



Healthcare Effectiveness Data Information Set (HEDIS[®]) Methods and Approaches

WORK IN PROGRESS

Decision Support Center-OTSG
Office of Evidenced-Based Practice
Quality Management Division
U. S. Army Medical Command
Fort Sam Houston, Texas

WTU Conference 2011





Objectives

- Define HEDIS[®]
- Describe what successful Military Treatment Facilities have done to achieve above the HEDIS[®] 50th and 90th percentiles
- Discuss the roles of interdisciplinary staff in achieving best practices
- Describe methods and approaches used in monitoring diabetes, asthma and wellness screenings
- Utilize tools and resources available at the online HEDIS[®] Best Practice Tool Kit



HEDIS[®]

- HEDIS[®] stands for Healthcare Effectiveness Data Information Set
- Administered by the National Committee of Quality Assurance (NCQA)
- Set of precisely defined measures using standardized methodologies applied to a broad range of health conditions
- Based on data submitted by commercial U. S. health care plans
- DoD does not submit data for inclusion in NCQA public reports
- Reports are presented in percentages and percentiles that are published annually by NCQA



Overarching Factors

- Command/Leadership Support and Priority
- Teamwork
 - Primary Care
 - Nursing Staff
 - Managed Care
 - Analysts
- Ownership of Data
- Outreach
- Link patient who has an appointment to wellness needs
- Controlling Enrollment
- Persistence!



Everyone Plays a Role

The HEDIS® Stool





Command Support

- Commander support of HEDIS® efforts:
 - Prioritizes staff efforts
 - Directs cooperation and teamwork
 - Determines TRICARE Plus enrollment criteria
 - Prioritizes keeping enrollment current
 - Encourages a “can-do” attitude
 - Demands progress reports
 - Recognizes accomplishments and improvement
 - Allocates PBAM awards
 - Authorizes investment and spending





Nursing Support

- Nursing contributions to the best practices
 - Identify ways to improve HEDIS® measures in their clinics
 - Conduct outreach efforts
 - Identify needed screenings
 - Order labs and screenings in AHLTA
 - Have AHLTA signing authority for documentation issues
- Support team work between appointment clerks and nurses
 - Assist in booking future screening appointments
 - Look at patients with upcoming appointments– what screenings do they need?





Provider Contributions



- Own your panel and your panel's data
 - Document what you need to have the test/visit “count”
 - Choose correct codes from the AHLTA pick lists
 - Work with coders to ensure all work is captured and counted
-
- Educate and counsel patients about the benefits of preventive care such as mammograms, colonoscopies, etc. and the importance of good control of chronic diseases such as asthma and diabetes



Support and Administrative Staff Assistance

- **Administrative Staff (Population Health)**
 - Oversee Outreach (bringing patients in) and Inreach (touching patients already scheduled)
 - Own, manage and distribute Action Lists
 - Work with other providers and nurses to address data quality concerns
 - When possible, give feedback about “missed opportunities”
- **Managed Care**
 - Work to get out-of-area beneficiaries to update their place of enrollment
 - Compile a list of beneficiaries who are mis-enrolled to your facility
 - Review local rules for TRICARE Plus program enrollment
 - Remove beneficiaries who don't meet criteria from the program
 - Remove deceased beneficiaries from the program



Support and Administrative Staff Assistance

- **Front Desk Clerks and Support Staff**

- Verify/Correct patients' address and phone number
- Inreach: cross-check patients with upcoming appointments with Action Lists- flag for nurses
- Outreach : assist with letters and phone calls
- Check Interactive DEERS when a patient checks in
- Add external data to CHCS

- **Coders**

- Know the MHSPHP coding rules
- Monitor for compliance
- Updating coding templates with new code sets, as needed
- Assist PCMs by identifying encounters that are just short of HEDIS compliance due to documentation issues
- Look for “quick wins” by correcting coding errors





Success Factors



Own Your Data

- It's your data.
 - Successful MTFs seek ways to improve their data and make it more reflective of their true populations.
 - Provide routine reports to nurses, PCMs and support staff, to show progress.
 - Get/train a good analyst with Access/Excel skills and CDM, CHCS access and HIPAA training.



