OPTUM™

Health care quality toolbook

Understanding the Star Ratings and
Healthcare Effectiveness Data and Information Set (HEDIS®)

Health care quality toolbook

Your guide to understanding quality measures

In 2015 and beyond, quality measures will continue to play a major role in health care. Medicare is linking payment to quality, transforming from a passive payer to an active purchaser of high-value health care. Our goal at Optum is to help providers understand how care is evaluated based on the latest quality measures and guidelines. We will achieve this by providing tools and education focused on quality measures for Medicare members. This guide will help you understand quality measures within the Star Ratings, from the Centers for Medicare & Medicaid Services (CMS), and Healthcare Effectiveness Data and Information Set (HEDIS®), from the NCQA, and the impact they have on reporting patient care.

How to use this toolbook

This toolbook was developed to support quality initiatives and create awareness about Star Ratings and HEDIS® Optum can play a critical role in helping providers implement best practices to improve care and documentation based on quality measures. Your Optum health care representative can:

- Provide educational tools to promote early detection and screening of chronic conditions
- Coordinate educational opportunities focused on proper documentation and coding to ensure accurate, legible and complete medical records
- Provide guidance on Optum programs that encourage preventive screening and early detection of chronic illnesses such as the Health Quality Patient Assessment Form (HQPAF) program
- Provide the Optum Quick Code and Quality Reference Guide, which includes codes for Star Ratings, HEDIS® measures and Survey Measures

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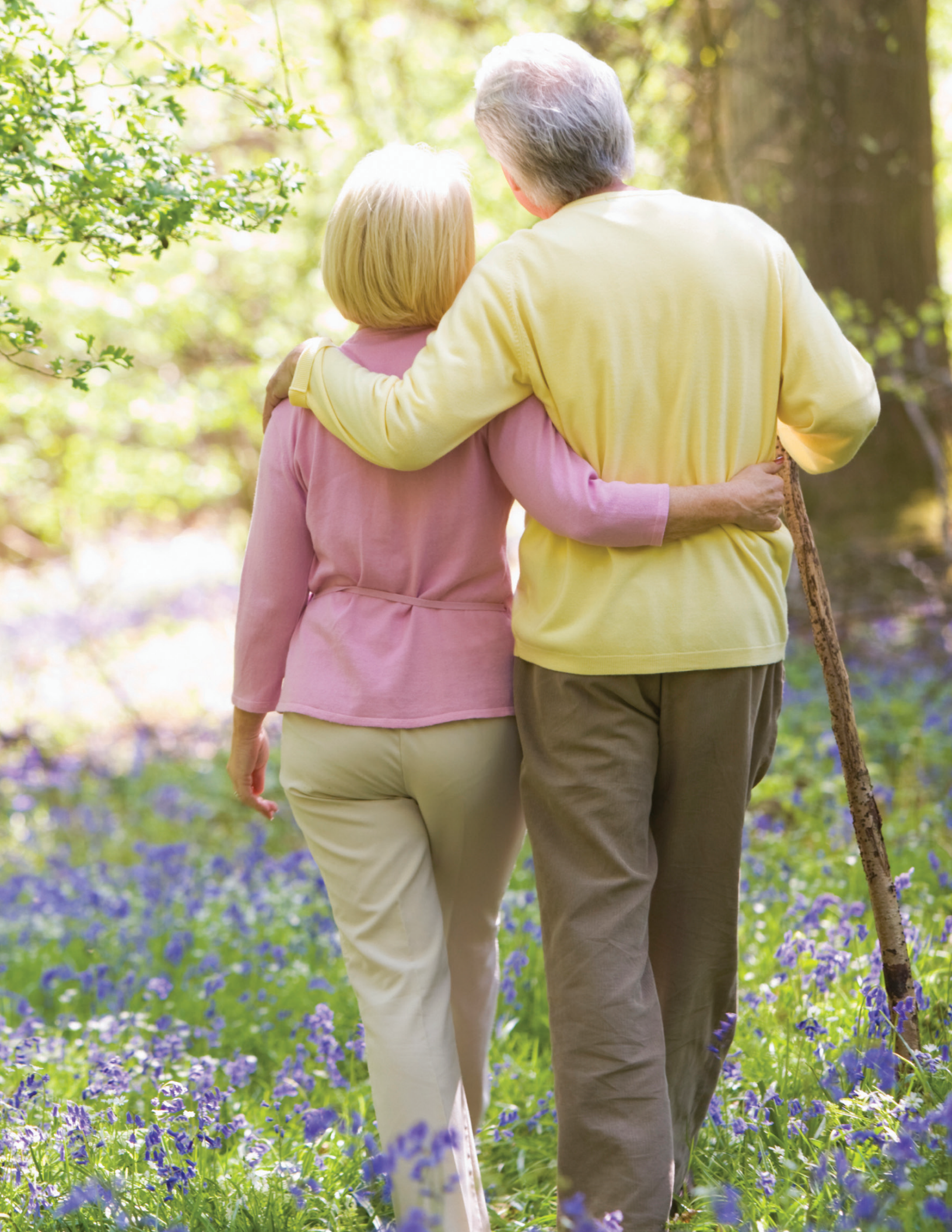
This section provides an overview of Star Ratings and HEDIS® with a focus on quality measures that impact clinical care.

