HEALTH MANAGEMENT ASSOCIATES

How Medicaid and Medicare Plans Can Stay Ahead of Evolving HEDIS, Accreditation Requirements, and Digital and ECDS Measures

Speakers:
Diana Criss, HMA
David Wedemeyer, HMA

Quality and Accreditation Trends

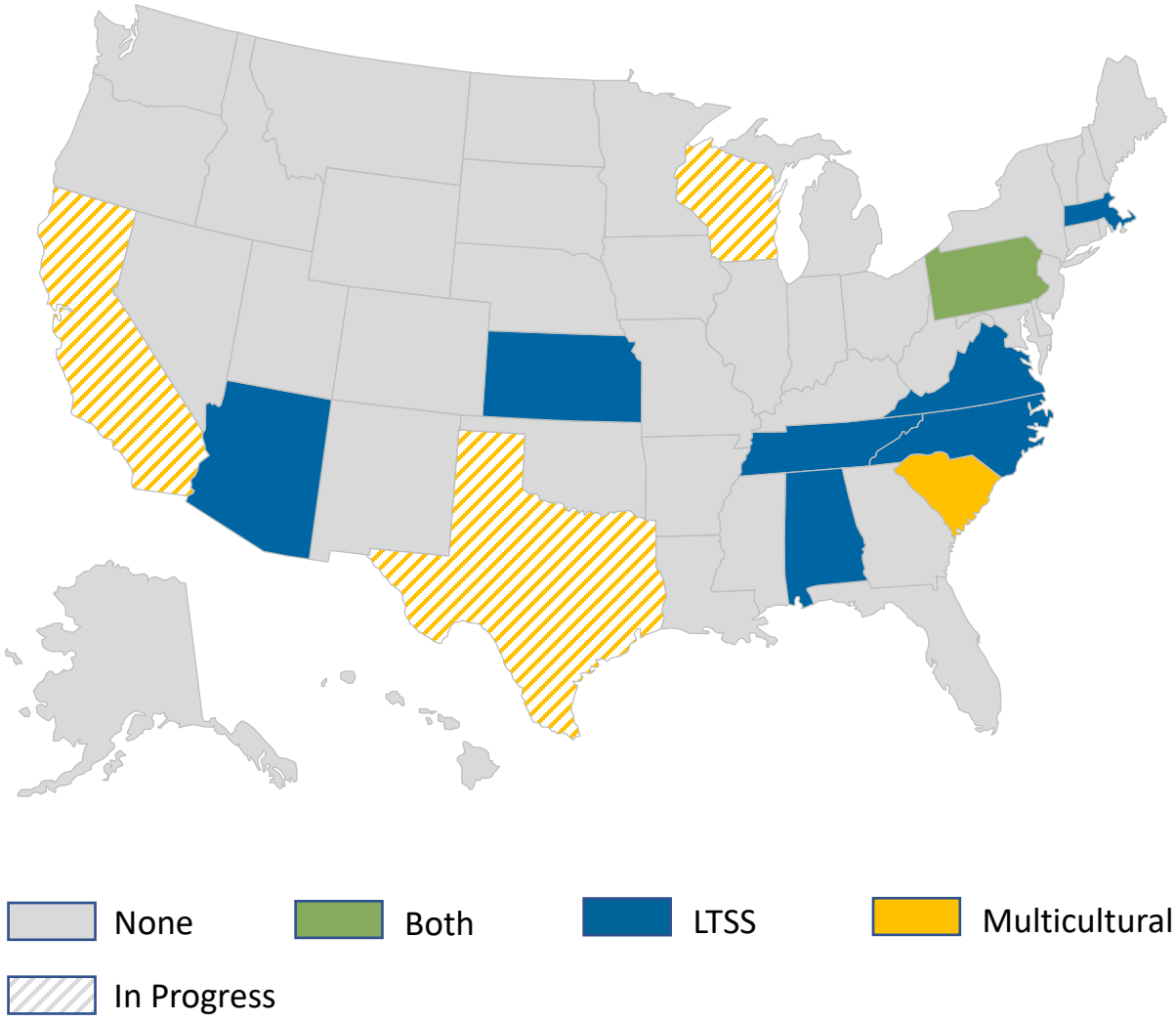
- Three components: HEDIS, CAHPS and Accreditation
- Combined to form Health Plan Rating (HPR) as a benchmark of overall quality and performance
- Plans are continuing to look for ways to distinguish themselves in increasingly competitive markets
- Plans have the “basics” down but how do you stand out from the crowd
- More states are adopting accreditation as a standard way of measuring regulatory processes and conducting oversight
- Seeing more RFPs with Quality and Accreditation as a requirement

