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1. Introduction
The purpose of this document is to provide Coordinated Care Organizations (CCOs) with guidance on fulfilling chart review and data submission requirements for two CCO incentive measures for the second measurement year (2014). These measures are:

- Colorectal Cancer Screening (NQF 0034)
- Timeliness of Prenatal Care (NQF 1517)

This document describes the chart review process and timelines and provides templates for the chart review and data submission.

2. Background
In the first measurement year, only administrative data (claims) were used to calculate two of the CCO incentive measures: Timeliness of Prenatal Care and Colorectal Cancer Screening, and one of the state performance measures: Postpartum Care. This resulted in a modified measurement approach that likely underreported the actual cancer screening and prenatal and postpartum care provided to CCO members.

Based on stakeholder feedback, the Metrics and Scoring Committee agreed that for the second measurement year (2014), hybrid specifications, utilizing administrative and clinical data, would be adopted for these two incentive measures. OHA has adopted HEDIS 2013 hybrid specifications for these measures.

As chart review for both the prenatal and postpartum care rates included as part of NQF 1517 can be done at the same time (i.e., the chart will already be open for the Timeliness of Prenatal Care measure), OHA is asking CCOs to also submit data to support the Postpartum Care component of NQF 1517. This document includes guidance for all three measures.

Coordinated Care Organizations are responsible for conducting the chart review and submitting the data to OHA according to the timeline, process, and specifications outlined in this guidance document.

2.1 2014 Quality Pool
CCOs must conduct the chart review and submit the data to OHA for these measures to be calculated for the 2014 quality pool; without chart review and data submission, CCOs will not be eligible to earn any quality pool funds associated with these two measures. However, unlike the three clinical measures and the year two technology plan and data submission requirements, these two measures are not “pay for reporting.”

CCOs will not receive 2014 quality pool funds for reporting the chart review data. 2014 quality pool funds associated with these two CCO incentive measures will be distributed based on CCO performance.
compared to the 2014 benchmark and calculated improvement targets, established by the Metrics & Scoring Committee.

<table>
<thead>
<tr>
<th>Measure</th>
<th>2014 Benchmark</th>
<th>2014 Improvement Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
<td>47 percent.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Source: Committee Consensus</td>
<td>2013 and 2014 data are not directly comparable; no improvement target can be established.</td>
</tr>
<tr>
<td>Timeliness of Prenatal Care</td>
<td>90 percent.</td>
<td>Minnesota Method¹</td>
</tr>
<tr>
<td></td>
<td>Source: 2013 national Medicaid 75th percentile</td>
<td></td>
</tr>
</tbody>
</table>

2.2 2015 Measurement
As Colorectal Cancer Screening and Timeliness of Prenatal Care were both selected as CCO incentive measures for the third measurement year (2015), it is likely that CCOs will be responsible for a similar chart review next year. OHA will issue any revised guidance for the 2015 chart review in fall 2015.

3. Chart Review Process
3.1 Measure Specifications
OHA is utilizing the 2013 HEDIS specifications for Timeliness of Prenatal Care and Postpartum Care and Colorectal Cancer Screening. Measure specifications can be found in HEDIS 2013 Volume 2, and OHA’s documentation is posted online at [http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx).

Note that OHA is not modifying or adapting the HEDIS specifications; however, OHA is utilizing HEDIS 2013 specifications. Current HEDIS vendors and HEDIS software may only be able to produce these measures using HEDIS 2015 specifications.

OHA will be using the HEDIS 2015 specifications for the third measurement year, CY 2015.

¹ A custom improvement target will be established for each CCO, based on their 2013 performance and using the Minnesota Method. The improvement target methodology is documented online at [http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx).
3.2 Deliverables

CCOs are required to conduct the chart review and submit the completed data submission template for Timeliness of Prenatal Care and Postpartum Care and Colorectal Cancer Screening to OHA no later than April 30, 2015.

As chart review for both the prenatal and postpartum care rates included as part of NQF 1517 can be done at the same time (i.e., the chart will already be open for the Timeliness of Prenatal Care measure), OHA is asking CCOs to also submit data to support the Postpartum Care component of NQF 1517. OHA will provide CCOs with a sample of members who meet the criteria for the prenatal and postpartum care components of the measure.

