



STATE OF TENNESSEE

PCMH AND THL WEBINAR

Patient Centered Medical Home (PCMH) & Tennessee Health Link (THL)

HEDIS Updates

8/28/2020

Agenda – PCMH & THL Updates

Welcome - Carl Young, UHC

TennCare Announcements – Jasmine Randle & Rachel Hauber, TennCare

NCQA HEDIS Changes

1. HEDIS Implications for Telehealth

» Hank Wells, BCBST

2. Overarching Measures for PCMH & THL

» Pamela Gibson, AGP

3. PCMH HEDIS Changes

» Pamela Gibson, AGP

4. THL HEDIS Changes

» Hayley Clothier, UHC

5. Catch-up Strategy

» Rafielle Freeman, BCBST

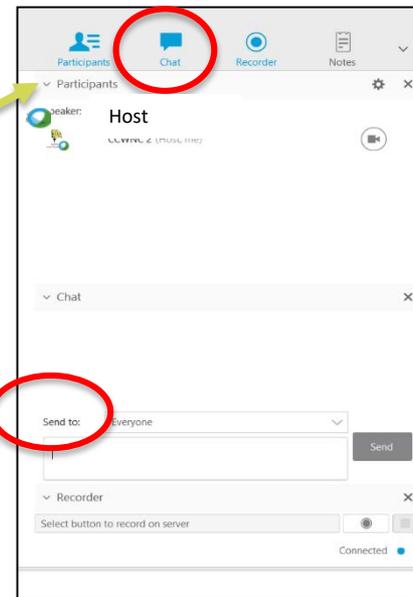
Q & A Panel – Cara Freeman, AGP

Resources

Interactive Webinar

Communicating during the webinar:

- For questions or comments during the presentation, please click on the **chat box** function
- Select "Everyone" and enter your question or comment
- This will also be used during all Q&A portions of the presentation





Hank Wells

Director, Health Plan Quality Improvement Solutions

Mr. Wells has over 20 years of experience in developing and applying statistical methods and project management in the healthcare and public health research industries. His primary responsibility is to provide strategic direction to quality improvement areas that positively impact BlueCross BlueShield of Tennessee's quality profile. He oversees analyses for quality score trends, projections, measure deep dives, and campaign effectiveness. He also consults with senior leadership on provider-based and hospital-based value-based care programs.

Mr. Wells received his bachelor of science in applied mathematics from the University of Tennessee at Chattanooga and his master of science in statistics from the University of Tennessee at Knoxville. He has co-authored work in peer-reviewed journals such as the Journal of the American Medical Association and the American Journal of Public Health.



Pamela Gibson

RN, is the HEDIS manager for Amerigroup, Tennessee.

Pam is retired from St. Thomas Midtown Hospital after 29 years of service where she worked in the ED for 20 years and finished out her service at Midtown on the Quality Assurance team. Pam joined the Amerigroup team in June of 2007 as a member of the Quality Management department and has worked with the HEDIS project for the past 11 seasons. A native of Wilson County who received her Diploma in Nursing from the Baptist Memorial Hospital School of Nursing in Memphis, TN in 1978, now known as the Baptist College of Health Sciences.

Pam has been married to her wonderful husband for 36 years and has 1 son who is a sophomore at Cumberland University, majoring in Music. Pam's family enjoys the outdoors, hiking, fishing and hunting.





Hayley Clothier

Southeast Regional Behavioral Health Director of Quality Management with Unitedhealthcare Community & State Plan

Hayley has worked for UHC since 2007. Prior to working with UHC, Hayley worked with Magellan Behavioral Health and the Tennessee Department of Mental Health and Substance Abuse Services in various roles. She holds a BA in Psychology, a Master's degree in Professional Studies – Strategic Leadership, and is certified as a Six Sigma Green Belt. In her spare time, she enjoys spending time with her family, running, and serving in her community.



RAFIELLE A. FREEMAN

RN, MSL, CPHQ, Director Quality Improvement

In her leadership role, Rafielle is responsible for overseeing Quality Management and Improvement efforts for Medicaid, NCQA Accreditation, Multicultural Health and LTSS Distinction, Population Health Governance, Quality of Care Complaints, Member Appeals, and HEDIS/CAHPS at BlueCare Tennessee (BlueCare).

Ms. Freeman holds a Master of Science degree in Leadership from Belhaven University in Chattanooga and a Bachelor of Science degree in Nursing from the University of Tennessee, Martin, TN. She is a Registered Nurse and a Certified Professional in Health Care Quality (CPHQ and Special Investigations).

TennCare Presenters



Rachel Hauber, MPH
PCMH Lead



Jasmine Randle, LPC-MHSP
Deputy Director of
Behavioral Health Operations





TENNCARE UPDATES

August Webinar: PCMH & THL HEDIS Changes
2020 & 2021 Program Year

Agenda

Overview

- Objectives
- HEDIS reminders
- Annual NCQA updates

Operational implications

- Patient Centered Medical Home (PCMH) updates
- Tennessee Health Link (THL) updates
- Provider Operating Manual (POM) updates
- Provider Performance Reports

Resources

- Care Coordination Tool (CCT)
- One-pager
- Managed Care Organization (MCO) support
- TennCare Telehealth updates

Objectives

1. To become familiar with the MY2020/2021 HEDIS changes for PMCH and THL.
2. To understand how the changes will impact the PCMH and THL program.
3. For providers to identify where they can go for resources and additional support.

