A New Approach for Data Sharing Among Health Care Payers and Providers

JANUARY 13, 2021

Welcome!

Thanks for joining us today.

All webinar participants are in "listen-only" mode. To ask a question, please use the "Q&A" box at the bottom of your screen.

MNCM will send a link to presentation slides and the recording to webinar attendees by early next week.

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Agenda

- Project Background
- Overview of Two Standards
  - Provider-to-Payer
  - Payer-to-Provider
- Approach for Pilot Testing
- Q & A

We can make health care
more affordable by making it better.

We need better health care
information to get there.

Project Background

- 2017 – Board identified data related barriers as a challenge to value-based care

    Can MNCM play a role in helping to solve them?

- 2018 – Environmental scan to dig deeper on the issues

    Health plans, Medicaid, health care providers

Environmental Scan Findings

- Universal acknowledgement that variation in data sharing was problematic

- Common concern about impact on patient care and quality

- Common desire to improve usefulness and ability to act on the data

Environmental Scan Findings

Common Goals:

- Improve quality and population health management
- Enhance performance on contracts & reduce TCOC

Complimentary Payer Goals:

- Reduce practice variation on quality
- Reduce waste and improve efficiency

Complimentary Provider Goals:

- Use data to target use of limited resources
- Integrate data to make information actionable

New Workgroup Chartered in 2019

Common

Health

Information

Reporting

Partnership

Who is involved?

Payers	Providers	Other Stakeholders
Blue Cross Blue Shield of MN	Allina	MHA
HealthPartners	CentraCare	MMA
Medica	Entira	MN Council of Health Plans
PreferredOne	Essentia	MN Health Action Group
UCare	Fairview	Consumers
MN Medicaid	Mayo Clinic	MN Department of Health
PrimeWest	Mankato Clinic	
	MN Association of Community Health Centers	
	North Memorial	

Address Needs, Solve for Pain Points

Health Care Payers

- Timely, actionable, consistent and complete data about members

- Help them achieve signal strength needed to advance goals for improvement

Health Care Providers

- Timely, actionable, consistent, and complete data about patients

- Help create efficiency by standardizing requests and formats for clinical data sharing

Patients/Members

- Right care, right time

- Prevent missed and unnecessary screenings due to information gaps

- Flag appropriately for care management based on risk/needs

CHIRP Workgroup Recommendations

- Focus on person-level data sharing and develop common standards for:
  - Payer-to-provider data sharing
  - Provider-to-payer data sharing

- Include support for implementation:
  - Education, training, technical assistance
  - Optional technology support

Ongoing Vision for CHIRP

- Intended to be an ongoing partnership
- A forum for collaboration – to establish uniformity, set priorities, adjust over time
- Focused on person-level data sharing among payers and providers
- Used for population health management and quality improvement

Technical Advisory Group Chartered

- Develop initial set of common standards, processes, and mechanisms for person-level data sharing

- Address a core set for two types of data:
  - Claims-based data shared by payers to providers
  - Clinical data shared by providers to payers

Project Timeline

Conceptualization		Development		Implementation
Strategic Planning	**Research & Charter**	**Recommended Action**	**Standard Development**	**Implementation**
Board identified data-related barriers to advancing value-based care as an emerging problem. Can MNCM help solve these issues?	Environmental scan to understand details of data challenges Board adopted new strategic priority and chartered workgroup	Workgroup convened to identify potential solutions & recommend path forward Technical Advisory Group (TAG) Chartered	TAG completed work on common standards for person-level claims and clinical data sharing Version 1 approved for pilot testing.	Pilot test and refine CHIRP data standards Release of final v.1 Launch outreach, education, training, T/A
2017	**2018**	**2019**	**2020**	**2021**

Provider to Payer Reporting

Standardization of Clinical Data

Data to Measures
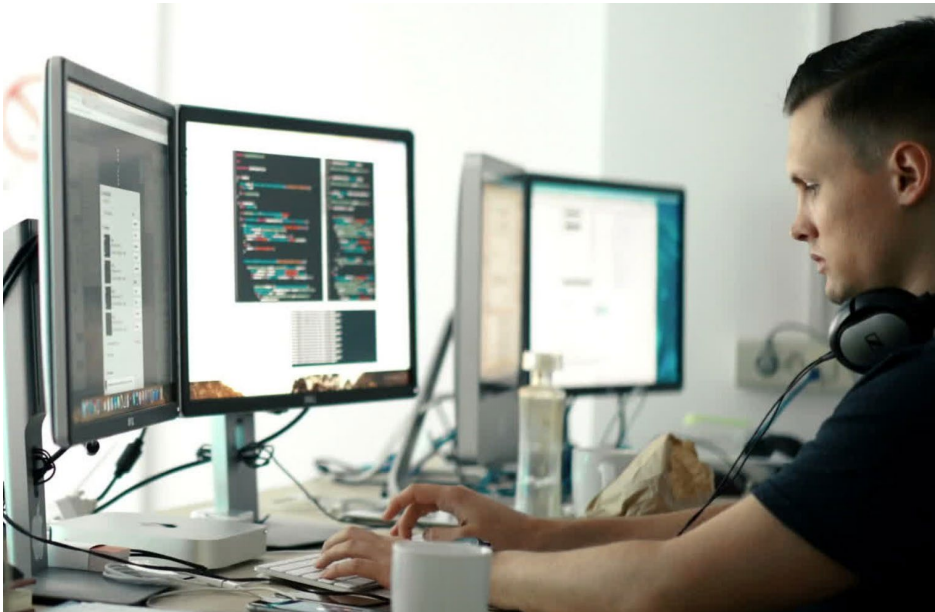
Multiple Requests for Clinical Data

- Surveyed payers
- Many of the same clinical data elements are requested

  … but significant variation in the ask

- Pain point and inefficient use of resources for medical groups

a1c
blood pressure
mammogram
colonoscopy
vaccinations
pap smear
retinal eye exam

Evaluating Clinical Data Elements

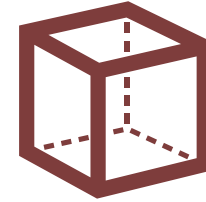Focused on data elements requested by 2 or more plans

Evaluate element against HEDIS measure specs

- almost all requested data elements related to a HEDIS measure

- plans are not asking for <u>every</u> data element; only missing "puzzle pieces"

