

Scoring Documentation for Consumer Reporting

Office of Patient Advocate

HEDIS Reporting Year 2007

Eligible Measures and Plans

The eligible measures consist of the California Cooperative HealthCare Reporting Initiative's (CCHRI) publicly reported HEDIS commercial measures for reporting year 2007. Reporting year 2007 results are the primary data source. Reporting year 2006 results are used for those rotated HEDIS measures for which plans opt not to report 2007 results. Plans have the option of using the 2007 results or reporting 2006 results for the rotated measures.

Nine (9) participating health plans report HEDIS results. See Appendix B for a list of the participating plans.

Scoring

All of the performance results are expressed such that a higher score means better performance.

Individual Measure Scoring

The HEDIS individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the NCQA measurement requirements. The HEDIS measure results are converted to a score using the following formula:

$$(\text{HEDIS measure numerator}/\text{HEDIS measure denominator}) * 100$$

* Health Plan Employer Data and Information Set (HEDIS). NCQA sponsors and maintains the HEDIS performance measures as the national standard set of clinical process and outcomes health plan measures.

Summary Performance Scoring

Thirty-four (34) HEDIS measures are aggregated to create the summary performance score. The summary scoring process is a two-step method. In step 1, measures are organized into each of 9 condition topics. A mean score is calculated for each topic by summing the proportional rates for each measure within the topic and dividing by the number of measures. The measures are equally weighted within each of the 9 condition topics. In step 2, the all-HEDIS summary score is determined by calculating the mean of the 9 condition topic means. Each of the 9 condition topic means is equally weighted. The results are not rounded – the raw mean score is used to assign the performance grade per the instructions below. The composition of these 9 condition topics is listed in the appendix.

1. Checking for Cancer
2. Chlamydia Screening
3. Treating Children
4. Maternity Care
5. Asthma Care
6. Diabetes Care
7. Mental Health
8. Heart Care
9. Treating Adults: Right Care

2007 Specific Scoring Notes

1. The two cholesterol management measures -- LDL-C screening and control (< 100 mg/dL) have been added to the Heart Care domain.
2. The Childhood Immunization combination 3 measure replaces the combination 2 measure.
3. The Initiation and Engagement of Alcohol and Other Drug Dependence and the Use of Spirometry Testing are not reported given CCHRI uncertainties about measure validity.
4. The call answer timeliness measure is reported as stand-alone measure; it is not included in the condition topics or the summary topic. The abandoned call measure is not included in the report card.
5. Follow-up Care for Children with ADHD Medication has been added to the Treating Children domain
 % children, ages 6-12 years old, who were prescribed an ADHD medication, had a follow-up visit with a practitioner during the 30-day initiation phase

6. A new domain “Treating Adults: Right Care” has been created using the following two measures:

Arthritis Medication Care

% patients, age 18 and older, diagnosed with rheumatoid arthritis have had at least one prescription for DMARD drug during measurement year.

Monitoring Patients Who Use Ongoing Medications

% patients, age 18 and older, who received at least a 180-day supply of any of a set of designated drugs, had two therapeutic monitoring tests during the measurement year (at least one serum potassium and either a serum creatinine or a blood urea nitrogen test).

7. The Low Back Pain Imaging measure was not included in the Treating Adults domain as it was negatively correlated with the other 2 measures in the Treating Adults domain. It is reported as a stand alone measure.

NCQA Rotated Measures

- Use any rotated measure result for reporting year 2007 that is reported by a health plan to NCQA
- For plans that do not report on a rotated measure use the plan’s most recent measure score from a prior reporting year.
- Measures eligible for rotation in 2007: Childhood immunization; Adolescent immunization, Colorectal cancer screening, Beta blocker treatment after heart attack.

Handling Missing HEDIS Data

In instances in which the HEDIS measure is classified as Not Applicable (NA), a half-scale rule was applied to impute the missing score based on the scores of the remaining measures. There was a single instance of a plan with missing values: 3 measures were listed as NA and the half-scale rule was applied.

