

HEDIS Best Practices and Highlights

New measures, measure changes & best practices for HEDIS 2020

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General Updates



RETIRED MEASURES

- Annual Monitoring for Patients on Persistent Meds(MPM)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Standardized Healthcare-Associated Infection Ratio (HAI)

NATURAL DISASTER/CYBERCRIME

- Operations destroyed/severely disrupted
- Specific relief determined case by case

Transition Year: Two HEDIS editions coming July 1, 2020.

SPECIFICATIONS RELEASE SCHEDULE

	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022
Specs Vol 2	7/1/2020	7/1/2020	8/1/2021
Specs Vol 2 Update	10/1/2020	3/31/2021	3/31/2022
Data Submission Due	6/15/2021	6/15/2022	6/15/2023

Starting MY 2022: Health Plans have 5 months advance notice on specs

Medicare Updates



NEW MEDICARE REPORTING

- Appropriate Testing for Pharyngitis (CWP)
- Appropriate Treatment for Upper Respiratory Infection (URI)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

2019 HEDIS Measures used in 2020 Star Ratings

Breast Cancer Screening (BCS)	Medication Reconciliation Post Discharge (MRP)
Colorectal Cancer Screening (COL)	Statin Therapy for Patients with Cardiovascular Disease (SPC)
Adult Body Mass Index (ABA)	
Osteoporosis Management in Women Who had a Fracture (OMW)	
Diabetes Care (CDC) – Eye Exam, kidney monitoring, blood sugar control	
Rheumatoid Arthritis Management (ART)	

Medi-Cal Updates



NEW MINIMUM PERFORMANCE LEVEL (MPL)

- From 25th MPL to 50th MPL – effective HEDIS 2020 (MY2019)
- Immediate sanctions/required QI work if MPL not met

NEW MANAGED CARE ACCOUNTABILITY SET (MCAS)

- Additional NCQA measures added
- Additional CMS Core Set measures added

NCQA	CMS CORE SET- ADMIN METHOD
* Well Child 15 months of life (WC15) – HYBRID	Several metrics on Contraceptive Care
* Adolescent Well Care (AWC) - HYBRID	Development Screening First Three Years of Life
* Adult Body Mass Index (BMI) - HYBRID	HIV Viral Load Suppression
Follow Up Care for Children Prescribed ADHD Medications (ADD) - ADMIN	Two metrics on Opioid Use
* Chlamydia Screening in Women (CHL) – ADMIN	Screening for Depression and Follow Up
* Antidepressant Medication Management (AMM) – ADMIN	

*** 5 months left to provide care, hit the MPL**

Measures with Telehealth



Bold = Numerator compliance; Plain = denominator identification; Italics = both

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	<i>Controlling High Blood Pressure (CBP)</i>	Osteoporosis Management in Women Who Had a Fracture (OMW)	Use of Imaging Studies for Low Back Pain (LBP)
Medication Management for People With Asthma (MMA)	Comprehensive Diabetes Care (CDC)	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	Children's Access to Preventive Care (CAP)
Asthma Medication Ratio (AMR)	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*	Adults' Access to Preventive/ Ambulatory Health Services (AAP)	Appropriate Testing for Pharyngitis (CWP)
Statin Therapy for Patients With Cardiovascular Disease (SPC)	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*	Ambulatory Care (AMB)	Follow-Up ED Visit for People with Multiple High Risk Chronic Conditions (FMC)
Statin Therapy for Patients With Diabetes (SPD)	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	Antidepressant Medication Management (AMM)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Follow Up after Hospitalization for Mental Illness (FUH) Follow up after Emergency Department for Mental Illness (FUM)	Identification of Alcohol and Other Drug Treatment (IAD)

New Administrative Measures



Traditional (Claims/Encounter)	ECDS (Claims/Encounter+)
Follow-Up After High Intensity Care for Substance Use Disorder (FUI)	Prenatal Depression Screening and Follow-Up (PND)
Pharmacotherapy for Opioid Use Disorder (POD)	Postpartum Depression Screening and Follow-Up (PDS)
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
	Breast Cancer Screening (BCS-E)
	Colorectal Cancer Screening (COL-E)

