



Hennepin Health

Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

**2017 HEDIS
–PMAP/MNCCare**

2017 HEDIS PMAP & MNCare

DESCRIPTION

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used in the United States to measure performance on important dimensions of care and service. HEDIS is a critical instrument for Hennepin Health to measure both the quality and quantity of care. HEDIS measurements allow Hennepin Health to strategically plan and implement quality improvement initiatives, track utilization and evaluate performance against other health plans. Typical HEDIS measures include, but are not limited to the following:

- Children and Adolescents: Immunizations, Well Child/Adolescent Visits
- Adult Preventative Care: Breast Cancer Screening, Cervical Cancer Screening
- Comprehensive Diabetes Care
- Behavioral Health

PROCESS AND DOCUMENTATION

HEDIS is a yearlong project and runs from July of the current year to June of the following year. Each HEDIS season captures the data from the prior year. For example, the 2017 HEDIS season captures the data from 2016. Annually in July, Hennepin Health begins review of the HEDIS project plan from the prior year and revises it for the next HEDIS season.

Hennepin Health uses a NCQA certified developer (Verscend) to produce its' HEDIS samples according to NCQA's technical specifications. MDH identifies which HEDIS measures data will be collected. It is also determines at that time whether the HEDIS measures will be reported as an administrative rate based on claims data only, or if it is a hybrid rate which is a combination of claims data and medical record chart review. Hennepin Health can choose to collect data on additional HEDIS measures to be used internally to support QI activities.

The HEDIS results for Hennepin Health are subject to audit by an independent NCQA certified vendor, MetaStar. It is the responsibility of MetaStar to ensure that Hennepin Health meets the data standards and maintains the integrity of the resulting HEDIS data.

HEDIS is a process with many deadlines requiring a coordinated effort to complete. In addition to the HEDIS process mandated by NCQA, external organizations and regulatory agencies use the HEDIS data and require submission of the data in different formats than the one required by NCQA from January to August of the HEDIS season.

Hennepin Health, in collaboration with eight Minnesota health plans, creates an annual Minnesota health plan mean for each HEDIS measure allowing health plans' rate comparison. HEDIS provides Hennepin Health with an analysis tool to compare its' rate against the national mean. Minnesota strives to produce higher HEDIS rates than the nation, focusing on the quality of care rather than the quantity of care.

Hennepin Health had many changes that impacted HEDIS reporting. DHS awarded Hennepin Health a PMAP/MNCare contract, which added children and families to the Hennepin Health – PMAP/MNCare program. The Hennepin Health program was previously a DHS demonstration project for adults without dependent children, ages 21 to 64 years old who earned less than seventy-five percent of the Federal Poverty Level. With the addition of children and families to the Hennepin Health – PMAP/MNCare program, Hennepin Health’s PMAP and MNCare HEDIS rates are able to be compared to the other Minnesota health plans’ PMAP and MNCare programs. Hennepin Health’s MNCare program has a small population, which is steadily growing.

Hennepin Health Measure Strengths HEDIS 2017

The Hennepin Health - PMAP population scored higher than the Minnesota mean for the following measures: Adult Body Mass Index (BMI) Assessment, Chlamydia Screening in Women, Medication Management for People with Asthma and Initiation of Alcohol and Drug Treatment. The Hennepin Health - PMAP population also scored higher than the Minnesota mean for Comprehensive Diabetes Care in the measurements of A1c poor control, A1c control (<8.0%) and monitoring nephropathy.

The Hennepin Health - MNCare population scored higher than the Minnesota mean for the following measures: Adult BMI Assessment, Breast Cancer Screening, Chlamydia Screening in Women and Asthma Medication Ratio. The Hennepin Health – MNCare population also scored higher than the Minnesota mean for Comprehensive Diabetes Care in the areas of A1c testing, poor control, control <8, good control <7 and blood pressure <140/90.

