

Colorado Medicaid  
Managed Care Program

**FY 2014–2015 Physical Health  
Performance Measure Validation  
Report**  
*for*  
**The Department's Fee-for-Service  
Population**

September 2015

*This report was produced by Health Services Advisory Group, Inc. for the  
Colorado Department of Health Care Policy & Financing.*



3133 East Camelback Road, Suite 100 • Phoenix, AZ 85016-4545  
Phone 602.801.6600 • Fax 602.801.6051

*for the Department’s Fee-for-Service Population*

<b>Validation of Performance Measures</b> .....	<b>1</b>
Introduction.....	1
Performance Measure List.....	2
Technical Methods of Analysis .....	3
Validation Findings of Audit Process.....	5
The Department’s Compliance With IS Standards .....	6
<b>Appendix A. Information Systems Standards</b> .....	<b>A-1</b>
Overview of the NCQA HEDIS Compliance Audit .....	A-1
Information Systems Standards.....	A-1
IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry .	A-1
IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry .....	A-2
IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry .....	A-3
IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight ....	A-3
IS 5.0—Supplemental Data—Capture, Transfer, and Entry.....	A-4
IS 6.0—Member Call Center Data—Capture, Transfer, and Entry.....	A-4
IS 7.0—Data Integration—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity .....	A-4
<b>Appendix B. Audit Results and Rates</b> .....	<b>B-1</b>

## Validation of Performance Measures *for the Department's Fee-for-Service Population*

### Introduction

The Colorado State Medicaid agency, the Department of Health Care Policy & Financing (the Department) requires three mandatory external quality review (EQR) activities as per the Balanced Budget Act of 1997 (BBA), 42 Code of Federal Regulations (CFR) 438.358. One of these activities is the validation of performance measures. The Department has contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to conduct the validation of performance measures for its **Fee-for-Service (FFS)** population for fiscal year (FY) 2014–2015.

The Department opted to use selected National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>)<sup>1</sup> measures as the performance measures and calendar year 2014 as the measurement period for validation. Developed and maintained by NCQA, HEDIS is a set of performance data broadly accepted in the managed care environment as an industry standard. Because the Department is required to calculate and submit HEDIS performance measures and undergo an NCQA HEDIS Compliance Audit<sup>™, 2</sup>, HSAG validated the results from the audits to meet the BBA requirements. More specifically, HSAG's role in the validation of performance measures was to ensure that the validation activities were conducted as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 1, 2012.

The primary objectives of the performance measure validation process were to:

- ◆ Evaluate the accuracy of the performance measure data collected by the Department for its **FFS** population.
- ◆ Determine the extent to which the specific performance measures calculated by the Department (or on behalf of the Department) followed the specifications established for each performance measure.

The Department underwent an NCQA HEDIS Compliance Audit through an NCQA-licensed audit organization of its choice and submitted the audited results and audit statement to HSAG. Since the audit was conducted in compliance with NCQA's *2015 HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5* and the NCQA HEDIS Compliance Audit is consistent with the CMS Performance Measure Validation Protocol, the findings and results from the NCQA HEDIS Compliance Audit can be reviewed, validated, and eventually accepted as findings for the validation of performance measures to meet the BBA requirements.

<sup>1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup> NCQA HEDIS Compliance Audit<sup>™</sup> is a trademark of NCQA. The purpose of conducting a HEDIS audit is to ensure that rates submitted by the Department are reliable, valid, accurate, and can be compared to one another. For a brief overview of the NCQA HEDIS Compliance Audit, please refer to Appendix A.

## Performance Measure List

The NCQA-licensed audit organizations validated, at a minimum, a set of performance measures selected by the Department. The measures, which are listed in Table 1, are HEDIS measures that follow the definitions outlined in NCQA’s *HEDIS 2015 Technical Specifications, Volume 2*, and the reporting method required by the Department.

Table 1—Colorado Medicaid 2015 Performance Measure Reporting Set	
Performance Measures	Reporting Methodology
<i>Childhood Immunization Status</i>	Administrative
<i>Immunizations for Adolescents</i>	Administrative
<i>Well-Child Visits in the First 15 Months of Life</i>	Administrative
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Administrative
<i>Adolescent Well-Care Visits</i>	Administrative
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>	Hybrid
<i>Appropriate Testing for Children With Pharyngitis</i>	Administrative
<i>Annual Dental Visit</i>	Administrative
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	Administrative
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>	Administrative
<i>Prenatal and Postpartum Care</i>	Hybrid
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>	Administrative
<i>Controlling High Blood Pressure</i>	Hybrid
<i>Comprehensive Diabetes Care (excluding HbA1c &lt;7 indicator)</i>	Hybrid
<i>Annual Monitoring for Patients on Persistent Medications</i>	Administrative
<i>Use of Imaging Studies for Low Back Pain</i>	Administrative
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	Administrative
<i>Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation</i>	Administrative
<i>Use of Appropriate Medications for People With Asthma</i>	Administrative
<i>Asthma Medication Ratio</i>	Administrative
<i>Medication Management for People With Asthma</i>	Administrative
<i>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</i>	Administrative
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</i>	Administrative
<i>Chlamydia Screening in Women</i>	Administrative
<i>Breast Cancer Screening</i>	Administrative

Table 1—Colorado Medicaid 2015 Performance Measure Reporting Set	
Performance Measures	Reporting Methodology
<i>Cervical Cancer Screening</i>	Hybrid
<i>Non-Recommended Cervical Cancer Screening in Adolescent Females</i>	Administrative
<i>Adult Body Mass Index (BMI) Assessment</i>	Hybrid
<i>Anti-depressant Medication Management</i>	Administrative
<i>Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication</i>	Administrative
<i>Follow-up After Hospitalization for Mental Illness</i>	Administrative
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>	Administrative
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	Administrative
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	Administrative
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	Administrative
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	Administrative
<i>Ambulatory Care: Emergency Department Visits and Outpatient Visits</i>	Administrative
<i>Inpatient Utilization—General Hospital/Acute Care</i>	Administrative
<i>Identification of Alcohol and Other Drug Services</i>	Administrative
<i>Mental Health Utilization</i>	Administrative
<i>Antibiotic Utilization</i>	Administrative
<i>Frequency of Selected Procedures</i>	Administrative

## Technical Methods of Analysis

The CMS Performance Measure Validation Protocol identifies key types of data that should be reviewed. As part of the validation process, HSAG aggregated several sources of HEDIS-related data to determine if the licensed organizations’ (LOs’) audit process met CMS requirements.