Measures categorized by phase

Phase One: ■ structured fields ■ occur in clinic ■ DDS

Phase Two: ■ complicated ■ not likely in structured fields

Survey Said …

Clinical Data Elements by CHIRP Phase

Phase One

Data Element	#	Measure/s
BMI	4	ABA
Height	4	ABA
Weight	4	ABA
Blood Pressure Systolic	4	CBP, CDC
Blood Pressure Diastolic	4	CBP, CDC
BMI Percentile	3	ABA, WCC
History of Bilateral Mastectomy	3	BCS
Mammography	3	BCS
HbA1C Test	3	CDC
HbA1C Value	3	CDC
Absence of Cervix	3	CCS
Cervical Cytology	3	CCS
hrHPV Test	3	CCS
Chlamydia Test	3	CHL
Colonoscopy	3	COL
CT Colonography	3	COL
FIT-DNA	3	COL
Flexible Sigmoidoscopy	3	COL
FOBT	3	COL
Childhood Immunizations x 12	2	CIS
Human Papillomavirus Immunization	2	IMA
Meningococcal Conjugate Immunization	2	IMA
Tobbacco Use	2	MSC
Smoking Cessation Counseling	2	MSC

Phase Two*

Data Element	#	Measure/s
Nutrition Counseling	3	WCC
Physical Activity Counseling	3	WCC
Diabetic Retinal Screening	3	CDC
Advance Care Planning	3	COA
Functional Status Assessment	3	COA
Medication Review	3	COA
Pain Assessment	3	COA
Postpartum Visits	3	PPC
Nephropathy Monitoring- microalbumin	2	CDC
Nephropathy Monitoring- ACE/ARB date	2	CDC
Nephropathy Monitoring- ESRD	2	CDC
Nephropathy Monitoring- nephrectomy or tran	2	CDC
Nephropathy Monitoring- nephrologist visit	2	CDC
Prenatal Visits	2	PPC
PHQ-9 Summary Score	2	DMS, DRR
Medication Reconciliation	2	MRP
Annual Wellness Visit Notes	2	?

HEDIS Measures by CHIRP Phase

Phase One

- Adult BMI Assessment (ABA)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women (CHL)
- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC) partial → A1c, BP
- Childhood Immunization Status (CIS)
- Medical Assistance Tobacco Cessation (MSC)

Phase Two*

- Care of Older Adults (COA)
- Comprehensive Diabetes Care (CDC) partial → retinopathy, nephropathy
- Depression (DMS), (DRR)
- Medication Reconciliation (MRP)
- Prenatal and Postpartum Care (PPC)
- Weight Assessment & Counseling (WCC)

* many data elements not in structured fields/ technically unavailable and may not be feasible until process for electronic natural language processing available

Planning for Standard File Layout

- As the TAG was starting to work on file layout/s
  - → realized that PIPE standard would fully meet this need!

- Structure already exists;
  - mapping created to submit only the data that is needed
  (not send the entire clinical data file)

Options:

- MNCM can extract the data from PIPE on the group's behalf
  OR
- The medical group can follow the standard and send data

PIPE Data Standard
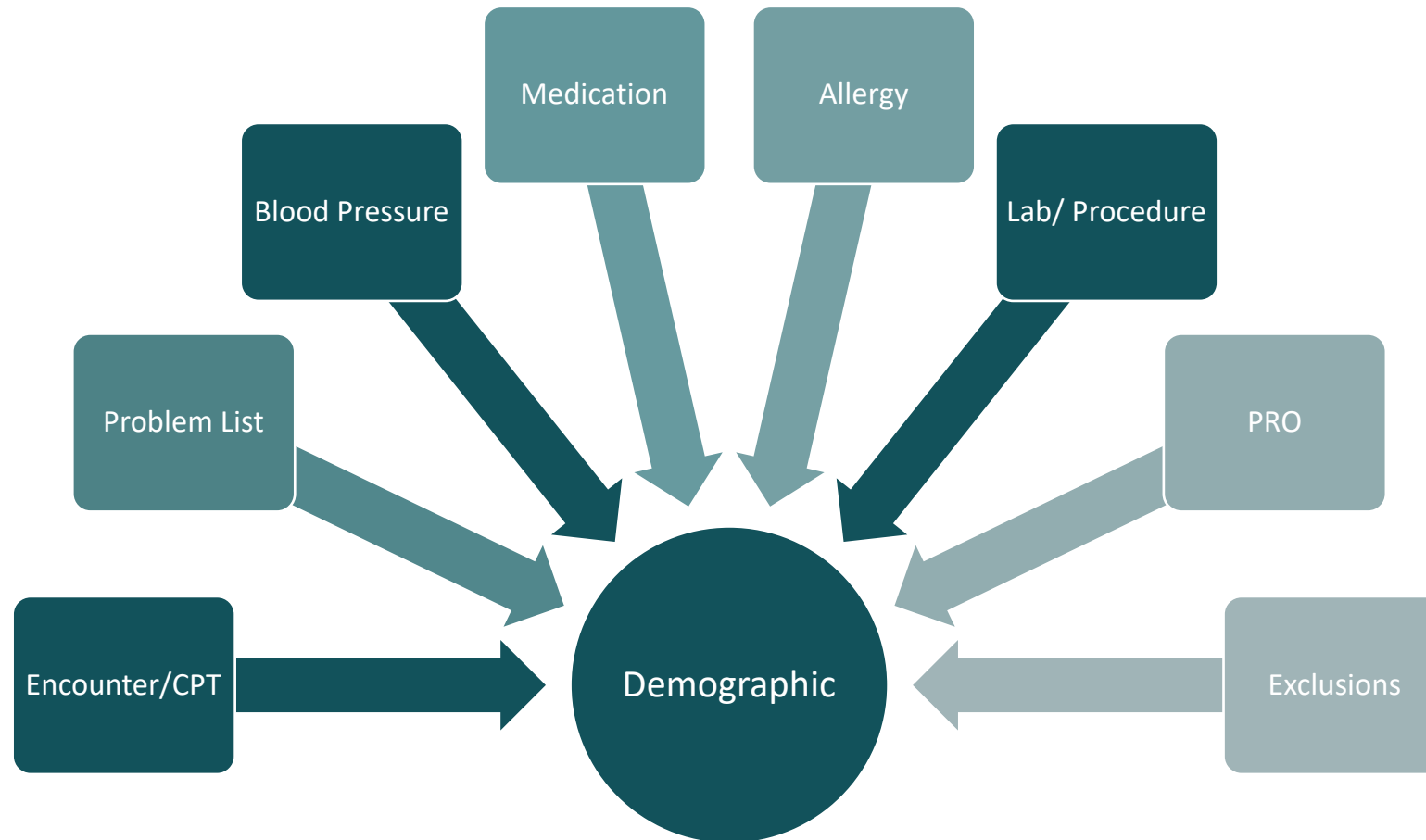
Process
Intelligence
Performance
Engine

