

Policy Title:	Healthcare Effectiveness Data and Information Set (HEDIS®)											
Department:	Clinical Quality Improvement											
Policy Number:	CQI-3											
Issue Day:	Effective Date: 02/01/2016											
Next Review Date: 12/2/21	Revision Dates: 11/1/12, 12/12/12, 12/04/13, 4/22/15, 01/27/16, 11/15/19, 11/15/20											
<table border="1"> <tr> <td>Approved By:</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>12/2/20</td> </tr> <tr> <td>Julianne Eckert, RN BSN - Director of Clinical Quality Improvement</td> <td></td> <td>Date</td> </tr> </table>		Approved By:					12/2/20	Julianne Eckert, RN BSN - Director of Clinical Quality Improvement		Date		
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REFERENCE:	<a href="#">Medicare Managed Care Manual: Ch. 5, Section 30.1 HEDIS Reporting Requirements;</a> CMS Reporting Requirements for 2020 HEDIS®, HOS, and CAHPS® Measures											

<p><b>Purpose:</b> To state the requirements and process for HEDIS® reporting and manage results</p>
<p><b>Scope:</b> Applies to the entire Medicare Advantage population and Clover Health staff</p>
<p><b>Policy:</b> Clover Health is expected to adhere to the established CMS and the National Committee for Quality Assurance (NCQA) requirements for HEDIS® submission. The policy will be updated annually by October 1<sup>st</sup>.</p>
<p><b>Definitions:</b> N/A</p>
<p><b>Procedure:</b></p> <p><b>Reporting Requirements:</b></p> <ol style="list-style-type: none"> <li>1. Clover Health must report HEDIS® measures for its Medicare Advantage members if all of the following criteria are met:</li> </ol>

- a. The contract was in effect on 1/1 of the measurement (previous) year or earlier.
  - b. The contract had initial enrollment on 1/1 of the measurement year or earlier.
  - c. No minimum membership required.
  - d. The contract was not terminated on or before 1/1 of the reporting (current) year.
2. The Quality Improvement Director is responsible for ensuring that complete and valid data is available for HEDIS® reporting in Clover Health data warehouse.

**Sampling and Reporting Unit:**

1. Clover Health must report all the CMS-required Medicare HEDIS® measures with enough members, 30 or more in the denominator.

**Submission Requirements:**

2. Clover Health must submit HEDIS data to (NCQA) covering the 2020 measurement year. Detailed specifications for HEDIS measures are included in HEDIS 2021, Volume 2: Technical Specifications for Health Plans.
3. The Quality Improvement Department director is responsible for ensuring that the submission requirements are satisfied. Those requirements include:
  - a. Contracting with a NCQA certified HEDIS® reporting software vendor by July 1, 2020
  - b. Contracting with a NCQA certified HEDIS® auditor by October 1, 2020. CMS requires an external audit before summary data is submitted.
  - c. Contracting with a chart retrieval and measure abstraction vendor by December 1, 2020
  - d. Completing NCQA's roadmap by January 31, 2021
  - e. Completing the Healthcare Organization Questionnaire (HOQ), when made available by NCQA in February 2021
  - f. Access to the Interactive Data Submission System by April of the reporting year, which will allow for initiation of loading of data
  - g. Preliminary rate review by January 31 of the reporting year
  - h. Hybrid sample size approval by February 1 of the reporting year
  - i. Complete abstraction by May 8, 2021
  - j. Plan-lock the IDSS submission by June 1, 2021
  - k. Submit Patient Level Data (PLD) files to CMS by June 15, 2021

**Final Audit Reports, Use and Release Requirements:**

1. Following the receipt by Clover Health of the Final Audit Report from the contracted NCQA-licensed audit firm, Clover Health must make available a copy of the complete final report to the CMS ROs as needed. CMS ROs may request the report upon completion or as part of the pre-site monitoring visit package. In addition, the reports should be available for review onsite during monitoring visits. Clover Health will retain data used for reporting for 10 years.

**Quality Activities:**

1. Results will be reported to the Medical Management and Quality Improvement Committees and to the Board of Directors as part of the Annual Quality Improvement Program Evaluation report.

HEDIS® results are compared to regional, national, and/or state benchmarks and prior year's results through statistical testing. A HEDIS® Team is led by the Director of Clinical Quality Improvement and includes representatives from Quality and Medical Management. Based on the HEDIS® results and statistical comparison against benchmarks and prior year's results, the HEDIS® Team identifies areas for improvement, such as those measures that did show a statistically significant ( $p < .05$ ) decrease from prior year or that showed to be statistically significantly lower than benchmarks. Once measures are selected, the HEDIS® Team prioritizes them, identifies root causes and barriers whether related to data collection, provider or member behavior, and devises activities for improvement.

