

A man and a woman are hiking on a dirt path through a lush green forest. The man, on the left, is wearing a blue t-shirt and white shorts, and is holding two trekking poles. The woman, on the right, is wearing a light blue t-shirt and black leggings, also holding two trekking poles. They are both smiling and looking towards each other. The background is filled with dense green foliage and trees.

Are You Ready for HEDIS[®] 2018?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. The HEDIS 2018 Measures were recently released by NCQA and there are several new measures and updates. Altruista's clinical team has reviewed the updates and compiled a comprehensive overview to help you prepare.

2018 Changes and New Measures



Changes for 2018:

- Telehealth value set is deleted from behavioral measures and telehealth modifier is added.
- Medicare – general institutionalization and institutional-SNP exclusion is added to colorectal cancer screening, breast cancer screening, osteoporosis management in women who had a fracture and controlling high blood pressure measures.

New Measures Added:

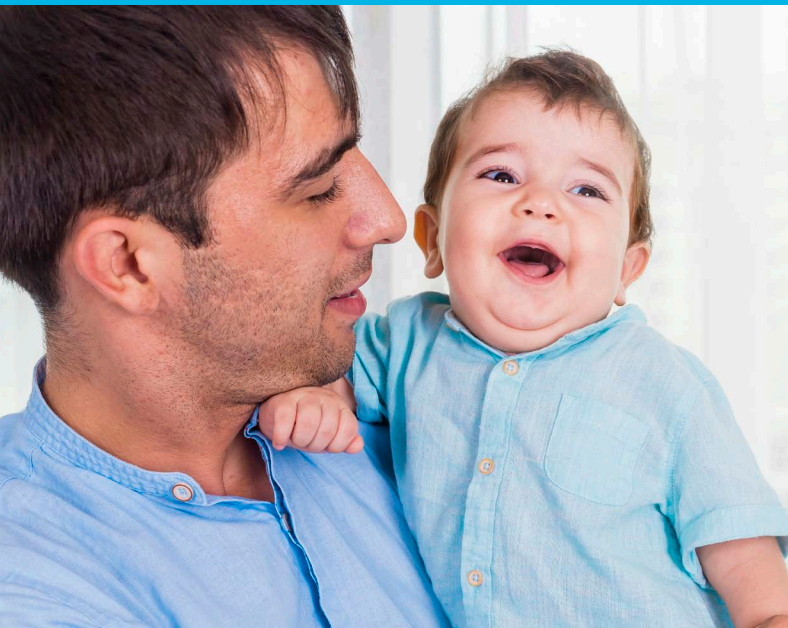
- Transitions of care – The percentage of discharges for Medicare members 18 years of age and older who had each of the following during the measurement year. Four rates are reported:
 - Notification of inpatient admission
 - Receipt of discharge information
 - Patient engagement
 - Post-discharge medication reconciliation
- Follow-up after emergency department visit for people with high-risk multiple chronic conditions (FMC) – The percentage of emergency department (ED) visits for members 18 years and older who have high-risk multiple chronic conditions who had a follow-up service within seven days of the ED visit.
- Use of opioids from multiple providers – For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported:
 - Multiple prescribers
 - Multiple pharmacies
 - Multiple prescribers and multiple pharmacies
 - Use of opioids at high dosage – For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥ 15 days during the measurement year at a high dosage (average morphine equivalent dose [MED] > 120 mg).

New Measures Added to ECDS:

- Depression screening and follow-up for adolescents and adults (DSF) – The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.
 - Depression screening
 - Follow-up on positive screen
- Unhealthy alcohol use screening and follow-up (ASF) – The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized tool and, if screened positive, received appropriate follow-up care.
 - Unhealthy alcohol use screening
 - Counseling or other follow-up
- Pneumococcal vaccination coverage for older adults (PVC) – The percentage of members 65 years of age and older who have received the recommended series of pneumococcal vaccines: 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (PPSV23).

Revised Changes to HEDIS 2018:

- In immunization for adolescents, HPV doses are changed from three to two doses. The two-dose schedule may help some patients complete the vaccine series.
- In breast cancer screening, digital breast tomosynthesis-related codes are added.
- Follow-up after hospitalization for mental illness. Visits are removed on the date of discharge.
- Measure name is changed from “Initiation and Engagement of Alcohol and Other Drug Dependence Treatment” to “Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET) & Identification of Alcohol and Other Drug Services (IAD)”.
- Relative Resource Use (RRU) is the suspended measure for this year.



New Measures in the Pipeline for HEDIS 2019

Below are new measure concepts for quality measures under discussion for HEDIS 2019:

New Measures Concepts:

- 1) Assessment and care planning for Medicaid Managed Long-Term Services and Supports
- 2) Post-acute care, assessments for people with multiple high-risk chronic conditions
- 3) Adult immunizations/prenatal immunizations
- 4) Prescription opioids

Digital Quality Measures

Over the next three to five years, NCQA will increasingly use available electronic clinical data to populate quality measures. The Digital Measures Collaborative is a joint effort between NCQA and its stakeholders. NCQA's goals are to reduce the burden associated with measure collection and reporting, leverage existing practice workflows and to use the available electronic data to do so. To achieve these goals, NCQA wants to build digital measures using new technical standards, followed by conversion of all HEDIS measures to a digital format.