CCOs are responsible for conducting the chart review; CCOs can choose to contract with HEDIS Medical Record Review Vendors or conduct the chart review in-house. CCOs can also choose to centrally collect information from an EHR or other data platform (see data sources in section 5 below).

Chart review data must be submitted to OHA using the data submission template, found in Appendix A. OHA has also provided chart review forms to help CCOs conduct the review; use of these forms is optional. These forms are available in Appendix B.

3.3 Process

The HEDIS General Guidelines for Data Collection and Reporting describes the hybrid method as follows:

*Organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure’s eligible population. Organizations should review administrative data to determine if members in the systematic sample received the survey and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on members in the sample who are found to have received the service required for the numerator.*

For the 2014 chart review, OHA will use administrative (claims and enrollment) data to identify the denominators and to generate the samples for the measures. OHA will provide both a preliminary and final sample (described below) for CCOs to conduct the chart review.

CCOs can use the chart review forms OHA has created (see Appendix B) or follow HEDIS specifications to conduct the chart review and populate the data submission template (see Appendix A). Note OHA is requiring the CCOs to submit the results of the review for each member included in their sample individually, rather than submitting a calculated rate. OHA will use the member level results to determine compliance with the measure specifications and will calculate the CCO-specific rates.

OHA will also provide CCOs with the list of members that fall into the denominators for these measures as part of ongoing metric progress reports (dashboards). CCOs may use these denominators to support any quality improvement efforts and to validate the denominator throughout the year (for example, a
CCO may identify members in the prenatal care denominator who should be excluded because they did not have a live birth).

### 3.4 Timeline
The chart review process will follow the timeline below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHA will generate and provide the preliminary samples (sample 1) to CCOs.</td>
<td>November 25, 2014</td>
</tr>
<tr>
<td>See section below on sampling.</td>
<td></td>
</tr>
<tr>
<td>Optional: CCOs can use the preliminary sample to begin chart review and completion of the data submission template.</td>
<td>Any time after sample 1 is released.</td>
</tr>
<tr>
<td>OHA will provide the final samples (sample 2) to CCOs.</td>
<td>No later than January 23, 2015</td>
</tr>
<tr>
<td>CCOs will use the final samples to conduct the chart review and complete the data submission template.</td>
<td>Any time after sample 2 is released.</td>
</tr>
<tr>
<td>See section below on sampling.</td>
<td></td>
</tr>
<tr>
<td>CCOs send the completed data submission template to OHA.</td>
<td>No later than April 30, 2015</td>
</tr>
<tr>
<td>See section below on data submission.</td>
<td></td>
</tr>
<tr>
<td>OHA reviews the data submission templates, follows up with CCOs if any questions or clarifications to submission are needed.</td>
<td>Between April 30 and May 31, 2015</td>
</tr>
<tr>
<td>Chart review is complete; OHA compares CCO performance to the benchmark and calculates 2014 quality pool distribution.</td>
<td>After May 31, 2015</td>
</tr>
<tr>
<td>2014 quality pool is distributed to CCOs.</td>
<td>No later than June 30, 2015</td>
</tr>
</tbody>
</table>
4. Sampling
OHA will follow the 2013 HEDIS Guidelines for Calculations and Sampling, Systematic Sampling Methodology as outlined in HEDIS 2013 Technical Specifications for Health Plans Volume 2. OHA will provide each CCO with two samples for each measure – a preliminary sample and the final sample.

The preliminary samples will include member name and Medicaid ID number. Members included in the preliminary samples will have met minimum enrollment criteria for each measure at the time the preliminary sample was generated. The prenatal care sample will also include the estimated delivery date (EDD). Members included in the final sample will have met enrollment criteria for each measure for the measurement year. The final sample may also include additional information such as enrollment dates.

4.1 Preliminary Sample
OHA will provide CCOs with a preliminary sample on November 25, 2014. CCOs may opt to begin their chart review and complete the data submission template for members included in the preliminary sample; however, this is not required. CCOs may wait until OHA provides the final sample in January 2015 to begin the chart review.