**Related Policies:**

**Attachments:**

## Attachment A:

### HEDIS® 2021 MA Contract Level Measures for Reporting:

#### ***Effectiveness of Care***

<b>BCS</b>	Breast Cancer Screening
<b>COL</b>	Colorectal Cancer Screening
<b>SPR</b>	Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
<b>PCE</b>	Pharmacotherapy Management of COPD Exacerbation
<b>CBP</b>	Controlling High Blood Pressure
<b>PBH</b>	Persistence of Beta-Blocker Treatment After a Heart Attack
<b>SPC</b>	Statin Therapy for Patients with Cardiovascular Disease
<b>CDC</b>	Comprehensive Diabetes Care
<b>SPD</b>	Statin Therapy for Patients With Diabetes
<b>ART</b>	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
<b>OMW</b>	Osteoporosis Management in Women Who Had a Fracture
<b>AMM</b>	Antidepressant Medication Management
<b>FUH</b>	Follow-Up After Hospitalization for Mental Illness
<b>FUM</b>	Follow-Up After Emergency Department Visit for Mental Illness
<b>FUA</b>	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
<b>SAA</b>	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
<b>MRP</b>	Medication Reconciliation Post-Discharge
<b>TRC</b>	Transitions of Care
<b>FMC</b>	Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions
<b>PSA</b>	Non-Recommended PSA-Based Screening in Older Men
<b>DDE</b>	Potentially Harmful Drug-Disease Interactions in the Elderly
<b>DAE</b>	Use of High-Risk Medications in the Elderly
<b>HDO</b>	Use of Opioids at High Dosage
<b>UOP</b>	Use of Opioids from Multiple Providers
<b>HOS</b>	Medicare Health Outcomes Survey
<b>FRM</b>	Falls Risk Management (collected in HOS)
<b>MUI</b>	Management of Urinary Incontinence in Older Adults (collected in HOS)
<b>OTO</b>	Osteoporosis Testing in Older Women (collected in HOS)
<b>PAO</b>	Physical Activity in Older Adults (collected in HOS)
<b>FVO</b>	Flu Vaccinations for Adults Ages 65 and Older (collected in CAHPS)
<b>MSC</b>	Medical Assistance with Smoking and Tobacco Use Cessation (collected in CAHPS)
<b>PNU</b>	Pneumococcal Vaccination Status for Older Adults (collected in CAHPS)

#### ***Access/Availability of Care***

<b>AAP</b>	Adults' Access to Preventive/Ambulatory Health Services
<b>IET</b>	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

***Utilization and Risk Adjusted Utilization***

- FSP** Frequency of Selected Procedures
- IAD** Identification of Alcohol and Other Drug Services
- MPT** Mental Health Utilization
- ABX** Antibiotic Utilization
- PCR** Plan All-Cause Readmissions
- HFS** Hospitalization Following Discharge from a Skilled Nursing Facility
- AHU** Acute Hospital Utilization
- EDU** Emergency Department Utilization
- HPC** Hospitalization for Potentially Preventable Complications

***Health Plan Descriptive Information***

- LDM** Language Diversity of Membership
- TLM** Total Membership

***Measures Collected Using Electronic Clinical Data Systems***

- BCS-E** Breast Cancer Screening
- COL-E** Colorectal Cancer Screening
- DSF** Depression Screening and Follow-Up for Adolescents and Adults
- DMS** Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- DRR** Depression Remission or Response for Adolescents and Adults
- ASF** Unhealthy Alcohol Use Screening and Follow-Up
- AIS** Adult Immunization Status (incorporates the former Pneumococcal Vaccination Coverage for Older Adults (PVC) measure)

<b>New, Revised or Reviewed/ No Changes</b>	<b>Previous Policy Name, If Applicable/Description of Changes</b>	<b>Department Lead Approval (Name)</b>	<b>Date Department Lead Approved</b>	<b>Date Policy Committee Approved</b>

Revision	Revisions include those to reflect current HEDIS submission process and requirements.	Julianne Eckert	11/11/19	11/15/19
Review	Annual Review / Revisions include those to reflect current HEDIS submission process and requirements.	Julianne Eckert	11/15/20	12/2/20