

Scoring Documentation for Consumer Reporting Office of Patient Advocate HMO HEDIS Reporting Year 2009

Eligible Measures and Plans

The eligible measures consist of the California Cooperative HealthCare Reporting Initiative's (CCHRI) publicly reported HMO HEDIS commercial measures for reporting year 2009. Reporting year 2009 results are the primary data source. Reporting year 2008 results are used for those rotated HEDIS measures for which plans opt not to report 2009 results. Plans have the option of using the 2009 results or reporting 2008 results for the rotated measures.

Nine (9) participating health plans report HMO 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 and Lung Disease
6. Diabetes Care
7. Mental Health
8. Heart Care
9. Treating Adults: Right Care

2009 Specific Scoring Notes

1. Measures that will be publicly reported for the first time are:

- Flu Shots for Adults Ages 50 – 64
- The component measure, Continuation and Maintenance Phase, to the Follow-up Care for Children Prescribed ADHD Medication initiation phase component measure.
- Pharmacotherapy Management of COPD Exacerbation which has two components:
 - ✓ Dispensed systemic corticosteroid within 14 days of event
 - ✓ Dispensed a bronchodilator with 30 days of event
- Use of Spirometry Testing in the assessment and diagnosis of COPD

3. First year measures that will not be publicly reported: a) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescent, b) Comprehensive Diabetes Care, HbA1c < 8%, c) Comprehensive Diabetes Care, HbA1c < 7%, and d) Adult BMI Assessment.

4. Diabetes blood pressure control (< 130/80) will not be publicly reported; the existing blood pressure control <140/90 measure will be reported

5. 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.

6. 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.

7. The Spirometry Testing measure was not included in the Asthma and Lung Disease Care domain as it was weakly associated with the other measures in this domain. It is reported as a stand-alone measure

8. NCQA Rotated Measures

- Use any rotated measure result for reporting year 2008 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 2009, OPA reported measures that are eligible for rotation are:
 - Childhood Immunization
 - Colorectal Cancer Screening
 - Cholesterol Management for Patients with Cardiovascular Conditions (both measures must be rotated together)

9. The following four measures are comprised of two component measures each – the same patients are included in each denominator respectively and the two events capture services provided along a continuum of care. Each pair of component measures is blended using an equal 50/50 weight to score these measures.

1. Alcohol/drug dependent treatment (initiation and engagement phases)
2. COPD exacerbation care (corticosteroid and bronchodilator prescriptions)
3. Follow-up care for children with ADHD medication (initiation and continuation phases)
4. Anti-depressant medication management (acute and continuation phrases)

10. The Flu Shot for Adults measure uses a two-year rolling average and requires a minimum respondent count of 100 or more members.

$$\text{Rate} = (\text{Year 1 Numerator} + \text{Year 2 Numerator}) / (\text{Year 1 Denominator} + \text{Year 2 Denominator})$$

If the health plan did not report results for the current year (Year 2) a measure result of *NR* is applied.

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 were no missing values in the HMO domain scores.

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 NR reports this year.

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. Three cutpoints are used to calculate the performance grades. The RY2007 NCQA Quality Compass nationwide results for commercial HMO/POS were used to set the original cutpoints. The cutpoints were revised for several topics in which measures were added in 2009. The RY2009 NCQA Quality Compass nationwide results for all plans, HMO, POS and PPO (374 plans) were used for the five new measures/component measures to calculate the revised cutpoints for the Treating Children, Treating Adults and the Asthma/Lung Disease Care topics. No other domain's cutpoints were changed for 2009.

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: HMO Performance Cutpoints RY2009

Topic	Excellent Cutpoint	Good Cutpoint	Fair Cutpoint
Checking for Cancer 3	76	68	64
Chlamydia Screening 2	49	37	31
Treating Children 5	77	68	62
Maternity Care 2	93	88	82
Asthma/Lung Disease Care 5	92	88	85
Diabetes Care 7	78	69	65
Mental Health 6	64	54	49
Heart Care 4	77	70	65
Treating Adults 3	77	71	66
All HEDIS Summary	76	68	63

*Scores below the Fair cutpoint are graded "poor"

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

All-HEDIS Summary
 76-100 excellent
 68-75 good
 63-67 fair
 <63 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 2009, cutpoint scores were recalculated in the following domains due to measure changes:

- Asthma and Lung Disease Care – addition of two COPD Exacerbation measures
- Treating Adults – addition of Flu Shots for Adults measure
- Treating Children – addition of the Follow-up Care for Children with ADHD Medication (Continuation and Maintenance Phase)

The cutpoints changes in these domains resulted in small reductions in the All-HEDIS Summary indicator cutpoints from 2008 to 2009: the 90th percentile cutpoint fell 1 point from 77 to 76; the 50th percentile fell from 70 to 68 and the 25th from 65 to 63.

Appendix A
2009 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
Flu Shots for Adults	% of members age 50-64 who received an influenza vaccination between September 1 and date survey was completed	Treating Adults

Table 2. Performance Topic Mapping

Indicator	Definition	Topic
Colorectal Screening	% of adults, ages 50-80, 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 21-24 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
Heart attack medication	% 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 and Lung Disease Care
Appropriate asthma medications 2	% of children aged 10-17 with asthma who have appropriate asthma medications	Asthma and Lung Disease Care
Appropriate asthma medications 3	% of adults aged 18-56 with asthma who have appropriate asthma medications	Asthma and Lung Disease Care
Treating lung disease*	% of adult age 40 or older, with COPD, who had an worsening of symptoms indicated by a hospitalization or ED visit, who were: a) dispensed systemic corticosteroid within 14 days and b) dispensed a bronchodilator with 30 days	Asthma and Lung Disease Care
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**	% of adults, who have acute bronchitis, were <u>not</u> given an antibiotic; medicines that often don't work for these short-term bronchial inflammations	Treating Bronchitis with Antibiotics
Spirometry Testing**	% of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis	Testing for Lung Disease

*two component measures are blended 50/50; only the bronchodilator measure is reported

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

Table 4. Performance Topic Mapping

Indicator	Definition	Topic
Alcohol/drug dependent treatment^^	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who: a) initiate treatment within 14 days, and b) initiated treatment and had two or more additional AOD services within 30 days after the initiation of AOD treatment	Mental Health
Follow-up 7 days after hospitalization for mental illness^	% patients, age 6 or older, 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, age 6 or older, 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**	% depressed patients who remained on antidepressant medication for the: a) 12-week acute treatment phase, and the b) 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, a) had a follow-up visit with a practitioner during the 30-day Initiation Phase and b) who remained on the medication for at least 210 days and who had two follow-up visits within 9 months Continuation and Maintenance Phase	Treating Children

* two component measures are blended 50/50; only the continuation and maintenance phase is reported

^ measures are scored separately; only the 30 day post discharge measure is reported

**two component measures are blended 50/50; each component is reported as an individual measure

^^two component measures are blended 50/50; only the engagement phase component is reported

Appendix B
CCHRI HMO Health Plan Reporting Status
For Reporting Year 2009

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