

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

Provider Agreement Effective July 1, 2018 through June 30, 2019

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Introduction

This specifications document describes the State Fiscal Year (SFY) 2019 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 2019 contract period is calendar year (CY) 2018. Note, the previous calendar year is the standard measurement year for HEDIS data.

ODM requires each managed care plan (MCP) to submit the following two submissions to ODM:

- 1) Standard NCQA HEDIS submission. This submission includes both the Medicaid-only and, if applicable, MyCare Medicare-Medicaid Plan (MMP) members.
- 2) A “Special Project” HEDIS submission. MCPs that are also part of the MyCare Ohio program will also be required to submit a “Special Project” HEDIS submission that is limited to Medicaid-only members (i.e., the MyCare MMP members are excluded). If the MCP is not part of the MyCare Ohio program, then the MCP will not need to submit a “Special Project” HEDIS submission.

Table 1 displays the required HEDIS measures that **must** be reported for both submissions.

Table 1 – Required HEDIS Measures for SFY 2019 (CY 2018)
<ul style="list-style-type: none">• 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, 30-Day Follow-Up• Adolescent Well-Care Visits• Prenatal and Postpartum Care—Timeliness of Prenatal Care, Postpartum Care• 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 Testing, HbA1c Control (<8.0%), HbA1c Poor Control (>9.0%), 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• Annual Dental Visits—Total• Childhood Immunization Status—Combo 2, Combo 3, Combo 10• Immunizations for Adolescents—Combo 1, Human Papillomavirus Vaccine

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

Table 1 – Required HEDIS Measures for SFY 2019 (CY 2018)

- 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—Total
- 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 Bronchodilator within 30 days of the Event
- Medication Management for People With Asthma—Medication Compliance 50 Percent—Total, Medication Compliance 75 Percent—Total
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total
- Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase, Continuation and Maintenance Phase
- 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
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Initiation of AOD Treatment—Total, Engagement of AOD Treatment—Total
- Adult BMI Assessment
- Appropriate Testing for Children With Pharyngitis
- Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up, 30-Day Follow-Up
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence—7-Day Follow-Up, 30-Day Follow-Up
- Use of Opioids at High Dosage
- Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies, Multiple Prescribers and Multiple Pharmacies
- Annual Monitoring for Patients on Persistent Medications—Total
- Risk of Continued Opioid Use—New Episode of Opioid Use Lasts at least 15 Days in a 30-Day Period, New Episode of Opioid Use Lasts at least 31 Days in a 62-Day Period
- Inpatient Utilization—General Hospital/Acute Care—Total Medicaid

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 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/2018/09/20180815_Certified_Hedis_Compliance_Auditors_8_15_18.pdf

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

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 a total of **two** submissions:

1. Standard NCQA HEDIS submission. This submission includes both the Medicaid-only and ,if applicable, MyCare MMP members.
2. A "Special Project" HEDIS submission. This submission is limited to Medicaid-only members (i.e., the MyCare MMP members are excluded). If the MCP is not part of the MyCare Ohio program, then the MCP will not need to submit a "Special Project" HEDIS submission.

Audit Timeline: Audits are required for self-reported data submission of HEDIS 2019 data (based on measurement year 2018). 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:

1. Standard NCQA HEDIS submission. This submission includes both the Medicaid-only and, if applicable, MyCare MMP members.
2. A “Special Project” HEDIS submission. This submission is only required for MCPs that are also part of the MyCare Ohio program and is limited to Medicaid-only members (i.e., the MyCare MMP members are excluded).

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 ODM’s secure FTP site in the MCP-specific DropOff folder.

Please notify ODM (mark.rizzutti@medicaid.ohio.gov) of the uploaded files.

Submission Due Date: June 18, 2019, 10 a.m. EDT

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

Submission Format: PDF Version of the FAR (one FAR should be provided that includes findings for both the Standard NCQA HEDIS submission and the “Special Project” HEDIS submission, where applicable)

Submission Method: The FAR, along with any attachments, and the FAR data certification letter should be submitted to ODM’s secure FTP site in the MCP-specific DropOff folder.

Please notify ODM (mark.rizzutti@medicaid.ohio.gov) of the uploaded files.

Submission Due Date: July 19, 2019, 5 p.m. EDT

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 “Biased Rate” (i.e., *BR*) will be evaluated to determine the issue(s) that resulted in the assignment of an *BR*. MCPs 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 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 18, 2019, for the IDSS submission, and July 19, 2019, for the FAR).

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 2019 (January through December 2018)	Final, locked IDSSs for each submission (Standard NCQA HEDIS submission and Special Project HEDIS submission, where applicable)	June 18, 2019, 10 a.m. EDT
	Certification letter for audited IDSS data for Standard NCQA HEDIS submission and Special Project HEDIS submission, where applicable	June 18, 2019, 10 a.m. EDT
	Final Audit Report (one FAR for both the Standard NCQA HEDIS submission and Special Project HEDIS submission, where applicable)	July 19, 2019, 5 p.m. EDT
	Certification letter for FAR for Standard NCQA HEDIS submission and Special Project HEDIS submission, where applicable	July 19, 2019, 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
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