



HEDIS Updates for 2024 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 Measurement Year 2024
- ✓ 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 2024

Based on HEDIS Specifications released in August 2023:

- ✓ No new measures for HEDIS MY 2024
- ✓ Retired seven* measures
- ✓ Multiple measures were revised- refer to NCQA Technical Specifications for HEDIS Reporting – Vol 2
- ✓ NCQA continues the transition to Electronic Clinical Data Systems (ECDS) reporting
- ✓ NCQA continues to add measures to report race/ethnicity stratifications and revisions to acknowledge and affirm member gender identity

Note: MY 2024 Specifications are frozen on April 1, 2024.

*Three retired measures are now only reported via ECDS



Changes to Existing HEDIS Measures

Measure Name	Details
<p>General Guideline (Note these are the highlights; there are too many to list. The full scope of changes can be found in the NCQA HEDIS Technical Specification Vol 2 Appendix)</p>	<ul style="list-style-type: none"> Deleted General Guideline Members in Hospice; requirements included in each measure Deleted General Guideline Deceased Members; requirements included in each measure Updated General Guideline Member-Collected Samples to clarify that member-collected samples processed by a laboratory or provider’s office may be used for reporting Revised General Guideline Code Modifiers; deleted Category II code modifier exclusions from the guideline and included them in each measure
<p>Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD)</p>	<ul style="list-style-type: none"> Revised to Glycemic Status Assessment for Patients with Diabetes (GSD) Added glucose management indicator as an option to meet numerator criteria
<p>Cervical Cancer Screening (CCS)</p>	<ul style="list-style-type: none"> Replaced references to “women” with “members recommended for routine cervical cancer screening.” Added an exclusion for members who were assigned male at birth.
<p>Follow-Up After Emergency Department Visit for Mental Illness (FUM) Follow-Up After Hospitalization for Mental Illness (FUH) Eye Exam for Patients With Diabetes (EED) Kidney Health Evaluation for Patients With Diabetes (KED)</p>	<ul style="list-style-type: none"> Added instructions to report rates stratified by race and ethnicity for each product line



Retired Measures

Measure Name

Colorectal Cancer Screening (COL)- Only COL-E will be reported

Follow Up Care for Children Prescribed ADHD Medication (ADD) – Only ADD-E will be reported

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) – Only APM-E will be reported

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

Ambulatory Care (AMB)

Inpatient Utilization—General Hospital/Acute Care (IPU)



The Vision – Are we meeting the
Expectation?

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



What the final rates looked like for MY 2022

- Medi-Cal (13 counties across CVH, HN, CH&W/15 priority measures)
 - 46% of all measures across all counties met the 50% MPL (Minimum Performance Level)
 - Lowest performing counties overall: CH&W Region 1&2, **Kern**, San Joaquin, **Stanislaus**
 - Lowest performing measures: BCS, CCS, CIS - Combo 10, W30, WCV
 - *low performing measures like BCS, W30, WCV will not show a hybrid lift as these are administrative measures
 - *new measures for HEDIS MY 2022: LSC, FUA, FUM; removed WCC; CDC poor control is now HBD
- Commercial (12 measures)
 - Measures meeting 75th percentile
 - 50% (6) for HMO contract
 - 17% (2) for PPO contract
 - Lowest performing measures: CBP, BPD, CIS - Combo 10, **COL**, EED, WCC BMI Percentile
 - *COL drop could be due to change in measure specification: expanded (lowered) age range

What the final rates looked like for MY 2022 (continued)

➤ Medicare

➤ 4 Medicare Advantage contracts

- 4 STAR goal met for 2 of the 12 measures
- Measures that hit goal: BCS and KED
- Measure that missed goal: TRC*

***TRC has 4 components; but TRC MRP is weighted more than the other 3**

➤ 7 SNP contracts

- Only applicable measures are COA - Medication Review and Pain Assessment
- 4 STAR goal was only achieved across all SNP contracts for Medication Review
- 4 of the contracts missed the goal for Pain Assessment

What the final rates looked like for MY 2022 (continued)

➤ Exchange (QTI)

- Goal is to be above 25th percentile in MY 2022 as we prepare for Quality Transformation Initiative (QTI) performance assessments in MY 2023
- The focus is on 4 priority measures CBP, CIS - Combo 10, HBD (CDC HbA1c <8%) and COL
- QTI 25th - HMO and PPO 7/8 measures met goal (missed PPO: COL)
- QTI 66th - None of the measure met the goal

