

CCO Incentive Measures: Requirements for 2019 Hybrid Measures

GUIDANCE DOCUMENTATION

Oregon Health Authority

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1. Introduction

The purpose of this document is to provide Coordinated Care Organizations (CCOs) with guidance on fulfilling hybrid data review and submission requirements for quality performance measures for the sixth measurement year (2018). These measures are:

- Colorectal Cancer Screening (NQF 0034)
- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Prenatal and Postpartum Care: Postpartum Care

This document describes the hybrid data review process and timelines and provides information on the template for the review and data submission.

2. Background

In the first measurement year (2013), only administrative data (claims) was 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 an approach that likely underreported the actual colorectal 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), HEDIS hybrid specifications, utilizing administrative and clinical data, would be adopted for these measures.

After the successful submission of data using the hybrid method in 2014, this approach has continued for the following years. The hybrid data review approach will also be used for the seventh measurement year (2019), following the HEDIS 2019 specifications for the three measures.

As prenatal and postpartum care originated from the same HEDIS measure, and hybrid data review for both the parts can be done at the same time (i.e., the chart or EHR record will already be open/extracted for the member), CCOs must submit data to support both parts of the measure. This document includes guidance for all three measures.

CCOs are responsible for conducting the hybrid data review and submitting the results to OHA according to the timeline, process, and specifications outlined in this guidance document.

2.1 2019 Quality Pool

CCOs must conduct the hybrid data review and submit the results to OHA for these measures to be calculated for the 2019 quality pool; without hybrid data review and data submission for all three measures, CCOs will not be eligible to earn any quality pool funds associated with achievement of the Colorectal Cancer Screening and Postpartum Care measures.

2019 quality pool funds associated with achievement of Colorectal Cancer Screening and Postpartum Care will be distributed based on CCO performance compared to the 2019 benchmark and individual improvement targets, established by the Metrics & Scoring Committee.

Measure	2019 Benchmark	2019 Improvement Target ¹
Colorectal Cancer Screening	61.1 percent <i>Source: 2018 national Commercial 50th percentile</i>	Minnesota Method with 2 percentage point floor
Postpartum Care	69.3 percent <i>Source: 2018 national Medicaid 75th percentile</i>	Minnesota Method with 3 percentage point floor

2.2 2020 Measurement

As both the Colorectal Cancer Screening and Prenatal and Postpartum Care measures remain CCO incentive and State Quality measures for the eighth measurement year (2020), CCOs are likely to be responsible for a similar hybrid data review process next year.

Based on Metrics and Scoring Committee decisions, in the 2020 measurement year, the Postpartum Care measure remains as an incentive measure, and CCOs will continue to report on both parts of the Prenatal and Postpartum Care measure (i. timely prenatal care and ii. postpartum care). The Committee chose to retire the Colorectal Cancer Screening measure as an incentive measure, however, CCOs are still required to report the measure since it is selected in Oregon's Medicaid 1115 Waiver for quality demonstration (current waiver runs through measurement year 2022).

¹ A custom improvement target will be established for each CCO, based on their 2018 performance and using the Minnesota Method. The improvement target methodology is documented online at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

3. Hybrid data review Process

3.1 Measure Specifications

OHA is utilizing the 2019 HEDIS specifications for Prenatal and Postpartum Care, and Colorectal Cancer Screening. Measure specifications can be found online at

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

To note, several new fields are added to the Postpartum Care reporting template in order to gather comparable baseline data accommodating major spec changes starting in 2020, including extensions of the qualifying visit window and services. Please see the instructions in the 2019 reporting template for detail.

3.2 Deliverables

CCOs are required to conduct the hybrid data review and submit the completed data template for Prenatal and Postpartum Care and Colorectal Cancer Screening to OHA no later than April 1, 2020.

As prenatal and postpartum care originate from the same HEDIS measure, and hybrid data review for both parts can be done at the same time (i.e., the chart or EHR record will already be open/extracted for the member), CCOs must submit data to support both parts of the measure. OHA will provide CCOs with a sample of members who met the denominator criteria for the prenatal and postpartum care components of the measure.

