

We will begin momentarily

# Digital Quality Transition Update

Allison Lance

Director, Digital Quality Community

5/2025



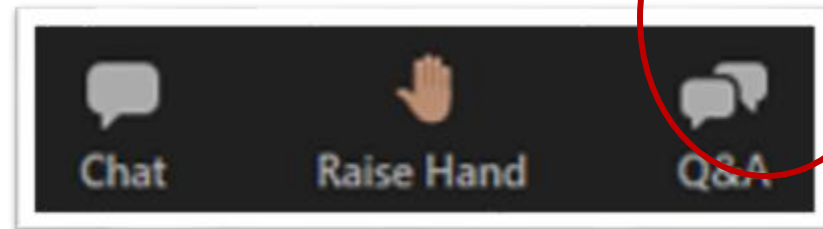
# Housekeeping



Meeting Recording and Slides will be sent out after the meeting.

## How to Submit Questions During the Webinar

- 1) Locate the 'Q&A' icon on the menu bar.
- 2) During the webinar, please submit questions via the 'Q&A' box.
- 3) Your question will be responded to live by one of the presenters.



# Agenda

Measure Release & Updates

dQM Implementation Validation

FHIR Test Decks

Digital Quality Fact Check

# Speakers



**Allison Lance**  
Director, Digital Quality  
Community, NCQA



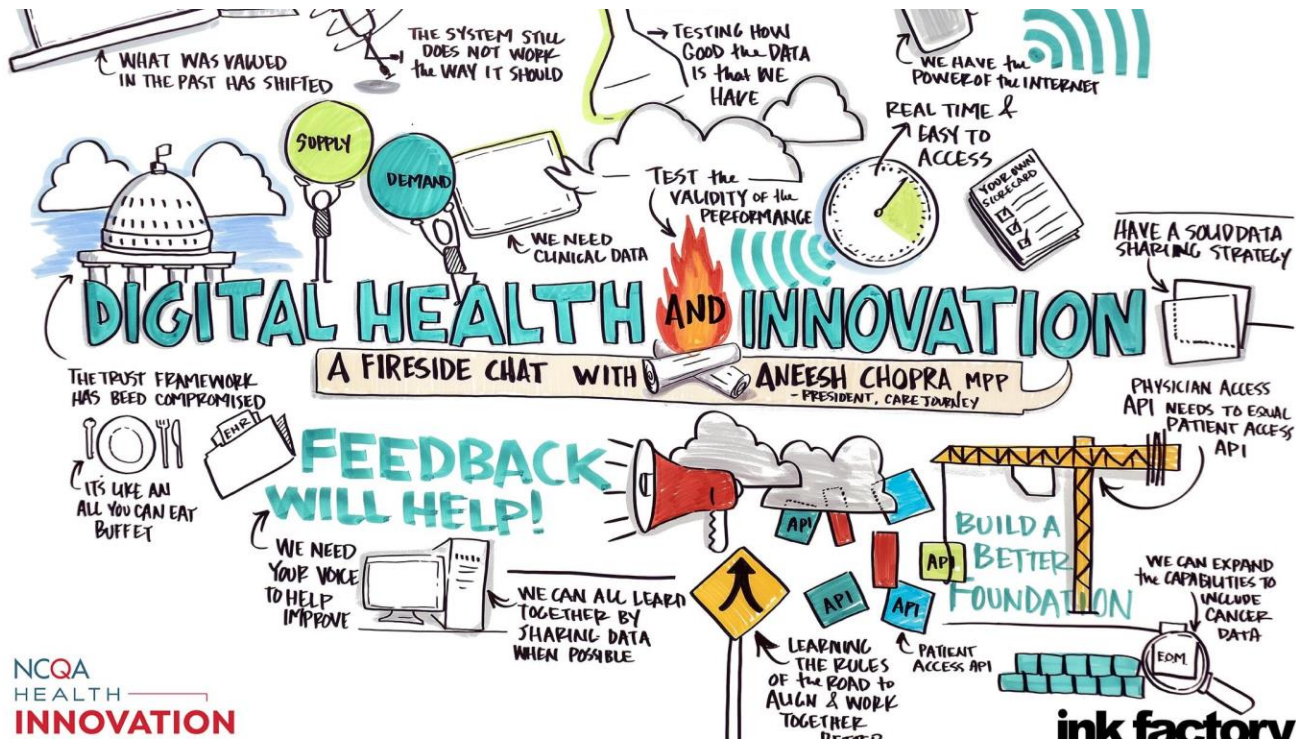
**Amenze Okpah**  
Digital Measure  
Programmer, NCQA



**Suzanne Wallen**  
AVP, Measure  
Certification, NCQA



# The transition to digital quality measurement is accelerating



NCQA  
HEALTH  
INNOVATION



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HEALTH  
INNOVATION  
SUMMIT

# Digital Transition Phased Approach

## PAPER SPECS

## FULLY DIGITAL



# Phase 2 Digitally Enabled

- Volume 2 Updates
- Digital Measure Release Timelines
- MY2025 Implementation Guide Updates
- dQM Implementation Validation

## PHASE 02

### Digitally Enabled

Continue implementation and begin using digital quality for some or all quality initiatives.



