

Scoring Documentation for Consumer Reporting Office of Patient Advocate PPO HEDIS Reporting Year 2010

Eligible Measures and Plans

The eligible measures consist of the California Cooperative HealthCare Reporting Initiative's (CCHRI) publicly reported PPO HEDIS commercial measures for reporting year 2010.

Six (6) CCHRI participating health plans report PPO 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

Twenty-eight (28) 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 8 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 8 condition topics. In step 2, the all-HEDIS summary score is determined by calculating the mean of the 8 condition topic means. Each of the 8 condition topic means is equally weighted. The results are not rounded – the plan raw mean score is used to assign the performance grade per the instructions below. The composition of these 8 condition topics is listed in Appendix A.

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

2010 Specific Scoring Notes

1. The performance grading is based on the NCQA Quality Compass RY2010 All Lines of Business (HMO, POS and PPO) benchmarks.
2. PPO measures that will be publicly reported for the first time:
 - a) Pharmacotherapy Management of COPD Exacerbation
 - b) Use of Spirometry Testing.
3. The age spans for eligible patients changed for the following measures:
 - Asthma Medication Child 5-11
 - Asthma Medication Adolescent/Adult 12-50 (the adult and adolescent components have been combined into a single measure)
4. The “Asthma Care” topic has been replaced by the “Asthma and Other Respiratory Care” topic which consists of five measures:
 - Asthma Medication Child 5-11
 - Asthma Medication Adolescent/Adult 12-50
 - Pharmacotherapy Management of COPD Exacerbation
 - Antibiotic Treatment for Acute Bronchitis
 - Spirometry Testing
5. Two measures are reported as stand-alone measures and are not included in the 8 condition topic scores or in the all-HEDIS summary score:
 - Call Answer Timeliness
 - Low Back Pain Imaging

6. The following five 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 the continuum of care. Each pair of component measures is blended using an equal 50/50 weight to construct five reportable 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 phases)
5. Follow-up after hospitalization for mental illness (7 and 30 day follow-up).

7. The Flu Shots for Adults measure, which is included in the Treating Adults topic, uses the CAHPS RY2010 results. Though the Flu Shot measure specification uses a two-year rolling average, per NCQA scoring rules, if a rate is not available in Year 1 the single year rate is reportable if the minimum denominator of 100 respondents is achieved.

8. Five PPO measures listed in Table 1, which can be constructed using the hybrid method, will not be reported in 2010 given the variation in the hybrid vs. administrative scores.

Table 1. PPO Measures: NCQA Quality Compass Reporting Plans for RY2010

	Cholesterol Mgm't of Cardiovascular Patients <100mg/dL	Diabetes HbA1c ≤9%, <8%, <7%	Diabetes LDL <100 mg/dL	Diabetes BP <140/90)	Diabetes Retinal Exam
Anthem	Admin	Admin	Admin	Not reporting	Admin
United Healthcare	Hybrid	Hybrid <9% & <8%	Hybrid	Hybrid	Hybrid
Aetna	Hybrid	Hybrid <9% & <8%	Hybrid	Hybrid	Hybrid
Blue Shield*	Admin	Admin	Admin	Admin	Admin
HealthNet	Hybrid	Hybrid	Hybrid	Hybrid	Hybrid
CIGNA	Not reporting until 2011	Not reporting until 2011	Not reporting until 2011	Not reporting until 2011	Not reporting until 2011

*Blue Shield PPO is not NCQA accredited; plan provides NCQA with PPO benchmark data but not publicly reportable data

Handling Missing HEDIS Data

In instances in which the HEDIS measure is classified as Not Available (NA), a half-scale rule is applied to impute the missing score based on the scores of the remaining measures.

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 current and the prior year a score of zero is assigned as the measure result.

For 2010 reporting:

1. Anthem Blue Cross reports "NR" for Pharmacotherapy Management of COPD Exacerbation; this result is reported as "Not rated" given it is a first year measure.
2. There were no "NA" results.

Performance Grading

One of four grades is assigned to each of the 8 condition topics and to the all-HEDIS Summary topic using the Table 2 cutpoints. The cutpoints are based on the NCQA Quality Compass RY2010 results for all lines of business (HMO, POS and PPO). The PPO cutpoints differ from the HMO/POS cutpoints in instances in which the mix of measures differs for the respective lines of business (e.g., the PPO Checking for Cancer topic is comprised of 2 measures while the HMO/POS topic is comprised of three measures including colorectal cancer screening).

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: 90th percentile nationwide
 Middle cutpoint: 50th percentile nationwide
 Low cutpoint: 25th percentile nationwide

Table 2: PPO Performance Cutpoints RY2010

Topic	Excellent Cutpoint	Good Cutpoint	Fair Cutpoint
Checking for Cancer 2	80	73	70
Chlamydia Screening 2	54	41	35
Treating Children 5	76	67	61
Asthma/Respiratory Care 5	70	64	61
Diabetes Care 3	86	79	73
Mental Health 6	60	50	44
Heart Care 2	86	78	70
Treating Adults 3	79	72	69
All HEDIS Summary 28	74	65	60

*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

74-100 excellent

65-73 good

60-64 fair

<60 poor

The grade spans vary for each of the 8 condition topics per Table 2.

A buffer zone of a half-point (0.5) span is applied. Any PPO 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, an all HEDIS summary topic score of 64.5 would be assigned a grade of 'good'; a score of 64.4, which is outside of the 'good' buffer zone, would be assigned a grade of 'fair'.

Appendix A
2010 Mapping of PPO 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	% 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
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
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

Table 3. Performance Topic Mapping

Indicator	Definition	Topic
Appropriate asthma medications 1	% of children age 5-11 with asthma who have appropriate asthma medications	Asthma and Other Respiratory Care
Appropriate asthma medications 2	% of adolescents/adults age 12-50 with asthma who have appropriate asthma medications	Asthma and Other Respiratory 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 Other Respiratory Care
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	Asthma and Other Respiratory Care
Spirometry testing	% of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis	Asthma and Other Respiratory Care
Glycosylated hemoglobin tested	% diabetes patients who had an HbA1c test in last year	Diabetes Care
Cholesterol test performed	% diabetes patients who had an LDL test in last year	Diabetes Care
Kidney function monitored	% diabetes patients who had a 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

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

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 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: a) 7 days after discharge, b) 30 days after discharge	Mental Health
Anti-depressant medication management(acute and continuation)**	% depressed patients who remained on antidepressant medication for: a) the 12-week acute treatment phase and b) the six month continuation phase	Mental Health
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

^ two component measures are blended 50/50; 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 PPO Health Plan Reporting Status
For Reporting Year 2010

HEDIS Reporting Plans

The following six plans are reporting PPO results for RY2010.

Aetna Health of California, Inc.
Anthem Blue Cross of California
Blue Shield of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
United Healthcare