



Arkansas

**BlueCross BlueShield**

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# **2017 HEDIS® Clinical Quality and Documentation Tips for CMS Star Measures**

# Table of Contents

Click on the section name on the right of your screen to navigate to each section.

**Introduction**

**INTRODUCTION**

**Preventing and Screening**

**PREVENTION AND  
SCREENING**

**Pharmacy**

**PHARMACY**

**Comprehensive Diabetes Care**

**COMPREHENSIVE  
DIABETES CARE**

**Musculoskeletal**

**MUSCULOSKELETAL**

**Cardiovascular Conditions**

**CARDIOVASCULAR  
CONDITIONS**



# Background

Arkansas Blue Cross and Blue Shield continuously strives to improve the quality of care for your patients and our members.

The National Committee for Quality Assurance establishes Healthcare Effectiveness Data and Information Set, or HEDIS<sup>®</sup> measures to assess a broad range of health issues and allow consumers to compare health plans on quality measures. Annual reviews by NCOA examine the same set of standards for all insurance companies. HEDIS has become an integrated system that improves the accountability of the managed health care industry with the ultimate goal of improving the quality of care for members. Arkansas Blue Cross encourages health care providers to assist in this effort by carefully and accurately coding claims for their patients, as well as ensuring documentation is included in the medical records for the services provided.

Arkansas Blue Cross believes it is valuable for participating health care providers and their staffs to be aware of the standards measured by HEDIS<sup>®</sup> and how they can improve the quality of care for their patients.

## Purpose of tip cards

Arkansas Blue Cross developed this set of tip cards to help you improve medical record documentation, Centers for Medicare & Medicaid star ratings and your HEDIS scores.

None of the information in these cards is intended to be legal advice. It remains the health care provider's responsibility to ensure that all coding and documentation is done in accordance with all applicable state and federal laws and regulations.

HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance.



# How may providers improve their scores?

- Help patients stay healthy through preventive screenings, tests and vaccinations, as recommended by HEDIS® measures.
- Manage and document all acute and chronic patient conditions appropriately.
- Ensure that services provided and diagnoses are documented in the medical record.
- Submit accurate and timely claims for every office visit.

## What Arkansas Blue Cross plans are impacted by CMS star ratings and NCQA accreditation with HEDIS?

- Medi-Pak® Advantage (PFFS)
- Medi-Pak® Advantage (HMO) insured by Health Advantage
- Medi-Pak® Advantage (PPO)

## What's included on each card?

- HEDIS measure description
- Medical record documentation requirements
- Performance improvement tips



## Please remember:

- Keep the tip cards in a central location for ease of use.
- The tip cards reflect current HEDIS® specifications. We will update them annually as changes become available.
- Thank you for your efforts to improve your patients' health.



# Adult BMI Assessment

## HEDIS® measure

The measure assesses patients 18 to 74 years old who had an outpatient visit and whose body mass index and weight were documented during the measurement year or the previous year.

Patients with a diagnosis of pregnancy during the measurement year or the year prior are excluded from this measure.

## Medical record documentation

Documentation in the medical record for patients older than 20 must indicate the weight and BMI value, dated during the measurement year or the previous year. The weight and BMI must come from the same data source.

For patients younger than 20, documentation must indicate the height, weight and BMI percentile dated during the measurement year or the previous year. All must be from the same data source. The following documentation of BMI percentile meets criteria:

- BMI percentile documented (for example, 85th percentile)
- BMI percentile plotted on the age growth chart

## Improving quality performance

- Use correct diagnosis codes to report BMI.
- Make BMI assessment part of the patient vital sign assessment at each visit.
- Place BMI charts near the scales in your office. (BMI wheels are available from Arkansas Blue Cross. Request these from your network development representative.)



# Breast Cancer Screening

## HEDIS® measure

The measure assesses female patients 50 to 74 years old who had a mammogram to screen for breast cancer any time on or between Oct. 1 two years prior to the measurement year and Dec. 31 of the measurement year.

