COLORADO

Department of Health Care Policy & Financing

FY 2021–2022 Physical Health Performance Measure Validation Report for Denver Health Medical Plan

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This report was produced by Health Services Advisory Group, Inc., for the Colorado Department of Health Care Policy & Financing.

HSAG HEALTH SERVICES ADVISORY GROUP

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Introduction

The Colorado State Medicaid agency, the Department of Health Care Policy & Financing (the Department) contracts with Health Services Advisory Group, Inc. (HSAG), to perform the three mandatory external quality review (EQR) activities required by the Medicaid managed care regulations released May 6, 2016. Validation of the performance measures calculated and submitted by each managed care organization (MCO) is one of these mandatory activities as articulated in 42 Code of Federal Regulations (CFR) §438.358. The Department has contracted with HSAG, an external quality review organization (EQRO), to conduct the validation of performance measures for **Denver Health Medical Plan** (**DHMP)**, an MCO, for fiscal year (FY) 2021–2022.

The Department opted to use selected National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[1] measures as the performance measures and calendar year 2021 as the measurement period for validation. Developed and maintained by NCQA, HEDIS is a set of performance data broadly accepted in the managed care environment as an industry standard. Because **DHMP** is required to calculate and submit the Centers for Medicare & Medicaid Services (CMS) Core Set performance measures and undergo an NCQA HEDIS Compliance Audit™[2], HSAG validated the results from the audits to meet the requirements articulated in the Medicaid managed care regulations. More specifically, HSAG's role in the validation of performance measures was to ensure that the validation activities were conducted as outlined in the CMS publication, *CMS External Quality Review (EQR) Protocols*, October 2019.[3]

The primary objectives of the performance measure validation process were to:

- Evaluate the accuracy of the performance measure data collected by **DHMP**.
- Determine the extent to which the specific performance measures calculated by **DHMP** (or on behalf of **DHMP**) followed the specifications established for each performance measure.

DHMP underwent an NCQA HEDIS Compliance Audit through an NCQA-licensed audit organization of its choice and submitted the audited results and audit statement to HSAG. Since the audit was conducted in compliance with NCQA's *HEDIS Measurement Year (MY) 2021 Compliance Audit: Standards, Policies, and Procedures, Volume 5* and the NCQA HEDIS Compliance Audit is consistent with the CMS

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

[2] NCQA HEDIS Compliance Audit™ is a trademark of NCQA. The purpose of conducting a HEDIS audit is to ensure that rates submitted by **DHMP** are reliable, valid, accurate, and can be compared to one another. For a brief overview of the NCQA HEDIS Compliance Audit, please refer to Appendix A.

[3] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Aug 30, 2022.

Performance Measure Validation Protocol, the findings and results from the NCQA HEDIS Compliance Audit can be reviewed, validated, and eventually accepted as findings for the validation of performance measures to meet the managed care requirements.

Performance Measure List

The NCQA-licensed audit organizations validated, at a minimum, a set of performance measures selected by the Department. The measures, which are listed in Table 1, are CMS Core Set measures that follow the definitions outlined in CMS' *Core Set of Adult/Child Health Care Quality Measures for Medicaid Reporting Manual*, and the reporting method required by the Department.

Table 1—Health First Colorado 2022 Performance Measure Reporting Set[4]

Performance Measures	Reporting Methodology
Antidepressant Medication Management—Ages 18 to 64 Years and *Ages 65 Years and Older*	Administrative
Asthma Medication Ratio—Ages 5 to 18 Years and *Ages 19 to 64 Years*	Administrative
Breast Cancer Screening—Ages 50 to 64 Years and *Ages 65 to 74 Years*	Administrative
Controlling High Blood Pressure—Ages 18 to 64 Years and *Ages 65 to 85 Years*	Administrative
Cervical Cancer Screening	Administrative
Chlamydia Screening in Women—Ages 16 to 20 Years and *Ages 21 to 24 Years*	Administrative
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—Ages 18 to 64 Years and *Ages 65 Years and Older*	Administrative
Follow-Up After Hospitalization for Mental Illness—Ages 6 to 17 Years and *Ages 18 Years and Older*	Administrative
Follow-Up After Emergency Department Visit for Mental Illness—Ages 18 Years and Older	Administrative
Initiation and Engagement of Alcohol and Other Drug Abuse (AOD) or Dependence Treatment—Initiation of AOD Treatment—Ages 18 to 64 Years and *Ages 65 Years and Older* and *Engagement of AOD Treatment—Ages 18 to 64 Years* and *Ages 65 Years and Older*	Administrative

[4] In Colorado, Medicaid is known as Health First Colorado (Colorado's Medicaid Program).

