

**Managed Care Operations Memorandum
General Operations
MCOPS Memo # 09/2022-007**

Date: September 19, 2022

Subject: Requirements for MY 2022/RY 2023 HEDIS[®], CAHPS[®] and Pennsylvania Performance Measure (PAPM) Submissions

To: Physical Health HealthChoices Managed Care Organizations (PH-MCO) and Providers - Statewide

From: Gwendolyn Zander, Director, Bureau of Managed Care Operations, Office of Medical Assistance Programs

Purpose:

Notification to HealthChoices Physical Health Managed Care Organizations (PH-MCOs) of requirements to report MY 2022/RY 2023 Healthcare Effectiveness Data Information Set (HEDIS[®]), Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]), and Pennsylvania Performance Measures (PAPM), results to the Department of Human Services (the Department.)

Background:

Each year the Department updates its reporting requirements to be consistent with National Committee for Quality Assurance (NCQA[™]) requirements for the reporting year found in the HEDIS[®] MY 2022 Technical Specifications, Volume 2. **NOTE:** This is a repeat of the HEDIS[®] MY 2022 Reporting Requirements distributed Friday, July 8th, 2022, by Pennsylvania's External Quality Review Organization (EQRO).

Exception:

None. All Medical Assistance PH-MCOs must report MY 2022 HEDIS[®] and PAPMs.

Discussion:

The HEDIS[®] MY 2022 reporting requirements are outlined below.

PH-MCOs must report the complete set of Medicaid measures, excluding measures requiring a behavioral health benefit, as specified in the HEDIS[®] MY 2022 Technical Specifications,

Volume 2. No measures may be rotated from the prior year unless specified by NCQA™ and the Department.

For HEDIS® MY 2022, the following new Medicaid measures are required for reporting:

- Antibiotic Utilization for Respiratory Conditions (AXR).
- Colorectal Cancer Screening (COL) – Medicaid product line added, administrative only.

For HEDIS® MY 2022, the following Medicaid measures are retired:

- Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy and HbA1c Testing indicators.
- Antibiotic Utilization (ABX).

For HEDIS® MY 2022, the following are the Electronic Clinical Data Systems (ECDS) Medicaid measures required for reporting:

- BCS-E Breast Cancer Screening
- ADD-E Follow-Up Care for Children Prescribed ADHD Medication
- PND-E Prenatal Depression Screening and Follow-Up
- PDS-E Postpartum Depression Screening and Follow-Up
- AIS-E Adult Immunization Status
- PRS-E Prenatal Immunization Status
- DSF-E Depression Screening and Follow-up for Adolescents and Adults
- CIS-E Childhood Immunization Status – first year
- IMA-E Immunizations for Adolescents – first year
- APM-E Metabolic Monitoring for Children and Adolescents on Antipsychotics – first year
- COL-E Colorectal Cancer Screening – first year for Medicaid

For HEDIS® MY 2022, the following Medicaid measure revisions are noted:

- The former Comprehensive Diabetes Care (CDC) measure has been separated into three standalone measures:
 - Hemoglobin A1c Control for Patients with Diabetes (HBD)
 - Blood Pressure Control for Patients with Diabetes (BPD)
 - Eye Exam for Patients with Diabetes (EED)
- The former Mental Health Utilization (MPT) measure was revised to Diagnosed Mental Health Disorders (DMH) and now has a medical benefit that is required for reporting.
- The former Identification of Alcohol and Other Drug Services (IAD) measure was revised to Diagnosed Substance Use Disorders (DSU) and now has a medical benefit that is required for reporting.

The following HEDIS® MY 2022 Medicaid measures will require a full sample size and no reduction is allowed:

- Controlling High Blood Pressure (CBP)
- Hemoglobin A1c Control for Patients with Diabetes (HBD) – HbA1c poor control (>9.0%)
- Blood Pressure Control for Patients with Diabetes (BPD).
- Eye Exam for Patients with Diabetes (EED).
- Prenatal Care in the First Trimester (PPC)
- Postpartum Care (PPC)

The Pennsylvania External Quality Review Organization (EQRO) provided file layouts and submission instructions for HEDIS® MY 2022 Member Level Data under separate cover on Monday, July 25th, 2022. PH-MCOs must submit HEDIS® MY 2022 Member Level Data to the Pennsylvania EQRO by June 23rd, 2023.

The Department remains aware of the NCQA™ requirement for HEDIS®/CAHPS® reporting that if an organization is seeking Accreditation or inclusion in NCQA information products it must have a Medicaid submission that also includes the CHIP members. Please note that the Department is also requiring that PH-MCOs continue to prepare a Medicaid-only version of their HEDIS® documents for submission, as has been done in prior years. NCQA™ has advised that organizations should work with their NCQA™ data collection account manager to request the appropriate submissions (separate and combined).

