# ECDS Provider Training

PARTNERSHIP HEALTHPLAN of CALIFORNIA

*A Public Agency*

ACCREDITED NCQA HEALTH PLAN

## PHC Quality Improvement - HEDIS

September 11, 2023

# About Us


**Mission:**

*To help our members, and the communities we serve, be healthy.*

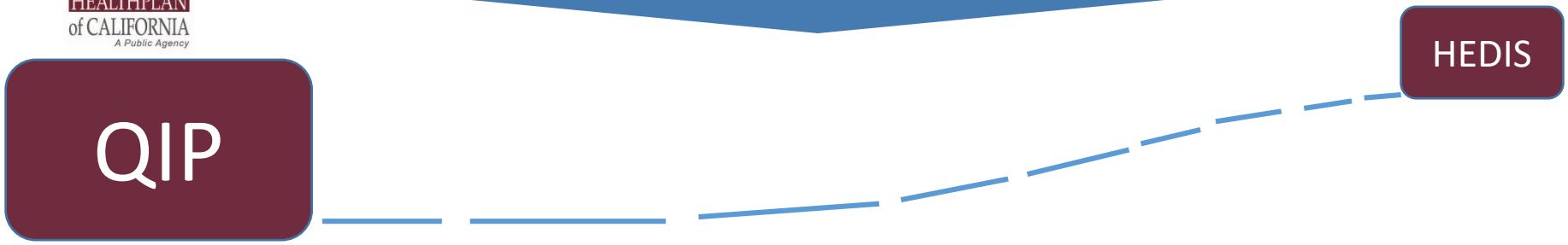
**Vision:**

*To be the most highly regarded managed care plan in California.*

# Agenda

- QIP vs. HEDIS Measures
- Purpose
- Introduction to HEDIS
- Coding / File Layout Overview
- ROADMAP
- Audit Process
- Primary Source Verification (PSV)

# Purpose




## Measure Description

Electronic Clinical Data Systems (ECDS) allows for data exchange from Provider Electronic Health Records (EHR) to PHC in order to capture depression screening and follow-up care. ECDS implementation is a vital component of furthering **Perinatal** and **PCP QIP** technical advancement toward 100% administrative data capture, and is a vital component of furthering the quality of care for covered PHC members.

*Note that NCQA plans to convert most hybrid measures to ECDS measures in the coming years. DHCS continues to make PHC accountable to several ECDS measures, **this process will continue to increase in emphasis.**

## Incentive Amount – New! (Same for PCP and Perinatal QIPs)

- **$5,000** per Parent Organization – with EHR vendor support
- **$10,000** per Parent Organization – with no EHR vendor support

## Documentation Source – New! (Same for PCP and Perinatal QIPs)

- Generate ECDS output and submit test file via Secure File Transfer Protocol (sFTP) by **October 15, 2023**
- Any corrections to the data must be completed by **November 1, 2023**.
- Submit final data file (using the exact programming used for the test file) via sFTP between **January 7, 2024** and **January 14, 2024**

# Introduction to HEDIS

# HEDIS Overview

## HEDIS stands for:

- Healthcare Effectiveness Data and Information Set

## Why does HEDIS exist?

- HEDIS is a measurement tool established and maintained by the National Committee for Quality Assurance (NCQA).
- HEDIS is used to evaluate clinical quality measures in a standardized way.
- The California Department of Healthcare Services (DHCS) selects a subset of the NCQA measures for Medi-Cal plans to report on annually as required for the State.
- DHCS uses HEDIS data to evaluate clinical quality outcomes in a standardized way and is utilized to evaluate the quality of health care across all health plans

# Why ECDS?

- Electronic Clinical Data Systems (ECDS) measures provide information about the organization's use of clinical data to document high-quality patient care.
- ECDS encourages exchange of the information needed to provide high-quality services, ensuring it reaches the right people at the right time.
- ECDS may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management and outcome reporting.
- ECDS is a reporting requirement by NCQA.