Patients who have undergone a bilateral mastectomy at any time that meet the following criteria are excluded from this measure:

- Bilateral mastectomy
- Unilateral mastectomy with a bilateral modifier
- Two unilateral mastectomies with service dates 14 days or more apart
- Absence of the left breast and absence of the right breast on the same or different date of service
- Both of the following (on the same or different date of service)
  - Unilateral mastectomy with a right-side modifier
  - Unilateral mastectomy with a left-side modifier

**Please note:** This measure evaluates primary screening. Biopsies, breast ultrasounds or MRIs do not count because they are not appropriate methods of primary breast cancer screening.

## Medical record documentation

Documentation in medical records must include a note indicating the date when the breast cancer screening was performed.

Documentation that is clearly part of the “medical history” section of the record does not require the screening results, type of screening performed or a copy of the mammography report. Documentation of a patient meeting the exclusion criteria must be included in the medical record.

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# Breast Cancer Screening (continued)

## Improving quality performance

- Educate female patients about the importance of early detection and encourage testing.
- Schedule mammograms for patients or provide them with a list of mammography centers so they can schedule their own testing, if they choose.
- Provide each patient a referral or prescription for screening.
- Follow up with patients for whom screenings were ordered or scheduled but reports and results have not come back to your office.



# Colorectal Cancer Screening

## HEDIS® measure

The measure assesses patients 50 to 75 years old who had one or more screenings for colorectal cancer. Any of the following meet the criteria:

- Fecal occult blood test during the measurement year (Stool collected during digital rectal exam does not qualify as it is not specific or comprehensive enough to screen for colorectal cancer.)
- Flexible sigmoidoscopy during the measurement year or the previous four years
- Colonoscopy during the measurement year or the previous nine years
- CT-Colonography during the measurement year or the previous four years
- FIT-DNA during the measurement year or the previous two years (Immunochemical fecal occult test (iFOBT) are now referred to as FIT tests)

Patients who meet the following criteria anytime in their histories are excluded:

- Colorectal cancer
- Total colectomy

## Medical record documentation

Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed and the type of screening. Documentation that is clearly part of the “medical history” section of the record does not require results or a copy of the colonoscopy report. Documentation of a patient meeting the exclusion criteria must be included in the medical record.

*Continued*



# Colorectal Cancer Screening (continued)

## Improving quality performance

- Educate patients about the importance of early detection and encourage testing.
- Provide fecal occult blood test home kits for patients who are resistant to or fearful of colonoscopies.
- Refer patients to GI specialists who do not require pre-procedure consultations.
- Contact patients to inform them of the need to screen for colorectal cancer beginning at age 50.
- Follow up with patients for whom screenings were ordered, scheduled or FOBT tests given but results have not come back to your office.



# Medication Adherence

## HEDIS® measure

Patients 18 or older are considered to be adhering to their medication therapies if they take their medications as prescribed for at least two prescription fills during the measurement year for these three categories:

- Hypertension medication – angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers
- Diabetic therapy – oral and injectable
- Statin therapy

Adherence is measured for each drug category by the proportion of days covered at 80 percent of the time or more.

Proportion of days covered (%) =

total number of covered days of target drug

total number of days since first prescription fill date of target drug

For example, in a measurement period of 100 days, if claims records show the patient has medications in his or her possession 80 out of those 100 days, the patient has a proportion of days covered of 80 percent.

### Examples of targeted medications for each category

**Diabetic medications:** biguanides (metformin), sulfonylureas (glipizide and glimepiride), thiazolidinediones (Actos® and Avandia®), DPP-IV inhibitors (Januvia®, Tradjenta®, Onglyza®), incretin mimetics (Byetta®, Victoza®, Bydureon®), meglitinides (Prandin®, Starlix® and Prandimet®), SGLT2 inhibitors (Invokana®, Farxiga®, Jardiance®)

**Antihypertension medications** (ACE inhibitors or ARBs): lisinopril, enalapril, losartan, candesartan, Benicar®, Diovan®

**Statin medications:** simvastatin, pravastatin, lovastatin, Lipitor®, Crestor®, Vytorin®, Livalo®, Lescol®

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# Medication Adherence (continued)

## Improving quality performance

- Review medication use at every patient visit.
- Use motivational interviewing techniques to encourage medication adherence.
- Suggest the use of pillboxes and technology such as text messages, alarms and phone apps to help with forgetfulness.
- Suggest generics when appropriate to help with patient medication costs.





