



Great Expectations: HEDIS Updates for 2023 and Driving Measure Improvement

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Introduction

- ✔ Questions – Please submit any questions in the Q&A window.
 - ✔ Materials – Following the webinar, a copy of the materials presented will be sent out.
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Learning Objectives for Today's Training:

- ✓ Review new, retired and revised measures for MY 2023
- ✓ Understand our vision and the need for change
- ✓ Understand the expectation Healthcare Effectiveness Data and Information Set (HEDIS) imposes
- ✓ How to build out systems to support and anticipate change that is coming
- ✓ Prepare for common barriers and challenges
- ✓ Gain understanding on how to improve clinical processes and data capture
- ✓ Learn guidelines for submitting supplemental data



New, Revised, and Retired Measures

HEDIS Measures MY 2023

Based on HEDIS Specifications released in August 2022:

- ✓ Added three new HEDIS measures and one Risk Adjusted Utilization measure
- ✓ Retired five measures
- ✓ Substantially changed a measure and made small changes across multiple measures
- ✓ NCQA also continued the transition to Electronic Clinical Data Systems (ECDS) reporting
- ✓ Notable updates include the introduction of race/ethnicity stratifications and revisions to acknowledge and affirm member gender identity.

Note: MY2023 Specifications are not frozen until March



New Measures MY 2023

Measure Name	Details	Intent
Oral Evaluation, Dental Services (OED)	The percentage of Medi-Cal members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the MY.	To evaluate if pediatric members are receiving dental care and to improving access and utilization of dental evaluations
Topical Fluoride for Children (TFC)	The percentage of Medi-Cal members 1–4 years old who received at least two fluoride varnish applications during the MY.	To promote fluoride varnish treatments for the younger members.
Deprescribing of Benzodiazepines in Older Adults (DBO)	Medicare members 67 years of age and older who were dispensed benzodiazepines who achieved a $\geq 20\%$ decrease reduction in benzodiazepine dose during the measurement year.	Appropriately reduce benzodiazepine use in the older adult population.
Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH)	For members 67 years and older with diabetes (types 1 and 2), the risk-adjusted ratio of observed-to-expected emergency department visits for hypoglycemia during the MY.	Emphasize prevention of hypoglycemia and encourage avoidance of intensive glycemic control.



New HEDIS MY 2023 Measures

Measure Name	Details	Intent
Social Need Screening and Intervention (SNS-E)	<p>Percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive. This measure would be reported using the HEDIS electronic Clinical Data Systems (ECDS) reporting standard.</p> <p>Screenings include:</p> <ul style="list-style-type: none">• Food screening and intervention• Housing screening and intervention• Transportation screening and intervention	<p>To advance health equity by encouraging assessment and address the food, housing and transportation needs of their patient populations.</p>



Changes to Existing HEDIS Measures

Measure Name	Details
Adult Immunization Status (AIS-E)	<p><u>Pneumococcal numerator:</u></p> <ul style="list-style-type: none"> Revised pneumococcal numerator to include any type of pneumococcal vaccine received between age 19 years and end of measurement period. Include the receipt of PCV20, PCV15, PCV13 or PPSV23
Childhood Immunization Status (CIS)	<ul style="list-style-type: none"> Added 'anaphylaxis to a vaccine' to select numerators Removed 'seropositive test results' from numerator criteria
General Guideline 16	Members who die any time during measurement year is a required exclusion
General Guideline 44	Clarified visits resulting in and inpatient stay are now identified based on visit date of service and inpatient stay dates of service
All Measures	Removed reference to optional exclusions. Now required exclusions



Cross-Cutting Concepts

Race/Ethnicity Stratification. Collecting race and ethnicity is key to improving health disparities and will aid in the identification of care gaps and inequitable care. NCQA introduced race and ethnicity stratifications to **eight additional** HEDIS measures: Immunizations for Adolescents, Asthma Medication Ratio, Follow-Up After Emergency Department Visit for Substance Use, Pharmacotherapy for Opioid Use Disorder, Initiation and Engagement of Substance Use Disorder Treatment, Well-Child Visits in the First 30 Months of Life, Breast Cancer Screening, Adult Immunization Status.

