PHMI Data Quality & Reporting 101

May 2024

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1 PHM Initiative Background

PHMI Expectations & Goals

In 2021 KP, DHCS and CPCA selected 32 CHCs representing eight counties and serving approximately 1.1 million people to participate in the development and successful implementation of the PHMI.

DHCS/KP/CHC PHMI Expectations

- Advance CHC capabilities in PHM with solutions that address people, process and technology.
- Collaborate with stakeholders to co-design the components of the PHMI.
- Prepare CHCs to participate in DHCS' Alternative Payment Model (APM) program and implement CalAIM.
- Leverage and incorporate KP best practices and CHC expertise and experience in the design and implementation of the PHMI.
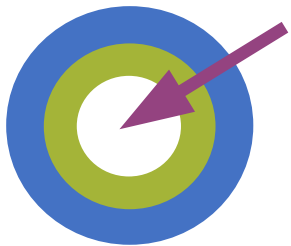
PHMI Goals

- Improve quality metrics (align APM) and disparities in specific regions.
- Focus on child health, maternal health and behavioral health.
- Improve patient engagement and experience of care.
- Increase access to primary care services through team-based care.

Contextualizing the PHM Initiative

Medi-Cal PHM Initiative supports the CalAIM vision of Medi-Cal delivery system transformation through population health management, with a focus on improving community health center PHM capabilities to achieve improved population outcomes and succeed in the new APM payment model.
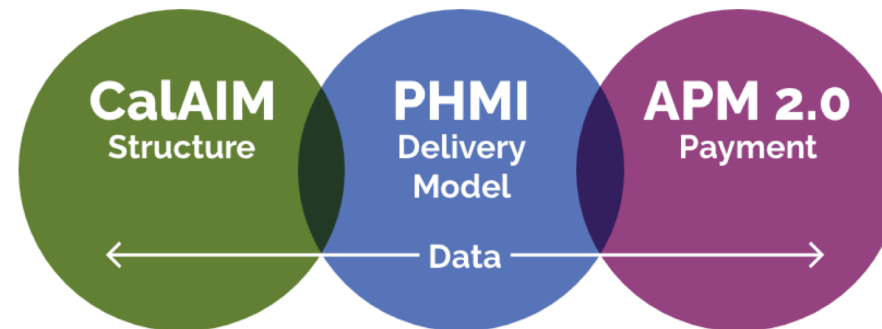
California Advancing and Innovating Medi-Cal Waiver (CalAIM)

- Implement PHM policy and requirements for Medi-Cal delivery system including standardized population assessment, tiering and programs.
- Promote whole person care including social determinants of health through new programs and benefits.

KP/DHCS/ HealthCenters Medi-Cal PHM Initiative

- Achieve the CalAIM goals by advancing PHM at the clinician level.
- Co-design and implement new PHM care model and enable technology for CHCs to be successful in APM.
- Improve CHC capability to monitor, track and address quality metrics and population outcomes.
- Support CHC transformation efforts through focused curriculum design and coaching.

CHC Alternative Payment Model (APM) 2.0 Pilot

- Transition CHCs to payment model that provides flexibility in how care can be delivered.
- Require new care model that focuses on PHM to succeed.
- Improve cash flow and financial stability.

Core Quality Measures

PHMI Population of Focus	Core HEDIS Measures for PHMI
Children	**Child Immunization Status** Percentage of two-year-old children who have received the 10 recommended vaccines. **Well Child Visits in First 30 Months of Life** Percentage of children who have had six or more well child visits in their first 15 months of life.
Pregnant people	**Prenatal & Postpartum Care** Percentage of people with a postpartum visit within seven to 84 days after delivery.
Adults with preventive care needs	**Colorectal Cancer Screening** Percentage of 45- to 75-year-old people who were screened for colorectal cancer at the recommended interval.
Adults living with chronic conditions – hypertension	**Controlling High Blood Pressure** Percentage of 18- to 85-year-old people with hypertension whose blood pressure was adequately controlled (<140/90 mm Hg).
Adults living with chronic conditions – diabetes	**Comprehensive Diabetes Care** Percentage of 18- to 75-year-old people with diabetes whose hemoglobin A1c was not under control (>9.0%).
People with behavioral health conditions	**Depression Screening & Follow-Up for Adolescents and Adults** Percentage of people aged 12 and older who were screened for depression using a standard screening tool and, if positive, received follow-up care within 30 days.

Supplemental Quality Measures

These HEDIS Quality Measures were chosen for PHMI and endorsed by DHCS to fulfill the expectation that PHMI will prepare CHCs for APM and CalAIM by improving their population health management capabilities and achieving key Medi-Cal Program metrics and outcomes.

Children

Well Child Visits in First 30 Months of Life (15 to 30 Months)
Percentage of children who turned 30 months old during the measurement year, and had at least two well child visits with a primary care physician in the last 15 months.

Child and Adolescent Well Care Visits
Percentage of children three to 21 years of age who received one or more well care visits with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Immunization for Adolescents (Combo 2)
Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus (HPV) series by their thirteenth birthday.

Pregnant People

Prenatal and Postpartum Care (Timeliness of Prenatal Care)
Percentage of deliveries in which people had a prenatal care visit in the first trimester.

Prenatal Depression Screening and Follow-Up
Percentage of deliveries in which people were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

Postpartum Depression Screening and Follow-Up
Percentage of deliveries in which people were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care.

Adults with Preventive Care Needs

Breast Cancer Screening
Percentage of people 50 to 74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

Cervical Cancer Screening
Percentage of people who were screened for cervical cancer.

Adults Living with Chronic Conditions

See "All Adults"

People with Behavioral Health Conditions

Depression Remission or Response for Adolescents and Adults
Percentage of people 12 years and older with a diagnosis of depression, and an elevated PHQ-9 score who had evidence of response or remission within four to eight months of the elevated score.

All Adults

Adults' Access to Preventive and Ambulatory Health Services
Percentage of members 20 years and older who had an ambulatory or preventive care visit.

