

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

**Provider Agreement Effective July 1, 2016 through June 30, 2017**

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**Issued: December 2016**

## Introduction

This specifications document describes the State Fiscal Year (SFY) 2017 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 2017 contract period is calendar year 2016. 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.

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

**Table 1 – Required HEDIS Measures for SFY 2017 (CY 2016)**

- Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months, 25 Months–6 Years, 7–11 Years, 12–19 Years
- Adults’ Access to Preventive/Ambulatory Health Services—Total
- Follow Up After Hospitalization for Mental Illness—7-Day Follow-Up
- 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
- 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, Medical Attention for Nephropathy
- Controlling High Blood Pressure
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total
- Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total
- Annual Dental Visits—Total
- Childhood Immunization Status—Combo 2, Combo 3, Combo 10
- Immunization for Adolescents—Combo 1, Human Papillomavirus Vaccine
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation, Counseling for Nutrition, Counseling for Physical Activity
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women—Combined Rate
- Mental Health Utilization
- Antidepressant Medication Management—Effective Acute Phase Treatment, Effective Continuation Phase Treatment
- Pharmacotherapy Management of COPD Exacerbation—Dispensed a Systemic Corticosteroid within 14 days of the Event, Dispensed a Systemic Bronchodilator within 30 days of the Event
- Medication Management for People With Asthma—Medication Compliance 75 Percent, Total Rate
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents, Total
- Follow-Up Care for Children Prescribed ADHD Medication
- Statin Therapy for Patients with Cardiovascular Disease—Received Statin Therapy, Total
- Statin Therapy for Patients with Diabetes—Received Statin Therapy, Total
- Ambulatory Care—Emergency Department (ED) Visits

## **Audit Requirements**

ODM requires each MCP 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*.

<sup>2</sup> NCQA HEDIS Compliance Audit<sup>TM</sup> 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 overall Ohio Medicaid population.

**Audit Timeline:** Audits are required for self-reported data submission of HEDIS 2017 data (based on measurement year 2016). 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

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

## **Data Submission Protocol**

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>\2016-2017 Contract Year\J2c – HEDIS PM Reporting\HEDIS 2017 IDSS

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

**Submission Due Date:** June 19, 2017, 10 a.m. EDT

2. MCPs 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:

\\<MCP>\2016-2017 Contract Year\J2c – HEDIS PM Reporting\HEDIS 2017 PLD

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

**Submission Due Date:** June 19, 2017, 10 a.m. EDT

3. 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, 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:

\\<MCP>\2016-2017 Contract Year\J2c – HEDIS PM Reporting\HEDIS 2017 FAR

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

**Submission Due** July 21, 2017, 5 p.m. EDT  
**Date:**

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 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 MCP 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 MCP 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 19, 2017, for the IDSS and PLD submissions, and July 21, 2017, for the FARs).

### **Data Submission Timeline**

MCPs 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 2017 (January through December 2016)	Final, locked IDSSs for Overall Ohio Medicaid	June 19, 2017, 10 a.m. EDT
	PLD files	June 19, 2017, 10 a.m. EDT
	Certification letter for audited IDSS data	June 19, 2017, 10 a.m. EDT
	Certification letter for PLD files	June 19, 2017, 10 a.m. EDT
	Final Audit Report	July 21, 2017, 5 p.m. EDT
	Certification letter for FAR	July 21, 2017, 5 p.m. EDT

## 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 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 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