

Office of the Patient Advocate
California Health Care Quality Report Card 2013 Edition
Scoring Documentation for Consumer Reporting
HMO HEDIS Reporting Year 2012

Background

The California Office of the Patient Advocate (OPA) is charged with representing the interests of health plan members and OPA has the mandated responsibility to publicly report on health care quality. OPA published its first Health Care Quality Report Card in 2001 and has since successfully updated and enhanced the Report Cards every year. The current version (2013 Edition) of the online Health Care Quality Report Cards is at: www.opa.ca.gov.

Performance results are reported at a health plan reporting unit level as listed below. Ten (10) participating health plans report HMO Health Plan Employer Data and Information Set (HEDIS) 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.
- Sharp Health Plan
- United Healthcare of California, Inc.
- Western Health Advantage

Source of Data for California Health Care Quality Report Cards

The 2013 Edition of the Report Cards is published in March 2013, using data reported by HMO plans in Reporting Year (RY) 2012 for performance in Measurement Year (MY) 2011. Data sources are the National Committee for Quality Assurance's (NCQA) publicly reported HMO Health Plan Employer Data and Information Set (HEDIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) commercial measures for RY 2012.

NCQA develops and maintains the HEDIS performance measures as the national standard set of health plan clinical process and outcomes measures. The Integrated Healthcare Association (IHA) collects and provides medical group clinical performance data. Pacific Business Group on Health (PBGH) maintains and collects the medical group Patient Assessment Survey (PAS) data and provides these data to OPA. The Agency for Healthcare Research and Quality (AHRQ) develops and maintains the Consumer Assessment Health Plan Survey (CAHPS) measures as the national standard set of health plan members' experience. NCQA sponsors the CAHPS member-reported experience and satisfaction survey measures as the national standard health plan member experience survey.

Star ratings are based upon composite rates calculated across groups of measures. Measures are organized into topics and composites. Not all measures that are eligible for reporting are included in the category and topic star calculations. See Appendix A.

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Scoring Methodology

There are three levels of measurement:

1. **Category:** There is one category “HMO Provides Recommended Care”, which is the aggregated All-HEDIS summary performance score composed of thirty-seven (37) HEDIS commercial measures.
2. **Topic:** There are nine condition topic areas composed of thirty-seven (37) commercial HEDIS measures.
3. **HEDIS Measures:** There are thirty-nine (39) HMO HEDIS commercial measures.

See Appendix A for mapping of HEDIS measures to Category and Topics.

Performance Grading

HMOs are graded on performance relative to the nation for HEDIS measures for “HMO Provides Recommended Care”. All of the performance results are expressed such that a higher score means better performance. Thirty-seven HEDIS measures are aggregated to create the All-HEDIS summary performance score: “HMO Provides Recommended Care”. Based on relative performance, plans are assigned star ratings for multi-level composites (category and topics):

Performance grading is based on the NCQA RY 2011 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO) benchmarks. Quality Compass RY 2012 values are used to set performance cutpoints for new or revised measures.

1. Composite Calculation for Category and Topic Scoring

Composite calculation for category and topic scoring for clinical quality measures is a two-step method:

- a) **In Step 1**, calculate topic level composite: 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.
- b) **In Step 2**, calculate the category level composite “HMO Provides Recommended Care”. Calculate 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.

2. Individual Measure Scoring

- a) The HEDIS individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the National Committee for Quality Assurance (NCQA) measurement requirements. Measures will be dropped if at least 50% of California plans cannot report a valid rate.

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- b) The HEDIS measure results are converted to a score using the following formula:

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

3. Handling Missing Data

- a) Not all health plans are able to report valid rates for all measures. In order to calculate category and topic star ratings for as many health plans as possible, we impute missing data under specific conditions using an adjusted half-scale rule. This is accomplished by developing an actual measure level imputed result for plans with missing data, and using those results for star calculations. Imputed results are not reported as an individual rate. If a plan is able to report valid rates for at least half of its measures in a topic, then missing values will be replaced using an adjusted half-scale rule for all measures in the topic. Because eligibility for missing value re-assignment (imputation) is assessed independently at the topic and category levels, it is possible to have a category score even if measure or topic scores are missing.
- b) For topic and category star rating level, a missing value is NOT applicable for health plans. All the plans are assigned stars for all levels.

