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# Quality Measures Training

*Updated January 2024*

*Why we're in business*

**OUR PURPOSE**

Transforming the health of the community, one person at a time

*What we do*

**OUR MISSION**

Better health outcomes at lower costs

*What we represent*

**OUR PILLARS**



Focus on the Individual



Whole Health



Active Local Involvement

*What drives our activity*

**OUR BELIEFS**

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

# What is HEDIS?

## HEALTHCARE EFFECTIVENESS DATA & INFORMATION SET

- ❑ A set of performance measures developed and maintained by the National Committee for Quality Assurance (NCQA)
- ❑ Used to measure the clinical quality performance of health plans.

## Through HEDIS, We can Assess:

- ❑ Effectiveness of Care
- ❑ Access/Availability of Care
- ❑ Utilization

## Collection Methods:

**Administrative**: Looks at claims for medical office visits, hospitalizations, and pharmacy data

**Hybrid**: Combination of administrative data from claims and member's medical record information

**Patient Survey**: Assesses patient experience through data collected via survey

# What are CPT II Codes?

- ❑ CPT II Codes are supplemental data tracking codes that can be used for performance management
- ❑ These codes are intended to facilitate data collection about quality of care by coding certain services and/or test results that support performance measures

# Why Should We Use CPT II Codes?

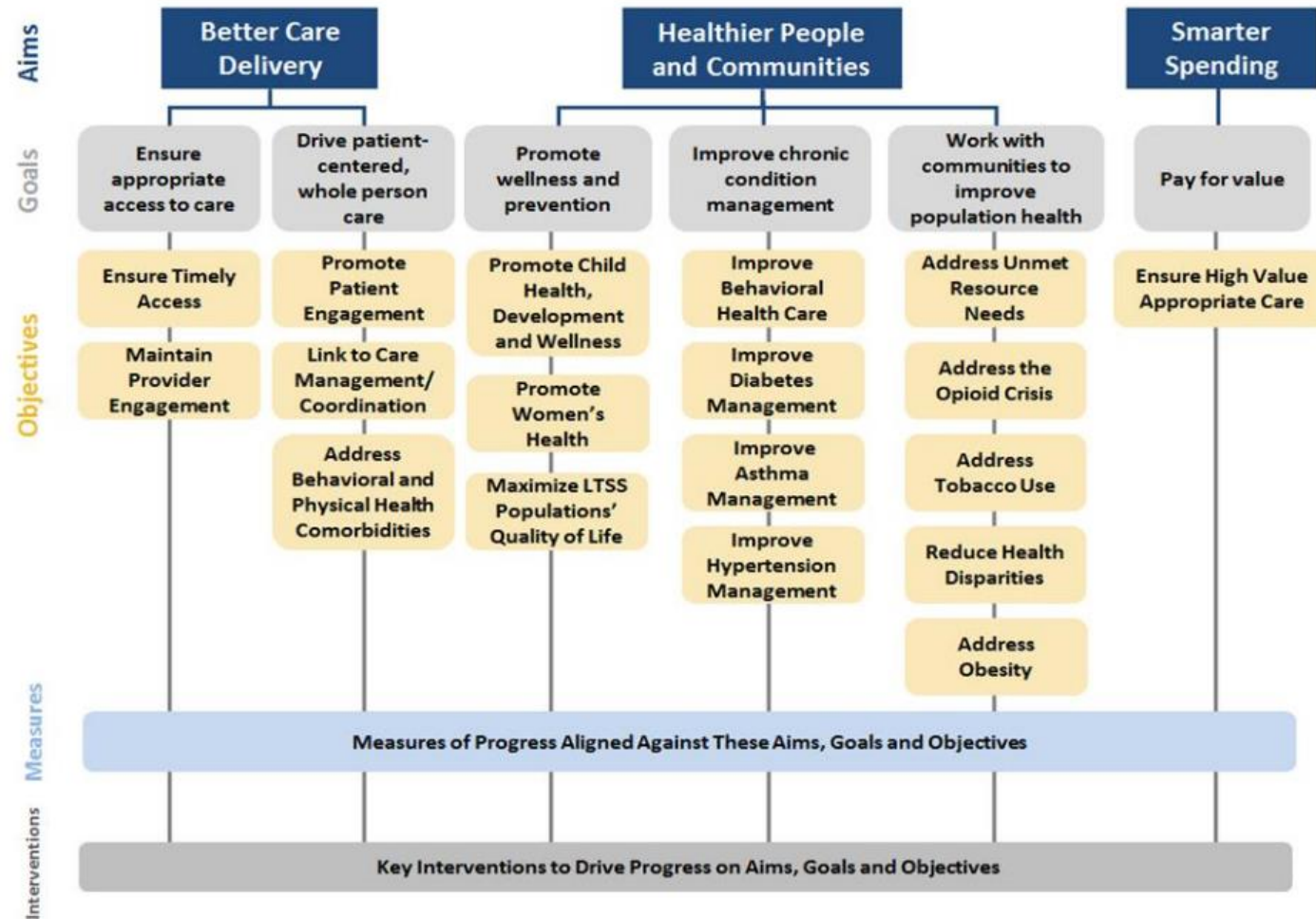
- ❑ Decreases the need for record abstraction and chart review, thereby minimizing the administrative burden on physicians and their staff
- ❑ Helps close gaps in care more accurately and quickly – this drives HEDIS measures and quality improvement initiatives
- ❑ Best practice – all payers moving to this (if not already)