Digital measure specifications will be made available in a cloud-based NCQA library. Specifications will be created using national standards for measure creation and transmission. These specifications, once downloaded from the NCQA library, will be incorporated into health IT products like registries, EHRs, and with HEDIS vendors, and so forth. The program aims to reduce the burden on health plans and auditors with a process for generation of standard supplemental data for HEDIS measures. This will enable software vendors, providers, HIEs and others to more effectively and efficiently provide clinical data without manual chart pulls.

To reach this target, every vendor and health plan will need to arrange the measures used for NCQA evaluation programs with the federal, state and commercial programs. Following is NCQA's vision for measurements:

- 1) Better accountability at all levels
- 2) Better use of measures in programs
- 3) Measures move beyond visit counts and low-bar process
- 4) New data sources; improved content and flow

1. Assessment and Care Planning for Medicaid Managed Long-Term Services and Supports (MLTSS)

Long-term services and supports are used by people with self-care needs due to aging, chronic illness or physical/intellectual/developmental disability. The services rendered are nursing home, adult day care, home health aide, personal care aide, transportation and supportive employment. In 2012, an environmental scan for the new measures was done and measures were developed with stakeholder input, followed by alpha and beta testing in 2015 and 2016. The beta testing was continued in 2017 and CMS published specifications for states that would be willing to use them voluntarily. There are four new measures under MLTSS as described below.

LTSS Comprehensive Assessment

- Numerator: Members for whom a comprehensive assessment was documented within 90 days of enrollment for new members OR any time in the measurement year for existing members.
 - Rate 1 = Assessment contains nine core elements
 - Rate 2 = Rate one and at least 12 supplemental elements
- Denominator: A systematic sample drawn from the eligible population. This measure is based on review of LTSS case management records.

LTSS Comprehensive Care Plan

- Numerator: Members for whom a comprehensive LTSS care plan was documented within 120 days of enrollment for new members OR any time in the measurement year for existing members.
 - Rate 1 = Care plan contains seven core elements
 - Rate 2 = Rate 1 and at least four supplemental elements
- Denominator: A systematic sample drawn from the eligible population. This measure is based on review of LTSS case management records.

LTSS Shared Care Plan with Primary Care Practitioner

- Numerator: Members for whom their care plan was transmitted to their PCP within 30 days of creation or update.
- Denominator: A systematic sample drawn from the eligible population. This measure is based on review of LTSS case management records.

LTSS Reassessment and Care Plan Update After Inpatient Discharge

- Numerator: A reassessment and update of the care plan is documented within 30 days of discharge.
 - Rate 1 = Reassessment with core elements
 - Rate 2 = Care plan with core elements
- Denominator: A systematic sample drawn from the eligible population. The denominator is based on episodes, not members. Members may appear more than once in the sample. Eligible population: All inpatient discharges between Jan. 1 and Dec. 1.

2. Care Coordination

Under care coordination, the areas of care has been major care transitions and multiple high-risk chronic conditions. In HEDIS 2018, measures included under care coordination are transitions of care and follow-up after an ED visit for people with multiple high-risk chronic conditions. New measure concepts under discussion for HEDIS 2019 are post-acute care (skilled nursing facility readmission) and expanded assessment for people with multiple high-risk chronic conditions as described below:

Post-acute care (Skilled Nursing Facility Readmission)

Post-acute care is required for many beneficiaries prior to the safe return to the community, but the efforts to measure quality of care are limited to the provider level. Patients navigate multiple pathways of care in the pursuit of better health, through hospitals, skilled nursing facilities, home health agencies and inpatient rehabilitation facilities.

Expanded Assessments for People with Multiple High-Risk Chronic Conditions

The multiple high-risk chronic conditions measure helps assess and address the unmet needs of the patient with multiple high-risk chronic conditions.

- Denominator:
 - Medicare beneficiaries, age 18+
 - Two or more of the following conditions:
 - Alzheimer's disease and related disorders
 - Atrial fibrillation
 - Acute myocardial infarction
 - Chronic kidney disease
 - COPD and asthma
 - Depression
 - Heart failure
 - Stroke and transient ischemic attack
- Numerator: To assess patient's current status and what unmet needs exist, prioritize the needs that should be addressed first and plan how the patient's priorities will be met, i.e., future measurement areas.

3. Adult Immunizations/Prenatal Immunizations

A measure assessing routine adult immunizations such as influenza, Tdap (or Td booster), herpes zoster, pneumococcal and pneumococcal coverage for older adults, to create a comprehensive adult immunization measure. These measures are being developed specifically for the electronic clinical data systems (ECDS) domain. Additionally, for pregnant women, prenatal immunizations like influenza, tetanus, diphtheria and pertussis will also be assessed.

4. Prescription Opioids

For more information on HEDIS 2018, visit NCQA's website [here](https://www.ncqa.org).

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