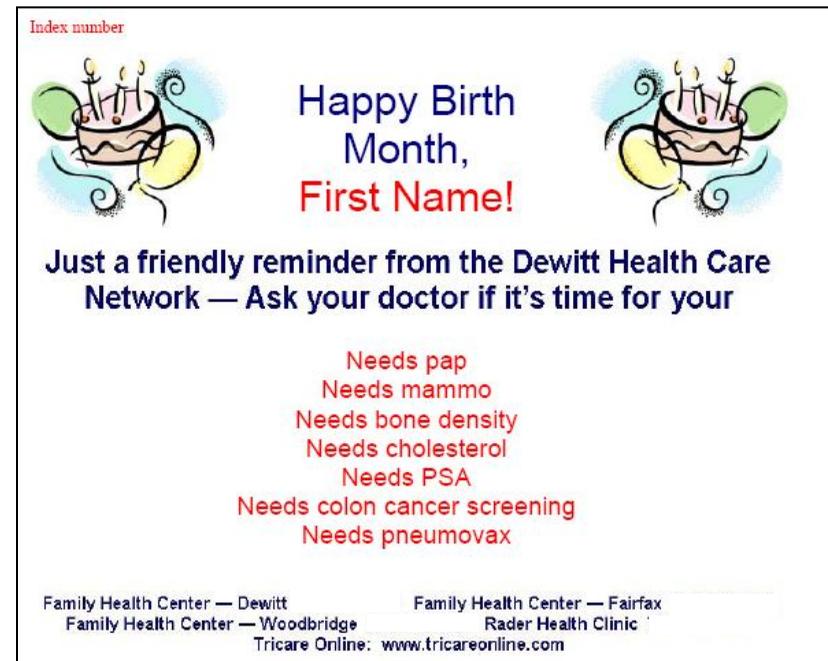
Inreach

- Don't miss an opportunity when the patient is in the building!
 - Know who is coming in for appointments--not just PC appointments, but specialty visits too
 - Take care of as many screenings/tests as possible when that patient is on site
 - If nothing else, schedule them for any remaining screenings before they leave
-  Are there ways for the MTF staff to assist in patients with scheduling screenings that must take place at a network facility?



Mail Outreach

- Birth month cards
 - General reminders about all HEDIS screenings.
- Personalized letters
 - State the exact screenings the patient needs
 - Include postage paid return card to indicate change of address or exclusion criteria
 - Give corrected address postcards to Managed Care





HEDIS® Methods and Approaches



Mail Outreach (cont)

- Let Microsoft do the work!
 - Download Action Lists into Access/Excel
 - Mail merge Excel lists into Word
- Populate with patient-specific data
- Invest in a letter folding and stuffing machine (~\$10,000)



DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
DEWITT HEALTHCARE NETWORK
9501 FARRELL ROAD, COMMAND SUITE
FORT BELVOIR, VIRGINIA 22069-5901

21 August 2008

REPLY TO:
ATTENTION OF:

First Name Last Name
Street address
City, State Zip

Dear Ms. Last Name,

The Dewitt Health Care Network is writing to let you know that our records suggest that you are due for a pap smear and a mammogram. According to our records:

Your last pap smear was on: Last pap exam date
Your last mammogram was on: Last mammo exam date

Pap smears are a vital tool in preventing cervical cancer. It is important to get a pap smear at least every three years, and most clinicians recommend pap smears at least every two years.

Mammograms help screen for breast cancer. Most national organizations including the American Cancer Society, recommend getting a mammogram yearly from the age of 40 onward. You should at the least get a mammogram every other year from the age of 40 to 50, and all national organizations agree that women should get yearly mammograms after the age of 50. Early screening saves lives!

If you can answer no to all the questions below, you may schedule your mammogram directly by calling 703 805-9014.

Can you feel any lumps or masses in your breasts?
Was your last mammogram abnormal?
Do you have any nipple discharge that has not been evaluated by a doctor?
Is this a short term follow-up of a previous abnormal mammogram?
Have you ever been diagnosed with breast cancer?

If you answered yes to any of the questions above, or have any questions about your self breast exam, we recommend that you schedule a clinical breast exam with a provider, who will then order the best test(s) for you. You may call to schedule a well woman exam at the following phone numbers:

Assigned clinic
Assigned clinic appt number

OR

Women's Health Clinic
(703) 805-0161/9182

OR

Book your appointment online at: www.tricareonline.com

If you have had a pap smear or mammogram in the past couple of months, don't worry – the information that we have available lags by a couple months. If we have sent this letter in error, however, please take the time to fill out the short survey we have enclosed so that we may update your records.