This performance measure validation report uses two primary sources—NCQA’s Interactive Data Submission System (IDSS) data output reports and the final audit reports—to tabulate overall HEDIS reporting capabilities and functions for the Department. The IDSS contained the final HEDIS rates that were verified, reviewed, and locked by the LOs. The auditor-locking mechanism in the IDSS tool ensured that no information could be changed without the consent of NCQA and the auditor. The IDSS review process allowed the LOs to assess the reasonability of the rates submitted by the Department.

The following is a table identifying the key audit steps required by NCQA for the LO to conduct NCQA HEDIS Compliance Audits. The table also lists HSAG’s approach in validating the LO’s audit.

Table 2—Description of Data Sources Reviewed	
Key Steps According to NCQA’s HEDIS Compliance Audit	HSAG’s Approach on Validating the LO’s Audit Results
<b>Pre-on-site Visit/Meeting</b> —The initial conference call or meeting between the LOs and the Department’s staff.	HSAG verified that key HEDIS topics such as timelines and on-site review dates were addressed by the LOs.
<b>Roadmap Review</b> —This review provided the LOs with background information on policies, processes, and data in preparation for on-site validation activities. The Department was required to complete the Roadmap to provide the audit team with the necessary information to begin review activities.	HSAG looked for evidence in the final report that the LOs conducted a thorough review of all components of the Roadmap.
<b>Source Code Review</b> —Source code review is used to determine compliance with the performance measure definitions, including accurate numerator and denominator identification, sampling, and algorithmic compliance (to determine if rate calculations were performed correctly, medical record and administrative data were combined appropriately, and numerator events were counted accurately). This process is not necessary if the Department uses a vendor who participates in NCQA’s measure certification process.	If the MCO used a software vendor to produce HEDIS rates, HSAG used the final audit report (FAR) and measure certification letter to assess whether or not the software vendor achieved full measure certification status by NCQA for the reported HEDIS measures. HSAG ensured that the LOs reviewed the programming language for calculating the HEDIS measures if such a vendor was not used.
<b>Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey Vendor and Sample Frame Validation</b> —A certified survey vendor must be used if the Department performed a CAHPS survey as part of HEDIS reporting. <sup>3</sup>	HSAG verified that the LO performed detailed validations on the CAHPS Sample Frame if the Department performed a CAHPS survey as part of HEDIS reporting. If a survey vendor was used to perform the CAHPS surveys, HSAG verified that an NCQA-Certified survey vendor was used.
<b>Supplemental Data Validation</b> —If the Department used any supplemental data for reporting, the LO was to validate the supplemental data according to NCQA’s guideline.	HSAG verified whether the LO was following the NCQA-required approach while validating the supplemental databases.
<b>Convenience Sample Validation</b> —The auditor reviews a small number of processed medical records to uncover potential problems in the process that may require corrective action early in the medical record review (MRR) process. A convenience sample must be prepared unless the auditor determines that a health plan is exempt. NCQA allows organizations to be exempt from the convenience sample if they participated in a HEDIS audit the previous year and passed MRR validation, and if the current MRR process has not changed significantly from the previous year and the organization does not report	HSAG verified that the LOs determined whether or not the Department was required to undergo a convenience sample validation. HSAG also verified that if a convenience sample validation was not required by an LO, the specific reasons were documented.

<sup>3</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Table 2—Description of Data Sources Reviewed	
Key Steps According to NCQA's HEDIS Compliance Audit	HSAG's Approach on Validating the LO's Audit Results
hybrid measures that the auditor determines to be at risk of inaccurate reporting.	
<b>Medical Record Review</b> —The LOs are required to perform a more extensive validation of medical records reviewed, which is conducted late in the abstraction process. This validation ensures that the review process was executed as planned and that the results are accurate.	HSAG reviewed whether or not the LOs performed a review of the medical record review processes used by the Department for collecting medical record data for their hybrid measures. HSAG also examined whether the LOs had conducted a re-review of a random sample of medical records for each applicable measure group based on NCQA's protocol.
<b>IDSS Review</b> —There is a requirement to complete NCQA's IDSS for the submission of audited rates to NCQA. The auditor finalizes the IDSS by completing the audit review and entering an audit result. This process verifies that the auditor validated all activities that culminated in a rate by the Department. The auditor locks the IDSS so that no information can be changed.	HSAG verified that the LOs completed the IDSS review process.

## Validation Findings of Audit Process

Table 3 identifies the key elements used by the Department's LO while conducting its 2015 NCQA HEDIS Compliance Audit. These key elements were reviewed by HSAG during validation activities. As presented in Table 3, a checkmark indicates that the LO reviewed the HEDIS activities, which confirmed that HEDIS methodology was being followed. Some activities are identified as being compliant by inserting the name of the company the Department contracted with to perform the required tasks.

Table 3—Validation Activities for the Department	
<b>Licensed Organization</b>	Health Services Advisory Group, Inc. (HSAG)
<b>Pre-on-site Visit Call/Meeting</b>	✓
<b>Roadmap Review</b>	✓
<b>Software Vendor</b>	IMI Health
<b>Source Code/Certified Measure Review</b>	✓
<b>Survey Vendor</b>	Survey sample frame validation was not applicable to the scope of the audit.
<b>CAHPS Sample Frame Validation</b>	✓
<b>Supplemental Data Validation</b>	✓
<b>Medical Record Review</b>	✓
<b>IDSS Review</b>	✓

Table 3 indicates that the audit conducted for the Department included all of the listed validation activities. HSAG also determined that the data collected and reported for the Department-selected measures followed NCQA HEDIS methodology. Therefore, any rates and audit results are determined to be valid, reliable, and accurate.

