

CONFIRMING PROPER DATA TRANSFORMATION FROM THE RAW EHR TABLES TO THE UDS SUMMARY TABLES

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DATA WORKGROUP WEBINAR, NOVEMBER 9, 2021

AGENDA

1. Introducing the New RCHC Program Manager
 2. Notes on the New HEDIS Value Set
 3. Get a Complete Picture of UDS Table 6A
 4. UDS Data Transformation
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**INTRODUCING
THE NEW RCHC
PROGRAM
MANAGER**

**NOTES ON THE
NEW 2021 HEDIS
VALUE SET TABLE
IN RELEVANT**

NEW 2021 QIP VALUE SET

- This applies only to Transformers or Data Elements (AKA, Importers) that have a JOIN to the 2019 version of the QIP Value Sets
 - Old table name in Relevant: relevant_qip_2019_value_set
 - New table name in Relevant: hedis_value_set_codes
 - The 2019 Value Set table will eventually be eliminated from the data scheme
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WHICH TRANSFORMERS OR DATA ELEMENTS NEED TO BE SWITCHED?

QIP 2021 Quality Measure and Report Notes and Set-up Instructions (Version 1)



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Appendix: Value Sets Associated With the QIP Measures

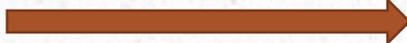
Quality Measure or Report Name	Importer	Value Set Name (default eCQM, except where noted)	OID (eCQM identifier)	Value Set Type
Immunizations for Adolescents (QIP 2021)	mcv_immunizations	QIP: Meningococcal Vaccine Administered	No eCQM	Vaccines
	tdap_immunizations	QIP: Tdap Vaccine Administered	No eCQM	Vaccines
	hpv_immunizations	QIP: HPV Vaccine Administered	No eCQM	Vaccines

Version 2 will be prepared with slight changes to the Value Set names (see next slides)

<https://www.rchc.net/population-health/data-analytics-and-governance/#toggle-id-2>

VALUE SETS WITH DIFFERENT NAMES

Adolescent immunizations. On the 2019 table, there was one Value Set. In the HEDIS table, there are two:

HPV Vaccine Administered  HPV Immunization

HPV Vaccine Procedure

Meningococcal Vaccine Administered  Meningococcal Immunization

Meningococcal Vaccine Procedure

Tdap Vaccine Administered  Tdap Immunization

Tdap Vaccine Procedure

VALUE SETS WITH DIFFERENT NAMES

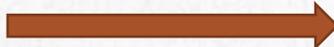
These are no longer QIP measures, but you may still have the Transformers/Data Elements and you still may be using the QM

Diabetes: eye exams

Diabetic Retinal Screening Negative 

Diabetic Retinal Screening Negative In Prior Year

Diabetes: Medical Attention for Nephropathy

ESRD  ESRD Diagnosis

New  History of Kidney Transplant

KEY QIP QUALITY MEASURES AND VALUE SETS

- Well-Child Visits in the First 15 Months of Life (QIP 2021)
 - Well-Care
 - Child and Adolescent Well-Care Visits (QIP 2021)
 - Well-Care
 - Immunizations for Adolescents (QIP 2021)
 - Meningococcal Vaccine Administered
 - Tdap Vaccine Administered
 - HPV Vaccine Administered
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OTHER NOTES

- Ben will update the RCHC Validation Reports on the RCHC Aggregate that use the old 2019 QIP Value Set table. You should update these in your Relevant instance as well
 - The “HomegrownPx” codes in the 2019 QIP Value Sets are no longer being used by health centers and are not recognized by Partnership
 - The HEDIS Value Set table exists currently in the Staging Database. There appears no need to put it in the Production Database, but let me (or Relevant) know if you need it there
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SLIDE SHOW WITH MORE TECHNICAL INFORMATION

Switching Transformers/Importers From 2019 to 2021 QIP Value Sets

Programmers Meeting

November 1, 2021

**GET A COMPLETE
PICTURE OF
PROCEDURES ON
UDS TABLE 6A**

TABLE 6A

The Selected Services Rendered Section displays the number of visits and unduplicated health center patients who received certain labs, vaccines, counseling and other services

TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Calendar Year: January 1, 2021, through December 31, 2021

SELECTED SERVICES RENDERED

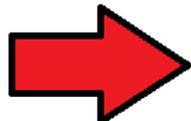
Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/ Screening/Preventive Services				
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	CPT-4: 80074, 86704 through 86707, 87340, 87341, 87350, 87912		
21b	Hepatitis C test	CPT-4: 80074, 86803, 86804, 87520 through 87522, 87902		
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	CPT-4: 87426, 87635, 87636, 87637 HCPCS: U0001, U0002, U0003, U0004 CPT PLA: 0202U, 0223U, 0225U, 0240U, 0241U		
21d	Novel coronavirus (SARS-CoV-2) antibody test	CPT-4: 86328, 86408, 86409, 86769 CPT PLA: 0224U, 0226U		
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of all patients on PrEP	CPT-4: 99401 through 99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP		
22	Mammogram	CPT-4: 77063, 77065, 77066, 77067 ICD-10: Z12.31 HCPCS: G0279		
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)		

HOW IT IS CALCULATED

- The UDS Instruction Manual provides a list of CPT for each row. Some rows also have alternate ICD or HCPCS codes
- Health centers can also enter other codes that may appear on claims

Table 6A: Selected Services Rendered In Relevant...

Line	Service Category	Applicable ICD-10-CM, CPT-4/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/ Screening/ Preventive Services				
21	HIV Test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 <div style="text-align: right;">+</div> Custom codes: <input type="text" value="H7683"/> <div style="text-align: right;">Save</div>	14	13
21a	Hepatitis B test	CPT-4: 80074, 86704 through 86707, 87340, 87341, 87350, 87912 <div style="text-align: right;">+</div>	11	11



CAN YOU RELY ON CLAIMS FOR ALL ROWS?

- Are you sure you can identify all of the additional codes for these services that could be used?
 - Are all services billed at your health center?
 - Are services on a single row billed for some patients but not others?
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UDS MANUAL, PAGE 71

SELECTED TESTS/SCREENINGS, LINES 21–26D

Lines 21 through 26d present the name and applicable ICD-10-CM diagnostic, HCPCS, and/or CPT procedure codes for selected tests, screenings, and preventive services. On several lines, CPT codes, HCPCS, and ICD-10-CM codes are provided. Use **either** the CPT codes **or** HCPCS **or** the ICD-10-CM codes for any specific visit, **not all code types**.

- Report all visits meeting the selection criteria that are provided to a health center patient, part of a countable visit, or as follow-up to a countable visit.
- Only report tests or procedures (e.g., mammograms, X-rays, tomography) that are:
 - performed by the health center, or
 - not performed by the health center, but paid for by the health center, or
 - not performed by the health center or paid for by the health center, but whose results are returned to the health center provider to evaluate and provide results to the patient.
- During a visit with the provider, selected screenings or tests may be ordered. Report only completed services in this section even if they were done at a later date.
- Use age at time of visit for diagnoses and tests with specified age ranges.

Note: ICD-10-CM codes for some services (such as mammography and Pap tests) are listed to ensure capture of procedures that are done by the health center but may be coded with a different CPT code for state reimbursement under Title X or BCCCP. In some instances, payers (especially governmental payers) and labs ask health centers to use different codes for services. In these instances, health centers should internally map these codes to the specified list for reporting purposes.

UDS MANUAL, PAGE 75

10. We DO NOT perform some services and tests and refer these out. Can we count these?

Possibly. If you perform the service, or if you DO NOT perform the service or test but paid another provider to provide the requested service, or if the results are returned to the health center provider to evaluate and provide results back to the patient, you may report these services. The following examples illustrate these rules:

- Report a Pap test specimen collected by the health center but read by an outside pathologist who then bills a third party.
- Report a blood draw performed by the health center and sent to an outside lab who then bills Medicaid and sends the results back to the health center.
- DO NOT report the referral of a patient to the local hospital or county health department for a mammogram where the local hospital or county health department providers perform the test and provide results directly to the patient.