➤ Exchange (35 measures)

- Measures meeting 25th percentile
 - 66% (23) for HMO/HSP contract
 - 40% (14) for PPO contract
- Lowest performing measures: AMM, AMR, BCS, CWP, LBP, PDC-Statins, SPC, URI, WCV, W30



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

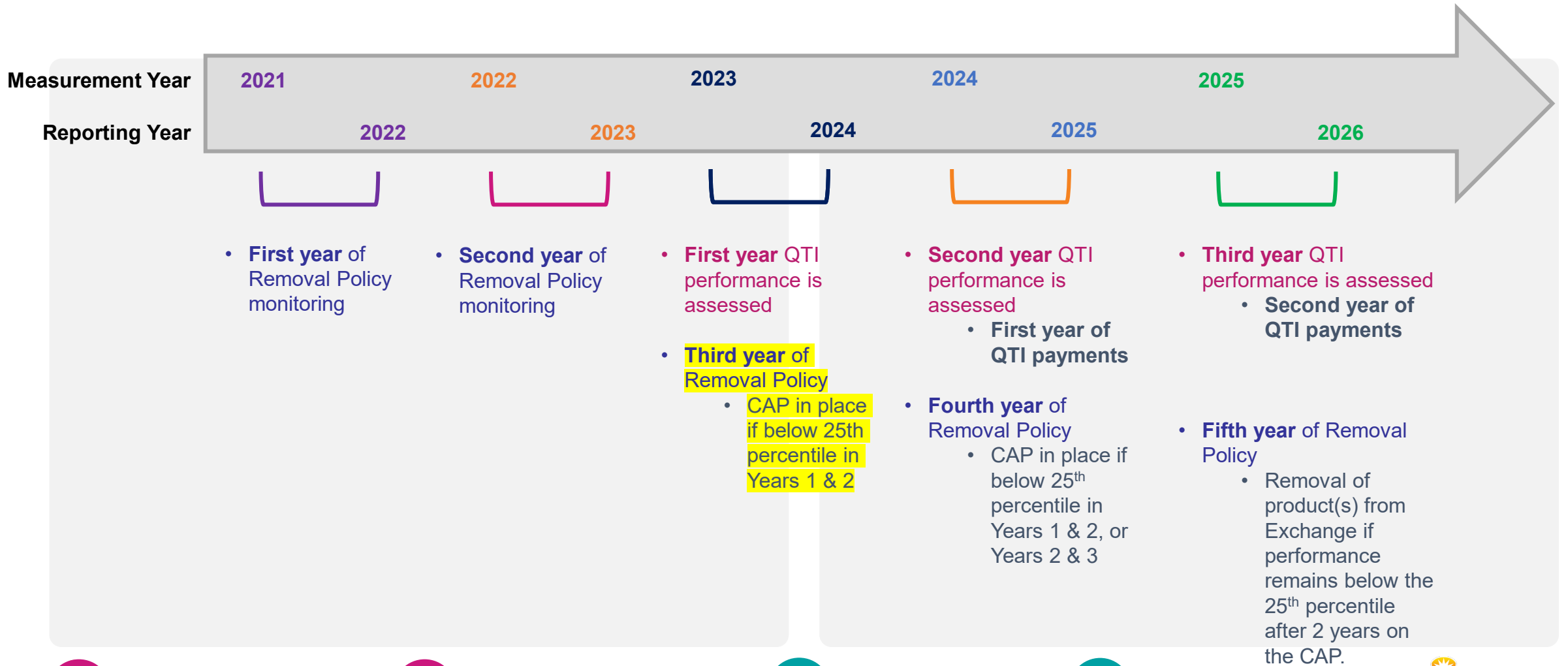


Quality Rating System (QRS) Performance & Removal Policy (25-2-2)

Performance observation began in 2021



QTI Timeline



What the current rates look like for MY 2023

➤ Medi-Cal (13 counties across CVH, HN, CH&W/15 priority measures)

➤ California Health & Wellness: 6 measures are trending higher

➤ CalViva: 11 measures are trending higher

➤ HealthNet: 8 measures are trending higher

***measures like BCS, CHL, FUA, FUM, W30, and WCV will receive no hybrid lift as these are administrative only measures**

