

DATA QUALITY AND REPORTING RESOURCE 2: CORE MEASURE SPECIFICATIONS MANUAL

This manual provides the measure specifications and reporting instructions to guide community health centers (CHCs) to submit their Population Health Management Initiative (PHMI) core quality measures via the PHMI's Data Reporting Tool (DRT).

Overview

This document is meant to support accurate and complete reporting of the seven core measures that are the focus of the PHMI. The intent of these resources is to support building reporting capacity while learning more about your patient population needs. It will also support alignment with payment models such as managed care plan (MCP) pay-for-performance (P4P), California Department of Health Care Services (DHCS) and California Primary Care Association (CPCA) alternative payment methodology (APM). The key concepts and general guidelines in this manual are also applicable to supplemental measures.

Background and Performance Measure Alignment

Core measures for PHMI were specifically chosen to align with the APM measure set and meaningfully overlap with MCP P4P measures. This document supports CHCs to adopt the APM measures and to be successful in this new reimbursement structure. The alignment of core measures for PHMI with other quality initiatives aims to ensure the efficient use of CHC resources that support reporting and improvement activities.

Data Quality and Reporting Goals

The implementation guide and associated resources are meant to assist CHCs in achieving the data quality and reporting goals under the program. By working with a practice coach and subject matter experts as necessary, each CHC can achieve these

goals and leverage improvements in data quality and reporting to drive their ongoing population health improvement work. To achieve PHMI data quality and reporting goals, it is recommend that each CHC complete the following steps:

- Report on the seven identified core HEDIS measures for PHMI on a quarterly basis.
- Accurately apply the defined specifications for the measure and report all relevant data.
- Have a validation process in place to ensure the accuracy of measurement and reporting.
- Incorporate the above data reporting capabilities in health center processes, policies and procedures to ensure sustainability.
- Use the proficiencies and processes gained in reporting the core HEDIS measures for PHMI to inform and improve their ability to report the supplemental measures.
- Submit their Uniform Data System (UDS) rates that align with the core and supplemental measures for their health center UDS population.

Understanding Healthcare Effectiveness Data and Information Set (HEDIS) Measures

To align with APM and MCP P4P, the PHMI quality measures utilize HEDIS specifications with certain modifications provided by PHMI. This section is a resource to help CHC quality managers and reporting leads understand HEDIS and use its specifications and value sets for PHMI performance measures.

HEDIS Overview

What Is the Difference Between UDS and HEDIS Measures?

Many HEDIS measures are similar to the UDS measures CHCs routinely report to the Health Resources and Services Administration (HRSA). One key difference is who is included in the measurement: HEDIS measures performance for the population the health center is responsible for, not just for the patients who come in for services.

HEDIS Measures	UDS Measures
Capture <i>all patients who are assigned by a health plan</i> even if they have not had an encounter at the CHC.	Captures only patients <i>who have had an encounter</i> at the CHC within the year

HEDIS is a standardized set of healthcare performance measures developed by the National Committee for Quality Assurance (NCQA). HEDIS measure specifications are developed through a committee of experts including payers, consumers, health plans, clinicians and policy makers.

The measure set allows organizations to measure, report and compare quality based on a national standard. HEDIS is used by more than 90% of America's health plans including Medi-Cal plans and is required by regulatory agencies including CMS (federal) and DHCS (state).

While HEDIS measures are specified for health plans, many other healthcare entities adapt the measures for use in other settings (e.g., DHCS APM pilot and the MCP P4P program). Industry-wide acceptance and the broad use of HEDIS allows for comparisons across organizations and against national standards and benchmarks, and offers parity with measures used in other healthcare programs.

HEDIS Specifications from NCQA

HEDIS measure specifications are proprietary to NCQA and require purchasing a license to acquire and use full measure specifications.* It is recommended that CHCs purchase their own license to acquire an electronic copy of HEDIS specifications if the CHC does not already have access and/or does not have a population health management platform with HEDIS specified metrics included. For the PHMI, purchasing HEDIS specifications is an allowable use of grant funds.

- **HEDIS® Measurement Year 2023 Volume 2: Technical Specifications for Health Plans can be found here.**
- **These specifications will be used in conjunction with the PHMI modifications described below to report the PHMI quality measures.**

Where can I find out more about HEDIS? General HEDIS information, technical resources and NCQA-sponsored training opportunities can be accessed through the NCQA website.

*Note: Volume 2 manuals are published annually on August 1 of the year prior to the measurement year. A Volume 2 Technical Update released on March 31 of the measurement year incorporates any updates into the specifications and value sets. If purchased prior to March 31, the MY 2023 Technical Update file must be redownloaded after the update is released on March 31, 2023, to ensure access to the updated specifications and value sets.