4 of 9 files
Phase I CHIRP

https://mncm.org/inspire_events/

Demographic File
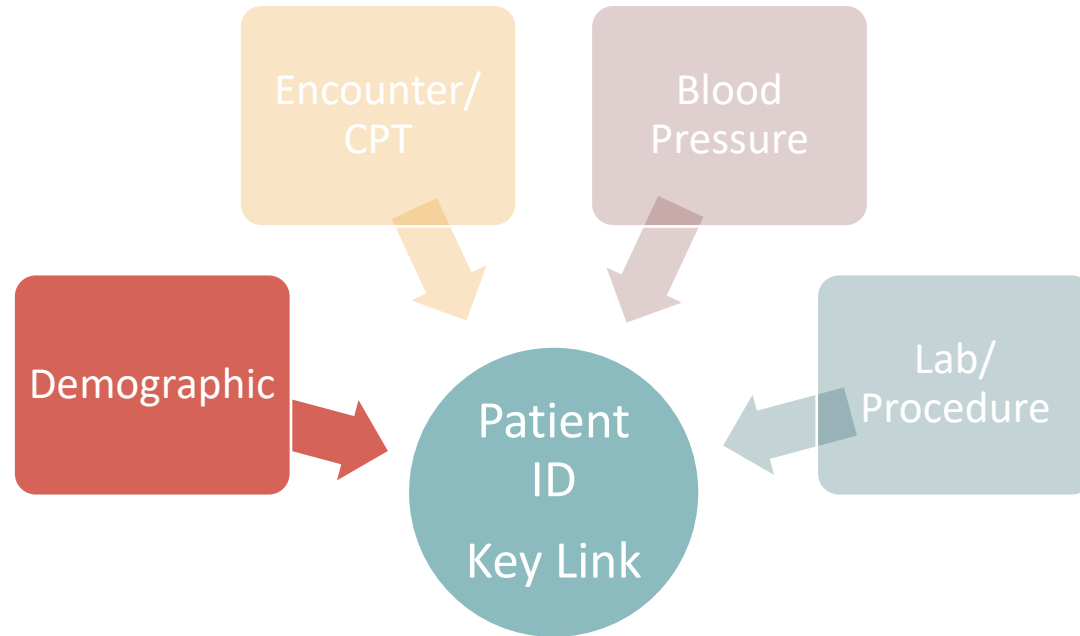
- Patient ID → Key Link
- Patient Date of Birth (DOB)
- Patient Sex
- Patient Date of Death (DOD)
- Race (1 – 5), Preferred Language
- Street Address, City, State, Zip Code
- Primary Insurance → Key Split
- Primary Insurance Member ID

One record per patient contained in encounter file

Encounter/CPT File
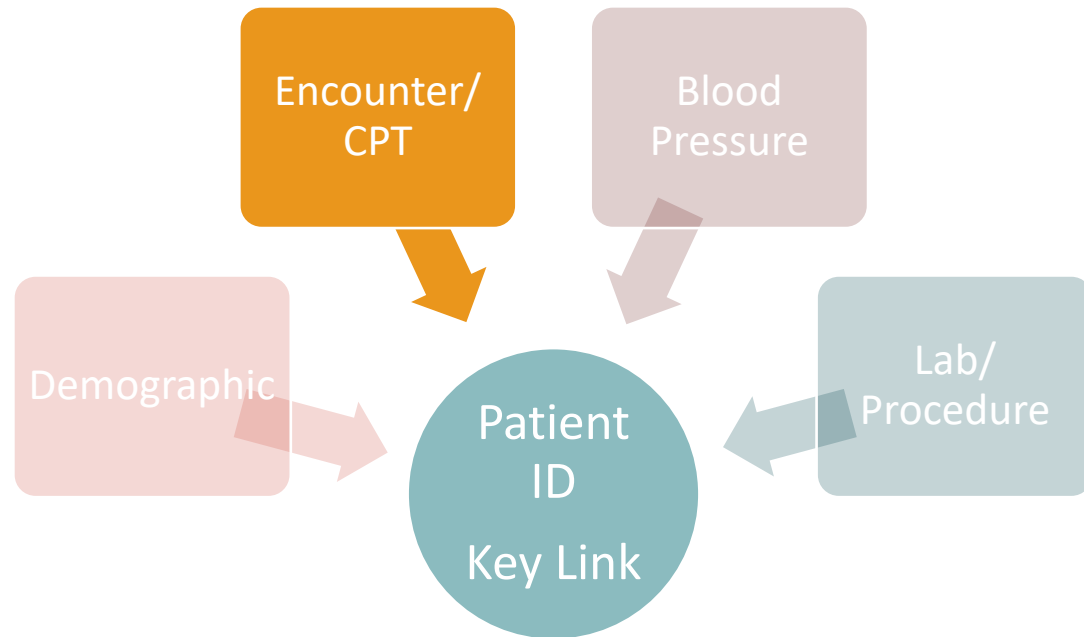
- Patient ID → Key Link

- Date of Encounter

- Encounter / CPT Service Code Map Description

- Encounter / CPT Service Code

- Provider NPI and Specialty

- Primary Payer → Key Split

- Height and Weight

- Calculated BMI Adult and BMI Percentile Peds

- Tobacco Status and Cessation Advice

- Diagnosis Coding System (ICD-10, ICD-9, SNOMED)

- Diagnosis Codes (up to 50)

- Mapped History Bilateral Mastectomy, Absence Cervix and Anaphylactic Reaction to Vaccination

Encounter File Example

- One record for each patient with encounter during timeframe
- Selected CPT; if present
- Mapping and value sets provided

Patient ID	Date of Encounter	Encounter / CPT Service Code Map Description	Encounter / CPT Service Code	Encounter Clinic ID	Provider NPI	Provider Specialty	Height	Weight	Calculate BMI Adults	Tobacco Status	Cessation advice given?	Diagnosis Code	Diagnosis Code
876916732	1/21/2020	Mammogram	77055	242	9873451105	1	66	150	24.208	0	0	E11.65	I10
876916732	1/21/2020	Cervical Cytology	88143	242	9873451105	1	66	150	24.208	0	0	E11.65	I10
876916732	6/5/2014	Colonoscopy	44397	451	3451105987	15	66	150	24.208	0	0	E11.65	I10
876916732	12/13/2019			242	9873451105	1	66	155	25.015	0	0	E11.65	I10
876916732	2/5/2020			242	9873451105	1	66	165	26.629	0	0	E11.65	I10
923171701	12/26/2019	Cervical Cytology	88165	126	7134879018	1	58	125	26.122	0	0	J45.909	
923171701	12/26/2019	HR-HPV	87621	126	7134879018	1	58	125	26.122	0	0	J45.909	
923171701	12/26/2019	Chlamydia	87270	126	7134879018	1	58	125	26.122	0	0	J45.909	
923171701	1/17/2020			126	7134879018	1	58	125	26.122	0	0	J45.909	
125870663	2/10/2020	FIT-DNA	81528	329	5349850021	1	62	155	28.347	1	1	I10	
125870663	3/17/2020			329	5349850021	1	62	156	28.530	1	1	I10	

