



2008 HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) is an instrument used by more than 90 percent of health plans in the United States to measure performance on important dimensions of care and service.

OBJECTIVES

Kansas Foundation for Medical Care, Inc. (KFMC) the External Quality Review Organization (EQRO) for the State of Kansas and the Kansas Health Policy Authority (KHPA), completed validation of the 2008 HEDIS results for the two Managed Care Organizations (MCO) who are Children's Mercy Family Health Partners (CMFHP) and UniCare of Kansas (UniCare). The validation was provided to KHPA in the form of reports, one for each MCO, entitled Performance Measure Validation Final Report.

The objectives of this validation were to determine if HEDIS measures were calculated using the appropriate specifications and to assess whether the results are reliable and valid. KFMC also included a comparison between the MCO and national HEDIS rates. KHPA reviews the results of each plan's methods for collecting their data and calculating their HEDIS rates, as well as compare each plan's outcomes with national HEDIS rates.

BACKGROUND

HEDIS is a broad measurement tool that looks at 71 specific performance measures and encompasses 8 domains of care. Because there are so many health plans that collect and report HEDIS data, and since the measures are defined so specifically, plans as well as oversight entities are able to use HEDIS as a tool to compare one health plan's performance to another in a standardized manner. In fact, the [National Committee for Quality Assurance \(NCQA\)](#) designed HEDIS to reliably compare the performance of health plans. HEDIS results are used by oversight agencies or by a health plan itself as a work plan for focusing on specific measures that fall below national rates and need to be improved.

Performance measurement tools have a life cycle; if they are not updated to meet the changing needs of the people and industries using them, they become obsolete. To ensure that HEDIS remains relevant and current, measures are strenuously researched and tested before put into use, then reevaluated at least every three years. User comments, audit results, and statistical analysis are used to improve existing measures and to develop the next generation of HEDIS measures as new health concerns emerge. If during reevaluation it is determined a measure no longer adds value relative to the cost of data collection and reporting, it may be retired.

KHPA recognizes the importance of utilizing standardized comparable performance tools, and accordingly, has mandated that the contracted MCOs annually submit outcomes of their HEDIS performance measures for review. The reports must be stratified for Medicaid Title XIX, SCHIP Title XXI, and for Children with Special Health Care Needs. Health plans must submit their HEDIS data collection methods and results, which are reviewed and validated by KFMC and objectively reported to KHPA. KFMC's reports consist of summaries and completed assessment tools that meet the CMS protocol for validating performance measures. The reports' conclusions identify the plans' strengths as

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well as opportunities for improvement in regard to the accuracy of how each MCO reported its data and the outcomes of the data.

The HEDIS measures chosen by KHPA for oversight of the Managed Care Contractors are a combination of both administrative and hybrid performance measures and include the following:

Title XIX

- a. Adult access to preventive/ambulatory health services*
- b. Comprehensive diabetes care (HbA1c tests)
- c. Prenatal and postpartum care (prenatal visits)
- d. Antibiotic utilization**
- e. Children's access to primary care practitioners
- f. Use of appropriate medications for children with asthma
- g. Well-child visits in the first 15 months of life
- h. Well-child visits in the 3rd, 4th, 5th, and 6th years of life
- i. Lead screening in children*

Title XXI SCHIP

- a. Comprehensive diabetes care (HbA1c tests)
- b. Prenatal and postpartum care (prenatal visits)
- c. Antibiotic utilization**
- d. Children's access to primary care practitioners
- e. Use of appropriate medications for children with asthma
- f. Well-child visits in the first 15 months of life
- g. Well-child visits in the 3rd, 4th, 5th, and 6th years of life
- h. Lead screening in children**

* SCHIP provides coverage for enrollees from birth to 19; therefore this measure is included only for Title XIX.

**Antibiotic utilization and lead screening in children are two measures that have been added in 2009 to KHPA's mandatory reporting requirements for the MCOs.

TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS

HEDIS measures have very specific guidelines for calculating rates. Some HEDIS performance measures require pulling administrative data only and others require a combination of administrative and clinical data. Technical specifications for all 71 HEDIS measures, including updates made through NCQA's annual reevaluation process, are available for purchase through the NCQA website. .

In its evaluation of the performance measures reported by CMFHP and UniCare, KFMC followed the three phases of evaluation activity as outlined in the CMS protocol. KFMC met with each plan to review requirements, request protocol-specified documentation from the MCO, and review the findings of a previously conducted assessment that KFMC had made of the information system capabilities of each plan. The second phase of the evaluation process involved on-site visits, during which KFMC reviewed the plans' data processes, and rated each area of review as either "Met," "Partially Met," or "Not Met." Definitions of each designation are included in the full Performance Measure Validation Final Reports. KFMC also randomly selected and reviewed medical records used for calculating hybrid HEDIS measures to ensure accuracy. The final phase of the evaluation process included sending a preliminary report to each plan and allowing two weeks for review and feedback, prior to compiling the final reports which were submitted to KHPA.

Conclusion

HEDIS measures from both UniCare and CMFHP were calculated using the appropriate NCQA specifications and the results were deemed reliable and valid in accordance to CMS Protocols.