EXAMPLES OF ADDITIONAL DATA THAT MAY EXIST IN YOUR EHR, BUT NOT ON CLAIMS

- Line 22: Mammogram
- Line 23: Pap Test
- Line 26b: Screening, Brief Intervention and Referral to Treatment
- Line 26c: Smoke and tobacco use cessation counseling

Other possible rows in Table 6A:

- COVID tests and vaccines?
 - Eye exams?
-

INVESTIGATION NOTES

- Remember that these services are for health center patients. A lab or a vaccine does not automatically qualify the patient as a health center patient. So, if you (or your programmers) are writing a query to count visits/patients, JOIN the query to the UDS Universe
 - Be sure to not double-count by simply adding (for example) number of visits with a pap test billed to number of pap tests in your EHR lab section. Visits and patients must be unduplicated
-

INVESTIGATION NOTES, CONTINUED

- Investigate it now while you have time. If you find that all services on a row are being billed, then do not worry about it. If not, then come up with a plan (SQL code) to pull the data so you are not doing it last minute
 - Generally, there should be consistent results year to year. Be prepared to explain/defend drastic changes to the UDS editor
 - Document queries performed outside of the standard Relevant UDS table so you can reproduce results at a later date, if needed, or for next year's UDS
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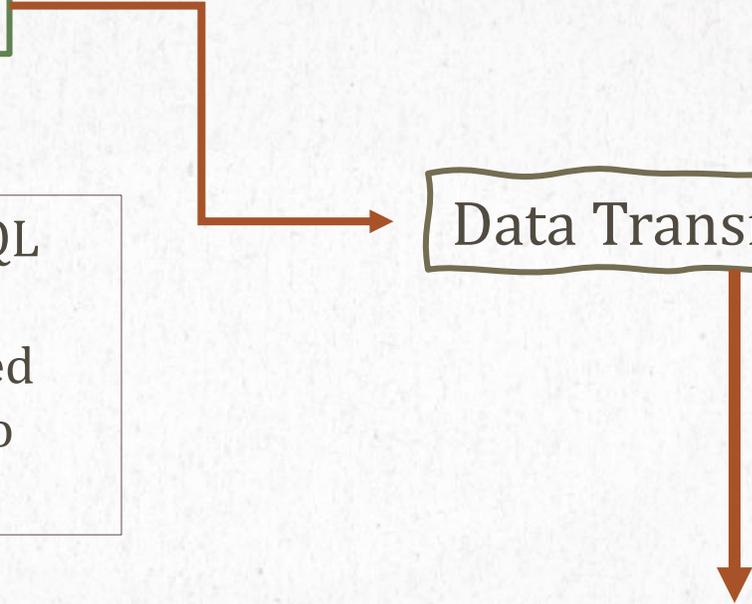
UDS DATA TRANSFORMATION

Raw data in the EHR

Data Transformation

Data summarized into
UDS categories

- Check the logic in the Transformer SQL
- Make sure all items (including new items) in the raw data are transformed
- Compare expected transformations to resulting transformations



VALIDATION REPORT SET

- There will also be a version for NextGen
- New version coming out with updated HEDIS Value Sets
- Displays mapping of staff and insurance to UDS categories
- Displays mapping according to Value Sets for diagnoses, vaccines, labs and medications
- Reports may require some set-up in Relevant

Instructions for Using the Relevant Validation Report Set (eCW Edition, Version 4)



Serving Sonoma, Napa, Marin & Yolo Counties

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MAPPING OF PROVIDERS, RESOURCES AND STAFF

- Report name: RCHC List All Providers, Resources and Staff
 - For individual staff members, displays credentials and specialty, along with UDS Table 5 category
 - Counts UDS visits and UDS medical visits
 - Only worry about staff members types that have reported visits and patients on Table 5
-

HOW DOES YOUR HEALTH CENTER CLASSIFY STAFF FOR THE UDS IN RELEVANT?

