QUALITY

AGENDA

- National Committee for Quality Assurance (NCQA®)

- Healthcare Effectiveness Data and Information Set (HEDIS®)

- Requests for Information and Compliance

- Lines of Business Breakouts

- Quality Navigator Program

- Key Takeaways

NATIONAL COMMITTEE FOR QUALITY ASSURANCE

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA®)

What is the National Committee for Quality Assurance (NCQA)?

- NCQA is a private organization dedicated to improving healthcare quality by developing quality standards and performance measures.

- Healthcare Effectiveness Data and Information Set (HEDIS®) coordination

- Provider involvement

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA®)

What does NCQA mean to you?

Contracts
Bonuses
Incentives

Reporting
data back to
the plan

Patient
Safety

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®)

What is Healthcare Effectiveness Data and Information Set (HEDIS)?

- HEDIS is used to track trends in population health.

What entities utilize HEDIS data?

- NCQA®

- Members

- Centers for Medicare and Medicaid Services (CMS)

  – Quality Rating System for the ACA/Exchange products

  – Medicare Advantage

- Federal Employee Program (FEP)

HEDIS® Measurement Year 2022 Volume 2

Technical Specifications for Health Plans

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®)

HEDIS Seasons

- Types of HEDIS seasons include:

  - Retrospective (also referred to as Retro or Hybrid)

  - Prospective (also referred to as Year-Round)

- Each season is based on when the data is being gathered related to the measurement year.

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®)

HEDIS Retrospective Season

- Also referred to as Retro or Hybrid season or HEDIS Production

- Looks at the care given or due in the prior year (measurement year)

- Runs from January to May of the year following the measurement year

  – HEDIS MY2022 refers to care given or due in 2022, which will be evaluated January to May of 2023

- Members are chosen by NCQA ®

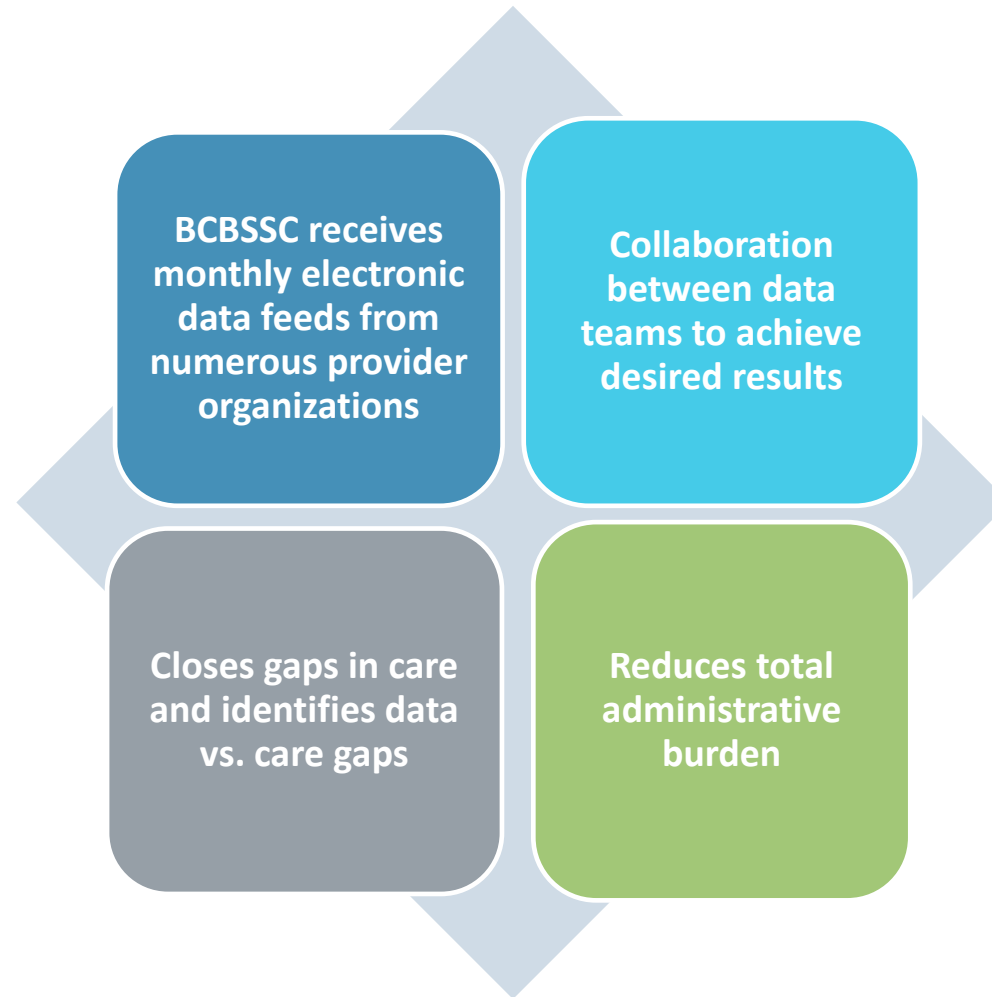- All requested member documentation is based on the selected HEDIS measure