Data Collection Methodologies for HEDIS Measures

Each HEDIS measure specification defines the type of data collection allowed for the measure. Measures are classified by three main types: administrative, hybrid, and electronic clinical data systems (ECDS) measures. They are described below.

ADMINISTRATIVE MEASURES

Administrative measures rely on transaction or administrative data and are the least burdensome for measure calculation. They do not require manual efforts to review medical records.

Examples:

- Claims.
- Encounters.
- Lab and pharmacy codes.
- Revenue codes.

The reported rate is based on all individuals who meet the criteria in the eligible population found via administrative data.

Numerator: Includes all patients in the eligible population that received services using administrative data in compliance with requirements.

Denominator: Includes the entire eligible population for the measure.

Challenges: Most reliant on accurate medical coding and can be inaccurate if medical coding is underreported.

HYBRID MEASURES

Hybrid measures rely on transaction or administrative data, can include medical record data. Specifications for hybrid measures include administrative and medical record review specifications, including sampling.

Examples:

- Claims.
- Encounters.

- Lab and pharmacy codes.
- Revenue codes.
- EHR/medical record data.

Challenges: It can be resource intensive and time consuming to collect medical record information. It is often done less frequently due to the intensity of the data collection process, which makes it harder to track progress on a quarterly basis.

The PHMI program is focused on building health center capacity to measure and report HEDIS measures using the administrative methodology with the entire eligible population as their denominator. CHCs should follow only the administrative portion of HEDIS specifications for these measures.

ELECTRONIC CLINICAL DATA SYSTEMS (ECDS) MEASURES

ECDS measures are newer versions of HEDIS measures. Of over 90 total measures, 16 are specified for ECDS with plans to expand over time. These measures collect more data than administrative measures while encouraging data exchange among health care systems.

Examples:

- Member eligibility files.
- EHRs, personal health records (PHRs).
- Clinical registries.
- Health information exchanges (HIEs).
- Administrative claims systems.
- Electronic laboratory reports.
- Electronic pharmacy systems.
- Immunization information systems.
- Disease/case management registries.

Like administrative measures, ECDS measures use the entire eligible population, which is referred to as the “initial population” for ECDS measures.

Challenges: Requires more sophisticated data processes and interoperability.

ECDS specifications may be considered at a future time but are not the focus of this specifications manual. CHCs should follow only the administrative portion of HEDIS specifications for these measures.

Supplemental Data

Across all measure types, HEDIS specifications also allow the organization to look for numerator compliance through other forms of supplemental data (e.g., a case management database, a lab file from a vendor, a record from a specialist's EHR). These data help organizations capture services that may not be reflected in claims and encounters or within the organization's EHR. However, supplemental data can be burdensome to collect and, due to its variability, NCQA typically applies a high level of audit scrutiny. For these reasons, NCQA and health plans are shifting away from supplemental data when possible. In alignment with this shift, PHMI will be focused on maximizing administrative data reporting and processes to ensure these external data are properly stored within the EHR in ways that are accessible to data analytic platforms used for calculating the measures.

Understanding and Interpreting HEDIS Specifications and Value Sets

To support CHCs in understanding HEDIS specifications and value sets that will be used for PHMI measurement, this section provides a general orientation to the format and terminology found in the measure specifications and value sets. Full HEDIS measures specifications include some components that are not used or are redefined for PHMI to ensure applicability to PHMI and relevance for reporting at the clinic level rather than at the health plan level. Figure 2.1 provides a sample HEDIS measure and defined components with modified or removed components for PHMI noted in blue. A table of PHMI modifications is also provided in Appendix B.