HEDIS Reminders

Healthcare
Effectiveness
Data &
Information
Set

Definition

HEDIS® is widely used to measure and improve health care quality and is relied on by government regulators, health plans, provider organizations, employers and others to identify quality and compare plan performance

Timeline

HEDIS® is a retrospective performance review of the prior calendar year (e.g., HEDIS® 2019 = 2018 data)

Annual NCQA updates & TennCare

TennCare Quality Oversight team receives the proposed HEDIS Specifications

TennCare and MCOs collaborate on operationalizing the updates

TennCare and MCOs coordinate to ensure providers receive education & support

Operational Implications

Summary of Changes to HEDIS® Core Quality Measures for PCMH and THL

PREVIOUS CORE METRICS

- EPSDT (composite for older kids)
- Well-child visits ages 7 - 11 years (*TennCare custom measure*)
 - Adolescent well-care visits age 12 – 21 years (AWC)

PCMH ONLY

- EPSDT (composite for younger kids)
- Well-child visits first 15 months – 6 or more visits (W15)
 - Well-child visits at 18, 24, & 30 months (*TennCare custom measure*)
 - Well-child visits ages 3-6 years (W34)

CORE METRICS: HEDIS® CY/MY2020 & CY/MY2021

Child and Adolescent Well-Care Visits (WCV)

- *3 – 11 years
- 12 – 17 years
- 18 – 21 years

PCMH ONLY

Well-Child Visits in the First 30 Months of Life (W30)

- Well-child visits in the first 15 months
- Well-child visits for age 15 months – 30 months

PCMH Adult Organizations – HEDIS® Core Quality Measures

PREVIOUS CORE METRICS	CORE METRICS: HEDIS® CY/MY2020 & CY/MY2021
1. Antidepressant Medication Management (adults only) – Effective Continuation Phase (AMM)	1. Antidepressant Medication Management (adults only) – Effective Continuation Phase (AMM)
2. Comprehensive Diabetes Care: BP control (<140/90 mm Hg) (CDC)	2. Comprehensive Diabetes Care: BP control (<140/90 mm Hg) (CDC)
3. Comprehensive Diabetes Care: Eye Exam (Retinal) Performed (CDC)	3. Comprehensive Diabetes Care: Eye Exam (Retinal) Performed (CDC)
4. Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC)	4. Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC)
5. EPSDT: Adolescent Well-Care Visits, Age 12-21 years (AWC)	5. Child and Adolescent Well-Care Visits (WCV) <ul style="list-style-type: none"> • Ages 12 – 17 years • Ages 18 – 21 years

PCMH Pediatric Organizations – HEDIS® Core Quality Measures

PREVIOUS CORE METRICS	CORE METRICS: HEDIS® CY/MY2020 & CY/MY2021
1. Asthma Medication Ratio (AMR)	1. Asthma Medication Ratio (AMR)
2. Childhood Immunizations – Combination 10 (CIS)	2. Childhood Immunizations – Combination 10 (CIS)
<p>3. EPSDT (composite for older kids)</p> <ul style="list-style-type: none"> • EPSDT: Well-child visits ages 7–11 years (TennCare custom) • EPSDT: Adolescent well-care visits age 12–21 years (AWC) 	<p>3. Child and Adolescent Well-Care Visits (WCV)</p> <ul style="list-style-type: none"> • 3 – 11 years • 12 – 17 years • 18 – 21 years
<p>4. EPSDT (composite for younger kids)</p> <ul style="list-style-type: none"> • EPSDT: Well-child visits first 15 months – 6 or more visits (W15) • EPSDT: Well-child visits at 18, 24, & 30 months (TennCare custom) • EPSDT: Well-child visits ages 3–6 years (W34) 	<p>4. Well-Child Visits in the First 30 Months of Life (W30)</p> <ul style="list-style-type: none"> • Well-child visits in the first 15 months • Well-child visits for age 15 months – 30 months
5. Immunizations for Adolescents – Total Rate - Combination 2 (IMA)	5. Immunizations for Adolescents – Total Rate - Combination 2 (IMA)

PMCH Family Organizations – HEDIS® Core Quality Measures

PREVIOUS CORE METRICS	CORE METRICS: HEDIS® CY/MY2020 & CY/MY2021
1. Antidepressant Medication Management (adults only) – Effective Continuation Phase (AMM)	1. Antidepressant Medication Management (adults only) – Effective Continuation Phase (AMM)
2. Asthma Medication Ratio (AMR)	2. Asthma Medication Ratio (AMR)
3. Controlling High Blood Pressure (CBP)	3. Controlling High Blood Pressure (CBP)
4. Childhood Immunizations – Combination 10 (CIS)	4. Childhood Immunizations – Combination 10 (CIS)
5. Comprehensive Diabetes Care: BP Control (<140/90 mmHg) (CDC)	5. Comprehensive Diabetes Care: BP Control (<140/90 mmHg) (CDC)
6. Comprehensive Diabetes Care – Eye Exam (Retinal) Performed (CDC)	6. Comprehensive Diabetes Care – Eye Exam (Retinal) Performed (CDC)
7. Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC)	7. Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC)
8. EPSDT screening rate (composite for older kids) <ul style="list-style-type: none"> • Well-Child Visits Ages 7 – 11 years (TennCare custom) • Adolescent Well-Care Visits ages 12 – 21 years (AWC) 	8. Child and Adolescent Well-Care Visits (WCV) <ul style="list-style-type: none"> • 3 – 11 years • 12 – 17 years • 18 – 21 years
9. EPSDT Screening Rate (composite for younger kids) <ul style="list-style-type: none"> • Well-child visits first 15 months (W15) • Well-child visits at 18, 24, & 30 months (TennCare custom) • Well-child visits ages 3 – 6 years (W34) 	9. Well-Child Visits in the First 30 Months of Life (W30) <ul style="list-style-type: none"> • Well-child visits in the first 15 months • Well-child visits for age 15 months – 30 months
10. Immunizations for Adolescents – Combination 2 (IMA)	10. Immunizations for Adolescents – Combination 2 (IMA)