Accreditation Trends

- Increasing changes and rigor to accreditation standards
- Additional accreditations in development
  - Telehealth
  - Social Determinants of Health
- Increasing number of available accreditations and distinctions
- More states requiring accreditations and distinctions
  - LTSS is growing
  - PA, SC and WI now require Multicultural Health Care
  - CA, TX in progress for Multicultural Health Care

States Requiring LTSS and/or Multicultural Distinction

as of 3/30/2021



Accreditation Fire Prevention vs Fire Drill --You Decide

- How many of us have experienced the “Triannual Accreditation Fire Drill” ?
  - Health Plan staff throughout the Plan stop their day job to participate in the fire drill
  - What did we miss?
  - How can we produce reports for the lookback period?
  - How are the files looking for the file audit?
- Some Plans put Accreditation on the back burner between surveys and that is when problems come

A Better Approach? Becoming Survey Ready

- Developing a Survey Ready process to replace the fire drill and it's **"Unexpected Consequences"**
- How do we get there?
  - Make Quality **everyone's** job at the Health Plan
  - Develop Executive Team transparency reporting
  - Develop a tracking tool at the Standard, Element and Factor level with monthly "Executive Report Out" **Make this tool visible**
  - Don't make Accreditation a **"check the box"** process but a way of doing business
  - Align Quality Committee activities and deliverables with the accreditation requirements to avoid jamming up the Quality Committee calendar in the last meeting before submission

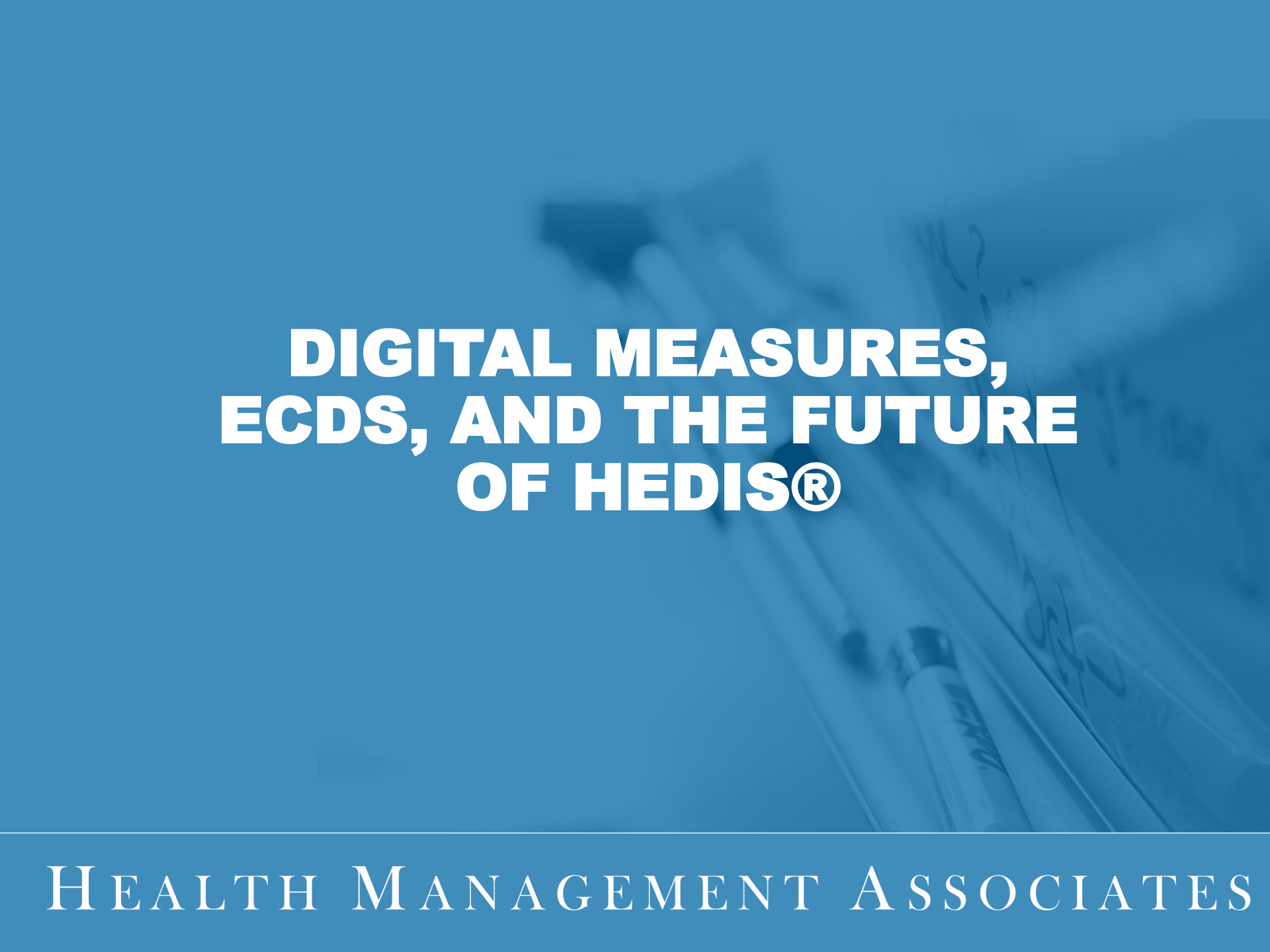
Key Factors for a "Survey Ready Model"