2024-2026

- Traditional Vol 2 Paper Specs
- Digital delivery through Digital Content Services (no longer available via store "bundles")
- Admin components of measures fully digital
- Quality improvement and population management
- HEDIS® health plan reporting
- Two options: dQM Implementation Validation, Traditional Measure Certification (depending on execution framework)
- Reference CQL engine through Digital Content Services
- Use any supported CQL engine
- Traditional development: Build Based on Vol 2
- Traditional collection methods (including hybrid sampling)



# A new look for HEDIS® specification are coming: MY 2026



The look of the measure specifications will start to align to the human readable format of the digital specifications and preparation for a web-based version to support the human-readable format.

## NOW

Advance Care Planning (ACP)

SUMMARY OF CHANGES TO HEDIS MY 2025

- No changes to this measure.

Description

The percentage of adults 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year.

Definitions

Advance care planning

A discussion or documentation about preferences for resuscitation, life-sustaining treatment and end of life care.

Eligible Population

Product line

Medicare.

Ages

66 years and older as of December 31 of the measurement year.

Continuous enrollment

The measurement year.

Allowable gap

No more than one gap in continuous enrollment of up to 45 days during the measurement year.

Anchor date

December 31 of the measurement year.

Benefit

Medical.

Event/diagnosis

Follow the steps below to identify the eligible population.

Step 1

Include members 66–80 years of age as of December 31 of the measurement year who meet any of the following criteria.

- Advanced illness. Members who meet either of the following during the measurement year:
  - Advanced illness ([Advanced Illness Value Set](#)) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
  - Dispensed dementia medication ([Dementia Medications List](#)).
- Frailty. Members who had frailty ([Frailty Device Value Set](#); [Frailty Diagnosis Value Set](#); [Frailty Encounter Value Set](#); [Frailty Symptom Value Set](#)) during the measurement year. Do not include laboratory claims (claims with POS code 81).

## FUTURE

Measure title	Advance Care Planning	Measure ID	ACP
Description	The percentage of persons 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and persons 81 years of age and older who had advance care planning during the measurement period.		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	Refer to the complete copyright and disclaimer information at the front of this publication. NCQA website: <a href="http://www.ncqa.org">www.ncqa.org</a> . Submit policy clarification support questions via My NCQA ( <a href="https://my.ncqa.org">https://my.ncqa.org</a> ).		
Clinical recommendation statement/rationale	Advance care planning can lead to decreased psychological distress and hospitalizations, improved end-of-life care, increased trust in providers and improved quality of life, and can facilitate hope. It has also been associated with increased knowledge about treatment options, documentation of advance care planning, patient-surrogate congruence, goal-concordant care and compliance with patient wishes, among other benefits.		
Citations	Bires, J.L., E.F. Franklin, H.M. Nichols, & J.O. Cagle. 2018. "Advance Care Planning Communication: Oncology Patients and Providers Voice their Perspectives." <i>Journal of Cancer Education</i> 33(5), 1140–7. <a href="https://doi.org/10.1007/s13187-017-1225-4">https://doi.org/10.1007/s13187-017-1225-4</a> . Bischoff, K.E., R. Sudoge, Y. Mao, W.J. Boscardin, & A.K. Smith. 2013. "Advance Care Planning and the Quality of End-of-Life Care in Older Adults." <i>Journal of the American Geriatrics Society</i> 61(2), 209–14. <a href="https://doi.org/10.1111/jgs.12105">https://doi.org/10.1111/jgs.12105</a> .		
Characteristics	<div>Scoring</div> <div>Proportion.</div> <div>Type</div> <div>Process.</div> <div>Product line</div> <div>Medicare.</div> <div>Stratification</div> <div>None.</div> <div>Risk adjustment</div> <div>None.</div> <div>Improvement notation</div> <div>Increased score indicates improvement.</div> <div>Guidance</div> <div>Data collection methodology: Administrative. Refer to the General Guideline: Data Collection Methods for additional information.</div> <div>Date specificity: Dates must be specific enough to determine the event occurred in the period being measured.</div> <div>What services count? When using claims, include all paid, suspended, pending and denied claims.</div>		
Definitions	<div>Advance care planning</div> <div>A discussion or documentation about preferences for resuscitation, life-sustaining treatment and end of life care.</div>		
Initial population	<div>Measure item count: Person.</div> <div>Attribution basis: Enrollment.</div> <div>Benefit: Medical.</div> <div>Continuous enrollment: The measurement period.</div> <div>Allowable gap: One 45 days during the continuous enrollment period. Cannot occur on the last day of the measurement period.</div> <div>Ages: 66 years and older as of the last day of the measurement period.</div> <div>Event:</div> <div>Include persons who meet either of the following criteria:</div> <div><ul style="list-style-type: none"><li>All persons 81 years of age and older as of the last day of the measurement period.</li><li>Persons 66–80 years of age as of the last day of the measurement period, with advanced illness, frailty or received palliative care during the measurement year.</li></ul></div>		