Note: As a reminder, NCQA announced that effective October 1, 2021, organizations were required to contract directly with NCQA or with a NCQA-certified HEDIS® vender to verify the measure logic used for HEDIS® specifications, and that organizations that chose Automated Source Code Review (ASCR) had to achieve certification. As noted in correspondence dated January 13, 2021, PH-MCOs were responsible for assessing and completing all necessary related steps and were expected to plan appropriately to ensure compliance with this requirement.

The Department's PAPMs reporting requirements are outlined below.

The Department is continuing the following PAPMs in MY 2022:

- Prenatal Screening for Smoking and Treatment Discussion during a Prenatal Visit (PSS)
- Perinatal Depression Screening (PDS)
- Annual Dental Visits for Enrollees with Developmental Disabilities (ADD)
- Adult Dental Visits >21 (A-ADV)
- Asthma in Younger Adults Admission Rate – PA-Specific Age Group 2-17 years (AAR)

New PAPMs for MY 2022:

- None

The Pennsylvania EQRO will provide PAPM specifications, file layouts and submission instructions under separate cover. Pennsylvania Performance Measure Technical Specifications are not to be shared externally without prior written consent from the Department.

The Department's adult and child core set reporting requirements are outlined below.

The PH-MCOs must report the adult and child core set measures listed below following the specifications produced by the EQRO.

- Chronic Obstruction Pulmonary Disease or Asthma in Older Adults Admission Rate (COPD-AD)
- Heart Failure Admission Rate (HF-AD)
- Asthma in Younger Adults Admission Rate – ages 18-39 years (AAR-AD)
- Diabetes Short-Term Complications Admission Rate (DAR-AD)
- Concurrent Use of Opioids and Benzodiazepines (COB-AD)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Contraceptive Care for All Women Ages 21-44 (CCW-AD)
- Contraceptive Care for Postpartum Women Ages 21-44 (CCP-AD)
- Developmental Screening in the First Three Years of Life (DEV-CH) Note: this measure will be reported administratively
- Contraceptive Care for All Women Ages 15-20 (CCW-CH)
- Contraceptive Care for Postpartum Women Ages 15-20 (CCP-CH)
- Sealant Receipt on Permanent 1st Molars (SFM-CH)
- Oral Evaluation, Dental Services (OEV-CH)
- Topical Fluoride for Children (TFL-CH)

Note: PH-MCOs must report Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH) and Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) following the reporting instructions produced by the EQRO.

All other adult and child core set measures will be reported using the specification produced by CMS.

The Pennsylvania EQRO will provide the above core set specifications, file layouts and submission instructions under separate cover. These specifications are not to be shared externally without prior written consent from the Department.

The requirements for CAHPS® reporting are outlined below.

PH-MCOs must submit the following CAHPS® files for both Adult Medicaid and Child Medicaid without chronic conditions according to NCQA™ guidelines specified in the MY 2022 NCQA™ HEDIS® Volume 3.

- Record Level Data in provided csv template. This should include individual responses for a record ID for each question. **Reponses should be filtered to include only disposition 0.**
 - When submitting member level data to DocuShare, please follow the following naming convention:
MCOName_Adult_CAHPS_YYYY or MCOName_Child_CAHPS_YYYY
Example (name is not case sensitive): GeisingerHealthPlan_Adult_CAHPS_MY2022
NO spaces. If the file does not have the correct naming convention it will be returned.
- Composite Data from NCQA™
- CAHPS® summary or banner files as submitted in prior years

The Adult CAHPS® and Child CAHPS® without chronic conditions must be completed including the additional three adult dental, four child dental and two equity questions for the child and the adult sections listed below. Please be sure to code responses in the record level data according to the coding provided to the left of the checkbox.

For example, in the below list of possible responses, “Yes” is coded as 1 and “No” is coded as a 2. This process for these PA specific dental questions should follow the same guidelines as provided in the MY 2022 NCQA™ HEDIS® Volume 3 instructions.

- 1 Yes
- 2 No

Additional Adult CAHPS® dental and equity questions:

C1. In the last 6 months, did you get care from a dentist’s office or dental clinic?

- 1 Yes
- 2 No → **If no, the Adult dental questions are complete. Go to question C4. Code all other dental questions as No Data/No Response (C2=9 and C3=99).**

C2. In the last 6 months, how many times did you go to a dentist's office or dental clinic?
If the respondent answers Yes to C1 but does not respond to C2, the Adult dental questions are complete. Go to question C4. Code C2 and C3 as No Data/No Response (C2= 9 and C3 = 99).

- 01 1
- 02 2
- 03 3
- 04 4
- 05 5 to 9
- 06 10 or more

C3. We want to know your rating of all your dental care from all dentists and other dental providers in the last 6 months. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate your dental care?

- 00 0 Worst dental care possible
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 Best dental care possible

C4. In the last 6 months, how often was it hard to find a personal doctor who speaks your language?

- 00 0 Not Applicable
- 01 1 I did not have a problem
- 02 2 I do not have a personal doctor
- 03 3 Never
- 04 4 Sometimes
- 05 5 Usually
- 06 6 Always

C5. In the last 6 months, how often was it hard to find a personal doctor who knows your culture?