HENNEPIN HEALTH MEASURE OPPORTUNITIES HEDIS 2017

Hennepin Health has opportunities to improve several HEDIS measures related to preventive care. For the Hennepin Health - PMAP population, the Breast Cancer Screening rate (47.01%) is significantly lower than the national mean benchmark (58.51%) and the Minnesota mean (64.37%). The Cervical Cancer Screening rate for Hennepin Health – PMAP (53.77%) has improved from HEDIS 2016 (45.26%). However, this rate is still below the national mean (55.84%) and Minnesota mean (60.01%). To address this issue, Hennepin Health will offer a Wellness Wednesday member event with a focus on breast cancer screenings during the fall of 2018. This event will strive to educate members on the importance of this preventive screening and is intended to improve the HEDIS rate by offering breast cancer screening.

Hennepin Health – MNCare was a new program for 2016 therefore there are no previous years for rate comparison.

HENNEPIN HEALTH HEDIS 2017 MEASURES FOR CALENDAR YEAR 2016

Antidepressant Medication Management

NCQA Definition: the percentage of members 18 years of age and older who were treated with an antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. Two rates were reported:

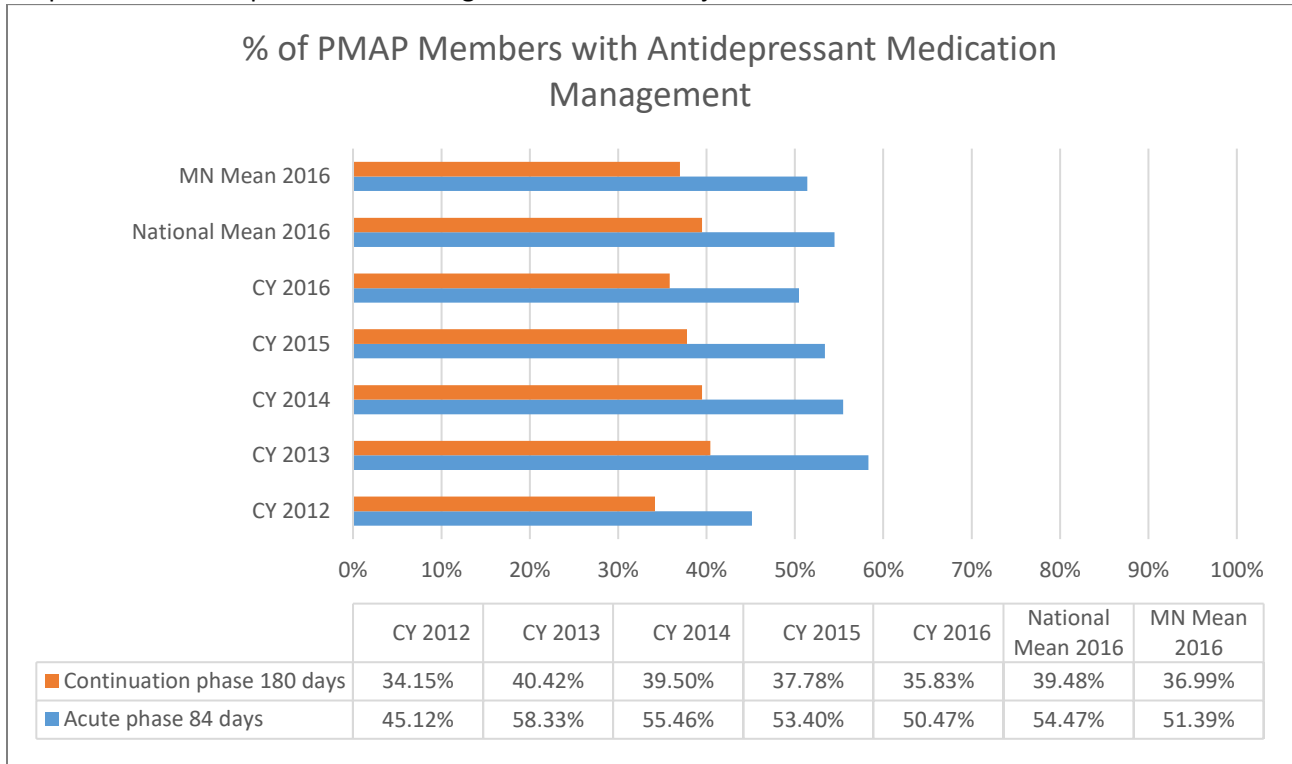
- **Effective Acute Phase Treatment.** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

- Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Hennepin Health – PMAP Rate for Antidepressant Medication Management

- *Effective Acute Phase (84 days): 50.47%*
- *Continuation Phase (180 days): 35.83%*

Hennepin Health - PMAP rates for calendar year (CY) 2016 were below the national and Minnesota means for the Effective Phase and Continuation Phase. The rates have been declining since CY 2013, despite efforts to improve them through the AMM PIP Project.



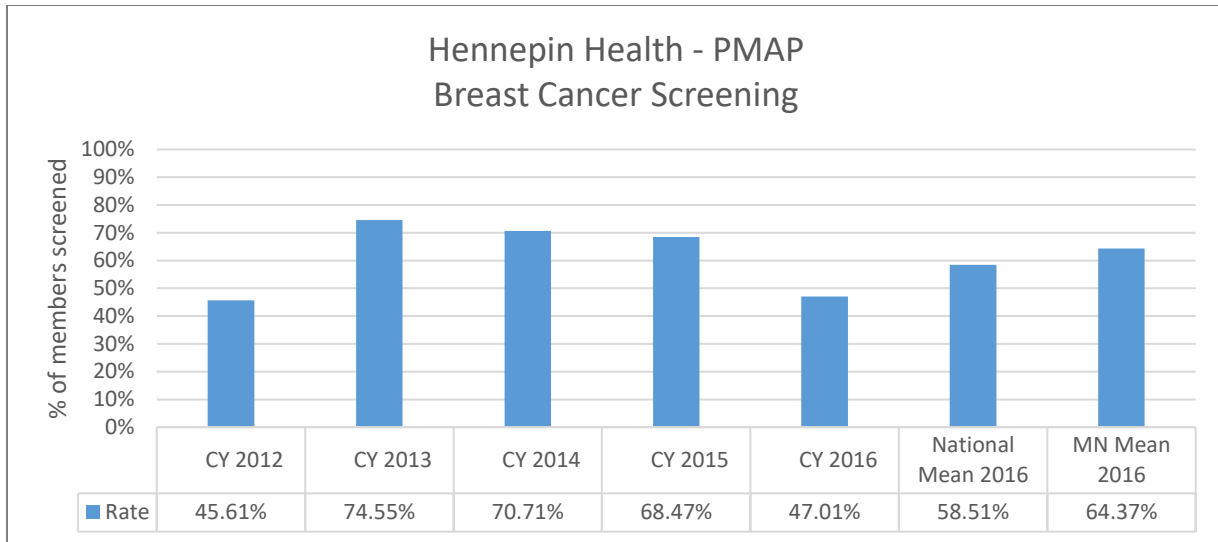
Hennepin Health – MNCare Rate for Antidepressant Medication Management: Hennepin Health – MNCare did not have an eligible population, therefore there are no rates to report for HEDIS 2017.

Breast Cancer Screening

NCQA Definition: percentage of women 52 to 74 years old who had a screening mammogram.