# ECDS Timeline

- **October 15, 2023** – Submit test file via Secure File Transfer Protocol (sFTP)**
- **October 15, 2023** – Submit draft of ECDS ROADMAP to PHC**
- **November 1, 2023** – Deadline for sites to submit the final corrected data if discrepancies were identified. Highly encouraged to submit the corrected data file immediately in case there are additional errors**
- **November 1, 2023 and January 31, 2024** – Partnership HEDIS team will conduct Primary Source Verification.
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**Partnership will confirm receipt of accepted ROADMAP and data file as they are reviewed and validated.

# Coding / File Layout

# Associated Documents (All 2023 Editions)

- ECDS Measure Requirements
- ASF Data Reporting Template
- DEP Data Reporting Template
- Value Set File
- Sample SQL Code

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# ECDS Measure Requirements

- General instructions
- Working with the submission templates
- Description of each measure, including definitions and logic of data pull
- List of report columns and definitions for each measure submission
- Background information on the measure, including technical definitions

# Reporting Templates

- One for Alcohol Use Screening and Follow-Up (ASF Data Reporting Template)
- One for the combined Depression measures (DEP Data Reporting Template)
- Both are Excel files

# Reporting Templates: Column Definitions

- Columns listed in the specifications document correspond to the columns on the reporting template
- The reporting template columns are in a particular order and have a particular format

*Table in specifications document*

| Field Name | Data Type (Max Length) | Notes |
|---|---|---|
| Date_of_Service | Date | Visit date to the service provider (MM/DD/YYYY) |
| Site_Name | Varchar (255) | Name of PCP or Specialist site where care was provided |
| Site_ID_Number | Varchar (50) | NPI number assigned to site where care was provided |
| Provider_Key | Varchar (25) | A unique identifier for a provider. PCP ID (PHC assigned) |
| Clinician_NPI_Number | Varchar (179) | Provider NPI number for clinician who saw the patient on the date of service |

*Columns in submission template*

| | A | B | C | D | E |
|---|---|---|---|---|---|
| 1 | Date_of_Service | Site_Name | Site_ID_Number | Provider_Key | Clinician_NPI_Number |
| 2 | Date | Varchar (255) | Varchar (50) | Varchar (25) | Varchar (179) |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

# Reporting Templates Are "Locked"

- In order for Partnership HealthPlan to integrate the data in a systematic way, all columns must be present and remain in the original order and format
- Therefore, the templates are "locked" so that the structure is preserved (for example, users cannot add or delete columns, or change the cell format)
- If the initial output needs to be populated in the template, data should be populated in mass (not row by row). Initial output must be saved for auditing.

# Reporting Template Submission Names

- Save the template with your data in a specific manner
- The name should follow this convention: MEASUREID_SITENAME_DATE
- MEASUREID: “ASF” or “DEP”
- SITENAME: an abbreviation or shortened name of your organization
- DATE: in format YYYYMMDD with no dashes, periods or slashes
- Examples: ASF_SHASTA_20230930
  DEP_PETALUMA_20240115

# Value Set File

- For reference only (to possibly help with validation or understanding the measures)
- The file contains six tabs with lists of value set codes:
  - ✓ ASF: Alcohol counseling codes
  - ✓ ASF: Exclusion codes
  - ✓ DEP: Outpatient visit codes (standard)
  - ✓ DEP: Outpatient visit codes (non-standard)
  - ✓ DEP: Depression diagnosis codes
  - ✓ DEP: Exclusion codes

# Sample SQL Code File (or "SQL Template")

- Aimed at SQL programmers. Gives ideas on how to pull the data and display it for the templates
- Value sets are incorporated in the code. Output columns are in correct order and format for the template
- Uses POSTGRES SQL language based on eCW and Nextgen base tables
- The SQL code can be modified for the table/field names at your organization and the SQL language used by your analytic software. This modified code must be saved for auditing and submitted as an attachment to the ROADMAP.
- Use your own "best practices" for specific data definitions and extraction (for example, the estimated date of delivery for the depression submission). **Non-standard**, individual billing codes used in the reporting programming must be explained in the ROADMAP.

