



PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Healthcare Effectiveness Data and Information Set (HEDIS®)

MY2024/RY2025

Hybrid Measure Overview

Partnership HEDIS Team
November 13, 2024



Welcome

Thank you all for joining our HEDIS Office Hours!

You have been muted upon entry. If you have questions, please utilize the chat box within your Webex screen.

We will be recording today's HEDIS Office Hours session.

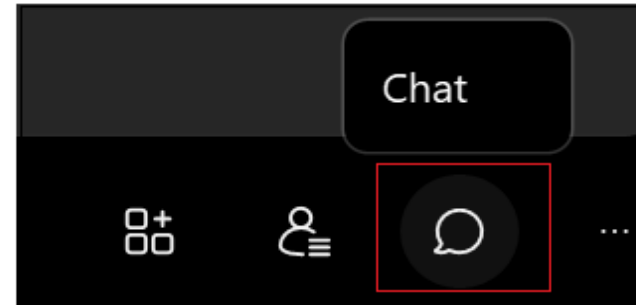


Welcome

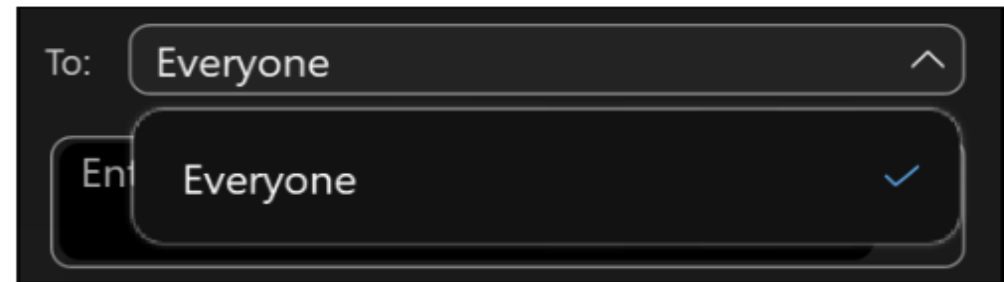
- How to utilize the chat feature

To send a chat message:

- 1 Open the Chat panel from the link in the lower right of the meeting window:



- 2 In the **To** drop-down list, select the recipient of the message.



- 3 Enter your message in the chat text box, then press **Enter** on your keyboard.



HEDIS Office Hours Schedule

Title	Date	Topics	
<u>Introduction to HEDIS</u>	07/17/2024	<ul style="list-style-type: none"> • HEDIS Overview • Reporting Populations • County Level Oversample • Administrative, Hybrid and ECDS Measures 	<ul style="list-style-type: none"> • Data Collection vs Medical Record Collection • HEDIS Timeline
<u>HEDIS Office Hours</u>	07/31/2024	Have a HEDIS question? Join us for an open forum Q&A.	
<u>Provider Medical Record Collection Overview</u>	08/14/2024	<ul style="list-style-type: none"> • Why do we collect records? • How do we access and collect records? • Who collects the records? 	
<u>HEDIS Office Hours</u>	08/28/2024	Have a HEDIS question? Join us for an open forum Q&A.	
<u>MY2023 Annual Summary of Performance</u>	10/30/2024	<ul style="list-style-type: none"> • HPA (Health Plan Accreditation) 	<ul style="list-style-type: none"> • Managed Care Accountability Set (MCAS)
<u>Hybrid Measure Overview</u>	11/13/2024	<ul style="list-style-type: none"> • Overview of Hybrid measures • HPA (Advent Advisory) vs MCAS (HSAG) 	<ul style="list-style-type: none"> • BPD**, CBP, CCS, CIS, EED**, HBD, IMA, LSC+, PPC, WCC-BMI**

** HPA Only



Agenda

- HEDIS Hybrid Measures Overview
- HEDIS Hybrid Measures in Detail



HEDIS Hybrid Measures Overview



HEDIS Hybrid Measures Overview

What are Hybrid Measures?