Required Office of Management and Budget (OMB) – Categories for Race				
White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander
Some Other Race	Two or More Races	Asked but No Answer	Unknown (missing)	
Required OMB Reporting for Ethnicity				
Hispanic or Latino	Not Hispanic or Latino	Asked but No Answer	Unknown (missing)	



Cross-Cutting Concepts

Gender Affirming Approaches to Measurement. Reference to gender was removed from measures where it does not impact rates or intent.

Electronic Clinical Data Systems (ECDS) Reporting

- First year NCQA will allow voluntary ECDS reporting for the Cervical Cancer Screening measure.
- This year NCQA retired the administrative-only reporting method for the Breast Cancer Screening measure; only the ECDS reporting method will be used for this measure.



Retired Measures

Measure Name

Annual Dental Visit (ADV) - Replaced by the *Oral Evaluation, Dental Services and Topical Fluoride for Children* measures for MY 2023.

Frequency of Selected Procedures (FSP)

Flu Vaccinations for Adults Ages 18–64 (FVA), Flu Vaccinations for Adults Ages 65 and Older (FVO), Pneumococcal Vaccination Status for Older Adults (PNU) - included in *Adult Immunization Status* measure

Breast Cancer Screening (BCS) – only the BCS-E measure will be reported



The Vision – Are we meeting the
Expectation?

What the final rates looked like in MY 2021

- Medi-Cal (13 counties across CVH, HN, CH&W/15 priority measures)
 - 54% of all measures across all counties met the 50% MPL (Minimum Performance Level)
 - Lowest performing counties overall: CH&W Region 1, Kern, San Joaquin, **Stanislaus**
 - Lowest performing measures: BCS, CCS, CIS - Combo 10, W30, WCV
 - *low performing measures like BCS, W30, WCV will get no hybrid lift as these are administrative measures
- Commercial (11 measures)
 - Measures meeting 75th percentile
 - 55% (6) for HMO contract
 - 18% (2) for PPO contract
 - Lowest performing measures: CBP, CDC-Eye, CDC-BP, WCC BMI Percentile

What the final rates looked like in MY 2021 (continued)

➤ Medicare

➤ 2 Medicare Advantage contracts

➤ 4 STAR goal met for 4 of the 6 measures

➤ Measures that hit goal: CDC – Eye, CDC – Poor Control, CDC – Neph, COL

➤ Measures that missed goal: CBP, TRC – MRP*

➤ 5 SNP contracts

➤ Only applicable measures are COA - Med Review and Pain Assessment

➤ 4 STAR goal achieved across all SNP contracts

***final cut-points are being finalized end of September 2022; analysis above based on prior year cut-points**

What the final rates looked like in MY 2021 (continued)

- Exchange (27 measures)
 - Measures meeting 25th percentile
 - 74% (20) for HMO/HSP contract
 - 44% (12) for PPO contract
 - 64% (16) for EPO contract (out of 25)
 - Lowest performing measures: AMM, BCS, CWP, LBP, PDC-Statins, URI, WCV
 - Goal is to be above 25th percentile in MY 2022 as we prepare for Quality Transformation Initiative (QTI) performance assessments in MY 2023



Covered California Quality Priorities

QUALITY TRANSFORMATION INITIATIVE (QTI) & REMOVAL POLICY

As part of Covered California's drive to **improve quality** and **reduce health disparities** to ensure enrollees and all Californians receive high-quality, equitable care two key changes are being made to Qualified Health Plan (QHP) contracts.

