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October 19, 2006

Mary Truhe RN, BSN
Quality Manager
Landon Office Building
Kansas Health Policy Authority
900 SW Jackson, Room 900
Topeka, Kansas 66612

Dear Mary,

Enclosed is the Kansas Foundation for Medical Care's completed Performance Measure Validation report for FirstGuard Health Plan's (FG) HealthWave XIX and HealthWave XXI performance measures. The report consists of a Summary Report and the completed assessment tools from the CMS protocol. A preliminary report was provided to FG on September 29, 2006. FG's response to the preliminary report has been incorporated into this report. The Summary Report is composed of an overview of findings from each section of the protocol and a list of recommendations.

Let me know if you have any questions or concerns.

Sincerely,

Stephen Blackwell MBA, CPHQ
Quality Review Coordinator

Xc Full Electronic Report:	Celia Humphreys, Director Quality Management, FG
Summary Report:	Debra Bachmann, HealthWave XIX & Pace Program Manager, KHPA
	Chris English, HealthWave XXI Healthy Families Program Manager, KHPA
Cover Letter:	John Dixon, Contracts Team Manager, KHPA

Please file this report in the EQRO notebook titled " Performance Measures," under the tab labeled *MCO Validation*, HWXIX/HWXXI, 10/01/05-09/30/2006.

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WE FACILITATE THE IMPROVEMENT OF HEALTHCARE

Performance Measure Validation Report for FirstGuard Health Plan

Contract Number:	**06385**
Study Population:	**HW 19**
	HW 21
Study Period:	**2006 HEDIS:** **Care Provided in 2005**
Submission Date:	**October 19, 2006**

Report Submitted by:

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Validation of FirstGuard Health Plan's Performance Measures
Summary Report
Kansas Foundation for Medical Care
October 19, 2006

Objectives

The Kansas Foundation for Medical Care (KFMC), the External Quality Review Organization in Kansas, conducted validation of FirstGuard Health Plan's (FG) HealthWave 19 (HW19) and HealthWave 21 (HW21) performance measures. The evaluation was completed in accordance with the CMS protocol for Validating Performance Measures, including utilization of the recommended tables and attachments contained in the protocol. The objective of the review was to evaluate the accuracy of FirstGuard's reported Medicaid performance measures and to determine the extent to which FG calculated the measures based on specifications established by the Kansas Health Policy Authority (KHPA), formerly known as the Division of Health Policy and Finance (DHPF).

Technical Methods of Data Collection and Analysis

Background

KFMC followed the three phases of evaluation activity as outlined in the CMS protocol. The **first phase** involved meeting with KHPA to discuss FG's performance measure requirements; requesting protocol specified documentation from FG; and reviewing the findings of the Information System Capabilities Assessment previously conducted by KFMC. At the meeting with KHPA it was determined that KFMC would conduct the following:

1. Detailed review of the policies and procedures since previous report from December 06, 2005.
2. Detailed review of areas that were identified as opportunities for improvement in the previous report.
3. Review of a sample of medical records identified as positive numerator events through medical record review for the following three hybrid measures: "LDL-C Controlled (< 130 mg/dL)", "Retinal Eye Exam Performed" and "Timeliness of Prenatal Care."

KHPA provided the following listing of FG's performance measures:

Performance measure	HEDIS Method of Calculation
Childhood immunizations HW19 and HW21	**Administrative**
Well Child Visits in 1st 15 months HW19 and HW21	**Administrative**
Well Child Visits: Age 3, 4, 5 and 6 HW19 and HW21	**Administrative**
Adolescent Well Care Visits HW19 and HW21	**Administrative**
Child Access to Primary Care HW19 and HW21	**Administrative**

Performance measure	HEDIS Method of Calculation
Prenatal and Postpartum Care HW19 and HW21	**Hybrid**
Comprehensive Diabetes Care HW19	**Hybrid**
Outpatient Drug Utilization HW19 and HW21	**Administrative**

A more detailed listing of the above table is found in Attachment A. The additional detail includes the reporting frequency and submission format for each measure.

As requested, FG provided KFMC a listing of their performance measures, which is located in Attachment B. The childhood immunization Administrative measure is not listed on FG's list, although they completed the measure. Several measures were included on FG's list, which are not on KHPA's list. These measures include "Inpatient Utilization – General Hospital/Acute Care" for HW19 and HW21, "Use of Appropriate Medications for People with Asthma," for HW19 and HW21 and "Cervical Cancer Screening" for HW19.

In addition, KFMC requested FG provide a list of cases identified by medical record review as positive numerator events for "LDL-C Controlled (< 130 mg/dL)", "Retinal Eye Exam Performed" and "Timeliness of Prenatal Care." FG provided the cases randomly selected by KFMC for review.