PCMH Reporting-Only HEDIS® Quality Measures

Previous Reporting-Only Measures	Reporting-Only Measures: HEDIS® CY/MY 2020 & CY/MY 2021
1. Avoidance of Antibiotic Treatments in Adults with Bronchitis (AAB)	1. Avoidance of Antibiotic Treatments in Adults with Bronchitis (AAB)
2. Appropriate Treatment for Children with Upper Respiratory Infection (URI)	2. Appropriate Treatment for Children with Upper Respiratory Infection (URI)
3. Statin Therapy for Patients with Cardiovascular Disease (Received Therapy) (SPC)	3. Statin Therapy for Patients with Cardiovascular Disease (Received Therapy) (SPC)
4. Statin Therapy for Patients with Cardiovascular Disease (Statin Adherence) (SPC)	4. Statin Therapy for Patients with Cardiovascular Disease (Statin Adherence) (SPC)
5. Comprehensive Diabetes Care: HbA1c <8.0% (CDC)	5. Comprehensive Diabetes Care: HbA1c <8.0% (CDC)
6. Cervical Cancer Screening (CCS)	6. Cervical Cancer Screening (CCS)
7. Breast Cancer Screening (BCS)	7. Breast Cancer Screening (BCS)
8. Medication management for people with asthma (MMA)	
9. Comprehensive diabetes care: nephropathy (CDC)	
10. Inpatient Average Length of Stay	8. Inpatient Average Length of Stay
11. All Cause Hospital Readmissions (PCR)	9. All Cause Hospital Readmissions (PCR)
12. Mental Health Inpatient Utilization (MPT)	10. Mental Health Inpatient Utilization (MPT)
13. Avoidable ED Visits (Ambulatory Sensitive)	11. Avoidable ED Visits (Ambulatory Sensitive)

THL 2020 HEDIS® Core Quality Updates

PREVIOUS CORE METRICS	CORE METRICS: HEDIS® CY/MY2020 & CY/MY2021
1. 7- and 30-day Psychiatric Hospital RTF/Re-admission Rate <ul style="list-style-type: none"> 7-day rate 30-day rate 	1. 7- and 30-day Psychiatric Hospital RTF/Re-admission Rate <ul style="list-style-type: none"> 7-day rate 30-day rate
2. Adherences to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	2. Adherences to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
3. Antidepressant Medication Management Continuation Phase (AMM)	3. Antidepressant Medication Management Continuation Phase (AMM)
4. Comprehensive Diabetes Care (CDC) <ul style="list-style-type: none"> Eye exam 	4. Child & Adolescent Well-Care Visits (WCV) <ul style="list-style-type: none"> 7-11 years 12-17 years 18-21 years
5. Controlling High Blood Pressure (CBP)	5. Comprehensive Diabetes Care (CDC) <ul style="list-style-type: none"> Eye exam
6. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	6. Controlling High Blood Pressure (CBP)
7. EPSDT Screening Rate: Adolescent Well-Care Visits, Ages 12-21 years	7. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
8. EPSDT Screening Rate: Well-child Visits, Ages 7-11	8. Follow-up After Hospitalization for Mental Illness (FUH) <ul style="list-style-type: none"> Within 7 days of discharge
9. Follow-up After Hospitalization for Mental Illness (FUH) <ul style="list-style-type: none"> Within 7 days of discharge 	9. Metabolic Monitoring for Children and Adolescents on Psychotics (APM)
10. Metabolic Monitoring for Children and Adolescents on Psychotics (APM)	

THL Re-weighting & Quality Gate for Core Measures

- Each star will now be worth 5.56%
- Quality gate of 4 stars will remain the same
 - Per THL Provider Operating Manual: Health Links must meet the minimum quality star requirement in the performance report at the end of year to qualify for an outcome payment. The minimum quality star requirement is 4 stars for each organization.



		NUMBER OF PANEL ELIGIBLE STARS									
		1	2	3	4	5	6	7	8	9	10
NUMBER OF STARS EARNED	1	8.33%	8.33%	8.33%	8.33%	8.33%	8.33%	7.14%	6.25%	5.56%	5.00%
	2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	3			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	4				33.32%	33.32%	33.32%	28.56%	25.00%	22.24%	20.00%
	5					41.65%	41.65%	35.70%	31.25%	27.80%	25.00%
	6						49.98%	42.84%	37.50%	33.36%	30.00%
	7							49.98%	43.75%	38.92%	35.00%
	8								50.00%	44.48%	40.00%
	9									50.00%	45.00%
	10										50.00%



*The blue boxes designate the value of each star based on the number of panel eligible stars.

THL Reporting-Only HEDIS® Quality Measures

Previous Reporting-Only Measures	Reporting-Only Measures: HEDIS CY/MY 2020 & CY/MY 2021
1. Annual Monitoring of Patients on Persistent Medications (MPM)	1. Statin Therapy for Patients with Cardiovascular Disease (Received Therapy) (SPC)
2. Comprehensive Diabetes Care: Nephropathy	2. Statin Therapy for Patients with Cardiovascular Disease (Statin Adherence) (SPC)
3. Statin Therapy for Patients with Cardiovascular Disease (Received Therapy) (SPC)	3. Use of First-Line Psychological Care for Children and Adolescents on Antipsychotics (APP)
4. Statin Therapy for Patients with Cardiovascular Disease (Statin Adherence) (SPC)	4. Panel Opt-Out Rate (TennCare)
5. Use of First-Line Psychological Care for Children and Adolescents on Antipsychotics (APP)	5. Panel Enrollment Rate (TennCare)
6. Panel Opt-Out Rate (TennCare)	6. Psychiatric Inpatient Days (TennCare)
7. Panel Enrollment Rate (TennCare)	7. Rate of Residential Treatment Facility Admissions (TennCare)
8. Psychiatric Inpatient Days (TennCare)	8. All Cause Hospital Readmissions (PCR)
9. Rate of Residential Treatment Facility Admissions (TennCare)	9. Mental Health Inpatient Utilization (MPT)
10. All Cause Hospital Readmissions (PCR)	10. Rate of Inpatient Psychiatric Admissions (TennCare)
11. Mental Health Inpatient Utilization (MPT)	
12. Rate of Inpatient Psychiatric Admissions (TennCare)	

CY/MY 2020 Provider Performance Reports

- Q1 2020 provider performance reports for PCMH and THL will be **delayed until October 7th of 2020**.
- Provider performance reports will not display data for **WCV, W30*** until a future date; all other thresholds will be displayed as normal.
- Q2 2020 November 30th reports will be released according to the usual schedule.
- Important note: The number of PCMH quality measures will not change.
- **The total number of stars earned will be displayed at a future date.**
- An example of what will be seen in provider performance reports is below.