CCOs are responsible for conducting the hybrid data review; CCOs can choose to contract with HEDIS Medical Record Review Vendors or conduct the hybrid data 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). It is the CCO's responsibility to ensure that the hybrid data review is conducted in alignment with the measure specifications and guidance outlined here.

Results from the hybrid data review must be submitted to OHA using the 2019 data submission template. The preliminary data submission template, with the preliminary sample, will be available on the CCOs' Business Objects repositories in December 2019. The final template, including the final sample for use in calculating CCOs' final performance on these measures for quality pool payment purposes, will be posted to the CCOs' Business Objects repositories by January 31, 2020.

3.3 Process

The HEDIS 2019 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 review administrative data to determine if members in the systematic

sample received the service, 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 received the service required for the numerator.

For the 2019 hybrid measures, OHA will use administrative (claims and enrollment) data to identify the denominator and to generate the samples for the measures. OHA will provide a preliminary sample in December 2019, and a final sample in January 2020.

It is the CCO's responsibility to identify numerator compliance. CCOs can use both administrative (claims) and medical record data to identify numerator compliance among members included in the sample. See data sources in section 5 below.

- If using administrative data to identify numerator compliance, CCOs must follow HEDIS 2019 administrative specifications for allowable codes and measure logic.²
- If using medical record data to identify numerator compliance, CCOs must follow HEDIS 2019 hybrid specifications to conduct the hybrid data review.

Regardless of data source used to identify numerator compliance among members included in the sample, CCOs must populate the 2019 data submission template.

Note OHA is requiring the CCOs to submit the results of the review for each member included in their sample individually, rather than submitting an aggregated rate. OHA will use the member level data to determine compliance with the measure specifications and will calculate the CCO-specific rates. Therefore, it is important that the CCO follow the directions associated with the template and use codes as directed.

Note that missing data for an individual member counts negatively in measure calculations as no evidence of the services can be provided; HEDIS specifications do not exclude members for whom reviewers could not find information from the measures. Likewise, if a provider refuses to share the chart/EHR for a patient in the sample, this counts negatively in measure calculations as no evidence of the services can be provided.

3.4 Timeline

The hybrid data review process will follow the timeline below.

² If using administrative data to identify numerator compliance for prenatal care, for any global (bundled) codes used, CCOs may also need to look at the medical record to identify the date of prenatal care initiation. In many cases, initiation dates are not included on claims when global codes are used and **global codes without an initiation date are not sufficient evidence of numerator compliance** for the prenatal care measure.

Activity	Projected Timeline
OHA will generate and provide preliminary samples to CCOs. (See section below on sampling)	No later than December 23, 2019
Optional: CCOs can use the preliminary samples to have an early start on the hybrid data review process.	Any time after preliminary sample is provided
OHA will provide the final samples to CCOs.	No later than January 31, 2020
CCOs will complete the hybrid data review based on the final sample , and complete the data submission template.	Any time after the final sample is confirmed by OHA
CCOs send the completed data submission template to OHA. (See section below on data submission).	No later than April 1, 2020
OHA reviews the data submission templates, follows up with CCOs if any questions or clarifications to submission are needed.	Between April 1 and May 31, 2020
Hybrid data review is complete; OHA compares CCO performance to the improvement target and benchmark and calculates 2019 quality pool distribution.	After May 31, 2020
2019 quality pool is distributed to CCOs.	No later than June 30, 2020

4. Sampling

OHA will follow the 2019 HEDIS Guidelines for Calculations and Sampling, Systematic Sampling Methodology as outlined in HEDIS 2019 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.

4.1 Preliminary Sample

OHA will provide CCOs with a preliminary sample by December 23, 2019. CCOs may opt to begin their hybrid data 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 2020 to begin the hybrid data review.