The Information System Capabilities Assessment (ISCA), completed in June 2006, was referenced to obtain information on five critical areas that had a potential to impact production of performance measures.

The first was membership and enrollment data. The ISCA noted FG has system edits in place to identify duplicates in the enrollment system; uses a unique beneficiary identification number; and has a good process for tracking beneficiaries that move into, out of and between programs. In addition, FG uses the McKesson software for reporting which ensures accurate calculation of continuous enrollment, member months and member years. These were viewed as FG strengths. No opportunities for improvement were identified in the processes involving membership and enrollment data.

The second area was provider data. The ISCA noted that all FG providers serving the Kansas Medicaid/SCHIP populations are compensated on a fee-for-service basis. Provider Relations, Credentialing and Contracting departments at Centene maintain provider data in the AMISYS application. The use of the AMYSIS system, a mature, stable and tailored system, was viewed as a FG strength. No opportunities for improvement were identified in the processes involving provider data.

The third area was claims and encounter data. The ISCA noted FG uses an internal performance monitoring system to ensure the adequacy of claims and encounter processing systems. A minimum of 3 years worth of claims and encounter data is maintained in the AMISYS system at all times. Data is monitored for completeness on an annual basis in preparation for HEDIS measure calculations. The benchmark for completeness is 98%. System integrity auditing is completed on a monthly and

quarterly basis. In addition, standard forms and coding systems are used for the claims submission process. Claims with missing diagnosis and procedure information are returned to the provider for resubmission, and claims with invalid codes are not paid. FG requires resubmitted claims be submitted hardcopy rather than electronic. Since paper claims were noted to have more errors than those submitted electronically, this area was identified as an opportunity for improvement.

FG uses McKesson CRMS software for performance measure calculation and reporting. Data from the AMYSIS database is imported into CRMS to be utilized for HEDIS reporting. Edits are in place to verify the data is correctly incorporated into CRMS and that invalid and erroneous data are excluded from reporting. Ernst & Young, an NCQA certified HEDIS auditor, evaluates the FG HEDIS reporting processes and uses benchmarks to determine the reasonability of the data. The use of benchmarks to determine data reasonability was viewed as a FG strength.

The fourth area was medical record data. The McKesson CRMS software selects the medical record samples for the hybrid measures. The medical record data is abstracted by Primaris, a data collection service, using a HEDIS software program. The abstracted data is then loaded into the CRMS database. No issues were identified involving the data integration processes.

The fifth area was pharmacy and laboratory data. The ISCA noted FG contracts with a pharmacy benefits manager for collection and payment of pharmacy claims. In addition, FG obtains laboratory data from Labcorp. The pharmacy and laboratory data are used for specific performance measure calculations, but are stored outside the AMYSIS database. Since this data is not stored in AMYSIS, it is not subject to the same data cleaning and quality edits as the AMYSIS stored data. The quality of the pharmacy and laboratory data has the potential to impact comprehensive diabetes, use of appropriate medications for people with asthma and outpatient drug utilization measures. Enhanced monitoring of vendor provided data was recommended as an opportunity for improvement.

Overall, the issues identified during the ISCA do not have a substantial impact on FG's ability to produce valid and reliable performance measures. However, the administrative process involving requests for programming changes was noted to be complex and had the potential to delay needed modifications. Delays in programming modifications involving performance measure processes could potentially impact the production of performance measures. KFMC recommended review of this change request process to determine if it could be streamlined by reducing the number of handoffs.

The **second phase** of the evaluation process involved an onsite visit conducted on September 07, 2006. During this visit, KFMC met with key FG staff from the Kansas City office, teleconferenced with Centene's Health Economics staff from the St. Louis office and teleconferenced with the Primaris staff responsible for the medical record abstraction to review the following:

- Activity 1: Data integration and control.
- Activity 2: Data and processes used to calculate and report performance measures.
- Activity 3: Processes used to produce denominators.
- Activity 4: Processes used to produce numerators.
- Activity 5: Sampling process for measures not calculated administratively.
- Activity 6: Submission of required performance measures to the State.

FG uses the McKesson Care Enhancement Management System Health Plan Reporter (CRMS HPR) software, which is NCQA certified; furthermore CRMS is proprietary and FG does not have the ability to modify source codes or specifications of the software. Therefore, as approved by KHPA, all review components involving processes that occur using the software will be considered "met." KFMC's findings are representative of all measures due to FG's use of the McKesson software. KFMC's review, specific to hybrid measures is also included.