- **No more bye year**---In sports a bye is defined as "a participant who advances to the next level without doing anything" but with Quality you don't get to advance without "Continuous Quality Improvement"
- Provide annual standards training for all key areas
- Prepare/Review/Score all required documents **every year**
- Measure regularly, and if something is not working don't wait to **change direction**
- Perform **"Quarterly-Mock File Audits"** for every file type, especially in the 1st year of the 3-year cycle
- Implement needed change prior to the lookback period

What is the ROI?

- More competitive RFP responses as a True Quality Program sets you apart
- Replace the **"Fire Drill"** model with a "Fire Prevention Program" saving staff downtime
- Multicultural Health Care Distinction is coming so get ahead of the requirement and show your commitment to meet members in a culturally appropriate manor, with a culturally appropriate network of Providers.
- Multicultural Health Care Distinction can improve both HEDIS rates and CAHPS scores, which in turn can improve your position for both the RFP process, and for new member assignment algorithms.

DIGITAL MEASURES, ECDS, AND THE FUTURE OF HEDIS®



HEALTH MANAGEMENT ASSOCIATES

Purpose of HEDIS® changes?

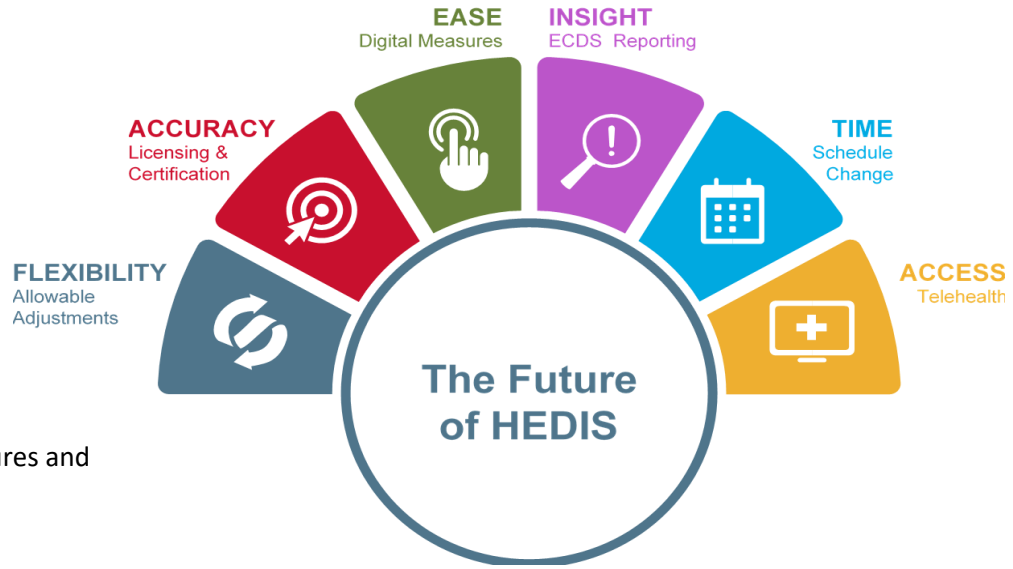
A continued focus on improvement:

- Specifications have evolved over time with a greater focus on outcomes of care and services
- This continued emphasis on members outcomes and experience is in alignment with our healthcare industry moving from management models to more value-based improvement care models. The specific key changes include but are not limited to:
  - Clinical guidelines
  - Digitization of member records
  - Electronic exchange of data
  - Adoption of Fast Healthcare Interoperability Resources (FHIR) standards
  - Provider value-based contracting
  - Multi-level care coordination

- Taking better advantage of the current capabilities of the delivery system (such as EHR, HIE)
- Changes will help create a much greater use of HEDIS metrics at the point of care, which supports Value based programs and aligns metrics
- The consistency of the measures throughout the system is key, so standardization of the data streams is critical and pushed by State and CMS

6 Featured Themes for the Future of HEDIS®

- **Flexibility** (Allowable Adjustments) These allowable adjustments give you flexibility in how you use your measures
- **Accountability** (Licensing and Certification) ensures accurate and audited results
- **Ease** (Digital Measures) digital format is easier to work with
- **Insight** (ECDS Reporting) New reporting method
- **Time** (Schedule Change) specification will be published earlier
- **Access** (Telehealth) See recommendations of NCQA's Taskforce on Telehealth Policy: ncqa.org/telehealth



Reference: NCQA® Future of HEDIS Digital Measures and Equity 2/24/2021

HEDIS® Publication Timeline Changes

Important Timeline Changes:

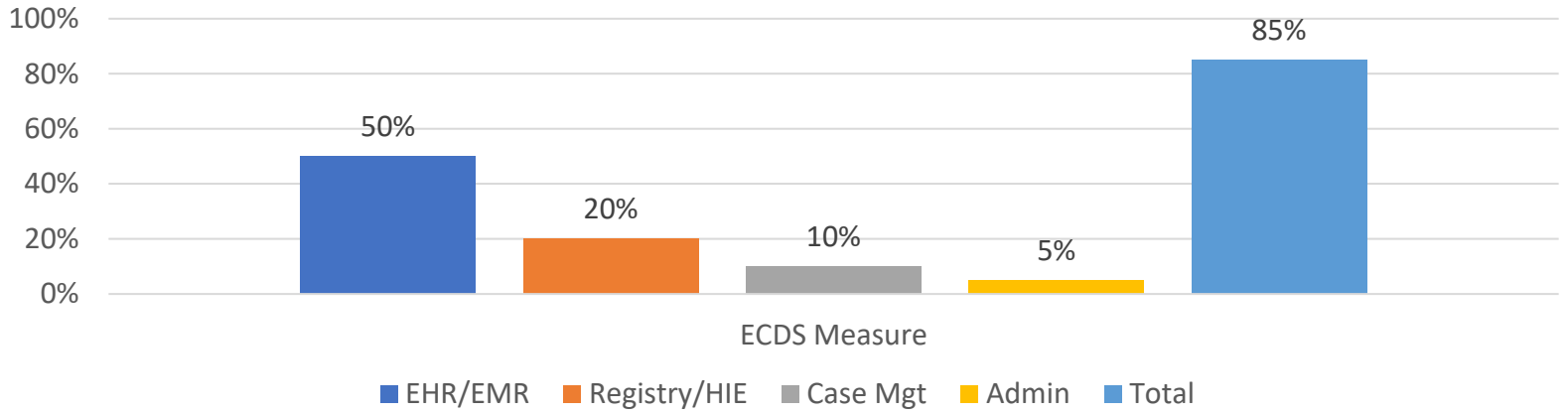
- MY 2021 HEDIS Volume 1&2 publications were released on 7/1/2020 (12 months sooner)
- MY 2021 HEDIS Volume 2 Technical Update was just published 3/31/2021 (previously Oct)
- HEDIS Vendor certification for MY2021 will be moved up to 10/1/2021 and for MY2022 will be 7/1/2022

