

Oregon Metrics Technical Advisory Workgroup
November 24, 2014 Minutes

Attending

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| AllCare Alan Burgess Natalie Case Laura McKeane | Health Share Helen Bellanca Graham Bouldin | WOAH |
| Cascade Angela Leach | IHN Ellen Altman Stephanie Graham Roxanna Neuhaus Eryn Womack | WVCH Greg Fraser |
| CareOregon | Jackson Ginger Scott | Yamhill |
| Columbia Pacific | PacificSource Coco Yackley Laura Walker | Acumentra Erin Schwarz |
| DCOs Stephanie Jensen (Willamette) | PrimaryHealth Sharon Merfeld | Quality Corp Cindi McElhaney Chantel Pelton |
| Eastern Oregon Hanten Day | Trillium Katharine Carvelli | Guests Juanita Santana (Metrics and Scoring Committee) Stephanie Renfro (OHSU) Tonya Burckhardt (DHS) |
| FamilyCare Beth Brenner | Umpqua Kelley Richardson Debbie Standridge Rose Rice | |

OHA staff: Kirsten Aird (Public Health), Sarah Bartelmann, Milena Malone, Scott Montegna (Public Health), Frank Wu, Dustin Zimmerman (Transformation Center)

Updates

1. Metrics TAG meetings have been scheduled on the fourth Thursday of each month through 2015. A schedule with location and call-in information is in the meeting packet and online at <http://www.oregon.gov/oha/Pages/metricsTAG.aspx>.
2. Guidance for the 2014 chart review was published on Friday and can be found online at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>. The guidance includes an overarching document, two optional forms to help with chart review, and data submission template. OHA will provide a preliminary sample (optional) and a final sample. The optional sample will be provided tomorrow (November 24) and the final sample will be released in January. The data submission template is due to OHA no later than April 30, 2015.

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3. A new dashboard—updated with a refreshed rolling 12 months of data (July 2013 – June 2014)—will be released November 25th. As this is the same data that will be included in the next health system transformation report to be publically released in January, CCOs are encouraged to carefully review this dashboard and contact OHA with any questions or concerns about the data within the next two weeks.
4. The Metrics and Scoring Committee met by phone on November 20th and set the 2015 benchmark for *effective contraceptive use among women at risk of unintended pregnancy* at 50%. The Committee also dropped *PCPCH enrollment* and added *developmental screening* to the 2015 challenge pool. The Committee intends to confirm the 2016 incentive measure set earlier than in past years (e.g. June or September), and has heard testimony in favor of minimal year-to-year changes.
5. The Metrics and Scoring Committee voted in October to drop *tobacco use prevalence* from the 2015 incentive measure set. The Committee strongly agrees on the importance of a tobacco use prevalence measure and is committed to adopting an outcome measure for 2016, but needs more time to consider a measure CCOs and providers can reasonably attain. To support this process, the Committee will solicit input from CCOs in 2015. OHA staff is developing a framework document to help guide CCOs in planning their strategies to address tobacco use prevalence and for any CCOs who would like to present ideas to the Committee next year. While the measure has not officially been adopted as a 2016 measure set, the Committee has expressed its intent to adopt a quantifiable prevalence measure, as opposed to a process-oriented measure (for example, based on CAHPS survey data).

Revised baselines

DHS Custody: Typically, the baseline for comparison to 2014 performance is based upon calendar year 2013 data. However, data for this measure are only available for the final quarter of 2013 due to delayed implementation of the CCO notification system. Proposed options are: 1) using 2011 data only; 2) using Q4 2013 data only; or 3) combining both years. Workgroup members agreed option 3, combining 2011 and 2013, is most reasonable and preferable. Staff will update COO improvement target worksheets based on this decision.

Workgroup members also advised staff to recalculate the 2014 baseline with the addition of dental assessments to set the 2015 improvement targets, in order to ensure accurate comparison to the modified 2015 measure specifications.

SBIRT: Previously, this measure included only adults. However beginning in 2015, adolescents aged 12-17 will also be included. Thus, workgroup members agree that the 2014 baseline data should be recalculated to include both adults and adolescents for the purposes of calculating the 2015 improvement targets.