FIGURE 2.1. GENERAL FORMAT OF A HEDIS SPECIFICATION

[Measure Name]		1
[Measure Name] (Abbreviation)		
SUMMARY OF CHANGES TO HEDIS MY 2023		
Provides an overview of the changes to the measure specification since the prior year. As users become familiar with what the specifications contain, this overview will be a helpful reference to understand the differences and to ensure that they account for them in measure calculation processes going forward.		
Description	<p>A concise summary of the population in the measure and the criteria that would indicate compliance with the measure, which are explained in further detail in the denominator and numerator, respectively.</p> <p>HEDIS describes measures according to an annual “measurement year,” and quarterly rates are typically tracked on a Year to Date basis (i.e., Quarter 1 would only include 3 months of data, from January 1 to March 31 of the current year). PHMI uses a rolling measurement year, to include a full year of data in each quarterly report (i.e., Quarter 1 should include 12 months of data, from April 1 of the prior year through March 31 of the current year).</p>	
Eligible Population	<p>The eligible population comprises all patients who fall within the below criteria. Often, the denominator is comprised of the entire population. PHMI will be reported at the health center level, for all Medi-Cal Managed Care Plan (MCP)-assigned patients.</p> <p>Note: ECDS measures define <i>participation</i> in a measure rather than an <i>eligible population</i>.</p>	
Product lines	Which line of business reports the measure (e.g., Commercial, Medicaid, Medicare). All HEDIS measures for PHMI are applicable to Medicaid (i.e., Medi-Cal) populations.	
Stratification	<p>The subgroups by which the measure should be calculated. HEDIS measures for PHMI should be stratified by the following race/ethnicity categories, as well as by clinic site.</p> <ul style="list-style-type: none"> a. American Indian/Alaska Native, <i>not Hispanic/Latinx</i> b. Asian; <i>not Hispanic/Latinx</i> c. Black/African American; <i>not Hispanic/Latinx</i> d. Native Hawaiian or Other Pacific Islander, <i>not Hispanic/Latinx</i> e. White, <i>not Hispanic/Latinx</i> f. Other or More than one race, <i>not Hispanic/Latinx</i> g. Hispanic/Latinx of any race h. Unknown/Not reported 	

Black text defines HEDIS elements.

Purple text describes the PHMI

FIGURE 2.1. GENERAL FORMAT OF A HEDIS SPECIFICATION (continued)

[Measure Name]		2
Age	Age of patient to be counted in the measure.	
Continuous enrollment	Continuous enrollment criteria are applicable to a health plan rate rather than a healthcare setting. PHMI does not apply continuous enrollment criteria.	
Allowable gap	The allowable gap relates to continuous enrollment criteria and is therefore not relevant to PHMI reporting. Note: ECDS measures use participation period rather than continuous enrollment/allowable gap.	
Anchor date	The date during which a patient must be enrolled in the health plan to qualify for the measure. PHMI does not define the anchor date according to health enrollment. For PHMI, CHCs should use MCP plan assignment for the last month of the reporting period for MCP-attributed population eligible populations. Note ECDS measure initial populations combine the criteria for participation with the anchor date for when a patient needs to be participating.	
Benefit	Which type of benefit a patient must have to be counted in the measure (e.g., Medical, Dental). Benefit criteria are not applicable to PHMI.	
Event/ diagnosis	The patient event (e.g., live birth) or diagnosis (e.g., diabetes) that a patient must have to be counted in the measure.	
Required exclusions	Patients that are not included in the measure even though they are otherwise part of the eligible population. Some exclusions are <i>required</i> (the reporting entity must exclude the patient), while others are <i>optional</i> .	
Administrative Specification		
Denominator	For administrative specifications, the denominator is the eligible population.	
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. The administrative specification describes and lists the Value Sets, or code lists, that are compliant.	
Hybrid Specification		
Denominator	For hybrid measures, the denominator consists of a systematic sample drawn from the eligible population. PHMI does not use hybrid specifications; CHCs must report on total eligible population.	
Numerator	Hybrid measures define the numerator by both the administrative (i.e., codes) and medical record (i.e., documentation) evidence of compliance. PHMI does not use hybrid specifications; CHCs may use medical record documentation as supplemental data but must report on total eligible population.	

FIGURE 2.1. GENERAL FORMAT OF A HEDIS SPECIFICATION (continued)

[Measure Name]	3
Direct Reference Codes and Codesystems (ECDS measures only)	
PHMI does not use ECDS specifications and ECDS measures should be reported using administrative methodology; CHCs may use ECDS methodology as supplemental data but does not need apply digital Quality Measure (dQM) specifications.	
Data Elements for Reporting	
Organizations that submit HEDIS data to NCQA must provide certain data elements. Data Elements for Reporting are not applicable to PHMI, as CHCs are not reporting to NCQA.	
Rules for Allowable Adjustments of HEDIS	
The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA's HEDIS measure specifications can be adjusted for other populations, if applicable. For PHMI, CHCs should measure according to the HEDIS specifications with PHMI modifications, without applying any additional adjustments.	

Using Value Sets

HEDIS value sets are a companion to the technical specifications and consist of a set of codes that are used to determine whether the services or diagnoses needed for the measure were performed or are present. Each measure specification indicates which specific value sets are needed to produce the measure and how they should be applied. *HEDIS® Measurement Year 2023 Volume 2: Technical Specifications for Health Plans* capitalizes and underlines each value set embedded in the specifications.

