Colorado Medicaid
Managed Care Program

FY 2014–2015 Physical Health Performance Measure Validation Aggregate Report

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This report was produced by Health Services Advisory Group, Inc. for the Colorado Department of Health Care Policy & Financing.

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Introduction

The Colorado State Medicaid agency, the Department of Health Care Policy & Financing (the Department) requires three mandatory external quality review (EQR) activities as per the Balanced Budget Act of 1997 (BBA), 42 Code of Federal Regulations (CFR) 438.358. One of these activities is the validation of performance measures. The Department has contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to conduct the validation of performance measures for two managed care organizations (MCOs)—Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans (RMHP)—and for the Department's Medicaid Fee-for-Service (FFS) for fiscal year (FY) 2014–2015.

The Department opted to use selected National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[1] measures as the performance measures and calendar year 2014 as the measurement period for validation. Developed and maintained by NCQA, HEDIS is a set of performance data broadly accepted in the managed care environment as an industry standard. Because the MCOs and the Department had calculated and submitted HEDIS performance measures and underwent an NCQA HEDIS Compliance Audit™,[2,3] HSAG validated the results from the audits to meet the BBA requirements. More specifically, HSAG's role in the validation of performance measures was to ensure that the validation activities were conducted as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 1, 2012.

The primary objectives of the performance measure validation process were to:

◆ Evaluate the accuracy of the performance measure data collected by the MCOs and the Department for its FFS population.

◆ Determine the extent to which the specific performance measures calculated by the MCOs and the Department followed the specifications established for each performance measure.

Each MCO underwent an NCQA HEDIS Compliance Audit through an NCQA-licensed audit organization of its choice and submitted the audited results and audit statement to HSAG. The Department also underwent an NCQA HEDIS Compliance Audit for its FFS population, which was conducted by HSAG. Since the audits were conducted in compliance with NCQA's *2015 HEDIS Compliance Audit: Standards, Policies, and Procedures*, *Volume 5,* and the NCQA HEDIS

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

[2] NCQA HEDIS Compliance Audit™ is a trademark of NCQA. The purpose of conducting a HEDIS audit is to ensure that rates submitted by the MCOs and the Department are reliable, valid, accurate, and can be compared to one another. For a brief overview of the NCQA HEDIS Compliance Audit, please refer to Appendix A.

[3] Although the Department contracted with HSAG to calculate the performance measure results for its FFS program and HSAG subcontracted IMI Health, Inc. (a software vendor whose measures passed NCQA's measure certification process) to calculate and report the HEDIS measures, the Department, and not its contracted vendors, is ultimately responsible for the HEDIS performance measure results.

Compliance Audit is consistent with the CMS Performance Measure Validation Protocol, the findings and results from the NCQA HEDIS Compliance Audit can be reviewed, validated, and eventually accepted as findings for the validation of performance measures to meet the BBA requirements.

Performance Measure List

The NCQA-licensed audit organizations validated, at a minimum, a set of performance measures selected by the Department. The measures, which are listed in Table 1, are HEDIS measures that follow the definitions outlined in NCQA's *HEDIS 2015 Technical Specifications, Volume 2,* and the reporting method required by the Department.

Table 1—Colorado Medicaid 2015 Performance Measure Reporting Set	
Performance Measures	**Reporting Methodology**
Childhood Immunization Status	Administrative
Immunizations for Adolescents	Administrative
Well-Child Visits in the First 15 Months of Life	Administrative
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Administrative
Adolescent Well-Care Visits	Administrative
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Hybrid
Appropriate Testing for Children with Pharyngitis	Administrative
Annual Dental Visit (Reporting by the Department for the FFS population only)	Administrative
Appropriate Treatment for Children With Upper Respiratory Infection	Administrative
Children's and Adolescents' Access to Primary Care Practitioners	Administrative
Prenatal and Postpartum Care	Hybrid
Adults' Access to Preventive/Ambulatory Health Services	Administrative
Controlling High Blood Pressure	Hybrid
Comprehensive Diabetes Care (excluding HbA1c <7 indicator)	Hybrid
Annual Monitoring for Patients on Persistent Medications	Administrative
Use of Imaging Studies for Low Back Pain	Administrative
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Administrative
Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation	Administrative
Use of Appropriate Medications for People with Asthma	Administrative

Table 1—Colorado Medicaid 2015 Performance Measure Reporting Set	
Performance Measures	**Reporting Methodology**
Asthma Medication Ratio	Administrative
Medication Management for People With Asthma	Administrative
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Administrative
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Administrative
Chlamydia Screening in Women	Administrative
Breast Cancer Screening	Administrative
Cervical Cancer Screening	Hybrid
Non-recommended Cervical Cancer Screening in Adolescent Females	Administrative
Adult Body Mass Index (BMI) Assessment	Hybrid
Anti-depressant Medication Management	Administrative
Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	Administrative
Follow-up After Hospitalization for Mental Illness	Administrative
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Reporting by the Department for the FFS population only)	Administrative
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Administrative
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Administrative
Diabetes Monitoring for People With Diabetes and Schizophrenia	Administrative
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Administrative
Ambulatory Care: Emergency Department Visits and Outpatient Visits	Administrative
Inpatient Utilization—General Hospital/Acute Care	Administrative
Identification of Alcohol and Other Drug Services	Administrative
Mental Health Utilization	Administrative
Antibiotic Utilization	Administrative
Frequency of Selected Procedures	Administrative

Technical Methods of Analysis

The CMS Performance Measure Validation Protocol identifies key types of data that should be reviewed. As part of the validation process, HSAG aggregated several sources of HEDIS-related data to determine if the licensed organizations' audit process met CMS requirements.

This performance measure validation report uses two primary sources—NCQA's Interactive Data Submission System (IDSS) data output reports and the final audit reports—to tabulate overall HEDIS reporting capabilities and functions for the MCOs and the Department. The IDSS contained the final HEDIS rates that were verified, reviewed, and locked by the licensed organizations. The auditor-locking mechanism in the IDSS tool ensured that no information could be changed without the consent of NCQA and the auditor. The IDSS review process allowed the licensed organizations to assess the reasonability of the rates submitted by the MCOs and the Department.

The following is a table identifying the key audit steps required by NCQA for the Licensed Organization (LO) to conduct HEDIS Compliance Audits. The table also lists HSAG's approach in validating the LO's audit.

Table 2—Description of Data Sources Reviewed	
Key Steps According to NCQA's HEDIS Compliance Audit	**HSAG's Approach on Validating the LO's Audit Results**
Pre-on-site Visit/Meeting—The initial conference call or meeting between the licensed organizations and the MCO or Department staff.	HSAG verified that key HEDIS topics such as timelines and on-site review dates were addressed by the licensed organizations.
Roadmap Review—This review provided the licensed organizations with background information on policies, processes, and data in preparation for on-site validation activities. The MCOs and the Department were required to complete the Roadmap to provide the audit team with the necessary information to begin review activities.[4]	HSAG looked for evidence in the final report that the licensed organizations completed a thorough review of all components of the Roadmap.
Certified Measures/Source Code Review—Source code review is used to determine compliance with the performance measure definitions, including accurate numerator and denominator identification, sampling, and algorithmic compliance (to determine if rate calculations were performed correctly, medical record and administrative data were combined appropriately, and numerator events were counted accurately). This process is not necessary if the MCO or the Department contracts with a vendor participating in NCQA's Measure Certification process.	If the MCO or the Department contracted a vendor who participated in NCQA's Measure Certification process, HSAG used the final audit report (FAR) and Measure Certification Report to assess whether or not that vendor was certified for the measures required by the Department. If a vendor not participating in the NCQA's Measure Certification process was contracted, HSAG ensured that the licensed organizations reviewed the programming language developed for the HEDIS measures.