Performance Measures	Reporting Methodology
Plan All-Cause Readmissions	Administrative
Prenatal and Postpartum Care—Postpartum Care and *Timeliness of Prenatal Care*	Administrative
Adherence to Antipsychotic Medication for Individuals With Schizophrenia	Administrative
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Administrative
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Administrative
Ambulatory Care: Emergency Department (ED) Visits	Administrative
Asthma Medication Ratio	Administrative
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Administrative
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative
Childhood Immunization Status—Combinations 3, 7, and 10	Administrative
Immunizations for Adolescents	Administrative
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and *Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits*	Administrative
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total*	Administrative
Child and Adolescent Well-Care Visits	Administrative

Technical Methods of Analysis

The CMS Performance Measure Validation Protocol identifies key types of data that should be reviewed. As part of the validation process, HSAG aggregated several sources of HEDIS-related data to determine if the licensed organizations' (LOs') audit process met CMS requirements.

This performance measure validation report uses two primary sources—NCQA's Interactive Data Submission System (IDSS) data output reports and the final audit reports (FARs)—to tabulate overall HEDIS reporting capabilities and functions for **DHMP**. The IDSS contained the final HEDIS rates that were verified, reviewed, and locked by the LOs. The auditor-locking mechanism in the IDSS tool ensured that no information could be changed without the consent of NCQA and the auditor. The IDSS review process allowed the LOs to assess the reasonability of the rates submitted by **DHMP**.

The following is a table identifying the key audit steps required by NCQA for the LO to conduct NCQA HEDIS Compliance Audits. The table also lists HSAG's approach in validating the LO's audit.

Table 2—Description of Data Sources Reviewed

Key Steps According to NCQA's HEDIS Compliance Audit	HSAG's Approach on Validating the LO's Audit Results
Initial Visit/Meeting—The initial conference call or meeting between the LOs and **DHMP** staff.	HSAG verified that key HEDIS topics such as timelines and virtual review dates were addressed by the LOs.
Roadmap Review—This review provided the LOs with background information on policies, processes, and data in preparation for virtual review validation activities. **DHMP** was required to complete the Roadmap to provide the audit team with the necessary information to begin review activities.	HSAG looked for evidence in the final report that the LOs conducted a thorough review of all components of the Roadmap.
Source Code Review—Source code review is used to determine compliance with the performance measure definitions, including accurate numerator and denominator identification, sampling, and algorithmic compliance (to determine if rate calculations were performed correctly, medical record and administrative data were combined appropriately, and numerator events were counted accurately). This process is not necessary if **DHMP** uses a vendor who participates in the NCQA Measure Certification[5] process.	If the MCO used a software vendor to produce HEDIS rates, HSAG used the FAR and measure certification letter to assess whether or not the software vendor achieved full measure certification status by NCQA for the reported HEDIS measures. HSAG ensured that the LOs reviewed the programming language for calculating the HEDIS measures if such a vendor was not used.

[5] NCQA Measure Certification[SM] is a service mark of the National Committee for Quality Assurance (NCQA).

Key Steps According to NCQA's HEDIS Compliance Audit	HSAG's Approach on Validating the LO's Audit Results
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[6] Survey Vendor and Sample Frame Validation—A certified survey vendor must be used if **DHMP** performed a CAHPS survey as part of HEDIS reporting.	HSAG verified that the LO performed detailed validations on the CAHPS Sample Frame if **DHMP** performed a CAHPS survey as part of HEDIS reporting. If **DHMP** used a survey vendor to perform the CAHPS surveys, HSAG verified that an NCQA-Certified survey vendor was used.
Supplemental Data Validation—If **DHMP** used any supplemental data for reporting, the LO was to validate the supplemental data according to NCQA's guideline.	HSAG verified whether the LO was following the NCQA-required approach while validating the supplemental databases.
Convenience Sample Validation—The auditor reviews a small number of processed medical records to uncover potential problems in the process that may require corrective action early in the medical record review (MRR) process. A convenience sample must be prepared unless the auditor determines that the MCO is exempt. NCQA allows organizations to be exempt from the convenience sample if they participated in a HEDIS audit the previous year and passed MRR validation, and if the current MRR process has not changed significantly from the previous year and the organization does not report hybrid measures that the auditor determines to be at risk of inaccurate reporting.	HSAG did not review this step since the State requires administrative rates only.
Medical Record Review Validation (MRRV)—The LOs are required to perform a more extensive validation of medical records reviewed, which is conducted late in the abstraction process. This validation ensures that the review process was executed as planned and that the results are accurate.	HSAG did not review this step since the State requires administrative rates only.
IDSS Review—DHMP is required to complete NCQA's IDSS for the submission of audited rates to NCQA. The auditor finalizes the IDSS by completing the audit review and entering an audit result. This process verifies that the auditor validated all activities that culminated in a rate by **DHMP**. The auditor locks the IDSS so that no information can be changed.	HSAG verified that the LOs completed the IDSS review process.