Opportunities:

- Will allow you to better align the specification to the current measurement year. As with most prospective processes, plans were using prior year specifications to produce gaps listings, and quality intervention, etc.
- Allows a better alignment to Pay for Performance (P4P) programs, because the accuracy of gap data and information avenues to provider network can be greatly improved. (equals less abrasion with providers and more accurate incentive payments)
- Allows an opportunity to change or revise processes to migrate from a retrospective and supplemental data review processes to a more dominant focused concurrent review and prospective intervention process.
- This change calls for prevailing planning and analytics remediation for a long-term approach over the traditional short-term approach.

Electronic Clinical Data Systems (ECDS): Reporting Standard for HEDIS

- Plans can collect and report electronic clinical data for HEDIS® measurement and quality improvement reporting, but must:
  - Use standard layouts
  - Meet the technical specifications
  - Evidence of service is accessible by the care team
  - These measures are reported by the source of record (hierarchy logic)



Opportunities:

- Understand how your data is configured today, so you can utilize this data in ECDS measures.
- Data such as Case Management systems are now useful for HEDIS measurement as long as they meet the criteria specified., and will go a long way for reporting in the future

11 Electronic Clinical Data Systems (ECDS) measures for MY 2020/2021

8 Measures ***Originally Introduced*** into HEDIS® with ECDS Reporting

- Prenatal Immunization Status
- Adult Immunization Status
- Depression Screening and Follow-Up for Adolescents and Adults
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- Depression Remission or Response for Adolescents and Adults
- Unhealthy Alcohol Use Screening and Follow-Up
- Prenatal Depression Screening and Follow-Up
- Postpartum Depression Screening and Follow-Up

3 Existing HEDIS® Measures specified for ECDS Reporting with timeline to ECDS only reporting

- Breast Cancer Screening
- Follow-Up care for Children Prescribed ADHD medications
  - MY 2020/2021 will be optional ECDS reporting alongside Admin reporting
  - MY 2022 permit plans to choose ECDS or Admin
  - 2023 and beyond will be ECDS reporting only (Admin removed)
- Colorectal Cancer Screening
  - MY 2020/2021/2022 will be optional ECDS reporting alongside hybrid reporting
  - MY 2023 permit plans to use ECDS or hybrid
  - MY 2024 ECDS reporting only (hybrid removed)

NCQA's Digital Measures

- Transitioning digital measures to the Fast Healthcare Interoperability Resources- Clinical Quality Language (**FHIR-CQL)** data model
- Digitized measures will automatically absorb data that clinicians enter into electronic health records (EHR) and Health Information Exchanges (HIE) when providing care.

Advantages of these changes:

- ➢ Decreases the amount of separate data entry
- ➢ Speeds up the timeliness of data capture
- ➢ Consolidates data from multiple sources
- ➢ Standardizes data language, which improves data quality (reduces error), completeness, and makes data transfer (import and export) more efficient.

Health Plan Opportunities:

- ✓ Maximize data capture by engaging network providers to utilize EMR and HIE systems and best practices on data entry (align P4P, incentives, outreach efforts)
- ✓ Look for opportunities to capture more specialty services in EMR and HIE systems,
- ✓ Look for opportunities to develop gap identification and closure process that aligns with digital measure collection standards and processes.

NCQA is moving to FHIR®!

FHIR-CQL measures to be released in Fall 2021

- **F**ast **H**ealthcare **I**nteroperability **R**esources (FHIR) - interoperability standard that aligns quality measurement with other use cases (this is a standard for exchange of electronic data exchange)
- Aligns with the direction of other key stakeholders
- Released 5 draft FHIR-CQL HEDIS measures in Nov 2020 (intended for education and information gathering only)
  - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
  - Cervical Cancer Screening (CCS)
  - Childhood Immunization Status (CIS)
  - Immunizations for Adolescents (IMA)
  - Non-Recommended PSA-Based Screening in Older Men (PSA)
- NCQA plans to release 22 Digital Quality Measures in FHIR-CQL in Fall 2021 (MY 2022)

