### OUR PURPOSE

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

### OUR MISSION

Better health outcomes at lower costs

### OUR PILLARS

- **Focus on the Individual**
- **Whole Health**
- **Active Local Involvement**

### OUR BELIEFS

<table>
<thead>
<tr>
<th><strong>What drives our activity</strong></th>
<th><strong>Our Beliefs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>We believe healthier individuals create more vibrant families and communities.</td>
<td>We believe treating people with kindness, respect and dignity empowers healthy decisions.</td>
</tr>
<tr>
<td>We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well.</td>
<td>We believe in treating the whole person, not just the physical body.</td>
</tr>
<tr>
<td>We believe local partnerships enable meaningful, accessible healthcare.</td>
<td></td>
</tr>
</tbody>
</table>
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\textsuperscript{nd} 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
North Carolina’s Quality Strategy for Medicaid

Figure 3. Overview of the Quality Strategy Framework

Better Care Delivery

- Ensure appropriate access to care
  - Ensure Timely Access
  - Maintain Provider Engagement

- Drive patient-centered, whole person care
  - Promote Patient Engagement
  - Link to Care Management/Coordination
  - Address Behavioral and Physical Health Comorbidities

- Promote wellness and prevention
  - Promote Child Health, Development and Wellness
  - Promote Women’s Health
  - Maximize LTSS Populations’ Quality of Life

Healthier People and Communities

- Improve chronic condition management
  - Improve Behavioral Health Care
  - Improve Diabetes Management
  - Improve Asthma Management
  - Improve Hypertension Management

- Work with communities to improve population health
  - Address Unmet Resource Needs
  - Address the Opioid Crisis
  - Address Tobacco Use
  - Reduce Health Disparities
  - Address Obesity

Smarter Spending

- Pay for value
  - Ensure High Value Appropriate Care

Measures of Progress Aligned Against These Aims, Goals and Objectives

Key Interventions to Drive Progress on Aims, Goals and Objectives

NC DHHS Quality Strategy
### Advanced Medical Home Quality Measures

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

<table>
<thead>
<tr>
<th>NQF#</th>
<th>Measure Name</th>
<th>Steward</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1516</td>
<td>Child and Adolescent Well-Care Visits (WCV)</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>0038</td>
<td>Childhood Immunization Status (Combination 10) (CIS)</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>0033</td>
<td>Chlamydia Screening in Women (CHL) – Ages 16 to 20</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>1407</td>
<td>Immunizations for Adolescents (Combination 2) (IMA)</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>0418/0418e</td>
<td>Screening for Depression and Follow-Up Plan (CDF) – Ages 12 to 17</td>
<td>CMS</td>
<td>Annually</td>
</tr>
<tr>
<td>1392</td>
<td>Well-Child Visits in the First 30 Months of Life (W30)</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
</tbody>
</table>

**Adult Measures (Age 18 and Older Unless Otherwise Noted)**

<table>
<thead>
<tr>
<th>NQF#</th>
<th>Measure Name</th>
<th>Steward</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0032</td>
<td>Cervical Cancer Screening (CCS) – Ages 21 to 64</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>0033</td>
<td>Chlamydia Screening in Women (CHL) – Ages 21 to 24</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>0018</td>
<td>Controlling High Blood Pressure (CBP)</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>0059/0575</td>
<td>Hemoglobin A1c Control for Patients With Diabetes (HBD)</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>1768</td>
<td>Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
<tr>
<td>0418/0418e</td>
<td>Screening for Depression and Follow-Up Plan (CDF)</td>
<td>CMS</td>
<td>Annually</td>
</tr>
<tr>
<td>N/A</td>
<td>Total Cost of Care</td>
<td>Health</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td><strong>NEW:</strong> Prenatal and Postpartum Care (PPC)</td>
<td>NCQA</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Source: Medicaid Managed Care Quality Measurement Technical Specifications
CCH Pay-for-Performance Measures denoted with ★

<table>
<thead>
<tr>
<th>NQF#</th>
<th>Measure Name</th>
<th>Steward</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Pediatric Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1516</td>
<td>Child and Adolescent Well-Care Visits (WCV)</td>
<td>NCQA</td>
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<td>0038</td>
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<td>CMS</td>
<td>Annually</td>
</tr>
<tr>
<td>N/A</td>
<td>Total Cost of Care</td>
<td>Health Partner</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td><strong>NEW: Prenatal and Postpartum Care (PPC)</strong></td>
<td>NCQA</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Source: Medicaid Managed Care Quality Measurement Technical Specifications
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
• Virtual Statewide Quality Forum
# Child and Adolescent Well-Care Visits (WCV)

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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
<th>Measure Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS Admin</td>
<td>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</td>
<td>Higher is better</td>
</tr>
</tbody>
</table>