Respectfully,

Chief, Health Promotion and Disease
Management Program



Ft. Drum completed thorough research when choosing their folding machine to ensure efficiency and full capabilities. Look for details in the Toolkit.



Phone Outreach

- Call patients, remind them of needed screenings
- Leave messages, encourage patients to call back
 - Be sure to note why you called so you're prepared when they call back
- Note wrong phone numbers- flag for update at next appointment
- Note beneficiaries who live out of area
 - Refer them to the DEERS website
 - Give their info to Managed Care
 - Remind them to get screened at their current location (until they change their enrollment- they're still your patient!)



Landstuhl AMC is using Audio Communicator to contact patients- details in HEDIS® Tool Kit



Scheduling and Templates

- **How far in advance can patients schedule?**
- Scenario:
 - “I got a letter in the mail saying I’m due for a colon cancer screening. I’d like to schedule my colonoscopy around Christmas, when my mom will be here to watch the kids.”
 - “Sorry, we’re only taking appointments through the end of November. Please call back.”
- After all of the effort to write and mail the outreach letter, the patients responds (hooray!), but she can’t book 5 weeks ahead.
- Will she call back?



Navy Best Practice

- At Naval Health Clinic (NHC) Charleston, the utilization of a CHCS Ad-Hoc Report called the Prospective Appointment Tool is being used
- NHC Charleston instituted a No-Show Process Improvement Team
 - Decreased no-shows to 3.7%
 - Optimized the use of the Audioremind system
 - Marketed effects on access to care with no-shows
 - Increased accountability of active duty



Controlling Enrollment



- Partner with Managed Care!
 - Identify deceased enrollees
 - Identify enrollees with out-of-area addresses
 - Managed Care can work to manage TRICARE Plus enrollment

- Review TRICARE Plus Enrollment
 - It's a Commander's Program
 - Commanders can dictate enrollment criteria
 - Consider disenrolling Patients who aren't using services or who live outside the service area (they still have access to ED and pharmacy)



Controlling Enrollment (cont)

- Run a CHCS ad-hoc to identify beneficiaries with addresses outside of your PSA and record their addresses
- Run a CHCS ad-hoc to identify beneficiaries who have not used MTF services in 18-24 months
- To update DEERS profile:
<https://www.dmdc.osd.mil/appj/bwe/indexAction.do>

Beneficiary Web Enrollment - Welcome - Windows Internet Explorer

https://[pl.dmdc.osd.mil/appj/bwe/indexAction.do

Beneficiary Web Enrollment

Home Log Off Help

BWE Links

Home
Get Enrollment Form
Get Disenrollment Form
Related Sites
TRICARE Online
US Family Health Plan

Please Note:
If you are moving or changing duty stations, click on the address update icon for a family member and verify your family's address. If your new address requires a transfer of enrollment, BWE will guide you through the process.

Name	Relation	Enrolled	Selected Plan	Primary Care Manager	Plan Start	Plan End	Actions
Sara Bentley	Sponsor	Not Enrolled					

Please refer to the [Viewing Beneficiary Information](#) section in the online help for more information on the data displayed.

Legend

- Create New Enrollment
- Request Enrollment Card
- Disenroll
- Change Primary Care Manager
- Cancel Pending Enrollment
- Cancel Pending Pom Changes
- Edit/Update Address

[BWE Home](#) | [Logout](#) | [Help](#) | [BWE Fax](#) | [TRICARE Customer Support](#)

For technical assistance or to report problems with this site please call 1-800-477-8227.
Version 2.3.10, build 38, Build Date 07/18/2008.



Who at your facility is best to confirm a beneficiary's address?
Appointment clerks? Front desk staff?



TRICARE UPDATE

- In FY09, the MCSC assisted MTFs in fixing mis-enrolled beneficiaries
- The Contractors listed all Prime beneficiaries who are enrolled to MTF by ZIP code and BenCat (and more)
- Contractors contacted Prime beneficiaries who exceed the drive time and/or mileage limits particular to each MTF and re-enrolled them elsewhere
- Contractors notified beneficiaries and received all of their questions
- This is helping with the problem of: “This beneficiary on my Action List doesn’t live here? What do I do?!”



The Measures



Mammograms

- Review your mammography scheduling practice
 - Consider allowing patients to self-refer
 - Insufficient evidence to require a clinical breast exam first
 - <http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm>
 - Does the network require an MD's signature on the referral?