Key quality measures **pgs. 6 – 9**

We've highlighted quality measures within three (3) evaluations that are key to understanding how quality of care is measured within Star Ratings. These evaluation tools include:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey
- HEDIS® measures
- Health Outcomes Survey (HOS)



OPTUM™

Star Ratings and Healthcare Effectiveness Data and Information Set (HEDIS®)

Your guide to understanding quality measures

About the Medicare Part C Star Ratings

The Centers for Medicare & Medicaid Services (CMS) rates the relative quality of the private plans that are offered to Medicare beneficiaries through the Medicare Advantage program. CMS rates Medicare Advantage plans on a one to five star scale, with five stars representing the highest quality. The summary score provides an overall measure of a plan's quality and is a cumulative indicator of the quality of care, access to care, responsiveness and beneficiary satisfaction associated with the plan. Ratings are posted on CMS' website (medicare.gov) to provide beneficiaries with information that helps them choose among the Medicare Advantage plans offered in their area.

The Star Ratings' domains include:

DOMAINS	STAR MEASUREMENT GROUPING
Domain 1	Staying Healthy: Screenings, Tests and Vaccines
Domain 2	Managing Chronic (Long-Term) Conditions
Domain 3	Member Experience with the Health Plan
Domain 4	Member Complaints and Changes in the Health Plan's Performance
Domain 5	Health Plan Customer Service

} Domains 1, 2 and 3 impact clinical care and reflect patient's experience with physician.

How Star Rating domains measure clinical care

Of the five Medicare Part C measurement groupings, Domains 1, 2 and 3 have direct clinical content. Each of the measures in Domains 1, 2 and 3 are sourced from the nationally accepted Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey and Health Outcomes Survey (HOS) measurements. Domain 4: Member Complaints and Changes in the Health Plan's Performance and Domain 5: Health Plan Customer Service, are mostly related to health plan operations and may not directly impact providers. Here we provide an overview of each domain.

Five-star quality scores for Medicare Advantage plans are based on standard performance measures that are derived from four sources and grouped into five key categories commonly referred to as domains.

Sources for quality ratings:

1. The Healthcare Effectiveness Data and Information Set (HEDIS®)
2. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
3. The Health Outcomes Survey (HOS)
4. CMS administrative data, which includes information about member satisfaction and disenrollment, as well as plans' appeals processes, audit results and customer service

Domain 1: Staying Healthy: Screenings, Tests and Vaccines

This domain is driven by the early recognition of certain disease entities in the elderly through claims data (HEDIS® and Health Plan Reporting Requisites) and patient surveys (HOS, CAHPS®), which measure the effectiveness in the Staying Healthy domain. The following table outlines key measures.