In instances in which the HEDIS measure is classified as Not Reported (NR) we apply a rule of using the prior year’s result for that measure. If the measure was Not Reported (NR) for the prior year a score of zero is assigned as the measure result. There were no plans with NR reported.

Performance Grading

One of four grades is assigned to each of the 9 condition topics and to the all-HEDIS summary topic using the Table 1 cutpoints. The NCQA Quality Compass RY2007 results for commercial HMO/POS scores were used to calculate 3 cutpoints for each topic. The cutpoints are calculated by summing the nationwide scores for the respective percentile value for each measure in a given topic. In turn, the measure-specific percentile scores are summed and an average score is calculated for each of the 3 cutpoints for that topic.

Top cutpoint: the 90th percentile nationwide

Middle cutpoint: 50th percentile nationwide

Low cutpoint: 25th percentile nationwide

Table 1: Performance Cutpoints 2007

Topic	Excellent Cutpoint	Good Cutpoint	Fair Cutpoint
Checking for Cancer ³	76	68	64
Chlamydia Screening ²	49	37	31
Treating Children ⁵	76	64	54
Maternity Care ²	93	88	82
Asthma Care ³	97	94	90
Diabetes Care ⁶	79	70	66
Mental Health ⁵	63	52	47
Heart Care ⁵	82	76	72
Treating Adults ³	84	78	74
All HEDIS Summary	78	70	65

*Scores below the Fair cutpoint are graded "poor"

Given that the asthma measure scores nationwide are very high (mean = 93) and tightly compressed at the high end of the range the "fair" cutpoint was set at 90 rather than at 92 which is the 25th percentile score nationwide.

Using the example of the all-HEDIS summary topic, three cutpoints are used to define four performance grades:

All-HEDIS Summary

78-100 excellent

70-77 good

65-69 fair

<65 poor

The grade spans vary for each of the 9 condition topics per Table 1.

A buffer zone of a half-point (0.5) span is applied. Any HMO whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, a score of 64.5 would be assigned a grade of fair; a score of 69.4, which is outside of the buffer zone, also would be assigned a grade of fair.

Appendix A
2007 Mapping of HEDIS Measures to Performance Topics

Table 1. Performance Topic Mapping

Indicator	Definition	Topic
Disease Modifying Anti-rheumatic Drug (DMARD) Therapy in Rheumatoid Arthritis	% patients, age 18 and older, diagnosed with rheumatoid arthritis have had at least one prescription for DMARD drug during measurement year.	Treating Adults
Annual Monitoring for Patients on Persistent Medications (MPM)	% patients, age 18 and older, who received at least a 180-day supply of any of a set of designated drugs, had two therapeutic monitoring tests during the measurement year (at least one serum potassium and either a serum creatinine or a blood urea nitrogen test).	Treating Adults

Table 2. Performance Topic Mapping

Indicator	Definition	Topic
Colorectal Screening	% of adults, ages 51-80, who were tested for colorectal cancer using any one of four tests	Checking for Cancer
Breast cancer screening	% women age 42-69 who had a mammogram during past two years	Checking for Cancer
Cervical cancer screening	% women age 24-64 who had a Pap test during past three years	Checking for Cancer
Chlamydia screening 1	% of sexually active women aged 16-20 who were screened for chlamydia in prior year	Chlamydia Screening
Chlamydia screening 2	% of sexually active women aged 21-25 who were screened for chlamydia in prior year	Chlamydia Screening
Controlling high blood pressure	% adults age 18-85 who are diagnosed with hypertension whose blood pressure was controlled	Heart Care
Beta blockers –right away*	% of persons age 35 and older hospitalized for a heart attack who received beta blockers medication at discharge or within 7 days	Heart Care
Beta blockers - continuing	% of persons age 35 and older hospitalized for a heart attack who received beta blockers medication through 6 months period post event	Heart Care
Cholesterol management: screening	% adults age 18-75 who had an LDL-C screening after an acute cardiovascular event or who had diagnosis of ischemic vascular disease	Heart Care
Cholesterol management: control	% adults age 18-75 whose cholesterol was controlled (LDL-C <100 mg/dL) after an acute cardiovascular event or who had diagnosis of ischemic vascular disease	Heart Care
Pre natal visit during 1 st trimester	% pregnant women who began prenatal care during the first 13 weeks of pregnancy	Maternity Care
Postpartum care	% women who had a live birth who had a postpartum visit between 21-56 days after delivery	Maternity Care