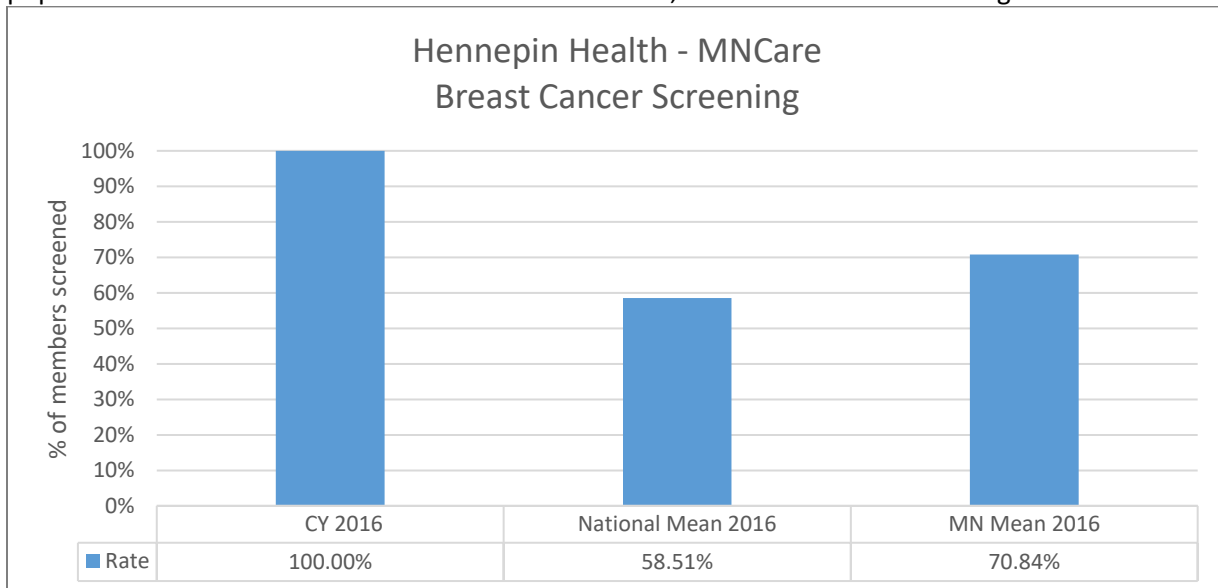
Hennepin Health - PMAP Breast Cancer Screening Rate: 47.01%

The Hennepin Health - PMAP breast cancer screening rate has declined each year since CY 2013. This rate is below both the Minnesota mean and national average. Hennepin Health has identified this measure as an opportunity for improvement and will increase education and awareness efforts.



Hennepin Health - MNCare Breast Cancer Screening Rate 100%

CY2016/HEDIS 2017 is the first year Hennepin Health – MNCare will report the BCS measure. The eligible population for this measure was less than ten members, therefore the rate is not significant.



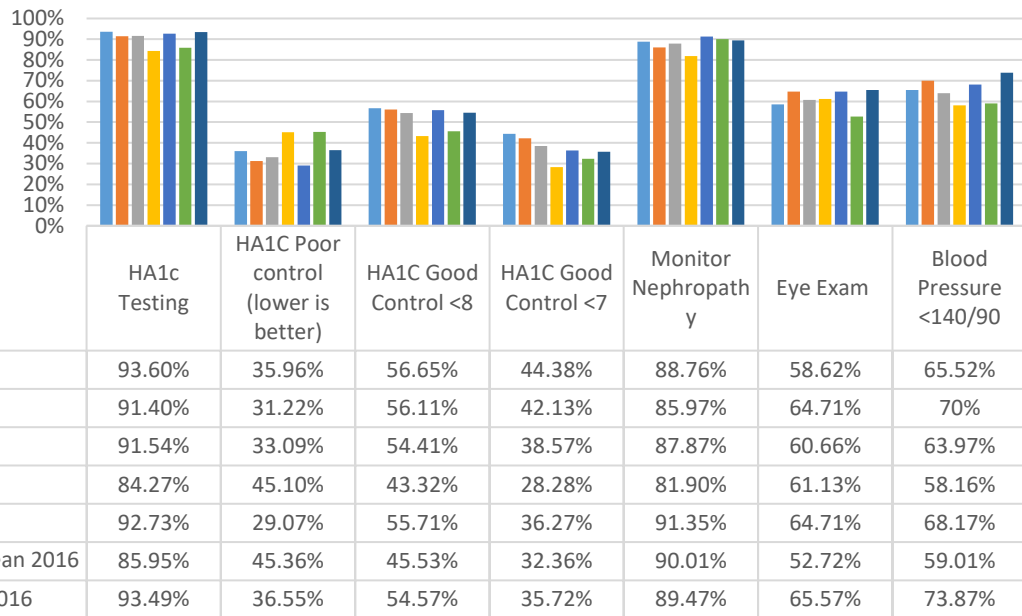
Comprehensive Diabetes Care:

NCQA Definition: members 18 to 75 years of age with diabetes should have each of the following reviewed on an annual basis: HbA1C, Eye Exam, Blood Pressure Control, and Nephropathy screening.

Hennepin Health - PMAP Comprehensive Diabetes

Hennepin Health – PMAP ranked above the Minnesota mean on A1c Control (<8) and monitoring nephropathy. For all other measures, Hennepin Health – PMAP, was below the Minnesota mean. The rates for Hennepin Health- PMAP were above the national mean for all measures.

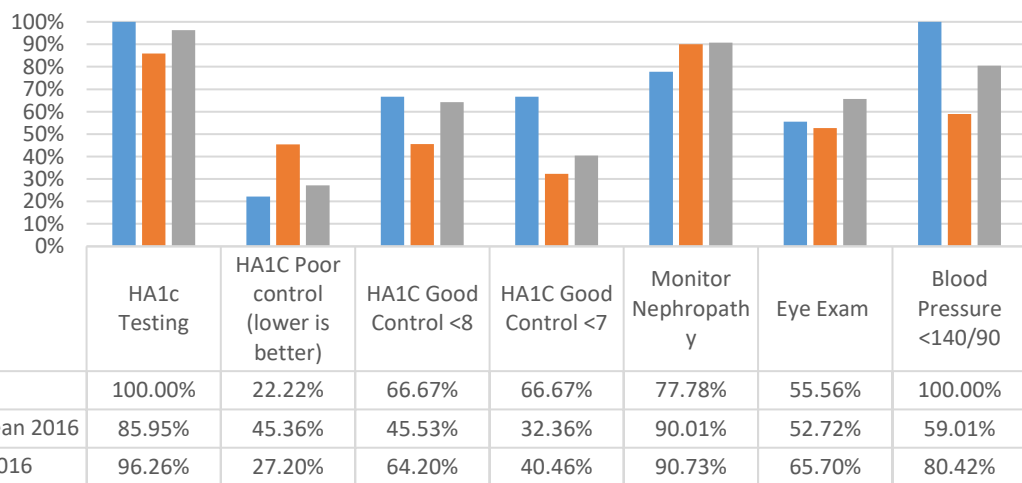
Hennepin Health - PMAP Comprehensive Diabetes Care



Hennepin Health – MNCare Comprehensive Diabetes

Hennepin Health – MNCare ranked above the MN mean for A1c testing, HA1c Control (<8) and BP <140/90. For all other measures, Hennepin Health – MNCare, was below the MN mean. The Hennepin Health MNCare rates were above the national mean for all measures but monitoring nephropathy.

