

# CCO Technology Plans and Data Submissions: Year Two (2014)

## DRAFT REQUIREMENTS

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### Introduction

The purpose of this document is to provide an overview of Year Two (2014) draft requirements for Coordinated Care Organizations (CCOs) to submit Technology Plans and Data Submissions to the Oregon Health Authority (OHA). OHA reserves the right to modify the requirements as outlined within this document. Final guidance documentation and requirements will be published on July 31<sup>st</sup>, 2014.

**Please submit comments to Crystal Nielson [crystal.nielson@state.or.us](mailto:crystal.nielson@state.or.us) no later than July 15<sup>th</sup>, 2014.**

### Background

The Metrics and Scoring Committee originally selected three CCO incentive measures that require clinical (medical record) data in addition to administrative (claims) data: NQF 0018: Controlling High Blood Pressure (Hypertension), NQF 0059 Diabetes: HbA1c Poor Control, and NQF 0418 Screening for Clinical Depression and Follow-up Plan.<sup>1</sup>

After discussion with stakeholders, OHA proposed that CCOs would submit a technology plan that describes how the CCOs will build the capacity to collect these three measures. Under this proposal, CCOs would also submit data for these measures for a sample of their members, starting with ten percent in Year One (2013) and building additional capacity in subsequent years.

OHA recognizes that federal standards change over time, and that not all CCOs are in the same place when it comes to electronic health record adoption, health information exchange, and meeting Meaningful Use. It is the goal of OHA that Oregon providers meet Meaningful Use Stage 2 requirements and that CCOs take action to move their networked providers towards 2014 certified EHR technology. Oregon has a unique opportunity to invest in the infrastructure that will move us toward a vision of electronic reporting of clinical quality data; the Technology Plans and Data Submissions from the CCOs are the crucial first steps.

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<sup>1</sup> Additional information about the Metrics & Scoring Committee and the measure selection process is available online at: <http://www.oregon.gov/oha/Pages/metrix.aspx>

# Draft Requirements

## *CCO Technology Plans and Data Submissions: Year Two (2014)*

The Year Two (2014) draft requirements for the CCO Technology Plans and Data Submissions are similar to those utilized in Year One (2013), with some modifications to incorporate 'lessons learned' in Year One while continuing to incent increased capacity for electronic clinical quality measure reporting.

### Submission Due Dates

The submission due dates have changed from Year One (2013). For Year Two (2014), Technology Plans are due 15 days earlier and Data Submissions are due 30 days earlier. The rationale for this change is that it will allow additional time for review, particularly for the Data Submission component. The submission due dates are as follows:

Component	Due Date ( <i>on or before</i> )
<b>Technology Plan</b>	January 15 <sup>th</sup> , 2015
<b>Data Submission</b>	April 1 <sup>st</sup> , 2015

### Approval Process

The approval process is similar to that taken in Year One (2013). Each component will undergo two reviews: an initial review for 'completeness' and a secondary, in-depth review of content. An additional five days have been built into the timeline for both the initial and secondary reviews. An iterative process is anticipated for Year Two (2014) submissions, with OHA providing assistance to CCOs through final approval or until each component's 'Last Date for Approval,' whichever date occurs first. The review timeline is as follows:

Component	Initial Review Timeline	Secondary Review Timeline	Last Date for Approval
<b>Technology Plan</b>	10 days from date of submission	30 days from date of submission	March 31 <sup>st</sup> , 2015 <i>Note: Approval of Technology Plan must occur prior to Data Submission.</i>
<b>Data Submission</b>	10 days from date of submission	30 days from date of submission	May 31 <sup>st</sup> , 2015

### Payments

The payment process is similar to that taken in Year One (2013), although the payment split has been modified from a 75/25 split in Year One (2013) to a proposed 50/50 split in Year Two (2014). The rationale for this change is for additional emphasis to be placed on the Data Submission, which is expected to be more complex in Year Two (2014) compared to Year One (2013). The payment associated with the Technology Plan will be paid as an advance distribution to the CCO upon approval. The payment associated with the Data Submission will be incorporated into the quality pool payment distributed in June 2015. The proposed payments are as follows:

Component	Associated Payment
<b>Technology Plan</b>	50% of 3/17ths <i>Note: This payment will occur as an advance distribution to the CCO, payable upon approval of the Technology Plan.</i>
<b>Data Submission</b>	50% of 3/17ths <i>Note: This payment will be incorporated into the quality pool payment distributed in June 2015.</i>

## Data Submission Parameters

Due to a recently published proposed rule from HHS<sup>2</sup>, the adoption of 2014 certified EHRs may be slower than anticipated. For Year Two (2014), OHA anticipates continued challenges related to the lack of associated functionality, such as: availability of data in QRDA format, availability of data for the entire 2014 calendar year, and availability of ‘out-of-the-box’ reporting for NQF 0418 Screening for Clinical Depression and Follow-up Plan. Taking into consideration these potential challenges, data submission requirements for Year Two (2014) are as follows:

### Percentage of CCO Population

The minimum percentage of the CCO population (i.e. ‘population threshold’) required for reporting on each measure has increased for all measures in Year Two (2014). The population threshold for NQF 0018: Controlling High Blood Pressure (Hypertension) and NQF 0059 Diabetes: HbA1c Poor Control) has increased from ten percent in Year One (2013) to fifty percent in Year Two (2014). The population threshold for NQF 0418 Screening for Clinical Depression and Follow-up Plan has also increased in Year Two (2014), but OHA will require a threshold of twenty-five percent, instead of the originally anticipated fifty percent.

### Measurement Period

The submission requirement for measurement period for Year Two (2014) has been shortened to Quarter 4 of 2014 instead of Calendar Year 2014 as originally anticipated. OHA will accept data for the full calendar year, but will not accept 90 day increments that are not included within Quarter 4 of 2014<sup>3</sup>.

### Payers

The submission requirement regarding ‘parsing by payer’ in Year Two (2014) has not changed from Year One (2013). OHA acknowledges that the functionality to parse data by payer (i.e. filter out non-Medicaid beneficiaries from the data submission) is still largely unavailable when utilizing vendor provided Meaningful Use Reports. OHA will accept data submissions that include all payers, although a data submission that exclusively includes Medicaid beneficiaries is preferred.

### Data Stratification

This submission requirement regarding the level of data stratification (i.e. aggregated or patient level) has not changed from Year One (2013). OHA will accept data aggregated at the provider level, data aggregated at the key practice level, or patient level data in for the Year Two (2014) data submissions<sup>4</sup>. Please note that CCOs planning to

<sup>2</sup> <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-05-20.html>

<sup>3</sup> OHA acknowledges that Q4 of 2014 includes 92 days. When necessary, Medicaid EPs may submit data for a 90 day reporting period that begins on October 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup>.

<sup>4</sup> OHA expects that patient level data submissions will be a requirement in Year Three (2015).

submit patient level data must notify OHA prior to submission. Requirements regarding the data submission parameters are as follows:

Measures	Population Threshold	Measurement Period	Payers	Data Stratification
<b>NQF 0018: Controlling High Blood Pressure (Hypertension)</b>	50%	Q4 of 2014	Medicaid only (preferred) <u>or</u> All payers	Aggregate <u>or</u> Patient level data <sup>5</sup>
<b>NQF 0059 Diabetes: HbA1c Poor Control</b>	50%			
<b>NQF 0418 Screening for Clinical Depression and Follow-up Plan</b>	25%			

### Data Submission Format

OHA anticipates that the requirements for the data submission format in Year Two (2014) will be similar to Year One (2013); the accepted formats included an Excel template provided by OHA or QRDA. OHA is currently identifying detailed requirements for the data submission format and anticipates that details will be available by July 31<sup>st</sup>, 2014.

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<sup>5</sup> CCOs planning to submit patient level data must notify OHA prior to submission.