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[4] If the MCOs or the Department contracted certain data calculation, abstraction, or reporting functions to other vendors, they are responsible for ensuring that these vendors completed specific sections of the Roadmap such that the LOs have sufficient information to evaluate all the relevant systems and processes associated with HEDIS reporting.

Table 2—Description of Data Sources Reviewed	
Key Steps According to NCQA's HEDIS Compliance Audit	**HSAG's Approach on Validating the LO's Audit Results**
Consumer Assessment of Healthcare Providers and Systems (**CAHPS**[®]) **Survey Vendor and Sample Frame Validation**—A certified survey vendor must be used if the MCOs or the Department performed a CAHPS survey as part of HEDIS reporting.[5]	HSAG verified that the licensed organization performed detailed validations on the CAHPS Sample Frame if the MCO and the Department performed a CAHPS survey as part of HEDIS reporting. If the MCO and the Department used a survey vendor to perform the CAHPS surveys, HSAG verified that an NCQA-Certified survey vendor was used.
Supplemental Data Validation—If the MCOs used any supplemental data for reporting, the licensed organization was to validate the supplemental data according to NCQA's guideline.	HSAG verified whether the licensed organization was following NCQA-required approach while validating the supplemental databases.
Convenience Sample Validation—The auditor reviews a small number of processed medical records to uncover potential problems in the process that may require corrective action early in the medical record review (MRR) process. A convenience sample must be prepared unless the auditor determines that a health plan is exempt. NCQA allows organizations to be exempt from the convenience sample if they participated in a HEDIS audit the previous year and passed MRR validation, and if the current MRR process has not changed significantly from the previous year and the organization does not report hybrid measures that the auditor determines to be at risk of inaccurate reporting.	HSAG verified that the licensed organizations determined whether or not the MCOs and the Department were required to undergo a convenience sample validation. HSAG also verified that if a convenience sample validation was not required by a licensed organization, the specific reasons were documented.
Medical Record Review—The licensed organizations are required to perform a more extensive validation of medical records reviewed, which is conducted late in the abstraction process. This validation ensures that the review process was executed as planned and that the results are accurate.	HSAG reviewed whether or not the licensed organizations performed a review of the medical record review processes used by the MCOs and the Department for collecting medical record data for their hybrid measures. HSAG also examined whether the licensed organizations had conducted a re-review of a random sample of medical records for each applicable measure group based on NCQA's protocol.
IDSS Review—The MCOs and the Department are required to complete NCQA's IDSS for the submission of audited rates to NCQA. The auditor finalizes the IDSS by completing the audit review and entering an audit result. This process verifies that the auditor validated all activities that culminated in a rate by the MCOs or the Department. The auditor locks the IDSS so that no information can be changed.	HSAG verified that the licensed organizations completed the IDSS review process.

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[5] CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Validation Findings of Audit Process

Table 3 identifies the key elements used by the LO while conducting its HEDIS 2015 Compliance Audit. These key elements were reviewed by HSAG during validation activities. As presented in Table 3, a checkmark indicates that the licensed organization reviewed the HEDIS activities, which confirmed that HEDIS methodology was being followed. Some activities are identified as being compliant by inserting the name of the company the MCO or the Department contracted with to perform the required tasks.

Table 3—Validation Activities			
	DHMC	**RMHP**	**The Department**
Licensed Organization	Attest Health Care Advisors	Dunwoody Technology Services Group, LLC (DTS Group)	Health Services Advisory Group, Inc. (HSAG)
Pre-on-site Visit Call/Meeting	✓	✓	✓
Roadmap Review	✓	✓	✓
Software Vendor	Verisk Health, Inc.	Inovalon,Inc.	IMI Health
Source Code/Certified Measure Review	✓	✓	✓
Survey Vendor	Morpace Inc.	Center for the Study of Services (CSS)	Survey sample frame validation was not applicable to the scope of the audit.
CAHPS Sample Frame Validation	✓	✓	✓
Primary Source Verification	✓	✓	✓
Medical Record Review	✓	✓	✓
IDSS Review	✓	✓	✓

Table 3 indicates that the audit conducted for the MCOs and the Department included all of the listed validation activities. The MCOs and the Department used an NCQA-licensed organization to perform their HEDIS audits. In addition, both MCOs and the Department contracted with vendors to calculate and produce rates, and all of these vendors achieved full measure certification status through NCQA for the reported HEDIS measures. Both the MCOs also used an NCQA-Certified HEDIS survey vendor to administer the CAHPS survey(s), while the Department did not have a CAHPS survey administered for its FFS population. HSAG also determined that the data collected and reported for the Department-selected measures followed NCQA HEDIS methodology. Therefore, any rates and audit results are determined to be valid, reliable, and accurate.

Compliance With IS Standards

In addition to ensuring that data were captured, reported, and presented in a uniform manner, HSAG evaluated each MCO's and the Department's information system (IS) capabilities for accurate HEDIS reporting. HSAG reviewed the IS capabilities assessments of the MCOs and the Department, which were conducted by licensed organizations and included in the final audit reports. The review specifically focused on those system aspects that could have impacted the reporting of the selected HEDIS Medicaid measures. For the purpose of HEDIS compliance auditing, the terms "information system" or "IS" are used broadly to include the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation includes a review of any manual processes that may have been used for HEDIS reporting as well. The LO determined if the MCOs and the Department had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with NCQA's *2015 HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*, the LO evaluated IS compliance with NCQA's IS standards. These standards detail the minimum requirements the MCOs' and the Department's IS systems should meet, as well as criteria that any manual processes used to report HEDIS information must meet. For circumstances in which a particular IS standard was not met, the LO rated the impact on HEDIS reporting capabilities and, particularly, any measure that could be impacted. The MCOs or the Department may not be fully compliant with many of the IS standards but may still be able to report the selected measures.

Based on HSAG's reviews, one MCO's and the Department's information systems and processes were compliant with all IS standards and the HEDIS determination reporting requirements. One MCO received a "substantially met" designation for two IS standards and a "not met" for one. As a result, this MCO was not able to report two measures (*Inpatient Utilization-General Hospital/Acute Care* [IPU] and *Ambulatory Care: Emergency Department Visits and Outpatient Visits* [AMB]) for the current measurement year.

The section that follows provides a summary of the MCOs' and the Department's key findings for each IS standard as noted in its final audit report. A more in-depth explanation of the NCQA IS standards is provided in Appendix A of this report. Appendix B includes all audited HEDIS 2015 rates from the two MCOs and the Department.

