

**The Ohio Department of Medicaid's
Specifications for the Submission of MCP
Self-Reported, Audited HEDIS Results**

Provider Agreement Effective July 1, 2014 through June 30, 2015

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Introduction

This specifications document describes the State Fiscal Year (SFY) 2015 requirements for collecting and submitting self-reported Healthcare Effectiveness Data and Information Set (HEDIS)^{®1} data to ODM.

The following key components are addressed:

- ◆ The required performance measures
- ◆ The audit requirements
- ◆ The data submission protocol
- ◆ The data certification requirements
- ◆ The data submission timeline

The measurement year for the SFY 2015 contract period is calendar year 2014. Note, the previous calendar year is the standard measurement year for HEDIS data.

ODM requires each MCP to submit the full set of HEDIS measures reported to NCQA for its overall Ohio Medicaid population. This **must** include the HEDIS measures listed in Table 1 below. Note, MCPs may not report rotated measure results, per NCQA methodology, for any HEDIS measure and measurement year listed in Table 1.

Table 1 – Required HEDIS Measures for SFY 2015 (CY 2014)

- Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months, 25 Months–6 Years, 7–11 Years, and 12–19 Years.
- Adults’ Access to Preventive/Ambulatory Health Services—Total
- Follow Up After Hospitalization for Mental Illness—7-Day Follow-Up
- Mental Health Utilization
- Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase
- Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment—Engagement of AOD Treatment—Total
- Adolescent Well Care Visits
- Prenatal and Postpartum Care—Timeliness of Prenatal Care; Postpartum Care
- Frequency of Ongoing Prenatal Care—Greater Than or Equal to 81 Percent of Expected Visits
- Use of Appropriate Medications for People with Asthma—Total
- Appropriate Treatment for Children with Upper Respiratory Infection
- Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- Comprehensive Diabetes Care—HbA1c Control (<8.0%); Blood Pressure Control (<140/90 mm Hg); Eye Exam (Retinal) Performed
- Controlling High Blood Pressure
- Persistence of Beta Blocker Treatment after a Heart Attack
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

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

Table 1 – Required HEDIS Measures for SFY 2015 (CY 2014)

- Annual Dental Visits—Total
- Childhood Immunization Status—Combo 2; Combo 3
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women—Combined Rate

Audit Requirements

ODM requires each MCP to contract with an NCQA-licensed organization (LO) and undergo an NCQA HEDIS Compliance Audit^{TM2} conducted by an NCQA-Certified HEDIS Compliance Auditor (CHCA). A listing of LOs and CHCAs can be found at <http://www.ncqa.org/tabid/204/Default.aspx>. All audits must be conducted according to NCQA's *HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*.

Audit Scope: The audit scope must include at a minimum all ODM required measures for the overall Ohio Medication population.

Audit Timeline: Audits are required for self-reported data submission of HEDIS 2015 data (based on measurement year 2014). Audits must be completed in accordance with NCQA's timeline.

Audit Components: All audits must include: (1) auditor review of Record of Administration, Data Management and Processes (Roadmap) completed by the MCP, (2) source code/software certification review, (3) supplemental data validation [if applicable], (4) medical record review validation, (5) on-site visit, and (6) final rate review.

Final Audit Report: The Final Audit Report (FAR), prepared by the audit organization, must address:

- ◆ Information about the LO
- ◆ Audit team information
- ◆ MCP information
- ◆ Audit scope, product lines, and timeline
- ◆ Supplemental database findings
- ◆ Source code review findings
- ◆ Medical Record Review validation findings
- ◆ Information System (IS) standards findings
- ◆ Final audit results statement

Data Submission Protocol

² NCQA HEDIS Compliance AuditTM is a trademark of the National Committee for Quality Assurance (NCQA).