## The Department's Compliance With IS Standards

In addition to ensuring that data were captured, reported, and presented in a uniform manner, HSAG evaluated the Department's information system (IS) capabilities for accurate HEDIS reporting. HSAG reviewed the Department's final audit report for its LO's assessments of IS capabilities, specifically focused on those aspects of the Department's systems that could have impacted the HEDIS Medicaid reporting set.

For the purpose of HEDIS compliance auditing, the terms "information system" or "IS" are used broadly to include the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation includes a review of any manual processes that may have been used for HEDIS reporting as well. The LO determined if the Department had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with NCQA's *2015 HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*, the LO evaluated IS compliance with NCQA's IS standards. These standards detail the minimum requirements the Department's IS systems should meet, as well as criteria that any manual processes used to report HEDIS information must meet. For circumstances in which a particular IS standard was not met, the LO rated the impact on HEDIS reporting capabilities and, particularly, any measure that could be impacted. The Department may not be fully compliant with many of the IS standards but may still be able to report the selected measures.

In general, information systems and processes used by the Department to calculate performance measures for the **FFS** population were adequate to meet the IS standards and the HEDIS determination reporting requirements. The section that follows provides a summary of key findings for each IS standard as noted in its final audit report. A more in-depth explanation of NCQA's IS standards is provided in Appendix A of this report.

**Table 4—Summary of the Department’s Compliance With IS Standards**

NCQA’s IS Standards	IS Standards Compliance Findings Based on HSAG’s Review of the HEDIS 2015 Final Audit Report
<p><b>IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>◆ Industry standard codes are required and captured.</li> <li>◆ Primary and secondary diagnosis codes are identified.</li> <li>◆ Nonstandard codes (if used) are mapped to industry standard codes.</li> <li>◆ Standard submission forms are used.</li> <li>◆ Timely and accurate data entry processes and sufficient edit checks are used.</li> <li>◆ Data completeness is continually assessed and all contracted vendors involved in medical claims processing are monitored.</li> </ul>	<p>The Department was compliant with this standard. The Department contracted with Xerox Services (Xerox) to process claims in its Medicaid Management Information System (MMIS). Due to Medicaid expansion, the Department received an average of 5.5 million paid institutional and professional claims every month. Ninety-nine percent of the claims were received electronically and providers were required to use industry-standard codes while submitting their claims.</p> <p>Claims for vision, dental, and laboratory services were processed the same way as other medical claims. Xerox maintained a highly automated process to receive and process claims submitted directly to the MMIS through a web portal or through clearinghouses. Xerox verified completeness and accuracy of the data through system edits. The auto-adjudication rate for medical claims was 99 percent. Pharmacy claims were processed via the Prescription Drug Claims System (PDCS), which also was operated by Xerox. All pharmacy claims were paid electronically at the point of sale. PDCS had an interface by which the MMIS and pharmacy claims data were loaded to MMIS nightly. Although the Department did not have any independent claim audits, ongoing vendor oversight was evident via weekly meetings and report monitoring. On-site system demonstration showed that the MMIS had the ability to capture principal and secondary diagnoses at the highest specificity level. There were no concerns with the processes at Xerox to load medical services and pharmacy data for the Department’s <b>FFS</b> clients.</p>
<p><b>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>◆ All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete.</li> <li>◆ Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place.</li> <li>◆ The health plans continually assess data completeness and take steps to improve performance.</li> <li>◆ The health plans effectively monitor the quality and accuracy of electronic submissions.</li> <li>◆ The health plans have effective control processes for the transmission of enrollment data.</li> </ul>	<p>The Department was compliant with this standard. Xerox was contracted by the Department to process eligibility data received from the Colorado Benefits Management System (CBMS). CBMS, a rule-based system that determines Medicaid eligibility, captured eligibility data either entered manually by county technicians or submitted online via the Department’s Program Eligibility and Application Kit (PEAK) system. Eligibility data from CBMS were transferred into the MMIS nightly. MMIS also received a full file load monthly from CBMS to ensure that data in both systems were synchronized. During 2014, the Department experienced an increase in Medicaid clients. Year-end membership from 2014 increased 52 percent compared to 2013. Despite the increase, the Department</p>

**Table 4—Summary of the Department’s Compliance With IS Standards**

NCQA’s IS Standards	IS Standards Compliance Findings Based on HSAG’s Review of the HEDIS 2015 Final Audit Report
	<p>did not have any additional backlog of eligibility data processing. Oversight of Xerox’s processing of eligibility data was implemented through review of monthly reports. On-site system demonstration showed that the MMIS had the ability to accommodate clients with multiple eligibility spans. There were no major issues identified related to the processing of eligibility data.</p>
<p><b>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>◆ Provider specialties are fully documented and mapped to HEDIS provider specialties.</li> <li>◆ Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>◆ Electronic transmissions of practitioner data are checked to ensure accuracy.</li> <li>◆ Processes and edit checks ensure accurate and timely entry of data into the transaction files.</li> <li>◆ Data completeness is assessed and steps are taken to improve performance.</li> <li>◆ Vendors are regularly monitored against expected performance standards.</li> </ul>	<p>The Department was compliant with this standard. Xerox managed the entire provider application process on behalf of the Department. This included performing security checks and validating licenses to ensure provider eligibility. Providers were assigned a unique provider identification number within the MMIS. Xerox selected random samples and verified provider data in MMIS against the original application forms. Xerox was contracted by the Department to process provider data for claims processing purposes.</p> <p>Corresponding to the increase in the number of Medicaid clients in 2014, there was a 9.7 percent increase in the number of primary care physicians. The Department relied on weekly meetings and operations reports to monitor Xerox’s performance. On-site system demonstration showed that the MMIS contained specific data fields to capture provider type and specialty information, and that the fields were consistently populated. There were no concerns related to the processes of managing provider data. The Department recognized certain challenges in obtaining updated specialty information from the providers, since this element was not required for service reimbursement.</p> <p>The auditor worked with the Department and its calculation vendor to ensure that specialty mapping was appropriate and adhered to NCQA’s guidelines for measure reporting.</p>
<p><b>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</b></p> <ul style="list-style-type: none"> <li>◆ Forms or tools used for medical record review capture all fields relevant to HEDIS reporting.</li> <li>◆ Checking procedures are in place to ensure data integrity for electronic transmission of information.</li> <li>◆ Retrieval and abstraction of data from medical records are accurately performed.</li> </ul>	<p>The Department was fully compliant with this standard. The Department’s contracted calculation vendor, IMI Health, generated samples according to the HEDIS sampling guidelines, with an appropriate measure-specific oversample. Provider chase logic was reviewed and determined appropriate across the hybrid measures. The Department contracted with an MRR vendor, Guardian Angel, for medical record pursuit and abstraction. Guardian Angel’s hybrid tools and</p>