The preliminary sample is being provided for CCOs who wish to have more time to complete the hybrid data review, or who wish to align the hybrid data review with other ongoing hybrid data review processes for other lines of business (e.g., Medicare Advantage). The preliminary sample will include member name and Medicaid ID number, imbedded in the data submission template. Members included in the preliminary sample will have met minimum enrollment criteria for each measure at the time the preliminary sample is generated (using preliminary member months data available at the time). The Prenatal and Postpartum Care sample will also include the estimated delivery date (EDD) based on delivery claims received by OHA at the time, and qualifying window for a timely first prenatal visit.

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 hybrid data review based on the preliminary sample may end up conducting hybrid data 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. OHA is providing CCOs with the preliminary sample at the end of December and it is only intended to allow for additional review time. **The preliminary sample is not being used 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 section 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 2020. CCOs will have about nine weeks to complete the hybrid data review based on the final sample and submit the completed template back to OHA.

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. OHA will apply all denominator eligibility criteria prior to distributing the final sample to CCOs, using finalized eligibility and claims data at the time.

If the CCO has opted to start the hybrid data review process using the preliminary sample, the CCO is responsible for comparing the denominator members between the two lists, and completing and submitting the final data template based on 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).

4.3 Sample Size

HEDIS methodology calls for a sample size of 411 cases per measure. For 2019, CCOs will be given a sample of 411 cases per measure unless the size of the CCO's eligible population for a measure is smaller than 411 (e.g., less than 411 live births in the measurement year). In this case, the entire eligible population will be included in the sample for hybrid data review.

For small CCOs with fewer than 411 live births in the measurement year, additional cases may be added to the final sample if more live birth delivery claims are submitted to OHA after the preliminary sampling process.

5. Hybrid Methodology

OHA will be using the 2019 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. As a result of these considerations, the hybrid data review as described in this document may not meet the requirements 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 hybrid data review in-house utilizing any of the appropriate data sources noted below. It is the CCO's responsibility to ensure that the hybrid data review is conducted in alignment with the measure specifications and guidance outlined here.

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 2018 hybrid data 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

It is the CCO's responsibility to identify numerator compliance using any of the data sources allowed under the HEDIS hybrid method. Information may be abstracted from administrative data (claims), paper medical records, audited supplemental databases, or from automated systems such as electronic medical records (EMRs), registries or claims systems.

- If using administrative data to identify numerator compliance, CCOs must follow HEDIS 2019 administrative specifications for allowable codes and measure logic.³
- If using medical record data to identify numerator compliance, CCOs must follow HEDIS 2019 hybrid specifications to conduct the hybrid data review.

Additional notes on data sources:

- See HEDIS 2019 Volume 2 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 hybrid data review. Instead, CCOs can utilize the UDS report as part of their hybrid data review by matching Medicaid-eligible 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.
- 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.

³ See footnote #2 on page 7 for additional clarification on using global (bundled) codes from administrative data.

Regardless of data source used to identify numerator compliance among members included in the sample, CCOs must populate the 2019 data submission template as directed.

Completed Events

A service may be included if the claim or 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 hybrid data 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 hybrid data review.

OHA recommends CCOs retain the record of the hybrid data review underlying the data submission for up to three years. Examples of appropriate documentation that would support the hybrid data review in the event of an audit would include PDFs or faxes of the medical records and screen shots, access logs, claim IDs and dates, or query code of records accessed within an EHR or another 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 1, 2020, and prior to calculation of final 2019 results and quality pool distribution.

Beginning in the 2018 measurement year, there are changes to the exclusions for the Colorectal Cancer Screening measure: Members who are identified with enrollment in Medicare institutional special needs plan (I-SNP), or living long-term in an institution during the measurement year, should be excluded. OHA will utilize Medicare eligibility and enrollment data from CMS to exclude these members when drawing the sample list, and is also allowing CCOs to flag additional members who qualify for exclusion when identified in the hybrid data review process. An additional column is added in the data template for this purpose; in addition, OHA requires that CCOs submit supporting evidence for exclusion via separate, secure email. The supporting evidence may include, but is not limited to: a screenshot of indicating I-SNP enrollment; a screenshot of EHR/EMR indicating the member living in long-term institutional setting; or, a communication (e.g., email) with the institution.

