

Colorado Medicaid
Managed Care Program

**FY 2014–2015 Physical Health
Performance Measure Validation
Report**
for
Rocky Mountain Health Plans

September 2015

*This report was produced by Health Services Advisory Group, Inc. for the
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Validation of Performance Measures for Rocky Mountain Health Plans

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 **Rocky Mountain Health Plans (RMHP)**, a managed care organization (MCO), 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[®])¹ 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 **RMHP** is required to calculate and submit HEDIS performance measures and undergo an NCQA HEDIS Compliance Audit[™],² 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 **RMHP**.
- ◆ Determine the extent to which the specific performance measures calculated by **RMHP** (or on behalf of **RMHP**) followed the specifications established for each performance measure.

RMHP 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.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

² NCQA HEDIS Compliance Audit[™] is a trademark of NCQA. The purpose of conducting a HEDIS audit is to ensure that rates submitted by **RMHP** 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 <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 **RMHP**. 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 **RMHP**.

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
Pre-on-site Visit/Meeting —The initial conference call or meeting between the LOs and RMHP staff.	HSAG verified that key HEDIS topics such as timelines and on-site review dates were addressed by the LOs.
Roadmap Review —This review provided the LOs with background information on policies, processes, and data in preparation for on-site validation activities. RMHP 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.
Source Code Review —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 RMHP 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.
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey Vendor and Sample Frame Validation —A certified survey vendor must be used if RMHP performed a CAHPS survey as part of HEDIS reporting. ³	HSAG verified that the LO performed detailed validations on the CAHPS Sample Frame if RMHP performed a CAHPS survey as part of HEDIS reporting. If RMHP used a survey vendor to perform the CAHPS surveys, HSAG verified that an NCQA-Certified survey vendor was used.
Supplemental Data Validation —If RMHP 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.
Convenience Sample Validation —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	HSAG verified that the LOs determined whether or not RMHP 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.

³ 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
organization does not report hybrid measures that the auditor determines to be at risk of inaccurate reporting.	
Medical Record Review —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 RMHP 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.
IDSS Review — RMHP is required 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 RMHP . 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 **RMHP**'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 **RMHP** contracted with to perform the required tasks.

Table 3—Validation Activities for RMHP	
Licensed Organization	Dunwoody Technology Services Group, LLC (DTS Group)
Pre-on-site Visit Call/Meeting	✓
Roadmap Review	✓
Software Vendor	Inovalon, Inc.
Source Code/Certified Measure Review	✓
Survey Vendor	Center for the Study of Services (CSS)
CAHPS Sample Frame Validation	✓
Supplemental Data Validation	✓
Medical Record Review	✓
IDSS Review	✓

Table 3 indicates that the audit conducted for **RMHP** 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.

Rocky Mountain Health Plans' Compliance With IS Standards

In addition to ensuring that data were captured, reported, and presented in a uniform manner, HSAG evaluated **RMHP**'s information system (IS) capabilities for accurate HEDIS reporting. HSAG reviewed **RMHP**'s final audit report for its LO's assessments of IS capabilities, specifically focused on those aspects of **RMHP**'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 **RMHP** 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 **RMHP**'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. **RMHP** may not be fully compliant with many of the IS standards but may still be able to report the selected measures.