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EHR Adoption: OHA's Office of Health Information Technology recently received refreshed payment data for the federal EHR (electronic health record) incentive program from CMS, and has identified problems with the ways in which providers were being attributed to CCOs. Staff believes these errors are sufficient enough to re-run calendar year 2013 using the new provider network tables submitted by CCOs in summer 2014, and will also use the refreshed data in 2014 denominator calculations. If CCOs have had changes to their provider networks since July 2014, they should resubmit these provider network tables to OHA before March 31, 2015 for inclusion in the final 2014 measure calculation.

Draft 2015 measure specifications

SBIRT: Based on feedback at the October TAG meeting, a minor edit was made to clarify that v20.2 is a *diagnosis* code and not a procedure code. Workgroup members accept this change.

Staff is also updating the SBIRT guidance document with new information related to inclusion of adolescents. The update should be posted online before the end of the year.

With regard to how the upcoming ICD-10 implementation may affect the measures, OHA plans to only update measure specifications once HEDIS specifications are also updated. NCQA intends to provide crosswalks of ICD9 – ICD10 coding for their measures; until this is available, OHA is unlikely to develop any crosswalks or modify specifications in advance of the national updates. However, depending on ICD-10 implementation across OHA, there may be a grace period during which OHA will accept both ICD-9 and ICD-10 codes, so both could potentially be picked up towards a measure.

DHS Custody: There were no changes to the draft specifications since the October meeting. For 2015, notification is defined as the date that a child shows up in an 834 enrollment file. Staff is developing a guidance document to help CCOs use 834 files to identify children in foster care. In addition, dental diagnostic codes have been added and mental health assessment codes have been updated to include residential treatment.

Staff will confirm whether the definition of *continuous enrollment criteria* as listed under required exclusions for denominator is accurate.

Sealants on permanent molars for children: There were no changes to the draft specifications since the October meeting. Denied claims will be included based on previous workgroup discussion.

Although sealants are provided in many settings (for example as part of the Oregon School-based Dental Sealant Program) OHA can only track sealants provided in an allowable setting with a Medicaid claim. However, the Dental Sealant Workgroup has recommended developing a state registry which would include data from school-based programs in future years. Staff will continue to update the TAG as this program develops. In the meantime, the benchmark has been set deliberately low to account for these data challenges.

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Effective Contraceptive Use: These measure specifications are still in development. Updates to this draft include:

- The denominator has been modified to include women ages 15-50 *as of December 31 of the measurement year*.
- Procedure codes for hysterectomy and bilateral oophorectomy have been added. Staff will confirm whether procedure codes from any point in history count as exclusions (e.g. a hysterectomy done ten years ago).
- Surveillance codes listed under “Data elements required numerator” do not need to be primary diagnosis codes.
- Codes count independently; they do not need to be used in combination.
 - One exception may be unspecified surveillance codes, because the contraceptive method surveyed may not be in the “most effective” category. OHA is working with CDC (Centers for Disease Control and Prevention) on this issue and will state in the final specifications whether unspecified surveillance codes need to be combined with NDC codes.
- The NDC codes listed in previous drafts were incomplete and have been removed from this draft. Staff is correcting the list and will make it as comprehensive as possible.
- Male sterilization has been removed because there is no good way to guarantee partnership with a female patient.

Follow-up after hospitalization for mental illness: Based on discussion at the October TAG meeting, staff ran an additional option (“visit type 5” in the handout) to incorporate follow-up services occurring on the same day / day of discharge. This rate applies Place of Service criteria for visits that occurred on the day of discharge, and then removes POS criteria for anything that happened outside of that. The intent is to count follow-up visits that occurred post-discharge, but not count services that are part of the discharge. The results of this methodology are very high, and staff suspects that some discharge services are still being counted toward the measure. Staff thus recommends using “option 4” which requires POS to be on the same claim as CPT codes. Workgroup members agree with this recommendation.

Wrap up / next meeting

The December meeting is canceled.