Several new fields are added to the 2019 Postpartum Care reporting template in order to gather comparable baseline data accommodating major spec changes starting in 2020, including extensions of the qualifying visit window and services. OHA requires CCOs to review the sample cases for postpartum care first using the 2019 specifications, and for the cases not numerator compliant under the 2019 specifications, report if they are compliant using the 2020 extended visit window and additional qualifying services. Please see the instructions in the 2019 reporting template for detail.

6. Data Submission

The complete template and any supporting documentation for 2019 hybrid measure data review must be submitted to OHA on or before April 1, 2020 for the measures to be calculated for the 2019 quality pool distribution. **All data and any supporting documentation must be submitted via secure email to metrics.questions@dhsosha.state.or.us.**

7. Review Process

Once CCOs have submitted the hybrid data review data and any supporting documentation, 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 hybrid data 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 hybrid data review?

No. CCOs are responsible for conducting the hybrid data review.

Do CCOs have to complete IRR processes?

No. See section 5 above.

Do CCOs have to identify the sample for the hybrid data review?

No. OHA will identify the sample and provide CCOs with both preliminary and final samples. OHA is responsible for providing the sample (denominator); CCOs are responsible for reviewing records and submitting the data template (numerator). See section 4 above.

What fields will be included in the sample?

The samples will include member name and Medicaid ID number. The Prenatal and Postpartum Care sample will also include the estimated delivery date (EDD) and qualifying window for the timely first visit. Additional information may be included. See section 4 and 5 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). See section 4.1 above.

Can CCOs only include charts for members on EHRs?

No. CCOs must conduct the hybrid data review for all members included in the sample, regardless of whether or not the member record is on an electronic health record.

Can CCOs sample for members they know have received screenings or timely prenatal care?

No. CCOs must conduct the hybrid data 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 clinical measures (e.g., diabetes control, hypertension control, and depression screening), CCOs cannot select a convenience sample of members to include.

Can CCOs utilize supplemental databases for the hybrid data review?

Yes, see section 5 above.

Can CCOs utilize administrative data for the hybrid data review?

Yes, see section 5 above.

Can CCOs utilize UDS or other reports available at the clinic or provider level to substitute for the hybrid data review?

CCOs cannot submit Uniform Data System (UDS), Meaningful Use, or other clinic level reports in their entirety as a substitute for conducting hybrid data review. However, CCOs can utilize UDS or other clinic level reports to determine whether any Medicaid members within these reports that are also included in the 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. See section 5 above.

CCOs must ensure that the measurement period and the specifications for any clinic level reports used align with OHA's measurement period and the HEDIS 2019 specifications.

Do CCOs need to meet benchmarks or improvement targets for the Timeliness of Prenatal Care measure?

No, the Timeliness of Prenatal Care measure is not part of the CCO incentive measure set for 2019. Only CCO performance on the Postpartum Care component is tied to quality pool payments for 2019. However, CCOs must submit both prenatal and postpartum care data for a complete 2019 hybrid measure review submission. Without hybrid data review and data submission for all three measures, CCOs will not be eligible to earn any quality pool funds associated with the Colorectal Cancer Screening and Postpartum Care measures.

Additional Information

For questions related to the hybrid data review, measure specifications, or data submission, please contact us at Metrics.Questions@dhsosha.state.or.us.

Additional information regarding specifications and guidance documents for the 2019 CCO incentive measures is located at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

Appendix A: Data Submission Template

OHA will publish the preliminary 2019 update to the data submission template in December 2019. The template will be posted to individual CCOs' Business Objects website, with preliminary sample member information imbedded. The final version of the template, with the final sample, will be posted to the CCOs' Business Objects repository by January 31, 2020.