Table 4—Summary of Compliance With IS Standards	
NCQA's IS Standards	**IS Standards Compliance Findings Based on HEDIS 2014 FAR Review**
IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry ◆ Industry standard codes are required and captured. ◆ Primary and secondary diagnosis codes are identified. ◆ Nonstandard codes (if used) are mapped to industry standard codes. ◆ Standard submission forms are used. ◆ Timely and accurate data entry processes and sufficient edit checks are used. ◆ Data completeness is continually assessed and all contracted vendors involved in medical claims processing are monitored.	The Colorado Medicaid MCOs and the Department were fully compliant with IS 1.0. No issues or concerns relevant to the selected Colorado Medicaid measures were noted for this standard.
IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry ◆ All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete. ◆ Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. ◆ The health plans continually assess data completeness and take steps to improve performance. ◆ The health plans effectively monitor the quality and accuracy of electronic submissions. ◆ The health plans have effective control processes for the transmission of enrollment data.	The Colorado Medicaid MCOs and the Department were fully compliant with IS 2.0. The MCOs and the Department had adequate policies and procedures related to enrollment data processing.
IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry ◆ Provider specialties are fully documented and mapped to HEDIS provider specialties. ◆ Effective procedures for submitting HEDIS-relevant information are in place. ◆ Electronic transmissions of practitioner data are checked to ensure accuracy. ◆ Processes and edit checks ensure accurate and timely entry of data into the transaction files. ◆ Data completeness is assessed and steps are taken to improve performance. ◆ Vendors are regularly monitored against expected performance standards.	The Department and one Colorado Medicaid MCO were fully compliant with IS 3.0. One MCO (DHMC) was found to be substantially compliant with this standard. DHMC's auditor found that the plan did not collect credentialing data regularly from its vendor, Cofinity. Credentialing staff did not appear to have a consolidated database of all credentialed providers from which to report. Nonetheless, the issue appeared to impact the *Board Certification (BCR)* measure only, which was not required for Medicaid reporting.

Table 4—Summary of Compliance With IS Standards	
NCQA's IS Standards	**IS Standards Compliance Findings Based on HEDIS 2014 FAR Review**
IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight ♦ Forms or tools used for medical record review capture all fields relevant to HEDIS reporting. ♦ Checking procedures are in place to ensure data integrity for electronic transmission of information. ♦ Retrieval and abstraction of data from medical records are accurately performed. ♦ Data entry processes, including edit checks, are timely and accurate. ♦ Data completeness is assessed, including steps to improve performance. ♦ Vendor performance is monitored against expected performance standards.	The Colorado Medicaid MCOs and the Department were fully compliant with IS 4.0. No issues or concerns relevant to the selected Colorado Medicaid measures were noted for this standard.
IS 5.0—Supplemental Data—Capture, Transfer, and Entry ♦ Nonstandard coding schemes are fully documented and mapped to industry standard codes. ♦ Effective procedures for submitting HEDIS-relevant information are in place. ♦ Electronic transmissions of supplemental data are checked to ensure accuracy. ♦ Data entry processes, including edit checks, are timely and accurate. ♦ Data completeness is assessed, including steps to improve performance. ♦ Vendor performance is monitored against expected performance standards.	The Department and one Colorado Medicaid MCO were fully compliant with IS 5.0. One MCO (DHMC) was found to be substantially compliant with this standard. DHMC's auditor noted that DHMC's Supplemental Data Sources (SDS) extracted from Denver Health Care's electronic medical record (EMR) systems contained a large amount of extraneous information. Additionally, the corresponding documentation and mapping for the extracts were found to be inadequate and incorrect. Consequently, the auditor did not approve the use of this data source for HEDIS reporting. The auditor recommended that DHMC limit its data extracts from the EMR to only those values described in the HEDIS specifications for the related measures.
IS 6.0—Member Call Center Data—Capture, Transfer, and Entry	This standard was not applicable to the measures under the scope of the audit.
IS 7.0—Data Integration—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity ♦ Nonstandard coding schemes are fully documented and mapped to industry standard codes. ♦ Data transfers to the HEDIS repository from transaction files are accurate. ♦ File consolidations, extracts, and derivations are accurate.	The Department and one Colorado Medicaid MCO were fully compliant with IS 7.0. One MCO (DHMC) was found noncompliant with this standard. DHMC's auditor determined that DHMC did not meet NCQA's standards for the following two sub-standards: ♦ Noncompliance with IS 7.2 (Data transfers to HEDIS repository from transaction files are accurate.) ♦ Substantial compliance with IS 7.3 (File consolidations, extracts, and derivations are accurate.)

Table 4—Summary of Compliance With IS Standards	
NCQA's IS Standards	**IS Standards Compliance Findings Based on HEDIS 2014 FAR Review**
◆ The repository structure and formatting are suitable for HEDIS measures and enable required programming efforts. ◆ Report production is managed effectively and operators perform appropriately. ◆ HEDIS reporting software is managed properly. ◆ Physical control procedures ensure HEDIS data integrity. ◆ The organization regularly monitors vendor performance against expected performance standards.	The auditor noted that there were significant, continuing, and repetitive problems with DHMC's data extraction and mapping into its software vendor's (Verisk) HEDIS software. During the on-site visit, DHMC could not provide complete written documentation of the data extract and mapping to the auditor. The auditor identified the following issues related to HEDIS reporting on Medicaid measures: ◆ Provider specialty mapping used for reporting differed from the mapping documentation initially submitted. ◆ Only members with paid claims data were loaded to Verisk's HEDIS software. Incomplete data extraction introduced bias to the initial rates. ◆ Multiple product lines were listed on the members' enrollment records, which caused concerns with the continuous enrollment calculation. ◆ Some of the extracted claims did not include information specific to each product line per Verisk's input specification. Consequently, these claims could not be included in the calculation of the Use of Service measures. ◆ Significant amounts of paid claims were missing; therefore, the IPU and the AMB measures were found to be materially biased, resulting in the auditor assigning these measures a not reportable (NR) designation. The auditor recommended that DHMC perform an extensive testing of the data extraction and mapping processes into the Verisk software, and provide thorough documentation on these processes.

Overview of the HEDIS Compliance Audit

Developed and maintained by NCQA, HEDIS is a set of performance data broadly accepted in the managed care environment as an industry standard. Organizations seeking NCQA accreditation or wishing to publicly report their HEDIS performance results undergo an NCQA HEDIS Compliance Audit through an NCQA-licensed audit organization. The audits are conducted in compliance with NCQA's *2015 HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*. The purpose of conducting a HEDIS audit is to ensure that rates submitted by the organizations are reliable, valid, accurate, and can be compared to one another.

During the HEDIS audit, data management processes were reviewed using findings from the NCQA HEDIS Record of Administration, Data Management, and Processes (Roadmap) review; interviews with key staff members; and a review of queries and output files. Data extractions from systems used to house production files and generate reports were reviewed, including a review of data included in the samples for the selected measures. Based on validation findings, the licensed organizations produced an initial written report identifying any perceived issues of noncompliance, problematic measures, and recommended opportunities for improvement. The licensed organizations also produced a final report with updated text and findings based on comments on the initial report.

The FAR included information on the organization's information system (IS) capabilities; each measure's reportable results; medical record review (MRR) validation results; the results of any corrected programming logic, including corrections made to numerators, denominators, or sampling used for final measure calculation; and opportunities and recommendations for improvement of data completeness, data integrity, and health outcomes.