For example, as shown in Figure 2.2, the Prenatal and Postpartum Care Measure Specification indicates that a postpartum visit is can be identified by a code within one of four different value sets (Postpartum Visits Value Set, Cervical Cytology Lab Test Value Set, Cervical Cytology Result or Finding Value Set, or Postpartum Bundled Services Value Set), and exclusions can be identified by two additional value sets (Acute Inpatient Value Set or Acute Inpatient POS Value Set).

FIGURE 2.2. EXCERPT FROM HEDIS® MEASUREMENT YEAR 2023 VOLUME 2

A postpartum visit on or between 7 and 84 days after delivery. Any of the following meet criteria:

- A postpartum visit (Postpartum Visits Value Set).
- Cervical cytology (Cervical Cytology Lab Test Value Set: Cervical Cytology Result or Finding Value Set).
- A bundled service (Postpartum Bundled Services Value Set) where the organization can identify the date when postpartum care was rendered (because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered).

Exclude services provided in an acute inpatient setting (Acute Inpatient Value Set: Acute Inpatient POS Value Set).

Note: The practitioner requirement only applies to the Hybrid Specification.

Users must reference the specifications to determine what value sets are needed and how they will be applied to the measure (e.g., to demonstrate numerator compliance, as an exclusion, etc.), and then refer to the HEDIS Volume 2 Value Set Directory (VSD) for codes in the value sets needed to report HEDIS measures. The VSD (an Excel workbook) and a HEDIS VSD User Manual are included in the purchase of HEDIS® Measurement Year 2023 Volume 2: Technical Specifications for Health Plans. An example is shown below in Figure 2.3.

FIGURE 2.3. HEDIS VALUE SET DIRECTORY

Value Set Name	Value Set CND	Value Set Version	Code	Definition	Code System	Code System CND	Code System Version
1046.2 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	57170		CPT	2.16.840.1.113883.6.12	2022.3.21AB
1046.26 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	58300		CPT	2.16.840.1.113883.6.12	2022.3.21AB
1046.27 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	59400		CPT	2.16.840.1.113883.6.12	2022.3.21AB
1046.28 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	59501		CPT	2.16.840.1.113883.6.12	2022.3.21AB
1046.29 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	60009	Postpartum care visit (Prenatal)	CPT CAT-B	2.16.840.1.113883.6.12	2022.3.21AB
1046.30 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	60101	Cervical or vaginal cancer screening; pelvic and clinical breast exam/HCPs		2.16.840.1.113883.6.12	2022.3.21AB
1046.31 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	701.411			2.16.840.1.113883.6.90	2022.3.21AB
1046.32 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	701.419			2.16.840.1.113883.6.90	2022.3.21AB
1046.33 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	701.41			2.16.840.1.113883.6.90	2022.3.21AB
1046.34 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	730.430			2.16.840.1.113883.6.90	2022.3.21AB
1046.35 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	739.1			2.16.840.1.113883.6.90	2022.3.21AB
1046.36 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	739.2			2.16.840.1.113883.6.90	2022.3.21AB
1046.37 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008	Encounter for routine postpartum follow-up	ICD10CM	2.16.840.1.113883.6.90	2022.3.21AB
1046.38 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008	Postpartum care (regime/therapy)	SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.39 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008	Gestational care (regime/therapy)	SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.40 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008	Postnatal visit (regime/therapy)	SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.41 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.42 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.43 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.44 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.45 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.46 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.47 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.48 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.49 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.50 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.51 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.52 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.53 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.54 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.55 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.56 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.57 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.58 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.59 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.60 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.61 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.62 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.63 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.64 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.65 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.66 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.67 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.68 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.69 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.70 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.71 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.72 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.73 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.74 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.75 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.76 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.77 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.78 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.79 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.80 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.81 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.82 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.83 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.84 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.85 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.86 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.87 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.88 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.89 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.90 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.91 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.92 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.93 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.94 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.95 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.96 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.97 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.98 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1046.99 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB
1047.00 Postpartum	2.16.840.1.113883.3.464.1004.1238	2022-08-01	73990008		SNOMED CT US Edition	2.16.840.1.113883.6.90	2022.03.21AB

The VSD also includes *Summary of Changes* tabs, which list the changes to codes and value sets from the previous release. Users who are familiar with the codes and value sets can use these tabs as a quick reference. Programmers should also utilize these tabs to make applicable changes to the measure source code.

HEDIS Core Measure Specifications for PHMI

This section is a resource to be used in conjunction with the full HEDIS specifications for each of the seven core HEDIS measures for PHMI. It provides:

- An overview of the basic components of the measure.
- Which sub-measure is used for PHMI (for HEDIS measures that have more than one sub-measure within the measure).
- A reference to the full specifications.
- Any PHMI modifications from the full HEDIS specifications.