4. Two component measure scoring

- a) 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 a continuum of care. Each pair of component measures is blended using an equal 50/50 weight to score these measures. The latter phase of care is reported only – thus, one of the two components is reported as an individual measure on the OPA site while both components are used in the summary scoring.
- i. Alcohol/drug dependent treatment (initiation and engagement phases)
 - ii. Chronic obstructive pulmonary disease (COPD) exacerbation care (corticosteroid and bronchodilator prescriptions)
 - iii. Follow-up care for children with Attention Deficit/Hyperactivity Disorder (ADHD) medication (initiation and continuation phases)
 - iv. Anti-depressant medication management (acute and continuation phases)
 - v. Follow-up after hospitalization for mental illness (7 and 30 day follow-up).
- b) The following three measures have two age cohorts that are scored separately:
- i. Chlamydia screening age 16-20 and Chlamydia screening age 21-24 are reported separately
 - ii. Asthma medications age 12-18 and Asthma medications age 19-50 are combined to form the 12-50 age band
 - iii. Body mass index (BMI) children age 3-11 and body mass index (BMI) adolescents

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age 12-17 are reported separately

5. Changes from 2012 Edition Report Card to 2013 Edition Report Card

- a) The measure “Doctors advising smokers to quit” has moved from the “Patients Rate Their Experience” area to the “Treating Adults-Getting the Right Care” topic. This is a HEDIS measure; however it is collected by survey.
- b) Label for the top level HEDIS category has been revised: HMO Provides Recommended Care (previously Meeting National Standards of Care).
- c) All previous mentions of “Ratings at a glance” were changed to “Rating Summary.”

6. 2013 Edition Report Card Notes

- a) Three measures will not be publicly reported: Comprehensive Diabetes Care (HbA1c < 7%), Diabetes Blood Pressure Control (< 130/80), and Relative Resource Use (RRU) measures.
- b) The Low Back Pain measure is reported as a stand-alone measure and is not included in the All-HEDIS Summary Performance Score “HMO Provides Recommended Care”.
- c) *Measure Rotation*: Measure rotation allows an organization to use the audited and reportable Hybrid Method rate or survey from the prior year’s data collection in lieu of collecting the measure for the measurement year. Each year, NCQA specifies a list of measures eligible for rotation.
 - i. *NCQA Rotated Measures*: Use any rotated measure result for the 2013 Edition of the Report Card that is reported by a health plan to NCQA. For plans that do not report a rotated measure, use the plan’s most recent measure score from a prior reporting year.
 - ii. For the 2013 Edition of the Report Card, OPA reported measures that are eligible for rotation are: A) Controlling High Blood Pressure and B) Prenatal and Postpartum Care.

7. Calculate Percentiles

- a) One of four grades is assigned to each of the 9 condition topics and to the “HMO Provides Recommended Care” category using the cutpoints shown in Table 1. Three cutpoints are used to calculate the performance grades. Cutpoints were calculated per the RY 2011 NCQA Quality Compass nationwide results for all plans (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO).
- b) 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.

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8. From percentiles to stars

- a) Health plan performance in MY 2011 is graded against score thresholds derived from MY 2010 data. There are three thresholds corresponding to 4 star rating assignments. If a topic or category composite rate meets or exceeds the “Excellent” thresholds, the plan is assigned a rating of four stars. If a topic or category composite rate meets or exceeds the “Good” threshold (but is less than the “Excellent” threshold) then the plan is given a rating of three stars. If a topic or category composite rate meets or exceeds the “Fair” threshold (but is less than the “Good” threshold) then the plan is given a rating of two stars. Topic or category scores that are less than the two star “Fair” threshold result in a rating of one star “Poor”.
- b) The grade spans vary for each of the 9 condition topics listed in Table 1:

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

Table 1: HMO HEDIS Performance Cutpoints 2013 Edition Report Card

Condition Topics	Number of Measures Included	Excellent Cutpoint	Good Cutpoint	Fair Cutpoint	Poor* Cutpoint
Checking for Cancer	3	77	67	62	<62
Diabetes Care	7	78	68	63	<63
Heart Care	4	80	71	64	<64
Maternity Care	2	93	86	74	<74
Mental Health	3	60	51	46	<46
Chlamydia Screening	2	54	41	35	<35
Treating Adults	4	78	61	53	<53
Asthma/Respiratory Care	5	71	65	61	<61
Treating Children	7	76	51	40	<40
All HEDIS Summary- HMO Provides Recommended Care	37	75	62	55	<55

*Scores below the Fair cutpoint are graded “Poor”

- c) Using the example of “HMO Provides Recommended Care”, three cutpoints are used to define four performance grades:

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75-100	excellent
62-74	good
55-61	fair
< 55	poor

- d) 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, an All-HEDIS® summary score of 54.5 would be assigned a grade of fair; a score of 61.4, which is outside of the buffer zone, also would be assigned a grade of fair.