To enter exclusion criteria, create a noncount telcon in AHLTA:

- Hx of bilateral mastectomy: v45.71 3 (DOD Extender code- military specific)



Mammograms

-  Navy Best Practice: The “Mammo While You Wait” program at Naval Medical Center San Diego ...
-  Ft. Campbell implemented a self-referral program for mammograms, allowing patients to schedule directly without a PCM visit first.
-  Ft. Hood has nonclinical staff enter orders for mammogram, signed by a privileged provider (pharmacist) and used facility approved protocols that include educational verbiage for patient notification letters. 15 women were identified with breast cancer as a result of this screening initiative!
-  To enter exclusion criteria, create a noncount telcon in AHLTA:
 - Hx of bilateral mastectomy: v45.71 3 (DOD Extender code- military specific)



Cervical Cancer Screenings

- Nurses can identify patients with upcoming appointment who need a pap smear
- PCMs can complete them during a regularly-scheduled well woman visit
- Be sure to code correctly:
 - **Use HCPC Q0091:** Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
 - Select the HCPC & Durable Med Equipment button under the Procedure Tab.
 - If the pap smear was completed and a specimen was collected, document this, so coders can code it as a completed pap smear. Documenting that one was ordered, does not state that one took place during the visit.



Don't miss opportunities! Complete a pap smear during urine pregnancy tests, UTI, and chlamydia screening visits



Cervical Cancer Screenings

- There are updated hysterectomy codes. Are these codes need updated in your local AHLTA system?

To enter exclusion criteria, create a noncount telcon in AHLTA:

- Hx hysterectomy: V88.01 (Acquired absence of both cervix and uterus)





Colo-Rectal Cancer Screenings

- 3 screening options:
 - Fecal Occult Blood Test (FOBT) – every year
 - Flexible Sigmoidoscopy – every 5 years
 - Colonoscopy – every 10 years
- Virtual Colonoscopy (VC):
 - The PopHealth Portal identifies patients who had a VC.
 - VCs *are not* HEDIS-compliant. Listed for informational and customer-service purposes only.



To enter exclusion criteria, create a noncount telcon in AHLTA:

- Hx total colectomy: v45.8



Asthma Control

- Educate providers on the difference between a formal diagnosis of asthma and asthma-like symptoms/Reactive Airway Disease. If they're not formally diagnosing as asthma, don't code the diagnosis, just document the patient's symptoms.
 - 519.9: Unspecified disease of the respiratory system (RAD)
 - 493: Asthma



Diabetes Measures

- Prevent patients who do not have diabetes from appearing on your Action List
 - Improper coding will contaminate the list
 - Providers and coders work together to correctly code
- Interdisciplinary teams are best practices
- Implement Standing Orders for labs and eye exams and create diabetes lab sets to ensure all labs are completed
- Work with PCMs:



Do you know the HEDIS measures?

- ✓ Educate other providers about HEDIS goals. HEDIS LDL is < 100
- ✓ HEDIS is a performance measure and patient co-morbidities will dictate appropriate control



Do your providers properly differentiate pre-diabetes diagnoses from diabetes (250)? Gestational diabetes?



To correctly code gestational diabetes, use 648.8, pre-diabetes 790.29, impaired fasting glucose 790.21, and glucose intolerance 271.9



Diabetes A1C Screening

- Where are your patients with diabetes receiving care?
 - A1C Screens completed in the network appear in the PopHealth Portal (lab *values* do not).
 - What kinds of diabetes education is offered?
 - Use Action Lists to reach out to patients who will need a screening in the upcoming 1-2 months.
 - Use a standard order template so a patient is sure to get all labs, foot exam and eye exam.
-  Can patients with diabetes be re-captured from the Network and seen in direct care?
- This ensures their labs will be completed on-site and lab values will be seen in the PopHealth Portal
 - Gives providers opportunities to educate and manage patients



Diabetes A1C Control

- Network labs appear as null values in the PopHealth Portal. This translates to failing.
- Some MTFs ask patients with diabetes who see network providers to come to the MTF to complete their labs.
 - The MTF notes that lab results should be sent to the MTF and the network provider
- Network lab results can be documented in the historical procedure section of AHLTA , then transferred to the CDM and eventually will be pulled into the Portal.
- Control < 9 is being measured and rewarded with PBAM.



The Diabetes Educator at Ft. Eustis distributes all of the glucometers from her office. This ensures patients receive a lesson in properly using the device.