Hennepin Health - MNCare Comprehensive Diabetes Care

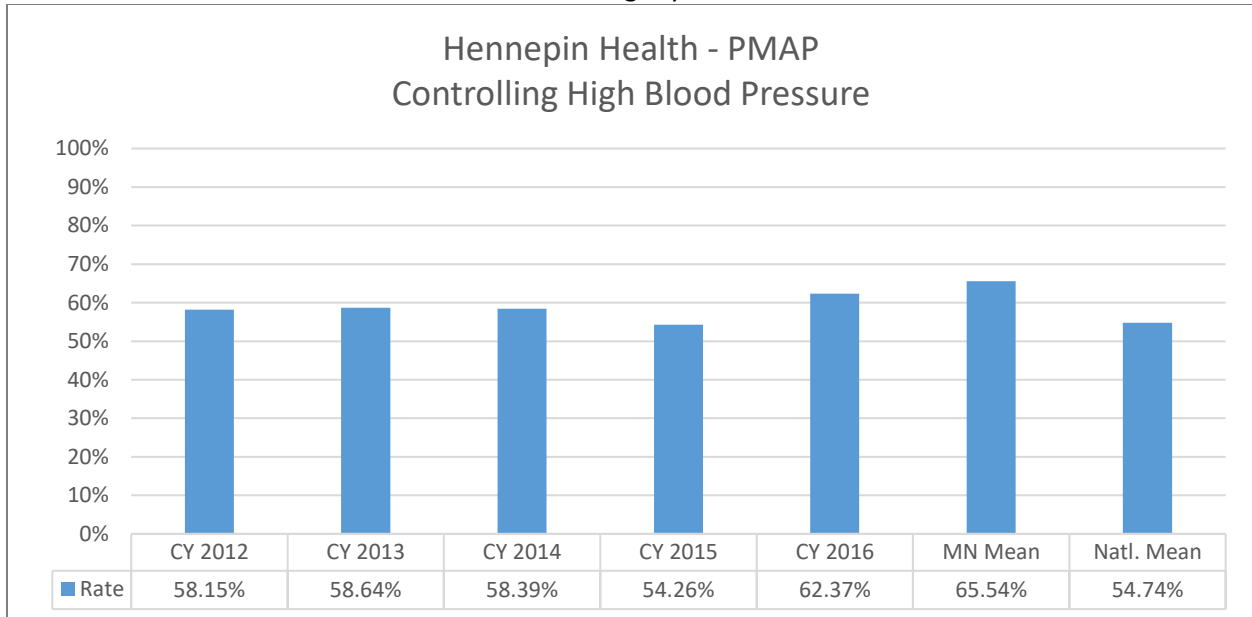


Controlling High Blood Pressure:

NCQA Definition: members 18 to 85 years of age with a diagnosis of hypertension (HTN) with Blood Pressure that is adequately controlled (<140/90).

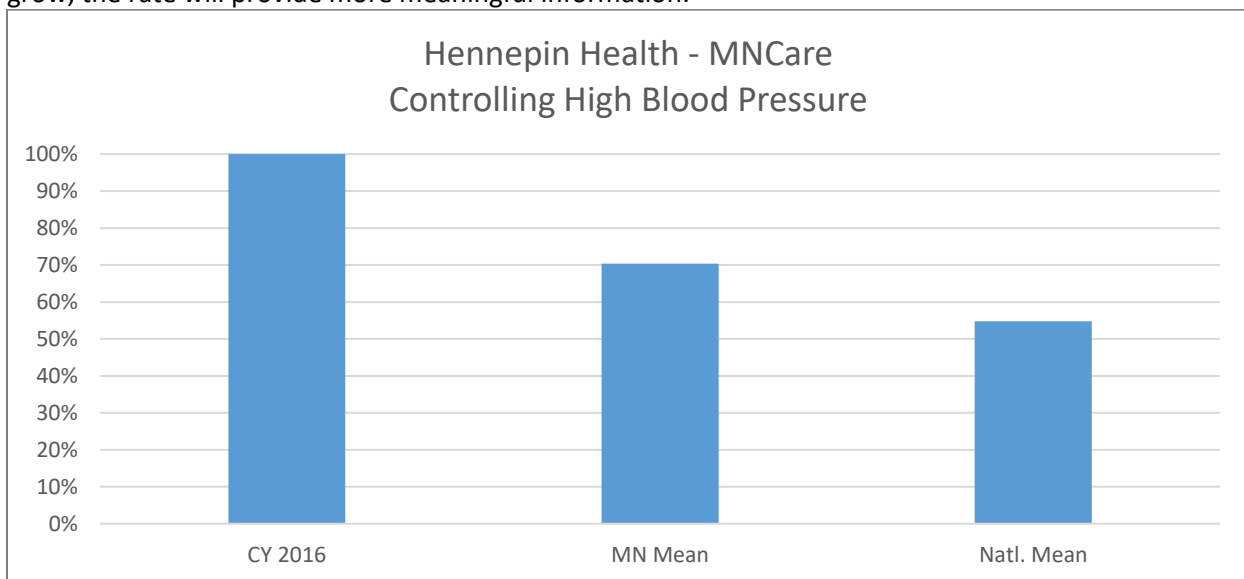
Hennepin Health - PMAP Rate for Controlling High Blood Pressure: 62.37%

