What are HEDIS®, CAHPS® and HOS?

Below are some of the performance measures used to evaluate care and services provided to your patients.

What is HEDIS? (Healthcare Effectiveness Data and Information Set)

HEDIS stands for Healthcare Effectiveness Data and Information Set which is a widely used set of performance measures in the managed care industry. HEDIS was developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS has become more than a set of performance measures and has evolved into an integral system for establishing accountability in managed care.

HEDIS reporting is mandated by NCQA and the Centers for Medicare & Medicaid Services (CMS) for accreditation and regulatory compliance. It is important that health care providers and staff become familiar with HEDIS to understand what health plans are required to report in order to improve the quality of patient care.

HEDIS is a multipurpose tool originally designed to address private employers’ needs and has been adopted by public purchasers, regulators and consumers. HEDIS is an element of NCQA accreditation and the basis of consumer report cards for managed care. HEDIS data is collected through a combination of surveys, provider medical record audits and insurance claims data.

To ensure the validation of HEDIS results, the data is rigorously audited by certified auditors using NCQA’s process design. HEDIS data is also at the center of most health plan report cards and is available in national magazines, websites and local media.

Data collection begins with queries of the claims or encounter data. If claims data does not include evidence that a service was provided within the required time frame, then the health plan must review the medical record to determine if care was provided. For some measures, data is only collected from claims.

Health care providers can significantly improve HEDIS scores by submitting accurately coded claims for services provided and by maintaining accurate, legible, and complete medical records. Claims must reflect documentation within the medical record. Claims are the most efficient method for reporting HEDIS measures and decreasing the number of medical record reviews needed.
What is CAHPS? \textit{(Consumer Assessment of Healthcare Providers and Systems)}

The National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS) require health plans to conduct a member satisfaction survey called the \textit{Consumer Assessment of Healthcare Providers and Systems} (CAHPS). The surveys are mailed out in February and March with a telephonic follow-up for members that do not respond to the mailed survey. The results are usually available in July and August.

The CAHPS member survey consists of approximately 70 questions and measures the satisfaction of the member with the health plan, provider accessibility, patient/provider relationship and communication.

Several questions related to member satisfaction with the provider are included and may provide opportunities for improvement in the every day routine of the practice. These questions include:

- **Shared decision making (Commercial Measure):** Measures the patient’s experiences with physicians in discussing the best choice of treatment and including the patient in deciding the best treatment for the patient.
- **Health promotion and education (Commercial Measure):** Measures the patient’s satisfaction with the physician in discussing ways to prevent illnesses.
- **Coordination of care (Commercial Measure):** Measures the patients’ perceptions of the physician’s knowledge and whether the physician was aware of all care received from other physicians.
- **How well physician communicates (Commercial, Medicare, and Medicaid):** Measures the patient’s perception of whether the physician listened, explained, spent adequate time and respected what the patient stated.
- **Getting care quickly (Commercial, Medicare, and Medicaid):** Measures satisfaction with the amount of time spent in receiving care or services including the time spent waiting to see the provider.
- **Getting needed care (Commercial, Medicare, and Medicaid):** Measures satisfaction with the ability to obtain care and services from physicians including tests and treatments.
- **Rating of health care (Commercial, Medicare, and Medicaid):** Measures overall satisfaction with the care received by the primary physician within the last 12 months.
- **Rating of personal physician (Commercial, Medicare, and Medicaid):** Measures the overall performance of the primary physician within the last six to 12 months.
- **Rating of specialist (Commercial, Medicare, and Medicaid):** Measures overall performance of any specialist seen within the last six to 12 months.
- **Ratings of health plan (Commercial, Medicare, and Medicaid):** Measures the overall satisfaction with the health plan within the last six to 12 months. \textit{This question is not related to the provider/physician.}

The CAHPS survey also contains questions regarding:

- whether the patient received the flu/pneumonia vaccine
- directions on the use of aspirin
- physician discussion on tobacco cessation
What is HOS? *(Health Outcomes Survey)*

The *Health and Outcomes Survey (HOS)* is initiated by the Centers for Medicare and Medicaid (CMS) and is performed to gather data related to the care of patients. It is an integral process used in improvement activities and to establish accountability in managed care. **All Medicare Advantage plans that had contracts in place before January 1 of the preceding year and membership of at least 500 members as of February 1 of the current year are required to participate.**

A random sampling of Medicare patients receive a survey in the spring. Two years later the same Medicare members receive the follow-up survey. The survey results are compared and the overall health of the members is rated as better than, the same as, or worse than expected.

The questions on the HOS survey are related to patient-physician relationships and identify areas for improvement in patient outcomes. The survey includes questions related to the physical and mental health. The survey also includes questions related to:

- Management of urinary incontinence
- Physical activity in older adults
- Management of the risk for falls

Ways to improve your HEDIS, CAHPS and HOS Documentation

- Submit claims timely and coded appropriately
- Submit electronic claims
- Provide laboratory data as requested
- Ensure medical records are complete, legible and accurate
- Ensure HEDIS preventive screenings, tests and vaccines are performed in a timely manner
- Allow access to your electronic medical record (EMR) or provide medical records as requested
- Communicate effectively to patients in a manner they can understand
- Ensure specialists are communicating the status, tests, medications and outcomes to the primary physician
- Submit referrals and obtain authorizations as appropriate
- Limit patient wait times, provide time for urgent appointments, and provide timely appointments
- Listen and ensure patients understand any orders or communications
- Discuss and provide counseling for urinary incontinence, physical activity, fall risk and osteoporosis testing
- Complete and submit timely HEDIS Attestations and Risk Assessments in the Availity Portal