KFMC reviewed a sample of medical records used for the hybrid measures, "Comprehensive Diabetes" and "Prenatal and Postpartum Care." The medical record evaluation involving Comprehensive Diabetes consisted of review of 31 of the 38 HW19 cases representing positive numerator events for the "LDL-C Controlled (< 130 mg/dL)" indicator and all 7 positive numerator events for the "Retinal Eye Exam Performed" indicator. The HEDIS specifications for the diabetic measures include people 18 - 75 years of age; therefore HW21 members were not included. The medical record evaluation involving Prenatal and Postpartum Care consisted of review of 33 of the 71 HW19 cases and all 4 HW21cases representing positive numerator events for the "Timeliness of Prenatal Care" indicator.

Designations of "Met", "Partially Met" and "Not Met" were used to rate the individual elements. "Met" reflects full compliance with element specifications. "Partially Met" reflects effort to achieve compliance, but shortfalls in one or more components. "Not Met" reflects significant shortcomings in one or more components. Overall compliance for each measure was determined based on the following criteria outlined in the protocol: Fully Compliant = Measure was fully compliant with State specifications; Substantially Compliant = Measure was substantially compliant with State specifications and had only minor deviations that did not significantly bias the reported rate; Not Valid = Measure deviated from State specifications such that the reported rate was significantly biased; and Not Applicable = Measure was not reported because MCO did not have any Medicaid enrollees that qualified for the denominator.

KFMC conducted statistical comparisons were conducted using all of FG's 2005 and 2006 HEDIS findings, excluding the outpatient drug utilization measure due to external confounders such as inflation and formulary changes. A binomial test was used to identify statistically significant differences ($p < .05$) in rates between the two years. The binomial test considers both the rates and denominators in determining significance. The results of the statistical significance testing were considered in determining whether the 2006 HEDIS rates represent enhanced access to care, quality of care and timeliness of care.

The **final phase** involved providing a preliminary report to FG on September 29, 2006 and allowing two weeks for commentary. FG's comments were received on October 13, 2006 and are included in this final report, which was sent to KHPA and FG.

Description of Data Findings

The following table captures the performance measure compliance designation for each HEDIS measure contained in the scope of this review.

Performance Measure Validation Requirements Findings

Step	Childhood Immunizations HW 19 and HW21 Administrative	Well Child Visits in 1st 15 months HW 19 and HW 21 Administrative	Well Child Visits: Age 3,4,5 and 6 HW 19 and HW 21 Administrative	Prenatal & Postpartum Care HW19 and HW21 Hybrid	Comprehensive Diabetes HW 19 Hybrid	Adolescent Well Care Visits HW 19 and HW 21 Administrative	Child Access to Primary Care HW 19 and HW 21 Administrative	Outpatient Drug Utilization HW 19 and HW 21 Administrative
Documentation	M	M	M	M	M	M	M	M
Denominator: Data Source	M	M	M	M	M	M	M	M
Denominator: Calculation	M	M	M	M	M	M	M	M
Numerator: Data Source	M	M	M	M	M	M	M	M
Numerator: Calculation	M	M	M	M	M	M	M	M
Numerator: Data Collection Tool/Instruction	NA	NA	NA	Prenatal-PM	LDL-C Control-M Eye Exam-M Neph. Monitor-PM	NA	NA	NA
Numerator: Medical Record/Admin Integration	M	M	M	M	M	M	M	M
Numerator: Medical Record Validation	M	M	M	Prenatal-M	LDL-C Control-M Eye Exam-NM	M	M	M
Sampling: Unbiased	M	M	M	M	M	M	M	M
Sampling: Methodologies	M	M	M	M	M	M	M	M
Reporting	M	M	M	M	M	M	M	M
Overall Compliance Designation	FC	FC	FC	SC	SC	FC	FC	FC

M = Met
PM = Partially Met
NM = Not Met
NA = Not Applicable

FC = Fully Compliant
SC = Substantially Compliant
NV = Not Valid
NA = Not Applicable

The following describes KFMC reviewer findings of the processes used by FG to calculate and report their performance measures. The assessment was conducted in accordance with the Activities defined in the CMS protocol for Validating Performance Measures.

Onsite Activity 1: Data integration and control

The objective of this section of the evaluation was to determine FG's ability to link internal and external data in a manner that allowed accurate calculation of the performance measures. Worksheets provided in the EQR protocol were used to guide discussion (Attachment C) and capture results (Attachment D).

Data for claims and encounter processing is extracted from the AS400 operational system and loaded into the Information Delivery System data repository. Pharmacy data is provided electronically by Express Scripts, FG's pharmacy benefit manager. Laboratory data from LabCorp is also integrated into the data repository. The repository contains the necessary information for performance measure calculations. The McKesson CRMS HPR software is used to calculate the measures. Laboratory and pharmacy data are combined with claims for professional services to generate the performance measure indicator rates for the Comprehensive Diabetes measure. This measure also has a medical record review component as does the Prenatal and Postpartum Care measure.