* not reported as a stand alone measure on OPA site though included in composite measure

Table 3. Performance Topic Mapping

Indicator	Definition	Topic
Appropriate asthma medications 1	% of children aged 5-9 with asthma who have appropriate asthma medications	Asthma
Appropriate asthma medications 2	% of children aged 10-17 with asthma who have appropriate asthma medications	Asthma
Appropriate asthma medications 3	% of adults aged 18-56 with asthma who have appropriate asthma medications	Asthma
Glycosylated hemoglobin tested	% diabetes patients who had an HbA1c test in last year	Diabetes Care
Glycosylated hemoglobin control	% diabetes patients whose HbA1c <= 9.0 (confirm recode)	Diabetes Care
Eye exam performed	% diabetes patients who had a retinal eye exam in last year	Diabetes Care
Cholesterol test performed	% diabetes patients who had an LDL test in last year	Diabetes Care
Cholesterol control	% diabetes patients whose LDL level <100mg/dl	Diabetes Care
Kidney function monitored	% diabetes patients who had nephropathy screening test in last year	Diabetes Care
Call Answer Timeliness*	% of calls received by the MCO member services call centers (during member services operating hours) that were answered by a live voice within 30 seconds	Answer Customer Phone Calls Quickly
Low Back Pain Imaging*	% of adults who did <u>not</u> receive imaging studies (plan x-ray, MRI, CT scan) for acute low back pain (reverse scored)	Testing for Cause of Back Pain

* reported as a stand alone measure; not reported in a composite measure

Table 4. Performance Topic Mapping

Indicator	Definition	Topic
Follow-up 7 days after hospitalization for mental illness*	% patients who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 7 days after discharge	Mental Health
Follow-up 30 days after hospitalization for mental illness	% patients who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 30 days after discharge	Mental Health
Anti-depressant medication management 1	% depressed patients who received at least 3 outpatient visits during 12-week acute treatment phase	Mental Health
Anti-depressant medication management 2	% depressed patients who remained on antidepressant medication for the 12-week acute treatment phase	Mental Health
Anti-depressant medication management 3	% depressed patients who remained on antidepressant medication for the six month continuation phase	Mental Health
Adolescent Immunizations (combination 2)	% of adolescents who by 13 th birthday received designated MMR, Varicella and Hepatitis B vaccinations (combo 2)	Treating Children
Childhood Immunizations (combination 3)	% of children who by 2 nd birthday received designated MMR, HiBs, Varicella, DtaP/DT, polio (IPV), hepatitis B and pneumococcal conjugate vaccinations (combo 3)	Treating Children
Testing for Upper Respiratory Infection	% of children, ages 3 months to 18 years, who had an upper respiratory infection (common cold), who were <u>not given</u> an antibiotic – medicines	Treating Children
Testing for Pharyngitis	% of children, ages 2-18, who were diagnosed with pharyngitis (throat infection) and given an antibiotic medication, who were tested for strep throat	Treating Children
Follow-up Care for Children with ADHD Medication	% children, ages 6-12 years old, who were prescribed an ADHD medication, had a follow-up visit with a practitioner during the 30-day Initiation Phase.	Treating Children

* not reported as a stand alone measure on OPA site though included in composite measure

**Appendix B
CCHRI Health Plan Reporting Status
For Reporting Year 2006**

HEDIS Reporting Plans

Performance results are reported at a health plan reporting unit level. With the exception of Kaiser Northern California and Kaiser Southern California the plans report a single, statewide set of performance results.

Aetna Health of California, Inc.
Blue Cross of California
Blue Shield of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
Kaiser Foundation Health Plan of Northern California, Inc
Kaiser Foundation Health Plan of Southern California, Inc.
Pacificare of California, Inc.
Western Health Advantage