Telehealth

- NCQA in the July 1, 2020 publication updated 40 HEDIS measures to include telehealth accommodations
- Almost every Medicare HEDIS related STAR measure is impacted
- We expect that some member will prefer telehealth over going into the office going forward
- Many plans by default developed a telehealth access strategy due to COVID pandemic. This is an opportunity to analyze access, and barriers and work to resolve any identified, and make this a formalized service.
- An opportunity to refine your network to document telehealth access, set-up, and update provider directory information to members.
- Opportunity to develop quality process to utilize telehealth to close gaps when other effort have not been successful (more option more opportunity for the care to be done)
- Well-child, prenatal and postpartum, and WCC measures are impacted, so Medicaid and Exchange plan could benefit from developing a plan network plan.
- End result: Telehealth is not going away!! Embrace it as an opportunity!!!

Five Suggestions for how Plans can support their Providers

- Get to know your patients and your data
  - Assess and know all data sources, gaps, and opportunities
  - Encourage use of sources that feed into digital measures
  - Support providers with enhanced Case Management focus on ECDS measures
  - Supplemental data sources support data gap issues, which better focuses interventions on true services gaps (Think more prospectively!)
- Surround yourself with a dedicated team
  - Data Analytics is critical to transition from a more retrospective approach to a prospective approach.
- Be proactive with pre-visit planning
  - Look for opportunities to be proactive and feed information and opportunities where they are most needed
- Encourage (or incentivize) Review of pertinent quality measures before seeing the patient
- Code correctly to get credit for the being done
  - Referential integrity report and other quality data reports need to have routine analytic evaluation. With identification of errors that can be sent back to be corrected at the source.
  - Incomplete data needs to be corrected at the source also