[6] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Validation Findings of Audit Process

Table 3 identifies the key elements used by **DHMP**'s LO while conducting its MY 2021 NCQA HEDIS Compliance Audit. These key elements were reviewed by HSAG during validation activities. As presented in Table 3, a checkmark indicates that the LO reviewed the HEDIS activities, which confirmed that HEDIS methodology was being followed. Some activities are identified as being compliant by inserting the name of the company **DHMP** contracted with to perform the required tasks.

Table 3—Validation Activities for DHMP

Licensed Organization	Attest Health Care Advisors
Initial Visit Call/Meeting	✓
Roadmap Review	✓
Software Vendor	Cotiviti
Source Code/Certified Measure Review	✓
Survey Vendor	SPH Analytics
CAHPS Sample Frame Validation	✓
Supplemental Data Validation	✓
Medical Record Review	✓
IDSS Review	✓

Table 3 indicates that the audit conducted for **DHMP** included all of the listed validation activities. HSAG also determined that the data collected and reported for the Department-selected measures followed NCQA HEDIS methodology. Therefore, any rates and audit results are determined to be valid, reliable, and accurate.

Denver Health Medical Plan's Compliance With IS Standards

In addition to ensuring that data were captured, reported, and presented in a uniform manner, HSAG evaluated **DHMP**'s information system (IS) capabilities for accurate HEDIS reporting. HSAG reviewed **DHMP**'s FAR for its LO's assessments of IS capabilities, specifically focused on those aspects of **DHMP**'s systems that could have impacted the HEDIS Medicaid reporting set.

For the purpose of HEDIS compliance auditing, the terms "information system" and "IS" are used broadly to include the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation includes a review of any manual processes that may have been used for HEDIS reporting as well. The LO determined if **DHMP** had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with NCQA's *HEDIS MY 2021 Compliance Audit: Standards, Policies, and Procedures, Volume 5*, the LO evaluated IS compliance with NCQA's IS standards. These standards detail the minimum requirements **DHMP**'s IS systems should meet, as well as criteria that any manual processes used to report HEDIS information must meet. For circumstances in which a particular IS standard was not met, the LO rated the impact on HEDIS reporting capabilities and, particularly, any measure that could be impacted. **DHMP** may not be fully compliant with many of the IS standards but may still be able to report the selected measures.

For the current reporting period, **DHMP**'s information systems and processes were found adequate to meet NCQA's IS standards and the HEDIS determination reporting requirements. The section that follows provides a summary of **DHMP**'s key findings for each IS standard as noted in its FAR. A more in-depth explanation of NCQA's IS standards is provided in Appendix A of this report.

Table 4—Summary of DHMP's Compliance With IS Standards

NCQA's IS Standards	IS Standards Compliance Findings Based on HSAG's Review of the HEDIS MY 2021 FAR
IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry • Industry standard codes are required and captured. • Primary and secondary diagnosis codes are identified. • Nonstandard codes (if used) are mapped to industry standard codes. • Standard submission forms are used. • Timely and accurate data entry processes and sufficient edit checks are used. • Data completeness is continually assessed and all contracted vendors involved in medical claims processing are monitored.	The auditor determined that **DHMP** was compliant with IS Standard 1.0 for medical services data capture and processing. The auditor determined that **DHMP** only accepted industry standard codes on industry standard forms. All data elements required for HEDIS reporting were adequately captured.