- Data is collected from administrative (claims and encounter) data and medical record data.
- Reported rates consist of a systematic sample of members from the eligible population.

How do we report Hybrid Measures?

- Partnership annually reports two sets of measures:

Managed Care Accountability Set (MCAS)	Health Plan Accreditation (HPA)
Reported to California Department of Healthcare Services (DHCS)	Reported to National Committee of Quality Assurance (NCQA)
Auditor: Health Services Advisory Group (HSAG)	Auditor: Advent Advisory

Hybrid Measures

BPD**

- Blood Pressure Control (<140/90) for Patients with Diabetes

CBP

- Controlling High Blood Pressure

CCS

- Cervical Cancer Screening

CIS

- Childhood Immunization Status – Combo 10

EED**

- Eye Exams for Patients with Diabetes

IMA

- Immunizations for Adolescents – Combo 2

GSD

- Glycemic Status Assessment for Patients with Diabetes

LSC*

- Lead Screening in Children

PPC

- Timeliness of Prenatal Care
- Postpartum Care

WCC**

- BMI Percentile

**Indicates HPA reporting only

* Indicates MCAS reporting only

Hybrid Measures in Detail



Childhood Immunization Status (CIS)

Percentage of children 2 years of age who receive this series of vaccines by their second birthday:

DTaP <i>Diphtheria-Tetanus-Pertussis</i> 4 injections	Hep B <i>Hepatitis B</i> 3 injections	PCV <i>Pneumococcal Conjugate</i> 4 injections	VZV <i>Varicella Zoster</i> 1 injection	IPV <i>Inactivated Polio</i> 3 injections
Hib <i>Haemophilus influenzae type b</i> 3 injections	MMR <i>Measles, Mumps, and Rubella</i> 1 injection	Hep A <i>Hepatitis A</i> 1 injection	RV <i>Rotavirus</i> 2 or 3 injections	Flu <i>Influenza</i> 2 injections

Childhood Immunization Status (CIS)

- **Documentation Required:**

- Evidence of immunizations + date of administration
 - Certificate of immunization
 - State immunization form
 - Immunization log
 - Progress notes
- Newborn records of first Hep B immunization
- History of any of the following diseases on or prior to the second birthday:
 - Measles, Mumps, *and* Rubella
 - Hepatitis B
 - Varicella zoster (e.g., chicken pox)
 - Hepatitis A

Childhood Immunization Status (CIS)

- **Documentation Guidance:**

- *Kinrix* and *Quadracel* (DTaP-IPV) are not FDA-approved for children 2 years and under, nor acceptable for HEDIS reporting. Use other combination products, such as *Pediarix* (DTaP-HepB-IPV) as available.
- In the medical record, specify which Rotavirus vaccine product is administered:
Rotarix (manufactured by GSK) or *RotaTeq* (manufactured by Merck)
The product dictates how many doses the member needs and how it is captured for HEDIS reporting.

Immunization for Adolescents (IMA)

- **Percentage of adolescents 13 years of age in 2024 who had the following:**
 - 1 meningococcal vaccine between 11-13 years old
 - 1 tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap/Td) between 10-13 years old
 - 2 or 3 human papillomavirus (HPV) vaccines between 9-13 years old
- **Documentation Required:**
 - Evidence of Tdap, meningococcal, and HPV vaccination + the date of administration
 - Certificate of immunization
 - State immunization form
 - Immunization log
 - Progress notes

Immunization for Adolescents (IMA)

- **Immunization Best Practices:**

- Offer immunization-only appointments
- Deploy a vaccine walk-in schedule
- Work with local schools and community partners to develop vaccine clinics

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had their BMI percentile documented in 2024.

- **Documentation Required:**

- Documentation of height, weight, and BMI percentile
- Height and weight documented in 2024
- BMI percentile documented in progress note or on BMI-for-age growth chart in 2024

- **Documentation Guidance:**

- Include dates of service and specific measurements (height, weight, BMI percentile) on growth chart.