# Sample SQL Code

- Some sections are highlighted in blue where you will have to customize the code. The specifications document contains definitions for these items
- ASF: alcohol screen date and result (up to three types of screens accepted)
- ASF: alcohol counseling and follow-up (see definition in specifications)
- DEP: depression screen date and result (several possible screens)
- Both ASF and DEP: Join patients to the Partnership enrollment lists

# Submit Only PHC Members

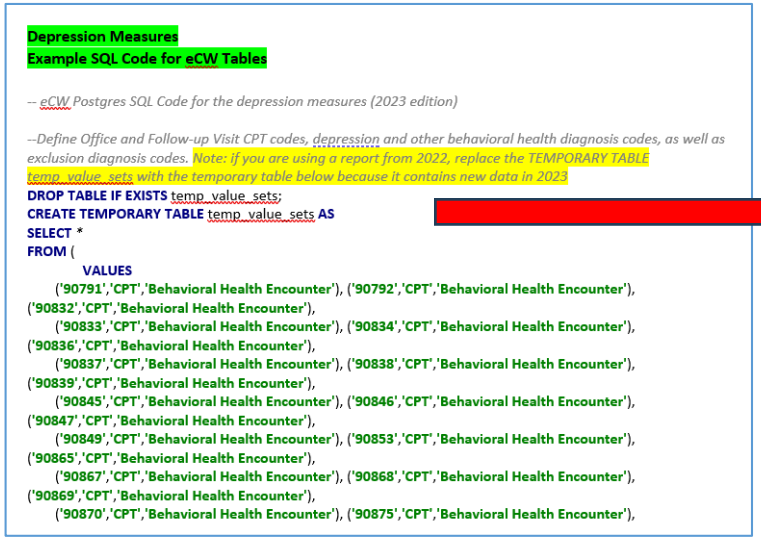
- Only patients enrolled in Partnership anytime during the measurement year should be submitted
- These patients have a unique CIN
- The CIN of patients assigned to the organization appears in the monthly enrollment file available in provider online services

# Include Only Partnership Members from Enrollment Lists

- Match the Partnership members file with your total population in your analytics software electronically
- This process will be unique to your organization and software
- The default SQL code in the sample file identifies Partnership patients by their primary insurance within a Partnership insurance group (assuming that exists in your system)
- Use the best method available in your system to identify Partnership members

# Other Notes About Report Design

- If you used and validated the depression report from the 2022 SQL template file (using some or all of the sample code), make a change to the Value Set definition section



```
Depression Measures
Example SQL Code for eCW Tables

-- eCW Postgres SQL Code for the depression measures (2023 edition)

--Define Office and Follow-up Visit CPT codes, depression and other behavioral health diagnosis codes, as well as
exclusion diagnosis codes. Note: if you are using a report from 2022, replace the TEMPORARY TABLE
temp_value_sets with the temporary table below because it contains new data in 2023
DROP TABLE IF EXISTS temp_value_sets;
CREATE TEMPORARY TABLE temp_value_sets AS
SELECT *
FROM (
        VALUES
    ('90791','CPT','Behavioral Health Encounter'), ('90792','CPT','Behavioral Health Encounter'),
('90832','CPT','Behavioral Health Encounter'),
    ('90833','CPT','Behavioral Health Encounter'), ('90834','CPT','Behavioral Health Encounter'),
('90836','CPT','Behavioral Health Encounter'),
    ('90837','CPT','Behavioral Health Encounter'), ('90838','CPT','Behavioral Health Encounter'),
('90839','CPT','Behavioral Health Encounter'),
    ('90845','CPT','Behavioral Health Encounter'), ('90846','CPT','Behavioral Health Encounter'),
('90847','CPT','Behavioral Health Encounter'),
    ('90849','CPT','Behavioral Health Encounter'), ('90853','CPT','Behavioral Health Encounter'),
('90865','CPT','Behavioral Health Encounter'),
    ('90867','CPT','Behavioral Health Encounter'), ('90868','CPT','Behavioral Health Encounter'),
('90869','CPT','Behavioral Health Encounter'),
    ('90870','CPT','Behavioral Health Encounter'), ('90875','CPT','Behavioral Health Encounter'),
```