INTRODUCTION OF RACE AND ETHNICITY STRATIFICATION INTO SELECT HEDIS MEASURES

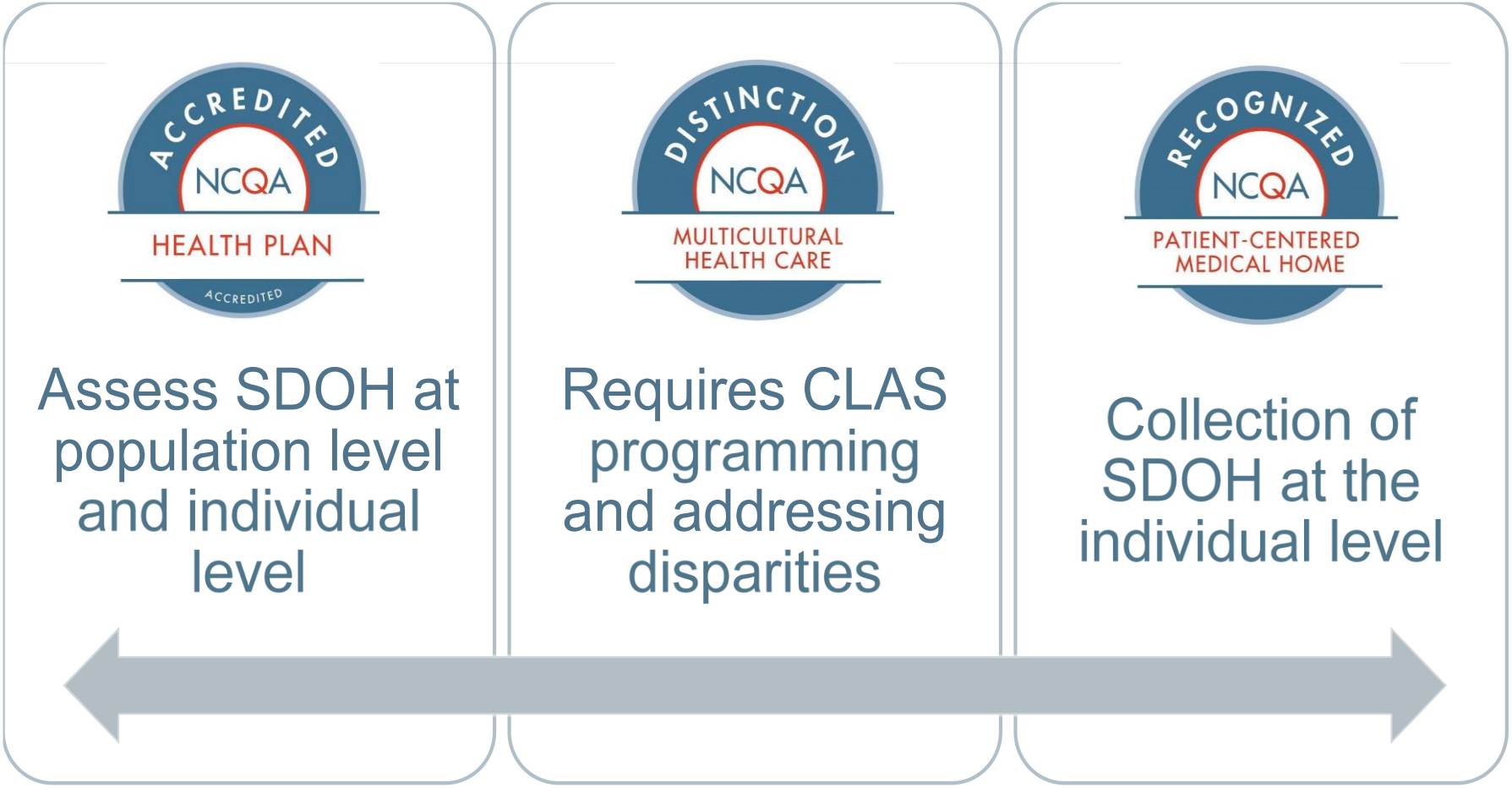
Race and Ethnicity Stratification

- Many State Medicaid programs have added requirements to analyze, measure, & act upon Social Determinants of Health (SDoH) disparities, when identified, with the goal of improving health outcomes.
- Centers for Medicaid and Medicare Services (CMS) has added socioeconomic stratifications to several quality reporting metrics.
- NCQA has two descriptive measures related to Race, Ethnicity and Language and has added socioeconomic stratifications to four HEDIS measures, impacting Medicare Advantage plans
- State and Federal Programs are requiring within Procurement Requests (RFPs) that prospective plans strongly have programs that analyze, measure and address health equity, SDoH, health disparities, social risks and needs.

Healthcare can be impacted if you're without:

- ✓ A good job or stable income
- ✓ School and education
- ✓ Affordable home
- ✓ Safety, or safe environment

Existing NCQA Programs



Reference: Graphic from NCQA Future of HEDIS Digital Measures and Equity 2/24/2021

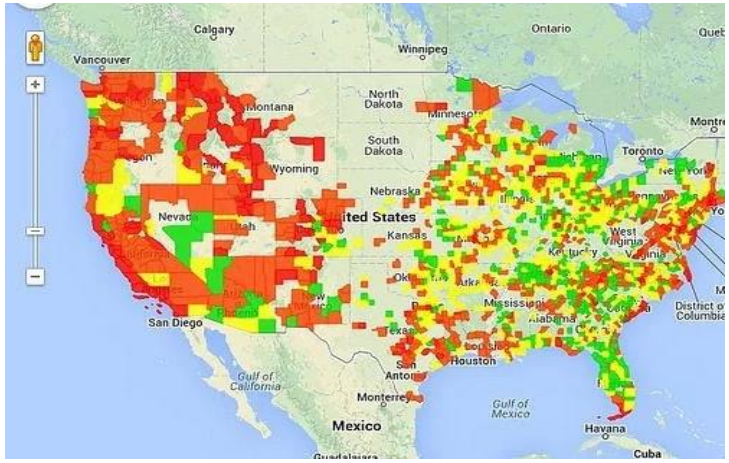
Equity & SDOH in Current HEDIS Measures

Two descriptive measures of race, ethnicity and language of membership*:*

- Race/Ethnicity Diversity of Membership
- Language Diversity of Membership

Four measures stratified by socioeconomic status (Medicare Advantage):

- Comprehensive Diabetes Care
- Breast Cancer Screening
- Colorectal Cancer Screening
- All Cause Readmission



Opportunities:

- Plans should be breaking down all HEDIS measures by these factors currently

- Further stratification to also be broken down by geographic distribution and rates to identify specific areas of disparity. Medicaid programs will see this development more quickly and can help lead to improved costs

Data Source and Methods for Race/Ethnicity Data

Currently race & ethnicity can be collected either directly or indirectly.
Direct is the preferred method:

- This is individual self-reported information that is found or identified through the health plan enrollment data or identified within he individuals Electronic Health Records (EHR).