## Calculation

- **Eligible Population**: Members 3–21 years of age as of December 31 of the measurement year
- **Exclusions**: Members in hospice during the MY, Members who die during the MY

## Relevant Data Timeframes

- **Measurement Year (MY)**

## External Resources

- 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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
<th>Measure Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS Admin</td>
<td>The number of children who had 6 or more well-visits with a PCP in the first 15 months of life</td>
<td>Higher is better</td>
</tr>
</tbody>
</table>

### Calculation

<table>
<thead>
<tr>
<th>Eligible Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who had 6+ well-child visits in the first 15 months of life</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Members in hospice care during the MY</td>
</tr>
<tr>
<td>• Members who die during the MY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relevant Data Timeframes</th>
<th>External Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 15 Months</td>
<td>HEDIS MY 2024-Technical Specifications for Health Plans</td>
</tr>
</tbody>
</table>
## 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

### 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

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who had 2+ well-child visits between 15 and 30 months</td>
<td>Members in hospice care during the MY</td>
</tr>
<tr>
<td>Children who turned 30 months old during the MY</td>
<td>Members who die during the MY</td>
</tr>
</tbody>
</table>

### Relevant Data Timeframes

- 15 Months to 30 Months

### External Resources

- HEDIS MY 2024-Technical Specifications for Health Plans
### Childhood Immunization Status (Combo 10) (CIS)

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

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Description</th>
<th>Measure Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS Hybrid</td>
<td>Percentage of children two years of age who have had the required immunizations by their 2\textsuperscript{nd} birthday</td>
<td>Higher is better</td>
</tr>
</tbody>
</table>

#### Calculation

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| Children who have had all required vaccines by their 2\textsuperscript{nd} birthday | • Members in hospice during the MY  
• Members who die during the MY  
• Contraindications for vaccination (ex. anaphylactic reaction to the vaccine or its components) |

<table>
<thead>
<tr>
<th>Relevant Data Timeframes</th>
<th>External Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 2nd Birthday</td>
<td>HEDIS MY 2024-Technical Specifications for Health Plans</td>
</tr>
</tbody>
</table>
## Immunizations Required by Age 2 (Source: CDC)

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

- **Orange**: Range of recommended ages for all children except certain high-risk groups
- **Purple**: Range of recommended ages for certain high-risk groups
# Immunizations for Adolescents (Combo 2) (IMA)

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

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

<table>
<thead>
<tr>
<th>Calculation</th>
<th>Eligible Population</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| Adolescents who have had all required vaccines by their 13th birthday | Adolescents who turn 13 during the measurement year | • Members in hospice during the MY  
• Members who die during the MY  
• Contraindication for vaccination (ex. anaphylactic reaction to the vaccine or its components) |

<table>
<thead>
<tr>
<th>Relevant Data Timeframes</th>
<th>External Resources</th>
</tr>
</thead>
</table>
| 9th to 13th Birthday  
Lifetime for contraindications | 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

## Data Collection

<table>
<thead>
<tr>
<th>Measure Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
</tr>
</tbody>
</table>

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.

- Higher is better
- The date of encounter and screening must occur on the same date of service

## Calculation

Members screened for depression using a standardized tool AND, if positive, a f/u plan is documented on the date of the positive screen

\[
\times 100
\]

Members 12 years and older with an outpatient visit during the MY

## Eligible Population

Members 12 years and older with an outpatient visit during the MY

## Exclusions

- Members with an active diagnosis of depression/bipolar disorder
- Members in hospice during the MY
- Members who die during the MY

## Relevant Data Timeframes

Measurement Year (MY)

## External Resources

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
# Cervical Cancer Screening (CCS)

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

## Data Source
- **HEDIS Hybrid**

## Description
The percentage of members who were appropriately screened for cervical cancer

## Measure Guide
- Higher is better
- **Women 21–64 years** with cervical cytology performed within the last 3 years
- **Women 30–64 years** with hrHPV testing or hrHPV co-testing performed within the last 5 years

## Calculation
- **Women who were appropriately screened for cervical cancer**
- **Women 24–64 years of age as of Dec. 31 of the measurement year**
- **Exclusions**
  - Members in hospice during the MY
  - Members who die during the MY
  - Hysterectomy with no residual cervix

- **Women 24–64 years of age as of Dec. 31 of the MY**

- **100**

## Relevant Data Timeframes
- 3 Years Prior to the MY through the MY
- Lifetime for Total Hysterectomy

## External Resources
- 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)

## Data Source

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
<th>Measure Guide</th>
</tr>
</thead>
</table>
| 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                                                         | • Higher is better  
• Members are identified as sexually active through pharmacy data or claim/encounter data |

## Calculation

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| Women receiving a chlamydia test during the measurement year  ×100                  | • Members in hospice during the MY  
• 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 |
| Women 16–24 years of age as of Dec. 31 of the measurement year who were identified as sexually active |                                                                                                                                                                                                          |

