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

Provider Agreement Effective July 1, 2019 through June 30, 2020

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Introduction

This specifications document describes the State Fiscal Year (SFY) 2020 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 2020 contract period is calendar year (CY) 2019. Note, the previous calendar year is the standard measurement year for HEDIS data.

ODM requires each MyCare Ohio Plan (MCOP) to submit the full set of HEDIS measures reported to NCQA for its Ohio dual benefit members (opt-in population). This **must** include the HEDIS measures listed in Table 1 below.

Table 1 – Required HEDIS Measures for SFY 2020 (CY 2019)
• Antidepressant Medication Management—Effective Acute Phase Treatment, Effective Continuation Phase Treatment • Comprehensive Diabetes Care—HbA1c Control (<8.0%) • Adults' Access to Preventive/Ambulatory Health Services—Total • Breast Cancer Screening • Care for Older Adults—Medication Review, Functional Status Assessment, Pain Assessment • Controlling High Blood Pressure • Follow-Up After Hospitalization for Mental Illness—30-Day Follow Up • Plan All Cause Readmissions—Observed-to-Expected (O/E) Ratio

Audit Requirements

ODM requires each MCOP to contract with an NCQA-licensed organization (LO) and undergo an NCQA HEDIS Compliance Audit™[2] conducted by an NCQA-Certified HEDIS Compliance Auditor (CHCA). A list of LOs can be found at: https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification/licensed-organizations/ and a list of CHCAs can be found at: https://www.ncqa.org/wp-content/uploads/2019/09/Certified_Hedis_Compliance_Auditors.pdf .

All audits must be conducted according to NCQA's *HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*.

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

Audit Scope: The audit scope must include at a minimum all ODM required measures for the Ohio dual benefit members (opt-in population).

Audit Timeline: Audits are required for self-reported data submission of HEDIS 2020 data (based on measurement year 2019). 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 MCOP, (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
- MCOP 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

Note: If the FAR contains any additional attachment that documents the auditor's assessment of the MCOP's compliance with specific IS standards, please include these attachments as part of the FAR submission.

Data Submission Protocol

1. MCOPs are required to submit the audited HEDIS data to IPRO/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: Ohio dual benefit members (opt-in population)

   Naming Conventions: Maintain the IDSS-generated naming convention for each file (e.g., workbook-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 IPRO's secure FTP site in the MCOP-specific HEDIS 2020 folder. Please notify ODM (mark.rizzutti@medicaid.ohio.gov) and IPRO Chuck Merlino (cmerlino@ipro.org) of the uploaded files.
Submission Due Date:	June 17, 2020**,** 10 a.m. EDT

2. MCOPs are required to submit patient-level detail (PLD) files to IPRO/ODM as follows:

Submission Format:	Fixed-width text file in accordance with NCQA's PLD File specifications
Naming Conventions:	Maintain the NCQA naming convention (e.g., PLDF_SubID_MMDDYY_Version)
Submission Method:	PLD files and data certification letter should be submitted to IPRO's secure FTP site in the MCOP-specific HEDIS 2020 folder. Please notify ODM (mark.rizzutti@medicaid.ohio.gov) and IPRO Chuck Merlino (cmerlino@ipro.org) of the uploaded files.
Submission Due Date:	June 17, 2020, 10 a.m. EDT

3. MCOPs are required to submit the FAR to IPRO/ODM as follows:

Submission Format:	PDF Version of the FAR for each submission
Submission Method:	The FAR, along with any attachments, and the FAR data certification letter should be submitted to IPRO's secure FTP site in the MCP-specific HEDIS 2020 folder. Please notify ODM (mark.rizzutti@medicaid.ohio.gov) and Chuck Merlino (cmerlino@ipro.org) of the uploaded files.

Submission Due Date: July 17, 2020, 5 p.m. EDT

In addition to submitting self-reported HEDIS results, MCOPs are required to submit the FAR to IPRO/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 "Biased Rate" (i.e., *BR*) will be evaluated to determine the issue(s) that resulted in the assignment of an *BR*. MCOPs must be prepared to provide any requested supporting documentation to account for an *BR* audit designation. Based on the findings from the review of the FAR and any *BR* 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 MCOP must submit separate signed data certification letters (Appendix) attesting to the accuracy and completeness of (1) the audited HEDIS data, (2) PLD files, and (3) the FAR. The MCOP must provide the file name of the IDSS file/PLD/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 17, 2020, for the IDSS and PLD submissions, and July 17, 2020, for the FAR).

Data Submission Timeline

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

	Submission Requirement	**Due Date**
HEDIS 2020 (January through December 2019)	Final, locked IDSSs for Overall MyCare	June 17, 2020, 10 a.m. EDT
	PLD files	June 17, 2020, 10 a.m. EDT
	Certification letter for audited IDSS data	June 17, 2020, 10 a.m. EDT
	Certification letter for PLD files	June 17, 2020, 10 a.m. EDT
	Final Audit Report	July 17, 2020, 5 p.m. EDT
	Certification letter for FAR	July 17, 2020, 5 p.m. EDT

Appendix

MCOP 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 MCOP Submitted for:	

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

MCOP Self-Reported HEDIS Data
Letter of Certification for Patient-Level Detail Files

I, the undersigned, do hereby attest, based on my knowledge, information, and belief, that the data contained in the patient-level detail (PLD) files 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
PLD file name(s):	
Name of MCOP Submitted for:	

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

MCOP 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) including its attachments 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 MCOP Submitted for:	

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