**Table 4—Summary of the Department’s Compliance With IS Standards**

NCQA’s IS Standards	IS Standards Compliance Findings Based on HSAG’s Review of the HEDIS 2015 Final Audit Report
<ul style="list-style-type: none"> <li>◆ Data entry processes, including edit checks, are timely and accurate.</li> <li>◆ Data completeness is assessed, including steps to improve performance.</li> <li>◆ Vendor performance is monitored against expected performance standards.</li> </ul>	<p>corresponding abstraction instructions were reviewed and approved by HSAG.</p> <p>Guardian Angel’s reviewer qualifications, training, and oversight were appropriate. The Department conducted appropriate oversight of its vendor. Due to changes in the <i>Controlling High Blood Pressure</i> measure, a convenience sample was required and subsequently passed.</p> <p>The Department passed the MRRV process for the following measure groups:</p> <ul style="list-style-type: none"> <li>◆ Group A: <i>Controlling High Blood Pressure</i></li> <li>◆ Group B: <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity (Total)</i></li> <li>◆ Group C: <i>Comprehensive Diabetes Care—HbA1c Control (&lt;8.0%)</i></li> <li>◆ Group D: <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i></li> <li>◆ Group F: Exclusions</li> </ul>
<p><b>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</b></p> <ul style="list-style-type: none"> <li>◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>◆ Effective procedures for submitting HEDIS-relevant information are in place.</li> <li>◆ Electronic transmissions of supplemental data are checked to ensure accuracy.</li> <li>◆ Data entry processes, including edit checks, are timely and accurate.</li> <li>◆ Data completeness is assessed, including steps to improve performance.</li> <li>◆ Vendor performance is monitored against expected performance standards.</li> </ul>	<p>The Department was compliant with this standard. The Department contracted with HSAG to obtain immunization data from the Colorado Immunization Information System (CIIS) registry to augment its immunization-related rates. The HSAG data preparation team worked with the Department’s calculation vendor (IMI Health) to prepare a file that contained all eligible members with numerator negatives for the <i>Childhood Immunization Status (CIS)</i> and <i>Immunizations for Adolescents (IMA)</i> measures.</p> <p>The file was sent to the CIIS registry, whose staff matched members in the file with immunization information contained in the CIIS registry. The CIIS registry had elaborate processes and documentation for the immunization registry data. Immunization data were returned in a standardized data format to the HSAG data preparation team and then underwent basic validation before being forwarded to IMI Health for data integration. Although the process was not automated, adequate control was present to ensure data completeness and accuracy. There were no major issues or concerns regarding the processing of supplemental immunization data. The CIIS data were considered as standard supplemental data and were approved for HEDIS 2015 reporting.</p>

**Table 4—Summary of the Department’s Compliance With IS Standards**

NCQA’s IS Standards	IS Standards Compliance Findings Based on HSAG’s Review of the HEDIS 2015 Final Audit Report
<p><b>IS 6.0—Member Call Center Data—Capture, Transfer, and Entry</b></p>	<p>IS standard 6.0 was not applicable to the measures under the scope of the audit.</p>
<p><b>IS 7.0—Data Integration—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity</b></p> <ul style="list-style-type: none"> <li>◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes.</li> <li>◆ Data transfers to the HEDIS repository from transaction files are accurate.</li> <li>◆ File consolidations, extracts, and derivations are accurate.</li> <li>◆ The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts.</li> <li>◆ Report production is managed effectively and operators perform appropriately.</li> <li>◆ HEDIS reporting software is managed properly.</li> <li>◆ Physical control procedures ensure HEDIS data integrity.</li> <li>◆ The organization regularly monitors vendor performance against expected performance standards.</li> </ul>	<p>The Department was compliant with this standard. The Department contracted with HSAG to manage the entire HEDIS production. HSAG subcontracted IMI Health to integrate all data sources and calculate the measures. Since IMI Health was a vendor that obtained NCQA certification for all HEDIS 2015 measures, no manual source code review was conducted. There were no changes in the processes of data transfer, data preparation, and file consolidations for HEDIS 2015 reporting. All data sources (medical, pharmacy, provider, and eligibility) were transferred from MMIS to the Department’s Decision Support System (DSS) on a regular schedule. In December 2014, HSAG’s data preparation team began to extract data from the DSS and formatted the data according to IMI Health’s data schema. To ensure data reasonableness, HSAG’s data preparation team conducted data checks and year-to-year comparisons. Upon receiving the data from HSAG, IMI Health generated a data assessment report and discussed potential data completeness and accuracy issues with HSAG.</p> <p>HSAG held regular meetings with IMI Health to monitor its performance. There were no major concerns identified with the processes used to integrate data from various sources for HEDIS production. The Department, HSAG, and IMI Health have routine processes in place to back up data and ensure data integrity. Primary source verification was conducted on-site on selected measures. The auditor identified one case that required additional investigation on provider specialty for the <i>Children and Adolescents’ Access to Primary Care Practitioners (CAP)</i> measure. Further analysis showed no additional concerns. The Department intended to report <i>Mental Health Utilization (MPTA)</i> and the <i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</i> measures. Since the necessary data associated with these measures (claims data submitted by the behavioral health organizations contracted by the Department) were not included for rate calculation, the auditor advised the Department to consider not reporting the rates. These measures were therefore not selected for reporting in the IDSS.</p>

## Appendix A. Information Systems Standards for the Department's Fee-for-Service Population

### Overview of the NCQA HEDIS Compliance Audit

Developed and maintained by NCQA, HEDIS is a set of performance data broadly accepted in the managed care environment as an industry standard. Organizations seeking NCQA accreditation or wishing to publicly report their HEDIS performance results undergo an NCQA HEDIS Compliance Audit through an NCQA-licensed audit organization. The audits are conducted in compliance with NCQA's *2015 HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*. The purpose of conducting a HEDIS audit is to ensure that rates submitted by the organizations are reliable, valid, accurate, and can be compared to one another.

