

Quick Points



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Do you know what HEDIS[®] can do for your clinic?

The quick answer is that the Healthcare Effectiveness Data and Information Set (HEDIS) scores can give your clinic credit for the good care you provide to your patients. With Minnesota Community Measurement (MNCM) making clinic scores public, HEDIS can assist your clinic to become or remain competitive in the marketplace and identify opportunities for improvement, as well as provide you a method to measure the effectiveness of your efforts.

HEDIS is widely used by more than 90 percent of health plans to measure performance and service in the managed care industry. HEDIS has 71 measures across eight types of care. While it was originally designed for large employer groups to be able to compare the performance of health plans on an ‘apples to apples’ basis to help them select the best health plan for their needs, the Minnesota Department of Human Services (DHS) and Center for Medicare & Medicaid Services (CMS) also mandate health plans to submit their HEDIS rates to them annually for quality assurance purposes. Minnesota Community Measurement then uses the HEDIS results to see where they need to focus their improvement efforts.

Blue Cross and Blue Shield of Minnesota is very involved in collecting data and reporting this information to the National Committee for Quality Assurance (NCQA), DHS, CMS and MNCM.

How can your clinic boost its HEDIS scores?

Your clinic can boost its HEDIS scores by reporting the following:

- Category II CPT codes

Example: 0001F – 7025F

Category II CPT codes are designed by the American Medical Association (AMA). These are the supplemental tracking codes that can be used for performance measurement.

When utilized, these codes should decrease the number of HEDIS charts requested for review, which will minimize the administrative burden on physicians, clinics and hospitals.

According to the AMA, the use of these codes is optional and not required for correct coding. The Category II codes cannot be used as a substitute for Category I codes. There are no RVUs or other fee schedule associated with Category II codes thus no reimbursement will be made. When reporting a Category II code, please submit either a zero or one 1 cent charge, if your system requires greater than a zero charge.

Sources

This information was obtained from the following websites:

ama-assn.org

ncqa.org

ama-assn.org/ama1/pub/upload/mm/362/cptcat2-alpha-measures-index.pdf