The Hennepin Health - PMAP rate for CY 2016 improved by eight percent from CY 2015. The rate continues to be better than the national rate and slightly below the Minnesota mean.



Hennepin Health- MNCare Rate for Controlling High Blood Pressure 100%

The denominator for the Hennepin Health- MNCare rate is less than ten. As this population continues to grow, the rate will provide more meaningful information.



Follow up after Hospitalization for Mental Illness:

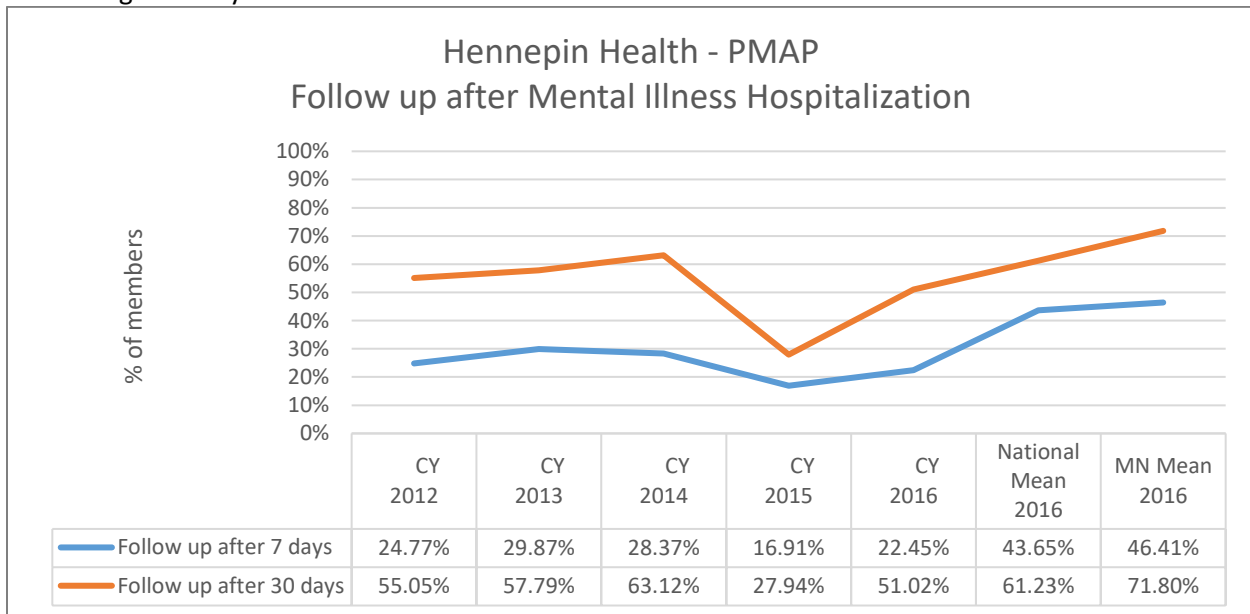
NCQA Definition: the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage discharges for which the member received follow-up within seven days of discharge.