SQL Template File, Depression Measures Section

Copy and replace the TEMPORARY TABLE temp_value_sets that contains the updated 2023 Value Set codes

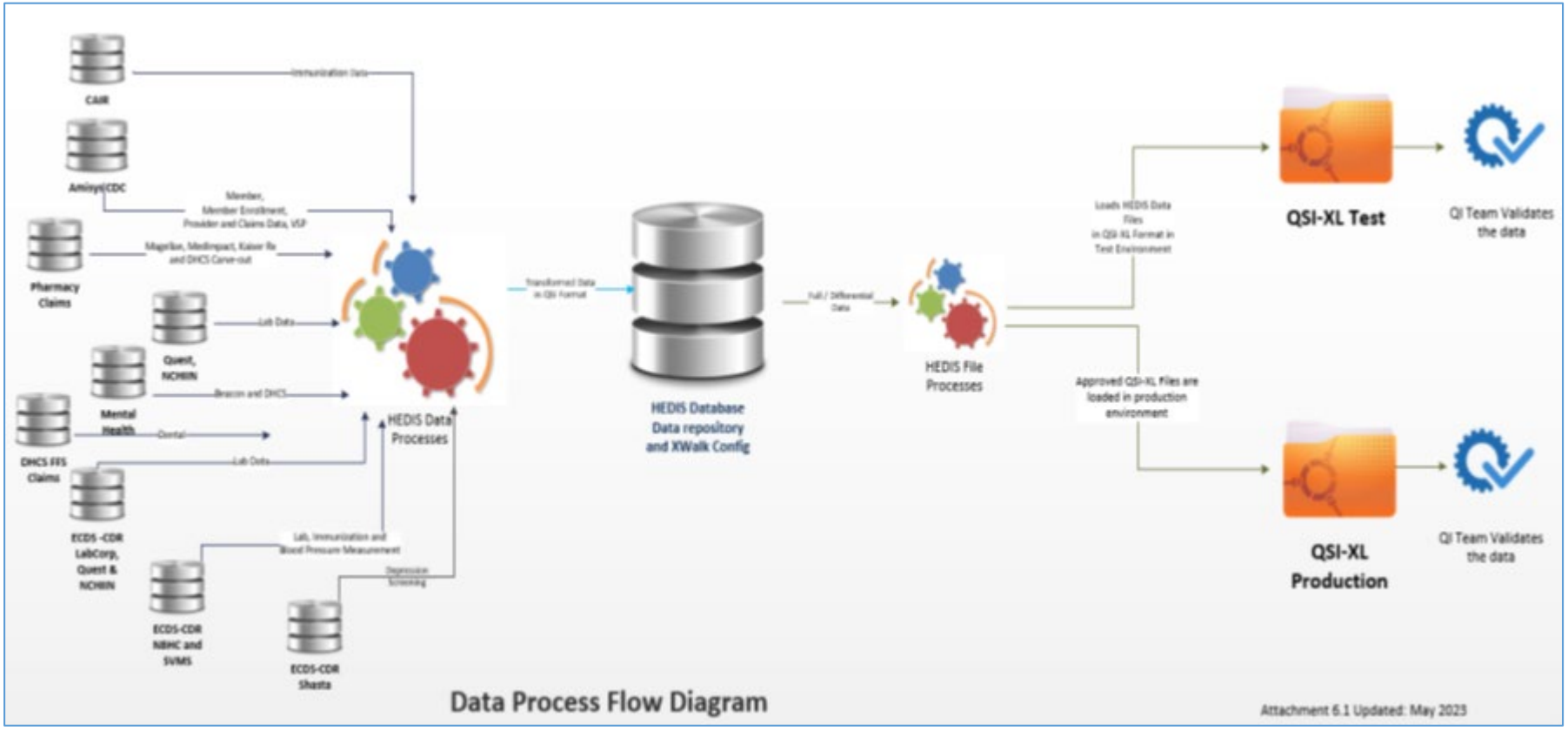
*Codes added and removed from the Value Sets since last year are highlighted in the Value Set file*