CHCs may also refer to the [Data Quality and Reporting Resource 5: Documentation and Coding Playbook](#) for more measure-specific resources from PHMI, including documentation and coding to best capture the numerator for each measure.

FIGURE 2.4: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (POOR CONTROL >9%)

HEDIS Abbreviation	HBD
Sub-measure for PHMI Reporting	Poor Control >9%
Data Collection Method	Hybrid (use administrative specifications for PHMI)
Measure Description	The percentage of patients 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: HbA1c poor control (> 9%).
Numerator	Patients whose result for the most recent HbA1c test during the measurement year is >9%, or is missing a result, or if an HbA1c test was not done during the measurement year.
Denominator	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.
Data Steward and Specifications Version	<i>HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans</i> , pp 184-193; [Value Set: HEDIS MY 2023 Volume 2 Value Set Directory].
Required PHMI Modifications from the Steward's Specifications	<p>Measure-specific modifications:</p> <ul style="list-style-type: none"> ▪ Use administrative specifications rather than hybrid. ▪ HbA1c control (<8.0%) indicator is not applicable as PHMI only reports the HbA1c poor control (>9%) indicator. ▪ The note within the specifications that organizations must use the same data collection method for all indicators is not applicable. PHMI only uses one indicator. <p>All-measure modifications:</p> <ul style="list-style-type: none"> ▪ See General Modifications to HEDIS Measures for PHMI Reporting table in prior section.

FIGURE 2.5: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - CONTROLLING HIGH BLOOD PRESSURE

HEDIS Abbreviation	CBP
Data Collection Method	Hybrid (use administrative specifications for PHMI)
Measure Description	The percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.
Numerator	Patients whose most recent blood pressure level on or after the date of the second diagnosis of hypertension was <140/90 mm Hg during the measurement year.
Denominator	Patients 18–85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the first six months of the measurement year or the year prior to the measurement year.
Data Steward and Specifications Version	<i>HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans</i> , pp 152–160; [Value Set: HEDIS MY 2023 Volume 2 Value Set Directory].
Required PHMI Modifications from the Steward's Specifications	<p>Measure-specific modifications:</p> <ul style="list-style-type: none"> ▪ Use administrative specifications rather than hybrid. <p>All-measure modifications:</p> <ul style="list-style-type: none"> ▪ See General Modifications to HEDIS Measures for PHMI Reporting table in prior section.

FIGURE 2.6: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - PRENATAL AND POSTPARTUM CARE (POSTPARTUM CARE)

HEDIS Abbreviation	PPC
Sub-measure for PHMI Reporting	Postpartum Care
Data Collection Method	Hybrid (use administrative specifications for PHMI)
Measure Description ¹	The percentage of deliveries of live births that had a postpartum visit on or between seven and 84 days after delivery (date ranges of live births defined below).
Numerator	A postpartum visit on or between seven and 84 days after delivery.
Denominator ⁴	Deliveries of live births (date ranges of live births defined below).
Data Steward and Specifications Version	<i>HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans</i> , pp 448-455; [Value Set: HEDIS MY 2023 Volume 2 Value Set Directory].
Required PHMI Modifications from the Steward's Specifications	<p>Measure-specific modifications:</p> <ul style="list-style-type: none"> ▪ Use administrative specifications rather than hybrid. ▪ Timeliness of prenatal care indicator is not applicable as PHMI only reports the postpartum care indicator. ▪ HEDIS defines "live births on or between October 8 of the year prior to the measurement year and October 7" based on a calendar year; PHMI alters date ranges by quarter to reflect a rolling year reporting cycle. <ul style="list-style-type: none"> » Quarter 1: report based on live births on or between January 6 of the prior year and January 5 of the current year. » Quarter 2: report based on live births on or between April 7 of the prior year and April 6 of the current year. » Quarter 3: report based on live births on or between July 8 of the prior year and July 7 of the current year. » Quarter 4: report based on live births on or between October 8 of the prior year and October 7 of the current year. <p>All-measure modifications:</p> <p>See General Modifications to HEDIS Measures for PHMI Reporting table in prior section.</p>

FIGURE 2.7: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - COLORECTAL CANCER SCREENING