Hennepin Health - PMAP Rate for Follow-up after Mental Illness Hospitalization

- *Follow-up after Mental Illness Hospitalization within 7 days: 22.45%*
- *Follow-up after Mental Illness Hospitalization 30 days: 51.02%*

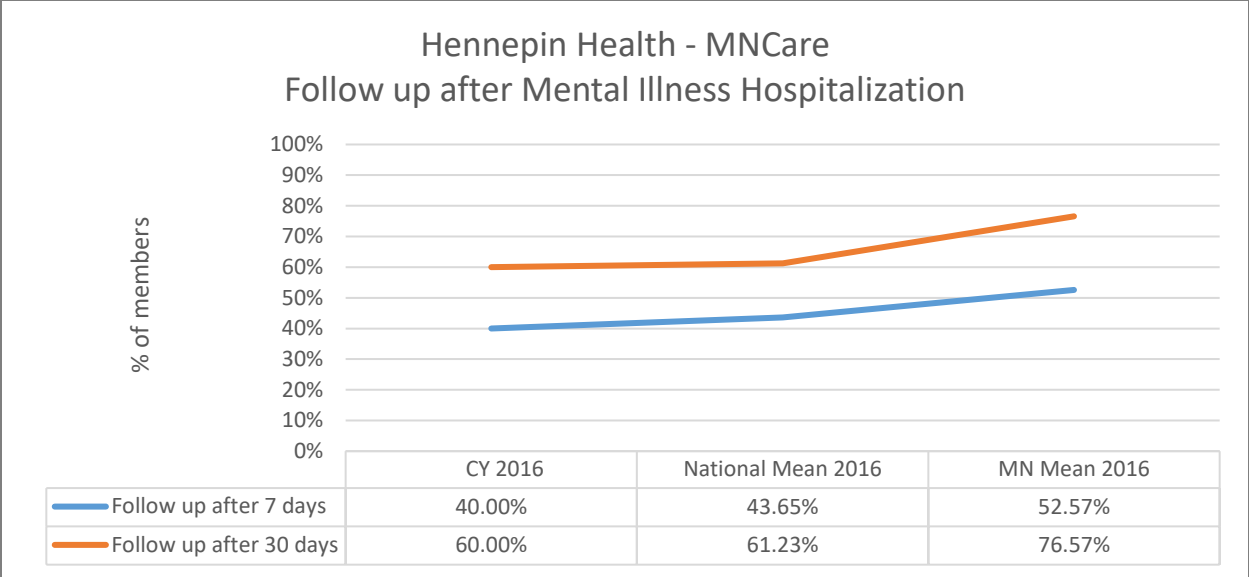
There was a 5.5 percent increase in the seven day follow-up, with a 23 percent increase for the thirty day follow-up in CY 2016. Even with the increase in rates, both the seven and thirty day follow-up rates are still significantly lower than the national and Minnesota means.



Hennepin Health - MNCare Rate for Follow-up after Mental Illness Hospitalization

- *Follow-up after Mental Illness Hospitalization within 7 days: 40%*
- *Follow-up after Mental Illness Hospitalization within 30 days: 60%*

This is the first year reporting on this measure for the Hennepin Health - MNCare population. The measure had a small denominator, therefore as the population grows, changes in rate from year to year may be seen.



What’s New for HEDIS 2017 and the Next Steps?

HEDIS 2017 is the first year for reporting on HEDIS measures for the MNCare population. Additionally, Hennepin Health had higher eligible population sizes for Hennepin Health – PMAP in HEDIS 2017, as more members met the continuous enrollment requirements for most measures.

The most recent HEDIS scores were shared with QMC, Medical Administration and Network Management Departments. All HEDIS scores were communicated to providers via Provider Bulletins. Hennepin Health plans to inform and actively work with its network providers to improve scores for relevant HEDIS measures.

In an effort to reduce emergency department (ED) visits and hospitalizations, Hennepin Health continues to focus on member education about preventive care. Hennepin Health care guides promote annual preventive health exams and connect enrollees with primary care clinics and physicians to receive seamless care. Reminders about annual preventive health exams are displayed on a monitor in the member walk-in service center, posted on the Hennepin Health website and promoted in brochures.

With the addition of the Families and Children/ MNCare programs to Hennepin Health – PMAP program in 2016, HEDIS measures for women and children are reported. Hennepin Health has reward programs for some of those HEDIS measures to improve scores in the areas of Well Child Visits and Prenatal and Postpartum Care.



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