➤ Commercial (12 measures)

➤ HMO contract: 8 measures are trending higher

➤ EPO/PPO contract: 7 measures are trending higher

➤ Lowest performing measures: COL, IMA



What the current rates look like for MY 2023 (continued)

- Medicare Advantage contracts (12 measures)
 - H0562: 4 measures are trending higher
 - H3561: 1 measure is trending higher
 - H7360: 2 measures are trending higher
 - H5087: 2 measures are trending higher

- Medicare Advantage SNP contracts (2 measures)
 - Pain Assessment for H0562-092 is trending higher
 - Pain Assessment and Medication Review are trending lower for all other SNP contracts

What the current rates look like for MY 2023 (continued)

➤ Exchange (QTI)

- 3 measures are trending higher for both HMO and PPO
 - Lowest performing measure for both contracts: CIS 10

➤ Exchange (35 measures)

- HMO contract: 16 measures are trending higher
 - Highest Performing measures: CCS and KED
 - Lowest Performing measures: CIS 10, FUH, and W30 15-30 months
- PPO contract: 18 measures are trending higher
 - Highest performing measures: COL, HBD Control, IMA, and PPC Post
 - Lowest performing measures: AAB, LBP, W30 both sub-measures, and WCV



What are strategies that high performing groups do?

- CAIR Registry
- CPTII coding
- Proper/timely billing practices
- Integration and use of Cozeva Tool
- Submission of direct supplemental data feeds to HN HEDIS Team
- Sharing data with Health Information Exchanges



HEDIS Data Improvement Project

HEDIS Data Improvement Project

➤ Identified Priority Providers

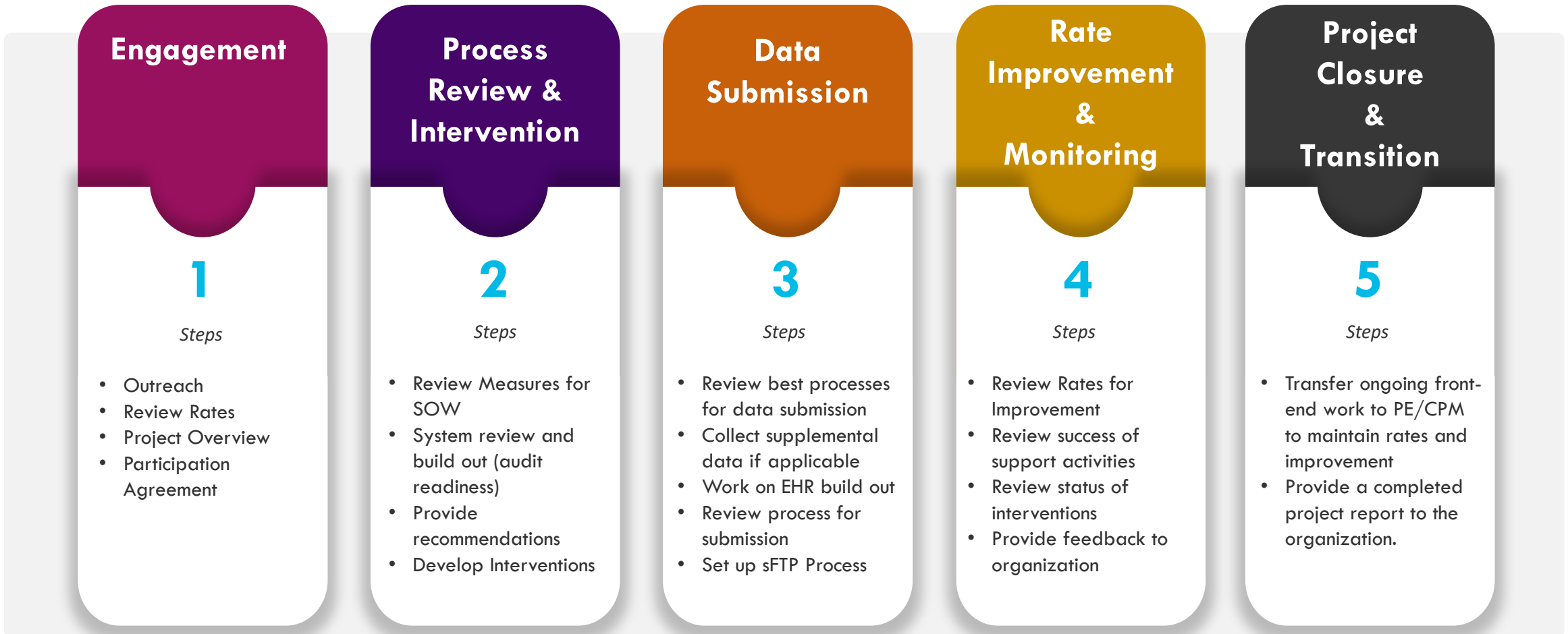
- High volume of membership
- Poor performance in priority measures