[Realistic, but Fake Data]

Encounter File Data Dictionary

Encounter/CPT File

Contains one row per encounter that occurred during the dates of service being submitted. Field Key: R = PIPE Required, S = PIPE Situational, M = CHIRP Mapped, C = Calculated

Element Order	Field Name	Details	Field Key	Format/Field Length	Error Causes	Core CHIRP?
1	Patient ID	▪ Unique patient identifier. ▪ Identifier must be used consistently across all data files and all submissions. ▪ DO NOT use SSN. ▪ If identifiers must change between submissions, contact MNCM at support@mncm.org.	R	String; up to 50 characters	Blank fields	Yes
2	Date of Encounter		R	mm/dd/yyyy or m/d/yyyy	Blank fields	Yes
prog	Encounter / CPT Service Code Map Description map to value sets (CHIRP Lab Proc Immun tab)	Provide one row for every encounter. ▪ If there is no measure specific CPT for this encounter, populate the description with the text "Blank". ▪ Map description to specific CPT in correlated value sets, if present return 1 specified description per row. ▪ This occurs in tandem with actual code in corresponding field Encounter / CPT Service Code	S, M HEDIS Measure	Fixed text drop down if present		Yes
prog	Mapped Drop Down	Mammogram	M; S - BCS			Yes
prog	Mapped Drop Down	Colonoscopy	M; S - COL			Yes
prog	Mapped Drop Down	CT Colonography	M; S - COL			Yes
prog	Mapped Drop Down	Flexible Sigmoidoscopy	M; S - COL			Yes
prog	Mapped Drop Down	FIT-DNA	M; S - COL			Yes
prog	Mapped Drop Down	FOBT	M; S - COL			Yes

Value Set to Support CHIRP Phase I

	Measure ID	HEDIS Measure Name	HEDIS Value Set Name	Code System	Code	Definition	Mapped Drop Down
1	Measure ID	HEDIS Measure Name	HEDIS Value Set Name	Code System	Code	Definition	Mapped Drop Down
2	BCS	Breast Cancer Screening	Mammography	CPT	77055		Mammogram
3	BCS	Breast Cancer Screening	Mammography	CPT	77056		Mammogram
4	BCS	Breast Cancer Screening	Mammography	CPT	77057		Mammogram
5	BCS	Breast Cancer Screening	Mammography	CPT	77061		Mammogram
6	BCS	Breast Cancer Screening	Mammography	CPT	77062		Mammogram
7	BCS	Breast Cancer Screening	Mammography	CPT	77063		Mammogram
8	BCS	Breast Cancer Screening	Mammography	CPT	77065		Mammogram
9	BCS	Breast Cancer Screening	Mammography	CPT	77066		Mammogram
10	BCS	Breast Cancer Screening	Mammography	CPT	77067		Mammogram
11	BCS	Breast Cancer Screening	Mammography	HCPCS	G0202	Screening mammography, bilater	Mammogram
12	BCS	Breast Cancer Screening	Mammography	HCPCS	G0204	Diagnostic mammography, includ	Mammogram
13	BCS	Breast Cancer Screening	Mammography	HCPCS	G0206	Diagnostic mammography, includ	Mammogram
14	BCS	Breast Cancer Screening	Mammography	ICD9PCS	87.36	Xerography of breast	Mammogram
15	BCS	Breast Cancer Screening	Mammography	ICD9PCS	87.37	Other mammography	Mammogram
16	BCS	Breast Cancer Screening	Mammography	LOINC	24604-1	MG Breast Diagnostic Limited Vie	Mammogram
17	BCS	Breast Cancer Screening	Mammography	LOINC	24605-8	MG Breast Diagnostic	Mammogram
18	BCS	Breast Cancer Screening	Mammography	LOINC	24606-6	MG Breast Screening	Mammogram
19	BCS	Breast Cancer Screening	Mammography	LOINC	24610-8	MG Breast Limited Views	Mammogram
20	BCS	Breast Cancer Screening	Mammography	LOINC	26175-0	MG Breast - bilateral Screening	Mammogram
21	BCS	Breast Cancer Screening	Mammography	LOINC	26176-8	MG Breast - left Screening	Mammogram
22	BCS	Breast Cancer Screening	Mammography	LOINC	26177-6	MG Breast - right Screening	Mammogram
23	BCS	Breast Cancer Screening	Mammography	LOINC	26287-3	MG Breast - bilateral Limited View	Mammogram
24	BCS	Breast Cancer Screening	Mammography	LOINC	26289-9	MG Breast - left Limited Views	Mammogram
25	BCS	Breast Cancer Screening	Mammography	LOINC	26291-5	MG Breast - right Limited Views	Mammogram
26	BCS	Breast Cancer Screening	Mammography	LOINC	26346-7	MG Breast - bilateral Diagnostic	Mammogram

Blood Pressure File
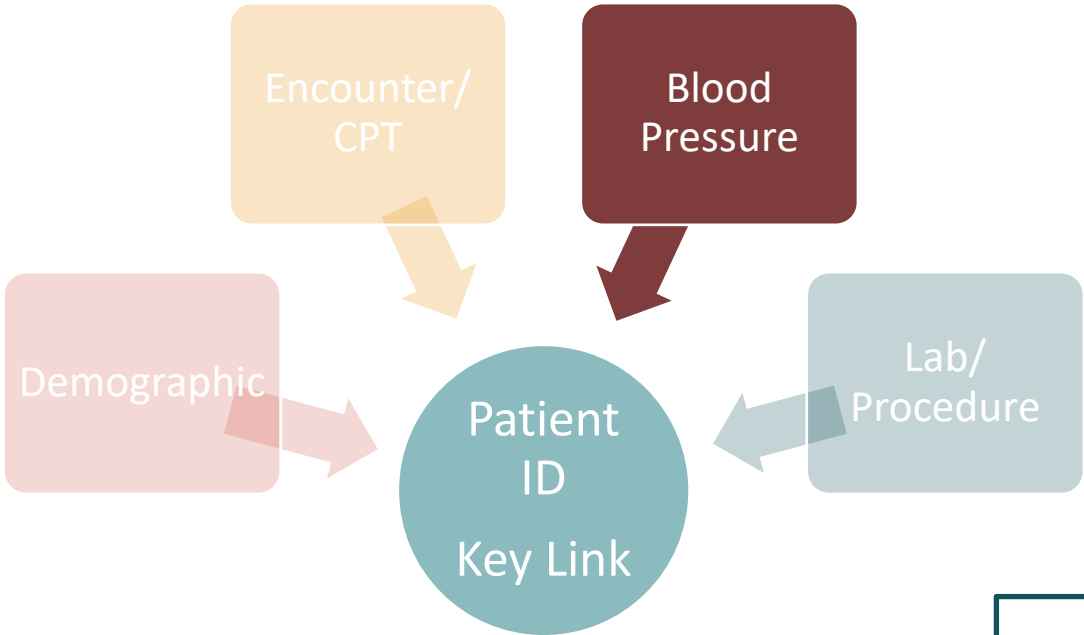
- Patient ID → Key Link
- Blood Pressure Date
- Blood Pressure Time
- Systolic Reading
- Diastolic Reading
- Place of Service Code
- Appointment Type (diagnostic test, surgical procedure)