Quality Transformation Initiative (QTI)

Penalties assessed beginning in 2024 for MY 2023

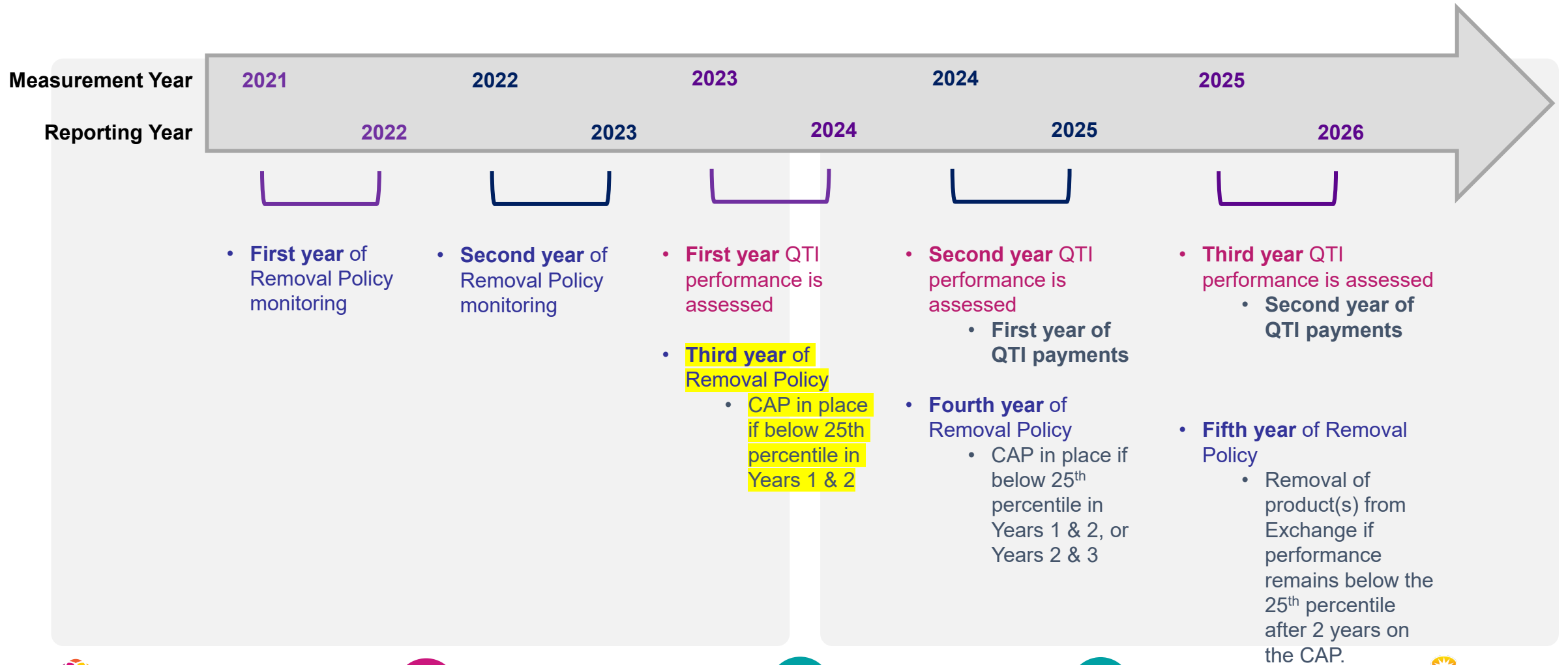


Quality Rating System (QRS) Performance & Removal Policy (25-2-2)

Performance observation began in 2021



QTI Timeline



Expectations: Where We Need To Be

Medi-Cal	Commercial	Exchange	Medicare
50 th percentile (MCAS focus)	75 th percentile	>25 th percentile	4 STARs

- Opportunities for improvement
 - Member engagement and access to care
 - Billing CPTII codes
 - Documentation during telehealth services
 - Supplemental data sharing
 - EHR build out