The preliminary sample is being provided for CCOs who wish to have more time to complete the chart review, or who wish to align the chart review with other ongoing chart review processes for other lines of business (e.g., Medicare Advantage).

As the preliminary sample is being pulled early, the eligible population will not be complete; members included in the preliminary sample may not be included in the final sample, due to continuous enrollment criteria or other exclusions. CCOs that opt to begin chart review based on the preliminary sample may end up conducting chart review on more members than will be included in the final sample – as some members included in the preliminary sample will drop out of the final measure.

Note: when sampling prior to December 1 of a measurement year, HEDIS guidelines call for oversampling to account for individuals included in the sample who were found to be non-compliant with denominator criteria. However, OHA is only providing the preliminary sample to CCOs to allow for additional time for the review and is not using the preliminary sample as the basis for the final measurement. As OHA will provide a final sample using only eligible members, oversampling to accommodate members who might drop out is not necessary, as the established sample size (see below) takes into account any additional members who might drop out due to exclusions.

4.2 Final Sample
OHA will provide CCOs with the final sample in January 2015. CCOs will have approximately 3 months (13 weeks) to complete the chart review based on the final sample and submit the completed template back to OHA.
The final sample will only include members eligible for the measure. Some members included in the preliminary sample will no longer be eligible for the measure and will not be included in the final sample. Note OHA will not be providing an oversample to account for any exclusions that CCOs might find during the review process – if a CCO has a known error rate in their review, a larger sample size can be requested from OHA in advance (see section 4.3 below).

CCOs will not need to run any internal reports or conduct additional analysis on the final sample to determine whether a member is still eligible for inclusion in the measure, or if the member is numerator-compliant prior to beginning the chart review. OHA will apply all measure criteria prior to distributing the final sample to CCOs.

4.3 Sample Size
HEDIS methodology calls for a sample size of 411 charts per measure. However, to reduce the burden of conducting the chart review for CCOs where possible, OHA will apply HEDIS guidelines for reducing the sample size as described below.

CCOs can conduct the chart review with 411 charts per measure, regardless of the reduced sample size for prenatal and postpartum care described below, at their discretion. CCOs with known error rates may also be interested in requesting an oversample from OHA in advance. If interested in either option, CCOs should notify OHA by January 9, 2015 so OHA can provide an appropriately sized sample.

Colorectal Cancer Screening
As the measure specifications changed significantly between 2013 and 2014, the previous year’s rate is not comparable and cannot be used to determine the sample size. OHA will require 411 charts per CCO for this measure, with exceptions made for small denominators (see small denominator section below).

Timeliness of Prenatal Care and Postpartum Care
OHA will use each CCO’s 2013 prenatal care rate calculated from administrative data to determine the sample size, using HEDIS’ 2013 Guidelines for Calculations and Sampling. Note that this is a modification of the HEDIS guidance – which calls for using the rate from the current year’s administrative data or the prior year’s hybrid rate. OHA is not asking CCOs to submit their own hybrid rates from the prior year.

OHA will also make exceptions for small denominators (see small denominator section below).

Modified Table 2: Sample Size When Data Are Available on the Product Line Being Measured

<table>
<thead>
<tr>
<th>If the prior year’s rate is...</th>
<th>...the sample size is</th>
<th>If the prior year’s rate is...</th>
<th>...the sample size is</th>
<th>If the prior year’s rate is...</th>
<th>...the sample size is</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>405</td>
<td>66%</td>
<td>371</td>
<td>76%</td>
<td>305</td>
</tr>
<tr>
<td>If the prior year’s rate is...</td>
<td>...the sample size is</td>
<td>If the prior year’s rate is...</td>
<td>...the sample size is</td>
<td>If the prior year’s rate is...</td>
<td>...the sample size is</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>57%</td>
<td>403</td>
<td>67%</td>
<td>366</td>
<td>77%</td>
<td>296</td>
</tr>
<tr>
<td>58%</td>
<td>401</td>
<td>68%</td>
<td>360</td>
<td>78%</td>
<td>288</td>
</tr>
<tr>
<td>59%</td>
<td>398</td>
<td>69%</td>
<td>354</td>
<td>79%</td>
<td>279</td>
</tr>
<tr>
<td>60%</td>
<td>395</td>
<td>70%</td>
<td>348</td>
<td>80%</td>
<td>270</td>
</tr>
<tr>
<td>61%</td>
<td>392</td>
<td>71%</td>
<td>342</td>
<td>81%</td>
<td>260</td>
</tr>
<tr>
<td>62%</td>
<td>388</td>
<td>72%</td>
<td>335</td>
<td>82%</td>
<td>250</td>
</tr>
<tr>
<td>63%</td>
<td>384</td>
<td>73%</td>
<td>328</td>
<td>83%</td>
<td>240</td>
</tr>
<tr>
<td>64%</td>
<td>380</td>
<td>74%</td>
<td>321</td>
<td>84%</td>
<td>229</td>
</tr>
<tr>
<td>65%</td>
<td>376</td>
<td>75%</td>
<td>313</td>
<td>85%</td>
<td>219</td>
</tr>
</tbody>
</table>