# Diabetes Care – Blood Sugar Control

## HEDIS® measure

The measure assesses diabetic patients 18 to 75 years old whose HbA1c level is considered controlled. This is evaluated by the last HbA1c lab test result of the calendar year as follows:

- ≤9.0% for Medicare Advantage Star reporting
- <8.0% for commercial and Medicare Advantage HEDIS reporting
- <7.0% for a select Medicaid population<sup>1</sup> HEDIS reporting

Patients with a diagnosis of diabetes who meet any of the following criteria in the current or previous year are considered diabetic:

- At least two outpatient visits (observation, office visits, ER, non-acute inpatient) on different dates of service. Visit type need not be the same for the two visits.
- At least one acute inpatient visit
- Dispensed insulin, hypoglycemic or antihyperglycemic medications on an ambulatory basis. Glucophage®, or metformin, as a solo agent is not included because it is used to treat conditions other than diabetes.

Patients who do not have a diagnosis of diabetes and had a diagnosis of gestational diabetes or steroid induced diabetes during the measurement year or the year prior are excluded from this measure.

## Medical record documentation

Documentation in the medical record should include a copy of the lab report. In the absence of the lab report, the HbA1c collected date and result must be documented in the medical record. The following notation in the chart counts towards compliance: A1c, HbA1c, HgBA1c, hemoglobin A1c, glycohemoglobin A1c.

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# Diabetes Care – Blood Sugar Control (continued)

## Improving quality performance

- Make follow-up appointments with the patient at each appointment.
- Provide a lab requisition and have the patient have his or her blood drawn seven to 10 days prior to the next appointment.
- Use approved network labs.
- Ensure diabetes medication compliance:
  - Determine if the patient is taking medications as ordered. If the patient misses doses, is there another regimen that may make compliance easier?
  - Is the patient having side effects? Will another treatment regimen reduce side effects?
- Follow up with patients for whom screenings were ordered and results have not yet come back to the office.

<sup>1</sup> <7.0% HbA1c result for select Medicaid populations are excluded if they have one or more of the following conditions:

- 65 years of age and older as of Dec 31 of the measurement year
- CABG, PCI, IVD or thoracic aortic aneurysm in the measurement year or the year prior
- Chronic heart failure, prior myocardial infarction, end stage renal disease, Stage 4 chronic kidney disease, dementia, blindness or lower extremity amputation any time during the patient's history through Dec. 31 of the measurement year



# Diabetes Care – Blood Sugar Screening

## HEDIS® measure

The measure assesses diabetic patients 18 to 75 years old who had HbA1c screening test in the measurement year.

Patients with a diagnosis of diabetes who meet any of the following criteria in the current or previous year are considered diabetic:

- At least two outpatient visits (observation, office visits, ER, non-acute inpatient) on different dates of service. Visit type need not be the same for the two visits.
- At least one acute inpatient visit
- Dispensed insulin, hypoglycemic or antihyperglycemic medications on an ambulatory basis. Glucophage®, or metformin, as a solo agent is not included because it is used to treat conditions other than diabetes.

Patients who do not have a diagnosis of diabetes and had a diagnosis of gestational diabetes or steroid induced diabetes during the measurement year or the year prior are excluded from this measure.

## Using correct billing codes:

CPT & CPT II codes must be billed on the same date of service.

Description	Codes
Codes to identify HgbA1c tests	CPT®: *83036, *83037
Codes to identify HgbA1c results	CPT® II: *3044F – *3046F

\*CPT codes, descriptions and two-digit modifiers only are copyright 2014 American Medical Association. All rights reserved.

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# Diabetes Care – Blood Sugar Screening (continued)

## Medical record documentation

Documentation in the medical record should include a copy of the lab report. In the absence of the lab report, the HbA1c collected date and result must be documented in the medical record. The following notation in the chart counts towards compliance: A1c, HbA1c, HgBA1c, hemoglobin A1c, glycohemoglobin A1c.

