HEDIS 2015 Review and HEDIS 2016 Updates

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Agenda

- HEDIS 2015 Themes
- HEDIS 2016
  - Overall changes
  - Retired Measures and Guidelines
  - Specific Measure Changes
  - New Measures
HEDIS 2015 Themes
HEDIS 2015 Themes

- QRS marketplace reporting- beta year
HEDIS 2016 Changes and Retired Measures
Overall Changes

- New Reporting Hotline for Fraud and Misconduct
- Retired measure rotation policy
- Enrollment in a PPO is no longer considered a gap
- Added EPO as a separate product
- Revised the audit designations
- Added a data element to capture numerator events by supplemental data to EOC and EOC-like measures
- Revised/Added method and value sets to identify inpatient events to applicable measures
- Revised measure domains
- Data submission deadline is June 15, 2016
Retired Use of Medication for People with Asthma (ASM)

- Retired Use of Medication for People with Asthma (ASM), removed from Relative Resource Use

- Related Changes:
  - Medication Management for People With Asthma (MMA), Asthma Medication Ratio (AMR) and Relative Resource Use for People With Asthma (RAS): Added Medicare reporting for ages 18-85 years of age; Expanded the age range up to 85 years of age for commercial plans
Changes to Existing Measures

- Adult BMI Assessment (ABA)
  - Revised the age criteria BMI and BMI percentile

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
  - Removed the BMI value option for members 16-17 years of age
  - Revised the physical activity requirement
    - Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) does not meet criteria
Changes to Existing Measures

- Comprehensive Diabetes Care (CDC), Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) and Relative Resource Use for People With Diabetes (RDI)
  - Removed the optional exclusion for polycystic ovaries
  - **CDC only:** Revised requirements for urine protein testing for *Medical Attention for Nephropathy*
Changes to Existing Measures

- **Medication Reconciliation Post-Discharge (MRP)**
  - Expanded to all Medicare plans (not just SNP)
  - Expanded the age range to include members 18 years of age and older
  - Clarified medical record requirements for identifying a medication reconciliation

- **Revised Age Ranges - Annual Dental Visit**
New Measures
Statin Therapy for Patients With Cardiovascular Disease (SPC)
The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- Received Statin Therapy. Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
- Statin Adherence 80%. Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Administrative-only measure
Statin Therapy for Patients With Diabetes (SPD)
SPD: Measure Description

- The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:
  - Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.
  - Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
- Administrative-only measure
Inpatient Hospital Utilization (IHU)
IHU: Measure Description

- For members 18 years of age and older, the risk-adjusted ratio of observed to expected acute inpatient discharges during the measurement year reported by Surgery, Medicine and Total.
- Based on the existing unadjusted IPU measure
- Administrative-only measure
Emergency Department Utilization (EDU)
EDU: Measure Description

- For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.
- Based on the existing unadjusted AMB measure
  - New measure assesses ED visits only
- Administrative-only measure
Hospitalization for Potentially Preventable Complications (HPC)
HPC: Measure Description

- For members 67 years of age and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.
- Administrative-only measure
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who have a PHQ-9 or PHQ-A tool administered at least once during a four-month period.

- Inclusion in ECDS Rate. The percentage of members 12 and older with a diagnosis of major depression or dysthymia, who are included in an electronic clinical data system (ECDS).
- Utilization of PHQ-9 Rate. The percentage of PHQ utilization. Members with a diagnosis of major depression or dysthymia who are covered by an ECDS and, if they had an outpatient encounter, have either a PHQ-9 or a PHQ-A score present in their record.

- Uses Electronic Clinical Data Systems
- Pilot Measure for HEDIS 2016
- More information: [http://ncqa.org/ECDS](http://ncqa.org/ECDS)
Date Reminders

- **October 1, 2015:** Volume 2 Technical Update and Updated Value Set Directory (VSD) released
- **November 2, 2015:** NDC Lists, Standard Price Tables for RRU and Risk Adjustment Tables released
- **15th of every month:** FAQs are posted to [www.ncqa.org](http://www.ncqa.org)
"It's a non-linear pattern with outliers.....but for some reason I'm very happy with the data."