STAYING HEALTHY: SCREENINGS, TESTS AND VACCINES	DATA SOURCE
Breast Cancer Screening*	HEDIS®
Colorectal Cancer Screening	HEDIS®
Annual Flu Vaccine	CAHPS®
Improving or Maintaining Physical Health	HOS
Improving or Maintaining Mental Health	HOS
Monitoring Physical Activity	HOS
Body Mass Index (BMI) Assessment	HEDIS®

*Breast Cancer Screening is a display measure.

Domain 2: Managing Chronic (Long-Term) Conditions

This domain contains both the HEDIS® and HOS survey methodologies. The grouping of HEDIS® measures in the Managing Chronic (Long-Term) Conditions category concerns clinical pathways for treatment and outcomes. For example, the diabetic HEDIS® measure determines if a clinical pathway was followed obtaining a HbA1c for monitoring and an outcome of the last value being less than 9%.

MANAGING CHRONIC (LONG-TERM) CONDITIONS	DATA SOURCE
Special Needs Plan (SNP) Care Management	Plan Reporting
Care for Older Adults – Medication Review	HEDIS®
Care for Older Adults – Functional Status Assessment	HEDIS®
Care for Older Adults – Pain Assessment	HEDIS®
Osteoporosis Management in Women who had a Fracture	HEDIS®
Diabetes Care – Eye Exam	HEDIS®
Diabetes Care – Kidney Disease Monitoring	HEDIS®
Diabetes Care – Blood Sugar Controlled	HEDIS®
Controlling Blood Pressure	HEDIS®
Rheumatoid Arthritis Management	HEDIS®
Improving Bladder Control	HEDIS®/HOS
Reducing the Risk of Falling	HEDIS®/HOS
Plan All-Cause Readmissions	HEDIS®

The second aspect of Managing Chronic (Long-Term) Conditions contains HOS survey questions important to senior care of Bladder Control and Risk of Falling. These survey questions are associated with significant morbidity in seniors and measure the member's response to provider interactions.

Domain 3: Member Experience with the Health Plan

This domain evaluates the interaction between the member and provider based on CAHPS® survey measures. These questions measure the member's experience communicating with their provider as well as accessing care with their provider or a specialist, if necessary.

QUESTIONS TO MEMBERS	DATA SOURCE
Getting Needed Care	CAHPS®
Getting Appointments and Care Quickly	CAHPS®
Customer Service	CAHPS®
Rating of Health Care Quality	CAHPS®
Rating of Health Plan	CAHPS®
Care Coordination	CAHPS®

Domains 4 and 5: Health Plan Focused Domains

Domain 4: Member Complaints and Changes in the Health Plan's Performance and Domain 5: Health Plan Customer Service, are mostly related to health plan operations and may not directly impact providers.

About HEDIS® and quality measures[1]

HEDIS® includes a standardized survey of patient experiences that evaluates plan performance in areas such as customer service and access to care.

In the past, health plans voluntarily participated in the HEDIS® reporting to demonstrate a commitment to quality initiatives. Today, CMS requires data reporting to help monitor the quality of plans and provide information to help members compare health plans. Data reporting also helps health plans use HEDIS® measures as an opportunity to identify areas for improvement in care.

Why are HEDIS® quality measures important?

HEDIS® quality ratings are instrumental in providing members with the information they need to compare the performance of health care plans through an interactive, web-based comparison tool that allows users to view plan ratings.

Our goal is to help you focus on key HEDIS® measures that play an important role in:

- Encouraging a preventive health program
- Providing consistent ratings across health plans
- Promoting better quality of care from health plans by ensuring that specific services are being provided

How we can help you

Your Optum health care representative can play a critical role in helping you implement best practices to remain compliant with contractual obligations to report data on quality. We offer support by:

- Providing educational tools
- Educating providers on proper documentation and coding to help ensure accurate, legible and complete medical records
- Providing guidance on Optum programs that encourage preventive screening, such as the Healthcare Quality Patient Assessment Form (HQPAF) program
- Providing education on survey measures that impacts your patient care