Decimals from the 2013 rates are truncated to utilize this chart.

*CCO Specific Sample Sizes for Timeliness of Prenatal Care Measure*

<table>
<thead>
<tr>
<th>CCO</th>
<th>2013 Rate</th>
<th>Required Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllCare Health Plan</td>
<td>73.4%</td>
<td>328</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>70.2%</td>
<td>348</td>
</tr>
<tr>
<td>Columbia Pacific CCO</td>
<td>64.8%</td>
<td>376</td>
</tr>
<tr>
<td>Eastern Oregon CCO</td>
<td>78.3%</td>
<td>288</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>69.8%</td>
<td>348</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>68.5%</td>
<td>354</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>66.8%</td>
<td>366</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>67.5%</td>
<td>360</td>
</tr>
<tr>
<td>CCO</td>
<td>2013 Rate</td>
<td>Required Sample Size</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>PacificSource – Central</td>
<td>74.1%</td>
<td>321</td>
</tr>
<tr>
<td>PacificSource – Gorge</td>
<td>82.0%</td>
<td>250</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>71.9%</td>
<td>335</td>
</tr>
<tr>
<td>Trillium Community Health Plan</td>
<td>56.0%</td>
<td>405</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>66.3%</td>
<td>371</td>
</tr>
<tr>
<td>Western Oregon Advanced Health</td>
<td>57.1%</td>
<td>403</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>58.8%</td>
<td>398</td>
</tr>
<tr>
<td>Yamhill CCO</td>
<td>70.3%</td>
<td>348</td>
</tr>
</tbody>
</table>

**Small Denominators**

For some CCOs, the size of the eligible population for a measure may be smaller than the required sample sizes for the prenatal care measure (see table above). In this case, the entire eligible population will be included in the sample for chart review.

For example, Yamhill CCO’s required sample size for the prenatal care measure is 348; however, if Yamhill CCO only has 320 members in their denominator, all 320 will be included in their final sample.

**5. Hybrid Methodology**

OHA will be using the 2013 HEDIS hybrid methodology and specifications for these measures. However, OHA is making some modifications to reduce CCO burden and to align with quality pool timelines. The chart review as described in this document may not meet the technical specifications for HEDIS data submission.

**5.1 Certified Medical Record Review Vendors**

OHA is not requiring CCOs to contract with a HEDIS certified vendor. CCOs can choose to contract with a vendor at their own discretion or conduct the chart review in-house utilizing any of the appropriate data sources noted below.

Please note that if choosing to contract with a HEDIS-certified vendor, vendors and software may have already updated to HEDIS 2015 specifications and may not be able to report on these measures using the 2013 specifications.
5.2 Medical Record Review Standards
HEDIS hybrid methodology calls for additional processes to determine the validity and integrity of abstracted data, including interrater reliability, quality control, and rater-to-standard tests. OHA is not requiring any of these additional processes as part of the 2014 chart review; however, under Exhibit B, part 8(2)(f) of the CCO contract (Privacy, Security, and Retention of Records), OHA reserves the right to request additional information on the data submission as needed for validation (see section 7 below).