Information Systems Standards

Listed below are the Information Systems Standards published in NCQA's *2015 HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*.

IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry

IS 1.1 Industry standard codes (e.g., ICD-9-CM, CPT, DRG, HCPCS) are used and all characters are captured.

IS 1.2 Principal codes are identified and secondary codes are captured.

IS 1.3 Nonstandard coding schemes are fully documented and mapped back to industry standard codes.

IS 1.4   Standard submission forms are used and capture all fields relevant to measure reporting. All proprietary forms capture equivalent data. Electronic transmission procedures conform to industry standards.

IS 1.5   Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files for measure reporting.

IS 1.6   The organization continually assesses data completeness and takes steps to improve performance.

IS 1.7   The organization regularly monitors vendor performance against expected performance standards.

Rationale

The organization must capture all clinical information pertinent to the delivery of services to provide a basis for calculating measures. The audit process ensures that the organization consistently captures sufficient clinical information. Principal among these practices and critical for computing clinical measures is consistent use of standardized codes to describe medical events, including nationally recognized schemes to capture diagnosis, procedure, DRG, and DSM codes. Standardized coding improves the comparability of measures through common definition of identical clinical events. The organization must cross-reference nonstandard coding schemes at the specific diagnosis and service level to attain equivalent meaning. The integrity of measures requires using standard forms, controlling receipt processes, editing and verifying data entry, and implementing other control procedures that promote completeness and accuracy in receiving and recording medical information. The transfer of information from medical charts to the organizations' databases should be subject to the same standards for accuracy and completeness.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

IS 2.1   The organization has procedures for submitting measure-relevant information for data entry. Electronic transmissions of membership data have necessary procedures to ensure accuracy.

IS 2.2   Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.

IS 2.3   The organization continually assesses data completeness and takes steps to improve performance.

IS 2.4   The organization regularly monitors vendor performance against expected performance standards.

Rationale

Controlling receipt processes, editing and verifying data entry, and implementing other control procedures to promote completeness and accuracy in receiving and recording member information are critical in databases that calculate measures. Specific member information includes age, gender, benefits, product line (commercial, Medicaid, and Medicare), and the dates that define periods of membership so gaps in enrollment can be determined.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

IS 3.1 Provider specialties are fully documented and mapped to provider specialties necessary for measure reporting.

IS 3.2 The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of practitioner data are checked to ensure accuracy.

IS 3.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

IS 3.4 The organization continually assesses data completeness and takes steps to improve performance.

IS 3.5 The organization regularly monitors vendor performance against expected performance standards.

Rationale

Controlling receipt processes, editing and verifying data entry, and implementing other control procedures to promote completeness and accuracy in receiving and recording provider information are critical in databases that calculate measures. Specific provider information includes the provider's specialty, contracts, credentials, populations served, date of inclusion in the network, date of credentialing, board certification status, and information needed to develop medical record abstraction tools.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

IS 4.1 Forms capture all fields relevant to measure reporting. Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off).

IS 4.2 Retrieval and abstraction of data from medical records are reliably and accurately performed.

IS 4.3 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.

IS 4.4 The organization continually assesses data completeness and takes steps to improve performance.

IS 4.5 The organization regularly monitors vendor performance against expected performance standards.

Rationale

Medical record review validation ensures that record abstraction performed by or on behalf of the entity meets standards for sound processes and that abstracted data are accurate. Validation includes not only an over-read of abstracted medical records, but also a review of medical record review tools, policies, and procedures related to data entry and transfer, and training materials developed by or on behalf of the entity.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

IS 5.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.

IS 5.2 The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of data have checking procedures to ensure accuracy.

IS 5.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

IS 5.4 The organization continually assesses data completeness and takes steps to improve performance.

IS 5.5 The organization regularly monitors vendor performance against expected performance standards.

Rationale

Organizations may use a supplemental database to collect and store data, which is then used to augment rates. These databases must be scrutinized closely since they can be standard, nonstandard, or member-reported. The auditor must determine whether sufficient control processes are in place related to data collection, validation of data entry into the database, and use of these data. Mapping documents (where applicable) and file layouts may be reviewed as well, to determine compliance with this standard. All supplemental databases are validated annually. Proof-of-service verification is required for nonstandard or member-reported data.

*IS 6.0—Member Call Center Data—Capture, Transfer, and Entry**

IS 6.1 Member call center data are reliably and accurately captured.

*This standard was not applicable to the measures under the scope of the audit.

IS 7.0—Data Integration—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity

IS 7.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.

IS 7.2 Data transfers to repository from transaction files are accurate.

IS 7.3 File consolidations, extracts, and derivations are accurate.

IS 7.4 The repository structure and formatting are suitable for measures and enable required programming efforts.

IS 7.5 Report production is managed effectively and operators perform appropriately.

IS 7.6 Measure reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.

IS 7.7 Physical control procedures ensure measure data integrity such as physical security, data access authorization, disaster recovery facilities, and fire protection.

IS 7.8 The organization regularly monitors vendor performance against expected performance standards.

Rationale

Calculating rates requires data from multiple sources. The systems used to assemble the data and to make the required calculations should be carefully constructed and tested. The organization's quality assurance practices and backup procedures serve as an organizational infrastructure supporting all information systems. The practices and procedures promote accurate and timely information processing and data protection in the event of a disaster. Data needed to calculate measures are produced by the organization's information systems and may be directly or indirectly affected by IS practices and procedures.

This appendix displays calculated rates validated in an NCQA HEDIS Compliance Audit for the two MCOs and the Department. Table B-1 provides detailed descriptions for each of the four audit result categories.

Table B-1—HEDIS Audit Results		
Audit Finding	**Description**	**Audit Result**
For HEDIS Measures		
The rate or numeric result for a HEDIS measure is reportable. The measure was fully or substantially compliant with HEDIS specifications or had only minor deviations that did not significantly bias the reported rate.	Reportable	*R*
HEDIS specifications were followed but the denominator was too small to report a valid rate.	Denominator <30	*NA*
The health plan did not offer the health benefits required by the measure.	No Benefit (Benefit Not Offered)	*NB*
1. The health plan calculated the measure but the rate was materially biased, or 2. The health plan chose not to report the measure.	Not Reportable	*NR*

Table B-2 presents the audited rates in the IDSS as submitted by DHMC. The rates displayed for the *Childhood Immunization Status* and *Immunizations for Adolescents* measures reflected administrative data-only rates and were not the final, reported, hybrid rates in DHMC's IDSS.