## Improving quality performance

- Make follow-up appointments with the patient at each appointment.
- Provide a lab requisition and have the patient have his or her blood drawn seven to 10 days prior to the next appointment.
- Use approved network labs.
- Ensure diabetes medication compliance:
  - Determine if the patient is taking medications as ordered. If the patient misses doses, is there another regimen that may make compliance easier?
  - Is the patient having side effects? Will another treatment regimen reduce side effects?



# Diabetes Care – Medical Attention for Nephropathy

## HEDIS® measure

The measure assesses diabetic patients 18 to 75 years old who had a nephropathy screening test or evidence of nephropathy during the measurement year.

Patients with a diagnosis of diabetes who meet any of the following criteria in the current or previous year are considered diabetic:

- At least two outpatient visits (observation, office visits, ER, non-acute inpatient) on different dates of service. Visit type need not be the same for the two visits.
- At least one acute inpatient visit
- Dispensed insulin, hypoglycemic or antihyperglycemic medications on an ambulatory basis. Glucophage®, or metformin, as a solo agent is not included because it is used to treat conditions other than diabetes.

Patients who do not have a diagnosis of diabetes and had a diagnosis of gestational diabetes or steroid induced diabetes during the measurement year or the year prior are excluded from this measure.

## Medical record documentation

Documentation in the medical record in support of screening or treatment should include:

- Screening for nephropathy
  - A urine test for albumin or protein. At minimum, documentation must include a note indicating the date when a urine test was performed and the result or finding. Any of the following meet criteria: 24-hour urine for albumin or protein, timed urine for albumin or protein, spot urine for albumin or protein, urine for albumin/creatinine ratio, 24-hour urine for total protein, random urine for protein/creatinine ratio.

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# Diabetes Care – Medical Attention for Nephropathy (continued)

- Evidence of medical attention for nephropathy that includes at least one of the following:
  - Documentation of a visit to a nephrologist
  - Documentation of a renal transplant
  - Documentation of medical attention for any of the following:
    - Diabetic nephropathy, end stage renal disease, chronic renal failure, chronic kidney disease, renal insufficiency, proteinuria, albuminuria, renal dysfunction, acute renal failure, dialysis, hemodialysis or peritoneal dialysis
    - Evidence of angiotensin-converting enzyme inhibitor or angiotensin II receptor blocker therapy. The patient must have received at minimum, an ambulatory prescription for ACE inhibitors or ARBs in the measurement year.

## Improving quality performance

- Make follow-up appointments with the patient at each appointment.
- Provide urine test in office.
- Ensure compliance with diabetic medication:
  - Determine if the patient is taking medications as ordered. If the patient misses doses, is there another regimen that may make compliance easier?
  - Is the patient having side effects? Will another treatment regimen reduce side effects?
- Follow up with patients who were referred to nephrologists but for whom consultation reports have not come back to your office.



# Diabetes Care – Retinal Eye Exam

## HEDIS® measure

The measure assesses patients 18 to 75 years old with diabetes who had a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) during the measurement year or a negative retinal or dilated eye exam by an eye care professional in the year prior to the measurement year.

Patients with a diagnosis of diabetes who meet any of the following criteria in the current or previous year are considered diabetic:

- At least two outpatient visits (observation, office visits, ER, non-acute inpatient) on different dates of service. Visit type need not be the same for the two visits.
- At least one acute inpatient visit
- Dispensed insulin, hypoglycemic or antihyperglycemic medications on an ambulatory basis. Glucophage®, or metformin, as a solo agent is not included because it is used to treat conditions other than diabetes.

Patients who do not have a diagnosis of diabetes and had a diagnosis of gestational diabetes or steroid induced diabetes during the measurement year or the year prior are excluded from this measure.

## Medical record documentation

Documentation in the medical record must include one of the following:

- A letter or copy of the eye exam report prepared by an ophthalmologist or optometrist indicating that an ophthalmoscopic exam was completed, the date when the exam was performed and the results. The letter can also be written by a PCP indicating that a retinal exam was performed, date of service and the results.