Follow Up After High-Intensity Care for Substance Use Disorder (FUI)



Description



The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years and older that results in a follow-up visit or service for substance abuse disorder

Reporting

Commercial

Medicaid

Medicare

Two rates reported by age groups:

Received follow up for substance abuse disorder within the 30 days after the visit or discharge

Received follow up for substance abuse disorder within the 7 days after the visit or discharge

- 13-17 years old
- 18-64 years old
- 65 years and older
- Total

Follow Up After High-Intensity Care for Substance Use Disorder (FUI)



Denominator Requirement (event/diagnosis)

Any acute inpatient discharge, residential behavioral health stay or detoxification visit for a principal diagnosis of substance use disorder on or between January 1 and December 1 of the measurement year

Numerator Requirements (follow up visit criteria)

An acute or non acute inpatient admission or residential behavioral health stay	A telephone visit
An outpatient visit, telehealth, intensive outpatient visit or partial hospitalization	Online assessment
A pharmacotherapy dispensing event or medication treatment event	

Exclusions

Members on hospice

Pharmacotherapy for Opioid Use Disorder (POD)

Description

Rx The percentage of new opioid use disorder (OUD) pharmacotherapy events for 180 or more days among members 16 years and older with a diagnosis of OUD

Reporting

Commercial

Medicaid

Medicare

Age stratifications

- 16 -64 years old
- 65 years and older
- Total

Pharmacotherapy for Opioid Use Disorder (POD)



Denominator Requirement (event/diagnosis)

A member who has been identified with opioid use disorder diagnosis between July 1 of the year prior to the measurement year ending on June 30 of the measurement year

Numerator Requirements

Treated with pharmacotherapy approved medications* (naltrexone, buprenorphine or methadone) for 180 or more days without gap in treatment of 8 or more consecutive days

Exclusions

Members on hospice

* Methadone on a claim would count. Methadone on a pharmacy claim would not count – treating pain rather than OUD.

Electronic Clinical Data Systems (ECDS)



Fundamental Principles:

- ECDS measures should facilitate the sharing of detailed, individual-specific data between source systems
- ECDS measures should identify all necessary resources and provide the contextual information to facilitate high quality, person centered care

Administrative Method: Transaction & Enrollment Data



EHR
HIE/Clinical Registry
Case Management

- Uses CQL – Clinical Quality Language – HL7 authoring language providing the ability to express logic that is human readable yet structured enough to process a measure query electronically.

Prenatal Depression Screening and Follow-Up (PND)

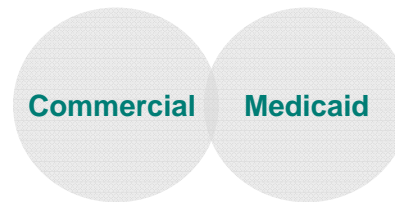


Description



The percentage of deliveries during the measurement year in which members were screened for clinical depression while pregnant, if screened positive, received follow-up care

Reporting



Two rates reported:

- ✓ Depression screening: screened during pregnancy using standardized tool
- ✓ Follow-Up on positive screening: received care within 30 days of screening positive for depression

Prenatal Depression Screening and Follow-Up (PND)



Denominator Requirement

Deliveries during the measurement year

Numerator 1 Requirements

Evidence of depression screening using age-appropriate tool

Numerator 2 Requirements

Evidence of follow-up care on our up to 30 days after the date of the positive screening

Qualified follow-up care:

An outpatient or telephone visit

A depression case management encounter

A behavioral health encounter

A dispensed antidepressant medication management

Receipt of an assessment on the same day and subsequent positive screen

Exclusions

Deliveries occurring at less than 37 weeks gestation

Members on hospice

Prenatal Depression Screening and Follow-Up (PND)



Instruments for Adolescents (12–17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	Total Score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	Total Score ≥10
PRIME MD-PHQ2 [®]	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®*}	Total Score ≥4
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9
PROMIS Depression	Total Score (T Score) ≥52.5
Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	Total Score ≥10
PRIME MD-PHQ2 [®]	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®*}	Total Score ≥4
Beck Depression Inventory (BDI-II)	Total Score ≥14
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Duke Anxiety-Depression Scale (DADS) ^{®*}	Total Score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9
My Mood Monitor (M-3) [®]	Total Score ≥5
PROMIS Depression	Total Score (T Score) ≥52.5
Clinically Useful Depression Outcome Scale (CUDOS) ^{**}	Total Score ≥11

*Proprietary; may be cost or licensing requirement associated with use.