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®)

HEDIS Prospective Season

- Also referred to as Year-Round

- Continuously monitors rates in real-time

- Runs from January 1st to December 31st of the current/measurement year

- Total membership rates

- Additional options for compliance

  - Claims

  - Data transfer

  - Medical records

  - Compliance forms

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®)

Electronic data transfer

BCBSSC receives monthly electronic data feeds from numerous provider organizations

Collaboration between data teams to achieve desired results

Closes gaps in care and identifies data vs. care gaps

Reduces total administrative burden

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®)

Remote access

BCBSSC currently has many providers that allow remote access to their EMR

Assigned navigator can locate and retrieve records from the EMR remotely

Helps to reduces provider burden

REQUESTS FOR INFORMATION

REQUESTS FOR INFORMATION

Medical Records Request

Prospective/ Year-Round Season

Medical Records Request

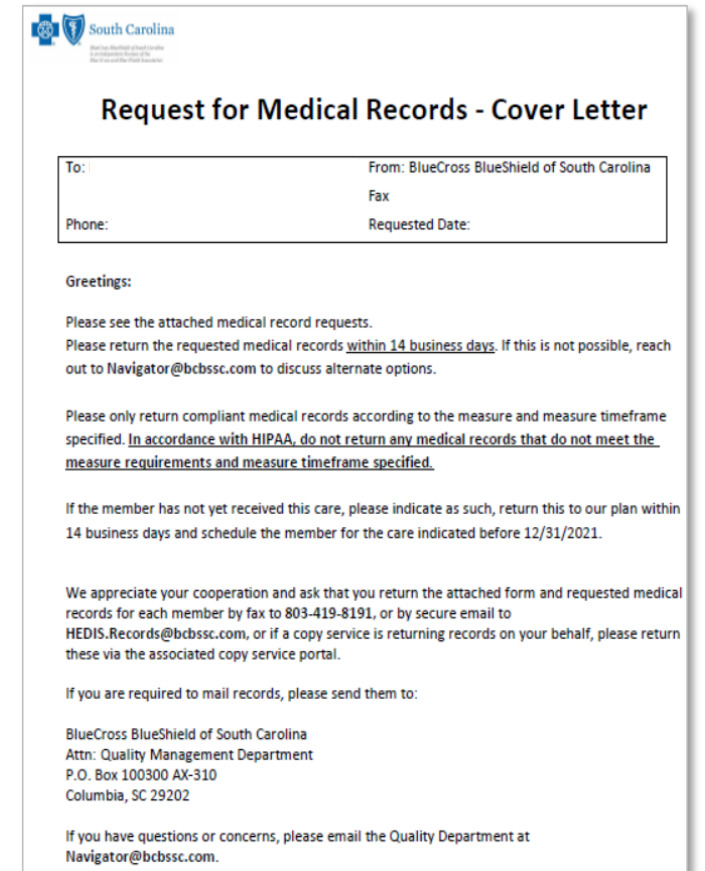Retrospective Review/HEDIS Hybrid Season

REQUESTS FOR INFORMATION

How are requests sent?

- Sent via email, fax or mail

- Can be avoided by giving remote access to EMR

  – Email NAVIGATOR@bcbssc.com

How are requests created?

- Claims

How are members attributed?

- Claims data

Note: You will not receive medical records requests for compliance that was already received during Prospective HEDIS.

REQUESTS FOR INFORMATION

What information should be returned?

• Providers are required to return the requested information in **BOLD** if there are multiple sub-measures on a page.

