

2019 HEDIS review

The HEDIS® 2019 reviews begin in January 2019.

What is HEDIS?

Healthcare
Effectiveness
Data and
Information
Set

HEDIS overview:

- HEDIS is a standardized performance measurement tool that is coordinated and administered by the National Committee for Quality Assurance (NCQA).
- Managed care companies who are NCQA-accredited perform HEDIS reviews the same time each year.
- HEDIS is a retrospective review of services and performance of care.
- Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members.
- NCQA has expanded the size and scope of HEDIS to include measures for physicians, preferred provider organizations and other organizations.

How do HEDIS rates affect our accreditation?

NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA is best known for assessing and reporting on the quality of managed care plans through accreditation and performance measurement programs.

Accreditation status levels

Excellent
Commendable
Accredited
Provisional
Denied

Accreditation consists of three components:

- 1) On- and off-site evaluation of standards
- 2) HEDIS scores
- 3) CAHPS® (member survey) scores

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

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS and CAHPS scores are recalculated each year, giving us an opportunity to maintain or improve our accreditation status every year.

What are HEDIS results used for?

- **Health plans** use the information for:
 - Measuring and benchmarking their performance.
 - Identifying quality improvement initiatives to improve member care.
 - NCQA accreditation scoring.
 - Performance guarantees.
 - Requests for Proposals and Requests for Information responses.
 - Medicare Stars measures.
 - Withholds and bonuses for Medicaid.
- **Consultants** use the information to compare health plans.
- **Employer groups** use the information to help choose health plans.

Below is an example of coding guidelines for well-child visits.

Well-Child Visits First 15 months of life 6 + visits on or before 15 months of age	Well-Child Visits Between ages 3-6 years One visit during the calendar year	Adolescent Well Visits Between ages 12-21 years One well visit with PCP or OB/GYN during the calendar year																																										
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 *The codes listed are informational only; this information does not guarantee reimbursement.