# KEY TERMS

- ❑ **Cliff Measure-** A measure that for compliance, a member needs services before the end of the measurement year. For example, Childhood Immunization Status requires all vaccinations on or before the child's 2<sup>nd</sup> birthday.
  - ❑ **Denominator-** The target population being measured.
  - ❑ **Exclusions-** An exclusion will remove a member from the measure denominator based on a diagnosis and/or procedure captured in their claim, encounter and or pharmacy data. Some exclusions are optional.
  - ❑ **Numerator-** The measure focus: what will be measured within the target population
  - ❑ **MY-** Measurement Year
  - ❑ **PY-** Prior Year
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# North Carolina's Quality Strategy for Medicaid

Figure 3. Overview of the Quality Strategy Framework



[NC DHHS Quality Strategy](#)

# Advanced Medical Home Quality Measures

Table 1. Measures selected for use in plan assessments of AMH practice quality

NQF#	Measure Name	Steward	Frequency
Pediatric Measures			
1516	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
0038	Childhood Immunization Status (Combination 10) (CIS)	NCQA	Annually
0033	Chlamydia Screening in Women (CHL) – Ages 16 to 20	NCQA	Annually
1407	Immunizations for Adolescents (Combination 2) (IMA)	NCQA	Annually
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF) – Ages 12 to 17	CMS	Annually
1392	Well-Child Visits in the First 30 Months of Life (W30)	NCQA	Annually
Adult Measures (Age 18 and Older Unless Otherwise Noted)			
0032	Cervical Cancer Screening (CCS) – Ages 21 to 64	NCQA	Annually
0033	Chlamydia Screening in Women (CHL) – Ages 21 to 24	NCQA	Annually
0018	Controlling High Blood Pressure (CBP)	NCQA	Annually
0059/ 0575	Hemoglobin A1c Control for Patients With Diabetes (HBD)	NCQA	Annually
1768	Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]	NCQA	Annually
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF)	CMS	Annually
N/A	Total Cost of Care	Health Partners	Annually
1517	<b>NEW:</b> Prenatal and Postpartum Care (PPC)	NCQA	Annually

Source: [Medicaid Managed Care Quality Measurement Technical Specifications](#)

# CCH Pay-for-Performance Measures denoted with ★

Table 1. Measures selected for use in plan assessments of AMH practice quality

Source: [Medicaid Managed Care Quality Measurement Technical Specifications](#)