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Appendix A

Mapping of HEDIS measures to Topic and Categories

Topic	HEDIS Measure Abbreviation	Measure	Definition	Included in "HMO Provides Recommended Care" Composite	Reported as Stand Alone Measure
Treating Adults	MSC	Doctors Advising Smokers to Quit (CAHPS survey reported as clinical care)*	In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan	√	√
	ART	Disease Modifying Anti-rheumatic Drug (DMARD) Therapy in Rheumatoid Arthritis	% of patients age 18 and older diagnosed with rheumatoid arthritis who have had at least one prescription for DMARD drug during measurement year	√	√
	MPM	Annual Monitoring for Patients on Persistent Medications	% of patients age 18 and older who received at least a 180-day supply of any of a set of designated drugs and 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)	√	√
	FSA	Flu Shots for Adults (CAHPS survey reported as clinical care)	% of members age 50-64 who received an influenza vaccination between September 1 and date survey was completed	√	√

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Topic	HEDIS Measure Abbreviation	Measure	Definition	Included in “HMO Provides Recommended Care” Composite	Reported as Stand Alone Measure
Treating Adults (cont'd)	ABA	Checking If Weight Could Cause Health Problems	% of members age 18-74 who had an outpatient visit who had their body mass index (BMI) documented in the past 2 years	√	√
Checking for Cancer	COL	Colorectal cancer screening	% of adults ages 51-75 who were tested for colorectal cancer using any one of four tests	√	√
	BCS	Breast cancer screening	% of women age 42-69 who had a mammogram during past two years	√	√
	CCS	Cervical cancer screening	% of women age 24-64 who had a Pap test during past three years	√	√
Chlamydia Screening	CHL	Chlamydia screening 1	% of sexually active women aged 16-20 who were screened for chlamydia in prior year	√	√
	CHL	Chlamydia screening 2	% of sexually active women aged 21-24 who were screened for chlamydia in prior year	√	√
Heart Care	CBP	Controlling high blood pressure	% of adults age 18-85 who are diagnosed with hypertension and whose blood pressure was controlled (<140/90)	√	√
	PBH	Heart attack medication	% of persons age 18 and older hospitalized for a heart attack who received beta blocker medication through 6 months period post event	√	√
	CMC	Cholesterol management: screening	% of adults age 18-75 who had an LDL-C test after an acute cardiovascular event or who had diagnosis of ischemic vascular disease	√	√

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Topic	HEDIS Measure Abbreviation	Measure	Definition	Included in “HMO Provides Recommended Care” Composite	Reported as Stand Alone Measure
Heart Care (cont'd)	CMC	Cholesterol management: control	% of 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	√	√
	ASP	Aspirin Use Counseling (CAHPS survey reported as clinical care)	% of women age 55-79 and men age 45-79, who have cardiovascular risks and had their doctor or another provider talk with them about the pros and cons of taking aspirin as part of their heart care		√
Maternity Care	PPC	Prenatal visit during 1 st trimester	% pregnant women who began prenatal care during first 13 weeks of pregnancy	√	√
	PPC	Postpartum care	% of women who had a live birth who had a postpartum visit between 21-56 days after delivery	√	√
Testing for Cause of Back Pain	LBP	Low Back Pain Imaging	% of adults age 18-50 who did not receive imaging studies (plain x-ray, MRI, CT scan) for acute low back pain (reverse scored)		√
Asthma and Lung Disease Care	ASM	Appropriate asthma medications 1	% of children age 5-11 with asthma who have appropriate asthma medications	√	√
	ASM	Appropriate asthma medications 2	% of adolescents/adults age 12-50 with asthma who have appropriate asthma medications	√	√