The Quality EDGE (Evaluating Data to Generate Excellence) Program

- Internal collaborative effort to improve quality scores
 - Initial focus on MCAL [Managed Care Accountability Set (MCAS)] measures
 - Medicare integrated in June 2022
 - Commercial to be integrated by end of the current calendar year
- Collaboration of internal stakeholders driving strategies across multiple measures to improve performance
 - Identified low performing provider organizations
 - Developed root cause analysis for selected measures
 - Evaluating provider readiness to engage and improve
 - Created various tools to assist with implementing changes
 - Developing action plans to monitor measure progress



Projection – Next 3 years

- Supporting AB 133 initiative the state of CA implemented
 - Driving Interoperability
 - Effective care delivery, reduce health disparities, and improve outcomes
 - Execution of data sharing agreement framework by January 2023
 - Data sharing happening January 2024 – January 2026
 - [Additional reading material](#)
- Maintaining minimum performance level and pushing for the highest performance level across all LOBs
- Extremely high importance on electronic data as more hybrid measures move to ECDS reporting



The Great Divide – HEDIS vs Reality

HEDIS – Why do we have to report it?

Health Plans HEDIS Rates can impact the following:

Medicare	Commercial	Medi-Cal
<ul style="list-style-type: none">• CMS for Medicare Stars (required)• Quality Bonus – needs 4 star and above• Marketability	<ul style="list-style-type: none">• CMS for Covered CA (required)• Accreditation and Performance guarantees – employer specific results• P4P reporting• Marketability	<ul style="list-style-type: none">• DHCS by county/region for SPD/Non-SPD and MLTSS members (required)• Can impact default auto-assignment

Our health plans need to improve member performance across all the required measures that are in your care gap reports. We cannot improve without the support of our provider community.



Reality – Barriers and Challenges We Face

The reality – it takes a village to move the needle

Barriers and Challenges

- Cultural/Personal beliefs and norms
- Access to Care
- Resource challenges (financial and staff)
- Knowledge deficit (providers, members, staff)
- Antiquated billing and EHR systems
- Lack of oversight in business processes or chronic disease management
- Coding knowledge and errors



Reality – Building Out Systems and Processes

THE EHR – Era of BIG DATA

- **Becoming requirement for HEDIS reporting**
 - Consolidated – Clinical Document Architecture (C-CDA)
 - Electronic Clinical Data Systems (ECDS) measures
 - Transitioning of hybrid/administrative measures
 - Retirement of hybrid/administrative measures within 2-3 years
- **Structuring the EHR**
 - ECDS measures require use of coding that is not always billable (ex: DSF-E)
 - Coding CPT II codes (it is a requirement for HEDIS reporting)
 - Utilizing LOINC or SNOMED codes



Root Cause Analysis – Concerns

Common Areas of Concern

1. Rendering Provider – Well Child visits (students, PPG, Group or Clinic NPIs)
2. Missing Hep B at birth
3. Use of Kinrix (Dtap) on members 2 years and younger – should be Infanrix
4. Flu vaccine
5. Missing A1c values
 - Providers are still not billing CPT II codes – this is a requirement
 - Data being completed at hospital labs or during inpatient visits
6. Missing Blood Pressure values
 - Telehealth , CPT II Codes, partial billing



Root Cause Analysis – Concerns Cont'd

7. Clinical oversight of chronic disease management – showing poor outcomes
8. Missing 3rd HPV vaccine (IMA) – member reporting lack of communication
9. Use of deleted codes
 - Mammograms and HPV test codes



Defining the HEDIS Expectation

Discussing the local forecast – Collaboration efforts

- Ensuring that data on both sides (PPG and HP) are accurate and complete
- Improve data to meet measure requirements 100% of the time
- Antiquated data systems will impact output
- Under reporting impacts quality of care and ability to intervene on behalf of the member
- Coding issues, incomplete documentation, lack of sharing, and poor outcomes impact the bottom line



Expectation of PPGs and Providers

- Agreement to improve measures across all LOBs
- Improve billing and coding
- Improve the quality of data submitted
 - Encounters and Supplemental
 - Build out systems
- Improve member engagement and access to care
 - Workflows and outreach

Goals

- To meet required HEDIS benchmarks for all lines of business
- Submission of timely encounters
 - Quality vs Quantity
- Improve supplemental data submissions
 - Cadence - monthly
 - Utilization of the Cozeva platform
 - Improving data extraction (coding build out)
- Improving system interoperability



Anticipation – Looking Forward

Looking Forward - Preparation

The future will be data driven through electronic sources.