Table B-2—DHMC's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Childhood Immunization Status		
DTaP	77.70%	*R*
IPV	88.37%	*R*
MMR	87.73%	*R*
HiB	87.35%	*R*
Hepatitis B	90.10%	*R*
VZV	87.80%	*R*
Pneumococcal Conjugate	81.34%	*R*
Hepatitis A	86.45%	*R*
Rotavirus	69.58%	*R*
Influenza	63.19%	*R*
Combination #2	76.81%	*R*
Combination #3	75.85%	*R*
Combination #4	75.02%	*R*
Combination #5	64.98%	*R*
Combination #6	57.96%	*R*
Combination #7	64.41%	*R*
Combination #8	57.64%	*R*
Combination #9	51.31%	*R*
Combination #10	51.05%	*R*
Immunizations for Adolescents		
Meningococcal	80.90%	*R*
Tdap/Td	82.36%	*R*
Combination 1	80.27%	*R*
Well-Child Visits in the First 15 Months of Life		
0 Visits	5.19%	*R*
6+ Visits	2.36%	*R*
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	60.06%	*R*
Adolescent Well-Care Visits	39.79%	*R*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile (3–11 Years)	93.14%	*R*
BMI Percentile (12–17 Years)	93.28%	*R*
BMI Percentile (Total)	93.19%	*R*
Counseling for Nutrition (3–11 Years)	79.42%	*R*
Counseling for Nutrition (12–17 Years)	74.63%	*R*

Table B-2—DHMC's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Counseling for Nutrition (Total)	77.86%	*R*
Counseling for Physical Activity (3–11 Years)	56.32%	*R*
Counseling for Physical Activity (12–17 Years)	73.88%	*R*
Counseling for Physical Activity (Total)	62.04%	*R*
Appropriate Testing for Children with Pharyngitis	72.78%	*R*
Appropriate Treatment for Children with Upper Respiratory Infection	98.03%	*R*
Children's and Adolescents' Access to Primary Care Practitioners		
12–24 Months	91.12%	*R*
25 Months–6 Years	73.42%	*R*
7–11 Years	79.27%	*R*
12–19 Years	80.17%	*R*
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	84.67%	*R*
Postpartum Care	60.58%	*R*
Adults' Access to Preventive/Ambulatory Health Services		
20–44 Years	64.39%	*R*
45–64 Years	75.85%	*R*
65+ Years	75.56%	*R*
Total	69.07%	*R*
Controlling High Blood Pressure	70.32%	*R*
Comprehensive Diabetes Care (excluding HbA1c <7 indicator)		
HbA1c Testing	85.64%	*R*
HbA1c Poor Control (>9.0%)	38.44%	*R*
HbA1c Control (<8.0%)	50.85%	*R*
Eye Exam	47.93%	*R*
Medical Attention for Nephropathy	79.32%	*R*
Blood Pressure Controlled <140/90 mm Hg	69.10%	*R*
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	85.12%	*R*
Digoxin	*NA*	*NA*
Diuretics	86.06%	*R*
Total	85.56%	*R*
Use of Imaging Studies for Low Back Pain	80.33%	*R*
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	53.41%	*R*
Pharmacotherapy Management of COPD Exacerbation		
Systemic corticosteroid	52.38%	*R*
Bronchodilator	65.08%	*R*
Use of Appropriate Medications for People with Asthma		
5–11 Years	88.18%	*R*
12–18 Years	87.94%	*R*

Table B-2—DHMC's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
19–50 Years	73.33%	*R*
51–64 Years	47.89%	*R*
Total	79.12%	*R*
Asthma Medication Ratio		
5–11 Years	40.21%	*R*
12–18 Years	28.68%	*R*
19–50 Years	24.66%	*R*
51–64 Years	15.49%	*R*
Total	29.98%	*R*
Medication Management for People With Asthma		
Medication Compliance 50%		
5–11 Years	34.08%	*R*
12–18 Years	27.42%	*R*
19–50 Years	47.27%	*R*
51–64 Years	64.71%	*R*
Total	37.81%	*R*
Medication Compliance 75%		
5–11 Years	9.50%	*R*
12–18 Years	11.29%	*R*
19–50 Years	17.27%	*R*
51–64 Years	41.18%	*R*
Total	14.32%	*R*
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	31.16%	*R*
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	64.63%	*R*
Chlamydia Screening in Women		
16–20 Years	70.13%	*R*
21–24 Years	66.56%	*R*
Total	68.60%	*R*
Breast Cancer Screening	53.09%	*R*
Cervical Cancer Screening	63.02%	*R*
Non-recommended Cervical Cancer Screening in Adolescent Females	0.21%	*R*
Adult BMI Assessment	88.08%	*R*
Anti-depressant Medication Management		
Effective Acute Phase Treatment	43.65%	*R*
Effective Continuation Phase Treatment	29.62%	*R*

Table B-2—DHMC's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	29.20%	*R*
Continuation and Maintenance Phase	*NA*	*NA*
Follow-up After Hospitalization for Mental Illness		
30-Day Follow-up	*NB*	*NB*
7-Day Follow-up	*NB*	*NB*
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	59.73%	*R*
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	87.66%	*R*
Diabetes Monitoring for People With Diabetes and Schizophrenia	60.61%	*R*
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	*NA*	*NA*
Ambulatory Care: Emergency Department Visits and Outpatient Visits		
Outpatient Visits per 1,000 MM	*NR*	*NR*
ED Visits per 1,000 MM	*NR*	*NR*
Inpatient Utilization—General Hospital/Acute Care		
Discharges per 1,000 MM (Total Inpatient)	*NR*	*NR*
Days per 1,000 MM (Total Inpatient)	*NR*	*NR*
Average Length of Stay (Total Inpatient)	*NR*	*NR*
Discharges per 1,000 MM (Medicine)	*NR*	*NR*
Days per 1,000 MM (Medicine)	*NR*	*NR*
Average Length of Stay (Medicine)	*NR*	*NR*
Discharges per 1,000 MM (Surgery)	*NR*	*NR*
Days per 1,000 MM (Surgery)	*NR*	*NR*
Average Length of Stay (Surgery)	*NR*	*NR*
Discharges per 1,000 MM (Maternity)	*NR*	*NR*
Days per 1,000 MM (Maternity)	*NR*	*NR*
Average Length of Stay (Maternity)	*NR*	*NR*
Identification of Alcohol and Other Drug Services		
Any Service	4.06%	*R*
Inpatient	1.09%	*R*
Intensive Outpatient or Partial Hospitalization	0.00%	*R*
Outpatient or ED	3.55%	*R*
Mental Health Utilization		
Any Service	*NB*	*NB*
Inpatient	*NB*	*NB*
Intensive Outpatient or Partial Hospitalization	*NB*	*NB*

Table B-2—DHMC's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Outpatient or ED	*NB*	*NB*
Antibiotic Utilization		
Average Scrips for PMPY for Antibiotics (All Ages)	0.30	*R*
Averages Days Supplied per Antibiotic Scrip (All Ages)	9.50	*R*
Average Scrips PMPY for Antibiotics of Concern (All Ages)	0.09	*R*
Percentage of Antibiotics of Concern of All Antibiotic Scrips (All Ages)	28.02%	*R*
Frequency of Selected Procedures (Procedures per 1,000 MM)		
Bariatric Weight Loss Surgery (0–19 Male)	0.00	*R*
Bariatric Weight Loss Surgery (0–19 Female)	0.00	*R*
Bariatric Weight Loss Surgery (20–44 Male)	0.00	*R*
Bariatric Weight Loss Surgery (20–44 Female)	0.03	*R*
Bariatric Weight Loss Surgery (45–64 Male)	0.00	*R*
Bariatric Weight Loss Surgery (45–64 Female)	0.08	*R*
Tonsillectomy (0–9 Male & Female)	0.29	*R*
Tonsillectomy (10–19 Male & Female)	0.12	*R*
Hysterectomy, Abdominal (15–44 Female)	0.06	*R*
Hysterectomy, Abdominal (45–64 Female)	0.31	*R*
Hysterectomy, Vaginal (15–44 Female)	0.03	*R*
Hysterectomy, Vaginal (45–64 Female)	0.08	*R*
Cholecystectomy, Open (30–64 Male)	0.12	*R*
Cholecystectomy, Open (15–44 Female)	0.02	*R*
Cholecystectomy, Open (45–64 Female)	0.03	*R*
Cholecystectomy (Laparoscopic) (30–64 Male)	0.10	*R*
Cholecystectomy (Laparoscopic) (15–44 Female)	0.57	*R*
Cholecystectomy (Laparoscopic) (45–64 Female)	0.57	*R*
Back Surgery (20–44 Male)	0.13	*R*
Back Surgery (20–44 Female)	0.06	*R*
Back Surgery (45–64 Male)	0.47	*R*
Back Surgery (45–64 Female)	0.34	*R*
Mastectomy (15–44 Female)	0.00	*R*
Mastectomy (45–64 Female)	0.05	*R*
Lumpectomy (15–44 Female)	0.07	*R*
Lumpectomy (45–64 Female)	0.23	*R*