Encounter/CPT

Blood Pressure

Demographic

Patient ID Key Link

Lab/Procedure

Patient ID	Blood Pressure Date	Blood Pressure Time	Systolic Reading	Diastolic Reading	Place of Service Code	Appointment Type
876916732	1/21/2020		145	92	11	3
876916732	6/5/2014		150	86	24	1
876916732	12/13/2019		142	80	11	3
923171701	12/26/2019		126	72	11	3
923171701	1/17/2020		121	68	11	3
125870663	2/10/2020		154	96	11	3
125870663	3/17/2020		148	90	11	3

Lab/Procedure File
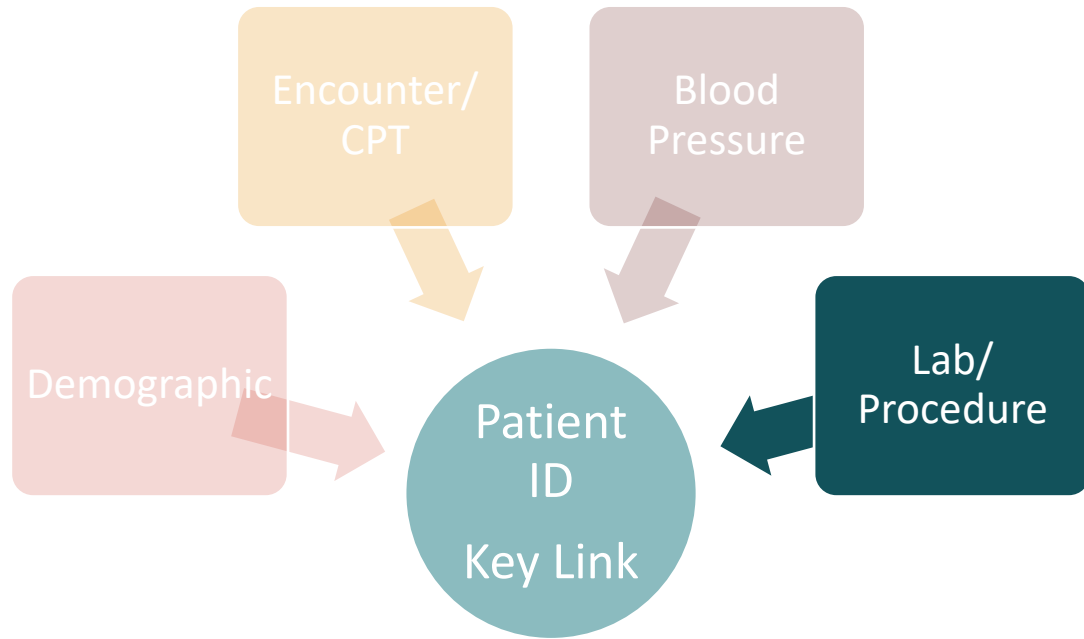
- Patient ID → Key Link
- Lab Service Date
- LOINC Lab Code Map Description
- LOINC Code
- Lab Type (e.g., labs outside medical group)
- Lab Result Map
- Procedure Date
- Procedure Code Map Description
- Procedure Code Map
- Procedure Type (e.g., procedures outside med group)

Lab/ Procedure File Example

- One record for each patient <u>only</u> if selected lab or procedure found during timeframe
- Selected; only if present
- Mapping and value sets provided

Patient ID	Lab Service Date	LOINC Lab Code Map Description	LOINC Code	Lab Type	Lab Result Map	Procedure Date	Procedure Code Map Description	Procedure Code	Procedure Type
876916732	1/21/2020	HbA1c	41995-2		6.8	1/21/2020	Mammogram	77055	
876916732						1/21/2020	Cervical Cytology	88143	
876916732						6/5/2014	Colonoscopy	44397	
923171701						12/26/2019	Cervical Cytology	88165	
923171701						12/26/2019	HR-HPV	87621	
923171701						12/26/2019	Chlamydia	87270	
125870663						2/10/2020	FIT-DNA	81528	
125870663	3/17/2020			3 = HbA1c	7.4				
125870663						4/20/2020			3 = Colonoscopy

[Realistic, but Fake Data]

Results of Provider to Payer Standards

Standardization increases efficiency

PIPE can be utilized if desired, ↑↑ efficiency
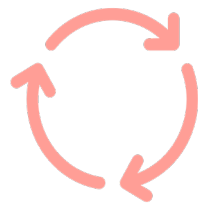
More timely exchange of clinical information = less "false" gaps, less chart chases