Diabetes LDL<100

- Form Interdisciplinary Teams to better manage patients
 - Clinical Pharmacists
 - Diabetes Educators (Nurses, Dieticians)
 - Diabetes Case Managers
- Teams work together to get patients' LDL in control
 - Pharmacist runs Lipid Clinic
- Diabetes Educator/Diabetes Case Manager to recommend med changes to PCM
- Lowering LDL isn't good enough, need to get below 100 to count for HEDIS



Ft. Campbell's clinical pharmacist works closely with patients with diabetes to monitor and alter their medications. This removes unwanted variance that can occur when different providers change the patient's medication.



Coding

MHS Population Health Portal Methods



Air Force Medical Support Agency (AFMSA)
Healthcare Informatics Division (HID)

AFMSA/SG6H
2509 Kennedy Circle
Brooks City-Base TX 78235-5116



Decision Support Center – OTSG Pneumovax Campaign



Pneumovax

- Used to prevent pneumonia
- Minimizes severity of pneumonia in immunized patients
- Administered to beneficiaries age 65+
- MEDCOM began Pneumovax campaign in September 2006
- Literature indicates that Pneumococcal immunizations are have one of the greatest return on investment of preventive efforts—low cost, high reward
- Minimizing pneumonia benefits:
 - –Patients: fewer or shorter admissions
 - –Health Care System: minimized treatment costs