During the HEDIS audit, data management processes were reviewed using findings from the NCQA HEDIS Record of Administration, Data Management, and Processes (Roadmap) review; interviews with key staff members; and a review of queries and output files. Data extractions from systems used to house production files and generate reports were reviewed, including a review of data included in the samples for the selected measures. Based on validation findings, the LOs produced an initial written report identifying any perceived issues of noncompliance, problematic measures, and recommended opportunities for improvement. The LOs also produced a final report with updated text and findings based on comments on the initial report.

The FAR included information on the organization's information system (IS) capabilities; each measure's reportable results; medical record review (MRR) validation results; the results of any corrected programming logic, including corrections made to numerators, denominators, or sampling used for final measure calculation; and opportunities and recommendations for improvement of data completeness, data integrity, and health outcomes.

### Information Systems Standards

Listed below are the Information Systems Standards published in NCQA's *2015 HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*.

#### **IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry**

- IS 1.1 Industry standard codes (e.g., ICD-9-CM, CPT, DRG, HCPCS) are used and all characters are captured.
- IS 1.2 Principal codes are identified and secondary codes are captured.
- IS 1.3 Nonstandard coding schemes are fully documented and mapped back to industry standard codes.

- IS 1.4 Standard submission forms are used and capture all fields relevant to measure reporting. All proprietary forms capture equivalent data. Electronic transmission procedures conform to industry standards.
- IS 1.5 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files for measure reporting.
- IS 1.6 The organization continually assesses data completeness and takes steps to improve performance.
- IS 1.7 The organization regularly monitors vendor performance against expected performance standards.

### **Rationale**

The organization must capture all clinical information pertinent to the delivery of services to provide a basis for calculating measures. The audit process ensures that the organization consistently captures sufficient clinical information. Principal among these practices and critical for computing clinical measures is consistent use of standardized codes to describe medical events, including nationally recognized schemes to capture diagnosis, procedure, DRG, and DSM codes. Standardized coding improves the comparability of measures through common definition of identical clinical events. The organization must cross-reference nonstandard coding schemes at the specific diagnosis and service level to attain equivalent meaning. The integrity of measures requires using standard forms, controlling receipt processes, editing and verifying data entry, and implementing other control procedures that promote completeness and accuracy in receiving and recording medical information. The transfer of information from medical charts to the organization's databases should be subject to the same standards for accuracy and completeness.

### **IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry**

- IS 2.1 The organization has procedures for submitting measure-relevant information for data entry. Electronic transmissions of membership data have necessary procedures to ensure accuracy.
- IS 2.2 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.
- IS 2.3 The organization continually assesses data completeness and takes steps to improve performance.
- IS 2.4 The organization regularly monitors vendor performance against expected performance standards.

### **Rationale**

Controlling receipt processes, editing and verifying data entry, and implementing other control procedures to promote completeness and accuracy in receiving and recording member information are critical in databases that calculate measures. Specific member information includes age, gender, benefits, product line (commercial, Medicaid, and Medicare), and the dates that define periods of membership so gaps in enrollment can be determined.

### **IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry**

- IS 3.1 Provider specialties are fully documented and mapped to provider specialties necessary for measure reporting.
- IS 3.2 The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of practitioner data are checked to ensure accuracy.
- IS 3.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- IS 3.4 The organization continually assesses data completeness and takes steps to improve performance.
- IS 3.5 The organization regularly monitors vendor performance against expected performance standards.

#### **Rationale**

Controlling receipt processes, editing and verifying data entry, and implementing other control procedures to promote completeness and accuracy in receiving and recording provider information are critical in databases that calculate measures. Specific provider information includes the provider's specialty, contracts, credentials, populations served, date of inclusion in the network, date of credentialing, board certification status, and information needed to develop medical record abstraction tools.

### **IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight**

- IS 4.1 Forms capture all fields relevant to measure reporting. Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off).
- IS 4.2 Retrieval and abstraction of data from medical records are reliably and accurately performed.
- IS 4.3 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.
- IS 4.4 The organization continually assesses data completeness and takes steps to improve performance.
- IS 4.5 The organization regularly monitors vendor performance against expected performance standards.

#### **Rationale**

Medical record review validation ensures that record abstraction performed by or on behalf of the entity meets standards for sound processes and that abstracted data are accurate. Validation includes not only an over-read of abstracted medical records, but also a review of medical record review tools, policies, and procedures related to data entry and transfer, and training materials developed by or on behalf of the entity.

**IS 5.0—Supplemental Data—Capture, Transfer, and Entry**

- IS 5.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- IS 5.2 The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of data have checking procedures to ensure accuracy.
- IS 5.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- IS 5.4 The organization continually assesses data completeness and takes steps to improve performance.
- IS 5.5 The organization regularly monitors vendor performance against expected performance standards.

**Rationale**

Organizations may use a supplemental database to collect and store data, which is then used to augment rates. These databases must be scrutinized closely since they can be standard, nonstandard, or member-reported. The auditor must determine whether sufficient control processes are in place related to data collection, validation of data entry into the database, and use of these data. Mapping documents and file layouts may be reviewed as well, to determine compliance with this standard. Beginning with HEDIS 2014, NCQA provided new validation requirements for auditing supplemental data to ensure that all data included for reporting are complete and have required supporting documentation.

