practitioners or physician’s assistants.
- Understand SWH wait time standards for routine and urgent care appointments. (Routine is within 7 days and urgent is within 48 hours.)
- Remind patients of the 24-hour, 7 days a week Nurse Advice Line for health related questions.

### **Getting needed care**

*Description:* Measures members’ perceptions of how easily they were able to get the care they needed from their doctor or specialist within the last 6 months. This includes tests, screenings, visits and treatments.

#### *How to Improve*

- Offer appointment agendas to help patients discuss concerns or questions during their visits.
- Write down specific appointment details and specialist referrals.
- Leave appointments available each day for urgent visits, if possible.
- Review all available treatment options in the patient’s language. Avoid using medical terms that could confuse patients.
- Schedule follow-up screenings, tests, treatments and exams for patients while they are in the office. Patients can also schedule appointments by contacting SWH Member Services.
- Use standardized order sheets for procedures or common conditions.

### **How well doctors communicate**

*Description:* Measures members’ perceptions of how well their physician communicated with them within the past 6 months. Questions in this category include how the physician explained the patient’s health, how well the patient understood the information, if the doctor listened to the patient, if the doctor was respectful and how much time the physician spent with the patient.

### *How to Improve*

If your office makes appointment reminder calls, advise patients to list their questions or concerns on a sheet of paper and bring them to the appointment.

- Offer an appointment agenda where patients can bring their concerns or questions with them during their visit. The agenda can also explain the purpose for the visit and what conditions are being addressed.
- Ensure there is enough time for each patient's appointment to allow time for communication between physician and patient.
- Allow the opportunity for patients to ask questions during their visit.
- Listen to your patients' needs. Avoid using terms that could confuse them.
- Take feedback from your patients by providing short survey cards to see how the office can improve.
- Offer patients an appointment summary that includes any treatment, goals or action plans that were discussed during the visit.
- If your office uses an online portal to communicate with patients, offer a short tutorial with login instructions.

# HEDIS® 2020

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

Please note: The information provided is based on HEDIS® 2020 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

The codes and tips listed are informational only; this information does not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of patients. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes.

Proper coding and appropriate care decrease the need for high volume medical record reviews and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

# Adult HEDIS<sup>®</sup> general helpful tips

- Document all discussions in the patient's medical record.
- Discuss the importance of medication management, chronic disease management, ideal weight, smoking cessation, preventive services, adult immunizations and return visits with patients.
- Consider having a diabetes educator on your team or periodically bringing one in to speak with patients during office visits.
- Follow up on lab results, eye exam results or specialist visits on patient's chart.
- Refer members to the network of eye care providers for their annual diabetic retinal eye exam.
- If using electronic medical records, create a flag to track patients' preventive services.
- If you are not using electronic medical records, consider creating a manual tracking method for preventive services.
- Encourage your staff to use tools within the office to promote colorectal cancer screenings, cervical cancer screenings and breast cancer screenings.
- Provide mammogram referrals during their annual visits.
- Place posters and educational messages in treatment rooms and waiting areas to help motivate patients to initiate discussions with you about health screenings.
- Consider extending your office hours into the evening, early morning or weekends to accommodate all patients.
- Contact patients to remind them of upcoming appointments and necessary screenings.
- Schedule patients next visit at the end of their appointment.
- To increase patient satisfaction while waiting for service, consider offering free WiFi.



# Measures

## Adult Body Mass Index Assessment (ABA)

This HEDIS® measure looks at members up to 74 years of age who had an outpatient visit with documentation of weight and body mass index (BMI) value during the prior year.

### Get your efforts on record

Make sure your medical records reflect all of the following:

- The weight and BMI value of patients up to age 74

**Code your services correctly**—use the following codes

<b>ICD-10-CM-Diagnosis</b>
Z68.1, Z68.20-Z68.45, Z68.51-Z68.54

*The codes listed are HEDIS specific. This information does not guarantee reimbursement.*

# Comprehensive Diabetes Care (CDC)

This HEDIS® measure evaluates members ages 18 to 75 with Type I or Type II diabetes. Each year, members with Type I or Type II diabetes should have:

- HbA1c testing
- Nephropathy screening and treatment
- Dilated retinal eye exam in current year or negative exam in previous year

Diabetes control is determined by:

- HbA1c below 9% (actual goal depends on age and comorbidities)  
Code HBA1c levels by using CPT codes; 3044F: <7%, 30045F: 7–9%, 3046F: >9%

## Record your efforts!

Document all recent diabetes evaluation notes, blood pressure, lab test and eye exam results in the member’s medical record.

**Code your services correctly**—Use the following procedure codes to document comprehensive diabetes care.

Service	CPT codes
HbA1c Poor Control >9	8303, 83037, 3046F
Eye exams	67028, 67030, 67031, 67036 , 67039-67043, 67101, 67105, 67107,  67108, 67110,, 67113, 67121, 67141, 67145, 67208, 67210,  67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014,  92018, 92019, 92134, 92225- 92228, 92230, 92235, 92240, 92250,  92260, 99203-99205, 92213- 99215, 99242-99245

Service	CPT codes
Nephropathy screening	81000–81003, 81005, 82042, 82043, 82044, 84156, 3060F–3062F
Evidence of treatment for nephropathy	3066F, 4010F

*The codes listed are HEDIS specific; this information does not guarantee reimbursement.*

## Care of Older Adults (COA)

This HEDIS® measure looks at members ages 66 and older who had each of the following during the measurement year:

- Advanced Care Planning
- Medication review
- Functional status assessment
- Pain assessment

### Get your efforts on record

Make sure your medical records reflect the following documentation:

- Advanced Care Planning: Discussion of Advanced Care Planning (examples include):
  - Advance Directive
  - Actionable medical orders
  - Living will
  - Surrogate decision maker
- Medication review: A review of all a member's medications, including prescription medications, OTC medications and herbal or supplemental therapies.
- Functional Status Assessment (examples include):
  - Activities of Daily Living (ADL)
  - Instrumental Activities of Daily Living (IADL)
  - Barthel index
  - Edmonton Frail Scale
- Pain Assessment: Notations for a pain assessment must include one of the following:
  - Documentation that the patient was assessed for pain (which may include positive or negative findings for pain)
  - Result of assessment using a standardized pain assessment tool (examples include):
    - » Numeric rating scales (verbal or written)
    - » Face, Legs, Activity, Cry Consolability (FLACC) scale

Description	Codes
Advanced Care Planning	99483, 99497, 1157F, 1158F
Medication review	90863, 99483, 99605, 99606, 1160F
Functional status assessment	99483, 1170F
Pain assessment	1125F, 1126F

# Colorectal Cancer Screening (COL)

This HEDIS® measure looks at members ages 50–75 years of age who had appropriate screening for colorectal cancer.

## Get your efforts on record

Make sure your medical records reflect one or more screenings for colorectal cancer.

Any of the following meet criteria:

- Fecal occult blood test—member considered compliant when screening preformed during measurement year only
- Flexible sigmoidoscopy—member considered compliant when screening preformed during measurement year or 4 years prior to measurement year
- Colonoscopy—member considered compliant when screening preformed during measurement year or 9 years prior to measurement year
- CT colonography—member considered compliant when screening preformed during measurement year or the 4 years prior to measurement year
- FIT-DNA test—member considered compliant when screening preformed during measurement year or 2 years prior to measurement year

*Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the member's "medical history"; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).*

## Code your services correctly

Use the following procedure codes to document colorectal cancer screenings.

## Service CPT Codes

Service	CPT codes
Fecal occult blood test	82270, 82274
Flexible sigmoidoscopy	45330-45335, 45337-45342, 45345-45347, 45349, 45350
Colonoscopy	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
Evidence of treatment for nephropathy	74261-74263
FIT-DNA test	81528

## Breast Cancer Screening (BCS)

This HEDIS® measure looks at women 50 to 74 years of age, who had a mammogram to screen for breast cancer during the current year or the year prior.

**Code your services correctly**—use the following codes to document breast cancer screenings:

Codes	
CPT	77055-77057, 77067
HCPCS	G0202
UB Revenue	0403

*The codes listed are HEDIS specific. This information does not guarantee reimbursement.*

### Helpful tips

- If appropriate, the history code of bilateral mastectomy (Z90.13) or unilateral mastectomies (right Z90.11, left Z90.12) may be added to exam visit.
- Discuss breast cancer screening with all female patients 50 to 74 years of age
- Conduct outreach calls to patients to remind them of the importance of annual wellness visits and assist in scheduling mammograms.
- Request and retain copies of mammography results in patients' records or tell patients to make sure they ask the mammography centers to send a copy to your office for records.
- Use your electronic medical records (EMR) to create flags or reminders for members who need a mammogram referral during their annual visit.



# Osteoporosis Management in Women who had a Fracture (OMW)

This HEDIS® measure looks at women 67 – 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the *six months after the fracture*.

The National Osteoporosis Foundation (NOF) recommends performing BMD testing in appropriate patient populations, including patients who have had a fracture. The NOF also recommends initiating pharmacologic treatment in patients who have had a fracture, both clinical and asymptomatic. Pharmacotherapy for osteoporosis has been shown to reduce the risk of fractures in patients, including those with a history of fractures.<sup>1</sup>

## Get your efforts on record

For members who have a history of a fracture:

- Order BMD
- Prescribe a drug to treat osteoporosis

**Code your services correctly**—use the following codes to document BMD test:

Description	Codes
Bone Mineral Density	76977, 77078, 77080-77082, 77085, 77086

## Osteoporosis Medications

Description	Codes
Biphosphonates	Alendronate Alendronate cholecalciferol Ibandronate Risedronate Zoledronic acid

Description	Codes
Other agents	Albandronate Calcitonin Denosumab Raloxifene Teriparatide

1. National Osteoporosis Foundation. Cosman F, Tanner B, de Beur SJ, et al. Clinician’s Guide to Prevention and Treatment of Osteoporosis. Osteoporosis International 2014; 25: 235

# Medication Reconciliation Post-Discharge (MRP)

This HEDIS® measure looks at members 18 years of age and older whose medications were reconciled post discharge through 30 days after discharge.

## Get your efforts on record

Schedule an appointment with patients upon notification of an acute inpatient discharge or ED visit.

Assure that medical records reflect all of the following:

- Document your review of the discharge summary, along with the discharge medications for both a systemic corticosteroid and a bronchodilator.
- Schedule regular follow-up visits to review the medication management/compliance.
  - Record any new prescription written at the follow-up visit.

**Code your services correctly**—to report medication reconciliation completion.

Description	CPT
Medication Reconciliation	99495, 99496 and 1111F

# Disclaimer

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care; this information does not guarantee reimbursement. All member care and related decision of treatment are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and other guidelines determine reimbursement for the applicable codes. Proper coding and appropriate care decrease the need for a high volume of medical record review requests and/or provider audits. It also helps us review your performance of the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). Please note: The information provided is based on HEDIS® 2020 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.







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

*CAHPS® Surveys* Many of the CMS patient experience surveys are in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) family of surveys. All surveys officially designated as CAHPS surveys have been approved by the CAHPS Consortium, which is overseen by the Agency for Healthcare Research and Quality (AHRQ).



**Senior Whole Health.**  
A MAGELLAN COMPANY