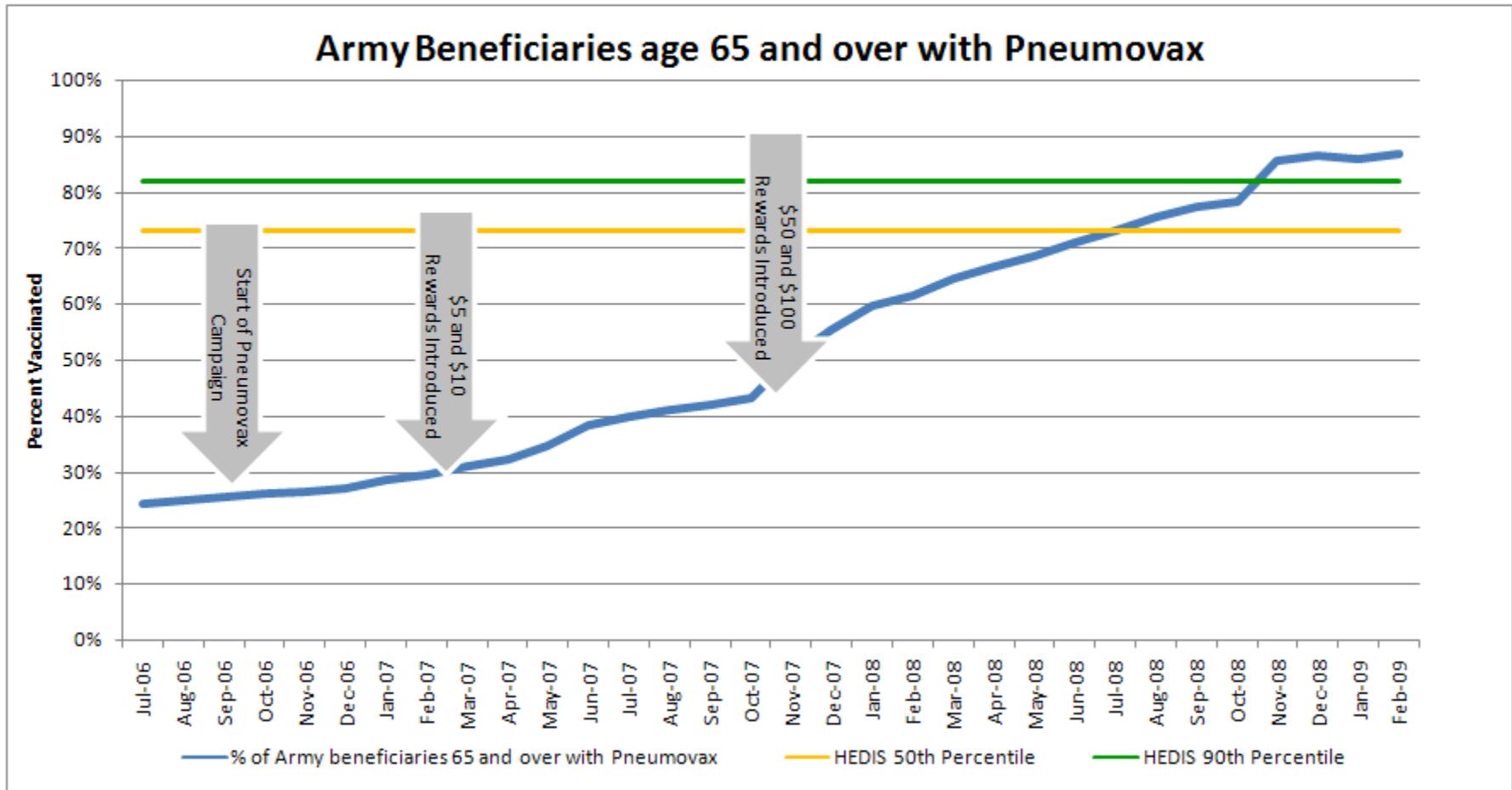


Pneumovax Policy

- All MTFs directed to reach 82% vaccinated by Nov 08
- 31 MTFs made the target
- Pneumovax efforts now rewarded under PBAM



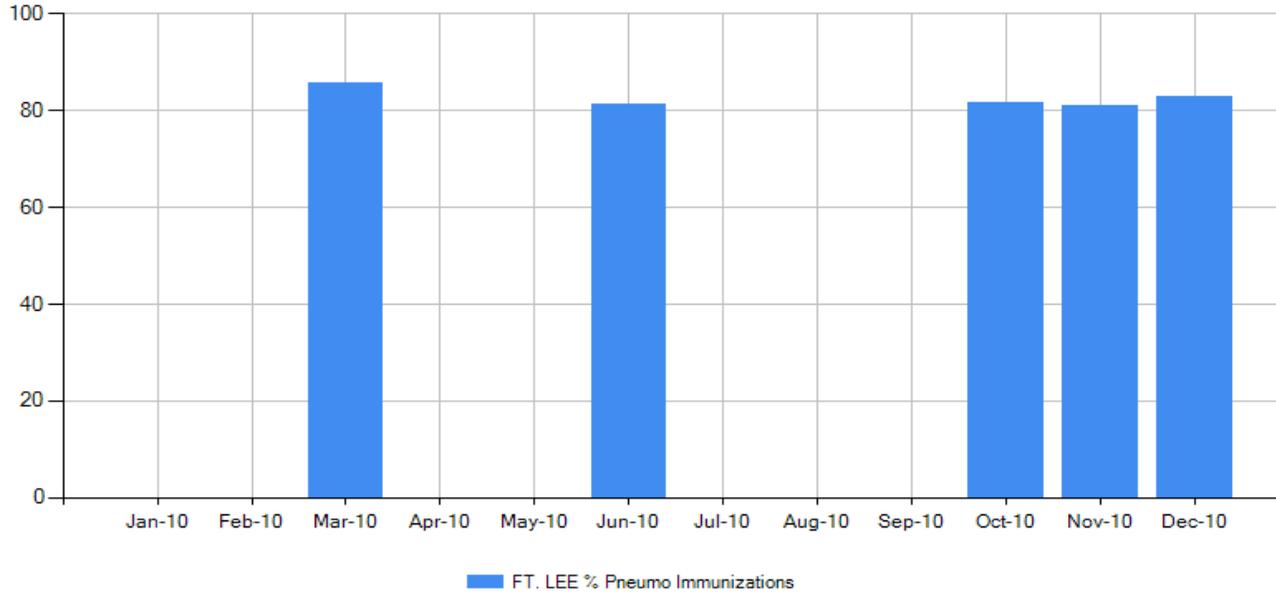
Pneumovax Policy





Current Standing

Adult Pneumococcal Immunization



	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
FT. LEE % Pneumo Immunizations	0.00%	0.00%	85.59%	0.00%	0.00%	81.43%	0.00%	0.00%	0.00%	81.71%	81.05%	82.79%
FT. LEE # Pneumo Immunizations	0	0	202	0	0	193	0	0	0	201	201	202
FT. LEE Total Pneumo Eligible	0	0	236	0	0	237	0	0	0	246	248	244



Pneumovax- Lessons Learned

Laying the foundation. . .