NCQA's IS Standards	IS Standards Compliance Findings Based on HSAG's Review of the HEDIS MY 2021 FAR
IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry • All HEDIS-relevant information for data entry or electronic transmissions of enrollment data is accurate and complete. • Manual entry of enrollment data is timely and accurate, and sufficient edit checks are in place. • The MCOs continually assess data completeness and take steps to improve performance. • The MCOs effectively monitor the quality and accuracy of electronic submissions. • The MCOs have effective control processes for the transmission of enrollment data.	**DHMP** was compliant with IS Standard 2.0 for enrollment data capture and processing. The auditor determined that **DHMP** had policies and procedures in place for submitted electronic data. Data elements required for reporting were captured. Adequate validation processes were in place, ensuring data accuracy.
IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry • Provider specialties are fully documented and mapped to HEDIS provider specialties. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of practitioner data are checked to ensure accuracy. • Processes and edit checks ensure accurate and timely entry of data into the transaction files. • Data completeness is assessed and steps are taken to improve performance. • Vendors are regularly monitored against expected performance standards.	**DHMP** was compliant with IS Standard 3.0 for practitioner data capture and processing. The auditor determined that **DHMP** appropriately captured and documented practitioner data. Data validation processes were in place to verify practitioner data. In addition, for accuracy and completeness, **DHMP** reviewed all provider data received from delegated entities.

NCQA's IS Standards	IS Standards Compliance Findings Based on HSAG's Review of the HEDIS MY 2021 FAR
IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight • Forms or tools used for MRR capture all fields relevant to HEDIS reporting. • Checking procedures are in place to ensure data integrity for electronic transmission of information. • Retrieval and abstraction of data from medical records are accurately performed. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards.	**DHMP** was compliant with IS Standard 4.0 for MRR processes. The auditor determined that the data collection tool used by the MCO was able to capture all data fields necessary for HEDIS reporting. Sufficient validation processes were in place to ensure data accuracy. However, HSAG did not review this step since the State requires administrative rates only.
IS 5.0—Supplemental Data—Capture, Transfer, and Entry • Nonstandard coding schemes are fully documented and mapped to industry standard codes. • Effective procedures for submitting HEDIS-relevant information are in place. • Electronic transmissions of supplemental data are checked to ensure accuracy. • Data entry processes, including edit checks, are timely and accurate. • Data completeness is assessed, including steps to improve performance. • Vendor performance is monitored against expected performance standards. • Data approved for electronic clinical data system (ECDS) reporting met reporting requirements. • NCQA-certified eCQM (electronic clinical quality measure) data met reporting requirements.	**DHMP** was compliant with IS Standard 5.0 for supplemental data capture and processing. The auditor reviewed the transaction file for the HEDIS repository and observed that it contained all data fields required for HEDIS reporting. In addition, the auditor interviewed staff to confirm appropriate quality processes for the data source and to determine if primary source verification was needed on all supplemental data that were in nonstandard form.

NCQA's IS Standards	IS Standards Compliance Findings Based on HSAG's Review of the HEDIS MY 2021 FAR
IS 6.0—Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity • Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented. • Data transfers to HEDIS repository from transaction files are accurate and file consolidations, extracts, and derivations are accurate. • Repository structure and formatting are suitable for measures and enable required programming efforts. • Report production is managed effectively and operators perform appropriately. • Vendor performance is monitored against expected performance standards.	**DHMP** was compliant with IS Standard 6.0 for data preproduction processing. File consolidation and data extractions were performed by **DHMP**'s staff members. Data were verified for accuracy at each data merge point.
IS 7.0—Data Integration and Reporting—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity • Data transfers to the HEDIS measure vendor from the HEDIS repository are accurate. • Report production is managed effectively and operators perform appropriately. • HEDIS reporting software is managed properly. • The organization regularly monitors vendor performance against expected performance standards.	**DHMP** was compliant with IS Standard 7.0 for data integration. The auditor indicated that the MCO used an NCQA-certified measure vendor for data production and rate calculation.

Appendix A. Information Systems Standards

Overview of the NCQA HEDIS Compliance Audit

Developed and maintained by NCQA, HEDIS is a set of performance data broadly accepted in the managed care environment as an industry standard. Organizations seeking NCQA accreditation or wishing to publicly report their HEDIS performance results undergo an NCQA HEDIS Compliance Audit through an NCQA-licensed audit organization. The audits are conducted in compliance with NCQA's *HEDIS MY 2021 Compliance Audit: Standards, Policies, and Procedures, Volume 5*. The purpose of conducting a HEDIS audit is to ensure that rates submitted by the organizations are reliable, valid, accurate, and can be compared to one another.