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Sources:

[1] "What Is HEDIS?" National Committee for Quality Assurance. Web. 13 March 2015. <ncqa.org/HEDISQualityMeasurement/WhatisHEDIS.aspx>.

https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Downloads/2013-5-Star-Enrollment-Period-Job-Aid.pdf

http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html

Key quality measures

Healthcare Effectiveness Data and Information Set (HEDIS®) consists of over 80 quality measures across multiple domains of care used to collect data and evaluate performance. The Star Ratings system consists of five domains of care. At Optum, our goal is to help providers focus on key measures that have an impact on clinical care for patients.

Referencing the following measures will provide a framework to help you understand how care and clinical tests are measured within **Domain 1: Staying Healthy: Screenings, Tests and Vaccines** and **Domain 2: Managing Chronic (Long-Term) Conditions.**

Quality measures that impact these domains include:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey
- Healthcare Effectiveness Data and Information Set (HEDIS®) measures and survey instruments
- Health Outcomes Survey (HOS)

This section provides an overview of each survey to help providers implement best practices on quality care, screening and early detection of chronic illness. Please consult your Optum health care representative for more information on how we can help you understand these quality measures.

PLEASE NOTE: The quality measures in this section are for reference only. You are not required or expected to complete these surveys.

Quality measures included in this toolbook impact Domains 1 and 2 and are only a subset of measures within the Star Ratings. These tools are for reference only to help you understand what information is being measured within the CAHPS® survey, HEDIS® measures and survey instruments and HOS quality measures.

For additional information as well as publications and products available for HEDIS,® please visit the National Committee for Quality Assurance (NCQA) website at www.ncqa.org.

For additional information as well as surveys and tools available for CAHPS,® please visit the Agency for Healthcare Research and Quality (AHRQ) website at http://cahps.ahrq.gov/.

Health Outcomes Survey (HOS)

About the Health Outcomes Survey (HOS)

The Medicare Health Outcomes Survey (HOS) is the only patient-reported outcomes measure in Medicare managed care and therefore remains a critical part of assessing a MAO's quality. The HOS design is based on a randomly selected sample of individuals from each participating MAO and measures their physical and mental health over a two-year period. The HOS instrument is an assessment of a MAO's ability to maintain or improve the physical and mental health functioning of its Medicare beneficiaries. Members were eligible for re-measurement if they had sufficient data to derive physical or mental component scores at baseline.

In 2015, CMS will launch Medicare HOS 3.0 for Medicare Advantage Organizations (MAOs). HOS 3.0 evaluates Health Related Quality of Life (HRQOL) of Medicare Advantage beneficiaries by measuring their physical and mental health status using the Veterans RAND 12-Item Health Survey (VR-12). Measures are also included to evaluate management of urinary incontinence, physical activity, osteoporosis testing and fall risk management. The HOS contains questions about socio-demographics, activities of daily living (ADLs), chronic medical conditions, health symptoms, number of unhealthy days in the past 30 days and depression risk in addition to height and weight categories used to calculate Body Mass Index (BMI).

The survey below is for informational purposes and highlights measures related to Star Ratings. *You are not required to complete or distribute this survey. This sample only includes questions 42-51 and is not the complete Health Outcomes Survey (HOS).*

For the complete survey, please visit: http://www.hosonline.org/surveys/hos/download/HOS_2015_Survey.pdf

Questions	Measure
URINARY INCONTINENCE	
42. Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?	☐ Yes ➔ Go to Question 43 ☐ No ➔ Go to Question 46
43. During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?	☐ A lot ☐ Somewhat ☐ Not at all
44. Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?	☐ Yes ☐ No
45. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?	☐ Yes ☐ No
MONITORING PHYSICAL ACTIVITY	
46. In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.	☐ Yes ➔ Go to Question 47 ☐ No ➔ Go to Question 47 ☐ I had no visits in the past 12 months ➔ Go to Question 48
47. In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.	☐ Yes ☐ No
REDUCE RISK OF FALLING	
48. A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	☐ Yes ☐ No ☐ I had no visits in the past 12 months
49. Did you fall in the past 12 months?	☐ Yes ☐ No
50. In the past 12 months, have you had a problem with balance or walking?	☐ Yes ☐ No
51. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include: • Suggest that you use a cane or walker. • Check your blood pressure lying or standing. • Suggest that you do an exercise or physical therapy program. • Suggest a vision or hearing testing.	☐ Yes ☐ No ☐ I had no visits in the past 12 months