# Other Notes About Report Design

- Check your system for new items in structured data since last year:
  - ✓ New alcohol screening tools
  - ✓ New alcohol follow-up/counseling items
  - ✓ New depression screening tools

- Note that patient CIN can default to scientific notation format in Excel. Do NOT submit scientific notation

# Data Flow Process



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# ROADMAP

Eureka | Fairfield | Redding | Santa Rosa

# ROADMAP Section 5 Purpose

- Record of Administration, Data Management and Processes (ROADMAP)
- The ROADMAP is a tool to help organizations of all types give auditors information about data used for HEDIS – where data comes from, and how the data is organized.
- The Roadmap also helps organizations send the right set of questions to the right people.
- If a third party entity is involved before the information reaches PHC, a description of the data flow is required (Section 5a).
- Section 5 and/or 5a is required in order to obtain auditor approval to integrate all supplemental data sources.

# Section Description

- ROADMAP Section 5: Supplemental data and processes used during the measurement year.

- ROADMAP Section 5a: This section should be completed by the contracted data aggregator (e.g. HIE, data aggregator). Organizations validated through NCQA's Data Aggregator Validation (DAV) program do not need to complete this section.

# ROADMAP Overview

- Let's take a deeper look at Section 5 and 5a of the ROADMAP

- A couple things to note:
  - On the document, Red indicates a response needed from the provider and Blue indicates PHC's response.
  - Providers can include an attachment such as a flow chart to describe their data flow process.
  - A list of organizations who are validated through NCQA's Data Aggregator Validation program can be found on the NCQA website.

# Section 5: Supplemental Data

## Section 5: Supplemental Data *(IS 5)*

**Introduction**

***Supplemental data and processes used during the measurement year.***

**Complete a separate section for each supplemental data source being considered for use. Data received from an organization validated through NCQA's Data Aggregator Validation program must be identified with a Roadmap section.**

**Complete Section 5 (Tables 5.1, 5.5, 5.6) to address how data are received and used for HEDIS reporting. Indicate "NA" if questions are not applicable. You are not required to get responses from the validated entity.**

**Providers: please complete any section marked in red. PHC will provide responses in blue.**

| | |
|---|---|
| **Organization information** | **Organization name: Partnership HealthPlan of California** |
| | **Date of completion: 01/23/2023** |
| | **Name of supplemental data source: Provider** |

Table 5.1 *General Information*

| | |
|---|---|
| *5.1A* | The internal name of this data source (the name that will be used for supplemental data validation).<br>**Provider** |
| *5.1B* | Summarize the intent or purpose of this data source (e.g., gap you are trying to fill, issue you are trying to solve by collecting these data).<br>**To include depression screening results data for reported HEDIS measures.** |

# Section 5a: Supplemental Data

## Section 5a: Supplemental Data

*Audit Roadmap section for data received from data aggregators*

**Introduction**

***This section should be completed by the contracted data aggregator (e.g., HIE, data aggregator).*** **Organizations validated through NCQA's Data Aggregator Validation program do not need to complete this section.**

**If this section is completed by the data supplier, the organization must complete Section 5 (Tables 5.1, 5.4–5.6 and all applicable required documents) to address how it handles receipt of the data.**