HEDIS Abbreviation	COL
Data Collection Method	Administrative
Measure Description	The percentage of patients 45-75 years of age who had an appropriate screening for colorectal cancer.
Numerator	Patients with one or more screenings for colorectal cancer. Any of the following meet criteria:
	Fecal occult blood test during the measurement year. For administrative data, assume the required number of samples were returned regardless of FOBT type.
	Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
	Colonoscopy during the measurement year or the nine years prior to the measurement year.
	CT colonography during the measurement year or the four years prior to the measurement year.
	Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year.
Denominator	Patients aged 45-75 as of the last day of the measurement year.
Data Steward and Specification Version	<i>HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans</i> , pp 102-110; [Value Set: HEDIS MY 2023 Volume 2 Value Set Directory].
Required PHMI Modifications from the Steward's Specification	<p>Measure-specific modifications:</p> <ul style="list-style-type: none"> ▪ None. <p>All-measure modifications:</p> <ul style="list-style-type: none"> ▪ See General Modifications to HEDIS Measures for PHMI Reporting table in prior section.

FIGURE 2.8: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - WELL CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (FIRST 15 MONTHS)

HEDIS Abbreviation	WC30
Sub-measure for PHMI Reporting	First 15 months
Data Collection Method	Administrative
Measure Description	Children who turned 15 months old during the measurement year and have at least six well child visits with a PCP during their first 15 months of life.
Numerator	Patients with six or more well child visits on different dates of service on or before the 15-month birthday. The well child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
Denominator	All patients who turned 15 months of age during the measurement year.
Data Steward and Specifications Version	<i>HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans</i> , pp 471-476; [Value Set: HEDIS MY 2023 Volume 2 Value Set Directory].
Required PHMI Modifications from the Steward's Specifications	<p>Measure-specific modifications:</p> <ul style="list-style-type: none"> ▪ First 30 months indicator is not applicable as PHMI only reports the first 15 months indicator. <p>All-measure modifications:</p> <ul style="list-style-type: none"> ▪ See General Modifications to HEDIS Measures for PHMI Reporting table in prior section.

FIGURE 2.9: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - CHILDHOOD IMMUNIZATION STATUS (COMBO 10)

HEDIS Abbreviation	CIS
Sub-measure for PHMI Reporting	Combo 10
Data Collection Method	Hybrid (use administrative specifications for PHMI)
Measure Description	<p>Percentage of children who reach two years of age in the measurement year who have had all the required immunizations:</p> <ul style="list-style-type: none"> ▪ 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),
Numerator	<p>Patients who have had the following on or before the second birthday:</p> <p>For DTaP, count any of the following:</p> <ul style="list-style-type: none"> ▪ Evidence of the antigen or combination vaccine. ▪ Anaphylaxis due to the vaccine. ▪ Encephalitis due to the vaccine. <p>For MMR, VZV, hepatitis A and hepatitis B, count any of the following:</p> <ul style="list-style-type: none"> ▪ Evidence of the antigen or combination vaccine. ▪ Documented history of the illness. ▪ Anaphylaxis due to the vaccine. <p>For IPV, pneumococcal conjugate, influenza, HIB and rotavirus, count either of the following:</p> <ul style="list-style-type: none"> ▪ Evidence of the antigen or combination vaccine. ▪ Anaphylaxis due to the vaccine. <p>For combination vaccinations that require more than one antigen (DTaP and MMR), the organization must find evidence of all the antigens.</p>

FIGURE 2.9: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - CHILDHOOD IMMUNIZATION STATUS (COMBO 10) (continued)

Denominator	Patients who turn two years of age during the measurement year.
Data Steward and Specifications Version	<i>HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans</i> , pp 80-87; [Value Set: HEDIS MY 2023 Volume 2 Value Set Directory].
Required PHMI Modifications from the Steward's Specifications	<p>Measure-specific modifications:</p> <ul style="list-style-type: none"> ▪ Use administrative specifications rather than hybrid. ▪ Immunization combinations other than Combination 10 are not applicable as PHMI only reports Combination 10. <p>All-measure modifications:</p> <ul style="list-style-type: none"> ▪ See General Modifications to HEDIS Measures for PHMI Reporting table in prior section.

FIGURE 2.10: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS

HEDIS Abbreviation	DSF-E
Sub-measure for PHMI Reporting	Use both sub-measures
Data Collection Method	ECDS (use administrative specifications for PHMI)
Measure Description	<p>The percentage of patients 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care within 30 days of a positive depression screen finding.</p> <ul style="list-style-type: none"> ▪ Sub-measure 1: Depression Screening. The percentage of patients who were screened for clinical depression using a standardized instrument. ▪ Sub-measure 2: Follow-Up on Positive Screen. The percentage of patients who received follow-up care within 30 days of a positive depression screen finding.