Discussion involving the policies, procedures and related data management and control processes was conducted with FG and Centene staff. FG does not possess the capability to modify the McKesson software. Procedures for maintaining accurate and complete encounter, claims, and membership files were discussed, as were procedures for tracking beneficiary information. A Centene analyst receives confirmation of files received, but does not maintain a log of incoming and outgoing data files. Documentation regarding repository design and table structure was reviewed and discussed with FG and Centene staff. McKesson maintains the data repository via an Application Service Provider (ASP) Configuration. LabCorp is the only external source of laboratory data. An analyst from Centene reviews the LabCorp data prior to its incorporation into the data system. When pharmacy data is received, files are reconciled and file sizes are compared to previously received pharmacy files. Significant variation in file sizes serves as a prompt to assess file quality. FG and Centene staff did not express any concerns regarding the quality of the pharmacy data provided by Express Scripts. The review of data integration and control capabilities indicated FG systems are adequate to link and process necessary data elements in a manner that would allow valid performance measure calculation. McKesson maintains a backup version of the FG warehouse to ensure the capability of recreating the performance measures if necessary. Backup and restoration procedures were reviewed and found to be adequate.

Onsite Activity 2: Performance measure calculation and reporting

The objective of this section of the evaluation was to determine FG's ability to construct a complete data repository and apply programming that yields appropriate numerators, denominators, and samples necessary to produce valid and reliable performance measures. Worksheets provided in the EQR protocol were used to guide discussion (Attachment E) and capture results (Attachment F).

McKesson built FG's warehouse for measures reported with HEDIS 2006. FG supplied all of the data to McKesson to build the warehouse including claims data, beneficiary data, eligibility data, pharmacy data and laboratory data. The McKesson software contains all programming including algorithms to calculate numerators, denominators, and HEDIS measure rates. For the hybrid measures, the McKesson software generated random samples for medical record review and Primaris conducted the medical record abstraction. Documentation of data collection procedures and results were provided to KFMC.

Policies and procedures involving mechanisms employed to ensure the CRMS database was complete and accurate were discussed with FG and Centene staff. This included data requirements, consistency of common elements, programming specifications, and patient identification. Overall, the evaluation revealed appropriate safeguards were taken to ensure the data in the repository was complete and accurate. The McKesson software has adequate controls for programming, testing and revision. This should allow the certified HEDIS software to calculate accurate performance measure results.

During the previous onsite visit in November 2005, it was suggested a process be documented to assess significance of changes in performance from previous measurement periods using appropriate statistical methodology. At that time, documentation was provided reflecting comparison of the 2004 HEDIS rates to the 2005 HEDIS rates. However, no statistical testing was done to determine if the differences were statistically significant. During this review, documentation was provided which contained the results of the statistical significance testing comparing the 2005 to 2006 HEDIS rates. However, KFMC agreed with FG on the outcome of the statistical significance testing except for one indicator. The indicator was part of the "Comprehensive Diabetes" measure and involved "Poor HbA1c Control". FG's calculations indicated the difference between the 2006 and 2005 indicator rates was not statistically significant. KFMC's calculations revealed a statistically significant increase in the 2006 rate compared to 2005. FG's calculations were different than KFMC's since the 2005 rate they used in the calculation was incorrect.

Data for the "Comprehensive Diabetes" and "Prenatal and Postpartum Care" measures were collected using the hybrid methodology. The medical record review training manual, staff qualifications and results of inter-rater reliability (IRR) were reviewed. Registered nurses conducted the medical record review, which is consistent with HEDIS recommendations. IRR was conducted as part of the abstraction process for each hybrid measure. Two or three medical records from the 2005 HEDIS data collection were used to determine the IRR for each indicator within the hybrid measures. The minimum accuracy standard for IRR testing was 95%. The results of each reviewer's IRR scores for each indicator were not available. O*verall* individual reviewer IRR scores were provided. These results indicated four of the twelve reviewers scored less than 95%. The combined IRR score for all twelve reviewers was 95.83%. The Primaris representative, Jan Hobbs, indicated during the interview that re-education was provided to all reviewers concerning each discrepancy noted during the IRR, but IRR was not re-tested for those scoring less than 95% initially. Once data abstraction began, 13% of all records were over-read to ensure ongoing accuracy of the data abstraction process. The over-read standard was 95% and the combined indicator over-read scores by reviewer were all greater than 97%. However, there were three instances where indicator over-read scores for individual reviewers were less than 95%.