Table B-3 presents the audited rates in the IDSS calculated by RMHP. RMHP rotated the *Childhood Immunization Status, Immunizations for Adolescent, Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life,* and *Adolescent Well-Care Visits* measures for HEDIS 2015. Per the Department's required data collection methodology, the rates displayed in the table reflect administrative data only and were not the final, reported, hybrid rates in the plan-submitted file for HEDIS 2015.

Table B-3—RMHP's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Childhood Immunization Status		
DTaP	69.06%	**R**
IPV	83.12%	**R**
MMR	90.30%	**R**
HiB	82.28%	**R**
Hepatitis B	48.66%	**R**
VZV	88.89%	**R**
Pneumococcal Conjugate	68.21%	**R**
Hepatitis A	74.68%	**R**
Rotavirus	65.82%	**R**
Influenza	58.37%	**R**
Combination #2	36.01%	**R**
Combination #3	33.61%	**R**
Combination #4	31.08%	**R**
Combination #5	27.99%	**R**
Combination #6	25.32%	**R**
Combination #7	26.02%	**R**
Combination #8	23.91%	**R**
Combination #9	21.38%	**R**
Combination #10	20.25%	**R**
Immunizations for Adolescents		
Meningococcal	58.02%	**R**
Tdap/Td	84.89%	**R**
Combination 1	56.53%	**R**
Well-Child Visits in the First 15 Months of Life		
0 Visits	1.44%	**R**
6+ Visits	25.72%	**R**
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	64.36%	**R**
Adolescent Well-Care Visits	41.71%	**R**
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile (3–11 Years)	82.17%	**R**
BMI Percentile (12–17 Years)	79.71%	**R**

Table B-3—RMHP's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
BMI Percentile (Total)	81.42%	*R*
Counseling for Nutrition (3–11 Years)	68.15%	*R*
Counseling for Nutrition (12–17 Years)	55.07%	*R*
Counseling for Nutrition (Total)	64.16%	*R*
Counseling for Physical Activity (3–11 Years)	63.78%	*R*
Counseling for Physical Activity (12–17 Years)	59.40%	*R*
Counseling for Physical Activity (Total)	62.47%	*R*
Appropriate Testing for Children with Pharyngitis	90.06%	*R*
Appropriate Treatment for Children with Upper Respiratory Infection	93.63%	*R*
Children's and Adolescents' Access to Primary Care Practitioners		
12–24 Months	91.77%	*R*
25 Months–6 Years	72.77%	*R*
7–11 Years	85.74%	*R*
12–19 Years	83.53%	*R*
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	91.31%	*R*
Postpartum Care	67.71%	*R*
Adults' Access to Preventive/Ambulatory Health Services		
20–44 Years	57.81%	*R*
45–64 Years	64.23%	*R*
65+ Years	93.33%	*R*
Total	61.83%	*R*
Controlling High Blood Pressure	68.44%	*R*
Comprehensive Diabetes Care (excluding HbA1c <7 indicator)		
HbA1c Testing	89.37%	*R*
HbA1c Poor Control (>9.0%)	26.41%	*R*
HbA1c Control (<8.0%)	65.61%	*R*
Eye Exam	63.62%	*R*
Medical Attention for Nephropathy	82.61%	*R*
Blood Pressure Controlled <140/90 mm Hg	76.74%	*R*
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	86.97%	*R*
Digoxin	*NA*	*NA*
Diuretics	86.12%	*R*
Total	86.17%	*R*
Use of Imaging Studies for Low Back Pain	82.65%	*R*
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	32.28%	*R*
Pharmacotherapy Management of COPD Exacerbation		
Systemic corticosteroid	36.47%	*R*
Bronchodilator	47.06%	*R*

Table B-3—RMHP's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Use of Appropriate Medications for People with Asthma		
5–11 Years	92.38%	*R*
12–18 Years	86.75%	*R*
19–50 Years	77.78%	*R*
51–64 Years	*NA*	*NA*
Total	84.48%	*R*
Asthma Medication Ratio		
5–11 Years	71.15%	*R*
12–18 Years	49.40%	*R*
19–50 Years	54.43%	*R*
51–64 Years	*NA*	*NA*
Total	58.89%	*R*
Medication Management for People With Asthma		
Medication Compliance 50%		
5–11 Years	43.30%	*R*
12–18 Years	47.22%	*R*
19–50 Years	60.32%	*R*
51–64 Years	*NA*	*NA*
Total	50.20%	*R*
Medication Compliance 75%		
5–11 Years	23.71%	*R*
12–18 Years	22.22%	*R*
19–50 Years	44.44%	*R*
51–64 Years	*NA*	*NA*
Total	30.61%	*R*
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	21.88%	*R*
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	61.76%	*R*
Chlamydia Screening in Women		
16–20 Years	39.60%	*R*
21–24 Years	40.58%	*R*
Total	40.12%	*R*
Breast Cancer Screening	49.65%	*R*
Cervical Cancer Screening	48.47%	*R*
Non-recommended Cervical Cancer Screening in Adolescent Females	2.28%	*R*
Adult BMI Assessment	87.80%	*R*
Anti-depressant Medication Management		
Effective Acute Phase Treatment	57.69%	*R*
Effective Continuation Phase Treatment	40.06%	*R*