During the HEDIS audit, data management processes were reviewed using findings from the NCQA HEDIS Record of Administration, Data Management, and Processes (Roadmap) review; interviews with key staff members; and a review of queries and output files. Data extractions from systems used to house production files and generate reports were reviewed, including a review of data included in the samples for the selected measures. Based on validation findings, the LOs produced an initial written report identifying any perceived issues of noncompliance, problematic measures, and recommended opportunities for improvement. The LOs also produced a final report with updated text and findings based on comments on the initial report.

The FAR included information on the organization's information system (IS) capabilities; each measure's reportable results; MRRV results; the results of any corrected programming logic, including corrections made to numerators, denominators, or sampling used for final measure calculation; and opportunities and recommendations for improvement of data completeness, data integrity, and health outcomes.

Information Systems Standards

Listed below are the Information Systems Standards published in NCQA's *HEDIS MY 2021 Compliance Audit: Standards, Policies, and Procedures, Volume 5*.

IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry

IS 1.1 Industry standard codes (e.g., International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM]; International Classification of Diseases, Tenth Revision, Procedure Coding System [ICD-10-PCS]; CPT[A-1], Healthcare Common Procedure Coding System [HCPCS]) are used and all characters are captured.

[A-1] Current Procedural Terminology (CPT) codes copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA.

IS 1.2 Principal codes are identified and secondary codes are captured.

IS 1.3 Nonstandard coding schemes are fully documented and mapped back to industry standard codes.

IS 1.4 Standard submission forms are used and capture all fields relevant to measure reporting. All proprietary forms capture equivalent data. Electronic transmission procedures conform to industry standards.

IS 1.5 Data entry and file processing procedures are timely and accurate and include sufficient edit checks to ensure accurate entry and processing of submitted data in transaction files for measure reporting.

IS 1.6 The organization continually assesses data completeness and takes steps to improve performance.

IS 1.7 The organization regularly monitors vendor performance against expected performance standards.

Rationale

The organization must capture all clinical information pertinent to the delivery of services to provide a basis for calculating measures. The audit process ensures that the organization consistently captures sufficient clinical information. Principal among these practices and critical for computing clinical measures is consistent use of standardized codes to describe medical events, including nationally recognized schemes to capture diagnosis, procedure, Diagnosis Related Group (DRG), and Diagnostic and Statistical Manual of Mental Disorders (DSM) codes. Standardized coding improves the comparability of measures through common definition of identical clinical events. The organization must cross-reference nonstandard coding schemes at the specific diagnosis and service level to attain equivalent meaning. The integrity of measures requires using standard forms, controlling receipt processes, editing and verifying data entry, and implementing other control procedures that promote completeness and accuracy in receiving and recording medical information. The transfer of information from medical charts to the organization's databases should be subject to the same standards for accuracy and completeness.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

IS 2.1 The organization has procedures for submitting measure-relevant information for data entry. Electronic transmissions of membership data have necessary procedures to ensure accuracy.

IS 2.2 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.

IS 2.3 The organization continually assesses data completeness and takes steps to improve performance.

IS 2.4 The organization regularly monitors vendor performance against expected performance standards.

Rationale

Controlling receipt processes, editing and verifying data entry, and implementing other control procedures to promote completeness and accuracy in receiving and recording member information are critical in databases that calculate measures. Specific member information includes age, gender, benefits, product line (commercial, Medicaid, and Medicare), and the dates that define periods of membership so gaps in enrollment can be determined.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

IS 3.1 Provider specialties are fully documented and mapped to provider specialties necessary for measure reporting.

IS 3.2 The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of practitioner data are checked to ensure accuracy.

IS 3.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

IS 3.4 The organization continually assesses data completeness and takes steps to improve performance.

IS 3.5 The organization regularly monitors vendor performance against expected performance standards.

Rationale

Controlling receipt processes, editing and verifying data entry, and implementing other control procedures to promote completeness and accuracy in receiving and recording provider information are critical in databases that calculate measures. Specific provider information includes the provider's specialty, contracts, credentials, populations served, date of inclusion in the network, date of credentialing, board certification status, and information needed to develop medical record abstraction tools.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

IS 4.1 Forms capture all fields relevant to measure reporting. Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off).

IS 4.2 Retrieval and abstraction of data from medical records are reliably and accurately performed.

IS 4.3 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.

IS 4.4 The organization continually assesses data completeness and takes steps to improve performance.

IS 4.5 The organization regularly monitors vendor performance against expected performance standards.

