

Scoring Documentation for Consumer Reporting

Office of Patient Advocate

HEDIS Reporting Year 2008

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 2008. Reporting year 2008 results are the primary data source. Reporting year 2007 results are used for those rotated HEDIS measures for which plans opt not to report 2008 results. Plans have the option of using the 2008 results or reporting 2007 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

2008 Specific Scoring Notes

1. The diabetes blood pressure control (< 140/90) has been added to the Diabetes Care domain.
2. The adolescent immunization measure has been removed as NCQA has retired the measure.
3. The initiation and engagement of alcohol and other drug dependence will be reported as NCQA added coding to capture visits that had not been captured previously. The total value will be reported – combining the initiation measure, the engagement measure and all ages.
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. The continuation phase component of the follow-up care for children with ADHD medication will not be reported given concerns that the “new starts” calendar isn’t accurate as there are breaks in medication use per efforts to gauge its impact and “summer drug holidays” when children are out of school.

6. The Persistence of Beta-Blocker Treatment After a Heart Attack specification has been changed – the age limit has been lowered from 35 to 18.
7. The Beta-Blocker Treatment After a Heart Attack has been removed given NCQA has retired the measure.
8. The Anti-depressant Medication Management Optimal Practitioner Contact (AMM) measure has been removed as NCQA will retire it next year given concerns about measure validity.
9. 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. Similarly, the Antibiotic Treatment for Acute Bronchitis 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.
- For 2008, measures eligible for rotation are: cervical cancer screening, controlling high blood pressure, prenatal care and postpartum care.

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 was **1** plan with an 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 RY2008 results for commercial HMO/POS (165 plans) 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 2008

| Topic | Excellent Cutpoint | Good Cutpoint | Fair Cutpoint |
|-----------------------|--------------------|---------------|---------------|
| Checking for Cancer 3 | 76 | 68 | 64 |
| Chlamydia Screening 2 | 49 | 37 | 31 |
| Treating Children 4 | 76 | 67 | 62 |
| Maternity Care 2 | 93 | 88 | 82 |
| Asthma Care 3 | 97 | 94 | 90 |
| Diabetes Care 7 | 78 | 69 | 65 |
| Mental Health 6 | 64 | 54 | 49 |
| Heart Care 4 | 77 | 70 | 65 |
| Treating Adults 2 | 87 | 81 | 77 |
| All HEDIS Summary | 77 | 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

77-100 excellent

70-76 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.

The 2007 cutpoint scores are the baseline – cutpoints are changed only if there is a material change to the mix of measures or to a measure specification. For 2008, cutpoint scores were recalculated due to measure changes in the following domains:

- Diabetes Care
- Heart Care
- Mental Health
- Treating Children
- Treating Adults

The All HEDIS Summary indicator 90th percentile cutpoint fell one point from 78 to 77 and the 50th and 25th percentile cutpoint values are unchanged from 2007. The rescoring due to the various measures changes had a wash-out effect resulting in an extremely small overall change.

Appendix A
2008 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 - continuing | % of persons age 18 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 |

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 |
| Blood Pressure Control | % diabetes patients whose blood pressure level <140/90 | 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 |
| Treating bronchitis* | What percentage of adults, who have acute bronchitis, were not given an antibiotic; medicines that often don't work for these short-term bronchial inflammations. | Treating Bronchitis with Antibiotics |

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

Table 4. Performance Topic Mapping

| Indicator | Definition | Topic |
|--|---|-------------------|
| Alcohol/drug dependent treatment (initiation and engagement) | % of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who receive two additional AOD services within 30 days after the initiation of AOD treatment | Mental Health |
| 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 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 |
| 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 2008

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.
Anthem 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