Lead Screening in Children (LSC)

Percentage of children 2 years of age who one or more capillary or venous lead blood test for lead poisoning by their second birthday.

- **Documentation Required:**

- Progress notes or lab notes indicating the date of a venous or capillary blood test and the result of the test on or prior to the child's second (2nd) birthday.
- If no lead screening completed, please send progress notes from child's birth to second (2nd) birthday.

- **Documentation Guidance:**

- A Childhood Lead Poisoning Prevention Questionnaire does not count as a blood lead test and does not count toward LSC.

Controlling High Blood Pressure (CBP)

Percentage of members 18 to 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.

- **Documentation Required:**

- All blood pressure readings in 2024 on or before 12/31/2024. Include progress notes (including both telehealth and in-person office visits) and vital signs flow sheet, if available.

Controlling High Blood Pressure (CBP)

- **Documentation Guidance:**

- Record all BP readings including the date the BP was taken (For example, BP reading taken by member on 8/12/24 and reported to provider during a telehealth visit on 8/15/24)
- If BP is 140/90 or greater, retake BP prior to the end of the office visit
- All BP readings should be documented as a distinct value (i.e., 130/80) and not as a range (i.e., 130-140/85-90). A BP documented as “average BP 130/80” is also considered a distinct value.

Blood Pressure Control for Patients with Diabetes (BPD)

Percentage of members 18-75 years of age with diabetes (type 1 or 2) whose BP was adequately controlled (<140/90) during 2024.

- **Documentation Required:**

- All blood pressure readings in 2024 on or before 12/31/2024. Include progress notes (including both telehealth and in-person office visits) and vital signs flow sheet, if available.

Blood Pressure Control for Patients with Diabetes (BPD)

- **Documentation Guidance:**

- Record all BP readings including the date the BP was taken (For example, BP reading taken by member on 8/12/24 and reported to provider during a telehealth visit on 8/15/24)
- If BP is 140/90 or greater, retake BP prior to the end of the office visit
- All BP readings should be documented as a distinct value (i.e., 130/80) and not as a range (i.e., 130-140/85-90). A BP documented as “average BP 130/80” is also considered a distinct value.

Cervical Cancer Screening (CCS)

- Percentage of women 21-64 years of age (as of December 31, 2024) who were screened for cervical cancer:
 - 21-64 years: Cervical Cytology within the last 3 years
 - 30-64 years: Cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years
 - 30-64 years: Cervical Cytology with hrHPV co-testing within the last 5 years
 - For hrHPV, the minimal age at the date of testing is 30 years



Cervical Cancer Screening (CCS)

- **Documentation Required:**

- Cytology (Pap Smear) note(s) indicating the date the test was done and the results in 2022, 2023, or 2024
- HPV test note(s) indicating the date the test was done and the results in 2020, 2021, 2022, 2023, or 2024
- If no cytology and/or HPV reports are documented, please provide the following:
 - Problem lists and medical/surgical history from 2020 through 2024
- As applicable, please provide the following supporting documentation:
 - Evidence of absence of cervix or hysterectomy with no residual cervix on or before 12/31/2024
 - Evidence patient was assigned male at birth

- **Documentation Guidance:**

- Update preventive health screening form



Eye Exam for Patients with Diabetes (EED)

Percentage of members 18-75 years of age with diabetes (type 1 or 2) who had a retinal eye exam during 2024 or a retinal eye exam that was negative for retinopathy in 2023.

Note: Blindness is **not** an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

- **Documentation Required:**

- Evidence of retinal and/or dilated eye exam and results in 2023 or 2024 (all eye exams, reports, or correspondence from Eye Care Specialist for 2023 & 2024)

Eye Exam for Patients with Diabetes (EED)

- **Documentation Guidance:**

- In the medical record, document the following:
 - A history of bilateral eye enucleation any time during the member's life through December 31, 2024.
 - A chart or photograph indicating the date when the fundus photography was performed and the results were read by an eye care professional (optometrist, ophthalmologist or a system that provides an artificial intelligence (AI) interpretation).
 - Notation limited to a statement that indicates "diabetes without complications" does not meet for HEDIS