➤ Goal

- Improve data capture for the organization per line of business for at least 3 priority HEDIS measures with year over year improvement of at least 3-25% above prior year's measurement rate.



5 Phases of the Project - Methodology & Approach



Our Tools

We will utilize the following tools that support the project and keep us on track:

Work Plan: Supports clear documentation of what can be expected

Roadmap/Gantt Chart: Supports stages of the process that will be completed, and all the tasks involved

Communication Log: Record of communication of where and when information was communicated

Data Readiness Form: Evaluates processes, systems, documentation and workflows in order to work on strategy and interventions to maximize HEDIS rates and data capture

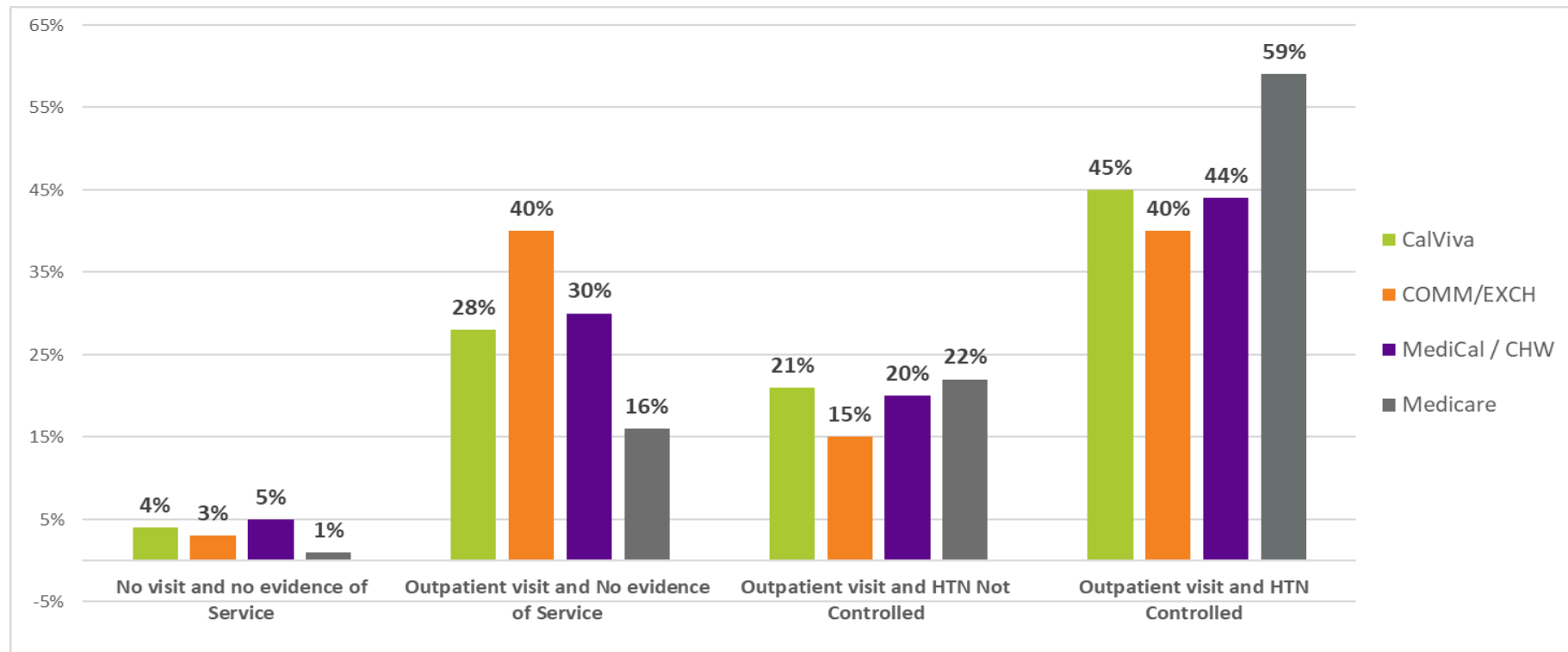
Root Cause Analysis Reports: Supports deep dive into root cause of specific measures: HBD (A1c), CBP, CIS and IMA