Payer to Provider Reporting

Standardization of Reports

Data For Care Coordination

Closing a gap → Can I find the right patient? → Is it our patient? → When last seen? → Is there really a gap? → Contacting the patient → Closing a gap
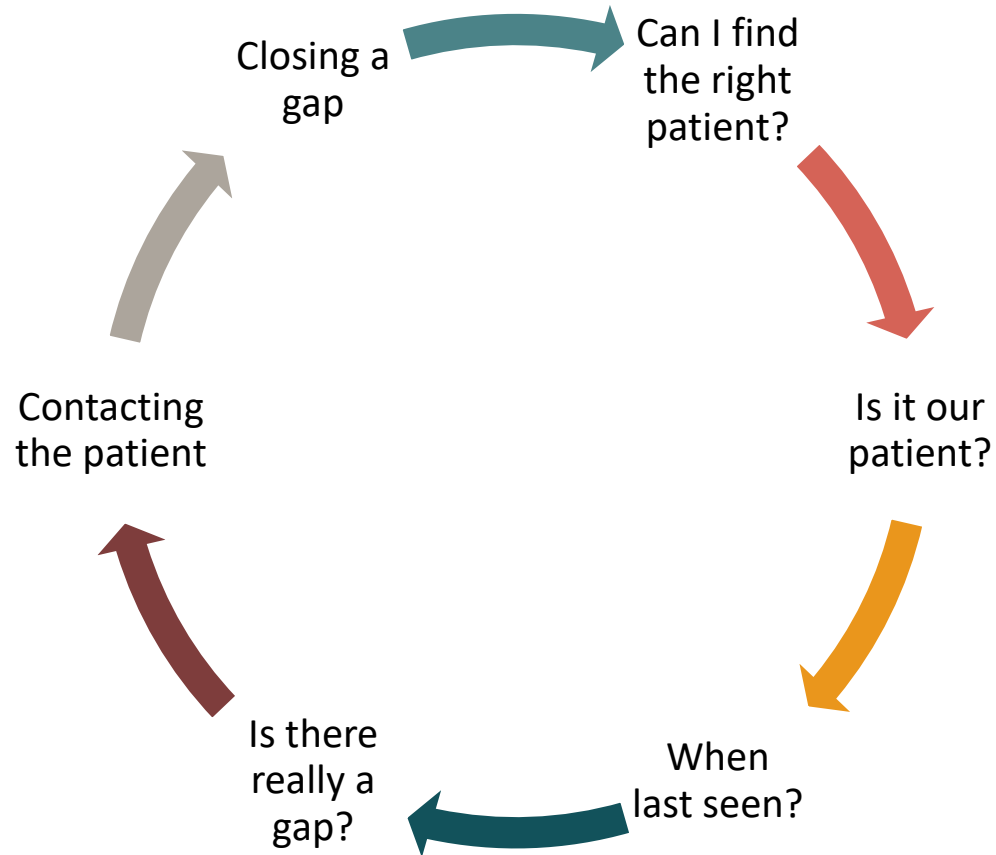
We were going to reach out to Sarah Johnson to encourage her to get her mammogram, now I see that she had it done last month down the street

Background Payer to Provider Data

- Payers have a unique complete data set to share

- Everyone has the goals of better:
  - patient management
  - care coordination
  - health outcomes
  - control of costs

- It is difficult for providers to use the information
  - not standardized, can't combine the files
  - treat by condition, not by insurance plan

MN Community
MEASUREMENT
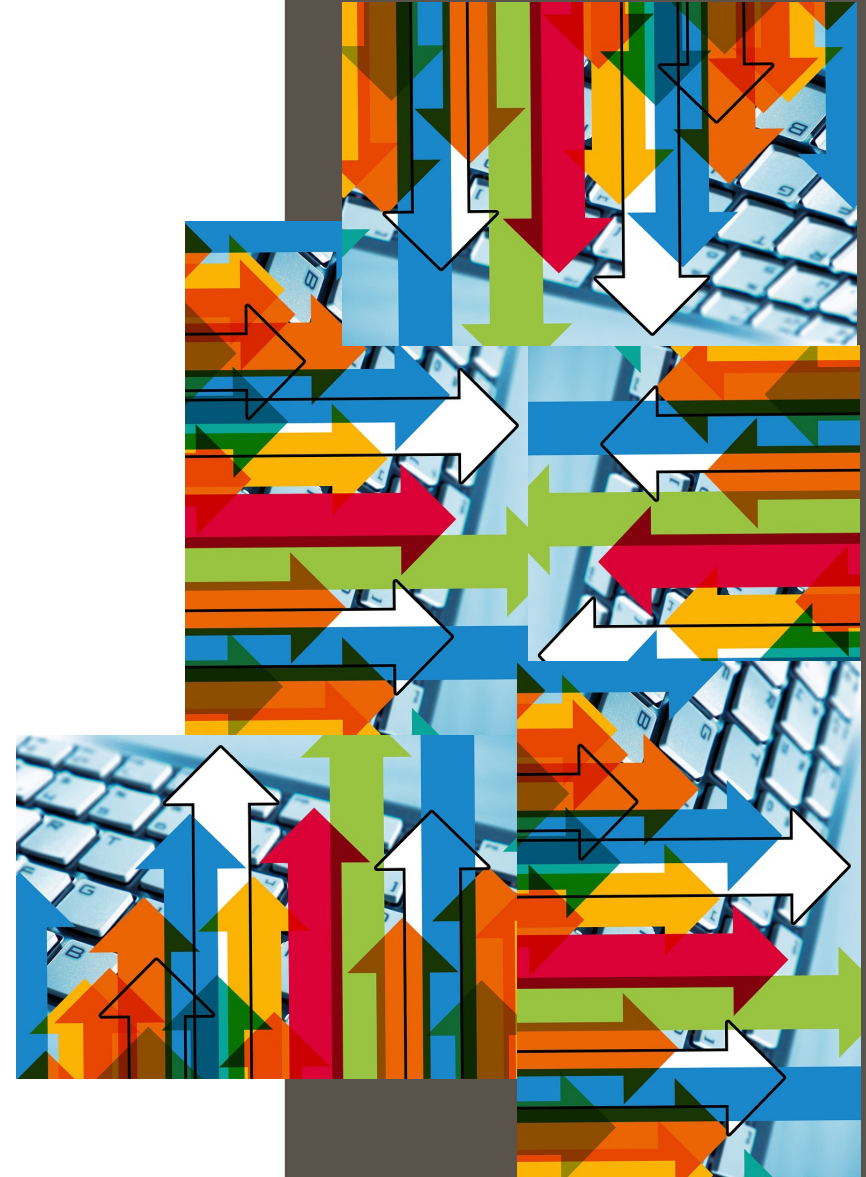
Guiding Principles Payer to Provider Files

- Core is the ability for providers to <u>use</u> the information
  - common structure and format; first nth columns per file fixed
  - ability to **combine files** from multiple payers
- Customization of the files is an option
  - this is to occur at the <u>end</u> of the file, after standard structure
  - consideration to balance value and to not over-burden

Goal

More timely exchange of information increases accuracy of identified potential "gap" and 1) reduces the chase 2) increases performance rates

MN Community MEASUREMENT

Payer to Provider Files

Phase One I
Enrollment File
Event Tracking File (Gap Reports)
Chronic Condition File

Phase Two
Utilization File
Cost and Risk Reporting File

MN Community MEASUREMENT

Enrollment File

one record per patient	
Payer	Patient Middle Name or Initial
Medical Group TIN*	Patient Date of Birth
Medical Group NPI*	Patient Sex
Clinic NPI*	Most Recent DOS
Provider NPI*	Attribution Type
Patient ID	Enrollment Months
Unique Medical Group Patient ID	Pharmacy Months
Patient Last Name	Previous Insurance Plan Member ID
Patient First Name	