Source: NCQA HEDIS 2020 Technical Specs Volume 2

Postpartum Depression Screening and Follow-Up (PDS)

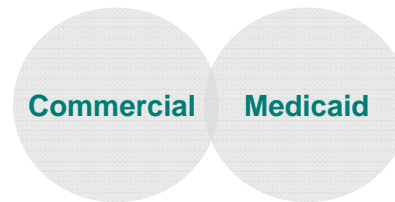


Description



The percentage of deliveries during the measurement year in which members were screened for clinical depression during the postpartum period, if screened positive, received follow-up care

Reporting



Two rates reported:



Depression screening: screened during postpartum period using standardized tool



Follow-Up on positive screening: received care within 30 days of screening positive for depression

Postpartum Depression Screening and Follow-Up (PDS)



Denominator Requirement

Deliveries during the measurement year

Numerator 1 Requirements

Evidence of depression screening using age-appropriate tool

Numerator 2 Requirements

Evidence of follow-up care on our up to 30 days after the date of the positive screening

Qualified follow-up care:

An outpatient or telephone visit

A depression case management encounter

A behavioral health encounter

A dispensed antidepressant medication management

Receipt of an assessment on the same day and subsequent positive screen

Exclusions

Deliveries occurring at less than 37 weeks gestation

Members on hospice

More ECDS measures

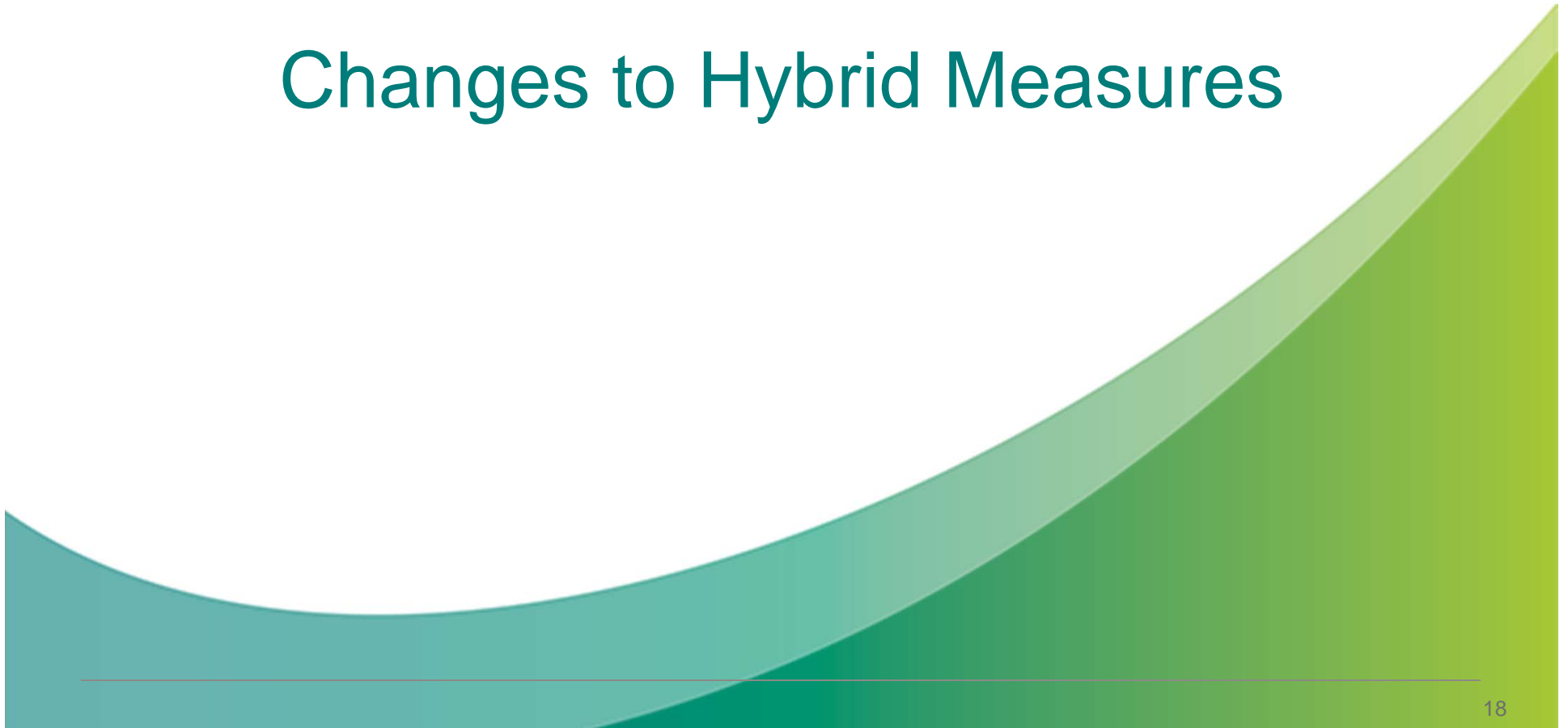
TRADITIONAL HEDIS, NOW FIRST YEAR ECDS MEASURES

- Breast Cancer Screening (BCS-E)
- Follow-Up Care for Children Prescribed ADHD Medications (ADD-E)
- Colorectal Cancer Screening (COL-E)

Colorectal Cancer Screening (COL)	
Measurement Year - 2018; Date & Timestamp	
Data Element	Measure Data
Measurement year	2019
Data collection methodology (administrative or hybrid)	H
Eligible population	
Number of numerator events by administrative data in eligible population (before exclusions)	
Current year's administrative rate (before exclusions)	
Minimum required sample size (MRSS)	
Oversampling rate	
Number of oversample records	
Number of numerator events by administrative data in MRSS	
Administrative rate on MRSS	
Number of original sample records excluded because of valid data errors	
Number of administrative data records excluded	
Number of medical data records excluded	
Number of employee/dependent medical records excluded	
Records added from the oversample list	
Denominator	
Numerator events by administrative data	
Numerator events by medical records	
Numerator events by supplemental data	
Reported rate	

Colorectal Cancer Screening (COL-E)	
First-year Measure for HEDIS 2020	
Measurement Year - 2019; Date & Timestamp -	
Data Element	General Measure Data
Measurement year	2019
Data collection methodology (ECDS)	E
Initial Population EHR	
Initial Population HIE/Clinical Registry	
Initial Population Case Management Registry	
Initial Population Administrative	
Initial Population Total	
Exclusion EHR	
Exclusion HIE/Clinical Registry	
Exclusion Case Management Registry	
Exclusion Administrative	
Exclusion Total	
Denominator	
Numerator EHR	
Numerator HIE/Clinical Registry	
Numerator Case Management Registry	
Numerator Administrative	
Numerator Total	
Reported Rate - Total	

Changes to Hybrid Measures



Significant Changes to Hybrid Measures



Measure	Change
All measures that utilize lab results	<ul style="list-style-type: none">• Clarified in General Guideline 33 that for lab results documented in a progress note, it is not appropriate to assume the date of the progress note was the date of the lab test
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<ul style="list-style-type: none">• Clarified in the Notes section that a referral to WIC may be used to meet the criteria for Nutrition indicator
Childhood Immunization Status (CIS)	<ul style="list-style-type: none">• Added live attenuated influenza vaccine (LAIV) as numerator compliant for the influenza rate
Immunizations for Adolescents (IMA)	<ul style="list-style-type: none">• Clarified in the Hybrid Specification that immunizations documented under a generic header of “meningococcal conjugate vaccine” or “meningococcal polysaccharide vaccine” meet criteria

Significant Changes to Hybrid Measures



Measure	Change
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none">Updated screening methods to include primary high-risk human papillomavirus testing
Colorectal Cancer Screening (COL)	<ul style="list-style-type: none">Updated the Hybrid specification to indicate that a test result is not required if the documentation is clearly part of the member's medical history
Care of Older Adults (COA)	<ul style="list-style-type: none">Added examples of standardized functional status assessment tools for the numerator of the hybrid specifications for the Functional Status indicator
Controlling High Blood Pressure	<ul style="list-style-type: none">Clarified optional exclusion criteria apply to both the Administrative and Hybrid data collection methods

Significant Changes to Hybrid Measures



Measure	Change
Comprehensive Diabetes Care (CDC)	<ul style="list-style-type: none"> • Clarified the telehealth requirements (Telehealth visits can be used for denominator requirements only)
Medication Reconciliation Post-Discharge (MRP)	<ul style="list-style-type: none"> • Added instruction for identify acute inpatient events that occur between the admission and discharge date of a nonacute inpatient stay. <ul style="list-style-type: none"> <i>If the admission date and the discharge date for an acute inpatient stay occur between the admission and discharge dates for a nonacute inpatient stay, include only the nonacute inpatient discharge</i> • Clarified the fifth bullet in the hybrid specifications: <ul style="list-style-type: none"> <i>Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.</i> <i>Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge</i>

Significant Changes to Hybrid Measures



Measure	Change
Transitions of Care (TRC)	<ul style="list-style-type: none">• Added instruction for identify acute inpatient events that occur between the admission and discharge date of a nonacute inpatient stay. <i>If the admission date and the discharge date for an acute inpatient stay occur between the admission and discharge dates for a nonacute inpatient stay, include only the nonacute inpatient discharge</i>• Clarified in the Notification of Inpatient Admission and Receipt of Discharge Information numerators that a “received date” is not required when reporting the indicators using a shared EMR system• Added a Note to the Notification of Inpatient Admission numerator to clarify that provider notification that a patient was sent to the ED does not meet criteria if the ED visit results in inpatient admission

Significant Changes to Hybrid Measures



Measure	Change
Transitions of Care (TRC) continued	<ul style="list-style-type: none"> • Clarified in the Patient Engagement After Inpatient Discharge numerator that an interaction between the member’s caregiver and the provider meets criteria if the member is unable to communicate with the provider
Prenatal and Postpartum Care (PPC)	<ul style="list-style-type: none"> • Revised the Continuous Enrollment criteria <i>Criteria is now: 43 days prior to delivery through 60 days after delivery</i> • Added a Note to step 1 of the event/diagnosis to clarify that the date of service or, for inpatient claims, the date of discharge is used if the date of delivery cannot be interpreted on the claim • Deleted the decision rules and standardized the prenatal care visit requirements in the Timeliness of Prenatal Care numerator • Updated the Postpartum Care numerator to exclude services provided in an acute inpatient setting

Significant Changes to Hybrid Measures



Measure	Change
Prenatal and Postpartum Care (PPC) continued	<ul style="list-style-type: none">• Clarified in the Timeliness of Prenatal Care and Postpartum care numerators to not count visits that occur on the date of delivery• Updated the Postpartum Care numerator to exclude services provided in an acute inpatient setting• Added bullets to the Hybrid Specification of the Postpartum Care numerator to meet criteria:<ul style="list-style-type: none">• Perineal or cesarean incision/wound check• Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders

Significant Changes to Hybrid Measures

Measure	Change
Prenatal and Postpartum Care (PPC) continued	<ul style="list-style-type: none">• Glucose screening for women with gestational diabetes• Documentation of any of the following topics:<ul style="list-style-type: none">• Infant care or breast feeding• Resumption of intercourse, birthing space or family planning• Sleep/fatigue• Resumption of physical activity and attainment of healthy weight
Well-Child Visits in the First 15 Months of Life (W15)	<ul style="list-style-type: none">• Added instructions to not count services provided via telehealth when reporting this measure• Added a Note to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance

Significant Changes to Hybrid Measures



Measure	Change
Well-Child Visits in the First 15 Months of Life (W15)	<ul style="list-style-type: none">• Added instructions to not count services provided via telehealth when reporting this measure• Added a Note to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	<ul style="list-style-type: none">• Added instructions to not count services provided via telehealth when reporting this measure• Added a Note to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance

Significant Changes to Hybrid Measures



Measure	Change
Adolescent Well-Care Visits (AWC)	<ul style="list-style-type: none">• Added instructions to not count services provided via telehealth when reporting this measure• Added a Note to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance

Hybrid Measures – Best Practices

Adult BMI Assessment (ABA)



Adult BMI Assessment

Description

The percentage of members age 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

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Accreditation



DHCS MPL

50%

Percentile



Adult BMI Assessment



What Works

- Document at any visit height, weight and BMI
- EMR enhancements that calculate and code values/percentiles
- Coding is available BMI value and BMI percentile for this measure. Submit claim/encounter with appropriate coding



Barriers

- Missed opportunity during sick visits
- Patient who is a no-show or forgets appointment
- Incomplete documentation and coding

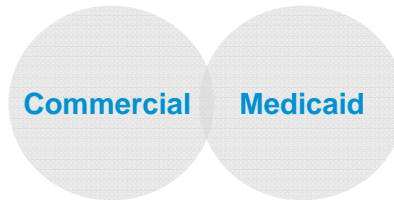
Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)



Weight Assessment and Counseling for Nutrition and Physical Activity



Reporting



Members 3-17 years of age who had an outpatient visit with a PCP or OBGYN and who had evidence of the following in the measurement year:

- BMI percentile documentation
- Counseling for Nutrition
- Counseling for Physical Activity

Accreditation
BMI Percentile only



DHCS MPL
50%
Percentile
BMI Percentile only



Weight Assessment and Counseling for Nutrition and Physical Activity and BMI for Children/Adolescents



What Works

- Provide services during visits other than a well visit
- Proactive scheduling and reminders for annual visits
- Schedule appointments outside work and school hours
- At every visit document all components
- Submit claims and encounters with appropriate coding



Barriers

- Missed opportunities during sick visits
- Patient who is a no-show or forgets appointment
- Incomplete documentation and coding

Childhood Immunization Status (CIS)



Childhood Immunization Status

Description

The percentage of children who had the following vaccines by their second birthday:

- 4 Diphtheria , tetanus and acellular pertussis (DTaP)
- 3 Polio (IPV)
- 1 Measles, mumps and rubella (MMR)
- 3 Haemophilus influenza type B (HiB)
- 3 Hepatitis B
- 1 Chicken pox (varicella) (VZV)
- 4 Pneumococcal conjugate (PCV)
- 1 Hepatitis A (Hep A)
- 2 or 3 Rotavirus (RV) dependent on type given
- 2 Influenza (flu)

Reporting

Commercial

Medicaid

Accreditation



DHCS MPL
50%
Percentile



Childhood Immunization Status



What Works

- Ensure all staff is trained on CAIR 2.0 and submit
- Education for parents to address concerns
- Implement standing orders
- Leverage sick visits
- Walk-in immunizations hours/clinics
- Submit claims and encounters with appropriate coding



Barriers

- Misinformation around immunizations
- Make up immunizations after patient's 2nd birthday do not count for HEDIS
- 4th DTaP or 4th PCV for patients on a make-up schedule do not count for HEDIS

Immunizations for Adolescents (IMA)



Immunizations for Adolescents

Description

The percentage of adolescents 13 years of age who had the following vaccines by their 13th birthday:

- Meningococcal vaccine
- Tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine
- Completed Human Papillomavirus (HPV) vaccine series

Reporting

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Accreditation



DHCS MPL
50%
Percentile



Immunizations for Adolescents



What Works

- Ensure all staff is trained on CAIR 2.0 and submit
- Education for parents to address concerns
- Implement standing orders
- Leverage sick visits
- Walk-in immunizations hours/clinics
- Submit claims and encounters with appropriate coding



Barriers

- Misinformation around immunizations
- Make up immunizations after patient's 13th birthday do not count for HEDIS

Cervical Cancer Screening (CCS)



Cervical Cancer Screening

Description

The percentage of women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21-64 years of age who had cervical cytology performed every 3 years
- Women 30-64 years of age who had cervical cytology/
- human papillomavirus (HPV) co-testing every 5 years.