Motto: “Better Data, Better Measures, Better Care”

Goal is to try and make measures coherent across the delivery system

- Developed to improve system build out and delivery of data across multiple platforms and systems
- Developed to foster member-centered, team-based approach to health care quality and better communication across health care service providers
- The clinical medical record should follow the member across multiple platforms



Electronic Clinical Data Systems (ECDS)

Electronic Clinical Data Systems (ECDS)

Defined as measures that are reported using standardized clinical systems to report member personal health information and records within the health care system. Measures are designed to promote interoperability across the continuum of care. They also support other care-related activities directly or indirectly, evidence-based decision support, outcomes and quality management.

- ECDS measures are all digital measures, but not all digital measures are ECDS

Sources of this data

- Electronic Health Record (EHR)/Patient Health Record (PHR)
- Health Information Exchange (HIE's) and Clinical Registries
- Case Management Registry
- Administrative (Claims processing systems – paid, suspended, pending, denied) and member call databases



ECDS Measures

Measures Reported using ECDS:

- Childhood Immunization Status (CIS-E)
- Immunization for Adolescents (IMA-E)
- Breast Cancer Screening (BCS-E)
- Cervical Cancer Screening (CCS-E)
- Colorectal Cancer Screening (COL-E)
- Depression Screening and Follow-up for Adolescents and Adults (DSF-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E)
- Prenatal Depression Screening and Follow-Up (PRD-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Follow-up Care for Children Prescribed ADHD medications (ADD-E)
- Unhealthy Alcohol Use and Screening and Follow-up (ASF-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DSM-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Social Need Screening and Intervention (SNS-E)



Coding – Becoming a Requirement

Coding is the gold standard

- Work on building out antiquated systems and workflows
- Coding is important for billing and to report/share data

How is your workflow working for you?

- Computer Assisted Coding (CAC)
- Standardization
- Analytics
- Outcome Monitoring
- Member Engagement



Electronic Clinical Data Systems (ECDS) - The Build Out

ECDS Build Out

- Data must be structured and easily queried
 - Fields with codes and values available in structured fields in the backend of EHR

NCQA ECDS specifications and digital measure build out

The full HEDIS digital measure specifications may be purchased in the NCQA Store via NCQA's Digital Measure Packages.

[NCQA > Performance Measurement - Digital Measures Bundle](#)

- Digital quality measures can be consumed by the reporting system.
- 16 ECDS measures are available for purchase
 - Select individual measures or bundle(all)
 - Price \$830-\$8,530
- Will not take the place of administrative data
 - Traditional measures may be retired 2-3 years after implementation of ECDS
 - BCS expected to be retired in 2023
 - COL expected to be retired in 2024



Coding – Category II Codes – Changing the Narrative

Are identified as optional codes used for quality – HN is changing the narrative to “required”

- CPT II codes also identified as category II codes (\$0 charge – used for quality)
 - **Are a requirement** to capture certain measures for HEDIS

Ensure codes are on your superbills and are built into your system by the end of this year.