NQF#	Measure Name	Steward	Frequency
Pediatric Measures			
★ 1516	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
★ 0038	Childhood Immunization Status (Combination 10) (CIS)	NCQA	Annually
0033	Chlamydia Screening in Women (CHL) – Ages 16 to 20	NCQA	Annually
★ 1407	Immunizations for Adolescents (Combination 2) (IMA)	NCQA	Annually
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF) – Ages 12 to 17	CMS	Annually
★ 1392	Well-Child Visits in the First 30 Months of Life (W30)	NCQA	Annually
Adult Measures (Age 18 and Older Unless Otherwise Noted)			
★ 0032	Cervical Cancer Screening (CCS) – Ages 21 to 64	NCQA	Annually
★ 0033	Chlamydia Screening in Women (CHL) – Ages 21 to 24	NCQA	Annually
★ 0018	Controlling High Blood Pressure (CBP)	NCQA	Annually
★ 0059/ 0575	Hemoglobin A1c Control for Patients With Diabetes (HBD)	NCQA	Annually
1768	Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]	NCQA	Annually
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF)	CMS	Annually
N/A	Total Cost of Care	Health Partners	Annually
★ 1517	<b>NEW:</b> Prenatal and Postpartum Care (PPC)	NCQA	Annually



# Clinical Performance Improvement Projects (PIP)

## 1. Childhood Immunization Status (CIS) Combo 10

*AMH Measure- Yes*

*CCH Standard P4P Measure- Yes*

## 2. Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control (>9.0%) and HbA1c Control (<8.0%)

*AMH Measure- Yes*

*CCH Standard P4P Measure- Yes*

## 3. Timeliness of Prenatal and Postpartum Care

*AMH Measure- Yes*

*CCH Standard P4P Measure- Yes*

- **PIP Tip Sheets:** [network.carolinacompletehealth.com/HEDIS](https://network.carolinacompletehealth.com/HEDIS)
- **Virtual Statewide Quality Forum**

# Child and Adolescent Well-Care Visits (WCV)

Cliff Measure: No | P4P Measure: Yes | PIP: No

Preventative Care

Data Source	Description	Measure Guide
HEDIS Admin	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year	Higher is better

Calculation	Eligible Population	Exclusions
$\frac{\text{Members 3–21 years old who had at least one comprehensive well-care visit with a PCP or OG/GYN}}{\text{Members 3–21 years old as of Dec. 31st of the MY}} \times 100$	Members 3–21 years of age as of December 31 of the measurement year	<ul style="list-style-type: none"> <li>Members in hospice during the MY</li> <li>Members who die during the MY</li> </ul>

Relevant Data Timeframes	External Resources
Measurement Year (MY)	HEDIS MY 2024-Technical Specifications for Health Plans

# Well-Child Visits in The First 30 Months of Life (W30): Well-Child Visits in the First 15 Months

Cliff Measure: Yes | P4P Measure: Yes | PIP: No

Preventative Care

Data Source	Description	Measure Guide
HEDIS Admin	The number of children who had 6 or more well-visits with a PCP in the first 15 months of life	Higher is better

Calculation	Eligible Population	Exclusions
<p>Children who had 6+ well-child visits in the first 15 months of life</p> <hr/> <p>Children who turned 15 months old during the MY</p> <p style="text-align: right;">✘ 100</p>	Children who turned 15 months old during the measurement year	<ul style="list-style-type: none"> <li>Members in hospice care during the MY</li> <li>Members who die during the MY</li> </ul>

Relevant Data Timeframes	External Resources
Birth to 15 Months	HEDIS MY 2024-Technical Specifications for Health Plans

# Well-Child Visits in The First 30 Months of Life (W30): Well-Child Visits for Age 15 Months–30 Months

Cliff Measure: Yes | P4P Measure: Yes | PIP: No

Preventative Care

Data Source	Description	Measure Guide
HEDIS Admin	The number of children who had 2 or more well-visits with a PCP between 15 months and 30 months of life	Higher is better

Calculation	Eligible Population	Exclusions
$\frac{\text{Children who had 2+ well-child visits between 15 and 30 months}}{\text{Children who turned 30 months old during the MY}} \times 100$	Children who turned 30 months old during the measurement year	<ul style="list-style-type: none"> <li>Members in hospice care during the MY</li> <li>Members who die during the MY</li> </ul>

Relevant Data Timeframes	External Resources
15 Months to 30 Months	HEDIS MY 2024-Technical Specifications for Health Plans