Example

Immunization record to include below vaccine(s):

Meningococcal serogroups A, C, W and/or Y vaccine

-AND/OR-

Tdap

-AND/OR-

HPV series

-OR-

Documentation of any contraindications to any of the vaccines

-OR-

Documentation of hospice from 01/01/2022 through 12/31/2022

If you are sending immunizations embedded in an office visit note, the date of service of the visit must be prior to the member's 13th birthday

REQUESTS FOR INFORMATION

What should I do if I can't locate the patient?

- Check the appropriate box and return the letter via fax, email or mail.

Please check the appropriate box:

☐ Unable to locate patient in medical records

☐ Medical Record Attached, please return via one of the following methods:

FAX: 803-419-8191

EMAIL: HEDIS.Records@bcbssc.com

MAIL: BlueCross BlueShield of South Carolina, Attn: Quality Management Department, P.O. Box 100300 AX-310, Columbia, SC 29202

☐ No medical records with requested information during the time frame specified

LINES OF BUSINESS

LINES OF BUSINESS

Which lines of business are included?

- Health Insurance Exchange (HIX or ACA)

  BlueCross BlueShield of South Carolina and
  BlueChoice® HealthPlan of South Carolina

  Independent licensees of the Blue Cross Blue Shield Association.

- Federal Employee Program (FEP)

  BlueCross
  BlueShield
  Federal Employee Program.

LINES OF BUSINESS

Health Insurance Exchange

Rating System

- Quality Ratings System (QRS)

Technical Specifications

- Used by more than 90 percent of the nation's health plans, employers and regulators

- Clinical, customer satisfaction and patient quality measurement

- Many plans collect HEDIS data, and the measures are specific

- Outcome is a Star rating

LINES OF BUSINESS

Health Insurance Exchange (cont'd)

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross Blue Shield Association.

LINES OF BUSINESS

Federal Employee Program (FEP)

Rating System

- Clinical quality, customer service and resource use (QCR)

Technical Specifications

- NCQA technical specifications are the same as HIX

- Audit is completed by an outside vendor then submitted to NCQA

- Clinical, customer satisfaction and patient experience

- Outcome is Performance Improvement Plan (PIP) rating

High Performing and Improving Plan Status

- QCR HEDIS® score

- 2nd year in a row

QUALITY NAVIGATOR PROGRAM

QUALITY NAVIGATOR PROGRAM

Quality Navigator Model

- The quality navigator model is a population health and quality improvement program designed to assist primary care physicians (PCPs) in meeting quality metrics.

- The goal of the program is to assist PCPs by:
  - Streamlining care coordination
  - Providing help tools and resources to support patient care efforts

- Benefits include:
  - Promotes accurate coding guidance
  - Facilitates referrals to disease and case management programs to support treatment plans
  - Assists with care coordination

QUALITY NAVIGATOR PROGRAM

What is the Quality Navigator Program?