# New Measure Look

Each measure will be unique, but you can expect some common themes

## FHIR-compatibility

Consistent headers that align with the FHIR measure resource.

- “Initial Population” instead of “Eligible Population.”
- Only one header for Denominators and Numerators, even for measures with multiple.

## Multiple Levels

Use of the term “persons” instead of “members” which is a health plan perspective.

Initial Population includes an “attribution” concept which outlines health plan attribution, but could be changed as needed.

## Stand-Alone

All measures will have clinical guidance included, which previously was only cited in Volume 1.

Select general guidelines will be integrated to minimize need to reference two resources.

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Characteristics			
Scoring	Proportion.		
Type	Process.		
Product line	Medicare.		
Stratification	None.		
Risk adjustment	None.		
Improvement notation	Increased score indicates improvement.		
Guidance	<p><b>Data collection methodology:</b> Administrative. Refer to the General Guideline: Data Collection Methods for additional information.</p> <p><b>Date specificity.</b> Dates must be specific enough to determine the event occurred in the period being measured.</p> <p><b>What services count?</b> When using claims, include all paid, suspended, pending and denied claims.</p>		
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Advance care planning	A discussion or documentation about preferences for resuscitation, life-sustaining treatment and end of life care.		
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“Persons” not “Members

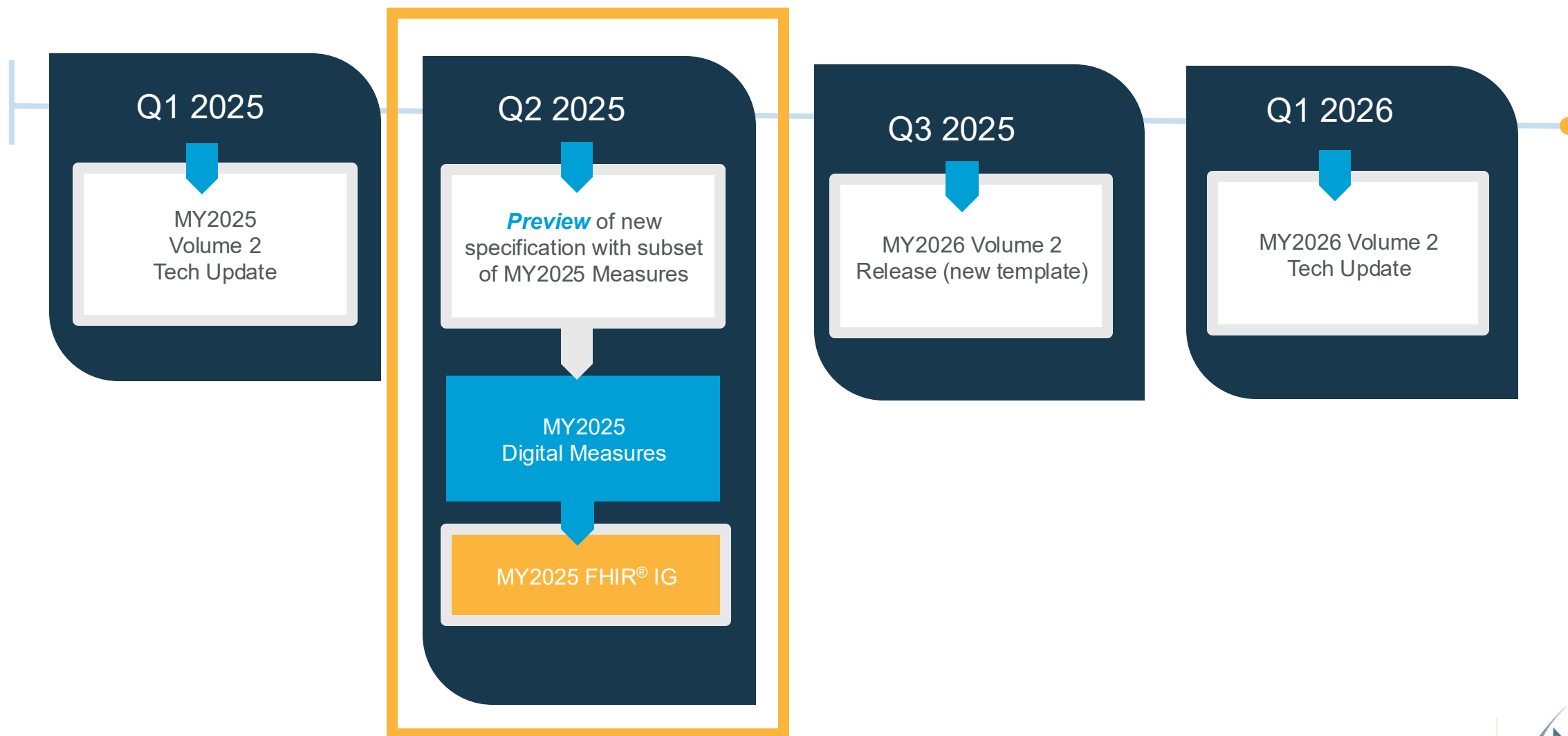
Inclusion of clinical evidence base

General guidelines are integrated

Initial Population that includes attribution guidance

Consistent headings

# HEDIS Volume 2 and Measure Release Timeline





# MY2025 Implementation Guide Update

# MY 2025 FHIR IG Updates



## HEDIS Core Medication profiles

Clarified support for using National Drug Codes (NDC) in HEDIS Core Medication profiles, aligning with USCDI recommendations.