FIGURE 2.10: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (continued)

Numerator 1 ²	<p>Patients 12 years of age and older at the start of the measurement period, with a depression screen using an age-appropriate standardized instrument (date ranges for screening defined below).</p> <p>Standardized screening instruments appropriate for adolescents (<17 years of age) and adults (18+ years of age) include:</p> <ul style="list-style-type: none"> ▪ 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
Denominator 1	<p>Patients 12 years of age and older at the start of the measurement period.</p>
Numerator 2	<p>Patients who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).</p> <p>Any of the following on or up to 30 days after the first positive screen:</p> <ul style="list-style-type: none"> ▪ An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition. ▪ A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition. ▪ A behavioral health encounter, including assessment, therapy, collaborative care, or medication management. ▪ A dispensed antidepressant medication. <p>OR</p> <ul style="list-style-type: none"> ▪ Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument. <p>Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.</p>

FIGURE 2.10: CORE HEDIS MEASURE SPECIFICATIONS FOR PHMI - DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (continued)

Denominator 2 ²	<p>Patients 12 years of age and older at the start of the measurement period, with a positive depression screen finding using an age-appropriate standardized instrument (date ranges for screening defined below).</p> <p>Standardized screening instruments appropriate for adolescents (<17 years of age) and adults (18+ years of age) include: 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</p>
Data Steward and Specifications Version	<p><i>HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans</i>, pp 644-649; [Value Set: HEDIS MY 2023 Volume 2 Value Set Directory].</p>
Required PHMI Modifications from the Steward's Specifications	<p>Measure-specific modifications:</p> <ul style="list-style-type: none"> ▪ Use administrative specifications rather than ECDS. ▪ Age stratifications are not applicable. ▪ HEDIS defines "depression screen finding using an age-appropriate standardized instrument between January 1 and December 1" based on a calendar year; PHMI alters date ranges by quarter to reflect a rolling year reporting cycle. <ul style="list-style-type: none"> » Quarter 1: report based on screening between April 1 of the prior year and March 1 of the current year. » Quarter 2: report based on screening between July 1 of the prior year and June 1 of the current year » Quarter 3: report based on screening between October 1 of the prior year and September 1 of the current year » Quarter 4: report based on screening between January 1 of the prior year and December 1 of the current year <p>All-measure modifications:</p> <ul style="list-style-type: none"> ▪ See General Modifications to HEDIS Measures for PHMI Reporting table in prior section.

APPENDIX A: ALIGNMENT OF HEDIS MEASURES FOR PHMI AND UDS MEASURES

HEDIS measures for PHMI that have a comparable UDS measure are listed in the table below. While some notable differences in the specifications can lead to significantly different rates, tracking UDS measures in addition to HEDIS measures for PHMI will allow CHCs to understand performance for patients seen in the clinic from other lines of business.

The table also provides the National Quality Forum (NQF) identification number. NQF is a national body composed of over 400 organizations representing consumers, health plans, medical professionals, employers, governments, other public health agencies, pharmaceutical and medical device companies, and other quality improvement organizations that, through a process of consensus, vets and endorses quality measures.

FIGURE 2.11: ALIGNMENT OF HEDIS MEASURES FOR PHMI WITH UDS MEASURES AND NQF

HEDIS measures for PHMI	Comparable 2023 UDS Measure	NQF Number
Core Measures		
Hemoglobin A1c Control for Patients with Diabetes (Poor Control >9%)	Yes	0059
Controlling High Blood Pressure	Yes	0018
Prenatal and Postpartum Care (Postpartum Care)	No	1517
Colorectal Cancer Screening	Yes	0034
Well Child Visits in the First 30 Months of Life (First 15 Months)	No	1392
Childhood Immunization Status (Combo 10)	Yes	0038
Depression Screening and Follow-Up for Adolescents and Adults	Yes	418
Supplemental Measures		
Child/Adolescent Well Care Visits	No	N/A
Immunization for Adolescents (Combo 2)	No	1407
Well Child Visits in First 30 Months of Life (15-30 Months)	No	1392

FIGURE 2.11: ALIGNMENT OF HEDIS MEASURES FOR PHMI WITH UDS MEASURES AND NQF (continued)

HEDIS measures for PHMI	Comparable 2023 UDS Measure	NQF Number
Postpartum Depression Screening and Follow-Up	No	N/A
Prenatal and Postpartum Care (Timeliness of Prenatal Care)	No	1517
Prenatal Depression Screening and Follow-Up	No	N/A
Depression Remission or Response for Adolescents and Adults	Yes	0710e
Breast Cancer Screening	Yes	2372
Cervical Cancer Screening	Yes	0032
Adults' Access to Preventive/Ambulatory Health Services	No	N/A
CG-CAHPS: Getting Needed Care	No	0005
CG-CAHPS: Getting Care Quickly	No	0005

APPENDIX B: MODIFICATIONS TO HEDIS FOR PHMI REPORTING

HEDIS measures for PHMI have been adapted for applicability to provider and site level reporting, as opposed to the health plan level of reporting, with permission from NCQA.

