

Coding spotlight: HEDIS MY 2021

Published: Jan 1, 2021 - **State & Federal** / Medicaid

HEDIS overview

The National Committee for Quality Assurance (NCQA) is a non-profit organization that accredits and certifies healthcare organizations. The NCQA establishes and maintains the Healthcare Effectiveness Data and Information Set (HEDIS[®]). HEDIS is a tool comprised of standardized performance measures used to compare managed care plans. The overall goal is to measure the value of healthcare based on compliance with HEDIS measures. HEDIS also allows stakeholders to evaluate physicians based on healthcare value rather than cost. This article will outline specific changes to the HEDIS measures as outlined by the NCQA. The changes are effective for the measurement year (MY) 2020 to 2021. It is important to note that the state health agency has the authority to determine which measures and rates managed care organizations should capture.

HEDIS data helps calculate national performance statistics and benchmarks and sets standards for measures in NCQA Accreditation.

Health plans use HEDIS performance results to:

- Evaluate the quality of care and services.
- Evaluate provider performance.
- Develop performance improvement initiatives.
- Perform outreach to providers and members.
- Compare performance with other health plans.

HEDIS MY 2020 new measures:

- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Breast Cancer Screening (BCS-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Prenatal Depression Screening and Follow-Up (PND)

- Postpartum Depression Screening and Follow-Up (PDS)

HEDIS MY 2020 retired measures:

- Annual Monitoring for Patients on Persistent Medications (MPM)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Standardized Healthcare-Associated Infection Ratio (HAI)

Retired measures are no longer maintained by NCQA or included in the HEDIS measurement set. NCQA has determined that specific measures are clinically inappropriate and are no longer in use. Once retired, the measures are not used in any product, program or service, and all use must stop.

HEDIS MY 2020 revised hybrid measures:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Cervical Cancer Screening (CCS)
- Colorectal Cancer Screening (COL)
- Care for Older Adults (COA)
- Controlling High Blood Pressure (CBP)
- Medication Reconciliation Post-Discharge (MRP)
- Transitions of Care (TRC)
- Prenatal and Postpartum Care (PPC)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well-Care Visits (AWC)

HEDIS MY 2020 revised administrative measures:

- Appropriate Testing for Children with Pharyngitis (CWP)
- Statin Therapy for Patient's with Cardiovascular Disease (SPC)
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
- Osteoporosis Management in Women Who Had a Fracture (OMW)

- Follow-Up After Hospitalization for Mental Illness (FUH)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

HEDIS and telehealth

HEDIS measures include synchronous telehealth (which requires real-time interactive audio and video telecommunications), telephone visits and online assessments, as appropriate. A measure specification will indicate when telephone visits or online assessments are eligible for use in reporting.

A measure specification that is silent about telehealth is assumed to include telehealth. Correct coding requires billing telehealth services using standard CPT[®] and HCPCS codes for professional services in conjunction with a telehealth modifier and a telehealth POS code. Therefore, the CPT or HCPCS code in the value set will meet criteria (regardless of whether a telehealth modifier or POS code is present). A measure specification will indicate when telehealth is not eligible for use and is excluded.

The future of HEDIS

The future of HEDIS focuses on six core ideas:

- **Allowable adjustments:** New flexibility lets users modify measures without changing their clinical intent.
- **Licensing and certification:** Updated requirements ensure the accuracy of the results.
- **Digital measures:** HEDIS specifications that download directly into users' data systems bring new ease of use.
- **Electronic clinical data systems (ECDS):** This new reporting method helps clinical data create insight for managing the health of individuals and groups.
- **Schedule change:** A new schedule gives users more time by providing the complete measure specifications sooner -- 11 months earlier than the traditional timeline.
- **Telehealth:** The access to care that telehealth has brought during COVID-19 is vital to quality now after the pandemic.

Resources:

ANV-NU-0179-20

URL: <https://providernews.anthem.com/nevada/article/coding-spotlight-hedis-my-2021-1>

Featured In:

January 2021 Anthem Provider News and Important Updates -- Nevada

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.