## HEDIS Core Claim and Explanation of Benefit profiles

Revised guidance for mapping Type-of-Bill codes ensures better alignment with care settings and the CARIN Profile.

## HEDIS Core Location

Stronger provider identification with NPI slice added to the HEDIS Core Location profile and updated references across Claim/EOB to improve Location specificity and alignment with FHIR standards.

## HEDIS Core PractitionerRole

Removed Must Support flag from PractitionerRole.period

### Changes and Updates for Version 2025.0.0



# MY 2025 FHIR IG Updates



## Implementation Guide Page Update

### Implementation Guide Page Updates

**Use Cases** tab features updates for both BCS-E and COL-E for mapping accuracy.

**Framework** tab features new Data Modeling Guidance and updated General Guidance pages.

## Implementation Guide Page Addition

Created a “Support Menu” page includes a support menu on the IG that includes community information and implementation support.

## HEDIS Core Coverage Profile

### Updated mapping guidance on HEDIS Core Coverage Profile (Coverage.type)

Consolidate all relevant information into a single Coverage record per coverage period for greater clarity and completeness. One record per distinct coverage period includes payer, benefit types, and coverage dates.

## HEDIS Core Encounter Profile

Updated structure of HEDIS Core Encounter profile by removing the **[HEDIS]** tag from the Encounter.participant.type as HEDIS measures uses the participant.individual element

### Changes and Updates for Version 2025.0.0

# MY 2025 FHIR IG Updates



## HEDIS Core Condition Problems Health Concerns

The binding on us-core category slice is updated to HEDIS Problem or Health Concerns Valueset. which is a copy of US Core Problem or Health Concern Valueset

## All Profiles

Updated the general guidance on how the HEDIS IG highlights important elements within a Profile by using "MS" flags instead of the .comment attribute of the element.