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# Diabetes Care – Retinal Eye Exam (continued)

- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care professional (ophthalmologist or optometrist) reviewed the results. Results in the chart can also be from a qualified reading center that operates under the direction of a retinal specialist.

## Improving quality performance

- Encourage diabetic patients to receive annual eye exams (inquire at each appointment until screening is done).
- If a patient does not have vision insurance, diabetic exams are covered under the patient's medical insurance (may be subject to copayments and deductibles).
- Encourage the patient to have the eye care professional send a copy of the eye exam report to primary care physician and specialist offices.
- Obtain information about the eye care professional who provides care to the patient, obtain a release of information from the patient and follow up with the provider for a copy of the eye exam.
- Follow up with patients for whom eye exam screenings were recommended but reports have not come back to your office.



# Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

## HEDIS® measure

The measure assesses patients 18 and older who were diagnosed with rheumatoid arthritis and who filled at least one prescription for a disease-modifying anti-rheumatic drug in the measurement year.

Patients who meet the following criteria are excluded:

- A diagnosis of HIV any time during the patient's history through Dec. 31 of the measurement year
- A diagnosis of pregnancy any time during the measurement year

## Improving quality performance

- Refer the patient to a rheumatologist.
- Prescribe appropriate disease-modifying anti-rheumatic medication.
- Talk to the patient about the benefit of prescription and maintenance of drug therapy.



# Osteoporosis Management in Women who had a Fracture

## HEDIS® measure

The measure assesses female patients 67 to 85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.

Exclusions:

- Patients who had a bone mineral density test **during the 24-month period prior to the fracture date**
- Patients who had a claim for osteoporosis therapy during the 12-month period prior to the fracture date
- Patients who received a prescription medication or had an active prescription to treat osteoporosis **12 months prior to the fracture date**

## Improving quality performance

- Ensure that only a definitive fracture is reported, not a “rule out” diagnosis. However, fractures of finger, toe face and skull are not included.
- Reinforce the importance of prevention activities such as reducing the risk of falling through exercise and removing environmental hazards.
- Talk to the patient about the benefit of prescription drug therapy or the completion of a bone mineral density test.
- Educate patients about the importance of routine screening and remind them that preventive screenings are covered under their health care plans with no cost-sharing (copayments or deductibles).



# Controlling High Blood Pressure

## HEDIS® measure

The measure assesses patients age 18 to 85 years old who had a diagnosis of hypertension and whose blood pressure is adequately controlled during the measurement year. Adequate blood pressure control is defined as patients who are:

- 18 to 59 years old whose blood pressure is  $< 140/90$
- 60 to 85 years old without diabetes whose blood pressure is  $< 150/90$
- 60 to 85 years old with diabetes whose blood pressure is  $< 140/90$

Patients who have any of the following conditions are excluded from this measure:

- End stage renal disease or kidney transplant on or prior to Dec. 31 of the measurement year (documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis)
- Had a diagnosis of pregnancy during the measurement year
- Had a non-acute inpatient admission during the measurement year

## Medical record documentation

Adequately controlled is demonstrated by the most recent blood pressure reading of the measurement year following the diagnosis of hypertension. Documentation in the medical record should include:

- The diagnosis documented prior to June 30 of the current year (including prior years). Notes that confirm diagnosis include: HTN, high BP, elevated BP, hypertension, borderline HTN, intermittent HTN, history of HTN, hypertensive vascular disease, hyperpiesia, hyperpiesis.
- Record all blood pressure readings and the dates of service they were obtained.

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# Controlling High Blood Pressure (continued)

## Improving quality performance

- Do not round manual blood pressure readings. Rounding just a few points can make a patient cross the line from controlled to uncontrolled.
- Repeat blood pressure tests later in the visit for all elevated readings. They often drop once the patient has relaxed.
- Refer the patient to a cardiologist for further evaluation if necessary.
- Provide cardiac diet education.
- Encourage patient to monitor blood pressure at home and know what threshold requires medical attention.
- If no blood pressure readings are recorded during the measurement year for a patient diagnosed with hypertension, it is assumed that the patient is “not controlled.”