- Central Data Systems- building confidence in the systems
- Teamwork- different departments working together
- Progress- showing change is possible
- Feedback- monthly feedback to DCCSes and Analysts
- Rewards- awarding for clinical priorities



Methods for Improving Pneumovax rate



Pneumovax

- Allow patients to walk-in for the vaccine
- Outreach- call or send letters to unvaccinated patients
 - Invite them to come for the vaccine
 - Allow them to respond with vaccination date (then transcribe into AHLTA)
- Make the vaccine convenient- locate it near Primary Care
- Issue standing orders
- Encourage Nurses to own this measure
- Move vaccinations from eImmune and paper records to the Immunization Module of AHLTA
- Manage TRICARE Plus enrollment



Pneumovax

- Document administered and historical vaccination in the Immunization Module

Date: 07 Sep 2006 0716 EDT
Status: Checked-In
Type: ACUTE
Treatment Facility: ~~UNITED STATES ARMY~~
Clinic: FAMILY PRACTICE EAMC

Primary Provider:
Patient Status: Outpatient
Reason for Appointment: meds
Appointment Comments:

AutoCites Refreshed by HODDY, BOB L @ 15 Sep 2006 1228 EDT

Problems

- GASTRITIS
- Diabetes Mellitus, Insulin Dependent
- joint pain, localized
- joint pain, localized in the torso
- PATELLAR CHONDROMALACIA
- WARTS VERRUCA
- ACTINIC KERATOSIS
- HERPES ZOSTER (SHINGLES)
- allergy to pollens
- ESOPHAGEAL REFLEX
- ESSENTIAL HYPERTENSION
- Vaccines: prophylactic need against
- Influenza
- PERIORAL DERMATITIS
- visit for screening exam cardiovascular
- diabetes

Allergies

- No Known Allergies

If over 65, open immunization module to either

1. Document that Vaccine given today
2. Hx of vaccine

3. Vaccine history can be updated for previous immunizations or immunizations received during network/civilian healthcare.

File Edit View Go Tools Actions Help

Refresh Close

67

Individual Immunizations | Vaccine History

Immunization	Series	Date Given	Next Due
Influenza	1	24 Nov 2003	24 Nov 2004
MM	1	12 Jul 2006	Pos 14er
Pneumococcal	1	24 Nov 2003	24 Nov 2009
Varicella	1	16 Aug 2001	16 Aug 2005

Vaccination Groups

Adult

Vaccine Current - no Action



Pneumovax

- Document a refusal when the patient, after being educated, states that they do not want to receive the vaccine.
- Document this in the Wellness Module

A screenshot of a software window titled "Edit Pneumococcal vaccination". The window has a "Status" section with three radio buttons: "Completed", "Ordered", and "Refused". The "Refused" button is selected and circled in red. Below this is a "Service Information" section with a "Type" dropdown set to "Pneumococcal vaccination", a "Date" field set to "05/29/2007", and an "Estimated" checkbox. There are also fields for "Comments", "Code", "Freetext", "System", "Information Source", and "Admin. Location". At the bottom are "Save" and "Cancel" buttons.A screenshot of a software window titled "Select History Type". The window displays a list of "Wellness Type" options in a scrollable list box. The options include: "Ocular Prophylaxis at Birth", "Osteoporosis Wellness Reminder", "Papanicolaou (PAP Smear) Screening", "Parainfluenza-3", "Passive Smoke Counseling", "Phenylalanine Screen", "Platelets (PLT)", "Pneumococcal", "Pneumococcal - Pediatric", "Pneumococcal vaccination", "Prescription for Hearing Aids", "Prescription glasses (2 Pair)", "Prescription Mask Inserts (1 Pair)", and "Problem Drinking Assessment". At the bottom are "OK" and "Cancel" buttons.



HEDIS Best Practices Tool Kit

Link:

<https://www.QMO.amedd.army.mil>



HEDIS® Methods and Approaches



- Access by clicking “HEDIS®” from the QMO Main Menu
- On the HEDIS® Best Practice Home Page, click on the menu on the top left hand side and select any topic of interest
 - Basics
 - Information on the Portal, Command Management System and HEDIS®, Balance Score Card
 - Outreach
 - Sample Patient letters, phone scripts, audiocare and postcards
 - Enrollment
 - DEERS information, Enrollment Policies, sample change of enrollment letters, CHCS queries
 - Data Management
 - CAC protected for data management reports