# Childhood Immunization Status (Combo 10) (CIS)

Cliff Measure: Yes | P4P Measure: Yes | PIP: Yes

Preventative Care

Data Collection	Description	Measure Guide
HEDIS Hybrid	Percentage of children two years of age who have had the required immunizations by their 2 <sup>nd</sup> birthday	Higher is better

Calculation	Eligible Population	Exclusions
$\frac{\text{Children who have had all required vaccines by their 2}^{\text{nd}} \text{ birthday}}{\text{Children who turn two years of age during the MY}} \times 100$	Children who turn two years of age during the measurement year	<ul style="list-style-type: none"><li>Members in hospice during the MY</li><li>Members who die during the MY</li><li>Contraindications for vaccination (ex. anaphylactic reaction to the vaccine or its components)</li></ul>

Relevant Data Timeframes	External Resources
Birth to 2nd Birthday	HEDIS MY 2024-Technical Specifications for Health Plans

# Immunizations Required by Age 2 (Source: CDC)

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B		HepB	HepB			HepB						
Rotavirus				RV	RV	RV						
Diphtheria, Tetanus, Pertussis				DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b				Hib	Hib	Hib	Hib				PPSV	
Pneumococcal				PCV	PCV	PCV	PCV					
Inactivated Poliovirus				IPV	IPV	IPV						IPV
Influenza						Influenza (Yearly)						
Measles, Mumps, Rubella							MMR					MMR
Varicella							Varicella					Varicella
Hepatitis A							HepA (2 doses)				HepA Series	
Meningococcal											MCV	



Range of recommended ages for all children except certain high-risk groups



Range of recommended ages for certain high-risk groups

# Immunizations for Adolescents (Combo 2) (IMA)

Cliff Measure: Yes | P4P Measure: Yes | PIP: No

Preventative Care

Data Collection	Description	Measure Guide
HEDIS Hybrid	Percentage of adolescents 13 years of age who had the required immunizations by their 13 <sup>th</sup> birthday	Higher is better

Calculation	Eligible Population	Exclusions
<p>Adolescents who have had all required vaccines by their 13<sup>th</sup> birthday</p> <hr/> <p>Adolescents who turn 13 years of age during the MY</p> <p style="text-align: right;">✖ 100</p>	Adolescents who turn 13 during the measurement year	<ul style="list-style-type: none"> <li>Members in hospice during the MY</li> <li>Members who die during the MY</li> <li>Contraindication for vaccination (ex. anaphylactic reaction to the vaccine or its components)</li> </ul>

Relevant Data Timeframes	External Resources
<p>9<sup>th</sup> to 13<sup>th</sup> Birthday</p> <p>Lifetime for contraindications</p>	HEDIS MY 2024-Technical Specifications for Health Plans

# Childhood Immunizations: Potential Interventions

- Send out different types of reminders for appointments (e.g.: mail, email, birthday text, and calls).
- Encourage parent/guardian to attend all scheduled visits.
- Submit claims/encounter data for each service rendered.
- Ensure all claim/encounter data accurate and submitted in a timely manner.
- Schedule routine appointments.
- Schedule next appointment while the patient is in the office.
- Enter vaccines into the [NC Immunization Registry \(NCIR\)](#).
- Review participation in the [Vaccines for Children \(VFC\) program](#).
- Educate members about the importance of obtaining timely vaccines.
- Proactively outreach to members by phone call.
- Utilize [Carolina Complete Health's HEDIS Resource website](#).



# Screening for Depression and Follow-Up Plan

Cliff Measure: No | P4P Measure: No | PIP: No

Preventative Care

Data Collection	Description	Measure Guide
Administrative	Percentage of members 12 years of age and older who were screened for clinical depression using a standardized depression screening tool and, if positive, a f/u plan is documented on the date of the positive screen	<ul style="list-style-type: none"> <li>Higher is better</li> <li>The date of encounter and screening must occur on the same date of service</li> </ul>

Calculation	Eligible Population	Exclusions
<p>Members screened for depression using a standardized tool AND, if positive, a f/u plan is documented on the date of the positive screen</p> <p style="text-align: right;">✖ 100</p>	Members 12 years and older with an outpatient visit during the MY	<ul style="list-style-type: none"> <li>Members with an active diagnosis of depression/bipolar disorder</li> <li>Members in hospice during the MY</li> <li>Members who die during the MY</li> </ul>
Members 12 years and older with an outpatient visit during the MY		