Table B-3—RMHP's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	34.62%	*R*
Continuation and Maintenance Phase	32.31%	*R*
Follow-up After Hospitalization for Mental Illness		
30-Day Follow-up	*NB*	*NB*
7-Day Follow-up	*NB*	*NB*
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	*NB*	*NB*
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	*NB*	*NB*
Diabetes Monitoring for People With Diabetes and Schizophrenia	*NR*	*NR*
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	*NR*	*NR*
Ambulatory Care: Emergency Department Visits and Outpatient Visits		
Outpatient Visits per 1,000 MM	224.34	*R*
ED Visits per 1,000 MM	37.35	*R*
Inpatient Utilization—General Hospital/Acute Care		
Discharges per 1,000 MM (Total Inpatient)	5.07	*R*
Days per 1,000 MM (Total Inpatient)	19.24	*R*
Average Length of Stay (Total Inpatient)	3.79	*R*
Discharges per 1,000 MM (Medicine)	2.37	*R*
Days per 1,000 MM (Medicine)	10.13	*R*
Average Length of Stay (Medicine)	4.28	*R*
Discharges per 1,000 MM (Surgery)	0.91	*R*
Days per 1,000 MM (Surgery)	5.42	*R*
Average Length of Stay (Surgery)	5.96	*R*
Discharges per 1,000 MM (Maternity)	2.56	*R*
Days per 1,000 MM (Maternity)	5.25	*R*
Average Length of Stay (Maternity)	2.05	*R*
Identification of Alcohol and Other Drug Services		
Any Service	2.56%	*R*
Inpatient	0.62%	*R*
Intensive Outpatient or Partial Hospitalization	0.00%	*R*
Outpatient or ED	2.20%	*R*
Mental Health Utilization		
Any Service	0.71%	*R*
Inpatient	0.10%	*R*
Intensive Outpatient or Partial Hospitalization	0.00%	*R*
Outpatient or ED	0.64%	*R*

Table B-3—RMHP's Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Antibiotic Utilization		
Average Scrips for PMPY for Antibiotics (All Ages)	0.54	***R***
Averages Days Supplied per Antibiotic Scrip (All Ages)	9.59	***R***
Average Scrips PMPY for Antibiotics of Concern (All Ages)	0.21	***R***
Percentage of Antibiotics of Concern of All Antibiotic Scrips (All Ages)	38.50%	***R***
Frequency of Selected Procedures (Procedures per 1,000 MM)		
Bariatric Weight Loss Surgery (0–19 Male)	0.00	***R***
Bariatric Weight Loss Surgery (0–19 Female)	0.00	***R***
Bariatric Weight Loss Surgery (20–44 Male)	0.02	***R***
Bariatric Weight Loss Surgery (20–44 Female)	0.06	***R***
Bariatric Weight Loss Surgery (45–64 Male)	0.00	***R***
Bariatric Weight Loss Surgery (45–64 Female)	0.11	***R***
Tonsillectomy (0–9 Male & Female)	0.66	***R***
Tonsillectomy (10–19 Male & Female)	0.38	***R***
Hysterectomy, Abdominal (15–44 Female)	0.09	***R***
Hysterectomy, Abdominal (45–64 Female)	0.29	***R***
Hysterectomy, Vaginal (15–44 Female)	0.46	***R***
Hysterectomy, Vaginal (45–64 Female)	0.29	***R***
Cholecystectomy, Open (30–64 Male)	0.00	***R***
Cholecystectomy, Open (15–44 Female)	0.00	***R***
Cholecystectomy, Open (45–64 Female)	0.00	***R***
Cholecystectomy (Laparoscopic) (30–64 Male)	0.30	***R***
Cholecystectomy (Laparoscopic) (15–44 Female)	0.77	***R***
Cholecystectomy (Laparoscopic) (45–64 Female)	0.64	***R***
Back Surgery (20–44 Male)	0.24	***R***
Back Surgery (20–44 Female)	0.12	***R***
Back Surgery (45–64 Male)	0.36	***R***
Back Surgery (45–64 Female)	0.35	***R***
Mastectomy (15–44 Female)	0.02	***R***
Mastectomy (45–64 Female)	0.18	***R***
Lumpectomy (15–44 Female)	0.11	***R***
Lumpectomy (45–64 Female)	0.31	***R***

Table B-4 presents the audited rates in the IDSS calculated by the Department. Please note that although the Department calculated the *Prenatal and Postpartum Care* measure, the rates were not audited. As such, the audit results shown for the two indicators associated with this measure were "NR." The rates for measures not audited were 47.05 percent for *Timeliness of Prenatal Care* and 30.20 percent for *Postpartum Care*, respectively.

Additionally, the Department calculated the *Follow-up After Hospitalization for Mental Illness* measure using a customized specification. This measure's rates were also not audited. As such, the audit results shown for the two indicators associated with this measure were "NR." The rates for measures not audited were 43.01 percent for *30-Day Follow-up* and 15.24 percent for *7-Day Follow-up*, respectively.

The *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* and the *Mental Health Utilization* measures were initially part of the reporting measure set. However, during the NCQA HEDIS Compliance Audit, the auditor identified that data from the required benefits (namely, mental health or chemical dependency benefits) were not included for calculation. Consequently, the Department did not have complete data to report these measures. These measures were assigned an "NR" audit result.

Table B-4—The Department's FFS Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Childhood Immunization Status		
DTaP	63.79%	*R*
IPV	80.98%	*R*
MMR	81.27%	*R*
HiB	76.61%	*R*
Hepatitis B	80.23%	*R*
VZV	80.69%	*R*
Pneumococcal Conjugate	65.71%	*R*
Hepatitis A	70.59%	*R*
Rotavirus	58.89%	*R*
Influenza	47.57%	*R*
Combination #2	55.31%	*R*
Combination #3	52.24%	*R*
Combination #4	48.03%	*R*
Combination #5	41.22%	*R*
Combination #6	33.83%	*R*
Combination #7	38.17%	*R*
Combination #8	31.74%	*R*
Combination #9	27.97%	*R*
Combination #10	26.31%	*R*
Immunizations for Adolescents		
Meningococcal	63.36%	*R*
Tdap/Td	77.05%	*R*

Table B-4—The Department's FFS Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Combination 1	60.85%	*R*
Well-Child Visits in the First 15 Months of Life		
0 Visits	3.97%	*R*
6+ Visits	46.16%	*R*
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	56.67%	*R*
Adolescent Well-Care Visits	32.15%	*R*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile (3–11 Years)	65.45%	*R*
BMI Percentile (12–17 Years)	69.12%	*R*
BMI Percentile (Total)	66.67%	*R*
Counseling for Nutrition (3–11 Years)	56.36%	*R*
Counseling for Nutrition (12–17 Years)	53.68%	*R*
Counseling for Nutrition (Total)	55.47%	*R*
Counseling for Physical Activity (3–11 Years)	47.64%	*R*
Counseling for Physical Activity (12–17 Years)	50.00%	*R*
Counseling for Physical Activity (Total)	48.42%	*R*
Appropriate Testing for Children with Pharyngitis	73.41%	*R*
Annual Dental Visit		
2-3 Years	54.58%	*R*
4-6 Years	65.50%	*R*
7-10 Years	69.25%	*R*
11-14 Years	64.40%	*R*
15-18 Years	53.84%	*R*
19-21 Years	31.56%	*R*
Total	60.32%	*R*
Appropriate Treatment for Children with Upper Respiratory Infection	89.57%	*R*
Children's and Adolescents' Access to Primary Care Practitioners		
12–24 Months	93.07%	*R*
25 Months–6 Years	80.13%	*R*
7–11 Years	84.11%	*R*
12–19 Years	84.00%	*R*
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	*NR*	*NR*
Postpartum Care	*NR*	*NR*
Adults' Access to Preventive/Ambulatory Health Services		
20–44 Years	69.53%	*R*
45–64 Years	79.48%	*R*
65+ Years	75.07%	*R*
Total	73.05%	*R*