Continued

- AHLTA
 - Information on Bidirectional Health Information Exchange, creating registries
- Measure Specific
 - Asthma, Diabetes, Pneumovax, and Cancer Screening for Breast, Cervical, and Colo-rectal
- Coding
 - Portal inclusion/exclusion codes, new hysterectomy codes, coding links
- Personnel
 - Job descriptions
- Medical Management
 - Brochure on case management and disease management
- There will be continuous updates to the online tool kit so have staff keep checking



- Clinical Practice Guidelines
- HEDIS**
- Patient Safety
- The Joint Commission
- Medical Management
- OM / POP Health
- Risk Management
- Credentialing
- Policies
- Corporate Quality
- Resources
- Musculoskeletal Tools
- FAQs
- Contact Us
- QMO Home

Welcome Quick Links

Welcome to the Office of Quality Management web site.
We are continually assembling information which can be
accessed from the menu bar
on the left and the tabs on top of each information panel.
We have large quantities of information
to publish, and desire to make this your source
for the latest information from our office.



Click on the Shopping Cart to visit our on-line shopping system available to Army, Air Force and Navy facilities to replenish supplies of the Clinical Practice Guideline Tool Kits.

Order refill items for multiple CPGs at one time. Check your order status on-line.

Click here to email any questions pertaining to the CPG Shopping Cart including:
 changes to your account
 questions about orders
 forgotten passwords, etc.

Access To Care	Privacy & Security Notice	External Link Disclaimer	Web Accessibility	Last Modified Date: Wednesday, December 23, 2009
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<https://www.QMO.amedd.army.mil>



- Basics >
- Outreach >
- Enrollment >
- Data Management >
- AHLTA >
- Measure Specific >
- Coding >
- Personnel >
- Medical Mgmt. >
- CPG Home Page
- QMO Home Page



METHODS AND APPROACHES TO IMPROVING HEDIS

Welcome HEDIS Info. CPG List

Welcome to the HEDIS home page.

Information can be access from the menu on the left

as well as the tabs on the top of this panel.

Click here to join the HEDIS email distribution list.



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U.S. ARMY MEDICAL DEPARTMENT Office Of Quality Management

Risk Management

- Basics
- Outreach**
- Enrollment
- Data Management
- AHLTA
- Measure Specific
- Coding
- Personnel
- Medical Mgmt.
- CPG Home Page
- QMO Home Page

- Audio Communicator
- Letters
- Postcards
- Phone Scripts
- Email
- Folding Machine Details

METHODS AND APPROACHES TO IMPROVING HEDIS

- Training Event
- HEDIS Info.
- CPG List



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Wednesday, October 06, 2010

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- Basics
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- Medical Mgmt.
- CPG Home Page
- QMO Home Page

METHODS AND APPROACHES TO IMPROVING HEDIS

Welcome Sample Letters More Samples

Click on a sample letter below to view / download. . .	
Breast CA Screening DHCN - Mammo DHCN - Mammo Out of Area CRDAMC Mammo Letter BACH - 2nd Recall BACH - 6 Month Follow-Up BACH - 6 Month Recall	Colorectal CA Screening DHCN - Colon Cancer DHCN - Colon CA - Out of Area BACH - Colorectal BACH - Colorectal Repeat CRDAMC - Colon Cancer CRDAMC - Thank You
PneumovaxScreening DHCN - Pneumovax@ DHCN - Pneumovax@ OOA BACH Pneumovax@	Breast and Cervical Screening DHCN - Both Pap AND Mammo DHCN - Both Pap and Mammo - Out of Area
Cervical CA Screening DHCN - Pap DHCN - Pap Out of Area BACH - Pap	Diabetes Screening CRDAMC - Screening MACH - Diabetes Care



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Medical Management

- Basics ⌵
- Outreach ⌵
- Enrollment ⌵
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- AHLTA** ➔
- Measure Specific ⌵
- Coding ⌵
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- Medical Mgmt. ⌵
- CPG Home Page
- QMO Home Page

- Historical ➤
 - Policy 10-026
 - Using Historical
 - AHLTA Phrases
- Creating Registries
- BHIE Brief
- Wellness Business Rules
- 838 Information

METHODS AND APPROACHES TO IMPROVING HEDIS

- Welcome
- Training Event
- HEDIS Info.
- CPG List

welcome to the HEDIS home page.

Information can be access from the menu on the left as well as the tabs on the top of this panel.

Click here to join the HEDIS email distribution list.



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HEDIS® Methods and Approaches



Questions?



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