**Providers: please complete any section marked in red. PHC will provide responses in blue.**

| | |
|---|---|
| **Organization information** | **Organization name: Provider** |
| | **Date of completion: 11/4/2022** |
| | **Data aggregator type (e.g., HIE, data aggregator):** Provider provides details. For example **SQL Backend/Query Based** |
| | **Name of entity that provides data: (i.e. NextGen, EPIC EHR)** |

**Table 5A.1: *System/Product Description***

| | |
|---|---|
| *5A.1A* | Provide an overview of your product. ONC certified Ambulatory EHR Version 6.2021.1 Provider provides details. For example, The Health plan posts updated member lists to their |

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# Audit Process

# Audit Process

- To qualify for ECDS reporting, data must use standard layouts, meet the NCQA measure technical specifications and be accessible upon request.
- All supplemental data must be substantiated by proof-of-service documentation from the electronic health record.
- The ROADMAP document must be submitted and approved by the HEDIS auditor, prior to PSV.

# Audit Process

- PHC must have clear policies and procedures describing how the data is collected and by whom.
- Documentation is required for only a sample, randomly selected by the auditor as part of the annual primary source verification process.

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# Primary Source Verification

# Primary Source Verification Steps

1. PHC receives data from the provider
2. PHC sends the raw data file to the auditor
3. Auditor randomly selects cases (approx. 16) for PSV
4. PHC sends Auditor selected cases to provider
5. **Provider provides proof-of-service screen shots from their EHR, demonstrating they match the raw data file**
6. PHC validates PSV POS, submits to auditor for approval

# Proof-of-Service Documentation

- Documentation that is allowed includes:
  - A screen shot of the clinical summary from the visit for service, such as lab or radiology reports
  - A screen shot of the EHR or immunization registry records.
- Documentation that is *not* allowed includes:
  - Member surveys or documents completed by the member
  - Phone calls. Recorded phone calls to collect information about services rendered are not proof-of-service.