Quality Measure Alignment

PHMI quality measure reporting will support the identification of opportunities and progress made in population health and will better position health centers for success in MCP P4P.

PHMI Core Quality Measure Reporting is Aligned

1 With APM 2.0 measures

2 With DHCS MCAS measures

3 With DHCS' Comprehensive Quality Strategy Bold Goals

4 With MCP P4P measures

Importance of Alignment

↓ Most Medi-Cal patients are in MCPs

↓ MCPs are held accountable by DHCS for quality outcomes

↓ MCP performance expectations trickle down to CHCs

2 Data Quality & Reporting Goals

Data Quality & Reporting Goals

The Data Quality and Reporting Workgroup will provide an implementation guide and tools to assist health centers in achieving the goals below. Each health center will work with their practice coach and subject matter experts as necessary to achieve these goals and leverage improvements in data quality and reporting to drive ongoing population health improvement work.

1) Each health center will be able to report on the seven identified PHMI core HEDIS measures on a quarterly basis, due one month following the close of the quarter for Medi-Cal managed care plan (MCP) patients assigned to the clinic. Results will be reported by:
   a. Clinic site.
   b. Race and ethnicity.

2) Each health center will be able to accurately apply the defined specifications for the measure (e.g., HEDIS specifications with modifications made for clinicians in the PHMI Core Measure Specifications Manual) and report all relevant data including:
   a. Compiling and extracting all internal data needed for reporting (i.e., no gaps in data).
   b. Obtaining and using external data when needed for accurate reporting.

3) Each health center has a validation process in place to ensure the accuracy of measurement and reporting, which will include:
   a. An initial validation process to compare health center-produced core measures with managed care plan P4P reports where core measures are used, followed by the development of a process for ongoing reconciliation of health center and managed care plan data.

4) Each health center will incorporate the above data reporting capabilities in health center processes to ensure sustainability (i.e., within Policies and Procedures)

5) Each health center will use the proficiencies and processes gained in reporting the PHMI core HEDIS measures to inform and improve their ability to report the supplemental measures.

6) To support population health for additional patient populations, each health center will also submit their Uniform Data System (UDS) rates that align with the core and supplemental measures for their health center UDS population (e.g., patients with a visit in the past year) including segmented rates by line of business and race and ethnicity for the PHMI core HEDIS measures.

3 HEDIS Overview

HEDIS Overview

PHMI requires the reporting of certain HEDIS measures to measure care delivery and outcomes as health centers work to improve their population health management capabilities.

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a standardized set of healthcare performance measures developed by the National Committee for Quality Assurance (NCQA).* HEDIS:

- Develops measures through a committee of experts including payers, consumers, health plans, clinicians and policymakers.

- Allows organizations to objectively measure, report and compare quality based on a national standard.

Visit ncqa.org to learn more

Why use HEDIS?

- HEDIS was developed for health plans though many other healthcare entities adapt HEDIS measures for use in other settings (like health centers for PHMI).

- HEDIS is used by more than 90% of America's health plans including Medi-Cal plans.

- HEDIS is required by regulatory agencies including CMS (federal) and DHCS (state).

- Industrywide acceptance and broad use of HEDIS allow for:

  - Comparison across organizations and with national standards and benchmarks.

  - Uniform measures used in managed care plan QIP programs.

HEDIS includes 90+ measures across six domains of care; PHMI has adopted seven for use as core program measures.*

*PHMI has also identified and adopted 12 additional HEDIS measures as PHMI supplemental measures.

HEDIS Overview

PHMI requires the reporting of certain HEDIS measures to measure care delivery and outcomes as health centers work to improve their population health management capabilities.

What will PMHI do with HEDIS results?

HEDIS performance results allow PHMI to:

- Measure health center and overall population performance.
- Focus on key populations, monitor care and identify disparities in care.
- Identify quality improvement opportunities.
- Provide educational programs for clinicians and patients.
- Monitor adherence to clinical practice guidelines.
- Support achievement of CalAIM and preparation for DHCS' APM program.

What is my role?

- Provide appropriate care within the designated timeframes.
- Accurately code all claims.
- Document all care in the patient's medical record.
- Obtain information related to services provided outside of the health center (e.g., follow up on specialist care).

All health center staff have a central role in HEDIS measurement and performance.

HEDIS Overview

PHMI requires the reporting of certain HEDIS measures to measure care delivery and outcomes as health centers work to improve their population health management capabilities.

How does HEDIS differ from UDS?

- Most health centers are familiar with the Uniform Data System (UDS) measures they routinely report to the Health Resources and Services Administration (HRSA).

- Many HEDIS measures appear similar to UDS measures, but there is one major difference:
  - HEDIS measures capture all patients who are assigned by a health plan even if they have not had a visit at the CHC.
  - UDS measures capture patients who have had a visit within the measurement period.

- There are other measure-specific differences as well:
  - The codes (e.g., ICD10CM, CPT) used to identify included diagnoses and services are not always the same.
  - The requirements for inclusion in the measure are not always the same (e.g., one diagnosis during the year vs. two diagnoses).

- **These measurement differences can result in significantly different rates for similarly named HEDIS and UDS measures.**

HEDIS measures performance for the population the health center is responsible for not just the patients who come in for services.

4 Measures: Basic Anatomy, Specifications and Value Sets

Basic Anatomy of a HEDIS Measure

Most HEDIS measures are calculated as a rate (percentage) that represents how often a certain type of care is delivered or for how many patients. Each measure specifies the types of data that can be used to inform the numerator and denominator.

Rate =

Numerator
The numerator is the segment of the denominator (e.g., number of patients) that meets the criteria for the measure or is "compliant" with the measure.

Denominator
The denominator is the group within which the measure is looking to identify compliance with the numerator.

Measure Types (Data Sources)

Measures that are **administrative** will look for claim, encounter, pharmacy and lab codes (e.g., CPT, ICD-10) that indicate an action was taken or service was provided. **Hybrid** measures allow for both administrative (codes) and review for documentation (medical records) to identify numerator compliance.