Indirect method: input from secondary sources:

- Assignment by geographic location (characteristics at zip code, census block, (e.g. Census, ACS)), assigns race/ethnicity based on most common value at given geographic unit (census tract)
- Bayesian Indirect Surname and Geocoding (BISG), which is a statistical imputation using surname and geographic data

NCQA has set a timeline for transition from the current state of direct and indirect reporting, with a goal to reach all direct reporting by 2024.

Opportunities:

- Plans should utilize this timeframe to solidify their strategy for ensuring that greater than 80% of this data is collected through the direct methods (enrollment and EHR) within the next year
- Transition from indirect method in two years allows plans to keep more consistent level of data validity/completeness during the transition and allows you to assess if an indirect supplement will be needed.
- This development is necessary now because State and Federal programs are requiring these outcomes metrics and pans must show capability on RFPs.

Measures for Stratification

Candidate Measures for Stratification:

- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC)
  - HgbA1c Control <8%
  - Retinal/Dilated Eye Exam
- Antidepressant Medication Management (AMM)
- Follow-up After ED Visit for People with Multiple Chronic High-Risk Conditions (FMC)
- Adults' Access to Preventive Ambulatory Health Services (AAP)
- Prenatal and Postpartum Care (PPC)
- Well Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well Care Visits (WCV)

Opportunities:

- Using allowable adjustments plans should be looking to use stratifications among all HEDIS metrics to get ahead.
- Stratification breakdowns should be considered when running data prospectively, which can drive significant improved outreach and interventions that are aimed to address the specific disparity identified.
- Further socioeconomic breakdowns can be done by geographical distribution to identify and key in on specific disparities by location.
- Adding in Telehealth service codes to the specifications in 2020 and 2021 are a huge opportunity for plans to address identified gaps and disparities.

Summary

Digital Measures:

- Digital Measures will help us be able to capture more data consistently, with higher accuracy, less human error, and within a timeframe in which we can act upon it.
- Plans should engage their provider networks in helping to ensure services and data are being entered though systems that support this (EMR and HIEs).
- Plans can look into options to ensure other data sources are mapped to HIE exchanges and can be included.

ECDS:

- The transition to ECDS measures will work to shift quality reporting from retrospective related processes to prospective efforts.
- Involving IT, Data Analytics with clinical services efforts (such as Case Management) is an opportunity to proactively track membership and improve outcomes.
- Plans will need to develop prospective processes for data collection and capture that will supplement their data concurrently to address gaps

Timeline:

- Prospective specification can be implemented sooner, meaning plans will no longer use last years specification to assess and improve current year metrics.
- This allows plans to be more proactive and aligns their data better to the current year
- Due to the changes with digital and ECDS Plan's will need to develop a concurrent tracking process for any care gaps interventions

Summary

Race & Ethnicity Stratifications:

- NCQA will be aligning race and ethnicity categories with existing HEDIS definitions, so plans need to start now in this development and reporting capability.
- NCQA prefers plans to be capturing this data through the “Direct Path” definition, meaning the information is collected from the member on enrollment or EHR data. Plans should be working towards this goal before NCQA’s 2024 strategy.
- Ten measures identified for potential stratification, targeting five for MY 2022, it’s important to be developing this now.
- Plans can use the NCQA allowable adjustments to proactively track these rates and specific components to better identify gaps, even in different populations.
- New Request for Procurement (RFPs) by State and Federal agencies do have Social Determinants of Health and other cultural and ethnic stratifications, which will heal drive this membership growth


QUESTIONS
HEALTH MANAGEMENT ASSOCIATES

CONTACT

DIANA CRISS
Principal
Lansing, MI
dcriss@healthmanagement.com

DAVID WEDEMEYER
Principal
Los Angeles, CA
DWedemeyer@healthmanagement.com

HMA | HEALTH MANAGEMENT ASSOCIATES