Quality Measure	Observations	Your Performance	Threshold	Star Earned
Child and Adolescent Well-Care Visits <ul style="list-style-type: none"> ➤ *3 – 11 years ➤ 12 – 17 years ➤ 18 – 21 years 	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A
Well-Child Visits in the First 30 Months of Life <ul style="list-style-type: none"> ➤ Well-child visits in the first 15 months ➤ Well-child visits for ages 15 months – 30 months 	N/A N/A	N/A N/A	N/A N/A	N/A



*W30 is a PCMH Peds & Family metric
*7-11 years for THL

Resources

Care Coordination Tool Updates

- TennCare will be transitioning to the new HealthEC CCT this fall
 - September: Users will begin receiving instructions on signing up for the new tool
 - October: Virtual user training will begin
 - There will be multiple sessions and dates will be shared as soon as available
- Key features of the tool include the Admission/Discharge/Transfer (ADT) data, prominent alerts via a dashboard, quality measures, and care gaps.
- The HEDIS[®] WCV and W30 measures for CY/MY 2020 will have proxy thresholds displayed based on CY/MY2019 thresholds until further notice.

PCMH & THL Quality Metric Resources

- **PCMH & THL Provider Operating Manuals – Released in December 2020**
 - Provider Operating Manuals are updated in late fall and released in December of every year.
 - PCMH and THL sent a program update email on 08/21/2020 with an addendum for each that show the updated core quality measures; the addenda are also available on each program’s TennCare webpage.
 - PCMH: <https://www.tn.gov/tenncare/health-care-innovation/primary-care-transformation/patient-centered-medical-homes-pcmh.html>
 - THL: <https://www.tn.gov/tenncare/health-care-innovation/primary-care-transformation/tennessee-health-link.html>
- **PCMH & THL Quality Metric One-Page Documents – Released in January 2021**
 - One-page document will be updated later this year and sent in January 2021.
- **Coding Reference Guides – Released in January 2021**
- **WCV, W30 Threshold Determinations and THL Replacement Metric – Established in Spring 2021**
 - TennCare and the MCOs will collaborate to determine thresholds for WCV, W30, and the THL replacement metric in spring 2021.

MCO Support

- Each MCO will continue to provide supplemental data
- Coaches will be available to provide guidance and answer questions
- Additional resources will be discussed at the end of the presentation
- Please reach out to your MCO coach and/or representatives for more information

TennCare Telehealth updates

- On August 26th 2020, TennCare released an updated telehealth memo.
- All current telehealth coverage polices were extended until December 31, 2020.
- TennCare leadership will continue to monitor changes with telehealth service delivery and inform providers of key decisions as soon as possible.
- All providers are encouraged to use this time to begin discussing and developing a return to office protocol.

THANK YOU!





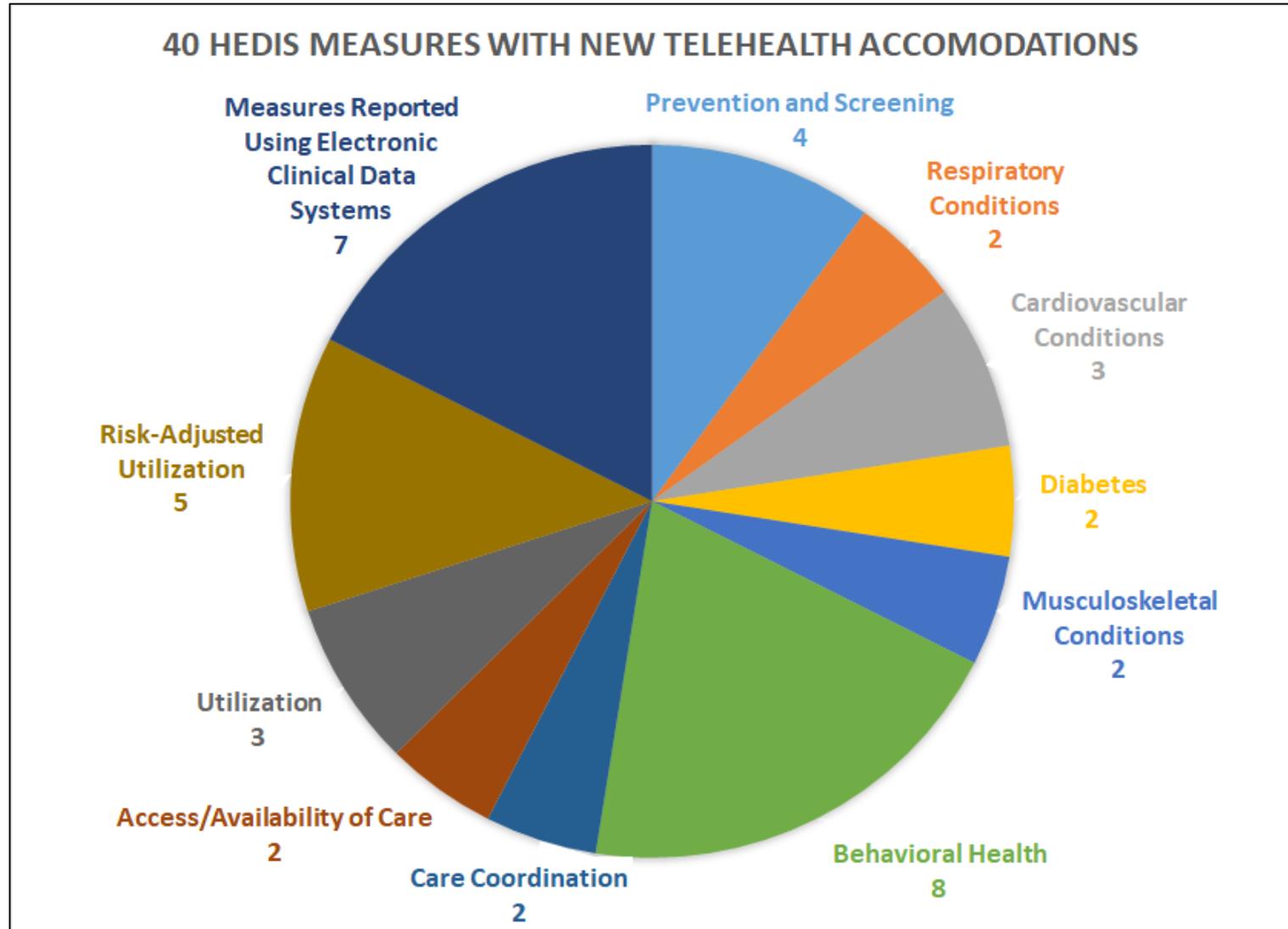
NCQA Telehealth HEDIS Implications

Hank Wells

Director, Health Plan Quality Improvement Solutions

BlueCross BlueShield of Tennessee

Adjusting HEDIS for Telehealth



Three Telehealth Modalities for HEDIS Reporting



Synchronous Telehealth

- Interactive audio and video in real-time
- Can be used for any measure where it is clinically appropriate

Telephonic

- Visits conducted over the telephone
- Can only be used for measures that specifically mention this setting

Asynchronous Telehealth

- Patient portals, secure text, emails
- Can only be used for measures that specifically mention this setting

How Can Telehealth Impact HEDIS Measures?