General modifications to all measures are included in Table 2.12, and measure specific modifications are described under each measure in the core measure specifications section.

FIGURE 2.12: GENERAL MODIFICATIONS TO HEDIS MEASURES FOR PHMI

Modification	Criteria Modified	Description
Redefines	Eligible population/ product line used for reporting	HEDIS measures are reported at the health plan level separated by product line (i.e., Medicaid, Commercial, Medicare). PHMI will be reported at the health center level for all Medi-Cal Managed Care Plan (MCP)-assigned patients including by each clinic site.
Redefines	Measurement year	HEDIS measurement years are based on the calendar year, and quarterly rates are typically tracked on a year-to-date basis (i.e., Quarter 1 would only include three months of data, from January 1 to March 31 of the current year). PHMI uses a rolling measurement year to include a full year of data in each quarterly report (i.e., Quarter 1 should include 12 months of data from April 1 of the prior year through March 31 of the current year). ³
Redefines	Individual in the eligible population	PHMI uses the term “patient” to describe individuals rather than “members” to apply to a healthcare setting rather than a health plan.
Redefines	Continuous enrollment	Continuous enrollment criteria are applicable to a health plan rate rather than a healthcare setting. PHMI does not apply continuous enrollment criteria, and instead applies the eligible population listed above (i.e., the MCP-attributed population).
Removes	Allowable gap	The allowable gap relates to continuous enrollment criteria and is therefore not relevant to PHMI reporting.
Redefines	Participation period	ECDS measure participation periods are based on continuous enrollment and the allowable gap. PHMI uses the eligible population listed above (i.e., the MCP-attributed population) based on plan assignment in the last month of the reporting period.
Redefines	Anchor date	PHMI does not define the anchor date according to health plan enrollment. For PHMI, CHCs should use MCP plan assignment for the last month of the reporting period for MCP-attributed population eligible populations.
Redefines	Initial population	ECDS measure initial populations by combining the criteria for participation with the anchor date for when a patient needs to be participating. For PHMI, CHCs should use MCP plan assignment for the last month of the reporting period for eligible MCP-attributed populations.

FIGURE 2.12: GENERAL MODIFICATIONS TO HEDIS MEASURES FOR PHMI (continued)

Modification	Criteria Modified	Description
Redefines	Race and ethnicity categories	<p>PHMI modifies some of the race categories and combines the ethnicity category with the race to report a single layer of subpopulation rather than two subpopulations for race and ethnicity. CHCs should use the following categories:</p> <ul style="list-style-type: none"> a. American Indian/Alaska Native, <i>not Hispanic/Latinx</i> b. Asian; <i>not Hispanic/Latinx</i> c. Black/African American; <i>not Hispanic/Latinx</i> d. Native Hawaiian or Other Pacific Islander, <i>not Hispanic/Latinx</i> e. White, <i>not Hispanic/Latinx</i> f. Other or More than one race, <i>not Hispanic/Latinx</i> g. Hispanic/Latinx of any race h. Unknown/Not reported
Removes	Hybrid specification	PHMI does not use hybrid specifications; CHCs may use hybrid methodology as supplemental data but must report on the total eligible population.
Removes	Sampling/systematic sample	PHMI does not use sampling for hybrid measures; CHCs may use hybrid methodology as supplemental data but must report on the total eligible population.
Removes	Benefit	Benefit criteria are not applicable to PHMI.
Removes	Data elements for reporting	Data elements for reporting are not applicable to PHMI as CHCs are not reporting to NCQA.
Removes	Direct reference codes and code systems	PHMI does not use ECDS specifications and ECDS measures should be reported using administrative methodology; CHCs may use ECDS methodology as supplemental data but do not need to apply digital quality measure (dQM) specifications.

ENDNOTES

- 1 Measure description and denominator altered from HEDIS specifications. See required PHMI modifications from the Steward's Specification.
- 2 Altered from HEDIS specifications; see Required PHMI Modifications from the Steward's Specification.
- 3 While PHMI only requests rates reported on a rolling basis, additional year-to-date reporting is a best practice that should be considered. It aligns with HEDIS, P4P and APM methodologies and builds population health capacities by tracking patients and planning services based on patients who will be part of measures throughout the course of the year (e.g., tracking all patients who *will turn 2* during the calendar year allows for advance planning and practice management around their immunization needs/schedules).