

HEDIS General Information

What is HEDIS?

“HEDIS” stands for **Healthcare Effectiveness Data and Information Set**, a standardized set of performance measures developed by the National Committee for Quality Assurance (NCQA, www.ncqa.org) in 1991.

- The federal government (CMS) and state (Medi-Cal) use HEDIS to measure performance and quality across health plans and preventative care – physician-specific scores are used to measure a practice preventive care efforts.

Why is my HEDIS important?

State and Federal governments are moving toward a healthcare industry driven by quality. HEDIS rates are becoming important not only to the health plan, but to the individual provider as well.

- The State will review HEDIS scores across health plans and future reimbursement to health plans are expected to be based on HEDIS scores.
- HEDIS scores are used for health plans for physician incentive programs.

HEDIS and HIPAA: The U.S. Department of Health and Human Services (HHS) affirms that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule permits a provider to disclose protected health information to a patient's health plan for HEDIS. For more information visit: <http://www.hhs.gov/hipaa/for-professionals>

How are HEDIS rates calculated?

HEDIS measures are based on **calendar year**. The rates are collected via administrative data.

- Administrative data are claims and encounter data submitted by health plan.
- Submitting accurate and timely claim data reduces the need for medical record review. If services are not billed or billed accurately, they are not included in the calculation.

How do I improve my HEDIS score?

- Use correct ICD-10, HCPCS and procedure codes.
- Submit claim/encounter data for each and every service rendered. Conduct internal audits of submitted encounters.
- Bill (or report on encounter submission) for all delivered services.
- Maximize patient visits and use opportunities, such as sick visits, to complete the needed HEDIS components of well visits, immunizations and other needed services.
- Use EMR to create standard templates when possible and make sure the chart documents all services billed.
- Use reminder system for patient scheduling.
- Use HEDIS CMFG report and member roster to determine gaps in care and conduct patient outreach to get them to come in for an appointment.

What are the common problems that impact HEDIS scores?

- Documentation in the medical record.
- Lack of referral or recommendation for services.
- Lack of complete and accurate coding.
- HEDIS® services received outside of the recommended timeframe.
- Member/Patient non-compliance (i.e., no shows, vaccine refusals.)
- Lack of outreach to newly assigned members.
- EMR Systems that bypass key components of care or that are overlooked by providers.
- Lack of accurate, timely, and actionable data.

CFMG - HEDIS Performance Report Dashboard Guide

What is the purpose of CFMG HEDIS Performance Reports?

The purpose of CFMG HEDIS Performance Reports is to measure and track the clinical performance and quality of care provided to patients. These reports use HEDIS measures, which are a standardized set of performance measures developed by the National Committee for Quality Assurance (NCQA) to evaluate healthcare services. By analyzing CFMG's HEDIS performance reports, providers can identify areas for improvement and take actions to enhance the overall quality of care delivered to their patients.

Who is the audience?

The dashboard is viewed by providers and staff who need access to view the status of HEDIS performance scorecard.

How do I read the reports?

The dashboard is published with three views.

Below is an example of each view and some helpful hints for reading and interpreting the dashboard.

What are the sources of data for the metrics?

CFMG HEDIS data is collected the following ways:

- Current professional fee claims/billing data submitted to CFMG via EZ CAP.
- Claims/Billing data provided from Alameda Alliance health plan weekly.
- Immunization registry - Refer to the California Immunization Registry (CAIR) website at <http://www.cairweb.org> for information on tracking and submitting patient immunization records. Note data updated/refreshed once monthly.

Note there may be potential for data issues as encounter data and claims databases maybe not submitted timely, incomplete and/or missing elements. In addition, denominator may vary between a health plan vs CFMG due to continuous enrollment (defined by CFMG as 12 months of continuous enrollment with one break within 45 days). Our aim is to continue to improve these reports and we continue to work with one another to share lessons learned and progress.

Where can I find out more about HEDIS?

- [CFMG Provider Website](#) – Find the latest news and tips on HEDIS
- [HEDIS CA](#)

Who can I contact if I need more information?