In general, **RMHP**'s information systems and processes were adequate to meet the IS standards and the HEDIS determination reporting requirements. The section that follows provides a summary of **RMHP**'s 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 RMHP’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>IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ Industry standard codes are required and captured. ◆ Primary and secondary diagnosis codes are identified. ◆ Nonstandard codes (if used) are mapped to industry standard codes. ◆ Standard submission forms are used. ◆ Timely and accurate data entry processes and sufficient edit checks are used. ◆ Data completeness is continually assessed and all contracted vendors involved in medical claims processing are monitored. 	<p>RMHP was fully compliant with this standard. The organization contractually required all providers to use standard CMS 1500 and UB-04 forms. These forms only allowed the use of industry standard coding. The data entry process captured the full character levels, including primary and secondary coding. Documentation and file content were the same for both paper and electronically collected transaction data. The data entry screens were reviewed and found to be capable of accepting the standard coding.</p> <p>A review of the Roadmap showed that standard forms were used for all medical claims. Electronically transmitted claims were consistent with CMS 1500 and UB04 forms and processed in the same manner as paper claims. The transaction files were verified and found to contain all of the data fields necessary to produce HEDIS measures. These data were captured by RMHP through a combination of submitted data and the adjudication process. Electronic data were initially processed through EDI, and any inconsistency resulted in a return of the claim to the provider for correction. This same process was followed for claims submitted through the mail.</p> <p>RMHP received pharmacy data from the pharmacy benefits manager, Express Scripts, which adjudicated the claim electronically at the time of service and provided the information monthly to RMHP. All data required to support HEDIS reporting were provided, including member number, National Drug Code (NDC), fill date, and metric quantity.</p>
<p>IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete. ◆ Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. ◆ The health plans continually assess data completeness and take steps to improve performance. ◆ The health plans effectively monitor the quality and accuracy of electronic submissions. ◆ The health plans have effective control processes for the transmission of enrollment data. 	<p>RMHP was fully compliant with this standard. RMHP had current policies and procedures related to enrollment that were reviewed and found to meet the requirements of HEDIS. Enrollment forms and membership data were received electronically and via paper. Paper enrollment forms and electronic data were processed in a timely manner. The enrollment system contained all of the fields needed to capture the necessary data elements. Software was in place to identify data entry errors, and audits of data entry were conducted on a monthly basis by the Internal Audit Department. Enrollment transactions processed each day were transmitted to the data warehouse for comparison to CMS data. RMHP received membership information for Marketplace enrollees on a State-based</p>

Table 4—Summary of RMHP’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
	exchange. An electronic enrollment file was generated and the Marketplace members were processed the same as other RMHP members.
<p>IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ Provider specialties are fully documented and mapped to HEDIS provider specialties. ◆ Effective procedures for submitting HEDIS-relevant information are in place. ◆ Electronic transmissions of practitioner data are checked to ensure accuracy. ◆ Processes and edit checks ensure accurate and timely entry of data into the transaction files. ◆ Data completeness is assessed and steps are taken to improve performance. ◆ Vendors are regularly monitored against expected performance standards. 	<p>RMHP was fully compliant with this standard. Documentation pertaining to provider data was reviewed in the Roadmap (Practitioner Data System Flowchart, practitioner application). Facets was used in maintaining practitioner data for credentialing.</p> <p>During the on-site visit, the procedures in place for collecting provider data were observed; all aspects supported the required HEDIS elements. Sample screens were reviewed and could track a sample provider application to the original data entry screen from hard copy maintained by the plan. All necessary information was captured and audited for accuracy.</p> <p>There were some delegated contracts. Electronic inputs received from delegated entities were audited for accuracy and completeness, and they conformed to required data element standards. An annual schedule of on-site reviews of delegates existed.</p>
<p>IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight</p> <ul style="list-style-type: none"> ◆ Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. ◆ Checking procedures are in place to ensure data integrity for electronic transmission of information. ◆ Retrieval and abstraction of data from medical records are accurately performed. ◆ Data entry processes, including edit checks, are timely and accurate. ◆ Data completeness is assessed, including steps to improve performance. ◆ Vendor performance is monitored against expected performance standards. 	<p>RMHP was fully compliant with this standard. Its data collection tools captured all fields relevant to HEDIS reporting. Retrieval and abstraction of data from medical records were reliably and accurately performed. There were sufficient edits checks to ensure accuracy of submitted data.</p> <p>A formal orientation session for medical record abstraction was provided to all reviewers. Reviewers were provided with a copy of the HEDIS technical specifications. Each specification was reviewed with the abstractor during the orientation process.</p>
<p>IS 5.0—Supplemental Data—Capture, Transfer, and Entry</p> <ul style="list-style-type: none"> ◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes. ◆ Effective procedures for submitting HEDIS-relevant information are in place. ◆ Electronic transmissions of supplemental data are checked to ensure accuracy. 	<p>RMHP was fully compliant with this standard. Documentation related to the use of supplemental data was reviewed. The process of capturing and processing these supplemental data was discussed and reviewed. When the supplemental data were in a nonstandard format, primary source verification was performed to validate the accuracy of the information captured. The transaction file for the HEDIS repository was reviewed and confirmed to contain all of the required data fields.</p>

Table 4—Summary of RMHP’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"> ◆ Data entry processes, including edit checks, are timely and accurate. ◆ Data completeness is assessed, including steps to improve performance. ◆ Vendor performance is monitored against expected performance standards. 	<p>Policies were examined prior to the on-site visit.</p>
<p>IS 6.0—Member Call Center Data—Capture, Transfer, and Entry</p>	<p>Although RMHP’s LO indicated in the FAR that RMHP was in compliance with this standard, the standard was not applicable to the measures selected by the Department.</p>
<p>IS 7.0—Data Integration—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity</p> <ul style="list-style-type: none"> ◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes. ◆ Data transfers to the HEDIS repository from transaction files are accurate. ◆ File consolidations, extracts, and derivations are accurate. ◆ The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts. ◆ Report production is managed effectively and operators perform appropriately. ◆ HEDIS reporting software is managed properly. ◆ Physical control procedures ensure HEDIS data integrity. ◆ The organization regularly monitors vendor performance against expected performance standards. 	<p>RMHP was fully compliant with this standard. RMHP produced HEDIS rates through the use of an NCQA-certified measure vendor. Data for HEDIS rate calculations resided in a data warehouse and all transfers of HEDIS relevant data from the internally developed claims system and other transaction files were monitored and tracked. The NCQA-certified measure vendor was verified for the most current updates prior to calculating HEDIS rates.</p> <p>Staff members performed all file consolidations, extractions, and derivations. The repository received monthly updates. All data and report runs from the plan’s data warehouse had time, date, and run-specific documentation, eliminating the need for production logs. All data merges were verified by reconciling record counts between export and import processes. RMHP compared data compilations to previous HEDIS compilations and internal quality, utilization, and management reports. All necessary procedures were in place for the production of HEDIS reports and the data repository structure and use were sufficient.</p> <p>Only limited IS staff members had access to the operating system and server data. There was a documented recovery system. Data and system backups were performed nightly for all critical systems. Full system backups were performed weekly. Incremental backups were performed throughout the week, and all backups were sent to off-site storage. An off-site tape log was updated each day.</p>

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 Rocky Mountain Health Plans

This appendix presents the audited rates in the IDSS calculated by **RMHP**. **RMHP** rotated the *Childhood Immunization Status; Immunizations for Adolescent; Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits* measures for HEDIS 2015. Per the Department’s required data collection methodology, the rates displayed in the table reflect administrative data only and were not the final, reported hybrid rates in the plan-submitted file for HEDIS 2015.

Table B-1—HEDIS Audit Results		
Audit Finding	Description	Audit Result
For HEDIS Measures		
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	R
HEDIS specifications were followed but the denominator was too small to report a valid rate.	Denominator <30	NA
The health plan did not offer the health benefits required by the measure.	No Benefit (Benefit Not Offered)	NB
<ol style="list-style-type: none"> 1. The health plan calculated the measure but the rate was materially biased, or 2. The health plan chose not to report the measure. 	Not Reportable	NR

Table B-2—RMHP’s Rates and Audit Results		
HEDIS Measure	2015 HEDIS Rate	Audit Result
Childhood Immunization Status		
<i>DTaP</i>	69.06%	<i>R</i>
<i>IPV</i>	83.12%	<i>R</i>
<i>MMR</i>	90.30%	<i>R</i>
<i>HiB</i>	82.28%	<i>R</i>
<i>Hepatitis B</i>	48.66%	<i>R</i>
<i>VZV</i>	88.89%	<i>R</i>
<i>Pneumococcal Conjugate</i>	68.21%	<i>R</i>
<i>Hepatitis A</i>	74.68%	<i>R</i>
<i>Rotavirus</i>	65.82%	<i>R</i>
<i>Influenza</i>	58.37%	<i>R</i>
<i>Combination #2</i>	36.01%	<i>R</i>
<i>Combination #3</i>	33.61%	<i>R</i>
<i>Combination #4</i>	31.08%	<i>R</i>
<i>Combination #5</i>	27.99%	<i>R</i>
<i>Combination #6</i>	25.32%	<i>R</i>
<i>Combination #7</i>	26.02%	<i>R</i>
<i>Combination #8</i>	23.91%	<i>R</i>
<i>Combination #9</i>	21.38%	<i>R</i>
<i>Combination #10</i>	20.25%	<i>R</i>
Immunizations for Adolescents		
<i>Meningococcal</i>	58.02%	<i>R</i>
<i>Tdap/Td</i>	84.89%	<i>R</i>
<i>Combination 1</i>	56.53%	<i>R</i>
Well-Child Visits in the First 15 Months of Life		
<i>0 Visits</i>	1.44%	<i>R</i>
<i>6+ Visits</i>	25.72%	<i>R</i>
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	64.36%	<i>R</i>
Adolescent Well-Care Visits	41.71%	<i>R</i>
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
<i>BMI Percentile (3–11 Years)</i>	82.17%	<i>R</i>
<i>BMI Percentile (12–17 Years)</i>	79.71%	<i>R</i>
<i>BMI Percentile (Total)</i>	81.42%	<i>R</i>
<i>Counseling for Nutrition (3–11 Years)</i>	68.15%	<i>R</i>
<i>Counseling for Nutrition (12–17 Years)</i>	55.07%	<i>R</i>
<i>Counseling for Nutrition (Total)</i>	64.16%	<i>R</i>
<i>Counseling for Physical Activity (3–11 Years)</i>	63.78%	<i>R</i>
<i>Counseling for Physical Activity (12–17 Years)</i>	59.40%	<i>R</i>
<i>Counseling for Physical Activity (Total)</i>	62.47%	<i>R</i>

Table B-2—RMHP’s Rates and Audit Results		
HEDIS Measure	2015 HEDIS Rate	Audit Result
<i>Appropriate Testing for Children With Pharyngitis</i>	90.06%	<i>R</i>
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	93.63%	<i>R</i>
Children’s and Adolescents’ Access to Primary Care Practitioners		
12–24 Months	91.77%	<i>R</i>
25 Months–6 Years	72.77%	<i>R</i>
7–11 Years	85.74%	<i>R</i>
12–19 Years	83.53%	<i>R</i>
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	91.31%	<i>R</i>
Postpartum Care	67.71%	<i>R</i>
Adults’ Access to Preventive/Ambulatory Health Services		
20–44 Years	57.81%	<i>R</i>
45–64 Years	64.23%	<i>R</i>
65+ Years	93.33%	<i>R</i>
Total	61.83%	<i>R</i>
Controlling High Blood Pressure	68.44%	<i>R</i>
Comprehensive Diabetes Care (excluding HbA1c <7 indicator)		
HbA1c Testing	89.37%	<i>R</i>
HbA1c Poor Control (>9.0%)	26.41%	<i>R</i>
HbA1c Control (<8.0%)	65.61%	<i>R</i>
Eye Exam	63.62%	<i>R</i>
Medical Attention for Nephropathy	82.61%	<i>R</i>
Blood Pressure Controlled <140/90 mm Hg	76.74%	<i>R</i>
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	86.97%	<i>R</i>
Digoxin	NA	NA
Diuretics	86.12%	<i>R</i>
Total	86.17%	<i>R</i>
Use of Imaging Studies for Low Back Pain	82.65%	<i>R</i>
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	32.28%	<i>R</i>
Pharmacotherapy Management of COPD Exacerbation		
Systemic corticosteroid	36.47%	<i>R</i>
Bronchodilator	47.06%	<i>R</i>
Use of Appropriate Medications for People With Asthma		
5–11 Years	92.38%	<i>R</i>
12–18 Years	86.75%	<i>R</i>
19–50 Years	77.78%	<i>R</i>
51–64 Years	NA	NA
Total	84.48%	<i>R</i>

Table B-2—RMHP’s Rates and Audit Results		
HEDIS Measure	2015 HEDIS Rate	Audit Result
Asthma Medication Ratio		
5–11 Years	71.15%	R
12–18 Years	49.40%	R
19–50 Years	54.43%	R
51–64 Years	NA	NA
Total	58.89%	R
Medication Management for People With Asthma		
Medication Compliance 50%		
5–11 Years	43.30%	R
12–18 Years	47.22%	R
19–50 Years	60.32%	R
51–64 Years	NA	NA
Total	50.20%	R
Medication Compliance 75%		
5–11 Years	23.71%	R
12–18 Years	22.22%	R
19–50 Years	44.44%	R
51–64 Years	NA	NA
Total	30.61%	R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	21.88%	R
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	61.76%	R
Chlamydia Screening in Women		
16–20 Years	39.60%	R
21–24 Years	40.58%	R
Total	40.12%	R
Breast Cancer Screening	49.65%	R
Cervical Cancer Screening	48.47%	R
Non-Recommended Cervical Cancer Screening in Adolescent Females	2.28%	R
Adult BMI Assessment	87.80%	R
Anti-depressant Medication Management		
Effective Acute Phase Treatment	57.69%	R
Effective Continuation Phase Treatment	40.06%	R
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	34.62%	R
Continuation and Maintenance Phase	32.31%	R
Follow-up After Hospitalization for Mental Illness		
30-Day Follow-up	NB	NB
7-Day Follow-up	NB	NB
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NB	NB

Table B-2—RMHP’s Rates and Audit Results		
HEDIS Measure	2015 HEDIS Rate	Audit Result
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	<i>NB</i>	<i>NB</i>
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	<i>NR</i>	<i>NR</i>
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	<i>NR</i>	<i>NR</i>
Ambulatory Care: Emergency Department Visits and Outpatient Visits		
<i>Outpatient Visits per 1,000 MM</i>	224.34	<i>R</i>
<i>ED Visits per 1,000 MM</i>	37.35	<i>R</i>
Inpatient Utilization—General Hospital/Acute Care		
<i>Discharges per 1,000 MM (Total Inpatient)</i>	5.07	<i>R</i>
<i>Days per 1,000 MM (Total Inpatient)</i>	19.24	<i>R</i>
<i>Average Length of Stay (Total Inpatient)</i>	3.79	<i>R</i>
<i>Discharges per 1,000 MM (Medicine)</i>	2.37	<i>R</i>
<i>Days per 1,000 MM (Medicine)</i>	10.13	<i>R</i>
<i>Average Length of Stay (Medicine)</i>	4.28	<i>R</i>
<i>Discharges per 1,000 MM (Surgery)</i>	0.91	<i>R</i>
<i>Days per 1,000 MM (Surgery)</i>	5.42	<i>R</i>
<i>Average Length of Stay (Surgery)</i>	5.96	<i>R</i>
<i>Discharges per 1,000 MM (Maternity)</i>	2.56	<i>R</i>
<i>Days per 1,000 MM (Maternity)</i>	5.25	<i>R</i>
<i>Average Length of Stay (Maternity)</i>	2.05	<i>R</i>
Identification of Alcohol and Other Drug Services		
<i>Any Service</i>	2.56%	<i>R</i>
<i>Inpatient</i>	0.62%	<i>R</i>
<i>Intensive Outpatient or Partial Hospitalization</i>	0.00%	<i>R</i>
<i>Outpatient or ED</i>	2.20%	<i>R</i>
Mental Health Utilization		
<i>Any Service</i>	0.71%	<i>R</i>
<i>Inpatient</i>	0.10%	<i>R</i>
<i>Intensive Outpatient or Partial Hospitalization</i>	0.00%	<i>R</i>
<i>Outpatient or ED</i>	0.64%	<i>R</i>
Antibiotic Utilization		
<i>Average Scrips for PMPY for Antibiotics (All Ages)</i>	0.54	<i>R</i>
<i>Averages Days Supplied per Antibiotic Scrip (All Ages)</i>	9.59	<i>R</i>
<i>Average Scrips PMPY for Antibiotics of Concern (All Ages)</i>	0.21	<i>R</i>
<i>Percentage of Antibiotics of Concern of All Antibiotic Scrips (All Ages)</i>	38.50%	<i>R</i>
Frequency of Selected Procedures (Procedures per 1,000 MM)		
<i>Bariatric Weight Loss Surgery (0–19 Male)</i>	0.00	<i>R</i>
<i>Bariatric Weight Loss Surgery (0–19 Female)</i>	0.00	<i>R</i>
<i>Bariatric Weight Loss Surgery (20–44 Male)</i>	0.02	<i>R</i>

Table B-2—RMHP’s Rates and Audit Results

HEDIS Measure	2015 HEDIS Rate	Audit Result
<i>Bariatric Weight Loss Surgery (20–44 Female)</i>	0.06	<i>R</i>
<i>Bariatric Weight Loss Surgery (45–64 Male)</i>	0.00	<i>R</i>
<i>Bariatric Weight Loss Surgery (45–64 Female)</i>	0.11	<i>R</i>
<i>Tonsillectomy (0–9 Male & Female)</i>	0.66	<i>R</i>
<i>Tonsillectomy (10–19 Male & Female)</i>	0.38	<i>R</i>
<i>Hysterectomy, Abdominal (15–44 Female)</i>	0.09	<i>R</i>
<i>Hysterectomy, Abdominal (45–64 Female)</i>	0.29	<i>R</i>
<i>Hysterectomy, Vaginal (15–44 Female)</i>	0.46	<i>R</i>
<i>Hysterectomy, Vaginal (45–64 Female)</i>	0.29	<i>R</i>
<i>Cholecystectomy, Open (30–64 Male)</i>	0.00	<i>R</i>
<i>Cholecystectomy, Open (15–44 Female)</i>	0.00	<i>R</i>
<i>Cholecystectomy, Open (45–64 Female)</i>	0.00	<i>R</i>
<i>Cholecystectomy (Laparoscopic) (30–64 Male)</i>	0.30	<i>R</i>
<i>Cholecystectomy (Laparoscopic) (15–44 Female)</i>	0.77	<i>R</i>
<i>Cholecystectomy (Laparoscopic) (45–64 Female)</i>	0.64	<i>R</i>
<i>Back Surgery (20–44 Male)</i>	0.24	<i>R</i>
<i>Back Surgery (20–44 Female)</i>	0.12	<i>R</i>
<i>Back Surgery (45–64 Male)</i>	0.36	<i>R</i>
<i>Back Surgery (45–64 Female)</i>	0.35	<i>R</i>
<i>Mastectomy (15–44 Female)</i>	0.02	<i>R</i>
<i>Mastectomy (45–64 Female)</i>	0.18	<i>R</i>
<i>Lumpectomy (15–44 Female)</i>	0.11	<i>R</i>
<i>Lumpectomy (45–64 Female)</i>	0.31	<i>R</i>