**IS 6.0—Member Call Center Data—Capture, Transfer, and Entry\***

- IS 6.1 Member call center data are reliably and accurately captured.

\*This standard was not applicable to the measures under the scope of the audit.

**IS 7.0—Data Integration—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity**

- IS 7.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- IS 7.2 Data transfers to repository from transaction files are accurate.
- IS 7.3 File consolidations, extracts, and derivations are accurate.
- IS 7.4 The repository structure and formatting are suitable for measures and enable required programming efforts.
- IS 7.5 Report production is managed effectively and operators perform appropriately.
- IS 7.6 Measure reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.
- IS 7.7 Physical control procedures ensure measure data integrity such as physical security, data access authorization, disaster recovery facilities, and fire protection.
- IS 7.8 The organization regularly monitors vendor performance against expected performance standards.

## Rationale

Calculating rates requires data from multiple sources. The systems used to assemble the data and to make the required calculations should be carefully constructed and tested. The organization's quality assurance practices and backup procedures serve as an organizational infrastructure supporting all information systems. The practices and procedures promote accurate and timely information processing and data protection in the event of a disaster. Data needed to calculate measures are produced by the organization's information systems and may be directly or indirectly affected by IS practices and procedures.

## Appendix B. Audit Results and Rates for the Department's Fee-for-Service Population

This appendix presents the audited rates in the IDSS calculated by the Department. Please note that although the Department calculated the *Prenatal and Postpartum Care* measure, the rates were not audited. As such, the audit results shown for the two indicators associated with this measure were an “NR” audit result. The un-audited rates were 47.05 percent for *Timeliness of Prenatal Care* and 30.20 percent for *Postpartum Care*, respectively.

Additionally, the Department calculated the *Follow-up After Hospitalization for Mental Illness* measure using a customized specification. The rates also were not audited. As such, the audit results shown for the two indicators associated with this measure were “NR.” The un-audited rates were 43.01 percent for *30-Day Follow-up* and 15.24 percent for *7-Day Follow-up*, respectively.

The *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* and the *Mental Health Utilization* measures were initially part of the reporting measure set. However, during the HEDIS compliance audit, it was identified that data from the required benefits (namely mental health or chemical dependency benefits) were not included for calculation. Consequently, the Department did not have complete data to report these measures and they were assigned an “NR” audit result.

Table B-1—HEDIS Audit Results		
Audit Finding	Description	Audit Result
<b>For HEDIS Measures</b>		
The rate or numeric result for a HEDIS measure is reportable. The measure was fully or substantially compliant with HEDIS specifications or had only minor deviations that did not significantly bias the reported rate.	Reportable	<b>R</b>
HEDIS specifications were followed but the denominator was too small to report a valid rate.	Denominator <30	<b>NA</b>
The health plan did not offer the health benefits required by the measure.	No Benefit (Benefit Not Offered)	<b>NB</b>
<ol style="list-style-type: none"> <li>1. The health plan calculated the measure but the rate was materially biased, or</li> <li>2. The health plan chose not to report the measure.</li> </ol>	Not Reportable	<b>NR</b>

**Table B-2—The Department’s Rates and Audit Results**

HEDIS Measure	2015 HEDIS Rate	Audit Result
<b>Childhood Immunization Status</b>		
<i>DTaP</i>	63.79%	<b>R</b>
<i>IPV</i>	80.98%	<b>R</b>
<i>MMR</i>	81.27%	<b>R</b>
<i>HiB</i>	76.61%	<b>R</b>
<i>Hepatitis B</i>	80.23%	<b>R</b>
<i>VZV</i>	80.69%	<b>R</b>
<i>Pneumococcal Conjugate</i>	65.71%	<b>R</b>
<i>Hepatitis A</i>	70.59%	<b>R</b>
<i>Rotavirus</i>	58.89%	<b>R</b>
<i>Influenza</i>	47.57%	<b>R</b>
<i>Combination #2</i>	55.31%	<b>R</b>
<i>Combination #3</i>	52.24%	<b>R</b>
<i>Combination #4</i>	48.03%	<b>R</b>
<i>Combination #5</i>	41.22%	<b>R</b>
<i>Combination #6</i>	33.83%	<b>R</b>
<i>Combination #7</i>	38.17%	<b>R</b>
<i>Combination #8</i>	31.74%	<b>R</b>
<i>Combination #9</i>	27.97%	<b>R</b>
<i>Combination #10</i>	26.31%	<b>R</b>
<b>Immunizations for Adolescents</b>		
<i>Meningococcal</i>	63.36%	<b>R</b>
<i>Tdap/Td</i>	77.05%	<b>R</b>
<i>Combination 1</i>	60.85%	<b>R</b>
<b>Well-Child Visits in the First 15 Months of Life</b>		
<i>0 Visits</i>	3.97%	<b>R</b>
<i>6+ Visits</i>	46.16%	<b>R</b>
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>	56.67%	<b>R</b>
<b>Adolescent Well-Care Visits</b>	32.15%	<b>R</b>
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>		
<i>BMI Percentile (3–11 Years)</i>	65.45%	<b>R</b>
<i>BMI Percentile (12–17 Years)</i>	69.12%	<b>R</b>
<i>BMI Percentile (Total)</i>	66.67%	<b>R</b>
<i>Counseling for Nutrition (3–11 Years)</i>	56.36%	<b>R</b>
<i>Counseling for Nutrition (12–17 Years)</i>	53.68%	<b>R</b>
<i>Counseling for Nutrition (Total)</i>	55.47%	<b>R</b>
<i>Counseling for Physical Activity (3–11 Years)</i>	47.64%	<b>R</b>
<i>Counseling for Physical Activity (12–17 Years)</i>	50.00%	<b>R</b>
<i>Counseling for Physical Activity (Total)</i>	48.42%	<b>R</b>