Put patients into measures

- Some measures require certain diagnoses be present (or absent)
- Could be needed on only one visit or multiple visits

Take patients out of measures

- Exclusions based on certain diagnoses

Close gaps-in-care

- Historically has been focused on follow-up care and counseling
- Beginning in 2020, includes wellness visits as well as member-reported height, weight, BMI, and blood pressure

The Shift from 2019 to 2020

Number of HEDIS Measures Impacted by Telehealth Modality and Type of Impact

	Type of Impact	Telehealth Modality		
		<u>Synchronous</u>	<u>Telephonic</u>	<u>Asynchronous</u>
<u>2019</u>	Put patients into measures	31	23	22
	Take patients out of measures	24	5	5
	Close gaps-in-care	20	15	12

	Type of Impact	Telehealth Modality		
		<u>Synchronous</u>	<u>Telephonic</u>	<u>Asynchronous</u>
<u>2020</u>	Put patients into measures	32 (+1)	28 (+5)	28 (+6)
	Take patients out of measures	32 (+8)	19 (+14)	19 (+14)
	Close gaps-in-care	26 (+6)	23 (+8)	21 (+9)

The Five Key Telehealth Adjustments in 2020

1. Removed telehealth restrictions on how patients qualify for measures
2. Expanded telehealth settings where members can be diagnosed with advanced illness that would exclude them from measures
3. Expanded telehealth settings that are appropriate for follow-up care, as well as prenatal and postpartum visits
4. Opened up all telehealth settings for wellness visits
5. Member-reported height, weight, BMI, and blood pressure taken during synchronous telehealth, telephonic, or asynchronous telehealth visits are now acceptable
 - Height, weight, and BMI must be recorded by a PCP (RN and LPN not included)
 - Blood pressure readings can be recorded by a nurse but must be taken from a digital device

Please see the Resource Section at the end of the presentation for additional telehealth changes



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HEDIS® MY2020 Revisions to PCMH Measures

Pamela Gibson

August 28th, 2020

General Information: Naming Convention for HEDIS®



Beginning with 2020 NCQA® has announced a “New” Naming convention when referring to HEDIS®

Rationale for change?

New naming convention will reduce confusion about the measurement year and the reporting year.

Old Naming Convention	“NEW” Naming convention
HEDIS2021/MY2020	HEDIS MY2020





Definition Revision

NCQA® definition of PCP: Primary Care Practitioner. A physician or non physician (e.g., nurse practitioner, physician assistant, certified nurse midwives) who offers primary care services.

RN & LPN do not qualify as PCP



Mandatory Exclusion: Palliative Care



Definition:

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

The Difference Between Palliative Care and Hospice

The goal of both palliative care and hospice care is improving quality of life through pain and symptom management. Palliative care can begin at the onset of treatment as a component of patient's care plan, and may continue through maintenance of a disease. Hospice care is considered for patient's that have a life expectancy of 6-months or less.

The Mandatory exclusion now applies to the following PCMH and THL measures:

- **Controlling High Blood Pressure**
- **Comprehensive Diabetes Care**



Mandatory Exclusion: Patient Expires



In prior HEDIS® measurement years, health plans had the option to exclude members from a measure if it was found they had expired in the measurement year.

- Mandatory Exclusions for **all** HEDIS® measures
 - **NEW: If member expired during the measurement year**
 - Hospice Care

If you find members in your panel included in the HEDIS® measures, MCOs need the clinical documentation to support exclusion of the member from the panel. Code in medical record that patient has expired.

Item(s) in Black are new for HEDIS® MY2020/MY2021



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PCMH & THL Core Measures Revisions for HEDIS® MY2020

PCMH & THL

Controlling High Blood Pressure (CBP)



Members between the ages of 18 to 85 years who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90mm Hg) during the MY (2020)

Revisions:

- Revised the criteria for event/diagnosis: Members who had a least two visits on different dates of service with a DX of hypertension on or between 1/1/2019 and 6/30/2020. Visit type need not be the same for the two unique events.
 - A telephone visit with HTN DX
 - An e-visit or virtual check-in (on-line assessment) with HTN DX
 - **Outpatient visit with HTN DX**
- Member reported BPs are “now allowed” if recorded in the medical record by the PCP and taken by a digital device.
- Added “Palliative care” as a Mandatory Exclusion



Item(s) in Black are new for HEDIS® MY2020/MY2021

PCMH & THL

Controlling High Blood Pressure (CBP)



What can providers do to ensure capture of accurate BPs and improve metrics?

- ✓ Recheck elevated BPs and record rechecks in medical record.
- ✓ Code out appropriate CAT II CPT codes for Systolic and Diastolic values



PCMH & THL

Controlling High Blood Pressure (CBP)



Blood pressures that “DO NOT” close the gap:

- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.
- Taken during an acute inpatient visit or in an ED visit
- Taken the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.





Revisions:

- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Member reported BPs are “now allowed” if recorded in the medical record by the PCP and taken by a digital device.
- Added “Palliative care” as a Mandatory Exclusion

Reference slide 28: (CBP blood pressures that “Do Not” close the gap).



PCMH & THL

Comprehensive Diabetes Care (CDC)

BP Control <140/90



Rationale for change?

NCQA® expanded acceptable blood pressure readings with use of telehealth services.

What can providers do to ensure capture of accurate blood pressures and improve quality metrics?