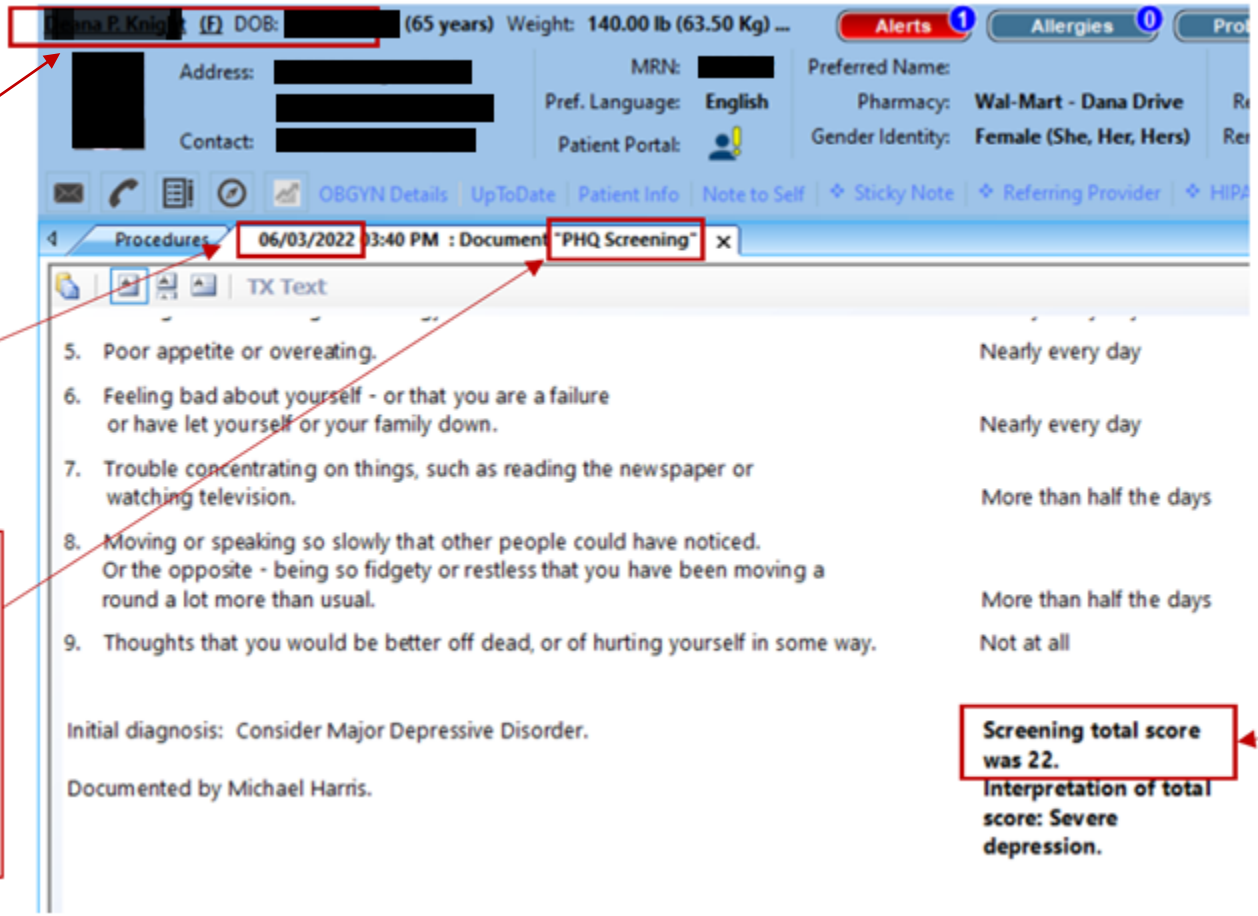
# Sample Proof of Service

Member name and DOB

DOS

LOINC code 44261-6 is Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]

Result



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# QIP Spec Timeline

**Step 1: Contact the PCP QIP team** to let us know of your intent to implement ECDS and set-up an sFTP account: qip@partnershiphp.org

- Please provide the following details in an email to the PCP QIP inbox: o Name of Parent Organization
  - Contact name (**one (1) contact per parent organization**)
  - Contact phone number
  - Contact email address

**Step 2: sFTP Account Set-Up (**Must be completed by **October 1, 2023)**

- Once your contact information is received, an account will be generated in order to submit test files using the PHC ECDS Depression/Alcohol Screening & Counseling Templates.
  - An email will be sent to you from PHC's EDI team with log in credentials to access your new sFTP account

**Step 3: Test File Submission (Data for January 1, 2023 – date the data is run)**

- Acceptance of test file *and* HEDIS Roadmap 5 template via sFTP is due by **October 15, 2023**.
- The test file must include all data elements on the ECDS Depression/Alcohol Screening & Counseling Templates.
- The PHC HEDIS team will provide confirmation your test file has been received.
- If the test file data does not pass the HEDIS review, PCP sites will have until **November 1, 2023** to correct the data.
- In November and December, PHC's HEDIS team will reach out to PCPs to perform preliminary Primary Source Verification on a sample of data submitted.

**Step 4: Final Data File Submission (Data for all of 2023)**

- For incentive of the ECDS measure, acceptance of the final data file via sFTP is due between **January 7, 2024 – January 14, 2024**.
- Final data files must include all data elements on the ECDS Depression/Alcohol Screening & Counseling Templates for **all of 2023 (Jan 1 – Dec 30).**
- All PCP sites submitting final data are required to participate in the PHC HEDIS team Primary Source Verification Process.

# Questions

# Contact Us

**Sue Quichocho**

**Manager of Quality Measurement, Quality and Performance Improvement**

**Phone: 707-420-7502**

**Email: squichocho@partnershiphp.org**

**Megan Shelton**

**HEDIS Program Manager II,**

**Quality Measurement, Quality and Performance Improvement**

**Phone: 530-999-6984**

**Email: mshelton@partnershiphp.org**