The medical record review-training manual contained general data entry instructions, general documentation guidelines, the HEDIS descriptions of the specific measures and related information designed to increase abstractor knowledge of the medical condition related to the indicator. HEDIS descriptions included specifications, exclusions, and caution notes. The hard copy instructions for the "Comprehensive Diabetes" and "Prenatal and Postpartum Care" measures were consistent with the HEDIS specifications, with three exceptions. The first two exceptions were related to the "Comprehensive Diabetes" measure and the third to the "Prenatal and Postpartum Care" measure. The first exception involved the "Retinal Eye Exam Performed" indicator. Regarding this indicator, the instructions direct the reviewer to abstract an eye exam completed in 2004 if the member was not taking insulin and their most recent HbA1c level in 2005 was less than 8.0%. This is in conflict with the HEDIS specifications, which directs abstraction of a 2004 eye exam only if the exam indicated no diabetic retinopathy. Jan Hobbs, the Primaris representative, indicated during the interview this discrepancy had been discussed during abstractor training and all abstractors had made the correction in their training manuals. It should be noted

the data collection tool has a field for 2004 eye exam with the notation, "With no evidence of retinopathy."

The second exception involved the "Monitoring for Diabetic Nephropathy" indicator. Regarding this indicator, the HEDIS specifications provide a list of key words to look for in the medical records that indicate "medical attention for nephropathy." These key words were also listed in the Primaris data field instruction along with several other terms not exclusively indicative of nephropathy such as "azotemia" and "increased creatinine." The Primaris representative agreed these additional terms would not confirm "medical attention for nephropathy," but rather would serve as clues to the abstractor of potential nephropathy.

The third exception involved the "Timeliness of Prenatal Care" indicator. Regarding this indicator, the HEDIS specifications list four criteria indicating timeliness of prenatal care. The fourth criteria, any visit to a specified provider with a diagnosis of pregnancy, applies to members whose last enrollment segment was after 219 days prior to delivery. The Primaris data field instructions do not contain the enrollment qualifier. The Primaris representative noted the fourth criteria would rarely be applied and abstractors are not expected to do these types of calculations.

An additional concern was noted with the data collection process for the "Timeliness of Prenatal Care" indicator. Regarding the data entry instructions for this indicator, the abstraction process does not include collecting the additional detail to identify the specific evidence used in determining positive numerator events, such as lab tests. This issue was also noted in the previous performance measure validation report dated December 06, 2005. Overall, capturing this additional detail may not alter the outcome of the abstraction, but would enhance data quality by further ensuring the abstractors are correctly identifying positive numerator events by capturing the appropriate evidence. This would be particularly important in cases where the IRR is less than 95% and re-education needs to occur. It was the opinion of the Primaris representative that the lab test selected during abstraction would be self-evident during the IRR. In addition, the Primaris representative indicated the data collection tool was not structured to capture this additional data.

The nurse reviewers entered all abstracted data into an Access program, which was downloaded into an Excel file. The data in the Excel file was then mapped to meet the CRMS specifications before being loaded into the CRMS database. The Access program was not available for review, but screen prints were contained in the training manual. Documentation was provided that outlined the processes involved to ensure the medical record abstraction data was formatted to meet the CRMS specifications.

Onsite Activity 3: Processes used to produce denominators

The objective of this section of the evaluation was to determine FG's use of the appropriate data to identify the entire at-risk population and apply the required HEDIS parameters for each performance measure. Worksheets provided in the EQR protocol were used to guide discussion (Attachment G) and capture results (Attachment H).

As previously mentioned, FG provides the data to McKesson to build the warehouse. FG has procedures in place to track beneficiaries through enrollment, disenrollment, and re-enrollment through the use of a unique member id number. FG also tracks eligibility information and beneficiary demographic information. All of this information along with claims, pharmacy, encounter, and lab data is provided to McKesson. Monthly audits of dispensed prescriptions are conducted and incomplete claims are rejected.

McKesson uses this data to create the population for the denominator of each measure. The programming algorithms used in this process are a component of the McKesson software.

Policies and procedures involving member tracking, including identification numbers, enrollment, disenrollment, coverage, and gender were discussed with FG and Centene staff. Discussions also included the program logic and source code built into the McKesson software, data file layouts and beneficiary data dictionary. Acceptable code and languages were used to query the databases. The evaluation revealed FirstGuard systems are appropriate to identify denominators for each of the performance measures.

Onsite Activity 4: Processes used to produce numerators

The objective of this section of the evaluation was to determine FG's ability to use appropriate data sources to identify the performance measure populations and screen for qualifying medical events used in numerator determination. Worksheets provided in the EQR protocol were used to guide discussion (Attachment I) and capture results (Attachment J, K, L and M).