Key fields for Table 5 categories:

- On Data Element: visits.staff_member_type_id
- Often originates on the Transformer relevant_providers (field staff_member_type_id). Check the logic!

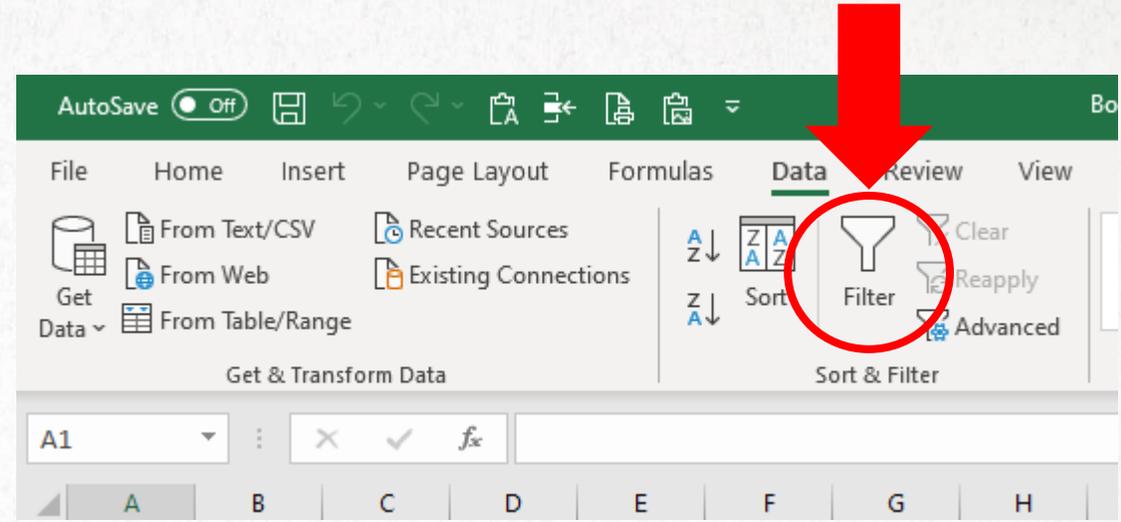
Are staff classified for this ID number according to credential, specialty, both or something else?

CONFIRM THE TRANSFORMER SQL LOGIC

- Credential and Specialty fields are formatted as text. Therefore, variations (eg, “M.D.” instead of “MD”) or non-standard descriptions (however you define that) might not be properly classified
 - A psychiatrist may have an MD degree, but should not be classified with Physicians on Lines 1 through 7 on Table 5
 - Behavioral Health Section: Other Licensed Mental Health Providers (Line 20b) versus Other Mental Health Personnel (Line 20c)
 - Do you have staff that fit the definition of Other Professional Services (Line 22)? How do you identify them?
-

RUN THE REPORT “RCHC LIST ALL PROVIDERS, RESOURCES AND STAFF”

- Export results to Excel and add a Filter so you can filter and sort records



- Sort by specialty and/or credential. Groups of similar staff should have similar Table 5 categories
- Sort by Table 5 category. Groups of staff in the same category should have similar specialties and/or credentials (within reason)

RESULTS FROM REPORT “RCHC LIST ALL PROVIDERS, RESOURCES AND STAFF”

Look for:

- Unmapped staff who should be mapped. Some staff might be new in 2021
 - Staff placed in the wrong Table 5 category
 - eCW has a Provider Type. Verify anybody with the provider type equal to “Provider” but not mapped
-

OTHER TABLE 5 TIPS

- Have someone familiar with all of the staff and their roles (a site manager or HR leader, etc.) also check the list
 - Missing or non-standard credentials and specialty fields should be changed in the administrative records of the EHR
 - Once you are finished with the list (everybody mapped properly), share the list with the finance people or whoever is preparing the FTE summary for Table 5. In other words, the same staff members generating visits on each row of Table 5 should contribute to the FTE of that row. Because the data for these columns come from different sources, the core list of staff should be the same
-

MAPPING OF INSURANCE

- Report name: RCHC List All Insurance
 - For individual insurance names, the report displays health center insurance group and Relevant payor group, along with the UDS Table 4 category
 - The finance department normally makes insurance groups for their own classification purposes. These often only somewhat align with the UDS categories, but they may nonetheless be used in the data transformation.
-

HOW DOES YOUR HEALTH CENTER CLASSIFY INSURANCE FOR THE UDS IN RELEVANT?