Rationale

MRRV ensures that record abstraction performed by or on behalf of the entity meets standards for sound processes and that abstracted data are accurate. Validation includes not only an over-read of abstracted medical records, but also a review of MRR tools, policies, and procedures related to data entry and transfer, and training materials developed by or on behalf of the entity.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

IS 5.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.

IS 5.2 The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of data have checking procedures to ensure accuracy.

IS 5.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

IS 5.4 The organization continually assesses data completeness and takes steps to improve performance.

IS 5.5 The organization regularly monitors vendor performance against expected performance standards.

IS 5.6 Data approved for ECDS reporting met reporting requirements.

IS 5.7 NCQA-certified eCQM data met reporting requirements.

Rationale

Organizations may use a supplemental database to collect and store data, which is then used to augment rates. These databases must be scrutinized closely since they can be standard, nonstandard, or member-reported. The auditor must determine whether sufficient control processes are in place related to data collection, validation of data entry into the database, and use of these data. Mapping documents and file layouts may be reviewed as well, to determine compliance with this standard. Beginning with HEDIS 2014, NCQA provided new validation requirements for auditing supplemental data to ensure that all data included for reporting are complete and have required supporting documentation.

IS 6.0—Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity

IS 6.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented.

IS 6.2 Data transfers to HEDIS repository from transaction files are accurate.

IS 6.3 File consolidations, extracts, and derivations are accurate.

IS 6.4 Repository structure and formatting are suitable for measures and enable required programming efforts.

IS 6.5 Report production is managed effectively and operators perform appropriately.

IS 6.6 The organization regularly monitors vendor performance against expected performance standards.

Rationale

Prior to data integration and reporting, it is essential that data transfer, consolidation, and control procedures support the integrity of the measure reporting. The organization's quality assurance practices and backup procedures serve as an organizational infrastructure supporting all information systems. The practices and procedures promote accurate and timely information processing and data protection in the event of a disaster.

IS 7.0—Data Integration and Reporting—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity

IS 7.1 Data transfers to the HEDIS measure vendor from the HEDIS repository are accurate.

IS 7.2 Report production is managed effectively and operators perform appropriately.

IS 7.3 Measure reporting software is managed properly with regard to development, methodology, documentation, version control, and testing.

IS 7.4 The organization regularly monitors vendor performance against expected performance standards.

Rationale

Calculating rates requires data from multiple sources. The systems used to assemble the data and to make the required calculations should be carefully constructed and tested. Data needed to calculate measures are produced by the organization's information systems and may be directly or indirectly affected by IS practices and procedures.

Appendix B. Audit Results and Rates

This appendix presents the audited rates in the IDSS and Custom Reporting Template as submitted by **DHMP**. According to the Department's required data collection methodology, the rates displayed in Table B-2 reflect administrative data-only rates and for some of the measures were not the final, reported, hybrid rates in **DHMP**'s IDSS. In addition, for measures with multiple indicators (e.g., *Well-Child Visits in the First 30 Months of Life)* more than one rate is required for reporting. It is possible that **DHMP** may have received an "*NA*" designation for an indicator due to a small denominator within the measure but still have received an "*R*" designation for the total population.

Table B-1—HEDIS Audit Results

Audit Finding	Description	Audit Result
For Measures		
The rate or numeric result for a HEDIS measure is reportable. The measure was fully or substantially compliant with HEDIS specifications or had only minor deviations that did not significantly bias the reported rate.	Reportable	***R***
HEDIS specifications were followed but the denominator was too small to report a valid rate.	Denominator <30	***NA***
The MCO did not offer the health benefits required by the measure.	No Benefit (Benefit Not Offered)	***NB***
The MCO chose not to report the measure.	Not Reported	***NR***
The MCO was not required to report the measure.	Not Required	***NQ***
The rate calculated by the MCO was materially biased.	Biased Rate	***BR***
The MCO chose to report a measure that is not required to be audited. This result applies only to a limited set of measures (e.g., measures collected using electronic clinical data systems).	Unaudited	***UN***