* At least 1 of 4 clinic/ medical group identifying fields must be provided (attribution methods may prevent all from being provided)

Enrollment File

Understand attribution by health plan

- All patients included; those enrolled or assigned to the medical group
- Attribution type is indicated
- One record per patient; 18 fixed columns

1	2	3	4	5	6	7	8	9	10	11
Payer	Medical Group TIN	Medical Group NPI	Clinic NPI	Provider NPI	Patient ID	Unique Medical Group Patient ID	Patient Last Name	Patient First Name	Patient Middle Name or Initial	Patient of Birth
Medica	901811682	7546110096	7546110204	5823084124	456789321	876916732	Flintstone	Fredrick	James	11/1
Medica	901811682	7546110096	7546110204	5823084124	873540824	923171701	Flintstone	Wilma	Anne	8/10
Medica	901811682	7546110096	7546110206	6349012246	826492746	125870663	Rubble	Barney	R	6/5
UCare		7546110096		1063758894	7643092	947583549	Pooh	Winnie	T	2/1
UCare		7546110096		1063758894	8743591		Robin	Christopher	S	7/2
UCare		7546110096		7754398123	4629854		Frog	Kermit	T	5/1
BlueCross	901811682	7546110096	7546110206	3211074112	870643H86	735462374	Bird	Big		8/2
BlueCross	901811682	7546110096	7546110206	6325498735	483716H34	937592538	SquarePants	Sponge	Bob	10/18
BlueCross	901811682	7546110096	7546110206	1534283097	870643H86		Star	Patrick		4/3

Measure Event Tracking File

one record per <u>eligible</u> patient per event
→ included if gap is present or not

Patient ID	Measure Period Start Date
Measure Event Mapped Acronym	Measure Period End Date
Measure Event Mapped Description	Claims Processing Date
Gap Status (0 = no gap, 1 = yes, gap)	Measure Steward
Measure Procedure DOS	Creation Date
Measure Procedure Code	
Measure Procedure Description	

Measure Event Tracking File

## Improved tracking of all eligible patients

- All patients <u>eligible</u> for a measure event included; even if no gap currently present. Current focus is HEDIS measures with room for options (3).
  - If a patient is included in a denominator, they should be in this file

	1	2	3	4	5	6	7	8	9	10	11
	Patient ID	Measure Event Mapped Acronym	Measure Event Mapped Description	Gap Status	Measure Procedure DOS	Measure Procedure Code	Measure Procedure Description	Measurement Period Start Date	Measurement Period End Date	Claims Processing Date	Measure Steward
	456789321	COL	Colorectal Cancer Screening	0	6/30/2017	45378	colonoscopy	1/1/2020	12/31/2020	6/30/2020	1
	873540824	BCS	Breast Cancer Screening	1				1/1/2020	12/31/2020	6/30/2020	1
	826492746	CDC2	Comp Diabetes Care Eye Retinal	1				1/1/2020	12/31/2020	6/30/2020	1
	826492746	CBP	Controlling High Blood Pressure	0				1/1/2020	12/31/2020	6/30/2020	1
	826492746	CDC3	Comp Diabetes Care A1c >9.0	1				1/1/2020	12/31/2020	6/30/2020	1
	7643092	CBP	Controlling High Blood Pressure	0				1/1/2020	12/31/2020	6/30/2020	1
	8743591	COL	Colorectal Cancer Screening	1				1/1/2020	12/31/2020	6/30/2020	1
	4629854	CDC0	Comp Diabetes Care (no gap)	0				1/1/2020	12/31/2020	6/30/2020	1
	4629854	COL	Colorectal Cancer Screening	0				1/1/2020	12/31/2020	6/30/2020	1
	870643H86	CDC5	Comp Diabetes Care A1c test	1				1/1/2020	12/31/2020	6/30/2020	1
	870643H86	CDC2	Comp Diabetes Care Eye Retinal	1	3/16/2018	92004	Ophthalmologic	1/1/2020	12/31/2020	6/30/2020	1
	870643H86	CDC6	Comp Diabetes Care Nephro	1				1/1/2020	12/31/2020	6/30/2020	1
	483716H34	CBP	Controlling High Blood Pressure	1				1/1/2020	12/31/2020	6/30/2020	1
	870643H86	OTH1	Well Child Visit	1				1/1/2020	12/31/2020	6/30/2020	4
	870643H86	CIS1	Child Imm Status Combo 10	1				1/1/2020	12/31/2020	6/30/2020	1

Measure Event Tracking File

- Some measures/ conditions are "related"
  - diabetes + HTN + colonoscopy → more than 1 record per patient

- Measures for Phase 1

BCS	Breast Cancer Screening
CBP	Controlling High Blood Pressure
CCS	Cervical Cancer Screening
CHL	Chlamydia Screening in Women
CIS	Childhood Immunization Status
CDC	Comprehensive Diabetes Care
COL	Colorectal Cancer Screening
IMA	Immunizations for Adolescents
OTH1	Other Measure 1
OTH2	Other Measure 2
OTH3	Other Measure 3

MN Community MEASUREMENT
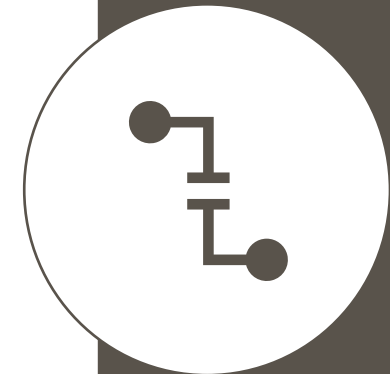
Chronic Conditions File

one record per actively enrolled patient per condition
→ included if has at least one selected condition

Patient ID	Most Recent DOS
Condition Mapped Description	Dates of Service Start Date
Condition Source	Dates of Service End Date
Condition Code	File Creation Date