Relevant Data Timeframes	External Resources
Measurement Year (MY)	<a href="https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS2v8.html">https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS2v8.html</a>

# Documentation Tips for Follow-Up Plan

**Follow-up for a positive depression screening must include one (1) or more of the following:**

- Additional evaluation for depression
- Suicide risk assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

**Examples of a follow-up plan include but are not limited to:**

- Additional evaluation or assessment for depression such as psychiatric interview, psychiatric evaluation, or assessment for bipolar disorder
- Completion of any Suicide Risk Assessment such as Beck Depression Inventory or Beck Hopelessness Scale
- Referral to a practitioner or program for further evaluation for depression

**Other interventions designed to treat depression such as psychotherapy, pharmacological interventions, or additional treatment options**


- Pharmacologic treatment for depression is often indicated during pregnancy and/or lactation. Review and discussion of the risks of untreated versus treated depression is advised. Consideration of each beneficiary's prior disease and treatment history, along with the risk profiles for individual pharmacologic agents, is important when selecting pharmacologic therapy with the greatest likelihood of treatment effect.

**The documented follow-up plan must be related to positive depression screening, for example:** "Patient referred for psychiatric evaluation due to positive depression screening.


CMS Measure Inventory tools: [CDF-Adult](#), [CDF-Child](#)

# myStrength Mobile App


- Available to all Carolina Complete Health members to help manage stress, anxiety, chronic pain, and more. It's safe, secure and personalized.
- More information: <https://www.carolinacompletehealth.com/members/medicaid/resources/health-wellness/mystrength.html>
- Access through the web or via the myStrength mobile app with access code **NCcomplete**

myStrength is provided to you by  carolina complete health


## myStrength Can Help You Thrive




Build emotional strength



Find inspiration and stories of hope



Support mind, body and spirit



Track progress along your journey

# Cervical Cancer Screening (CCS)

Cliff Measure: No | P4P Measure: Yes | PIP: No

Preventative Care

Data Source	Description	Measure Guide
HEDIS Hybrid	The percentage of members who were appropriately screened for cervical cancer	<ul style="list-style-type: none"><li>Higher is better</li><li><u>Women 21–64 years</u> with cervical cytology performed within the last 3 years</li><li><u>Women 30–64 years</u> with hrHPV testing or hrHPV co-testing performed within the last 5 years</li></ul>
Calculation	Eligible Population	Exclusions
$\frac{\text{Women who were appropriately screened for cervical cancer}}{\text{Women 24–64 years of age as of Dec. 31st} of the MY}} \times 100$	Women 24–64 years of age as of Dec. 31 of the measurement year	<ul style="list-style-type: none"><li>Members in hospice during the MY</li><li>Members who die during the MY</li><li>Hysterectomy with no residual cervix</li></ul>
Relevant Data Timeframes	External Resources	
<ul style="list-style-type: none"><li>3 Years Prior to the MY through the MY</li><li>Lifetime for Total Hysterectomy</li></ul>	HEDIS MY 2024-Technical Specifications for Health Plans	

# Cervical Cancer Screening (CCS)

## CCS Best Practices:

- HPV test (Member must be age 30 or older)
- Document date of Pap/HPV testing along with results of the testing. HEDIS® requires they both be collected on the same date to meet compliance.
- Complete a Pap test during regularly scheduled well-woman visits, sick visits, urine pregnancy tests, UTI, and chlamydia/STI screenings, when appropriate.
- Document in the medical record if the patient has had a hysterectomy with no residual cervix. Synonyms – “total”, “complete”, and “radical” are all compliant.
- Use diagnosis codes to report exclusions. Correctly coding these conditions may prevent medical record requests.
- Preventive screening health card mailer that served as a general reminder to patients of preventive services due
- Automated telephone calls to patients with directed reminders for a cervical cancer screen, along with other preventive screenings