If you have any questions about these reports, please send an email to Sharon.wright@ucsf.edu. You may also contact Sharon Wright at (510) 428-3492. We will soon be introducing Aoife Holden who will be working with Sharon to support HEDIS outreach to our PCP practices. She will be a great resource for you going forward this year.

CFMG - HEDIS Performance Report

By CFMG, By Affiliation, By Practice Summary

This view provides a snapshot of HEDIS measures by CFMG, by Affiliation, by practice and by provider within the practice. You can look up HEDIS measure and determine the percent of patients seen for that measure and where the measure ranks in meeting the percentile. This view shows the report and what the data means.

Helpful hints to view and read.

Numerator- assigned patients that met the criteria of a measure or number of compliant members.
Denominator - eligible patients of the population assigned to your practice.
Percent-numerator/denominator

Date of report

HEDIS measures with tied health plan incentives.

CHILDREN FIRST MEDICAL GROUP
 Putting Children First

2023 HEDIS GIC Action
 As of: March 19, 2023
 * Unable to close GIC unless you have an unreported visit within age limit.

Organization: CFMG, IPA

Measure Description	Measure Class	NUMER	DENOM	PERCENT	%Tile	Number of Pts Need for:			
						25%T	50%T	75%T	90%T
Childhood Immunization Status COMBO-10	CIS	208	1691	12.30%	<25 %Tile	282	381	504	636
Immunizations for Adolescents (Combo 2)	IMA	641	2668	24.03%	<25 %Tile	171	294	457	651
Lead Screening in Children	LSC	492	1695	29.03%	<25 %Tile	416	593	740	857
Well Child Visit First 15 Months	W30A	8	261	3.07%	<25 %Tile	123	140	152	169
Well Child Visit 15 Months + 1 Day to 30 Months	W30B	832	1663	50.03%	<25 %Tile	175	264	373	467
Child Well-Care Visits 3-6 Years	WCV0306	895	9516	9.41%	<25 %Tile	3942	4440	5216	5661
Child Well-Care Visits 7-11 Years	WCV0711	865	13944	6.20%	<25 %Tile	6223	6953	8089	8742
Child and Adolescent Well-Care Visits-12-17 Years	WCV1217	1112	17476	6.36%	<25 %Tile	6704	7735	9145	10103
Child and Adolescent Well-Care Visits-18-21 Years	WCV1821	316	7958	3.97%	<25 %Tile	1304	1645	2223	2978

Affiliation: Contracted CFMG

Measure Description	Measure Class	NUMER	DENOM	PERCENT	%Tile	Number of Pts Need for:			
						25%T	50%T	75%T	90%T
Childhood Immunization Status COMBO-10	CIS	59	427	13.82%	<25 %Tile	65	90	121	154
Immunizations for Adolescents (Combo 2)	IMA	127	547	23.22%	<25 %Tile	40	65	98	138
Lead Screening in Children	LSC	105	427	24.59%	<25 %Tile	124	169	206	235
Well Child Visit First 15 Months	W30A	3	55	5.45%	<25 %Tile	25	29	31	35
Well Child Visit 15 Months + 1 Day to 30 Months	W30B	156	386	40.41%	<25 %Tile	78	99	124	146
Child Well-Care Visits 3-6 Years	WCV0306	189	2188	8.64%	<25 %Tile	924	1038	1216	1319
Child Well-Care Visits 7-11 Years	WCV0711	165	3148	5.24%	<25 %Tile	1436	1600	1857	2004
Child and Adolescent Well-Care Visits-12-17 Years	WCV1217	207	3527	5.87%	<25 %Tile	1371	1579	1863	2057
Child and Adolescent Well-Care Visits-18-21 Years	WCV1821	63	1576	4.00%	<25 %Tile	258	326	440	590

Practice:

Measure Description	Measure Class	NUMER	DENOM	PERCENT	%Tile	Number of Pts Need for:			
						25%T	50%T	75%T	90%T
Childhood Immunization Status COMBO-10	CIS	16	163	9.82%	<25 %Tile	32	41	53	66
Immunizations for Adolescents (Combo 2)	IMA	61	209	29.19%	<25 %Tile	3	13	25	41
Lead Screening in Children	LSC	33	163	20.25%	<25 %Tile	55	72	86	97
Well Child Visit First 15 Months	W30A	1	18	5.56%	<25 %Tile	8	10	11	12
Well Child Visit 15 Months + 1 Day to 30 Months	W30B	70	163	42.94%	<25 %Tile	29	38	49	58
Child Well-Care Visits 3-6 Years	WCV0306	81	912	8.88%	<25 %Tile	383	431	505	548
Child Well-Care Visits 7-11 Years	WCV0711	43	1228	3.50%	<25 %Tile	582	646	746	803
Child and Adolescent Well-Care Visits-12-17 Years	WCV1217	38	1147	3.31%	<25 %Tile	475	543	636	699
Child and Adolescent Well-Care Visits-18-21 Years	WCV1821	14	395	3.54%	<25 %Tile	67	84	113	150

NCQA Medicaid determine distribution based on the national data

Practice Summary

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Date report printed

HEDIS Provider Summary

By Provider Summary

		49	844	5.81%	HEDIS	Number of Pts Need for:			
		Numer	Denom	Percent	%Tile	25%T	50%T	75%T	90%T
Childhood Immunization Status COMBO-10	CIS	2	33	6.06%	<25 %Tile	8	10	12	15
Immunizations for Adolescents (Combo 2)	IMA	7	35	20.00%	<25 %Tile	4	6	8	10
Lead Screening in Children	LSC	6	33	18.18%	<25 %Tile	12	16	18	21
Well Child Visit First 15 Months	W30A	1	7	14.29%	<25 %Tile	3	3	4	4
Well Child Visit 15 Months + 1 Day to 30 Months	W30B	10	39	25.64%	<25 %Tile	14	16	19	21
Child Well-Care Visits 3-6 Years	WCV0306	11	200	5.50%	<25 %Tile	91	102	118	127
Child Well-Care Visits 7-11 Years	WCV0711	5	226	2.21%	<25 %Tile	110	122	141	151
Child and Adolescent Well-Care Visits-12-17 Years	WCV1217	6	208	2.88%	<25 %Tile	88	100	117	128
Child and Adolescent Well-Care Visits-18-21 Years	WCV1821	1	63	1.59%	<25 %Tile	12	15	20	26

HEDIS Gap-In-Care Report

By Patient Gaps By Provider Summary

Gaps in measures by patient



2023 HEDIS GIC Action
As of: March 19, 2023



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		98	912	10.75%	HEDIS	Number of Pts Need for:			
		Numer	Denom	Percent	%Tile	25%T	50%T	75%T	90%T
Childhood Immunization Status COMBO-10	CIS	3	30	10.00%	<25 %Tile	6	8	10	12
Anthem Blue Cross	00000009G Smith, John								
	<input type="checkbox"/> CISDTP <input type="checkbox"/> CISHEPA <input type="checkbox"/> CISHEPB <input type="checkbox"/> CISHIB <input type="checkbox"/> CISNFL <input type="checkbox"/> CISIPV <input type="checkbox"/> CISM MR <input type="checkbox"/> CISPNE <input type="checkbox"/> CISROTA <input type="checkbox"/> CISVZV								
Alameda Alliance for Health	000000000 Smith, Jane								
	<input type="checkbox"/> CISDTP <input checked="" type="checkbox"/> CISHEPA <input type="checkbox"/> CISHEPB <input type="checkbox"/> CISHIB <input checked="" type="checkbox"/> CISNFL <input type="checkbox"/> CISIPV <input checked="" type="checkbox"/> CISM MR <input type="checkbox"/> CISPNE <input type="checkbox"/> CISROTA <input checked="" type="checkbox"/> CISVZV								
Alameda Alliance for Health	000000000 Doe, Jane								
	<input type="checkbox"/> CISDTP <input type="checkbox"/> CISHEPA <input checked="" type="checkbox"/> CISHEPB <input checked="" type="checkbox"/> CISHIB <input checked="" type="checkbox"/> CISNFL <input checked="" type="checkbox"/> CISIPV <input type="checkbox"/> CISM MR <input checked="" type="checkbox"/> CISPNE <input checked="" type="checkbox"/> CISROTA <input checked="" type="checkbox"/> CISVZV								