- For example, ***well child visits*** and ***colorectal cancer screening*** are **administrative** measures; rates are based on claim/encounter codes. ***Childhood immunization*** is a **hybrid** measure. The rate is based on codes and a review of the medical record to identify immunizations.

Measure Specifications

HEDIS measure specifications are a detailed technical set of instructions for how to produce the measure. Specifications include specific definitions of all components of the measure usually in five to 10 pages. These instructions are used and adhered to by analysts to program the measure reports and by abstractors to pull information from the medical records to ensure uniformity and comparability in the measure across entities and over time.

Specifications are published/updated annually. Changes from year to year are usually minimal.

HEDIS specifications include:

- Description of the measure.
- Key definitions.
- Defining elements of the eligible population (product line/line of business, stratifications by which the measure should be reported [e.g., age, race], age, continuous enrollment criteria, allowable gap, anchor date, benefit, event/diagnosis and exclusions).
- Administrative specifications:
  - Numerator (based on codes).
  - Denominator (based on codes).
- Hybrid specifications*:
  - Numerator (based on medical record review and codes).
  - Denominator (based on codes and a systematic sample).
- Key notes and any changes to the specifications from the prior version of the specifications.
- Allowable adjustments.

*Not all measures have a hybrid reporting option; some are administrative only.

80   *Childhood Immunization Status*

Childhood Immunization Status (CIS)

SUMMARY OF CHANGES TO HEDIS MY 2023
- Added anaphylaxis to a vaccine to select numerators.
- Added a required exclusion for members who died during the measurement year.
- Removed seropositive test results from the numerator criteria in the hybrid specification.
- Revised the "Other" criteria in the Nonclinical Components table under *Rules for Allowable Adjustments of HEDIS*.
- Revised the "Required Exclusions" criteria in the Clinical Components table under *Rules for Allowable Adjustments of HEDIS*.

Description

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.

Eligible Population

Product lines	Commercial, Medicaid (report each product line separately).
Age	Children who turn 2 years of age during the measurement year.
Continuous enrollment	12 months prior to the child's second birthday.
Allowable gap	No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not continuously enrolled).
Anchor date	Enrolled on the child's second birthday.
Benefit	Medical.
Event/diagnosis	None.
Required exclusions	Exclude members who meet any of the following criteria: • Members in hospice or using hospice services any time during the measurement year. Refer to *General Guideline 15: Members in Hospice.* • Members who died any time during the measurement year. Refer to *General Guideline 16: Deceased Members.* • Members who had any of the following on or before their second birthday: – Severe combined immunodeficiency (Severe Combined Immunodeficiency Value Set).

HEDIS MY 2023, Volume 2

Example HEDIS Specification

Value Sets

HEDIS value sets are a companion to the measure specifications and contain a complete structured list of codes needed to report each HEDIS measure. The total HEDIS value set directory is an Excel file comprising over 55,000 rows of codes.

Value sets are published/updated annually along with the measure specifications. Changes from year to year are usually minimal and include new codes where applicable or retire expired codes.

The value set directory includes:

- A list of value set names that are applicable to each measure.

- The specific codes (e.g., CPT, ICD-10, SNOMED, HCPCS, UBREV) within each value set.

NOTE: The value set directory must be used in tandem with the measure specifications. The specifications identify where and how the value sets are used.

For example, the prenatal and postpartum care measure specification indicates that:

- A postpartum visit can be identified by several value sets:
  - Postpartum visits value set.
  - Cervical cytology lab test value set.
  - Cervical cytology result or finding value set.
  - Postpartum bundled services value set.

- Exclusions from the measure can be identified by additional value sets:
  - Acute inpatient value set.
  - Acute inpatient POS value set.

5 Overview of Core Measures

Prenatal & Postpartum Care

Definition: Percentage of people with a postpartum visit within seven to 84 days after a live birth.

Pregnant People

HEDIS abbreviation: PPC

How the PHMI measure differs from HEDIS:
Reports only on postpartum care and not two rates for timeliness of prenatal care and postpartum care.

Documentation must include:

- Postpartum visit with an OB/GYN or other prenatal care clinician and PCP in an outpatient setting.

Postpartum visit must include at least one of the following:

- Pelvic exam.
- Evaluation of breasts, weight, blood pressure and abdomen.
- Notation of breastfeeding, postpartum care, postpartum care check or six-week check.
- Preprinted postpartum care form with information from visit documented.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening for members with gestational diabetes
- Documentation of infant care or breastfeeding; resumption of intercourse, birth spacing or family planning; sleep/fatigue; resumption of physical activity; and attainment of healthy weight.

Child Immunization Status

Definition: Percentage of two-year-old children who have received the 10 recommended vaccines.

Children

HEDIS abbreviation: CIS 10

How the PHMI measure differs from HEDIS:

Reports only on Combination 10 rate and not the other combination rates.

Documentation of immunization must include all of the following:

- 4 DTAP (diphtheria, tetanus, acellular pertussis).
- 3 IPV (polio).
- 1 MMR (measles, mumps, rubella).
- 3 HIB (haemophilus influenza type B).
- 3 HEP B (hepatitis B).
- 1 VZV (chicken pox).
- 4 PCV (pneumococcal conjugate).
- 1 HEP A (hepatitis A).
- 2 or 3 RV (rotavirus—2 Rotarix; 3 Rota Teq).
- 2 Influenza (flu).

If an immunization is not given, documentation for that immunization must include:

- Evidence of immunizations given elsewhere (e.g., state immunization registry or hospital of birth).
- Allergic reaction to the vaccine or other contraindication.
- History of illness (measles, mumps, rubella, chicken pox, hepatitis A, hepatitis B).
- Note: parent refusal does not meet compliance for any vaccines

Well Child Visits in the First 30 Months of Life

Definition: Percentage of children who have had six or more well child visits in their first 15 months of life.