# Chlamydia Screening in Women (CHL)

Cliff Measure: No | P4P: Yes | PIP: No

Preventative Care

Data Source	Description	Measure Guide
HEDIS Admin	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year	<ul style="list-style-type: none"><li>Higher is better</li><li>Members are identified as sexually active through pharmacy data or claim/encounter data</li></ul>
Calculation	Eligible Population	Exclusions
<p>Women receiving a chlamydia test during the measurement year</p> <hr/> <p>Women 16–24 years of age as of Dec. 31 of the measurement year who were identified as sexually active by claim/encounter or pharmacy data</p> <p style="text-align: right;">×100</p>	Women 16–24 years of age as of Dec. 31 of the measurement year who were identified as sexually active	<ul style="list-style-type: none"><li>Members in hospice during the MY</li><li>Members who qualified for the denominator based on a pregnancy test and had a prescription for a retinoid or an x-ray within 6 days after the test</li></ul>
Relevant Data Timeframes	External Resources	
Measurement Year (MY)	HEDIS MY 2024-Technical Specifications for Health Plans	

# Chlamydia Screening in Women (CHL)

## CHL Best Practices:

- Use testing methods such as urine sample on all teens and young adults, male and female
- Use simple, straightforward, non-judgmental language when discussing sexual issues with teens and young adults
- Meet with teens and young adults separately from their parents to allow open conversation
- Advise members during wellness visits or when they are seen for birth control to get screened for chlamydia

# Hemoglobin A1c Control for Patients with Diabetes (HBD): Poor Control (>9.0%)

Cliff Measure: No | P4P: Yes | PIP: Yes

Chronic Condition

Data Source	Description	Measure Guide
HEDIS Hybrid	Percentage of members 18–75 years of age with diabetes whose most recent HbA1c level during the MY was poorly controlled (>9.0%)	<ul style="list-style-type: none"> <li>• <b>Lower rate is better</b></li> <li>• No HbA1c Test in the MY or no result reported is considered Poor Control</li> </ul>

Calculation	Eligible Population	Exclusions
<p>Members whose most recent HbA1c result during the measurement year was &gt;9.0% <b>or</b> result was missing</p> <hr/> <p>Members 18–75 years of age who had a diagnosis of diabetes during the measurement year or the year prior</p> <p style="text-align: right;">✖ 100</p>	Members 18–75 years of age identified with diabetes (Type 1 and Type 2) by claim or pharmacy data during the measurement year or the year prior to the measurement year	<ul style="list-style-type: none"> <li>• Members in hospice during the MY</li> <li>• Members who die during the MY</li> <li>• Members 66+ years of age with frailty and advanced illness</li> <li>• Members without a diagnosis of diabetes <i>and</i> a diagnosis of gestational, steroid-induced diabetes, or polycystic ovarian syndrome (PCOS)</li> </ul>

Relevant Data Timeframes	External Resources
Measurement Year (MY)	HEDIS MY 2024-Technical Specifications for Health Plans



# Hemoglobin A1c Control for Patients with Diabetes (HBD): Controlled (<8.0%)

Cliff Measure: No | P4P: Yes | PIP: Yes

Chronic Condition

Data Source	Description	Measure Guide
HEDIS Hybrid	Percentage of members 18–75 years of age with diabetes whose most recent HbA1c level during the MY was controlled (<8.0%)	<ul style="list-style-type: none"> <li>• <b>Higher rate is better</b></li> <li>• No HbA1c Test in the MY or no result reported is considered Poor Control</li> </ul>
Calculation		
<p>Members whose most recent HbA1c result during the measurement year was &lt;8.0% <b>or</b> result was missing</p> <hr/> <p>Members 18–75 years of age who had a diagnosis of diabetes during the measurement year or the year prior</p> <p style="text-align: right;">✖ 100</p>	<p>Members 18–75 years of age identified with diabetes (Type 1 and Type 2) by claim or pharmacy data during the measurement year or the year prior to the measurement year</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Members in hospice during the MY</li> <li>• Members who die during the MY</li> <li>• Members 66+ years of age with frailty and advanced illness</li> <li>• Members without a diagnosis of diabetes <i>and</i> a diagnosis of gestational, steroid-induced diabetes, or polycystic ovarian syndrome (PCOS)</li> </ul>
Relevant Data Timeframes	External Resources	
Measurement Year (MY)	HEDIS MY 2024-Technical Specifications for Health Plans	