5.3 Data Sources
Under the HEDIS hybrid method, information may be abstracted from paper medical records, audited supplemental databases or from automated systems such as electronic medical records (EMRs), registries or claims systems. See HEDIS 2013 Volume 2’s General Guidelines for Data Collection and Reporting for additional information on supplemental databases.

OHA will also accept the use of Uniform Data System (UDS) reports as a supplemental data source to identify Medicaid members who may have received colorectal cancer screenings. Note that CCOs cannot submit the UDS reports in their entirety as a substitute for conducting chart review. Instead, CCOs can utilize the UDS report as part of their chart review by matching Medicaid individuals within the UDS reports with individuals included in their final sample to determine whether those individuals received appropriate colorectal cancer screenings. CCOs must ensure that the measurement period for the UDS report aligns with OHA’s measurement period.

Lab Data
Laboratory data may not be used to identify an event, disease or condition unless listed in a code table that contains LOINC codes. Using laboratory data to identify members with a disease or condition can result in a high rate of false positives.

Note OHA does not have LOINC codes to calculate the Colorectal Cancer Screening measure from the administrative data, and LOINC codes will not be used to identify the denominator and generate the sample. However, if CCOs have the ability to identify qualifying colorectal cancer screenings from LOINC codes during the review, LOINC codes identified in the HEDIS specifications can be used to identify qualifying numerator events and exclusions.

Completed Events
A service may be included if the medical record or EMR contains the date of the service and evidence that the service occurred. Whether reviewing charts, supplemental databases, or automated systems, the reviewer must be able to distinguish between ordered and completed visits, procedures, prescriptions, lab, and radiology tests. Only completed events count toward the measures.
5.4 Documentation
Although OHA does not anticipate conducting a full audit on any given CCO’s chart review data submission, in the instance of any follow up questions from OHA or from CMS, CCOs should be prepared to respond to an audit of any records included in the chart review.

OHA recommends CCOs retain the record of the chart review underlying the data submission. Examples of appropriate documentation that would support the chart review in the event of an audit would include PDFs or faxes of the medical records and screen shots, access logs, or query code of records accessed within an EHR, or other supplemental database.

OHA will request any supporting documentation that is required to answer questions during the review period, after CCOs submit their data to OHA on April 30th and prior to calculation of final 2014 results and quality pool distribution.

6. Data Submission
The 2014 chart review data must be submitted to OHA on or before April 30, 2015 in order for the measures to be calculated for the 2014 quality pool distribution. All data must be submitted through each CCO’s secure FTP site using the instructions outlined below.

After uploading the file, please submit an email notification to Sarah Bartelmann at sarah.e.bartelmann@state.or.us and copy the CCO’s Innovator Agent.

For assistance with the FTP site, please contact Chris Coon at Christopher.w.coon@state.or.us.

6.1 Uploading the data
When the CCO has completed the chart review template and is ready to submit data, please utilize the instructions below. OHA reserves the right to request resubmission of any files that are not submitted using the process outlined in this guidance.

The Excel file(s) must be posted to the secure FTP site with the following naming convention:

<CCOName>_2014ChartReview_<DateCreated>

<table>
<thead>
<tr>
<th>Fields</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCOName_</td>
<td>All files must start with CCO name.</td>
</tr>
<tr>
<td>2014Chart Review_</td>
<td>All files must be clearly labeled as 2014 Chart Review for ease of identification on the FTP site.</td>
</tr>
</tbody>
</table>
### DateCreated

All files must include the date of submission, written as YYYYMMDD.

If the CCO is submitting more than one file with the chart review data, the modified naming convention should be used:

<CCOName>_2014ChartReview_<MeasureNumber>_<DateCreated>

#### Fields Description

<table>
<thead>
<tr>
<th>MeasureNumber_</th>
<th>If submitting more than one Excel file with chart review data, each file must be labeled with the measure number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• NQF 1517 for Timeliness of Prenatal Care and Postpartum Care</td>
</tr>
<tr>
<td></td>
<td>• NQF 0034 for Colorectal Cancer Screening</td>
</tr>
</tbody>
</table>

### 7. Review Process

Once CCOs have submitted the chart review data, OHA will review for the following:

- Adherence to the outlined process (i.e., did the CCO follow the data submission process outlined in section 6 above);
- Completeness of submission (i.e., did the CCO complete the review for all required measures; did the CCO complete the review for all members included in their final sample);
- Face validity (i.e., does the data submission appear to include appropriate results, as expected for the population and services; review of any outliers within the data submission, etc...); and
- Adherence to the measure specifications.