Children

HEDIS abbreviation: W30

How the PHMI measure differs from HEDIS:

Reports only on first 15 months' rate and not two rates for first 15 months and first 30 months.

Documentation must include:

- Visit is with a PCP.
- Visit is for well child/preventive services (i.e., not a sick visit).

Components of a well child visit:

- Health history.
- Physical exam.
- Assessment of physical development.
- Assessment of mental development.
- Anticipatory guidance related to preventive health.

Colorectal Cancer Screening

Definition: Percentage of 45- to 75-year-old people who were screened for colorectal cancer at the recommended interval.

Adults with Preventive Care Needs

HEDIS abbreviation: COL

Documentation must include:

- One or more screenings for colorectal cancer including date and result.
- Colorectal screenings include:
  - Fecal occult blood test (within the year).
  - Stool DNA (sDNA) with FIT test (within past three years).
  - Flexible sigmoidoscopy (within past five years).
  - CT colonography (within past five years).
  - Colonoscopy (within the past 10 years).

Documentation of screening is not needed if:

- Patient has had colorectal cancer or total colectomy.

Controlling High Blood Pressure

Definition: Percentage of 18- to 85-year-old people with hypertension whose blood pressure was adequately controlled (<140/90 mm Hg).

Adults Living with Chronic Conditions – Hypertension

HEDIS abbreviation: CBP

Documentation must include:

- Two diagnoses of hypertension.
- ***Most recent*** systolic blood pressure is <140 mm Hg ***AND*** diastolic blood pressure is <90 mm Hg.
- If most recent data includes multiple blood pressure measurements, the lowest systolic and the lowest diastolic blood pressure count.
- Blood pressure can be taken by the PCP, health center staff or member.
- A member-documented blood pressure in the chart can be used if the patient used a digital device (i.e., not a manual blood pressure cuff and stethoscope).

Blood pressure is *not* adequately controlled if:

- Systolic blood pressure is >140 mm Hg.
- Diastolic blood pressure is >90 mm Hg.
- No blood pressure is recorded.
- Either the systolic or diastolic value is missing.

Comprehensive Diabetes Care

Definition: Percentage of 18- to 75-year-old people with diabetes whose hemoglobin A1c was not under control (>9.0%).

Adults Living with Chronic Conditions – Diabetes

HEDIS abbreviation: HBD

How the PHMI measure differs from HEDIS:

Reports only on poor control and not two rates for poor control (>9%) and good control (<8%)

Documentation must include:

- *Most recent* hemoglobin A1c test is >9%.
- *Most recent* hemoglobin A1c test is missing a result (i.e., there is a date the test was conducted with no result).
- *No* hemoglobin A1c test was done during the measurement period.

HbA1c poor control is an *inverse* measure:

- This rate measures poor performance—a *higher* percentage indicates *lower* performance!

Depression Screening & Follow-Up for Adolescents and Adults

Definition: Percentage of people aged 12 and older who were screened for depression using a standard screening tool and, if positive, received follow-up care within 30 days.

People with Behavioral Health Conditions

HEDIS abbreviation: DSF-E

Documentation must include:

- A positive result using a standard screening tool for depression (right).
- One of the following within 30 days:
    - Outpatient, telephone or e-visit for follow-up for depression/behavioral health.
    - Depression case management encounter.
    - Behavioral health encounter (assessment, therapy, collaborative care, medication management).
    - Dispensed antidepressant medication.
    - Documentation of a negative full-length depression screening on the same day as a positive screen on a brief screening tool (i.e., a negative PHQ-9 as a follow-up to a positive PHQ-2).

Standard screening tools for depression:

- Patient Health Questionnaire (PHQ-9, PHQ-9M, PHQ-2).
- Beck Depression Inventory (BDI-II) *adults only.*
- Beck Depression Inventory-Fast Screen (BDI-FS).
- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R).
- Edinburgh Postnatal Depression Scale (EPDS).
- PROMIS Depression.
- Duke Anxiety-Depression Scale (DUKE-AD) *adults only.*
- Geriatric Depression Scale—Short Form and Long Form (GDS) *adults only.*
- My Mood Monitor (M-3) *adults only.*
- Clinically Useful Depression Outcome Scale (CUDOS) *adults only.*

Specifications: HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans.
For more detailed information: Value Set: HEDIS MY 2023 Volume 2 Value Set Directory: https://store.ncqa.org/hedis-my-2023-volume-2-epub.html (includes both)

6 Overview of Supplemental Measures

Well Child Visits in First 30 Months of Life (15 to 30 Months)

Definition: Percentage of children who turned 30 months old during the measurement year, and had at least two well child visits with a primary care physician in the last 15 months.

Children

HEDIS abbreviation: W30

How the PHMI measure differs from HEDIS:
Reports only on the 15-30 months rate (first 15 months is a core measure)

Documentation must include:

- Visit is with a PCP provider (but does not have to be assigned PCP)
- Visit is for well child/preventive services (i.e., not a sick visit)

Components of a well child visit:

- Health history
- Physical exam
- Assessment of physical development
- Assessment of mental development
- Anticipatory guidance related to preventive health

Key considerations for assessing data gaps:

- The first rate of this measure (First 15 Months) is a PHMI core measure; consider any data gaps noted in W30 (First 15 Months) validation
- Note: this measure includes typical HEDIS exclusions of patients in hospice and patients who died during the year. Were gaps identified in these exclusions in the review of core measures?

Key considerations for coding:

- DOBs need to be calculated in alignment with the rolling measure year.
- Member-specific coding: 15 months of age (plus one day) through 30 months of age

Child and Adolescent Well-Care Visits

Definition: Percentage of children three to 21 years of age who received one or more well care visits with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Children

HEDIS abbreviation: WCV

Documentation must include:

- Visit is with a PCP or OB/GYN provider type
- Visit is for well/preventive services or visits that include all components of a well visit (i.e., not a sick visit)

Components of a well child visit:

- Health history
- Physical exam
- Assessment of physical development
- Assessment of mental development
- Anticipatory guidance related to preventive health

Key considerations for assessing data gaps:

- Similar to the Well Child in the First 15 Months of Life (W30) HEDIS measure (PHMI core measure); consider any data gaps noted in W30 validation
- Note: this measure includes typical HEDIS exclusions of patients in hospice and patients who died during the year. Were gaps identified in these exclusions in the review of core measures?