# Comprehensive Diabetes Care Best Practices

- Include accurate CPT codes for current measure year for the HbA1c test and result when submitting claims.
- Document and code screenings completed with date and results.
- Review patient history annually, and check for Care Gaps frequently, so they can be addressed.
- Members with elevated HbA1c levels may need to be seen more frequently; screenings should be done every three to six months.
- Schedule follow-up appointments prior to patient leaving the office.
- Review services available for diabetic members during each office visit.
- The last HbA1c result of the year will be used for the HEDIS Control Measure.
- If possible, order labs prior to patient appointments.
- Refer members to nutritionist, if appropriate.
- Utilize [Carolina Complete Health's HEDIS Resource website](#).
- Utilize [ADA clinical practice guidelines website](#).

# ADA Recommendations for Addressing SDoH's

- Assess food insecurity, housing insecurity/homelessness, financial barriers, and social capital/social community support and apply that information to treatment decisions.
- Refer patients to local community resources when available. Utilize North Carolina resource NCCARE 360.
  - <https://nccare360.org/>
- Provide patients with self-management support from lay health coaches, navigators, or community health workers when available
- CCH Resource: 2022 AMA Coding Guidelines for Social Determinants of Health (PDF)



# VAS: WW™ Program

- In patients with type 2 diabetes who are overweight or have obesity, modest and sustained weight loss has been shown to improve glycemic control and reduce the need for glucose-lowering medications\*
- Eligible members can get a WW voucher for free program sign-up, 10 weeks of WW digital and web-based classes and workshops, and access to 14 weeks of online tools per year.
- **Eligibility Requirements:** Member eligibility determined by Carolina Complete Health's Care Management Team based on members' health risk factors associated with obesity and Body Mass Index (BMI). Member must be age 18 years or older with a BMI equal to or greater than 25.
- Requires physician [referral form \(PDF\)](#)
- For more information:  
<https://www.carolinacompletehealth.com/members/medicaid/resources/vas/ww-benefit.html>

*[\\*Obesity Management for the Treatment of Type 2 Diabetes: Standards of Medical Care in Diabetes—2021](#)*



# Controlling High Blood Pressure (CBP)

Cliff Measure: No | P4P: Yes | PIP: No

Chronic Condition

Data Source	Description	Measure Guide
HEDIS Hybrid	Percentage of members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90) during the measurement year	Higher rate is better
Calculation		
<p>Members whose most recent BP is adequately controlled (&lt;140/90) during the measurement year</p> <hr/> <p>Members who have hypertension, per the eligible population</p> <p style="text-align: right;">✖ 100</p>	<p>Eligible Population</p> <p>Members 18–85 years of age who had at least 2 visits on different dates of service with a diagnosis of hypertension on or between Jan. 1 of the year prior and June 30 of the measurement year</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Members in hospice during the MY</li> <li>• Members who die during the MY</li> <li>• Member 66-80 years of age with frailty and advanced illness</li> <li>• Members with a diagnosis of ESRD, Dialysis, Nephrectomy, or Kidney Transplant</li> <li>• Pregnancy during the MY</li> <li>• Nonacute inpatient admission during the MY</li> </ul>
Relevant Data Timeframes		External Resources
Measurement Year (MY)		HEDIS MY 2024-Technical Specifications for Health Plans

# CBP Best Practices

If the BP reading is high at the beginning of the visit, retake it at the end of the visit and record the lowest systolic and diastolic reading

Schedule follow-up appointments and/or BP checks if BP is not controlled

Include CPT coding as appropriate when submitting claims

Schedule virtual or telephone visits for members who are nervous about coming into the office



# YMCA Blood Pressure Self-Monitoring Program

- A four-month program works with participants to build skills and capacities that help them:



- Twice a month, participants attend the program and receive personal coaching, as well as attend monthly nutrition meetings (all virtual)
- **Eligibility Requirements:** The program is available to Carolina Complete Health members age 18 years or older who have been diagnosed with high blood pressure. Participants cannot have had a recent cardiac event, have atrial fibrillation or other arrhythmias, or be at risk for lymphedema.
- [Requires physician referral form](#)
- **More information:**  
<https://www.carolinacompletehealth.com/members/medicaid/resources/vas/ymca-bpsm.html>