- ✓ Recheck elevated BPs and document rechecks in the medical record.
- ✓ Code out appropriate Cat II CPT codes for Systolic and Diastolic blood pressure values with associated diagnosis codes.



PCMH & THL

Comprehensive Diabetes Care (CDC)

HbA1c poor control (>9.0%)



Revisions:

- Added HB1c as acceptable testing:

NEW for MY2020	Also closes Gap	Also closes Gap	Also closes Gap	Also closes Gap
HB1c	A1c	HbA1c	HgbA1c	Hemoglobin A1c
	Glycohemoglobin A1c	Glycohemoglobin	Glycated hemoglobin	Glycosylated hemoglobin

- Added “Palliative care” as a Mandatory Exclusion



Item(s) in Black are new for HEDIS® MY2020/MY2021



Revisions:

- NCQA® Clarified that eye examination results read by a system that provides an artificial intelligence (AI) interpretation will meet criteria.
- Added “Palliative care” as a Mandatory Exclusion-Would remove member from CDC measure.



PCMH & THL

Child & Adolescent Well-Care Visits (WCV)



Revisions:

Members between 3-21 years of age who had at least one comprehensive well-care visit with a PCP or OB practitioner during the measurement year.

Previous Measures	Revised Measures	Rationale for Change
<p>W34 & AWC</p> <p>3 to 6 years 12 to 21 years</p>	<p>WCV</p> <p>3 to 11 years 12 to 17 years 18 to 21 years</p>	<p>Current measures did not cover children 7 to 11 years old, a period that includes milestones for interpersonal development and may mark the beginning of puberty for some children</p>

- Removed the Telehealth exclusion- Per NCQA®: If providers are coding with appropriate Well-child visit codes it is not necessary to code the telehealth code or telehealth POS. Gap will close with Well-child codes.
- WCV was removed from the Hybrid Data Collection Process

Item(s) in Black are new for HEDIS® MY2020/MY2021



PCMH ONLY Core Measures Revisions for HEDIS® MY2020

Well Child Visits in the First 30 months of Life (W30)



Two rates are reportable:

Eligible Population Rate 1: Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year. Compliance Six or more visits.

Eligible Population Rate 2: Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old in the measurement year. Compliance two or more visits.

- Removed the Telehealth Exclusion- Per NCQA®: If providers are coding with appropriate Well-child visit codes it is not necessary to code the telehealth code or telehealth POS. Gap will close with Well-child codes.
- W30 was removed from the hybrid data collection process

Item(s) in Black are new for HEDIS® MY2020/MY2021



- Live Attenuated Influenza Vaccine (LAIV) Flu Mist: Is now allowed to be given as 1 of the 2 required Influenza vaccines to close the gap for CIS combo10.
 - Out of the Technical Specifications: “One of the two vaccinations can be an LAIV vaccination administered on the child’s second birthday. Do not count LAIV vaccination administered before the child’s second birthday.”

PCMH

Asthma Medication Ratio (AMR)



Percentage of members 5-64 years of age who are identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.

OLD: MY2019	New MY2020
Only three of the four visits may be an outpatient telehealth visit, a telephone visit or an online assessment.	In identifying member events that would pull members into the measure: “Removal of the restriction that only three of the four visits with an asthma diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event or diagnosis.”
	Added “Dupilumab” to the “Anti-interleukin-4” description medication List. Under the Asthma Controller Medications table.



Item(s) in Black are new for HEDIS® MY2020/MY2021



Follow-up After Hospitalization for Mental Illness – 7 Days

FUH -7

Summary of FUH Measure Changes

- “Mental health practitioner” replaced with “mental health provider”, revised definition
- Removed the Mental Health Practitioner Value Set
- Added “Community Mental Health Center” and “Certified Community Behavioral Health Center” to the definition of “mental health provider”
- Removed the mental health provider requirement for follow-up visits in behavioral healthcare, partial hospitalization, intensive outpatient and electroconvulsive therapy settings.
- Added Visits in a Behavioral Healthcare Setting to the numerator.

Rationale for Changes

- “The intent of this measure is to identify follow-up visits that occur with appropriate clinicians for mental health care management. HEDIS® 2019 added a requirement that follow-up visits in all settings of care occur *with a mental health provider* to ensure that only visits with the appropriate provider type count in the numerator.”
- “NCQA received feedback that providers in behavioral healthcare settings are likely to meet the HEDIS® definition of mental health provider and that there are challenges to identifying specific provider types for services rendered in and billed at the facility level (rather than at the clinician level) in behavioral healthcare settings (e.g., partial hospitalization program). Feedback recommended that NCQA allow visits to count that take place in behavioral healthcare settings, with no requirement for provider type.”
- “NCQA also received feedback that allowing community mental health centers to meet the definition of mental health provider would similarly alleviate challenges associated with billing practices and be similar to NCQA’s policy of allowing Federally Qualified Health Centers and rural health clinics to count as primary care providers.”



Updated Measure Description

Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, and who had a follow-up visit with a mental health *provider* within 7 days after discharge