Table B-2—The Department’s Rates and Audit Results		
HEDIS Measure	2015 HEDIS Rate	Audit Result
<b><i>Appropriate Testing for Children With Pharyngitis</i></b>	73.41%	<b><i>R</i></b>
<b><i>Annual Dental Visit</i></b>		
2–3 Years	54.58%	<b><i>R</i></b>
4–6 Years	65.50%	<b><i>R</i></b>
7–10 Years	69.25%	<b><i>R</i></b>
11–14 Years	64.40%	<b><i>R</i></b>
15–18 Years	53.84%	<b><i>R</i></b>
19–21 Years	31.56%	<b><i>R</i></b>
Total	60.32%	<b><i>R</i></b>
<b><i>Appropriate Treatment for Children With Upper Respiratory Infection</i></b>	89.57%	<b><i>R</i></b>
<b><i>Children’s and Adolescents’ Access to Primary Care Practitioners</i></b>		
12–24 Months	93.07%	<b><i>R</i></b>
25 Months–6 Years	80.13%	<b><i>R</i></b>
7–11 Years	84.11%	<b><i>R</i></b>
12–19 Years	84.00%	<b><i>R</i></b>
<b><i>Prenatal and Postpartum Care</i></b>		
Timeliness of Prenatal Care	<b><i>NR</i></b>	<b><i>NR</i></b>
Postpartum Care	<b><i>NR</i></b>	<b><i>NR</i></b>
<b><i>Adults’ Access to Preventive/Ambulatory Health Services</i></b>		
20–44 Years	69.53%	<b><i>R</i></b>
45–64 Years	79.48%	<b><i>R</i></b>
65+ Years	75.07%	<b><i>R</i></b>
Total	73.05%	<b><i>R</i></b>
<b><i>Controlling High Blood Pressure</i></b>	52.31%	<b><i>R</i></b>
<b><i>Comprehensive Diabetes Care (excluding HbA1c &lt;7 indicator)</i></b>		
HbA1c Testing	81.75%	<b><i>R</i></b>
HbA1c Poor Control (>9.0%)	45.01%	<b><i>R</i></b>
HbA1c Control (<8.0%)	42.58%	<b><i>R</i></b>
Eye Exam	45.26%	<b><i>R</i></b>
Medical Attention for Nephropathy	72.99%	<b><i>R</i></b>
Blood Pressure Controlled <140/90 mm Hg	61.07%	<b><i>R</i></b>
<b><i>Annual Monitoring for Patients on Persistent Medications</i></b>		
ACE Inhibitors or ARBs	85.30%	<b><i>R</i></b>
Digoxin	58.50%	<b><i>R</i></b>
Diuretics	85.42%	<b><i>R</i></b>
Total	85.15%	<b><i>R</i></b>
<b><i>Use of Imaging Studies for Low Back Pain</i></b>	78.49%	<b><i>R</i></b>
<b><i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i></b>	28.81%	<b><i>R</i></b>

<b>Table B-2—The Department’s Rates and Audit Results</b>		
<b>HEDIS Measure</b>	<b>2015 HEDIS Rate</b>	<b>Audit Result</b>
<b>Pharmacotherapy Management of COPD Exacerbation</b>		
<i>Systemic corticosteroid</i>	62.49%	<b>R</b>
<i>Bronchodilator</i>	79.28%	<b>R</b>
<b>Use of Appropriate Medications for People With Asthma</b>		
<i>5–11 Years</i>	92.71%	<b>R</b>
<i>12–18 Years</i>	87.31%	<b>R</b>
<i>19–50 Years</i>	76.93%	<b>R</b>
<i>51–64 Years</i>	79.30%	<b>R</b>
<i>Total</i>	86.62%	<b>R</b>
<b>Asthma Medication Ratio</b>		
<i>5–11 Years</i>	73.46%	<b>R</b>
<i>12–18 Years</i>	75.36%	<b>R</b>
<i>19–50 Years</i>	81.97%	<b>R</b>
<i>51–64 Years</i>	85.50%	<b>R</b>
<i>Total</i>	76.46%	<b>R</b>
<b>Medication Management for People With Asthma</b>		
<b>Medication Compliance 50%</b>		
<i>5–11 Years</i>	69.57%	<b>R</b>
<i>12–18 Years</i>	64.40%	<b>R</b>
<i>19–50 Years</i>	69.70%	<b>R</b>
<i>51–64 Years</i>	76.54%	<b>R</b>
<i>Total</i>	68.38%	<b>R</b>
<b>Medication Compliance 75%</b>		
<i>5–11 Years</i>	46.50%	<b>R</b>
<i>12–18 Years</i>	40.04%	<b>R</b>
<i>19–50 Years</i>	47.73%	<b>R</b>
<i>51–64 Years</i>	57.48%	<b>R</b>
<i>Total</i>	45.34%	<b>R</b>
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b>	22.19%	<b>R</b>
<b>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</b>	76.88%	<b>R</b>
<b>Chlamydia Screening in Women</b>		
<i>16–20 Years</i>	46.26%	<b>R</b>
<i>21–24 Years</i>	55.53%	<b>R</b>
<i>Total</i>	50.89%	<b>R</b>
<b>Breast Cancer Screening</b>	30.17%	<b>R</b>
<b>Cervical Cancer Screening</b>	56.69%	<b>R</b>
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females</b>	1.82%	<b>R</b>
<b>Adult BMI Assessment</b>	82.00%	<b>R</b>
<b>Anti-depressant Medication Management</b>		
<i>Effective Acute Phase Treatment</i>	66.76%	<b>R</b>