Reporting

Commercial

Medicaid

Accreditation
Commercial only



DHCS MPL
50%
Percentile



Cervical Cancer Screening



What Works

- Proactive scheduling and reminders for annual visits
- Schedule appointments outside work hours
- Document patient reported screenings and the results in the member history
- Document history of hysterectomy and type if applicable
- Submit claims and encounters with appropriate coding



Barriers

- Patient who is a no-show or forgets appointment
- Incomplete documentation and coding
- Patients that do not understand the importance of timely cervical cancer screening

Colorectal Cancer Screening (COL)



Colorectal Cancer Screening



Description

Members 50-75 years of age who had appropriate screening for colorectal cancer

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Accreditation



Colorectal Cancer Screening

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What Works

- Proactive scheduling and reminders for screening
- Document patient's screening history in the member history
- Submit claims and encounters with appropriate coding



Barriers

- Incomplete documentation and coding



Care of Older Adults (COA)



Care of Older Adults

Description

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance Care Planning
- Medication Review
- Functional Status Assessment
- Pain Assessment

Reporting

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Applicable only for Special Needs Plan (SNP) and Medicare-Medicaid Plan (MMP) benefit packages

Care of Older Adults



What Works

- Proactive scheduling and reminders for annual well visit
- Leverage sick visits to record components of Advanced Directives, Pain Assessment, Medication Review and Functional status
- Submit claims and encounters with appropriate coding



Barriers

- Incomplete documentation and coding
- Patient who is a no-show or forgets appointment

Controlling High Blood Pressure (CBP)



Controlling High Blood Pressure



Description

Members 18-85 years of age who had at least two date of service with the diagnosis of hypertension during the measurement year or year prior to the measurement year and whose most recent blood pressure is less than 140/90

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Commercial

Medicare

Medicaid

Medicare Stars



Accreditation



DHCS MPL
50%
Percentile



Controlling High Blood Pressure

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What Works

- Submit claims and encounters with appropriate coding
- If blood pressure is high on initial evaluation, retake the blood pressure during the visit
- If blood pressure remains high, re-evaluate treatment options and schedule follow up appointment
- Educate patient regarding importance of blood pressure control



Barriers

- Incomplete documentation and coding
- Patient who is noncompliant with treatment

Comprehensive Diabetes Care (CDC)



Comprehensive Diabetes Care



Description

Members 18-75 years with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye exam (retinal) performed
- Medical attention to nephropathy
- BP control (<140/90)

Reporting

Commercial

Medicaid

Medicare

Medicare Stars

Eye Exam, Medical Attention to Nephropathy and HbA1c control only



Accreditation

Eye Exam, Blood Pressure and HbA1c control only



DHCS MPL

50% percentile

HbA1c testing and HbA1c poor control only



Comprehensive Diabetes Care

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What Works

- Submit claims and encounters with appropriate coding
- Assess whether member had required services at every visit and order required tests
- Coordinate with member and collect and copy annual eye exam reports for the member's chart
- Document all required lab tests in the chart with date of service and result or have a copy of lab results report in the chart
- Re-evaluate treatment options if blood pressure or HbA1c is elevated and schedule follow-up visit



Barriers

- Incomplete documentation and coding
- Patient who is noncompliant with treatment



Medication Reconciliation Post-Discharge (MRP)



Medication Reconciliation Post Discharge



Description

The percentage of discharges from January 1 – December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days)

Reporting



Medicare

Medicare Stars



Medication Reconciliation Post Discharge



What Works

- Proactive scheduling and reminders for post hospital follow-up visit
- Submit claims and encounters with appropriate coding
- Clearly document that member is being seen for follow-up visit and medication reconciliation



Barriers

- Incomplete documentation and coding
- Patient who is a no-show or forgets appointment