Table B-2—DHMP's Rates and Audit Results

Measure	MY 2021 Rate	Audit Result
Measures		
Antidepressant Medication Management		
Effective Acute Phase Treatment—Ages 18 to 64	64.50%	***R***
Effective Acute Phase Treatment—Ages 65 Years and Older	78.00%	***R***
Effective Continuation Phase Treatment—Ages 18 to 64	42.55%	***R***
Effective Continuation Phase Treatment—Ages 65 Years and Older	72.00%	***R***
Asthma Medication Ratio		
Ages 5 to 11 Years	64.38%	***R***
Ages 12 to 18 Years	56.73%	***R***
Ages 5 to 18 Years	0%	***NA***
Ages 19 to 50 Years	47.01%	***R***
Ages 51 to 64 Years	48.57%	***R***
Ages 19 to 64 Years	0%	***NA***
Breast Cancer Screening		
Ages 50 to 64 Years	41.70%	***R***
Ages 65 to 74 Years	30.96%	***R***
Controlling High Blood Pressure		
Ages 18 to 64 Years	48.54%	***R***
Ages 65 to 85 Years	55.92%	***R***
Cervical Cancer Screening	39.36%	***R***
Chlamydia Screening in Women		
Ages 16 to 20 Years	76.77%	***R***
Ages 21 to 24 Years	68.54%	***R***
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence		
Ages 18 to 64 Years—7-Day Follow-Up	15.29%	***R***
Ages 18 to 64 Years—30-Day Follow-Up	2.08%	***R***
Ages 65 Years and Older—7-Day Follow-Up	21.09%	***R***
Ages 65 Years and Older—30-Day Follow-Up	6.25%	***R***
Follow-Up After Hospitalization for Mental Illness		
Ages 6 to17 Years—7-Day Follow-Up	19.05%	***NA***
Ages 6 to17 Years—30-Day Follow-Up	23.81%	***NA***
Ages 18 to 64 Years—7-Day Follow-Up	8.54%	***R***
Ages 18 to 64 Years—30-Day Follow-Up	15.85%	***R***
Ages 65 Years and Older—7-Day Follow-Up	0%	***NA***
Ages 65 Years and Older—30-Day Follow-Up	0%	***NA***

Measure	MY 2021 Rate	Audit Result
Follow-Up After Emergency Department Visit for Mental Illness		
Ages 18 to 64 Years—7-Day Follow-Up	21.44%	***R***
Ages 18 to 64 Years—30-Day Follow-Up	29.02%	***R***
Ages 65 Years and Older—7-Day Follow-Up	28.57%	***NA***
Ages 65 Years and Older—30-Day Follow-Up	14.29%	***NA***
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment		
Initiation of AOD Treatment—Ages 13 to 17 Years—Alcohol Abuse or Dependence	16.67%	***R***
Initiation of AOD Treatment—Ages 13 to 17 Years—Opioid Abuse or Dependence	42.86%	***NA***
Initiation of AOD Treatment—Ages 13 to 17 Years—Other Abuse or Dependence	30.95%	***R***
Initiation of AOD Treatment—Ages 13 to 17 Years—Total AOD Abuse or Dependence	27.78%	***R***
Engagement of AOD Treatment—Ages 13 to 17 Years—Alcohol Abuse or Dependence	0%	***R***
Engagement of AOD Treatment—Ages 13 to 17 Years—Opioid Abuse or Dependence	14.29%	***NA***
Engagement of AOD Treatment—Ages 13 to 17 Years—Other Abuse or Dependence	7.14%	***R***
Engagement of AOD Treatment—Ages 13 to 17 Years—Total AOD Abuse or Dependence	5.56%	***R***
Initiation of AOD Treatment—Ages 18 to 64 Years—Alcohol Abuse or Dependence	41.07%	***R***
Initiation of AOD Treatment—Ages 18 to 64 Years—Opioid Abuse or Dependence	54.55%	***R***
Initiation of AOD Treatment—Ages 18 to 64 Years—Other Abuse or Dependence	40.41%	***R***
Initiation of AOD Treatment—Ages 18 to 64 Years—Total AOD Abuse or Dependence	42.20%	***R***
Engagement of AOD Treatment—Ages 18 to 64 Years—Alcohol Abuse or Dependence	6.32%	***R***
Engagement of AOD Treatment—Ages 18 to 64 Years—Opioid Abuse or Dependence	14.02%	***R***
Engagement of AOD Treatment—Ages 18 to 64 Years—Other Abuse or Dependence	3.67%	***R***
Engagement of AOD Treatment—Ages 18 to 64 Years—Total AOD Abuse or Dependence	6.40%	***R***

