ACAP Comments on NCQA Proposed Changes to HEDIS 2020
Submitted March 11, 2019

Proposed Measures for Retirement

Ambulatory Care and Inpatient Utilization—General Hospital/Acute Care Support.

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) Support.

Osteoporosis Testing in Older Women (OTO) Support.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) Do Not Support.

ACAP plans note that the use of Multiple Concurrent Antipsychotics is a significant problem for children with special needs and behaviors that are difficult to control. Parents understandably often go doctor shopping for help and, unfortunately, can wind up with multiple prescriptions for antipsychotics which have the potential to make things worse. We recognize this is a relatively small part of the overall population, but when it happens it is usually not good for children or the families. In addition, antipsychotics often get overly prescribed by some physicians when treating children with moderate to severe ADHD; stimulants do not always work, and when they do not, antipsychotics are prescribed in surprisingly large numbers. We think that health plans should be held responsible for this measure.

Removal of four measures from the CAHPS 5.0H Survey Support.

Proposed New Measures

Follow-Up After High Intensity Care for Substance Use Disorder (FUI) Do Not Support

ACAP is concerned about health plans being able to obtain data on opioid treatment programs (OTPs) since they are a distinct data stream in nearly every state. A member could receive care from an OTP without the knowledge of the physical health or behavioral health
managed care plan. The ability to uniformly collect these data through claims is extremely challenging. Also, a similar concern applies in those states that have a behavioral health carve-out for unintended consequences for plans in those states that cannot access the appropriate data.

**Pharmacotherapy for Opioid Use Disorder (POD)**

*Support with Modifications*

ACAP has concerns about how the numerator is defined in this measure (173 out of 180 days), which equates to a 96 percent compliance rate. In clinical trials, adherence rates of 80 percent are considered acceptable. We’re asking NCQA to reconsider the definition of the numerator. We also do not recommend that NCQA “pause” the adherence calculation when a member is hospitalized and that the inpatient days could be added to the numerator as covered days.

**Prenatal Depression Screening and Follow-Up (PND)**

*Do Not Support*

While there is broad support for using telehealth care count in the rate, ACAP has major concerns about the use of the Electronic Clinical Data Systems (ECDS) to report the measure. It is not clear that all plans have the capacity to pull data from the various data sources envisioned under ECDS (i.e., admin claims, EHRs, case management systems, HIEs/clinical registries). See additional comments under “Digital Strategy.”

**Postpartum Depression Screening and Follow-Up (PPD)**

*Do Not Support*

While there is broad support for using telehealth care count in the rate, ACAP has major concerns about the use of the Electronic Clinical Data Systems (ECDS) to report the measure. It is not clear that all plans have the capacity to pull data from the various data sources envisioned under ECDS (i.e., admin claims, EHRs, case management systems, HIEs/clinical registries). See additional comments under “Digital Strategy.”

We are very concerned about changing the continuous enrollment requirement to 84 days postpartum – this is problematic because it will result in the exclusion of the majority of these enrollees. Often, pregnant women after the 60-day post-partum coverage period has concluded do not re-apply to continue coverage or are not eligible for continued coverage after the maternity episode of care (especially in non-Medicaid expansion states but this also could apply to expansion states that currently cover pregnant women above 400% FPL).
Proposed Changes to Existing Measures

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)  
Support.

Antibiotic Measures  
Support.

Care for Older Adults (COA)  
Support with modifications.

ACAP is concerned about the elimination of the fourth bullet under the functional status assessment. The rationale for the change is that “other functional independence” is subjective and almost anything can count as functional independence if it was up to an individual’s interpretation. Rather than removing this bullet, perhaps more specificity would be helpful (e.g., “must be able to perform # ADL/IADL without assistance.”) The other option would be to remove this bullet in its entirety because ADL and IADL are already included as accepted forms of assessments and, in order to complete any ADL/IADL, the person probably has limited issues with their cognition, ambulation and sensory ability. Standardized assessment tools mentioned in bullet three are very rarely found in medical records.

Cervical Cancer Screening (CCS)  
Support.

Safe and Judicious Use of Antipsychotics in Children & Adolescents  
Support.

Osteoporosis Management in Women who had a Fracture (OMW)  
Support.

Prenatal and Postpartum Care (PPC)  
Support with Modification  
ACAP is concerned about changing the continuous enrollment requirement to 84 days postpartum – this is problematic because it will result in the exclusion of the majority of these enrollees. Often, pregnant women after the 60-day post-partum coverage period has concluded do not re-apply to continue coverage or are not eligible for continued coverage.
after the maternity episode of care (especially in non-Medicaid expansion states but this also could apply to expansion states that currently cover pregnant women above 400% FPL).

We recommend reverting to the HEDIS 2019 continuous enrollment criteria, or at least dividing the Later Postpartum into two sub-measures so that enrollees in states without Medicaid expansion can be captured. To capture Medicaid enrollees, we recommend that the Later Postpartum visit be broken into: (1) on or between 22 days to 56 days after delivery; OR (2) on or between 57 to 84 days after delivery.

The first timeframe takes into account the continuous enrollment issue described above for Medicaid members who lose coverage before 84 days. The second timeframe takes into account the ACOG recommendations regarding later postpartum care. We think more testing is needed with the new “early” and “later” postpartum visits.

In addition, we have concerns about retroactive enrollment. To meet prenatal specifications for the PPC measurement, a subset of members in the PPC denominator need to obtain their first prenatal visit within 42 days of enrollment in order to be considered compliant with prenatal visit specifications. However, HEDIS specifications allow Medicaid members to be retroactively enrolled by up to 45 days and still be included in the denominator. This means that by the time the MCO learns of the member’s enrollment, some members may have missed the 42-day window for prenatal care. For these members, the MCO would not have had an opportunity to impact the member’s health behavior. Similarly, members in the W15 denominator do not have to be enrolled until 31 days of age, with an additional retroactive enrollment allowance of 45 days. This means that an MCO could learn of the member’s enrollment as late as 76 days of age. By this time, the MCO would have missed the opportunity to impact the member’s compliance with the first 3 recommended EPSDT visits.

We are happy to provide NCQA with additional details on our recommended modifications on retroactive enrollment (Full comments do not fit in allowable number of characters).

NOTE: Additional comments that would not fit in allowable space:

We recommend that the retroactive enrollment allowance be changed for PPC and W15:

- PPC should exclude members retroactively enrolled by more than 14 days. MCOs would then still have 28 days to help members obtain a prenatal visit within the 42-day window for prenatal care.
- For W15, members should be included in the denominator only if:
1.) They are enrolled by 31 days of age, AND
2.) The MCO has been notified of their enrollment by 31 days of age, regardless of retroactive activity.

Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) and Use of High-Risk Medications in the Elderly (DAE)
Support.

Use of Opioids at High Dosage (UOD)
Support.

Cross-Cutting Topics

Telehealth
Support.

Digital Measure Strategy
Do Not Support

ACAP has large reservations that NCQA is moving too quickly with implementing ECDS measures while the interoperability barriers between plans and providers are very real issues. We would recommend that NCQA continue to work with plans providing technical assistance to pilot test the infrastructure and process changes that will need to occur at the enterprise level to implement ECDS and assure reliability of the measure. We also recommend that NCQA help educate providers on ECDS measures.