Once denominators are identified, the McKesson software calculated the numerators. The numerator calculation used all appropriate data sources, including claims, pharmacy, and lab to determine which beneficiaries in the denominator were to be included in the numerator. Programming codes to calculate the numerators for the administrative measures are also a component of the McKesson software. For the measures requiring medical record review, Primaris determined the numerator based on chart review. Primaris provided documentation regarding each specific measure involving medical record abstraction, including inter-rater reliability, case over-reads, and abstractor qualifications. Medical record review data was integrated into the data system.

Policies and procedures were discussed with FG and Centene staff, involving mapping of "non-standard" to "standard" codes to ensure consistency, and the de-duplication processes regarding beneficiary data to ensure members were only counted once in the numerator. FG uses a unique beneficiary identification number to reduce the chance for double counting members. FG uses standard coding mechanisms and searches all diagnostic and procedure codes available on the claims. Principal codes are identified and secondary codes are captured to the extent available. Principal is the first code listed as per Federal billing requirements. Non-standard coding schemes that are unique to FG are documented and mapped back using the "NST Code Mapping." This ensures non-standard codes are mapped back to industry standards. The de-duplication processes are adequate and all non-standard codes were mapped to a standard coding system. The McKesson software compares administrative and medical record data to determine numerators were consistent and valid.

KFMC reviewed information from thirty-eight HW19 medical records for the Comprehensive Diabetes HEDIS measure, which were designated by FG as positive numerator events. Thirty-one cases involved the "LDL-C Controlled (<130 mg/dL)" indicator and seven involved the "Retinal Eye Exam Performed" indicator. Attachments L and M capture the results of the medical record review. The outcome of the review revealed thirty of the thirty-one cases (96.8%) involving the "LDL-C Controlled (< 130 mg/dL)" indicator were appropriately designated as positive numerator events. The outcome of the review involving the "Retinal Eye Exam Performed" indicator revealed four of the seven cases (57.1%) were appropriately designated as positive numerator events.

KFMC reviewed information from thirty-three HW19 medical records for the Prenatal and Postpartum measure, which were designated by FG as positive numerator events. All thirty-three cases involved the

"Timeliness of Prenatal Care" indicator. Attachments L and M capture the results of the medical record review for these thirty-three cases**.** The outcome of the review revealed thirty of the thirty-three cases (91%) were appropriately designated as positive numerator events.

KFMC reviewed information from four HW21 medical records for the Prenatal and Postpartum measure, which were designated by FG as positive numerator events. All four cases involved the "Timeliness of Prenatal Care" indicator. Attachments L and M capture the results of the medical record review for these four cases. The outcome of the review revealed all four cases (100%) were appropriately designated as positive numerator events.

Onsite Activity 5: Sampling process for measures not calculated through administrative data
The objective of this section of the evaluation was to determine FG's ability to select unbiased samples for measures using the hybrid methodology. Worksheets provided in the EQR protocol were used to guide discussion (Attachment N) and capture results (Attachment O).

The McKesson software completes all sample selection. McKesson has backup and data freezing procedures in place to allow samples to be re-created if necessary. The McKesson software selected the sample of cases used for medical record abstraction.

The sampling methodology was discussed with the FG and Centene staff. Since the software is NCQA certified, the sampling was considered appropriate and to have met all HEDIS requirements.

Onsite Activity 6: Submission of required performance measures to the State
The objective of this section of the evaluation was to determine whether FG submitted the required performance measures to the State as agreed upon.

FG downloads the data submission tools from the NCQA web site and loads the performance measure data into the tools. After this process is complete, Ernst & Young compares the tools to the audit designation tables as a final check for completeness and accuracy. If approved by the auditor, FG saves the tools in a PDF file, zips the file and submits it to KHPA. FG's due date for submission was June 30, 2006.

The report submission procedures were noted to be appropriate. The performance measure reports were submitted to KHPA on June 22, 2006, eight days before the due date. The following table contains FG's reported 2005 and 2006 HEDIS results for their HW19 and HW21 populations. The results include both the denominators and rates for **e**ach measure along with the results of the statistical significance testing, completed by KFMC. This information was used to determine enhancements to access, quality and timeliness of care.