Key fields for Table 4 categories:

- On Data Element: payers.id
- Often originates on the Transformer relevant_payers

Is insurance classified according to the health center insurance grouping or something else?

CONFIRM THE TRANSFORMER SQL LOGIC

- Fields on the Data Element “Payers”: private_insurance, Medicaid, medicare, chip, uninsured
 - Each is evaluated independently, so theoretically overlaps can exist (e.g., two categories = TRUE, like uninsured AND medicare)
 - The finance department normally manages the membership of the custom insurance groups. Are these being correctly interpreted for the UDS?
 - It is possible that someone put a particular insurance into a custom health center insurance group for some financial reporting purpose, but that placement is not accurate according to UDS definitions
-

RUN THE REPORT “RCHC LIST INSURANCE”

- Export results to Excel and add a Filter so you can filter and sort records
 - Sort by health center insurance group and Relevant payer group. Groups of similar insurance should have similar Table 4 categories
 - Sort by Table 4 category. Groups of insurance in the same UDS category should have similar health center insurance groups and Relevant payer groups (within reason)
-

RESULTS FROM REPORT “RCHC LIST ALL INSURANCE”

Look for:

- Unmapped insurance that should be mapped. Some insurance might be new in 2021 (often these are private and used rarely)
- Insurance placed in the wrong Table 4 category, according to precise UDS definition

OTHER TABLE 4 TIPS

- Have someone familiar with all of the insurance also check the list
 - Insurance not assigned to a health center insurance group should be changed in the administrative records of the EHR
 - Once you are finished with the list (all insurance mapped properly), share the list with whoever is preparing the revenue summary for Table 9D. In other words, the same insurance classifications on Table 4 should be used for Table 9D. Because the data for these tables come from different sources, the core list of insurance should be the same
-

A NOTE ON PREPARING FOR THE OSHPD

- Use the same approach for OSHPD mapping of staff and insurance. You might as well do them together
 - OSHPD mapping should be internally consistent like we discussed with UDS mapping
 - OSHPD mapping should be consistent with UDS mapping for categories that are similar. Become familiar with the UDS versus OSHPD category definitions.
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GET TO KNOW YOUR TRANSFORMERS FOR VACCINES, LABS AND MEDICATIONS

- How are these items being picked up? i.e., by Value Set, by individual codes, by name, etc.

Value Set codes:

- Vaccines = CVX codes
 - Labs = LOINC codes
 - Medications = NDC or RxNorm codes
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APPENDIX C IN THE INSTRUCTIONS FOR USING THE RELEVANT VALIDATION REPORT SET

Appendix C: List of Value Sets Used in Quality Measures

2020 Quality Measure	Value Set Description	OID or Unique Name	Value Set Type
Childhood Immunization Status	Pneumococcal Conjugate Vaccine	2.16.840.1.113883.3.464.1003.196.12.1221	Vaccines
	Rotavirus Vaccine (2 dose schedule)	2.16.840.1.113883.3.464.1003.196.12.1222	Vaccines
	Rotavirus Vaccine (3 dose schedule)	2.16.840.1.113883.3.464.1003.196.12.1223	Vaccines
	Varicella Zoster Vaccine (VZV)	2.16.840.1.113883.3.464.1003.196.12.1170	Vaccines
Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Diabetes	2.16.840.1.113883.3.464.1003.103.12.1001	Diagnosis (main chronic diseases)
	HbA1c Laboratory Test	2.16.840.1.113883.3.464.1003.198.12.1013	Labs
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Acute Myocardial Infarction	2.16.840.1.113883.3.464.1003.104.12.1001	Diagnosis (main chronic diseases)
	Ischemic Vascular Disease	2.16.840.1.113883.3.464.1003.104.12.1003	Diagnosis (main chronic diseases)
	Anticoagulant Medications	2.16.840.1.113883.3.464.1003.196.12.1283	Medications
	Aspirin and Other Antiplatelets	2.16.840.1.113883.3.464.1003.196.12.1211	Medications