## Patient

Include the Must Support (MS) flag on Patient.deceased element

### Changes and Updates for Version 2025.0.0



# dQM

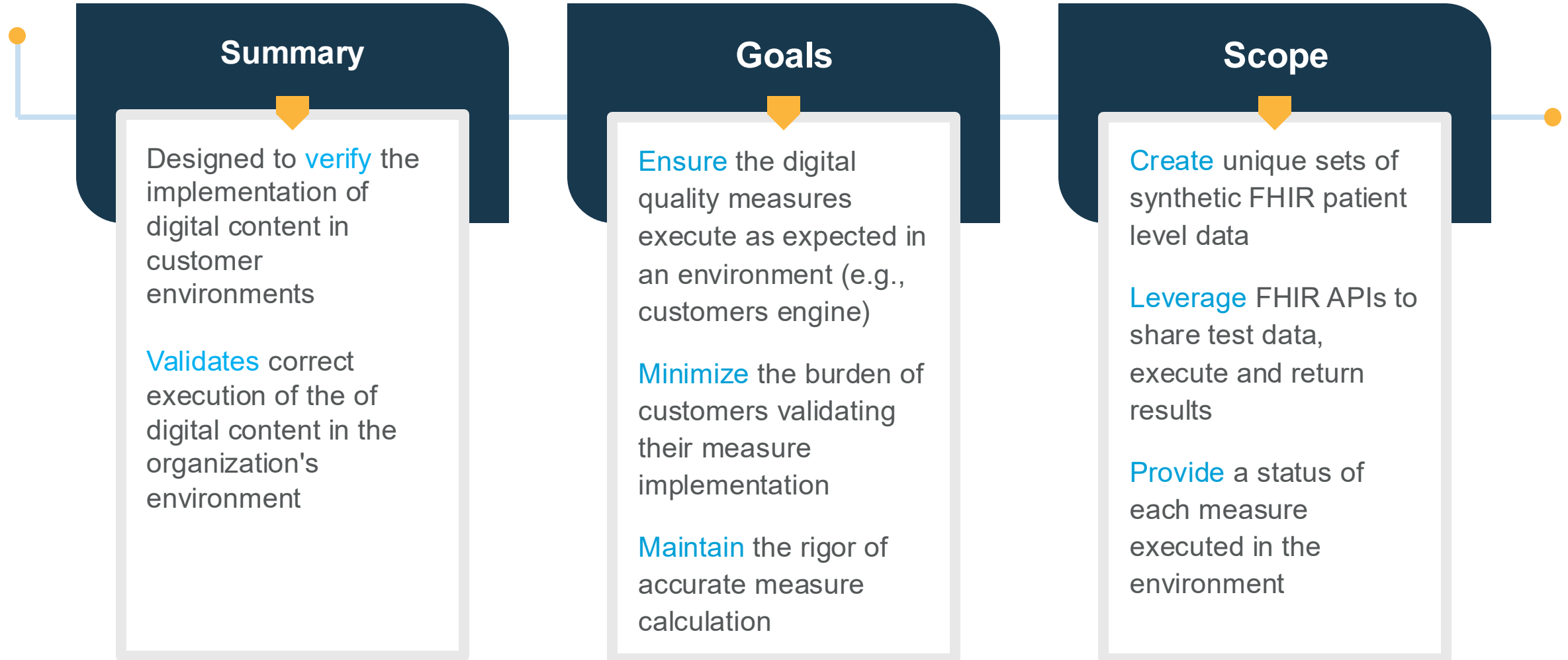
# Implementation Validation



# NCQA's digital quality measure (dQM) Implementation Validation



## Validating the execution of digital quality measures





# Certification and Validation Paths



	Traditional Measure Certification	dQM Implementation Validation
Specifications	Traditional PDF + organization-built logic	NCQA dQMs
Execution	Customer Engine	Customer Standards-based engine
Test Deck format	Flat Files	FHIR patient bundles & measure reports
Test Deck exchange	Manual	Automated or manual option



# FHIR<sup>®</sup> Test Decks

# NCQA FHIR test decks



New release of subset of measure to start testing with FHIR



Individual decks per measure

Shared as FHIR patient bundles and results are FHIR measure reports

Compliant with the HEDIS Core Implementation Guide



Used for dQM Implementation Validation customers

Provided to traditional measure certification customers to assist with transition

# DIGITAL QUALITY

A blue speech bubble with an orange outline containing the words "FACT CHECK" in white, bold, sans-serif capital letters.



# DIGITAL QUALITY



**ECDS reporting requires  
entirely new data  
systems.**

ECDS reporting leverages existing electronic data systems, such as EHRs, case management data, registries and HIEs, and does not necessitate the development of entirely new systems.

# DIGITAL QUALITY



**Organizations must  
implement all digital  
measures simultaneously.**

NCQA provides a flexible transition plan, allowing organizations to adopt digital measures at their own pace, with parallel testing recommended to ensure valid results before full implementation.

# DIGITAL QUALITY

A blue speech bubble with a yellow outline containing the words "FACT" and "CHECK" in white capital letters.

**Does ECDS reporting use claims data?**

Yes! Administrative claims are an allowable data source used in ECDS reporting.

Note, some measures assess clinical outcomes which are not typically found in administrative data (e.g., depression screen results)

# Stay Tuned

**New!** Digital Quality Expert Speaker Series

NCQA Hosted Webinars

Educational Courses

Introduction to the Digital Transition  
Self Learning Course

New Digital Hub Pages



# Appendix