Meeting Minutes: Outlines what was discussed at the meeting with next steps

Final Report: At completion the project a thorough report will be provided with all stages of the processes, findings, barriers, recommendations, and interventions



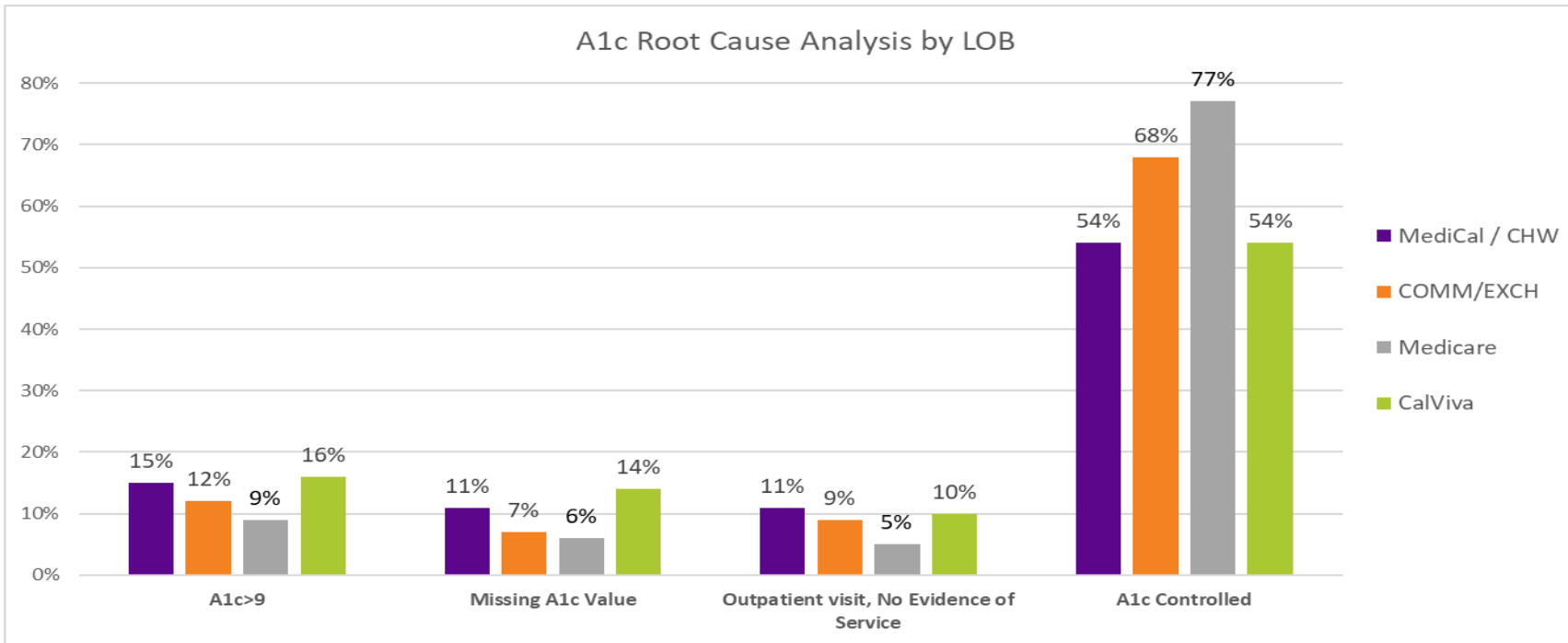
CBP Root Cause Analysis by LOB – Final MY2022



Members				
Prod Desc	No Visit and No Evidence of Service	Outpatient visit, No evidence of Service	Outpatient Visit and HTN Not Controlled	Outpatient Visit and HTN Controlled
MediCal /CHW	4,423	25,325	16,959	36,981
COMM/EXCH	1,468	18,134	7,038	18,418
Medicare	699	8,678	11,199	34,320
CalViva	1,073	7,233	5,227	11,566