- 00 0 Not Applicable
- 01 1 I did not have a problem
- 02 2 I do not have a personal doctor

- 3 Never
- 4 Sometimes
- 5 Usually
- 6 Always

Additional Child CAHPS® dental and equity questions:

D1. In the last 6 months, did your child get care from a dentist's office or dental clinic?

- Yes
- No → **If no, go to question D4, Code all other dental questions as No Data/No Response (D2=9 and D3=99).**

D2. In the last 6 months, how many times did your child go to a dentist's office or dental clinic? **If the respondent answers Yes to D1 but does not respond to D2, go to question D4. Code D2 and D3 as No Data/No Response (D2=9 and D3=99).**

- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

D3. We want to know your rating of all your child's dental care from all dentists and other dental providers in the last 6 months. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate your child's dental care?

- 0 Worst dental care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best dental care possible

D4. Which of the following would help your child see the dentist more often? (Choose all that apply)

- a Help with transportation to the dentist
- b Reminders to visit the dentist
- c More dentists to choose from

- More convenient office hours
- Dentists that speak my language
- Help in finding a dentist
- Better communication about benefits from my child's health plan
- Education about good dental care
- None of the above. My child sees the dentist as often as I like **If "None of the above" is selected, any other responses that may have been selected to this question are invalidated. Meaning: If the respondent selects "None of the above" to this question, he or she cannot select any other response options to this question. If the survey format allows them to select other options in addition to "None of the above" to this question, the other selections should be discounted and only this "None of the above" response should be recorded. Any other options selected should be removed from final counts for the numerator and/or denominator**
- Other (write in) **Do not include count of write in response in any category other than "other"**

D5. In the last 6 months, how often was it hard to find a personal doctor for your child who speaks your child's language?

- 0 Not Applicable
- 1 I did not have a problem
- 2 My child does not have a personal doctor
- 3 Never
- 4 Sometimes
- 5 Usually
- 6 Always

D6. In the last 6 months, how often was it hard to find a personal doctor for your child who knows your child's culture?

- 0 Not Applicable
- 1 I did not have a problem
- 2 My child does not have a personal doctor
- 3 Never
- 4 Sometimes
- 5 Usually
- 6 Always

Reminder: A State-wide Obstetrical Needs Assessment Form (ONAF) was developed for all PH-MCOs to use, effective February 2012 and revised as of November 11, 2020. The revisions were made to make the ONAF an acceptable submission for a positive numerator hit for the new Electronic Clinical Data Systems (ECDS).

The **Department's submission** requirements are outlined below.

- PH-MCOs must submit an **electronic copy** of the HEDIS® MY 2022 ROADMAP by **January 31, 2023**, via the Department's DocuShare Internet site.
- PH-MCOs must submit **an electronic copy of both the Excel and csv versions** of the HEDIS® MY 2022 IDSS, including the Adult CAHPS® and Child CAHPS® without chronic conditions, **by June 16, 2023**. The electronic copy of the Adult CAHPS® and Child CAHPS® without chronic conditions must include the banner table data from your CAHPS® vendor, as well as NCQA™ Data Submission for both Adult and Child (**Record Level Data**). The CAHPS® csv must match the banner table data and alignment.
- The Department is requiring the PH-MCOs to submit the **IDSS extract, electronic copy in Excel** via the Department's DocuShare Internet site. Please note that the department is extending the submission deadline one day past the NCQA™ deadline to allow PH-MCOs to ensure they are uploading the final versions of their IDSS.
- Please send notification of your submission of the HEIDS® MY 2022 IDSS, including the Adult CAHPS® and Child CAHPS® without chronic conditions to Ms. Pauline Saunders at pasaunder@pa.gov. Please note that this should only be notification that the documents have been submitted to DocuShare. Please do not email the documents. When you send notification that the HEDIS® MY 2022 documents have been submitted to DocuShare, please confirm that the documents are the final versions that have been submitted to NCQA™ with the final audit lock and attestation. If for some reason your PH-MCO must resubmit to NCQA™ after posting files to DocuShare, please follow the same process above to post the updated documents to DocuShare and send notification with confirmation of the updated versions.
- PH-MCOs must comply with all audit standards and requirements determined by NCQA™.
- The Department participates in the American Public Human Services Association (APHSA), Medicaid HEDIS® Database project and the National CAHPS® Benchmarking Database (NCBD), project each year. The Department requests that PH-MCOs submit their CAHPS® data to NCBD using the state account only. Per CMS guidance, independent submissions of Medicaid CAHPS® data can result in duplicate reporting. Further information about NCBD submission of your CAHPS® data will be given to you at a later date. The Department contact for the NCBD project is Samantha Santiago at (717) 214-1352 or sasantiago@pa.gov.

Next Steps:

The Department will provide notification of changes as they occur. Please direct any questions to Pauline Saunders, Office of Medical Assistance Programs, at (717) 705-8236.

Obsolete:

This MC OPS memo replaces last year's MC OPS memo, MCS-02-2022-001, and will remain in effect until it is superseded.

Attachment:

N/A