Glycemic Status Assessment for Patients with Diabetes (GSD)

(Formerly Hemoglobin A1c Control for Patient with Diabetes)

- Percentage of members 18-75 years of age with diabetes (type 1 or type 2), whose most recent status (hemoglobin A1c, [HbA1c] or glucose management indicator [GMI]) was at the following levels during 2024:
 - Glycemic Status <8.0%
 - Glycemic Status >9.0%
- **Documentation Required:**
 - Most recent HbA1c lab results for 2024
 - The continuous glucose monitoring GMI result
 - Most recent visit note with date & result for HbA1c or GMI



Glycemic Status Assessment for Patients with Diabetes (GSD)

(Formerly Hemoglobin A1c Control for Patient with Diabetes)

- **Documentation Guidance:**

- All HbA1c or GMI results should be documented as a distinct numeric percentage (i.e., 7.8%, 6.0%) and not as a range or thresholds (i.e., 8-9%, >12%, 14+).
- For GMI values, include documentation of the continuous glucose monitoring data date range (start date and terminal date) used to derive the value

Prenatal and Postpartum Care (PPC)

Percentage of deliveries of live births on or between October 8, 2023 and October 7, 2024, which had the following:

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment to Partnership
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

Prenatal and Postpartum Care (PPC)

- **Documentation Required:**

- Complete Prenatal flow sheet (ACOG, EMR, or other)
- All visit notes (including both telehealth and in-person office visits) for duration of pregnancy if prenatal flow sheet not available or complete
- Prenatal lab reports (OB panel, TORCH antibody panel, Rubella antibody test, ABO, & Rh)
- Ultrasound reports or results used to confirm most recently recorded estimated date of delivery (EDD) if not documented on prenatal flow sheet
- Documentation of delivery date (copy of hospital delivery record or notation on prenatal flow sheet or postpartum visit note)
- All Postpartum visit notes (including both telehealth and in-person office visits) within three (3) months after delivery

Prenatal and Postpartum Care (PPC)

- **Documentation Guidance:**

- As applicable document the following:
 - Evidence member was not pregnant
 - Evidence pregnancy did not result in live birth
 - Evidence member did not deliver between Oct. 8, 2023 and Oct. 7, 2024

Note: A visit or documentation with a RN, LVN, CPHW or LCSW alone are not acceptable unless co-signed by the appropriate provider type (OB/GYN practitioner, CNM, NP, PA) who deliver prenatal care services or PCP with a documented diagnosis of pregnancy.



Prenatal and Postpartum Care (PPC)

- **Documentation Tips – Prenatal Care:**

Prenatal care with an OB/GYN or other prenatal care practitioners, or PCP in the first trimester or within 42 days of enrollment in Partnership. Documentation of any of the following:

- Documentation indicating the member is pregnant (**a diagnosis of pregnancy must be included for PCP visits**) or references to the pregnancy:
 - Standardized prenatal flow sheet, **or**
 - LMP, EDD or gestational age, **or**
 - Positive pregnancy test result, **or**
 - Gravidity and parity, **or**
 - Complete obstetrical history, **or**
 - Prenatal risk assessment and counseling/education
 - Physical obstetrical examination with auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height



Prenatal and Postpartum Care (PPC)

- **Documentation Tips – Postpartum Care:**

Postpartum care with an Ob/GYN practitioner or other practitioner, or PCP on or between 7 and 84 days after delivery. Documentation of any of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
- Notation of “breastfeeding”.
- Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
- A preprinted “Postpartum Care” form in which information was documented during the visit.

Prenatal and Postpartum Care (PPC)

- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics:
 - Infant care or breastfeeding.
 - Resumption of intercourse, birth spacing or family planning.
 - Sleep/fatigue.
 - Resumption of physical activity
 - Attainment of healthy weight

Summary of Hybrid Measures

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Questions

For additional questions, email:
HEDISTeam@partnershiphp.org