Key considerations for coding:

- DOBs need to be calculated in alignment with the rolling measure year.

Immunization for Adolescents (Combo 2)

Definition: Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus (HPV) series by their thirteenth birthday.

Children

HEDIS abbreviation: IMA 2

How the PHMI measure differs from HEDIS:

- Reports only on Combination 2 rate

- Administrative only

Documentation must include:

- 1 Meningococcal

- 1 Tdap (tetanus, diphtheria toxoids, acellular pertussis)

- 2 or 3 HPV (human papillomavirus complete series- 2 vaccines 146 days apart or 3 vaccines)

If an immunization is not given, documentation must include:

- Evidence of immunizations given elsewhere (i.e., state immunization registry)

- Allergic reaction to the vaccine or other contraindication (by 13th birthday)

- *Note:* parent refusal does not meet compliance for any vaccines

Key considerations for assessing data gaps:

- Similar to the Childhood Immunization (CIS) HEDIS measure (PHMI core measure); consider any data gaps noted in CIS validation

- Does the CHC have any issues with CAIR connection and/or lack bi-directional access? Are immunizations regularly downloaded to the EHR, or only on an individual basis when the provider is in the chart?

- Are providers routinely documenting exclusions (anaphylaxis, encephalopathy) and the date?

- Are adolescents routinely receiving the required immunizations?

- Do providers ask parents for "yellow cards" (i.e., to identify immunizations that may have been given in Mexico)?

- Note: this measure includes typical HEDIS exclusions of patients in hospice and patients who died during the year. Were gaps identified in these exclusions in the review of core measures?

Key considerations for coding:

- DOBs need to be calculated in alignment with the rolling measure year.

- Member-specific coding:

- Meningococcal vaccination date must be between 11th and 13th birthdays
  - Tdap vaccination date must be between 10th and 13th birthdays
  - HPV vaccinations must be between 9th and 13th birthdays; date differences between vaccinations must be calculated to confirm if 146 days apart or if 3 vaccinations are needed
  - Exclusions dates must be by 13th birthday

Prenatal and Postpartum Care (Timeliness of Prenatal Care)

Definition: Percentage of deliveries in which people had a prenatal care visit in the first trimester.

Pregnant People

HEDIS abbreviation: PPC

How the PHMI measure differs from HEDIS:

- Reports the rate for Timeliness of Prenatal Care (Postpartum Care is a core measure)

- Administrative only

Documentation must include:
- Prenatal visit with an OB/GYN or other prenatal care provider, or PCP (with a diagnosis of pregnancy)
- Visit must be within the required timeframe (first trimester/280–176 days prior to delivery, or before or with 42 days of enrollment in the MCP)

Prenatal visit must include at least one of the following :
- Documentation of pregnancy or reference to the pregnancy
- Basic physical obstetrical examination
- Evidence that a prenatal care procedure was performed

Key considerations for assessing data gaps:
- This measure pulls from the same population and includes the same denominator as the Prenatal & Postpartum Care (Postpartum Care) HEDIS measure (PHMI core measure); consider any data gaps related to the denominator in Postpartum Care validation.
- Can the CHC identify deliveries?
- Can the CHC identify live births?
- Are there any issues identifying the first prenatal care visit?
- Does the CHC use bundled billing for any maternity care services?
- *Note: this measure includes typical HEDIS exclusions of patients in hospice or patients who died during the year. Were gaps identified in these exclusions in the review of core measures?*

Key considerations for coding:
- Delivery dates need to be calculated in alignment with the rolling measure year (in alignment with Postpartum Care measure).
- Member-specific coding:
  - First trimester (280-176 days prior to delivery/EDD)
  - 42 days after MCP enrollment

Prenatal Depression Screening and Follow-Up

Definition: Percentage of deliveries in which people were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

Pregnant People

HEDIS abbreviation: PND-E

Measure includes:
- Depression Screening
- Follow-Up on Positive Screen (within 30 days)

How the PHMI measure differs from HEDIS:

Administrative only

Documentation must include:
- A positive result using a standard screening tool for depression (below)
- One of the following within 30 days:
- Outpatient, telephone, or e-visit for follow-up for depression/behavioral health
- Depression case management encounter
- Behavior health encounter (assessment, therapy, collaborative care, medication management)
- Dispensed antidepressant medication
- Documentation of a negative full-length depression screening on the same day as a positive screen on a brief screening tool (i.e., a negative PHQ-9 as a follow- up to a positive PHQ-2)

Standard screening tools for depression:
- Patient Health Questionnaire (PHQ-9, PHQ-9M, PHQ-2)
- Beck Depression Inventory (BDI-II) *adult only*
- Beck Depression Inventory-Fast Screen(BDI-FS)
- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)
- Edinburgh Postnatal Depression Scale (EPDS)
- PROMIS Depression
- Duke Anxiety-Depression Scale (DUKE-AD) *adult only*
- My mood Monitor (M-3) *adult only*
- Clinically Useful Depression Outcome Scale (CUDOS) *adult only*

Specifications: HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans.
For more detailed information: Value Set: HEDIS MY 2023 Volume 2 Value Set Directory: https://store.ncqa.org/hedis-my-2023-volume-2-epub.html (includes both)

Prenatal Depression Screening and Follow-Up (continued)

Definition: Percentage of deliveries in which people were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

Pregnant People

HEDIS abbreviation: PND-E

Measure includes:
- Depression Screening
- Follow-Up on Positive Screen (within 30 days)

How the PHMI measure differs from HEDIS:

Administrative only

Key considerations for assessing data gaps:
- Similar screening and follow up components to the Depression Screening and Follow-up (DSF-E) HEDIS measure (PHMI core measure); consider any data gaps noted in identifying screening, positive screening results, or follow up for that measure.
- Does the CHC use Edinburgh Prenatal/Postnatal Depression Scale (EPDS)? Confirm response for both PCPs and OB/GYN providers.
- Does the CHC use a PHQ2 > PHQ9 protocol? Confirm response for both PCPs and OB/GYN providers.
- If not providing prenatal care services, is this information received from the rendering provider?
- Can the CHC identify (and exclude) deliveries prior to 37 weeks' gestation?
- *Note: this measure includes typical HEDIS exclusions of patients in hospice. Were gaps identified in these exclusions in the review of core measures?*

Key considerations for coding:
- Delivery dates need to be calculated in alignment with the rolling measure year (in alignment with the measurement year, not the PPC measure, or PDS-E).
- Member-specific coding:
  - Allowable dates of screening differ depending on when the delivery occurred:
    - Deliveries between 12 months and 1 month prior to the end of the measurement period: screening should be performed between the pregnancy start date up to and including the delivery date.
    - Deliveries in the month prior to the end of the measurement period: screening should be performed between the pregnancy start date up to and month prior to the end of the measurement period.
  - Follow up must occur within 31 days after the first positive screen.
  - Deliveries at less than 37 weeks' gestation (exclusion)

Specifications: HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans.
For more detailed information: Value Set: HEDIS MY 2023 Volume 2 Value Set Directory: https://store.ncqa.org/hedis-my-2023-volume-2-epub.html (includes both)

Postpartum Depression Screening and Follow-Up

Definition: Percentage of deliveries in which people were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care.

Pregnant People

HEDIS abbreviation: PDS-E

Measure includes:
- Depression Screening
- Follow-Up on Positive Screen (within 30 days)

How the PHMI measure differs from HEDIS:

Administrative only

Documentation must include:

- A positive result using a standard screening tool for depression (below)
- One of the following within 30 days:
  - Outpatient, telephone, or e-visit for follow-up for depression/behavioral health
  - Depression case management encounter
  - Behavior health encounter (assessment, therapy, collaborative care, medication management)
  - Dispensed antidepressant medication
  - Documentation of a negative full-length depression screening on the same day as a positive screen on a brief screening tool (i.e., a negative PHQ-9 as a follow-up to a positive PHQ-2)

Standard screening tools for depression:

- Patient Health Questionnaire (PHQ-9, PHQ-9M, PHQ-2)
- Beck Depression Inventory (BDI-II) *adult only*
- Beck Depression Inventory-Fast Screen (BDI-FS)
- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)
- Edinburgh Postnatal Depression Scale (EPDS)
- PROMIS Depression
- Duke Anxiety-Depression Scale (DUKE-AD) *adult only*
- My mood Monitor (M-3) adult only
- Clinically Useful Depression Outcome Scale (CUDOS) *adult only*

Specifications: HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans.
For more detailed information: Value Set: HEDIS MY 2023 Volume 2 Value Set Directory: https://store.ncqa.org/hedis-my-2023-volume-2-epub.html (includes both)

Postpartum Depression Screening and Follow-Up (continued)

Definition: Percentage of deliveries in which people were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care.

Pregnant People

HEDIS abbreviation: PDS-E

Measure includes:
- Depression Screening
- Follow-Up on Positive Screen (within 30 days)

How the PHMI measure differs from HEDIS:

Administrative only

Key considerations for assessing data gaps:

- Similar screening and follow up components to the Depression Screening and Follow-up (DSF-E) HEDIS measure (PHMI core measure); consider any data gaps noted in identifying screening, positive screening results, or follow up for that measure.

- Does the CHC use Ediburgh Prenatal/Postnatal Depression Scale (EPDS)? Confirm response for both PCPs and OB/GYN providers.

- Does the CHC use a PHQ2   PHQ9 protocol? Confirm response for both PCPs and OB/GYN providers.

- If not providing postpartum care services, is this information received from the rendering provider?

- Note: this measure includes typical HEDIS exclusions of patients in hospice. Were gaps identified in these exclusions in the review of core measures?

Key considerations for coding:

- Delivery dates need to be calculated in alignment with the rolling measure year, 479 to 115 days prior to the end of rolling measure year (not the PPC measure, or PND-E).

- Member-specific coding:
  - Screening within 7 to 84 days after delivery
  - Follow up must occur within 31 days after the first positive screen.

Breast Cancer Screening

Definition: Percentage of people 50 to 74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

Adult Prevention & Management

HEDIS abbreviation: BCS-E

How the PHMI measure differs from HEDIS:

Administrative only

Note: UDS has a similar Breast Cancer Screening measure

Documentation must include:

One or more mammograms any time on or between the last quarter 2 years prior to the measurement period (i.e., in the 27 months prior to and including the last day of the measurement period)

Documentation of screening is not needed if:

Patient has a history of bilateral mastectomy or both right and left unilateral mastectomies

Key considerations for assessing data gaps:

- Are there any issues with vendors and receipt of mammogram test information? How are the data ingested into the CHC's EHR? Are standardized fields used?
- Are there any issues with documenting measure-specific exclusions, including a bilateral mastectomy or both a right and left unilateral masectomy?
- Note: this measure includes typical HEDIS exclusions of patients receiving palliative care, in hospice or an institutional SNP, and patients with frailty or advanced illness or on dementia medications. Were gaps identified in these exclusions in the review of core measures?

Key considerations for coding:

- DOBs need to be calculated in alignment with the rolling measure year; eligible population age range differs from measurement definition age range due to multi-year lookback for mammograms.
- Test ranges need to be calculated in alignment of the rolling measurement year (27-month lookback)

Cervical Cancer Screening

Definition: Percentage of people who were screened for cervical cancer.