Table B-4—The Department's FFS Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Controlling High Blood Pressure	52.31%	*R*
Comprehensive Diabetes Care (excluding HbA1c <7 indicator)		
HbA1c Testing	81.75%	*R*
HbA1c Poor Control (>9.0%)	45.01%	*R*
HbA1c Control (<8.0%)	42.58%	*R*
Eye Exam	45.26%	*R*
Medical Attention for Nephropathy	72.99%	*R*
Blood Pressure Controlled <140/90 mm Hg	61.07%	*R*
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	85.30%	*R*
Digoxin	58.50%	*R*
Diuretics	85.42%	*R*
Total	85.15%	*R*
Use of Imaging Studies for Low Back Pain	78.49%	*R*
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	28.81%	*R*
Pharmacotherapy Management of COPD Exacerbation		
Systemic corticosteroid	62.49%	*R*
Bronchodilator	79.28%	*R*
Use of Appropriate Medications for People with Asthma		
5–11 Years	92.71%	*R*
12–18 Years	87.31%	*R*
19–50 Years	76.93%	*R*
51–64 Years	79.30%	*R*
Total	86.62%	*R*
Asthma Medication Ratio		
5–11 Years	73.46%	*R*
12–18 Years	75.36%	*R*
19–50 Years	81.97%	*R*
51–64 Years	85.50%	*R*
Total	76.46%	*R*
Medication Management for People With Asthma		
Medication Compliance 50%		
5–11 Years	69.57%	*R*
12–18 Years	64.40%	*R*
19–50 Years	69.70%	*R*
51–64 Years	76.54%	*R*
Total	68.38%	*R*
Medication Compliance 75%		
5–11 Years	46.50%	*R*
12–18 Years	40.04%	*R*

Table B-4—The Department's FFS Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
19–50 Years	47.73%	*R*
51–64 Years	57.48%	*R*
Total	45.34%	*R*
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	22.19%	*R*
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	76.88%	*R*
Chlamydia Screening in Women		
16–20 Years	46.26%	*R*
21–24 Years	55.53%	*R*
Total	50.89%	*R*
Breast Cancer Screening	30.17%	*R*
Cervical Cancer Screening	56.69%	*R*
Non-Recommended Cervical Cancer Screening in Adolescent Females	1.82%	*R*
Adult BMI Assessment	82.00%	*R*
Anti-depressant Medication Management		
Effective Acute Phase Treatment	66.76%	*R*
Effective Continuation Phase Treatment	51.20%	*R*
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	33.67%	*R*
Continuation and Maintenance Phase	33.64%	*R*
Follow-up After Hospitalization for Mental Illness		
30-Day Follow-up	*NR*	*NR*
7-Day Follow-up	*NR*	*NR*
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of AOD Treatment (13–17 Years)	*NR*	*NR*
Engagement of AOD Treatment (13–17 Years)	*NR*	*NR*
Initiation of AOD Treatment (18+ Years)	*NR*	*NR*
Engagement of AOD Treatment (18+ Years)	*NR*	*NR*
Initiation of AOD Treatment (Total)	*NR*	*NR*
Engagement of AOD Treatment (Total)	*NR*	*NR*
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.41%	*R*
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	88.24%	*R*
Diabetes Monitoring for People With Diabetes and Schizophrenia	27.35%	*R*
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	35.90%	*R*
Ambulatory Care: Emergency Department Visits and Outpatient Visits		
Outpatient Visits per 1,000 MM	292.90	*R*
ED Visits per 1,000 MM	63.16	*R*

Table B-4—The Department's FFS Rates and Audit Results		
HEDIS Measure	**2015 HEDIS Rate**	**Audit Result**
Inpatient Utilization—General Hospital/Acute Care		
Discharges per 1,000 MM (Total Inpatient)	7.99	*R*
Days per 1,000 MM (Total Inpatient)	9.14	*R*
Average Length of Stay (Total Inpatient)	1.14	*R*
Discharges per 1,000 MM (Medicine)	3.82	*R*
Days per 1,000 MM (Medicine)	4.59	*R*
Average Length of Stay (Medicine)	1.20	*R*
Discharges per 1,000 MM (Surgery)	1.88	*R*
Days per 1,000 MM (Surgery)	2.20	*R*
Average Length of Stay (Surgery)	1.17	*R*
Discharges per 1,000 MM (Maternity)	3.38	*R*
Days per 1,000 MM (Maternity)	3.47	*R*
Average Length of Stay (Maternity)	1.03	*R*
Identification of Alcohol and Other Drug Services		
Any Service	5.01%	*R*
Inpatient	1.11%	*R*
Intensive Outpatient or Partial Hospitalization	0.00%	*R*
Outpatient or ED	4.49%	*R*
Mental Health Utilization		
Any Service	*NR*	*NR*
Inpatient	*NR*	*NR*
Intensive Outpatient or Partial Hospitalization	*NR*	*NR*
Outpatient or ED	*NR*	*NR*
Antibiotic Utilization		
Average Scrips for PMPY for Antibiotics (All Ages)	0.96	*R*
Averages Days Supplied per Antibiotic Scrip (All Ages)	9.67	*R*
Average Scrips PMPY for Antibiotics of Concern (All Ages)	0.37	*R*
Percentage of Antibiotics of Concern of All Antibiotic Scrips (All Ages)	38.52%	*R*
Frequency of Selected Procedures (Procedures per 1,000 MM)		
Bariatric Weight Loss Surgery (0–19 Male)	0.00	*R*
Bariatric Weight Loss Surgery (0–19 Female)	0.00	*R*
Bariatric Weight Loss Surgery (20–44 Male)	0.01	*R*
Bariatric Weight Loss Surgery (20–44 Female)	0.06	*R*
Bariatric Weight Loss Surgery (45–64 Male)	0.01	*R*
Bariatric Weight Loss Surgery (45–64 Female)	0.06	*R*
Tonsillectomy (0–9 Male & Female)	0.55	*R*
Tonsillectomy (10–19 Male & Female)	0.34	*R*
Hysterectomy, Abdominal (15–44 Female)	0.08	*R*
Hysterectomy, Abdominal (45–64 Female)	0.17	*R*

Table B-4—The Department's FFS Rates and Audit Results		
HEDIS Measure	2015 HEDIS Rate	Audit Result
Hysterectomy, Vaginal (15–44 Female)	0.15	*R*
Hysterectomy, Vaginal (45–64 Female)	0.18	*R*
Cholecystectomy, Open (30–64 Male)	0.03	*R*
Cholecystectomy, Open (15–44 Female)	0.01	*R*
Cholecystectomy, Open (45–64 Female)	0.03	*R*
Cholecystectomy (Laparoscopic) (30–64 Male)	0.29	*R*
Cholecystectomy (Laparoscopic) (15–44 Female)	0.71	*R*
Cholecystectomy (Laparoscopic) (45–64 Female)	0.67	*R*
Back Surgery (20–44 Male)	0.24	*R*
Back Surgery (20–44 Female)	0.18	*R*
Back Surgery (45–64 Male)	0.55	*R*
Back Surgery (45–64 Female)	0.57	*R*
Mastectomy (15–44 Female)	0.02	*R*
Mastectomy (45–64 Female)	0.17	*R*
Lumpectomy (15–44 Female)	0.09	*R*
Lumpectomy (45–64 Female)	0.35	*R*