In some cases, OHA may require additional information from a CCO or request clarification. Any additional information, questions, or audits will occur after the CCO submits their chart review results to OHA and before final results are calculated for quality pool distribution.
8. Frequently Asked Questions

Do CCOs have to use HEDIS Medical Record Review Vendors?
No. See section 5 above.

Will OHA provide additional funding for CCOs to conduct the chart review?
No. CCOs are responsible for conducting the chart review.

Do CCOs have to complete IRR processes?
No. See section 5 above.

Do CCOs have to identify the sample for the chart review?
No. OHA will identify the sample and provide CCOs with both a preliminary and final sample. OHA is responsible for providing the sample; CCOs are responsible for reviewing records and submitting the data template. See section 4 above.

What fields will be included in the sample?
The samples will include member name and Medicaid ID number. The prenatal care sample will also include the estimated delivery date (EDD). The final sample may include additional information. See section 4 above.

Will OHA be oversampling to account for members dropping out of the measures?
No. HEDIS suggests oversampling when pulling the sample early (either before the close of the measurement year, or if not allowing sufficient time to identify the eligible population or the full denominator). If OHA was only providing a preliminary sample, oversampling would be required; however, OHA will be providing a final sample that will account for any members that may have dropped out of the measure after the preliminary sample was pulled.

Do CCOs have to take action when they receive the preliminary sample?
No. CCOs can choose to begin sampling utilizing the preliminary sample, or wait until receiving the final sample. OHA does not require CCOs to take action on the preliminary sample. See section 4 above.

If a CCO completes the chart review based on the preliminary sample, are they done?
No. The CCO must complete the chart review based on the final sample. Chart review conducted on the preliminary sample will likely help the CCO complete some or a majority of the required chart review, but as the sample will shift, the review must be completed for the final sample.

Can CCOs only include charts for members on EHRs?
No. CCOs must conduct the chart review for all members included in the sample, regardless of whether the member record is on an electronic health record or not.
Can CCOs sample for members they know have received screenings or timely prenatal care?
No. CCOs must conduct the chart review for all members included in the sample, regardless of whether the member has received a colorectal cancer screening or timely prenatal or postpartum care.

Unlike the data submission for the three clinical measures (diabetes control, hypertension control, and depression screening), CCOs cannot select a convenience sample of members to include.

Can CCOs utilize supplemental databases for the chart review?
Yes, see section 5 above.

Can CCOs utilize UDS or other reports available at the clinic or provider level to substitute for the chart review?
CCOs cannot submit Uniform Data System (UDS), Meaningful Use, or other clinic level reports in their entirety as a substitute for conducting chart review. However, CCOs can utilize UDS or other clinic level reports to determine whether any Medicaid individuals within these reports that are also included in the final sample received appropriate services. In this scenario, if all needed information was available at the individual level within one of these clinic-level reports, a CCO would not also need to open that individual’s medical record.

CCOs must ensure that the measurement period and the specifications for any clinic level reports used align with OHA’s measurement period and the 2013 HEDIS specifications.

Do CCOs need to meet benchmarks or improvement targets for the postpartum care measure?
No, the postpartum care measure is not part of the CCO incentive measure set for 2014. Only CCO performance on the prenatal care component of NQF 1517 is tied to quality pool payments.
Additional Information
For questions related to the chart review, measure specifications, or data submission, please contact us at Metrics.Questions@state.or.us.

Additional information regarding specifications and guidance documents for the 2014 CCO incentive measures is located at http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx.

Appendix A: Chart Review Forms
These optional forms are provided to help CCOs collect the needed information from medical records to populate the data submission template. OHA will use the information provided in the data submission template to calculate the measure – these forms do not calculate measure compliance.

Fillable PDF versions of these forms can be accessed online at http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx.

Appendix B: Data Submission Template
The data submission template is posted as an excel file online at http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx.