



California Cooperative Healthcare Reporting Initiative 2009

**HEDIS® DATA COLLECTION PROJECT
Introduction and Overview**

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OVERVIEW OF CCHRI AND HEDIS®

OVERVIEW OF CCHRI AND HEDIS

- NCQA – National Committee for Quality Assurance
 - HEDIS - Healthcare Effectiveness Data and Information Set
 - Leader of Health Plan performance measurement system
 - Two types of measures
 - Quality-related
 - Other (i.e., utilization, descriptive)
 - Data Collection Project collects data on 14 hybrid quality-related measures

OVERVIEW OF CCHRI AND HEDIS

- CCHRI – California Cooperative Healthcare Reporting Initiative
 - Collaborative effort among Health Plans and provider organizations to produce valid HEDIS data across California Health Plans
 - Governed by 18-member Executive Committee represented by purchasers, Health Plans, and providers, and consumers
 - Now in its sixteenth year
 - Streamlines retrieval of HEDIS documentation by integrating requests from multiple Health Plans into one request for each Collector organization

CCHRI PARTICIPATING HEALTH PLANS

Health Plan Participants in CCHRI 2009:

- Aetna Health of California, Inc.
- Blue Cross of California - HMO
- Blue Shield of California
- CIGNA HealthCare of California
- Health Net of California
- Kaiser Permanente – Northern California*
- Kaiser Permanente – Southern California*
- PacifiCare of California
- SCAN Health Plan

Requests from Health Plans not listed above are outside the scope of the CCHRI Data Collection Project

**Do not participate in Integrated Pull List*

CCHRI PROJECTS

Pacific Business Group on Health (PBGH)

- HEDIS® Data Collection Project
 - Thomson Reuters (Healthcare), Inc. subcontractor
- CAHPS Member Survey Project
- Patient Assessment Survey (PAS) Project
- Provider After Hours Survey
- California Physician Performance Initiative (formerly Better Quality Initiative “BQI”)
 - Thomson Reuters (Healthcare), Inc. subcontractor
- Health Plan and Group Data Improvement

Pay for Performance (P4P)

- Administered by Integrated Healthcare Association
 - Thomson Reuters (Healthcare), Inc. subcontractor
- CCHRI does work closely and provides support to the IHA P4P project

WHY WAS CCHRI ESTABLISHED?

Minimize provider burden by integrating Health Plan medical record documentation requests

Enhance the comparability of performance data in the managed care marketplace



Benefits of participating as a Collector

- One request (Integrated Pull List)
- Coordination and control of documentation requests within your organization
- One contact to resolve issues surrounding data collection
- Reimbursement for administrative data/medical record documentation submissions
- Training in HEDIS data collection with access to ongoing support

CCHRI/HEDIS TERMS

.....Term.....Description.....
Denominator Population	Entire Health Plan population that is eligible for the measure denominator
Sample	Statistically valid subset of the eligible Health Plan population
Denominator	Bottom number of fraction that indicates final Health Plan HEDIS rate
Numerator	Top number of fraction that indicates final Health Plan HEDIS rate
Numerator Service	Provision of clinical service that enables Health Plan to count patient in numerator Some measures include multiple numerator events (e.g., Comprehensive Diabetes, Care, Cholesterol Management, Prenatal and Postpartum Care)
Numerator Timeframe	The time period during which the numerator service must be rendered
Numerator Positive	Patient with documented evidence of numerator service during HEDIS-specified time frame
Numerator Negative	Patient who lacks evidence of numerator service during HEDIS-specified time frame
Hybrid Measure	Evidence of service may be taken from patient's medical record and may be combined with administrative data
Health Plan Admin positive	Patient with evidence of numerator service from a <u>Health Plan</u> claims, encounter, lab or pharmacy data system
Provider Admin Positive	Patient with evidence of numerator service from a <u>provider</u> claim, encounter, lab, pharmacy or other valid data system
Pursuit	Collector and/or Health Plan searches for additional/supplemental information necessary for a Numerator Positive

MEASURE ABBREVIATION KEY

ABA	Adult BMI Assessment (Commercial, Medicare)
CBP*	Controlling High Blood Pressure (Commercial, Medicare)
CCS	Cervical Cancer Screening (Commercial, PPO)
CDC	Comprehensive Diabetes Care [Commercial, Medicare, (PPO)]
CIS	Childhood Immunization Status (Commercial)
CMC	Cholesterol Management For Patients With Cardiovascular Conditions [Commercial, Medicare, (PPO)]
COA	Care for Older Adults (Medicare SNP)
COL	Colorectal Cancer Screening (Commercial, Medicare)
MRP	Medication Reconciliation Post-Discharge (Medicare SNP)
PPC	Prenatal and Postpartum Care (Commercial)
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity to Children/Adolescents (Commercial)
W15	Well-Child Visits in the First 15 Months of Life (Commercial, Medicaid)
W34	Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life (Commercial, Medicaid)
AWC	Adolescent Well-Care Visits (Commercial, Medicaid)

***Can not be satisfied administratively**

HEALTH PLAN ACCREDITATION

Accreditation Levels can change annually depending on HEDIS scores

- Excellent
 - Only granted to those that meet or exceed NCQA's requirements for consumer protection and quality improvement. **Must also achieve HEDIS results that are in the highest range of national or regional performance.**
- Commendable
 - Awarded to those that demonstrate levels of service and clinical quality that meet or exceed consumer protection and quality improvement requirements.
- Accredited
 - Must meet basic requirements
- Provisional
 - Indicates that Health Plan's service and clinical quality meet some, but not all basic requirements
- Denied
 - Health plan did not meet requirements

Effectiveness of Care and CAHPS account for **43%** of scoring

OTHER CONSIDERATIONS

PBGH Employers put premiums at risk up to 2% based on HEDIS/CAHPS scores

Employers have performance guarantees

- Depending on contract, Health Plans could pay up to \$30,000 per measure per employer if guarantee is not met
 - (i.e., guarantee could be that Health Plan must meet the 75th national percentile for a certain measure)

ACCREDITATION MEASURES

Many measures vital for NCQA Health Plan Accreditation

- Hybrid Measures (Commercial)
 - Cervical Cancer Screening
 - Childhood Immunization Status (Combo 2)
 - Cholesterol Management for Patients With Cardiovascular Conditions (screening rate only)
 - Colorectal Cancer Screening
 - Comprehensive Diabetes Care [Eye Exam, LDL-C screening, HbA1c screening, Nephropathy, HbA1c Poorly Controlled (>9.0%)]
 - Controlling High Blood Pressure
 - Prenatal and Postpartum Care

ACCREDITATION MEASURES

- Administrative Data Only Measures (Commercial)
 - Antidepressant Medication Management
 - Appropriate Testing for Children with Pharyngitis
 - Appropriate Treatment for Children with Upper Respiratory Infection
 - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
 - Breast Cancer Screening
 - Flu Shots for Adults Ages 50 – 64 (survey measure)
 - Follow-Up After Hospitalization for Mental Illness
 - Persistence of Beta-Blocker Treatment After a Heart Attack
 - Use of Appropriate Medications for People with Asthma
 - Use of Imaging Studies for Low Back Pain
 - Use of Spirometry Testing in the Assessment and Diagnosis of COPD
 - Claims Processing
 - Eight CAHPS measures

HEDIS MEASURES

Some measures include several “numerator” services

Each rate is calculated by the division of

- A denominator (the sample of people who should have received a particular service)
- A numerator (the number of people in the sample who did, in fact, receive the service)

Every measure/numerator has

- Numerator Service: the service that the patient should have received (e.g., Cervical Cancer Screening – pap test)
- Numerator Timeframe: the timeframe during which the numerator service should have been delivered (e.g., Cervical Cancer Screening in 2008, 2007, or 2006)

HIERARCHY

NUMERATOR POSITIVE

EXCLUSION

CONTRAINDICATION

NUMERATOR NEGATIVE

HIERARCHY

NUMERATOR POSITIVE

Evidence of service is found

Copy appropriate documentation, attach to Medical Record Submission Cover Sheet and submit to Health Plans

HIERARCHY

EXCLUSION

Wrong gender: e.g., male in the Cervical Cancer Screening measure

Wrong age: e.g., Health Plan's records show that child had second birthday on December 30, 2008 (qualifying member for the Childhood Immunization measure). However, medical record shows second birthday is January 2, 2009 (disqualifying member since second birthday is not in 2008)

Copy appropriate documentation, attach to Medical Record Submission Cover Sheet and submit to Health Plans

Health plans make final determination to remove member from denominator

HIERARCHY

CONTRAINDICATION

Condition that may indicate that the numerator service is not appropriate

- e.g., Hysterectomy (with no residual cervix) for Cervical Cancer Screening

If member has contraindication

- If member received numerator service, member counts as a numerator positive
- If member did not receive the numerator service, plan can remove the member from the denominator population

Contraindications can occur at any time prior to the end of the numerator timeframe (e.g., hysterectomy in 1982 would count as a contraindication)

Copy appropriate documentation, attach to Medical Record Submission Cover Sheet and submit to Health Plans

Health plans make final determination to remove member from denominator



HIERARCHY

NUMERATOR NEGATIVE

Evidence of service within timeframe was not found

- Collector requirement:
 - Copy all documentation outlined in the Retrieval, Assessment, and Pursuit (RAP) Manual for the measure/numerator timeframe
 - Requirements vary for Level I and Level II Collectors
 - Submit to Health Plans

RAP MANUAL COPYING REQUIREMENTS EXAMPLE FOR NUMERATOR NEGATIVES

CERVICAL CANCER SCREENING

PHOTOCOPY INSTRUCTIONS	<p>Copy:</p> <ul style="list-style-type: none">• Demographic/Face Sheet(s)• Health Maintenance Form/Report• Progress Notes• Problem Lists• Medical History Forms• Medication List• Cytology Reports• Pathology Reports• Ultrasound Surgery or Procedure Reports• Flow Charts <p>Also include any other documentation you feel may be relevant.</p>
PHOTOCOPY INSTRUCTIONS FOR NUMERATOR NEGATIVES	<p>If the member is <u>not</u> numerator positive, at a <u>minimum</u> copy the documents identified in the Photocopy Instructions for the following period:</p> <p>January 1, 2006 through December 31, 2008</p>

CCHRI AND HIPAA

HIPAA (Health Insurance Portability and Accountability Act) Regulations explicitly permits HEDIS[®] data collection

HIPAA does not supercede state laws which are more stringent

- CMIA [Confidentiality of Medical Information Act, **California** Civil Code §56.10 (c)(4)] is supported by HIPAA

CCHRI AND HEDIS “LIBRARY”

Workshop materials and public reports available at www.cchri.org

National Committee for Quality Assurance (NCQA) sets technical specifications for measures www.ncqa.org

- State of Health Care Quality national report available on website

Public report card available at www.opa.ca.gov

HELP IS ON IT'S WAY!!

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SAMPLE OF PULL LIST/MEDICAL RECORD SUBMISSION COVER SHEET



MEDICAL RECORD PULL LIST

301153

Collector Healthy People Medical Group

CCHRI #:	MEASURE:	MEMBER NAME:	DOB:	PLAN MEMBER ID:	PLAN:
163030	CDC	ABEL, ELIZABETH	01/19/1966	201260535	MEDSTAT Test Plan
174857	PPC	Aguiniga, Kristine	07/08/1978	315845938	MEDSTAT Test Plan
174840	W15	ALLEN, GEORGIA	04/28/2006	215839980	MEDSTAT Test Plan
133395	CBP	ANDREWS, LONNIE	12/08/1947	164676127	MEDSTAT Test Plan
174858	PPC	Arrellano, Linda	05/03/1979	315845939	MEDSTAT Test Plan
163038	CDC	ARZATE, MARIE	03/14/1944	201270411	MEDSTAT Test Plan
163053	CDC	AUSTRIA, JESUS	04/02/1950	201288928	MEDSTAT Test Plan
163050	CDC	AYALA, RITA	04/22/1941	201285225	MEDSTAT Test Plan
163049	CDC	BABY, CHARLES	02/01/1953	201283990	MEDSTAT Test Plan
173961	AWC	BAKER, SHANNON	03/09/1994	214754854	MEDSTAT Test Plan
163048	CDC	BALDERAS, LEON	09/06/1943	201282756	MEDSTAT Test Plan
163046	CDC	BARCIA, MADELINE	07/18/1948	201280287	MEDSTAT Test Plan
174860	PPC	Barnes, Nancy	12/21/1980	315845941	MEDSTAT Test Plan
163044	CDC	BARRETT, MANUEL	10/02/1954	201277818	MEDSTAT Test Plan
174861	PPC	Barrett, Olga	10/16/1981	315845942	MEDSTAT Test Plan
174921	CIS	Bauer, Joe	01/28/2005	315845996	MEDSTAT Test Plan



**CCHRI HEDIS 2009 DATA PROJECT
MEDICAL RECORD SUBMISSION COVER SHEET**
***** TIME SENSITIVE MATERIAL *****

HEDIS MEASURE: Cervical Cancer Screening
Numerator Time Frame: Calendar years 2006-2008

Patient: BROOKS, KAREN	DOB: 10/31/1953
Health Plan: CCHRI Test Plan	Payer: Commercial
Health Plan Member ID: 163049056	CCHRI #: 132077-301153
Group: Healthy People Medical Group	Plan-Suggested Physician:
Address: 567 Any Road	Toogood, John
Camarillo CA 93007	345 Your Street
Phone: (805) 555-6699 Fax:	Anytown
	(805) 555-5555

Type of Submission: Attention physician office staff: Please check the appropriate items below and sign prior to submission.

Electronic Source Paper Source Cover Sheet Only Paper Source and Admin. Data
 Administrative Data Only

If Cover Sheet only is being submitted you must indicate reason for no documentation (check one):

<input type="checkbox"/>	1 Patient is not our assigned patient and has never been seen here. Capitation/Eligibility list confirms this.
<input type="checkbox"/>	2 Patient not ours during timeframe but is currently ours; no documentation from prior providers for timeframe.
<input type="checkbox"/>	3 Patient was ours, but was not seen by us during the timeframe of the measure.
<input type="checkbox"/>	4 Patient was ours, but has never accessed care in this office.
<input type="checkbox"/>	5 Patient died before numerator timeframe: indicate date of death ____/____/____
<input type="checkbox"/>	6 Other, explain: _____

List all physicians from whom you have requested documentation of this service(s):

Provider Name	Specialty	Phone	Evidence of service not found: Date medical record documentation submitted from this provider	Contacted but no medical record for this member.	Physician Refused to Cooperate. Action taken to prompt compliance (i.e., had Medical Director call)
If checked (X), please explain below in the Comments section					

Comments/Additional pursuit leads (e.g. referrals outside of your organization):

Check here if you have complete centralized medical records (i.e., all documentation covering all affiliated physicians) and do not have any shadow files or ancillary clinics.

Person attesting to the accuracy of information provided:

Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Collector Medical Record Pull List

Collector: 301153 Healthy People Medical Group

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07-Jan-09





CCHRI HEDIS 2009 DATA PROJECT MEDICAL RECORD SUBMISSION COVER SHEET

***** TIME SENSITIVE MATERIAL *****

HEDIS MEASURE: Comprehensive Diabetes Care

Numerator Time Frame: Calendar years 2007-2008

Numerators appearing below with a darkened circle have already met the HEDIS requirement and do not require medical record documentation:

- Num 1 (Hemoglobin A1c Test)
 Num 5 (Retinal Exam)
 Num 7 (LDL-C Level <100)
 Num 9 (Blood Pressure <130/80)
 Num 2/3/4 (HbA1c Level)
 Num 6 (LDL-C Test)
 Num 8 (Nephropathy Monitored)
 Num 10 (Blood Pressure <140/90)

Patient: ABEL, ELIZABETH Health Plan: CCHRI Test Plan Health Plan Member ID: 201260535		DOB: 01/19/1967 Payer: Healthy Families EPO CCHRI #: 163030-301153
Group: The Health Institute Address: 5851 Pagent Court Lemoore CA 94920 Phone: (555) 555-1234 Fax:	Plan-Suggested Physician: Toogood, John 345 Your Street Anytown (805) 555-5555	