Source: *Medicare Health Outcomes Survey*. National Committee for Quality Assurance (NCQA). Health Services Advisory Group. Centers for Medicare and Medicaid Services., n.d. Web. 2015. <http://www.hosonline.org/surveys/hos/download/HOS_2015_Survey.pdf>.

About the CAHPS® survey

The Centers for Medicare & Medicaid Services (CMS) is committed to measuring and reporting information from the consumer perspective for Medicare Advantage (MA) and Medicare Prescription Drug Plan (PDP) contracts. The Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is sponsored by CMS and collects information to fulfill a requirement of Congress under the Balanced Budget Act of 1997 and the Medicare Modernization Act of 2003. The survey provides information to Medicare beneficiaries on the quality of health services provided through MA and Medicare Part D programs.

The survey below is for informational purposes and highlights measures related to Star Ratings. *You are not required to complete or distribute this survey. This is not the complete CAHPS survey. Questions 13-32 below are part of the 'Your Personal Doctor Section' of the CAHPS survey only.*

For the complete survey, please visit:
ma-pdpcahps.org/Content/SurveyInstruments.aspx

Questions	Measure
YOUR PERSONAL DOCTOR	
13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	☐ Yes ☐ No ➔ If No, Go to Question 33
14. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?	☐ None ➔ If None, Go to Question 33 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 to 9 ☐ 10 or more
15. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
16. In the last 6 months, how often did your personal doctor listen carefully to you?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
17. In the last 6 months, how often did your personal doctor show respect for what you had to say?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
18. In the last 6 months, how often did your personal doctor spend enough time with you?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
19. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	☐ 0 - Worst personal doctor possible ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - Best personal doctor possible
20. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
21. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?	☐ Yes ☐ No ➔ If No, Go to Question 24
22. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?	☐ Never ➔ If Never, Go to Question 24 ☐ Sometimes ☐ Usually ☐ Always
23. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
24. In the last 6 months, did you take any prescription medicine?	☐ Yes ☐ No ➔ If No, Go to Question 26
25. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
26. Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?	☐ Yes ☐ No ➔ If No, Go to Question 29

- continued on next page -

The survey below is for informational purposes and highlights measures related to Star Ratings. ***You are not required to complete or distribute this survey. This is not the complete CAHPS survey. Questions 13-32 below are part of the 'Your Personal Doctor Section' of the CAHPS survey only.***

For the complete survey, please visit:
http://ma-pdpcahps.org/Content/SurveyInstruments.aspx

Questions	Measure
YOUR PERSONAL DOCTOR	
27. During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?	☐ Yes, a lot ☐ Yes, a little ☐ No, not at all
28. During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?	☐ Harder ☐ Not harder or easier ☐ Easier
29. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?	☐ Yes ☐ No ➔ If No, Go to Question 32
30. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?	☐ Yes ☐ No ➔ If No, Go to Question 32
31. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?	☐ Yes, definitely ☐ Yes, somewhat ☐ No
32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?	☐ Yes ☐ No

How can we help you?

Our goal is to help health care professionals facilitate and support accurate, complete and specific documentation and coding with an emphasis on early detection and ongoing assessment of chronic conditions. Through targeted outreach and education, we help our clients and their providers:

- Deliver a more comprehensive evaluation for their patients
- Identify patients who may be at risk for chronic conditions
- Improve patient care to enhance longevity and quality of life
- Comply with the Centers for Medicare & Medicaid Services (CMS) risk adjustment requirements

Call your Optum health care representative to find out how we can help you improve outcomes for your patients.

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