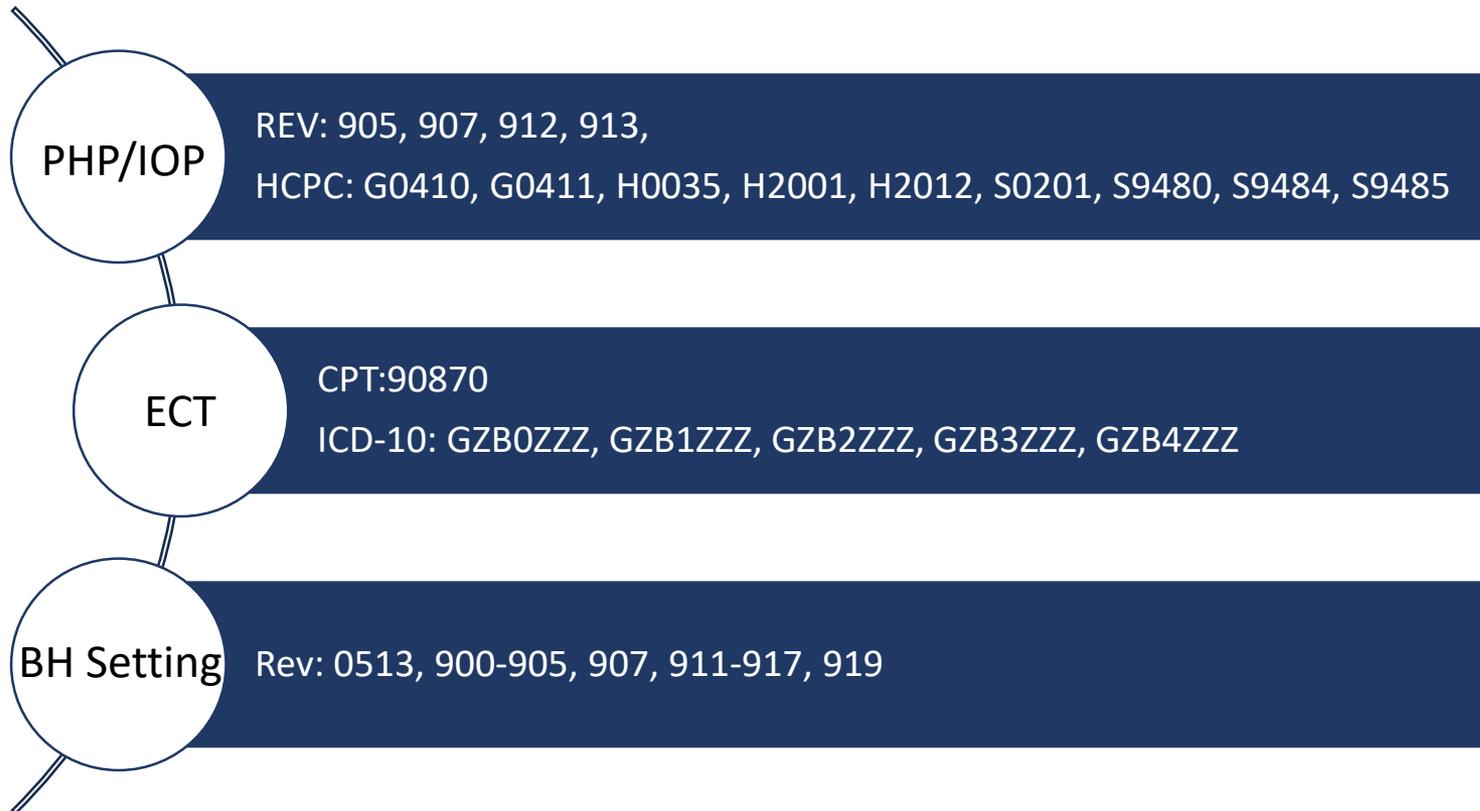
What type of provider can provide a qualified post-discharge appointment?

Provider License Types	
Qualifies	Does Not Qualify
Psychiatrists	Primary care physicians
Psychologists	Drug and alcohol counselors
Licensed social workers	Non-licensed clinicians
Licensed counselors	
Licensed marriage and family therapists	
Psychiatric Nurses (RN or APRN with psychiatric specialty)	
Physician Assistants with a psychiatric specialty <i>New</i>	
Behavioral Health Facilities <i>New</i>	
Qualifies	
Community Mental Health Centers Certified Community Behavioral Health Clinics Partial Hospitalization Programs Intensive Outpatient Programs Electroconvulsive Therapy	

THL Care coordination services do not qualify as a follow-up visit



Removed Requirement for Mental Health Provider



7 Day Calendar Example:

- The day of discharge is Day Zero
- To count towards the FUH measure, the aftercare follow-up visit must occur any time between Days 1 and 7

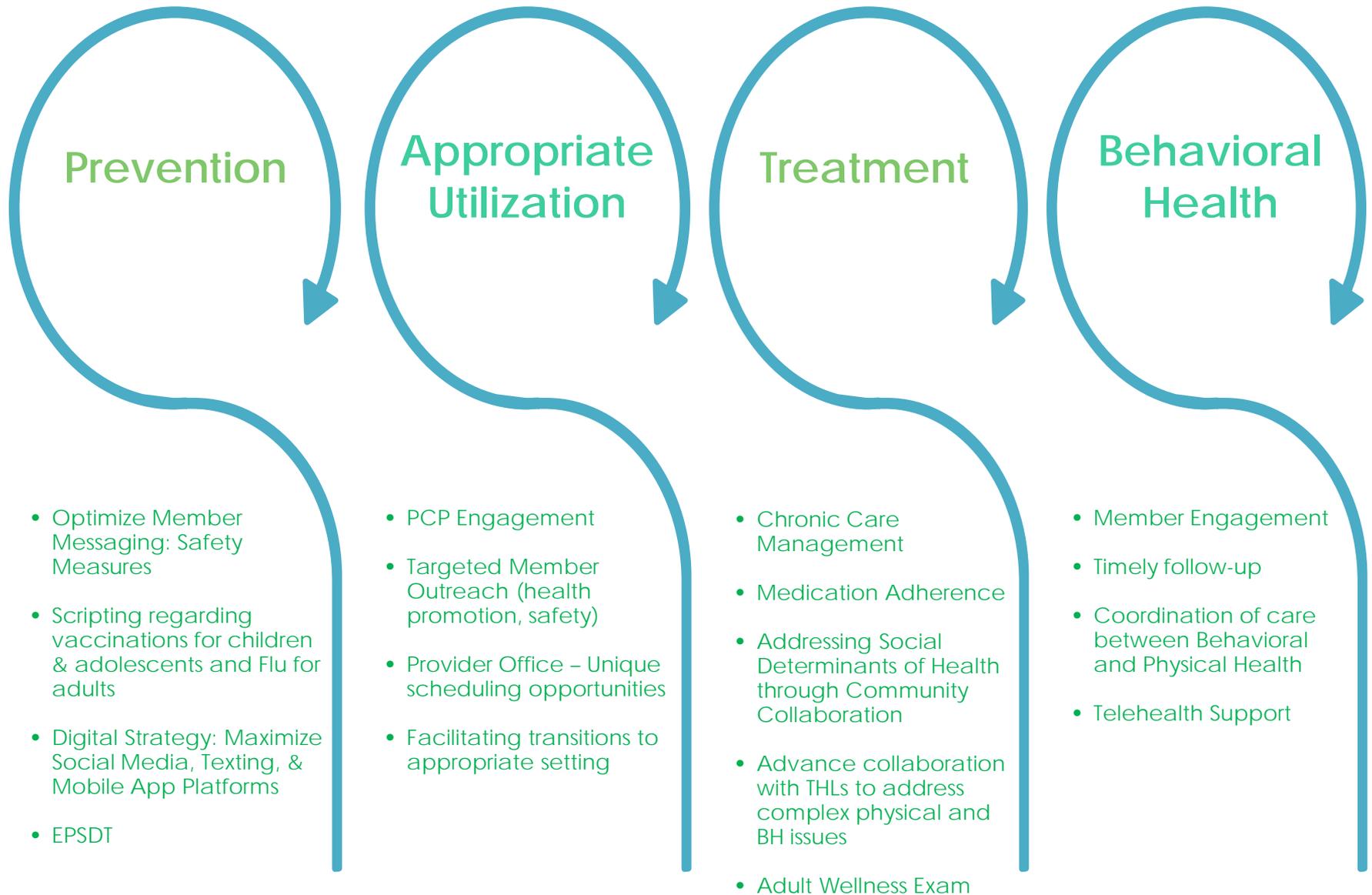
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13	14 Discharged	15 Day 1	16 Day 2	17 Day 3	18 Day 4	19 Day 5
20 Day 6	21 Day 7	22 Day 8	23 Day 9	24 Day 10	25 Day 11	26 Day 12