Measure	MY 2021 Rate	Audit Result
Initiation of AOD Treatment—Ages 65 Years and Older—Alcohol Abuse or Dependence	61.05%	***R***
Initiation of AOD Treatment—Ages 65 Years and Older—Opioid Abuse or Dependence	69.23%	***NA***
Initiation of AOD Treatment—Ages 65 Years and Older—Other Abuse or Dependence	51.52%	***R***
Initiation of AOD Treatment—Ages 65 Years and Older—Total AOD Abuse or Dependence	61.38%	***R***
Engagement of AOD Treatment—Ages 65 Years and Older—Alcohol Abuse or Dependence	6.32%	***R***
Engagement of AOD—Ages 65 Years and Older—Opioid Abuse or Dependence	15.38%	***NA***
Engagement of AOD—Ages 65 Years and Older Other Abuse or Dependence	3.03%	***R***
Engagement of AOD—Ages 65 Years and Older—Total AOD Abuse or Dependence	6.90%	***R***
Plan All-Cause Readmissions		
Observed/Expected Ratio	0.99	***R***
Observed 30-Day Readmissions	9.51%	***R***
Expected 30-Day Readmissions	9.63%	***R***
Prenatal and Postpartum Care		
Postpartum Care	79.51%	***R***
Timeliness of Prenatal Care	70.66%	***R***
Adherence to Antipsychotic Medication for Individuals With Schizophrenia	47.54%	***R***
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	86.68%	***R***
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication		
Initiation Phase	30.95%	***R***
Continuation and Maintenance Phase	54.55%	***NA***
Ambulatory Care: Emergency Department (ED) Visits (Per 1,000 Member Months)		
Less than Age 1 Year	54.09	***R***
Ages 1 to 9 Years	23.94	***R***
Ages 10 to 19 Years	19.62	***R***
Ages 0 to 19 Years	22.47	***R***
Asthma Medication Ratio		
Ages 5 to 11 Years	64.38%	***R***

Measure	MY 2021 Rate	Audit Result
Ages 12 to 18 Years	56.73%	***R***
Ages 5 to 18 Years	59.89%	***R***
Ages 19 to 50 Years	47.01%	***R***
Ages 51 to 64 Years	48.57%	***R***
Ages 19 to 64 Years	47.38%	***R***
Metabolic Monitoring for Children and Adolescents on Antipsychotics		
Ages 1 to 11 Years—Blood Glucose Testing	66.67%	***NA***
Ages 1 to 11 Years—Cholesterol Testing	66.67%	***NA***
Ages 1 to 11 Years—Blood Glucose and Cholesterol Testing	66.67%	***NA***
Ages 12 to 17 Years—Blood Glucose Testing	76.00%	***NA***
Ages 12 to 17 Years—Cholesterol Testing	56.00%	***NA***
Ages 12 to 17 Years—Blood Glucose and Cholesterol Testing	56.00%	***NA***
Ages 1 to 17 Years—Blood Glucose Testing	75.00%	***NA***
Ages 1 to 17 Years—Cholesterol Testing	57.14%	***NA***
Ages 1 to 17 Years—Blood Glucose and Cholesterol Testing	57.14%	***NA***
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		
Ages 1 to 11 Years	33.33%	***NA***
Ages 12 to 17 Years	27.27%	***NA***
Childhood Immunization Status		
Combination 3	61.92%	***R***
Combination 7	53.08%	***R***
Combination 10	40.22%	***R***
Immunizations for Adolescents		
Combination 1 (Meningococcal, Tdap)	64.92%	***R***
Combination 2 (Meningococcal, Tdap, HPV)	35.93%	***R***
Well-Child Visits in the First 30 Months of Life		
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	54.34%	***R***
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	54.42%	***R***
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI percentile—Ages 3 to 11 Years	71.29%	***R***
BMI percentile—Ages 12 to 17 Years	68.96%	***R***
BMI percentile—Ages 3 to 17 Years	70.33%	***R***
Counseling for Nutrition—Ages 3 to 11 Years	77.17%	***R***

Measure	MY 2021 Rate	Audit Result
Counseling for Nutrition—Ages 12 to 17 Years	70.31%	***R***
Counseling for Nutrition—Ages 3 to 17 Years	74.36%	***R***
Counseling for Physical Activity—Ages 3 to 11 Years	76.45%	***R***
Counseling for Physical Activity—Ages 12 to 17 Years	69.87%	***R***
Counseling for Physical Activity—Ages 3 to 17 Years	73.75%	***R***
Child and Adolescents Well-Care Visits		
Ages 3 to 11 Years	51.55%	***R***
Ages 12 to 17 Years	43.56%	***R***
Ages 18 to 21 Years	15.70%	***R***
Ages 3 to 21 Years	41.93%	***R***

** For this indicator, a lower rate indicates better performance.*