- Participation is based on primary care specialties

- Providers are automatically enrolled

- There is no cost to providers

- Multiple tools and offerings available to support providers
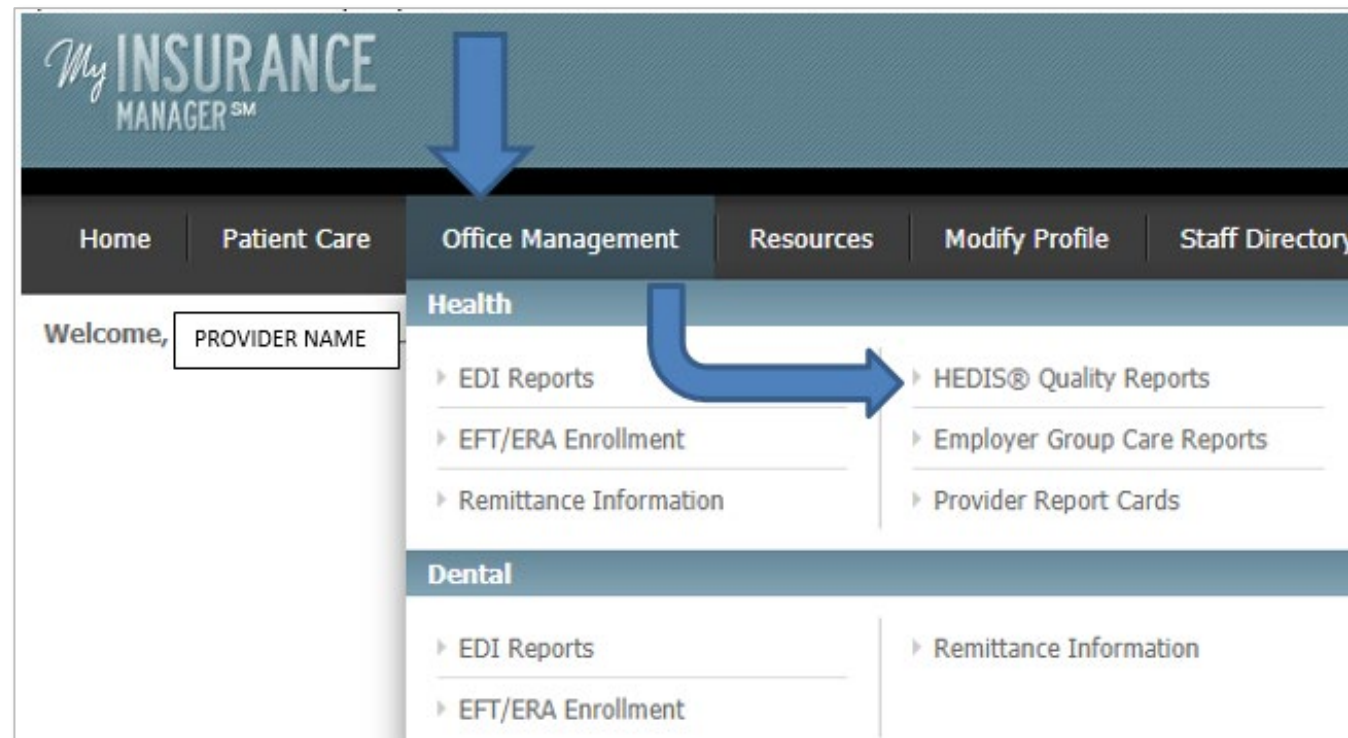
What is a Quality Navigator?

- Dedicated team member with a registered nursing license or related healthcare bachelor's degree

- Point of contact for care coordination and patient engagement

- Education representative that can schedule sessions to assist with understanding NCQA® measures, review open quality care opportunities and collaborate with providers to improve quality scores

QUALITY NAVIGATOR PROGRAM

Accessing Care Opportunity Reports – Prospective Season

Reports are in My Insurance Manager℠.

QUALITY NAVIGATOR PROGRAM

Understanding Care Opportunity Reports – Prospective Season

- Past medical history has been added for members (☐)

- Non-compliance can be a true "gap" in care or a "gap" in data (☐)

  - A true gap in care or non-compliance is when the member has not received the care.

  - A data gap is when the member has received the care, but this information was not shared with the plan.

  - Either way, the member will remain listed as "non-compliant" until the care is given AND that information is shared with us.

First Name	Last Name	Date of Birth	Gender	Member ID_Card	LOB	Servicing Provider	Compliant Measures	Non-Compliant Measures	Past Medical History
John	Doe	1/1/1953	M	R12345566	Cross Exchange	My Provider	Acute Hospital Utilization, Acute Emergency Department Utilization	Colorectal Cancer Screening	Asthma COPD
Jane	Doe	1/1/1970	F	R12345566	Cross Exchange	My Provider	Controlling High Blood Pressure Breast Cancer Screening	Cervical Cancer Screening	Hypertension

QUALITY NAVIGATOR PROGRAM

Additional resources – Prospective Season

KEY TAKEAWAYS

KEY TAKEAWAYS

How can you assist with Quality?

High Impact to HEDIS® and Quality Ratings

- Submit NCQA approved quality codes on claims when appropriate
- Consider data transfer to reduce medical record requests
- Grant remote access to the quality navigator team
- Schedule patients for exams
  - Include periodic screenings and preventive services
  - Follow up on missed appointments
- Promote medication adherence
  - Recommend formulary alternatives
- Customer service happens with every member interaction
  - Lab and test results should be returned in a timely manner and explained
  - Telehealth is a wonderful option for practices that are overwhelmed at the bedside or office
- Remember, increasing ratings is a Win-Win for everyone

KEY TAKEAWAYS

How to contact the quality team?

For questions or additional assistance, send an email to:

NAVIGATOR@bcbssc.com