# Plan All-Cause Readmission (PCR)

P4P Measure: No | PIP: No

- Assesses the percentage of acute inpatient hospital discharges resulting in an unplanned hospital readmission within 30 days
- NC DHHS will calculate the observed versus expected ratio for this measure, which is the ratio of the actual (observed) count of readmissions in relation to the risk-adjusted (expected) count of readmissions
- The count of expected readmissions is a prediction of the state's performance based on its demographic and clinical case mix



# Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care

Cliff Measure: Yes | P4P Measure: Yes | PIP : Yes

Preventative Care

Data Source	Description	Measure Guide
HEDIS Admin	Percentage of members who received a prenatal care visit during the 1 <sup>st</sup> trimester or within 42 days of enrollment with Carolina Complete Health	Higher rate is better
Calculation		
<p>Members who received a prenatal visit during the required timeframe</p> <hr/> <p>Members who delivered a live birth on or before Oct 8 of the PY and Oct 7 of the MY</p>	<p>Eligible Population</p> <p>Members who delivered a live birth on or before Oct 8th of the PY and Oct 7th of the MY</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>• Members in hospice during the MY</li> <li>• Members who died during the MY</li> <li>• Pregnancy resulting in a non-live births</li> </ul>
<p style="text-align: center;">× 100</p>		
Relevant Data Timeframes	External Resources	
<p>October 8<sup>th</sup> of the Prior Year (PY) thru October 7<sup>th</sup> of the Measurement Year (MY)</p>	<p>HEDIS MY 2024-Technical Specifications for Health Plans</p>	

# Prenatal and Postpartum Care (PPC): Postpartum Care

Cliff Measure: Yes | P4P Measure: Yes | PIP : Yes

Preventative Care

Data Source	Description	Measure Guide
HEDIS Admin	Percentage of members who received a postpartum visit on or between 7 and 84 days after delivery	Higher rate is better
Calculation		
<p>Members who received a postpartum visit during the required timeframe</p> <hr/> <p>Members who delivered a live birth on or before Oct 8 of the PY and Oct 7 of the MY</p>	<p>Members who delivered a live birth on or before Oct 8th of the PY and Oct 7th of the MY</p>	<ul style="list-style-type: none"><li>• Members in hospice during the MY</li><li>• Members who died during the MY</li><li>• Pregnancy resulting in a non-live births</li></ul>
Relevant Data Timeframes	External Resources	
October 8 <sup>th</sup> of the Prior Year (PY) thru October 7 <sup>th</sup> of the Measurement Year (MY)	HEDIS MY 2024-Technical Specifications for Health Plans	

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# Tools and Resources

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# How can I improve my HEDIS scores?

- Submit claim/encounter data for each service rendered
- Make sure that chart documentation reflects all services billed
- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Ensure NCIR is updated timely and accurately
- **Consider including CPT II codes to provide additional details and reduce medical record requests**
- **Consider establishing a supplemental data feed with CCH to capture non-billable values (Blood pressure, HbA1c results, etc.)**

# Provider Support and Resources

- [Contact us](#): your Provider Engagement Administrator is available to support you with HEDIS and Care Gap reviews, provider education, and more!
- [HEDIS and Quality](#) resource page for:
  - HEDIS Quick Reference Guide
  - Quality Measures tipsheets
  - Provider Guides
  - Supplemental Data Submission
  - Tip Sheets

# Additional Tools and Resources

- [Agency for Healthcare Research and Quality](#)
- [NC DHHS Quality Strategy](#)
- [NC AHEC](#)

# Key Contact Information

Carolina Complete Health Provider Services: **1-833-552-3876**

Carolina Complete Health Network Provider Relations and Support: [\*\*networkrelations@cch-network.com\*\*](mailto:networkrelations@cch-network.com)

Online: [\*\*www.network.carolinacompletehealth.com\*\*](http://www.network.carolinacompletehealth.com)



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Questions?

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