1. MCPs are required to submit the audited HEDIS data to ODM as follows:

Submission Tool: NCQA’s Interactive Data Submission System (IDSS)—must be the final, auditor-locked version

Submission Format: Data-Filled Workbook (Excel) and CSV Workbook for each submission

Submission Units: Overall Ohio Medicaid population

Naming Conventions: Maintain the IDSS-generated naming convention for each file (e.g., workbook-four digit submission ID.xls or .csv) Examples: “workbook-1234.xls” or “workbook-1234.csv”

Submission Method: IDSS files and data certification letter should be submitted to ODM via HSAG’s secure FTP site in the following folder:

\<MCP>\2014-2015 Contract Year\J2c – HEDIS PM Reporting\HEDIS 2015 IDSS

Please notify HSAG (jyip-reyes@hsag.com) of the uploaded files.

Submission Due Date: June 22, 2015, 10 a.m. EST

2. MCPs are required to submit the FAR to ODM as follows:

Submission Format: PDF Version of the FAR for each submission

Submission Method: The FAR and the FAR data certification letter should be submitted to ODM via HSAG’s secure FTP site in the following folder:

\<MCP>\2014-2015 Contract Year\J2c – HEDIS PM Reporting\HEDIS 2015 FAR

Please notify HSAG (jyip-reyes@hsag.com) of the uploaded files.

Submission Due Date: July 22, 2015

In addition to submitting self-reported HEDIS results, MCPs are required to submit the FAR to ODM. A review of each FAR will be conducted in order to determine if any data collection or reporting issues were identified. In addition, any measure that is assigned an audit result of “Not Reportable” (i.e., NR) will be evaluated to determine the issue(s) that resulted in the assignment of an NR. MCPs must be prepared to provide any requested back-up documentation to account for an NR audit designation. Based on the findings from the review of the FARs and any NR audit result assigned, ODM will have the discretion to require a corrective action plan or other action as designated by the State.

Data Submission Requirements

Each MCP must submit separate signed data certification letters (Appendix) attesting to the accuracy and completeness of (1) the audited HEDIS data and (2) the FAR. The MCP must provide the file name of the IDSS file/FAR in the appropriate area specified in the certification letters. Data certification letters are to be submitted in accordance with the Data Submission Protocol specified in this document. Data certification letters are due on the same day that the data files are submitted (June 22, 2015, for the IDSS submissions and July 22, 2015, for the FARs).

Data Submission Timeline

MCPs are required to adhere to the following timeline for the submission of self-reported HEDIS data:

	Submission Requirement	Due Date
HEDIS 2015 (January through December 2014)	Final, locked IDSSs for Overall Ohio Medicaid	June 22, 2015, 10 a.m. EST
	Certification letter for audited IDSS data	June 22, 2015, 10 a.m. EST
	Final Audit Report	July 22, 2015
	Certification letter for FAR	July 22, 2015

Appendix

MCP Self-Reported HEDIS Data Letter of Certification for Audited IDSS Data

I, the undersigned, do hereby attest, based on my knowledge, information, and belief, that the data contained in the file submission(s) are accurate, truthful, and complete. Furthermore, I attest that the data submitted were audited via a HEDIS Compliance Audit conducted by an NCQA-licensed organization.

Signature of CEO, CFO, or delegated authority	Print Name
IDSS file name(s):	
Name of MCP Submitted for:	

Submitter Name	MCP Org and Sub ID
Street Address	Telephone Number (include area code) ()
City and State	Zip Code

**MCP Self-Reported HEDIS Data
Letter of Certification for
Final Audit Report**

I, the undersigned, do hereby attest, based on my knowledge, information, and belief, that the information contained in the Final Audit Report (FAR) is accurate, truthful, and complete. Furthermore, I attest that the FAR was produced as a result of an NCQA HEDIS Compliance Audit conducted by an NCQA-licensed organization.

Signature of CEO, CFO, or delegated authority	Print Name
FAR file name(s):	
Name of MCP Submitted for:	

Submitter Name	MCP Org and Sub ID
Street Address	Telephone Number (include area code) ()
City and State	Zip Code