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Transitions of Care (TRC)



Transitions of Care

Description

The percentage of discharges from January 1 – December 1 of the measurement year for members 18 years of age and older who had each of following:

- Notification of Inpatient Admission
- Receipt of Discharge Information
- Patient Engagement After Inpatient Discharge
- Medication Reconciliation Post Discharge

Reporting

Medicare

Medicare Stars



*Medication
Reconciliation Post Discharge
Submeasure Only*

Transitions of Care



What Works

- Proactive scheduling and reminders for post hospital follow-up visit
- Submit claims and encounters with appropriate coding
- Clearly document that member is being seen for follow-up visit and medication reconciliation
- Include all admission and discharge notifications in the member's chart with notation of the date the notifications were received



Barriers

- Incomplete documentation and coding
- Patient who is a no-show or forgets appointment

Prenatal and Postpartum Care (PPC)



Prenatal and Postpartum Care

Description

The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following:

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 day of enrollment in the organization
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

Reporting

Commercial

Medicaid

Accreditation
*Both Timeliness of
Prenatal Care and
Postpartum Care*



DHCS MPL
50% Percentile
*Both Timeliness of
Prenatal Care and
Postpartum Care*



Prenatal and Postpartum Care



What Works

- Proactive scheduling and reminders visits
- Submit claims and encounters with appropriate coding
- Document all non-live births



Barriers

- Incomplete documentation and coding
- Patient who is a no-show or forgets appointment



Well Child Visits in the First 15 Months of Life



Well Child Visits in the First Fifteen Months of Life

Description

The percentage of members who turned 15 months old during the measurement year and who had no well visits to six or more well visits with a PCP during their first 15 months of life.

Documentation of a well visit must include all of the following:

- Health History
- Physical Exam
- Physical Developmental History
- Health Education/Anticipatory Guidance
- Mental Developmental History

Reporting

Commercial

Medicaid

DHCS MPL
50%
Percentile



Well Child Visits in the First Fifteen Months of Life



What Works

- Appropriate documentation and coding for visits:
 - Health history
 - Physical Development
 - Mental Development
 - Physical Exam
 - Health Education/anticipatory guidance
- Any PCP can perform visit
- Proactive scheduling and reminders visits
- Provide services during visits other than a well visit



Barriers

- Parents do not understand the importance of timely appointments
- Parents switch plans making it hard for clinics to track patients
- Incomplete documentation

Well Child Visit in the Third, Fourth, Fifth and Sixth Years of Life (W34)



Well Child Visit in the Third, Fourth, Fifth and Sixth Years of Life



Description

The percentage of Members 3-6 years of age who had one or more well visits with a PCP during the measurement year.

Documentation of a well visit must include all of the following:

- Health History
- Physical Exam
- Physical Developmental History
- Health Education/Anticipatory Guidance
- Mental Developmental History

Reporting

Commercial

Medicaid

DHCS MPL
50%
Percentile



Well Child Visit in the Third, Fourth, Fifth and Sixth Years of Life

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What Works

- Appropriate documentation and coding for visits:
 - Health history
 - Physical Development
 - Mental Development
 - Physical Exam
 - Health Education/anticipatory guidance
- Any PCP can perform visit
- Proactive scheduling and reminders visits
- Provide services during visits other than a well visit



Barriers

- Parents do not understand the importance of timely appointments
- Incomplete documentation

Adolescent Well Care Visits



Adolescent Well-Care Visits

Description

The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.

Documentation of a well visit must include all of the following:

- Health History
- Physical Exam
- Physical Developmental History
- Health Education/Anticipatory Guidance
- Mental Developmental History

Reporting

Commercial

Medicaid

DHCS MPL
50%
Percentile



Adolescent Well-Care Visits



What Works

- Appropriate documentation and coding for visits:
 - Health history
 - Physical Development
 - Mental Development
 - Physical Exam
 - Health Education/anticipatory guidance
- Any PCP can perform visit
- Proactive scheduling and reminders visits
- Provide services during visits other than a well visit



Barriers

- Parents do not understand the importance of timely appointments
- Incomplete documentation

Questions



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