Coding – Category II Codes to bill by Measure

Measure	CPT II Codes	Measure	CPT II Codes
A1c Values	3046F value greater than 9 3051F value 7.0-7.9 3052F value 8.0-9.0 3044F value 6.9 or less	Eye Exam	2022F, 2024F, 2026F, 2023F, 2025F, 2023F
Blood Pressure Values * Diastolic and Systolic – need both components billed	Diastolic 3078F value < 80 3079F value 80-89 3080F value >= 90 Systolic 3074F value 129 or less 3075F value 130-139 3077F value >=140	Medication Reconciliation	1111F * This requires a reconciliation of medications the member was discharged with to the medication list member was taking before hospitalization (outpatient). * Recommend completing within 3 days of discharge to prevent complications/readmissions
Advance Care Planning	1123F, 1124F, 1157F, 1158F	LDL Values	3048F value <100 3049F value 100-129 3050F value >=130
Functional Status Assessment	1170F	Medication Assessment/Review	1160F * This is different then reconciliation post-discharge. It is a review of medications the member is taking at time of face-to-face/telehealth visit
Pain Assessment	1125F, 1126F		

Building Out the EHR for ECDS Reporting

1. Depression Screening

2. Blood Pressures

LOINC Codes (Depression Screening)

- 55758-7: Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]
- 44261-6: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]
- 89204-2: Patient Health Questionnaire 9: Modified for Teens total score [Reported.PHQ.Teen]

Note: this does not capture the value. The value will also need to be provided along with the LOINC code.

LOINC Codes (Blood Pressures)

- 8462-4: Diastolic blood pressure
- 8480-6: Systolic blood pressure

Note: this does not capture the value. The value will also need to be provided along with the LOINC code.

Building Out the EHR for ECDS Reporting – Cont'd

Several Measures need attention for build out in MY 2022 Cont'd

3. Mammograms

There are several ways to build this reporting out when you are not the billing provider.

a. Attach the CPT (77065,77066, 77067) code to the order, as the staff closes the order when the chart comes in then the code will drop, but not push out to an encounter.

b. Standardize your data documentation under past medical history section of the EHR when the PDF comes through or member reports the data to the clinic. Build out the data structure to ensure the SNOMED or LOINC codes are attached once the documentation is documented.

Codes that can be used are as follows:

LOINC	SNOMED
<ul style="list-style-type: none">• 6175-0: MG Breast - bilateral Screening• 24605-8: MG Breast Diagnostic• 24606-6: MG Breast Screening• 26176-8: MG Breast - left Screening• 26177-6: MG Breast - right Screening• 26347-5: MG Breast - left Diagnostic• 26348-3: MG Breast - right Diagnostic	<ul style="list-style-type: none">• 24623002: Screening mammography (procedure)• 43204002: Bilateral mammography (procedure)• 71651007: Mammography (procedure)• 566571000119105: Mammography of right breast (procedure)• 572701000119102: Mammography of left breast (procedure)

Building Out the EHR for ECDS Reporting – Cont’d

Several Measures need attention for build out in MY 2022 Cont’d

4. Colonoscopy/Sigmoidoscopy

To build out the reporting when you are not the billing provider:

a. Build out the report or documentation to attach to LOINC code or SNOMED code. This will improve reporting , reduce concerns about coding and would improve C-CDA data. This can likely be automated when the order closes.

Codes that can be used are as follows:

LOINC	SNOMED
<ul style="list-style-type: none">• 60515-4: CT Colon and Rectum W air contrast PR• 72531-7: CT Colon and Rectum W contrast IV and W air contrast PR• 79069-1: CT Colon and Rectum for screening WO contrast IV and W air contrast PR• 79071-7: CT Colon and Rectum WO contrast IV and W air contrast PR• 79101-2: CT Colon and Rectum for screening W air contrast PR• 82688-3: CT Colon and Rectum WO and W contrast IV and W air contrast PR	<ul style="list-style-type: none">• 851000119109 – History of colonoscopy (situation)• 73761001 – Colonoscopy (procedure)• 841000119107 – History of flexible sigmoidoscopy



In Summary

- Prepare for new and revised HEDIS measures
- Identify barriers and challenges and implement an action plan for improvement
 - Take steps to improve clinical oversight of chronic disease management
- Build out your systems
 - Implement CPT II codes
 - Include ECDS reporting from EHR
- Plan for the future - Electronic Data



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Q&A