GET TO KNOW YOUR TRANSFORMERS FOR VACCINES, LABS AND MEDICATIONS

- New universal data elements (e.g., relevant_vaccines, relevant_labs, relevant_medications) may make it easier to standardize how these are picked up because they can display the Value Set each item is associated with
 - The items in your system and the Value Set codes associated with those items are displayed on the RCHC Validation Reports
-

VALUE SETS FOR VACCINES, LABS AND MEDICATIONS

- Value Sets match to codes associated with an item in your EHR. For example, a specific hemoglobin A1c lab test must have the correct LOINC code associated with it. Therefore, you must make sure that all of the necessary items in your EHR have the necessary codes.
 - Most often, the proper codes come with the items in the system. For example, there is a medication compendium that contains the standard codes, or you get labs from your lab partner that have the codes
 - Health centers can manually add vaccines, labs and medications to their EHR. Sometimes new ones exist without a code.
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VACCINE VALIDATION

- Validation report: RCHC List All Vaccines. Run the report and export the results to Excel.
- On the eCW or NextGen report, look for these Value Set columns

Column Name	Column Description
Vacc inj id	Vaccine and injection internal ID number
Vacc inj name	The vaccine or injection name associated with the ID number
Qm name	The Quality Measure associated with the vaccine
Valueset name agg	The Value Set name, if the associated CVX code is part of one or more of the Value Sets (aggregated, if in more than one Value Set)
Valueset oid agg	The Value Set OID, if the associated CVX code is part of one or more of the Value Sets (aggregated, if in more than one Value Set)
Cvx name agg	The chosen names of the vaccine(s) (or injections) in eCW during the measurement period
Cvx code agg	The CVX code(s) that appeared in eCW during the measurement period
Cpt name agg	The chosen names of the injection(s) (or vaccines) in eCW during the measurement period
Cpt code agg	The CPT code(s) that appeared in eCW during the measurement period
All vacc count	The total number of vaccines or injections documented during the Measurement Period
Histor vacc count	The number of vaccines or injections marked as historical during the Measurement Period (this is a subset of the total)
Last date given	The last date in the measurement period when the vaccine or injection was given

VACCINE VALIDATION

- If your vaccine transformers use Value Sets to identify vaccines, the vaccines they pick up should be the same vaccines displayed on this report.
 - Look for any vaccines missing a CVX code and with a name indicating it might be one of the vaccines needed for a Quality Measure (or for another reason... for example, look for COVID vaccines)
 - If your Transformers do not use Value Sets, match the recommended vaccine names from the validation report to the vaccine names identified by the Transformer
 - You are basically asking “is my Transformer picking up all of the vaccines of a particular type that I expect?” If your Transformer uses Value Sets, you are ahead. If not, you have to ensure that whatever it is picking up is valid and complete.
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LAB VALIDATION

- Report: RCHC List All Lab Names and Attributes
 - The same approach is used for labs
 - May be harder because there are many more labs than vaccines, and there is sometimes lab name variation
 - But the goal is the same: make sure the key labs for Quality Measures have the correct LOINC codes and are being picked up by the appropriate Transformers
-

MEDICATION VALIDATION

- Report: RCHC List All Medications and Rx Groups
 - Relies on relevant_medications to join medications to Value Sets
 - Theoretically medications are the hardest to look at because the list is very long and the same medication (or combination medication) can have different names and formulas.
 - A provider or pharmacist may need to look over the list periodically.
 - If your health center actively maintains medication groups, you can use the report to verify them
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QUESTIONS?