Adult Prevention & Management

HEDIS abbreviation: CCS

How the PHMI measure differs from HEDIS:

Administrative only

Note: UDS has a similar Cervical Cancer Screening measure

Documentation must include:
- One or more screenings for cervical cancer, including date and result
- Cervical screenings include:
- All ages: Cervical cytology (within past 3 years)
- Ages 30-64: Cervical high-risk human papillomavirus (hrHPV) testing (within past 5 years; i.e. captures women at least 25 years of age at time of screening)
- Documentation of screening is not needed if patient has a history of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix
- Documentation does not include biopsies, because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

Key considerations for assessing data gaps:
- Are there any issues with lab vendors and receipt of test information? How are the data ingested into the CHC's EHR? Are standardized fields used?
- Can the CHC identify both cervical cytology and cervical high-risk human papillomavirus (hrHPV) testing, and distinguish between them?
- Are there any issues with documenting measure-specific exclusions, including history of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix?
- Note: this measure includes typical HEDIS exclusions of patients receiving palliative care, in hospice and patients who died during the year. Were gaps identified in these exclusions in the review of core measures?

Key considerations for coding:
- DOBs need to be calculated in alignment with the rolling measure year; eligible population age range differs from measurement definition age range due to range of lookback for the two tests.
- Test ranges (and age ranges) need to be calculated separately for each type of test due to differences in lookback (3 vs. 5 years).

Specifications: HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans.
For more detailed information: Value Set: HEDIS MY 2023 Volume 2 Value Set Directory: https://store.ncqa.org/hedis-my-2023-volume-2-epub.html *(includes both)*

Depression Remission or Response for Adolescents and Adults

Definition: Percentage of people 12 years and older with a diagnosis of depression, and an elevated PHQ-9 score who had evidence of response or remission within four to eight months of the elevated score.

People with Behavioral Health Conditions

HEDIS abbreviation: DRR-E

How the PHMI measure differs from HEDIS:

Administrative only

Note: UDS has a similarly named Depression Remission at 12 Months measure

Measure includes 3 separate rates:

- Follow-Up PHQ-9. The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
- Depression Remission. The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
  - As measured by <5 on most recent PHQ-9 in the response period.
- Depression Response. The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.
  - As measured by a 50% reduction in the response period from the initial elevated PHQ-9 score.

Key considerations for assessing data gaps:

- Depression screenings do not need to occur during an in-person visit. Can the CHC identify bidirectional communication that is face-to-face, phone-based, an e-visit or virtual check-in, or via secure electronic messaging? Can the CHC capture PHQ-9 results through telephone or web-based portal?
- Does the CHC have any issues identifying BH-related exclusions: bipolar disorder, personality disorder, psychotic disorder, pervasive development disorder?
- Does the CHC use PHQ-9/Ms for those diagnosed with depression (i.e., not just as a screener for the general population)?
- *Note: this measure includes typical HEDIS exclusions of patients in hospice. Were gaps identified in these exclusions in the review of core measures?*

Key considerations for coding:

- DOBs need to be calculated in alignment with the rolling measure year.
- Member-specific coding:
  - The earliest PHQ-9 within plus or minus 15 days of an interactive outpatient encounter with a diagnosis of major depression or dysthymia
  - Range of 4-8 months from initial depression diagnosis (120-240 day period after the initial episode start date/IESD)
  - Reduction of 50% in IESD PHQ-9 score

Specifications: HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans.
For more detailed information: Value Set: HEDIS MY 2023 Volume 2 Value Set Directory: https://store.ncga.org/hedis-my-2023-volume-2-epub.html (includes both)

Adults' Access to Preventive/Ambulatory Health Services

Definition: Percentage of members 20 years and older who had an ambulatory or preventive care visit.

People with Behavioral Health Conditions

HEDIS abbreviation: AAP

Visits include:

- In-person ambulatory visits
- Telephone visits
- Online assessments (e-visits and virtual check-ins)

Key considerations for assessing data gaps:

- Are there any issues capturing the following visit types: ambulatory visits, telephone visits, or online assessments (e-visits)?
- *Note: this measure includes typical HEDIS exclusions of patients in hospice and patients who died during the year. Were gaps identified in these exclusions in the review of core measures?*
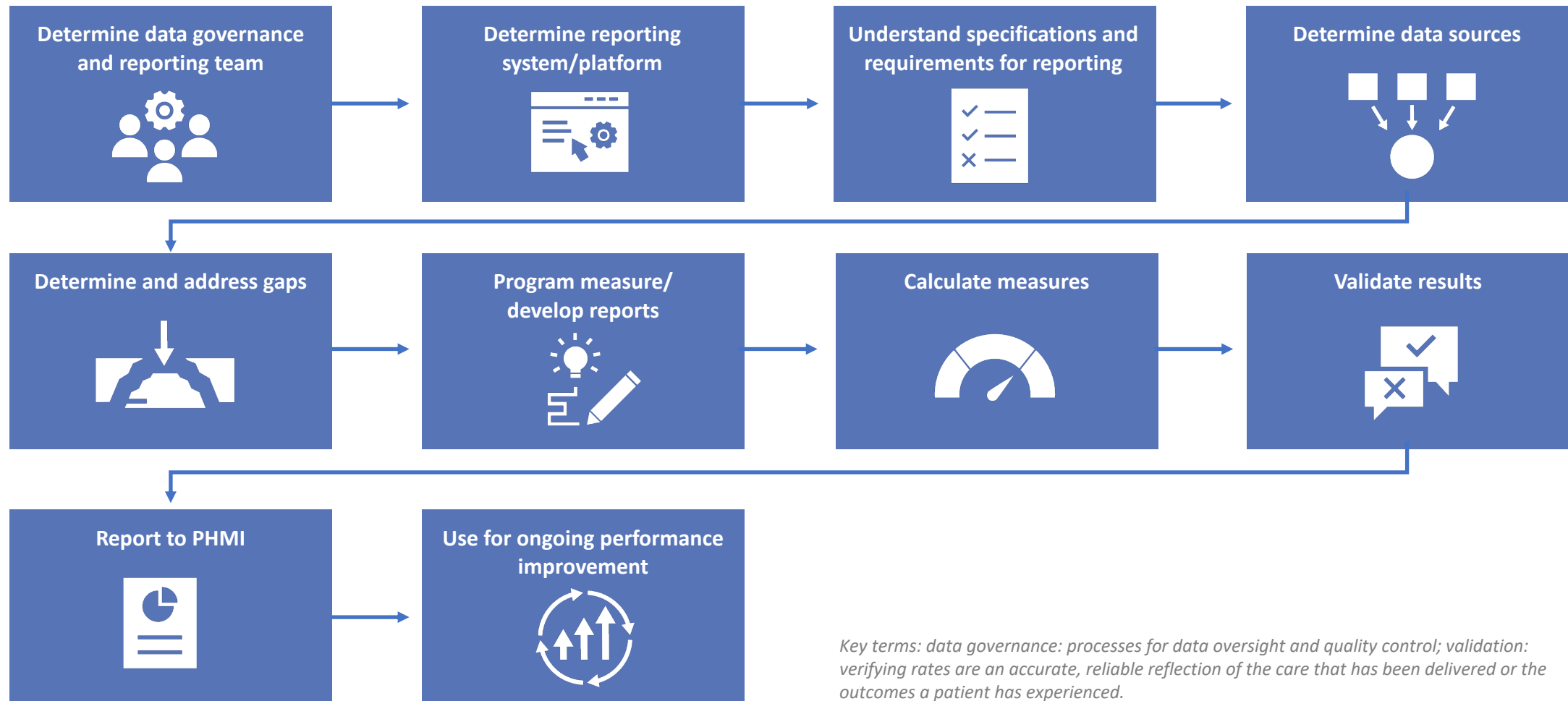
Key considerations for coding:

- DOBs need to be calculated in alignment with the rolling measure year.
- Visits need to be calculated in alignment with the rolling measure year; within the year or 2 years prior to the measure year.

7 Measurement Reporting Steps

Measurement Reporting

CHCs should follow a stepwise process to report measures.

Determine data governance and reporting team → Determine reporting system/platform → Understand specifications and requirements for reporting → Determine data sources →

Determine and address gaps → Program measure/develop reports → Calculate measures → Validate results →

Report to PHMI → Use for ongoing performance improvement

Key terms: data governance: processes for data oversight and quality control; validation: verifying rates are an accurate, reliable reflection of the care that has been delivered or the outcomes a patient has experienced.

Measurement Reporting Steps & Descriptions

Step	Description
Determine data governance and reporting team	Determine which roles in the CHC are responsible for *data governance* (processes for data oversight and quality control) including executive sponsor, clinical informatics/analytics, quality improvement coordinator and clinical contact-expertise on clinical data feeds.
Determine reporting system /platform	Determine which reporting system will be used to report each measure (e.g., within a data platform, regionally by RAC, manual report development).
Understand specifications and requirements for reporting	Use specifications manual to review detailed specifications and value sets for general and measure-specific reporting requirements.
Determine data sources	For each measure, determine internal data sources (EHR) and fields and external data sources needed.
Determine and address gaps	Identify gaps in data availability compared to specifications; determine plan to address.
Program measure/develop reports	Based on data system, determine if measure is already available (compare specifications) or develop report requirements as needed.
Calculate measures	Run calculations for each measure.
Validate results	Perform *data validation* (verify rates are an accurate, reliable reflection of the care that has been delivered or the outcomes a patient has experienced); compare to other data source (e.g., MCP data) as relevant.
Report to PHMI	Report validated rates to PHMI (quarterly).
Use for ongoing performance improvement	Use results to determine opportunities for improvement (including data improvement and care delivery); monitor rates for improvement.

8

PHMI Data Quality and Reporting Support for CHCs

PHMI Supports for Community Health Centers

The PHMI supports CHCs in data quality and reporting with tailored, individual support and cross-CHC group learning opportunities and resources.

Individual Support for CHCs

- CHC-specific practice coach and data quality and reporting subject matter experts (SMEs) work individually with the CHC on internal data collection, reporting and validation.
- SME assistance in working with managed care plans and other potential external data sources as well as internal data sources such as EHR or other data platforms.
- Tailored coaching and SME support to the individual CHC needs and preferences.

Cross-CHC Support

- Implementation guide with tools and resources to guide each CHC in each stage of data quality and reporting.
- Group training sessions and materials to grow and expand CHC staff knowledge within each CHC.
- PHMI facilitation of regional support and peer sharing.

PHM INITIATIVE

9

Appendix:
Additional Resources

Additional Resources

The following outside resources provide additional background related to PHMI, CalAIM, HEDIS and measure reporting.

Resource	Description	Link
CalAIM Population Health Management Initiative	Web page providing an overview of the CalAIM PHMI and links to key additional resources.	https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx
Introduction to HEDIS	Comprehensive introduction to HEDIS course offered by NCQA.	https://education.ncqa.org/node/3446#group-tabs-node-course-default4
PHMI Core Measures		
HEDIS Measurement Year 2023 Technical Specifications for Health Plans	Specifications for reporting all PHMI core measures and the associated value sets (e.g., list of applicable codes) for all core set measures including: • Comprehensive diabetes care: HbA1c poor control (>9%) [NQF 0059] • Controlling high blood pressure [NQF 0018] • Prenatal and postpartum care (Postpartum) [NQF 1517] • Colorectal cancer screening [NQF 0034] • Well child visits in the first 30 months of life - first 15 months [NQF 1392] • Child immunization status (CIS 10) [NQF 0038] • Depression screening and follow-up for adolescents and adults [NQF 418]	https://store.ncqa.org/hedis-my-2022-volume-2-epub.html
Measurement Systems Tool Kit	HANC/NCCN resource	https://thehanc.org/measurement-systems-toolkit/