



## JUNE 2023 ECDE SUBGROUP MEETING

Thursday, June 15, 2022 (1:00 pm – 2:00 pm)

Via Microsoft Teams

**FACILITATOR:** TRICIA STEWART, LIV KING, ADRIAN BISHOP AND KASH BASAVAPPA

AGENDA ITEM	KEY DISCUSSION POINTS	NEXT STEPS
1. INTRODUCTION	<ul style="list-style-type: none"> <li>• Liv King, Adrian Bishop and Kash Basavappa welcomed the ECDE Subgroup. Tricia Stewart reviewed the meeting goals and agenda.</li> </ul>	
2. DAV CERTIFICATION 2023	<ul style="list-style-type: none"> <li>• Tricia Stewart explained the deadlines for this year’s DAV certification process, including the date of the kick-off meeting, PSV deadlines, and the timeline for receiving a final approval notice from NCQA.</li> </ul>	
3. PSV OVERVIEW	<ul style="list-style-type: none"> <li>• Tricia Stewart reviewed the purpose and process for conducting PSV. She indicated that IMAT can conduct PSV on a year-round basis, but provider offices have been non-responsive to requests. She asked how IMAT can better assist to alleviate barriers to conducting PSV.               <ul style="list-style-type: none"> <li>○ Andrea Galgay said PSV is sometimes put on the back burner when there are other priorities. However, conducting PSV on a year-round basis is less burdensome overall and something practices need to implement into workflows. She supported the idea of doing a call or screen share to discuss documentation needs, which could help cut down on some of the back and forth between IMAT and providers.</li> <li>○ James Tringale supported having a call to discuss results, as it may be challenging for providers to identify what IMAT is looking for. James then confirmed with Tricia that NCQA generally is looking for similar information on an annual basis.</li> </ul> </li> <li>• Tricia shared the PSV documentation requirements for outpatient and lab, highlighting examples for specific data categories (e.g., vitals). She then reviewed some of the common issues with PSV/DAV.</li> <li>• James Tringale asked for more clarity around the IGS/Facility Name. Tricia shared that this would be the referring facility and/or provider. Liv King elaborated that it is helpful to have this information because one cluster may have multiple sites that are sending data to the QRS.</li> </ul>	
4. IMAT DATA ELEMENT REQUEST LIST	<ul style="list-style-type: none"> <li>• Tricia Stewart discussed the current list of required data elements as part of IMAT’s onboarding process and highlighted specific elements that are targeted for improvement or inclusion. She asked Subgroup members to review the data element request list and encouraged individuals to contact IMAT with any questions and suggestions.</li> </ul>	
5. CCD REVIEW	<ul style="list-style-type: none"> <li>• Tricia Stewart reviewed a sample CCD, including various sections included within a CCD.</li> </ul>	

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6. IMAT FLAT FILE	<ul style="list-style-type: none"> <li>• Tricia Stewart reviewed the purposes of using a flat file, including discussing why providers may submit flat files in addition to a CCD. She then shared an example flat file format and noted that IMAT typically receives more information through a flat file compared to a CCD.               <ul style="list-style-type: none"> <li>○ Kiran Jettigundla asked how SOGI data will be included in future CCDs. Tricia said she would need to confirm with her team and get back to Kiran.</li> </ul> </li> </ul>	
7. ENHANCED DATA VALIDATION REPORT	<ul style="list-style-type: none"> <li>• Tricia Stewart provided an overview of the current structure of the enhanced data validation report, which IMAT aims to use to improve data quality. She asked the Subgroup what additional elements would be helpful to improve data quality.               <ul style="list-style-type: none"> <li>○ Stacey Aguiar said UnitedHealthcare typically finds that missing codes and/or dates of service are the biggest contributors to why the health plan cannot identify someone as numerator compliant.</li> <li>○ Kiran Jettigundla asked whether IMAT is considering collecting data from specialty providers. Liv King said the QRS can ingest these data, but the biggest demand and availability of data to date has been from PCPs. She added that one area of opportunity would be expanding this work to behavioral health providers as part of the CCBHC program.</li> </ul> </li> </ul>	
8. NEXT STEPS	<ul style="list-style-type: none"> <li>• Tricia Stewart and Deepti Kanneganti encouraged members of the Subgroup to reach out to IMAT and EOHHS with any further questions, as well as any feedback on how to improve PSV and the current data validation process. Tricia added that she would follow up with folks who raised questions during the call.</li> </ul>	<ul style="list-style-type: none"> <li>• IMAT will share the data element request list and example flat file with the group.</li> </ul>