

# **ODM Specifications for the Submission of MCP Self-Reported, Audited HEDIS Results**

**Provider Agreement Effective July 1, 2013 through June 30, 2014**

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## Introduction

This specifications document describes the State Fiscal Year (SFY) 2014 requirements for collecting and submitting self-reported Healthcare Effectiveness Data and Information Set (HEDIS)<sup>®1</sup> data to ODM.

The requirements for the following key components are addressed as follows:

- ◆ The list of managed care plan (MCP) performance measures
- ◆ The audit requirements
- ◆ The data submission protocol
- ◆ The data certification requirements
- ◆ The data submission timeline

**Report Periods:** The table below displays the HEDIS data measurement period for each SFY.

For Contract Period	Reporting Year
SFY 2014	January 1, 2013 – December 31, 2013

ODM requests the MCP to submit the full set of HEDIS measures reported to the NCQA for its overall Ohio Medicaid population. At minimum, the MCP **must** report on the following HEDIS measures for its overall Ohio Medicaid population:

**Table 1—Required Medicaid Measures for SFY 2014 (CY 2013)**

- 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 (CDC)—HbA1c Control (<8.0%); Blood Pressure Control (<140/90 mm Hg); LDL-C Screening; Eye Exam (Retinal) Performed
- Controlling High Blood Pressure
- Cholesterol Management for Patients With Cardiovascular Conditions (LDL-C Screening and LDL Control [<100 mg/dL])
- Persistence of Beta Blocker Treatment after a Heart Attack

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

## 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*.

**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 2014 data (based on measurement year 2013). 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

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

## Data Submission Protocol

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

<b>Submission Tool:</b>	NCQA’s Interactive Data Submission System (IDSS)—must be the final, auditor-locked version
<b>Submission Format:</b>	Data-Filled Workbook (Excel) and CSV Workbook for each submission
<b>Submission Units:</b>	Overall Ohio Medicaid population
<b>Naming Conventions:</b>	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”
<b>Submission Method:</b>	TBD
<b>Submission Due Date:</b>	June 20, 2014

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

<b>Submission Format:</b>	Final Word or PDF file prepared by audit organization
<b>Submission Method:</b>	TBD
<b>Submission Due Date:</b>	July 22, 2014

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 Certification Requirements

Each MCP must submit separate signed data certification letters (Attachment 1) attesting to the accuracy and completeness of (1) the audited HEDIS data and (2) the FAR. The MCP must enter the file names for each IDSS file submitted to ODM. Data certification letters are to be submitted to [ODM to complete]. Data certification letters are due on the same day that the data files are submitted (June 20, 2014, for the IDSS submissions and July 22, 2014, for the FARs).

## Data Submission Timeline

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

Reporting Year	Submission Requirement	Due Date
HEDIS 2014 (January through December 2013)	Final, locked IDSSs for Overall Ohio Medicaid	June 20, 2014
	Data certification letter	June 20, 2014
	Final Audit Report	July 22, 2014
	FAR data certification letter	July 22, 2014

## Appendix 1

### 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
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IDSS file name(s):

Name of MCP Submitted for:
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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
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FAR file name(s):

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