Chronic Conditions File

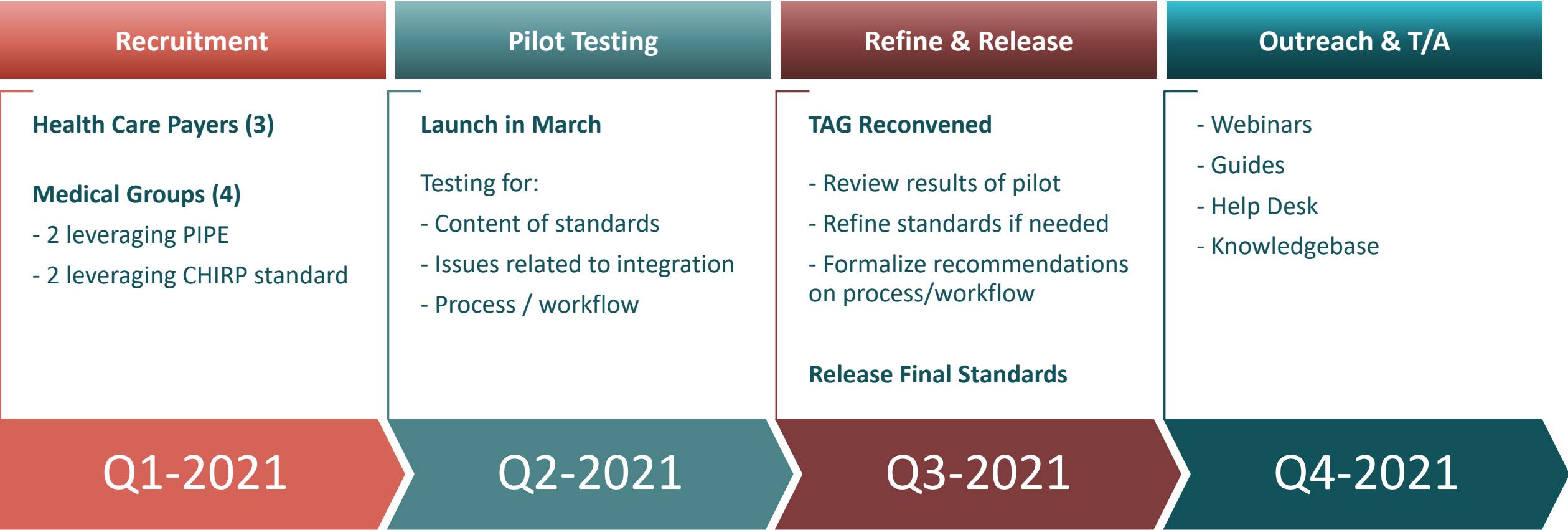| Patient ID	Condition Mapped Description	Condition Source	Condition Code	Most Recent DOS	Dates of Service Start Date	Dates of Service End Date
456789321	Depression	2		4/13/2020	1/1/2018	6/30/2020
873540824	COPD	3	J44.1	6/15/2019	1/1/2018	6/30/2020
826492746	Diabetes	1	E11.311	3/12/2020	11/30/2019	5/31/2020
826492746	Hypertension	1	I10	3/12/2020	11/30/2019	5/31/2020
826492746	Chronic Renal Failure	3	N18.6	3/12/2020	11/30/2019	5/31/2020
7643092	Hypertension	1	I10	4/30/2020	1/1/2018	6/30/2020
8743591	Heart Failure	3	I50.810	4/30/2020	1/1/2017	3/31/2020
4629854	Diabetes	2	E11.40	12/20/2019	1/1/2017	3/31/2020
4629854	Persistent Asthma	1	J45.31	12/20/2019	1/1/2017	3/31/2020
870643H86	Diabetes	1	E11.65	4/6/2020	1/1/2018	6/30/2020
870643H86	Glaucoma	1	H40.10X4	4/6/2020	1/1/2018	6/30/2020
483716H34	Hypertension	1	I10	2/15/2018	1/1/2018	6/30/2020
870643H86	Persistent Asthma	1	J45.40	2/21/2020	1/1/2018	6/3/2020
870643H86	Seizure Disorders	3	G40.B09	2/21/2020	1/1/2018	6/3/2020

- Actively enrolled patient is only included if has one of the selected chronic conditions
- One row per condition

Value Set to Support Clinical Conditions

Chronic Condition	Code	Description	Code System	Source of Definition
Heart Failure	156297410001191C	Systolic heart failure stage C due to ischemic cardiomyopathy (disorder)	SNOMED CT	NCQA HEDIS MY 2020
Heart Failure	159647010001191C	Acute cor pulmonale co-occurrent and due to saddle embolus of pulmonary artery (disord	SNOMED CT	NCQA HEDIS MY 2020
Depression	F32.0	Major depressive disorder, single episode, mild	ICD10CM	MNCM
Depression	F32.1	Major depressive disorder, single episode, moderate	ICD10CM	MNCM
Depression	F32.2	Major depressive disorder, single episode, severe without psychotic features	ICD10CM	MNCM
Depression	F32.3	Major depressive disorder, single episode, severe with psychotic features	ICD10CM	MNCM
Depression	F32.4	Major depressive disorder, single episode, in partial remission	ICD10CM	MNCM
Depression	F32.5	Major depressive disorder, single episode, in full remission	ICD10CM	MNCM
Depression	F32.9	Major depressive disorder, single episode, unspecified	ICD10CM	MNCM
Depression	F33.0	Major depressive disorder, recurrent, mild	ICD10CM	MNCM
Depression	F33.1	Major depressive disorder, recurrent, moderate	ICD10CM	MNCM
Depression	F33.2	Major depressive disorder, recurrent severe without psychotic features	ICD10CM	MNCM
Depression	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	ICD10CM	MNCM
Depression	F33.40	Major depressive disorder, recurrent, in remission, unspecified	ICD10CM	MNCM
Depression	F33.41	Major depressive disorder, recurrent, in partial remission	ICD10CM	MNCM
Depression	F33.42	Major depressive disorder, recurrent, in full remission	ICD10CM	MNCM
Depression	F33.9	Major depressive disorder, recurrent, unspecified	ICD10CM	MNCM
Depression	F34.1	Dysthymic disorder	ICD10CM	MNCM
HIV	B20	[B20] Human immunodeficiency virus [HIV] disease	ICD10CM	NCQA HEDIS MY 2020
HIV	Z21	[Z21] Asymptomatic human immunodeficiency virus [HIV] infection status	ICD10CM	NCQA HEDIS MY 2020

Next Steps

Recruitment	Pilot Testing	Refine & Release	Outreach & T/A

Health Care Payers (3)

Medical Groups (4)

- 2 leveraging PIPE
- 2 leveraging CHIRP standard

Launch in March

Testing for:

- Content of standards
- Issues related to integration
- Process / workflow

TAG Reconvened

- Review results of pilot
- Refine standards if needed
- Formalize recommendations on process/workflow

Release Final Standards

- Webinars
- Guides
- Help Desk
- Knowledgebase

Q1-2021	Q2-2021	Q3-2021	Q4-2021

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Q&A/Discussion

Please type your questions into the "Q&A" box at the bottom of your screen

Thank you!

To request pilot project information:
Email support@mncm.org to request detailed standards.

To volunteer for pilot testing:
Email cinqueonce@mncm.org.

Other upcoming events:
- **February 17,** MNCM Mental Health Summit (virtual pre-conference event)
- **February 18**, MNCM Annual Conference (virtual event)