HBD A1c Poor Control Root Cause Analysis by LOB – Final MY2022



Prod Desc	Members			
	A1c>9	Missing A1c Value	Outpatient visit, No Evidence of Service	A1c Controlled
MediCal / CHW	11,535	8,269	8,039	41,262
COMM/EXCH	3,747	2,128	2,803	21,888
Medicare	2,620	1,842	1,616	22,822
CalViva	3,819	3,213	2,367	12,698

Note: For Commercial and Exchange the goal for A1c is < 8



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. Flu vaccine
4. 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
5. Missing Blood Pressure values
 - Telehealth , CPT II Codes, partial billing
6. Clinical oversight of chronic disease management – showing poor outcomes
7. Not completing HPV series

Reminder:

Poor data submission for these measures increases chart chase activity for the office – causing office disruption, fees from vendors and administrative burdens on their staff



QIPM TIPS for Data Improvement/Integrity

Consider data integrity as a way to grow your healthcare business

- High quality data means less time spent on searching for the correct information for compliance
- Poor quality of data can cause sanctions/fines on the health plan
- Improving data integrity increases the productivity of the clinic reducing the focus on data and refocusing more on care

Areas of focus

- Code, Code, Code
- Evaluate if your encounters are getting to the health plan (Claims and Encounters are the gold standard)
- Ensure your EHR is updated with the most recent version
- Build out measures so that they can also be reported through extraction of CCDAs (codes and values link to object identifiers)
- Evaluate processes to identify if they are actually working
- A1cs completed in the hospital can trump your outpatient services if the inpatient service has a greater date than your outpatient date
- Report your data to the health plan through Cozeva or direct supplemental data submission in order to help analyze your data and identify issues. Review HN Quality Reports monthly and reconcile with internal reports and Cozeva. Cozeva is better served for point in time use as it is updated on a more frequent basis.
- Improve the structure of data in your templates reducing freeform and adding standardized answers that support HEDIS measures
- TRC – ADT data is populated in Cozeva to notify a discharge, then providers are alerted to complete the medication review within the 7 days



Defining the HEDIS Expectation

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.



Barriers and Challenges We Continue to Face

- Cultural/Personal beliefs and norms
- Access to Care
- Resource challenges (financial and staff)
- Knowledge deficit (providers, members, staff)
- Antiquated billing system
- Old versions of the EHR
- Services not extractable without further build out
- Lack of oversight in business processes or chronic disease management
- Coding knowledge and errors



Data Submission Deadlines MY 2023 - Quality

Requirements for Standard Data	Due Date for Standard Data
Onboarding new files not yet established	Files are processed within 60 days from receipt of acceptable and approved layout
Data needs to be an established source with Health Net <i>Note: if a file is not established by 2nd Thursday in December of the measurement year, then the file will not be processed or utilized for measurement year (MY) impact.</i>	2 nd Thursday in December of measurement year
Monthly submission once established	2 nd Thursday of every month
Final submission once established <i>Note: a file needs to be received on the 2nd Thursday of April following the measurement year by the end of business day for final submission impact. Data files received after this date will not be utilized for the final run.</i>	2 nd Thursday of April (following the measurement year)

Note: This information can be found in the Data Submission Guidelines document provided by the QIPM Team in March 2023. If you require the full document please reach out to the QIPM team and it can be provided. Please be advised that the guide will be sent out again in September and December 2023 as part of our quarterly outreach.

Requirements for Non-Standard Data Cozeva	Due Date for Non-Standard Data Cozeva
Chart review completed end date (<i>deadline to enter Cozeva Supplemental data in the UI</i>)	Friday, February 2 nd post measurement year (11:59 pm PST)



Data Submission Deadlines – Risk Adjustment

File	Data Categorization	Submission Deadline	DOS to be included in file
HN ASM file layout	September 2023 - Quarterly Sweeps	8/10/2023	7/1/2022 - 6/30/2023
HN ASM file layout	January 2024 - Quarterly Sweeps	12/14/2023	all 2022 DOS [last chance]
HN ASM file layout	March 2024 - Quarterly Sweeps	2/8/2024	1/1/2023 - 12/31/2023 (final sweeps all 2023 data and start of 2024)
Monthly ASM submission for RAF	Monthly submission	2 nd Thursday of the month	Current measurement year and prior year