## Eligible Population

- Women 16–24 years of age as of Dec. 31 of the measurement year who were identified as sexually active

## Exclusions

- Members in hospice during the MY
- 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

## Relevant Data Timeframes

- Measurement Year (MY)

## External Resources

- 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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
<th>Measure Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS Hybrid</td>
<td>Percentage of members 18–75 years of age with diabetes whose most recent HbA1c level during the MY was poorly controlled (&gt;9.0%)</td>
<td>• Lower rate is better&lt;br&gt;• No HbA1c Test in the MY or no result reported is considered Poor Control</td>
</tr>
</tbody>
</table>

#### Calculation

- Members whose most recent HbA1c result during the measurement year was >9.0% or result was missing
- Members 18–75 years of age who had a diagnosis of diabetes during the measurement year or the year prior

\[ \times 100 \]

#### Eligible Population

- 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

#### Exclusions

- Members in hospice during the MY
- Members who die during the MY
- Members 66+ years of age with frailty and advanced illness
- Members without a diagnosis of diabetes and a diagnosis of gestational, steroid-induced diabetes, or polycystic ovarian syndrome (PCOS)

#### Relevant Data Timeframes

- Measurement Year (MY)

#### External Resources

- 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

## Data Source

<table>
<thead>
<tr>
<th>Description</th>
<th>Measure Guide</th>
</tr>
</thead>
</table>
| HEDIS Hybrid | • **Higher rate is better**  
| | • No HbA1c Test in the MY or no result reported is considered Poor Control |

## Calculation

- Members whose most recent HbA1c result during the measurement year was **<8.0%** or result was missing
- Members 18–75 years of age who had a diagnosis of diabetes during the measurement year or the year prior

\[ \times 100 \]

## Eligible Population

- 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

## Exclusions

- Members in hospice during the MY
- Members who die during the MY
- Members 66+ years of age with frailty and advanced illness
- Members without a diagnosis of diabetes and a diagnosis of gestational, steroid-induced diabetes, or polycystic ovarian syndrome (PCOS)

## Relevant Data Timeframes

- Measurement Year (MY)

## External Resources

- 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)
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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
<th>Measure Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS Hybrid</td>
<td>Percentage of members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (&lt;140/90) during the measurement year</td>
<td>Higher rate is better</td>
</tr>
</tbody>
</table>

## Calculation

Members whose most recent BP is adequately controlled (<140/90) during the measurement year

Members who have hypertension, per the eligible population

\[ \times 100 \]

## Eligible Population

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

## Exclusions

- Members in hospice during the MY
- Members who die during the MY
- Member 66-80 years of age with frailty and advanced illness
- Members with a diagnosis of ESRD, Dialysis, Nephrectomy, or Kidney Transplant
- Pregnancy during the MY
- Nonacute inpatient admission during the MY

## Relevant Data Timeframes

Measurement Year (MY)

## External Resources

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.
- Include CPT coding as appropriate when submitting claims.
- Schedule virtual or telephone visits for members who are nervous about coming into the office.
- Schedule follow-up appointments and/or BP checks if BP is not controlled.
YMCA Blood Pressure Self-Monitoring Program

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

  Manage high blood pressure | Identify and control triggers that raise blood pressure | Adopt healthier eating habits

• 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:**
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

#### Data Source

- **HEDIS Admin**

#### Description

Percentage of members who received a prenatal care visit during the 1st trimester or within 42 days of enrollment with Carolina Complete Health.

#### Measure Guide

Higher rate is better.

#### Calculation

- Members who received a prenatal visit during the required timeframe

#### Eligible Population

- Members who delivered a live birth on or before Oct 8th of the PY and Oct 7th of the MY

#### Exclusions

- Members in hospice during the MY
- Members who died during the MY
- Pregnancy resulting in a non-live births

#### Relevant Data Timeframes

- October 8th of the Prior Year (PY) thru October 7th of the Measurement Year (MY)

#### External Resources

HEDIS MY 2024-Technical Specifications for Health Plans
## Prenatal and Postpartum Care (PPC): Postpartum Care

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
<th>Measure Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS Admin</td>
<td>Percentage of members who received a postpartum visit on or between 7 and 84 days after delivery</td>
<td>Higher rate is better</td>
</tr>
</tbody>
</table>

### Calculation

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| Members who received a postpartum visit during the required timeframe | • Members in hospice during the MY  
• Members who died during the MY  
• Pregnancy resulting in a non-live births |

### Relevant Data Timeframes

<table>
<thead>
<tr>
<th>External Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 8th of the Prior Year (PY) thru October 7th of the Measurement Year (MY)</td>
</tr>
</tbody>
</table>

HEDIS MY 2024-Technical Specifications for Health Plans
Tools and Resources
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

Online: www.network.carolinacompletehealth.com
Questions?