BCS-E Training – Questions & Answers

Below is a transcribed list of questions asked during the BCS-E Training on July 17, 2023. Additional questions? Please contact NCQA at amp@ncqa.org.

1. **If we work with a certified measure vendor, would they be the appropriate party to purchase the BCS-E digital measure package (versus the PO)?**

   Yes, the certified measure vendor can be the one to purchase the BCS-E digital measure package if they will be programming the measure instead of the PO. In this case, the PO would not need to purchase the digital measure package.

2. **Do the measures include data sources such as the health maintenance tab which is our providers' area for patient reported data?**

   While not familiar with the 'health maintenance tab' specifically, if this is something that is provided in an EHR or case management system, it would be included and allowed for ECDS reporting since both EHR and case management systems are allowable data sources for ECDS. Refer to Guideline 4 in the Guidelines for Measures Reported Using ECDS in the Final MY 2023 AMP Technical Specifications, which describes how to define the data source categories and determine the categorization of different data sources. In this case, if the data was (1) previously used for administrative reporting, and (2) it met the requirements for administrative reporting along with supplemental data, it would also be allowable for ECDS. The only difference is that we ask this data be categorized by those different data sources when it is used for AMP reporting for health plans (required) and POs (optional).

3. **Given the response for the health care maintenance tab [question #2] I take we can do customized coding with our purchased products?**

   Assuming that the 'health care maintenance tab' is part of a patient portal, validated information (e.g., while taking a patient's history, a provider verifies that their patient received a particular surgery from another provider in the past) used to inform clinical decisions can still be used within AMP measure submissions for ECDS reporting. If this information is coming from an EHR, whether it was patient reported or reported by the provider, it can be recorded and mapped to a FHIR resource to then be used in ECDS reporting.

4. **Will FHIR CQL be required at some point in the future in order to report the ECDS measures?**

   While NCQA does not currently intend or expect to require FHIR/CQL to report ECDS measures for at least the next few years, we recommend that organizations that program their own measures begin to look at using FHIR/CQL to evaluate how it may fit into their system and if this is something they could use in the

future. One of the benefits of putting the measures into FHIR/CQL is that it only needs to be programmed once and then organizations can pick up that coding, implement it into their systems, and calculate their measures in a more automated fashion without the need to recode.

5. **It sounds like the actual reporting/submission of data for BCS-E hasn't necessarily changed for POs other than including the source if available. Is that correct?**

Yes, this is correct. The BCS-E measure does rely heavily on claims data for ECDS, and that is not necessarily going to change. We have seen this with HEDIS reporting where plans are using the same data sources and data streams when they transition to ECDS-reporting. The actual data streams should not change when moving to ECDS reporting; the difference is in how the data are bucketed in the four different data source categories, as described in Guideline 4 of the Guidelines for Measures Reported Using ECDS in the Final MY 2023 AMP Technical Specifications.

6. **Hi, I am a programmer for the BCS and BCS-E for the past couple years. I do notice that during my certification process, for BCS-E, I do not need to exclude 'supplement data' or 'supplemental source' or HCFAPOS='81' in the programming. Is there a reason why there is a difference between BCS and BCS-E?**

For ECDS reporting, there is no concept of 'supplemental data' (non-claims data used to supplement administrative data reporting); instead, all data are incorporated into the measure report in a standardized way across the data elements, which better supports the shift from using certain data to supplement performance to a more streamlined approach for information exchange.

When the measure is coded, clinical data sources in FHIR do not indicate where they came from, so there is no concept of the POS code 'HCFAPOS=81'. There was also no place to map 'HCFAPOS=81' on claims. The FHIR Implementation Guide in the AMP digital measure package includes advice on how to address situations like this. One possible solution is to not take diagnosis codes or procedure codes from lab claims, since these cannot be used in HEDIS measures. Therefore, NCQA recommends not mapping those codes into FHIR to ensure those data fields are not utilized.

7. **As a follow-up to the last question (question 6), if I understand correctly, the ECDS reporting still allows use of EHR data, which would typically be considered "supplemental data". In this case, how does this impact the PO audits of supplemental data?**

This understanding is correct. EHR data are still an allowable data source, but are not referred to as 'supplemental data'. Auditors will still need to review all organizations' data sources used during submissions. Audit techniques currently being used to review supplemental data will still be used to review data used in ECDS-reporting. Because of this, organizations will not see many changes in the audit process when it comes to using these types of data sources.