HEDIS Catch-Up Strategy

Rafielle Freeman, Director Quality Management | BlueCare

HEDIS Quality Catch-Up Strategy





SHARED RESOURCES

Appendix

Telehealth Updates to PCMH and THL HEDIS Measures

AMM - Antidepressant Medication Management

- Members can now be diagnosed with major depression through an e-visit or virtual check-in (interactive audio/video and telephonic settings were included prior to 2020)

AMR - Asthma Medication Ratio

- Removed the restriction for the eligible population that only three of the four visits with an asthma diagnosis be an interactive audio/video, telephonic, e-visit, or virtual check-in

APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics

- No changes around telehealth

AWC - Adolescent Well-Care

- Retired by NCQA and is now included in a new measure that includes 3-21 year olds (WCV - Child and Adolescent Well-Care Visits)
- Well-care visit now includes an interactive audio/video setting, telephonic, e-visit, and virtual check-in

Changes apply to the Telehealth aspect of the measure

Telehealth Updates to PCMH and THL HEDIS Measures

CBP - Controlling High Blood Pressure

- Removed the restriction for the eligible population that only one of the two visits with a hypertension diagnosis be an interactive audio/video, telephonic, e-visit, or virtual check-in
- Members diagnosed with advanced illness through a telephonic, e-visit, or virtual check-in can now be excluded if they also have a claim/encounter for frailty (interactive audio/video settings were included prior to 2020)
- BP readings can now be taken by the member during interactive audio/video, telephonic, e-visit, or virtual check-ins as long as a digital device is used

CDC - Comprehensive Diabetes Care

- Removed the restriction for the eligible population that only one of the two visits with a diabetes diagnosis be an interactive audio/video, telephonic, e-visit, or virtual check-in
- Members diagnosed with advanced illness through a telephonic, e-visit, or virtual check-in can now be excluded if they also have a claim/encounter for frailty (interactive audio/video settings were included prior to 2020)
- BP readings can now be taken by the member during interactive audio/video, telephonic, e-visit, or virtual check-ins as long as a digital device is used

Changes apply to the Telehealth aspect of the measure

Telehealth Updates to PCMH and THL HEDIS Measures

CIS - Childhood Immunization Status

- No changes around telehealth

FUH - Follow-Up After Hospitalization for Mental Illness

- Telephonic settings are now included as follow-up visits as long as it is with a mental health provider

IMA – Immunizations for Adolescents

- No changes around telehealth

SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Eligible population now includes members diagnosed with schizophrenia or schizoaffective disorder during telephonic, e-visit, or virtual check-ins (interactive audio/video settings were included prior to 2020)

Changes apply to the Telehealth aspect of the measure

Telehealth Updates to PCMH and THL HEDIS Measures

SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Eligible population now includes members diagnosed with schizophrenia or bipolar disorder during telephonic, e-visit, or virtual check-ins (interactive audio/video settings were included prior to 2020)
- Removed the restriction for exclusions that only one of the two visits with a diabetes diagnosis be an interactive audio/video, telephonic, e-visit, or virtual check-in

W15 - Well-Child Visits in the First 15 Months of Life (6 or more visits)

- Is now an indicator for a new measure (W30 - Well-Child Visits in the First 30 Months of Life)
- Well-care visit now includes an interactive audio/video setting, telephonic, e-visit, and virtual check-in

W34 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

- Retired by NCQA and is now included in a new measure that includes 3-21 year olds (WCV - Child and Adolescent Well-Care Visits)
- Well-care visit now includes an interactive audio/video setting, telephonic, e-visit, and virtual check-in

Changes apply to the Telehealth aspect of the measure

General Information: NCQA® Technical Specifications Timelines



Technical Specifications updates for HEDIS MY2020

NCQA will post the final specifications for MY 2020 on October 1, 2020

HEDIS MY 2020 Volume 2 Technical Update memo will be posted to the NCQA website (www.ncqa.org).

HEDIS MY 2020 Volume 2 Value Set Directory (10/1/2020 Release) will be posted in the My Downloads section of My NCQA (<https://my.ncqa.org/Downloads>).

Technical Specifications Updates for HEDIS MY2021

NCQA will release the specifications for MY 2021 on March 31, 2021

HEDIS MY 2021 Volume 2 Technical Update memo will be posted to the NCQA website (www.ncqa.org).

Item(s) in Black are new for HEDIS® MY2020/MY2021



Q&A

Questions will be answered by TennCare and the MCO HEDIS Subject Matter Experts.
Written answers will be available to everyone after the meeting.