Table B-2—The Department’s Rates and Audit Results		
HEDIS Measure	2015 HEDIS Rate	Audit Result
<i>Effective Continuation Phase Treatment</i>	51.20%	<b>R</b>
<b>Follow-up Care for Children Prescribed ADHD Medication</b>		
<i>Initiation Phase</i>	33.67%	<b>R</b>
<i>Continuation and Maintenance Phase</i>	33.64%	<b>R</b>
<b>Follow-up After Hospitalization for Mental Illness</b>		
<i>30-Day Follow-up</i>	<b>NR</b>	<b>NR</b>
<i>7-Day Follow-up</i>	<b>NR</b>	<b>NR</b>
<b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</b>		
<i>Initiation of AOD Treatment (13–17 Years)</i>	<b>NR</b>	<b>NR</b>
<i>Engagement of AOD Treatment (13–17 Years)</i>	<b>NR</b>	<b>NR</b>
<i>Initiation of AOD Treatment (18+ Years)</i>	<b>NR</b>	<b>NR</b>
<i>Engagement of AOD Treatment (18+ Years)</i>	<b>NR</b>	<b>NR</b>
<i>Initiation of AOD Treatment (Total)</i>	<b>NR</b>	<b>NR</b>
<i>Engagement of AOD Treatment (Total)</i>	<b>NR</b>	<b>NR</b>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>	66.41%	<b>R</b>
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>	88.24%	<b>R</b>
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>	27.35%	<b>R</b>
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>	35.90%	<b>R</b>
<b>Ambulatory Care: Emergency Department Visits and Outpatient Visits</b>		
<i>Outpatient Visits per 1,000 MM</i>	292.90	<b>R</b>
<i>ED Visits per 1,000 MM</i>	63.16	<b>R</b>
<b>Inpatient Utilization—General Hospital/Acute Care</b>		
<i>Discharges per 1,000 MM (Total Inpatient)</i>	7.99	<b>R</b>
<i>Days per 1,000 MM (Total Inpatient)</i>	9.14	<b>R</b>
<i>Average Length of Stay (Total Inpatient)</i>	1.14	<b>R</b>
<i>Discharges per 1,000 MM (Medicine)</i>	3.82	<b>R</b>
<i>Days per 1,000 MM (Medicine)</i>	4.59	<b>R</b>
<i>Average Length of Stay (Medicine)</i>	1.20	<b>R</b>
<i>Discharges per 1,000 MM (Surgery)</i>	1.88	<b>R</b>
<i>Days per 1,000 MM (Surgery)</i>	2.20	<b>R</b>
<i>Average Length of Stay (Surgery)</i>	1.17	<b>R</b>
<i>Discharges per 1,000 MM (Maternity)</i>	3.38	<b>R</b>
<i>Days per 1,000 MM (Maternity)</i>	3.47	<b>R</b>
<i>Average Length of Stay (Maternity)</i>	1.03	<b>R</b>
<b>Identification of Alcohol and Other Drug Services</b>		
<i>Any Service</i>	5.01%	<b>R</b>
<i>Inpatient</i>	1.11%	<b>R</b>

Table B-2—The Department’s Rates and Audit Results		
HEDIS Measure	2015 HEDIS Rate	Audit Result
<i>Intensive Outpatient or Partial Hospitalization</i>	0.00%	<b>R</b>
<i>Outpatient or ED</i>	4.49%	<b>R</b>
<b>Mental Health Utilization</b>		
<i>Any Service</i>	<b>NR</b>	<b>NR</b>
<i>Inpatient</i>	<b>NR</b>	<b>NR</b>
<i>Intensive Outpatient or Partial Hospitalization</i>	<b>NR</b>	<b>NR</b>
<i>Outpatient or ED</i>	<b>NR</b>	<b>NR</b>
<b>Antibiotic Utilization</b>		
<i>Average Scrips for PMPY for Antibiotics (All Ages)</i>	0.96	<b>R</b>
<i>Averages Days Supplied per Antibiotic Scrip (All Ages)</i>	9.67	<b>R</b>
<i>Average Scrips PMPY for Antibiotics of Concern (All Ages)</i>	0.37	<b>R</b>
<i>Percentage of Antibiotics of Concern of All Antibiotic Scrips (All Ages)</i>	38.52%	<b>R</b>
<b>Frequency of Selected Procedures (Procedures per 1,000 MM)</b>		
<i>Bariatric Weight Loss Surgery (0–19 Male)</i>	0.00	<b>R</b>
<i>Bariatric Weight Loss Surgery (0–19 Female)</i>	0.00	<b>R</b>
<i>Bariatric Weight Loss Surgery (20–44 Male)</i>	0.01	<b>R</b>
<i>Bariatric Weight Loss Surgery (20–44 Female)</i>	0.06	<b>R</b>
<i>Bariatric Weight Loss Surgery (45–64 Male)</i>	0.01	<b>R</b>
<i>Bariatric Weight Loss Surgery (45–64 Female)</i>	0.06	<b>R</b>
<i>Tonsillectomy (0–9 Male &amp; Female)</i>	0.55	<b>R</b>
<i>Tonsillectomy (10–19 Male &amp; Female)</i>	0.34	<b>R</b>
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.08	<b>R</b>
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.17	<b>R</b>
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.15	<b>R</b>
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.18	<b>R</b>
<i>Cholecystectomy, Open (30–64 Male)</i>	0.03	<b>R</b>
<i>Cholecystectomy, Open (15–44 Female)</i>	0.01	<b>R</b>
<i>Cholecystectomy, Open (45–64 Female)</i>	0.03	<b>R</b>
<i>Cholecystectomy (Laparoscopic) (30–64 Male)</i>	0.29	<b>R</b>
<i>Cholecystectomy (Laparoscopic) (15–44 Female)</i>	0.71	<b>R</b>
<i>Cholecystectomy (Laparoscopic) (45–64 Female)</i>	0.67	<b>R</b>
<i>Back Surgery (20–44 Male)</i>	0.24	<b>R</b>
<i>Back Surgery (20–44 Female)</i>	0.18	<b>R</b>
<i>Back Surgery (45–64 Male)</i>	0.55	<b>R</b>
<i>Back Surgery (45–64 Female)</i>	0.57	<b>R</b>
<i>Mastectomy (15–44 Female)</i>	0.02	<b>R</b>
<i>Mastectomy (45–64 Female)</i>	0.17	<b>R</b>
<i>Lumpectomy (15–44 Female)</i>	0.09	<b>R</b>
<i>Lumpectomy (45–64 Female)</i>	0.35	<b>R</b>