Risk Score Run	Dates of Service	Deadline for Submission of Risk Adjustment Data	Optum Guaranteed Submission Deadline	Centene Deadline	Expected Provider Notification from CNT	Anticipated Payment Month
2024 Initial	07/01/2022 – 06/30/2023	Friday, 09/01/2023	Friday, 08/25/2023	Friday, 08/18/2023	Tuesday, August 1, 2023	Jan-24
2023 Final Run	01/01/2022 – 12/31/2022	Wednesday, 01/31/2024	Friday, 01/19/2024	Friday, 01/12/2024	Thursday, December 21, 2023	TBD
2024 Mid-Year	01/01/2023 – 12/31/2023	Friday, 03/01/2024	Friday, 02/23/2024	Friday, 02/16/2024	Thursday, February 1, 2024	TBD
2025 Initial	07/01/2023 – 06/30/2024	Friday, 09/06/2024	Friday, 08/30/2024	Friday, 08/23/2024	Friday, 08/1/2024	Jan-25
2024 Final Run	01/01/2023 – 12/31/2023	Friday, 01/31/2025	Friday, 01/24/2025	Friday, 01/17/2025	Tuesday, December 24, 2024	TBD



Data Best Practices

Collaboration efforts

- Ensure 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



Coding is 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



Utilization of Cozeva

- Closing Care Gaps
 - It will provide you with more real time care gap reports
 - Show you how well you are performing
 - Pay you on performance through e-payments for incentivized measures (MCAL)
 - Provider would need to sign up
- We are integrating/integrated with the following EHRs through Cozeva
 - Athena
 - Next Gen
 - eClinical Works
 - Epic
 - Office Ally
 - Cerner

If you have not signed up for Cozeva Integration, then speak to your provider engagement representative (aka provider relations) to assist you with your access today or you can go to the following website and register as well: www.cozeva.com/registerHN



Quality Incentive Programs

- Commercial
 - AMP P4P
- Medicare
 - Partnership for Quality (P4Q) for PCPs
 - RX Effect for PPGs
- Covered CA
 - Quality transformation initiative (QTI)
- Medi-Cal
 - Clinic HEDIS Improvement Program (C-HIP) for FQHC/RHC/IHS providers
 - HEDIS Improvement Program (HIP) for PCPs and Clinics
 - HEDIS Quality Improvement Program (H-QIP) for PPG/MSO
 - PBC incentives built into PPG contracts



Anticipation – Looking Forward

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
- More information about ECDS can be found under QIPM Resources at the end of this presentation

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



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)
- Follow-up Care for Children Prescribed ADHD medications (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Depression Screening and Follow-up for Adolescents and Adults (DSF-E)

- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use and Screening and Follow-up (ASF-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Social Need Screening and Intervention (SNS-E)



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
- DHCS will hold MediCal plans to MPL in MY 2025 for DSF and DRR so we need to start preparing now

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
- Will not take the place of administrative data
 - Traditional measures may be retired 2-3 years after implementation of ECDS
 - COL is expected to be ECDS only in Measurement Year 2024



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
- Review QIPM resources provided



Q&A



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QIPM RESOURCES

Required 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

Several Measures need attention for build out in MY2023

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

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



Building Out the EHR for ECDS Reporting – Cont'd

Blood Pressures

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">8462-4: Diastolic blood pressure8480-6: Systolic blood pressure <p>Note: this does not capture the value. The value will also need to be provided along with the LOINC code.</p>	<ul style="list-style-type: none">271649006 - Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)271650006: Diastolic blood pressure (observable entity)271649006: Systolic blood pressure (observable entity)



Building Out the EHR for ECDS Reporting – Cont'd

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

The eligible population/denominator cannot be captured through the use of CPT coding, therefore in order to identify the denominator we need the providers to begin using LOINC codes in the EHR to capture when the service was rendered. CPT codes would then be utilized to capture positive outcomes. **NOTE: A value will need to be provided along with the LOINC code**

Codes that can be used are as follows:

LOINC

- 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]

Building Out the EHR for ECDS Reporting – Cont'd

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

Measuring members who meet the age range parameters who received a diagnosis of major depression or dysthymia during an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. Codes that can be used are as follows:

LOINC

- 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]

Depression Remission or Response for Adolescents and Adults (DRR-E)

The components being captured are in response to an initial elevated PHQ-9 score: Follow-Up with a PHQ-9 documented, Depression Readmission and Depression Response. Codes that can be used are as follows:

LOINC

- 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]

Building Out the EHR for ECDS Reporting – Cont'd

Prenatal Depression Screening and Follow-Up (PND-E)

The components being captured are in response to deliveries where members were screened for clinical depression while pregnant and if identified with a positive screening, follow up care was completed within 30 days. Codes that can be used are as follows:

LOINC

- 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]

Postpartum Depression Screening and Follow-Up (PDS-E)

The components being captured are in response to deliveries where members were screened for clinical depression during the postpartum period and if identified with a positive screening, follow up care was completed within 30 days. Codes that can be used are as follows:

LOINC

- 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]

Building Out the EHR for ECDS Reporting – Cont’d

Social Need Screening and Intervention (SNS-E)

The components being looked at are Food Screening and Intervention, Housing Screening and Intervention & Transportation Screening and Intervention. **Recommendation: please use U.S. FSS and Well Rx forms to support the SNS-E measure.** Codes that can be used are as follows:

LOINC	LOINC
<ul style="list-style-type: none"> • 89569-8: Access to transportation/mobility status • 96434-6: Always has enough food for family Caregiver • 93669-0: Are you homeless or worried that you might be in the future • 93033-9: Are you worried about losing your housing • LA19952-3: At risk • 96441-1: At risk of becoming homeless Caregiver • 98976-4: Behind on rent or mortgage in past 12 months • LA32691-0: Bug infestation • 92358-1: Current level of confidence I can use public transportation • 99594-4: Delayed medical care due to distance or lack of transportation 	<ul style="list-style-type: none"> • 93668-2: Did you or others you live with eat smaller meals or skip meals because you didn't have money for food in the past 2 months • 93671-6: Do you have trouble finding or paying for transportation • LA30125-1: Food • 88124-3: Food insecurity risk • 95264-8: Food security status • 93030-5: Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living • 93031-3: Have you or any family members you live with been unable to get any of the following when it was really needed in past 1 year



Building Out the EHR for ECDS Reporting – Cont'd

LOINC	LOINC
<ul style="list-style-type: none"> • 98978-0: Homeless in past 12 months • 71802-3: Housing status • LA30026-1: I am a little confident • LA30024-6: I am not at all confident • LA30027-9: I am somewhat confident • LA31995-6: I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park • LA30190-5: I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park • LA31994-9: I have a place to live today, but I am worried about losing it in the future • LA29234-4: I have no access to transportation, public or private; may have car that is inoperable • 95399-2: In the last 12 months, did the food you bought just not last, and you didn't have money to get more? 	<ul style="list-style-type: none"> • 95251-5: In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? • LA32694-4: Inadequate heat • LA31998-0: Lack of heat • LA31997-2: Lead paint or pipes • LA32693-6: Lead paint/pipes • LA30985-8: Low food security • LA28580-1: Mold • LA29232-8: My transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured • LA31995-6: My transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc. • LA32696-9: No or non-working smoke detectors • LA32-8: No



Building Out the EHR for ECDS Reporting – Cont'd

LOINC	LOINC
<ul style="list-style-type: none"> • LA32695-1: Non-functioning oven/stove • 98977-2: Number of residential moves in past 12 months • LA29397-0: Often true • LA31999-8: Oven or stove not working • LA31996-4: Pests such as bugs, ants, or mice • 96778-6: Problems with place where you live • LA32000-4: Smoke detectors missing or not working • LA6729-3: Sometimes true • LA30986-6: Very low food security • LA32001-2: Water leaks • 99553-0: Went without health care due to lack of transportation in last 12 months. 	<ul style="list-style-type: none"> • 88123-5: Within the past 12 months the food we bought just didn't last and we didn't have money to get more • 88122-7: Within the past 12 months we worried whether our food would run out before we got money to buy more • 95400-8: Within the past 12 months we worried whether our food would run out before we got money to buy more Caregiver • 99550-6: Worried about housing stability in next 2 months' • LA33-6: Yes • LA30133-5: Yes, it has kept me from medical appointments or from getting my medications • LA30134-3: Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