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Topic	HEDIS Measure Abbreviation	Measure	Definition	Included in “HMO Provides Recommended Care” Composite	Reported as Stand Alone Measure
Asthma and Lung Disease Care (cont'd)	PCE	Treating lung disease	% of adults age 40 or older with COPD who had worsening of symptoms indicated by a hospitalization or ED visit who were a) dispensed systemic corticosteroid within 14 days and b) dispensed a bronchodilator within 30 days	√	
	PCE	Treating lung disease	% of adults age 40 or older with COPD who had worsening of symptoms indicated by a hospitalization or ED visit and were dispensed a bronchodilator within 30 days		√
	AAB	Treating Bronchitis	% of adults age 18-64 who have acute bronchitis who were <u>not</u> given an antibiotic; medicines that often don't work for these short-term bronchial inflammations	√	√
	SPR	Spirometry Testing	% of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis	√	√
Diabetes Care	CDC	Glycosylated hemoglobin tested	% of patients with diabetes who had an HbA1c test in last year	√	√
	CDC	Glycosylated hemoglobin control	% of patients with diabetes with HbA1c <= 8.0%	√	√
	CDC	Eye exam performed	% of patients with diabetes who had a retinal eye exam in last year	√	√
	CDC	Cholesterol test performed	% of patients with diabetes who had an LDL-C test in last year	√	√
	CDC	Cholesterol control	% of patients with diabetes whose cholesterol level (LDL-C <100mg/dl) was controlled	√	√

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Topic	HEDIS Measure Abbreviation	Measure	Definition	Included in “HMO Provides Recommended Care” Composite	Reported as Stand Alone Measure
Diabetes Care (cont'd)	CDC	Kidney function monitored	% of patients with diabetes who had nephropathy screening test in last year	√	√
	CDC	Blood pressure control	% of patients with diabetes whose blood pressure level (<140/90) was controlled	√	√
Mental Health Care	IET	Alcohol/drug dependent treatment	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who a) initiated 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	√	
	IET	Alcohol/drug dependent treatment	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who initiated treatment and had two or more additional AOD services within 30 days after the initiation of AOD treatment		√
	FUH	Follow-up 30 days after hospitalization for mental illness	% of 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 and b) 30 days after discharge	√	
	FUH	Follow-up 30 days after hospitalization for mental illness	% of 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		√
	AMM	Antidepressant medication management	% of depressed patients who remained on antidepressant medication for the a) 12-week acute treatment phase and the b) six month continuation phase	√	

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Topic	HEDIS Measure Abbreviation	Measure	Definition	Included in “HMO Provides Recommended Care” Composite	Reported as Stand Alone Measure
Mental Health Care (cont'd)	AMM	Antidepressant medication management	% of depressed patients who remained on antidepressant medication for the six month continuation phase		√
Treating Children	CIS	Childhood Immunizations (combination 3)	% of children who by their 2nd birthday received designated measles, mumps, rubella (MMR); H influenza type B (HiBs); chicken pox (Varicella); diphtheria, tetanus, acellular pertussis (DtaP/DT); polio (IPV); hepatitis B (HepB) and pneumococcal conjugate (PCV) vaccinations (combo 3)	√	√
	URI	Treating Upper Respiratory Infection	% of children ages 3 months to 18 years who had an upper respiratory infection (common cold) who were <u>not</u> given an antibiotic	√	√
	CWP	Testing for pharyngitis	% of children ages 2-18 who were diagnosed with pharyngitis (throat infection) and given an antibiotic medication and who were tested for strep throat	√	√
	ADD	Follow-up care for children with Attention Deficit/Hyperactivity Disorder (ADHD) medication	% of children ages 6-12 who were prescribed an ADHD medication, a) had a follow-up visit with a practitioner during the 30-day Initiation Phase and b) remained on the medication for at least 210 days and had two follow-up visits within the 9 month Continuation/Maintenance Phase	√	

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Topic	HEDIS Measure Abbreviation	Measure	Definition	Included in “HMO Provides Recommended Care” Composite	Reported as Stand Alone Measure
Treating Children (cont'd)	ADD	Follow-up care for children with ADHD medication	% of children ages 6-12 who were prescribed an ADHD medication, remained on the medication for at least 210 days and had two follow-up visits within the 9 months-Continuation/Maintenance Phase		√
	WCC	Checking if Weight Could Cause Health Problems for Children #1	% of children ages 3-11 (numerator 1) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) documented during the past year	√	√
	WCC	Checking if Weight Could Cause Health Problems for Children #2	% of children ages 12-17 (numerator 2) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) checked during the past year	√	√
	IMA	Adolescent Immunization	% of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday	√	√

*Not enough CA plans reported valid rates in RY 2012; the measure was dropped from the star ratings.