

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

**Provider Agreement Effective July 1, 2017 through June 30, 2018**

**Contact: Kendy Markman**

**Issued: October 2017**

## Introduction

This specifications document describes the State Fiscal Year (SFY) 2018 requirements for collecting and submitting self-reported Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>)<sup>1</sup> 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 2018 contract period is calendar year 2017. 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 2018 (CY 2017)**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Adults’ Access to Preventive/Ambulatory Health Services—Total</li><li>• Antidepressant Medication Management—Effective Acute Phase Treatment, Effective Continuation Phase Treatment</li><li>• Breast Cancer Screening</li><li>• Care for Older Adults—Medication Review, Functional Status Assessment, Pain Assessment</li><li>• Comprehensive Diabetes Care—HbA1c Control (&lt;8.0%)</li><li>• Controlling High Blood Pressure</li><li>• Follow-Up After Hospitalization for Mental Illness—30-Day Follow Up</li><li>• Plan All Cause Readmissions</li></ul> |
|--|

## Audit Requirements

ODM requires each MCOP to contract with an NCQA-licensed organization (LO) and undergo an NCQA HEDIS Compliance Audit<sup>TM2</sup> 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 Ohio dual benefit members (opt-in population).

<sup>1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup> NCQA HEDIS Compliance Audit<sup>TM</sup> is a trademark of the National Committee for Quality Assurance (NCQA).

**Audit Timeline:** Audits are required for self-reported data submission of HEDIS 2018 data (based on measurement year 2017). 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 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-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:

\\<MCOP>\2017-2018 Contract Year\J2c – HEDIS PM Reporting\HEDIS 2018 IDSS

Please notify HSAG ([NFair@hsag.com](mailto:NFair@hsag.com)) of the uploaded files.

**Submission Due Date:** June 18, 2018, 10 a.m. EDT

2. MCOPs are required to submit patient-level detail (PLD) files to 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:** The PLD text files should be submitted to ODM via HSAG’s secure FTP site in the following folder:

\\<MCOP>\2017-2018 Contract Year\J2c – HEDIS PM Reporting\HEDIS 2018 PLD

Please notify HSAG ([NFair@hsag.com](mailto:NFair@hsag.com)) of the uploaded files.

**Submission Due Date:** June 18, 2018, 10 a.m. EDT

3. MCOPs are required to submit the FAR to 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 ODM via HSAG’s secure FTP site in the following folder:

\\<MCOP>\2017-2018 Contract Year\J2c – HEDIS PM Reporting\HEDIS 2018 FAR

Please notify HSAG ([NFair@hsag.com](mailto:NFair@hsag.com)) of the uploaded files.

**Submission Due Date:** July 20, 2018, 5 p.m. EDT

In addition to submitting self-reported HEDIS results, MCOPs 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*. MCOPs must be prepared to provide any requested supporting 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 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 18, 2018, for the IDSS and PLD submissions, and July 20, 2018, for the FARs).

## Data Submission Timeline

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

	<b>Submission Requirement</b>	<b>Due Date</b>
HEDIS 2018 (January through December 2017)	Final, locked IDSSs for Overall MyCare	June 18, 2018, 10 a.m. EDT
	PLD files	June 18, 2018, 10 a.m. EDT
	Certification letter for audited IDSS data	June 18, 2018, 10 a.m. EDT
	Certification letter for PLD files	June 18, 2018, 10 a.m. EDT
	Final Audit Report	July 20, 2018, 5 p.m. EDT
	Certification letter for FAR	July 20, 2018, 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