Comparison of FG HEDIS Measures from 2005 to 2006

Performance Measure	2005 Denom	2005 Rate	2006 Denom	2006 Rate	p-value
Childhood Immunization Administrative (Combo 1) HW19	2711	1.92%	NA	NA	NA
Childhood Immunization Administrative (Combo 1) HW21	812	2.09%	NA	NA	NA
Childhood Immunization Administrative (Combo 2) HW19	2711	1.36%	2663	15.47%	0.0000
Childhood Immunization Administrative (Combo 2) HW21	812	1.72%	968	9.30%	0.0000
Prenatal Care HW19	411	57.42%	411	44.04%	0.0001
Prenatal Care HW21	78	48.72%	75	33.33%	0.0532
Post Partum HW19	411	54.74%	411	42.34%	0.0004
Post Partum HW21	78	47.44%	75	40.00%	0.3538
Access to PCP HW19 (12-24 months)	3679	96.30%	3452	95.51%	0.0920
Access to PCP HW21 (12-24 months)	611	97.71%	705	95.60%	0.052
Access to PCP HW19 (25 months-6 years)	11267	88.97%	11062	87.68%	0.0027
Access to PCP HW21 (25 months-6 years)	4722	90.83%	5216	87.69%	0.0000
Access to PCP HW19 (7-11 years)	3350	91.19%	3945	90.06%	0.0997
Access to PCP HW21 (7-11 years)	4219	92.25%	5109	90.72%	0.0087
Access to PCP HW19 (12-19 years)	3489	93.26%	4205	90.46%	0.0000
Access to PCP HW21 (12-19 years)	4949	92.32%	5950	89.65%	0.0000
Well Child Visits HW19 (3-6 years of life)	8718	65.16%	8704	62.25%	0.0001
Well Child Visits HW21 (3-6 years of life)	3856	64.13%	4278	57.18%	0.0000
Adolescent Well Care Visits HW19	6946	38.34%	6617	36.04%	0.0056
Adolescent Well Care Visits HW21	8158	42.22%	8782	37.43%	0.0000
Well Child Visits First 15 Months of Life HW19 - 0 visits	2596	3.54%	2706	2.77%	0.1084
Well Child Visits First 15 Months of Life HW21 - 0 visits	302	2.98%	327	0.31%	0.0075
Well Child Visits First 15 Months of Life HW19 - 1 visits	2596	5.05%	2706	4.25%	0.1663
Well Child Visits First 15 Months of Life HW21 - 1 visits	302	2.98%	327	3.36%	0.7860
Well Child Visits First 15 Months of Life HW19 - 2 visits	2596	5.70%	2706	6.65%	0.1511
Well Child Visits First 15 Months of Life HW21 - 2 visits	302	3.31%	327	3.06%	0.8583
Well Child Visits First 15 Months of Life HW19 - 3 visits	2596	9.44%	2706	8.83%	0.4408
Well Child Visits First 15 Months of Life HW21 - 3 visits	302	6.22%	327	8.26%	0.3252
Well Child Visits First 15 Months of Life HW19 - 4 visits	2596	14.64%	2706	13.53%	0.2453
Well Child Visits First 15 Months of Life HW21 - 4 visits	302	20.53%	327	16.51%	0.1940
Well Child Visits First 15 Months of Life HW19 - 5 visits	2596	21.03%	2706	21.69%	0.5578
Well Child Visits First 15 Months of Life HW21 - 5 visits	302	24.83%	327	24.77%	0.9861
Well Child Visits First 15 Months of Life HW19 - > 6 visits	2596	40.60%	2706	42.28%	0.2145
Well Child Visits First 15 Months of Life HW21 - > 6 visits	302	38.74%	327	43.73%	0.2042
Comprehensive Diabetes - HbA1c Testing HW19	202	76.24%	230	68.70%	0.0808
Comprehensive Diabetes - Poor HbA1c Control HW19	202	63.86%	230	74.35%	0.0182
Comprehensive Diabetes - Eye Exam HW19	202	40.59%	230	26.95%	0.0027
Comprehensive Diabetes - LDL-C Screening HW19	202	65.35%	230	70.00%	0.3019
Comprehensive Diabetes -LDL-C < 130 mg/dL HW19	202	26.24%	230	19.57%	0.0986
Comprehensive Diabetes -LDL-C < 100 mg/dL HW19	202	16.34%	230	12.17%	0.2143
Comprehensive Diabetes - Monitoring for Diabetic Nephropathy HW19	202	35.64%	230	35.22%	0.9274

* The statistical testing was conducted by KFMC. The highlighted p values indicate statistically significant differences were noted between 2005 and 2006.

NA – Not a HEDIS requirement in 2006.

Statistically significant differences were noted in the following areas:

- Increase in HW19 Childhood Immunization Administrative rate (Combo 2).
- Increase in HW21 Childhood Immunization Administrative rate (Combo 2).
- Decrease in HW19 Timeliness of Prenatal Care.
- Decrease in HW19 Postpartum Care.
- Decrease in HW19 Access to PCP (25 months – 6 years).
- Decrease in HW21 Access to PCP (25 months – 6 years).
- Decrease in HW21 Access to PCP (7 - 11 years).
- Decrease in HW19 Access to PCP (12 - 19 years).
- Decrease in HW21 Access to PCP (12 - 19 years).
- Decrease in HW19 Well Child Visits (3 - 6 years).
- Decrease in HW21 Well Child Visits (3 - 6 years).
- Decrease in HW19 Adolescent Well Care Visits.
- Decrease in HW21 Adolescent Well Care Visits.
- Decrease in HW21 Well child Visits in 1st 15 months of life – 0 visits.
- Increase in HW19 Poor HbA1c Control.
- Decrease in HW19 Eye Exam.

Statistically significant increases and decreases imply an affect on care. However, the impact on care enhancement represented by the statistically significant decreases noted for HW21 children regarding 0 visits in the first 15 months of life cannot be determined, as this could be an indication children are now receiving more than 0 visits.

Conclusions

In general, FG's information system is capable of producing valid and reliable performance measure rates. However, maintaining a log of incoming and outgoing data would enhance current internal control processes. Overall, FG's performance measure process is fully compliant with State specifications.

More rigorous testing of the pharmacy data should be implemented to ensure the data used for performance measures is complete and accurate.

The overall quality of data abstracted from medical records could potentially be enhanced if:

- inter-rater reliability was re-tested following the re-education of abstractors who scored less than 95% on individual indicators,
- data abstract instructions were consistent with HEDIS specifications and
- the data collection tool captured the detail findings of the measured event for the "Timeliness of Prenatal Care" indicator.

All performance measures were fully compliant with the protocol validation requirements with the exception of the medical record validation for the Comprehensive Diabetes Measure involving eye exams.

The statistically significant increases in 2006 rates from 2005, for the following, implies enhancements to access, quality and timeliness:

- HW19 children regarding childhood immunization (Combo 2).
- HW21 children regarding childhood immunization (Combo 2).

The statistically significant decreases in 2006 rates from 2005, for the following, implies opportunities for improvement regarding access, quality and timeliness:

- HW19 pregnant women regarding timeliness of prenatal care.
- HW21 pregnant women regarding timeliness of prenatal care.
- HW19 children age 25 months - 6 years regarding access to primary care providers. *****
- HW21 children age 25 months - 6 years regarding access to primary care providers.
- HW21 children age 7 - 11 years regarding access to primary care providers.
- HW19 children age 12 - 19 years regarding access to primary care providers.
- HW21 children age 12 - 19 years regarding access to primary care providers.
- HW19 children age 3 to 6 years regarding well child visits. *****
- HW21 children age 3 to 6 years regarding well child visits.
- HW19 adolescents regarding well care visits. *****
- HW21 adolescents regarding well care visits.
- HW19 diabetics regarding poor HbA1c control.

***** Indicates statistically significant decreases in rates for 2005 and 2006.

Degree to Which Previous Recommendations Were Addressed

Three of the four recommendations made during the previous Performance Measure Validation were acted upon, but only one issue is no longer a concern. The first recommendation involved enhancement of the trending analysis of HEDIS rates to include statistical significance testing. FG has incorporated statistical comparison of current and previous year HEDIS rates into their trend analysis process. This area is no longer a concern. The second recommendation involved investigation of the differences between HW19 and HW21 regarding "Adolescent Well Care Visits" and "Well Child Visits 3 – 6 Years of Life." Regarding these two indicators, the HW19 rates reflected statistically significant decreases in 2005 compared to 2004, while the HW21 rates reflected statistically significant increases in 2005 compared to 2004. These issues were reviewed by the Quality Management/Utilization Management Committee Quality Management Leadership Team and Board of Directors. However, these two indicators currently represent concerns for both the HW19 and HW21 populations since the 2006 rates reflected statistically significant decreases compared to 2005. The third recommendation involved, investigation regarding the decline in access to primary care providers for HW19 children age 25 months to 6 years. This issue was reviewed by the Quality Management/Utilization Management Committee, Quality Management Leadership Team and Board of Directors. However, it remains a concern as the 2006 rate reflects further statistical significant decrease. The fourth recommendation involved capturing the detailed findings of the measured event on the data collection tool for the "Timeliness of Prenatal Care" indicator. This recommendation was not implemented.

Recommendations

1. Maintain a log of all incoming and outgoing data files.
2. Conduct more rigorous testing of the pharmacy data used for performance measure reporting.
3. Conduct a second inter-rater reliability following re-education of abstractors scoring less than 95% before beginning core abstraction.
4. Revise abstract instructions to be consistent with HEDIS specifications.
5. Capture the detailed findings of the measured event on the data collection tool for the "Timeliness of Prenatal Care" indicator, particularly to assist in re-education during IRR.

6. Provide additional education to medical record abstractors regarding the "Retinal Eye Exam Performed" indicator.
7. Investigate the reasons for the statistically significant decreases in the 2006 HEDIS rates from 2005 noted in the Conclusion section above as representing opportunities for improvement regarding access, quality and timeliness. In particular, focus on the rates which reflected statistically significant decreases in both 2005 and 2006.

KFMC's Assessment of FG's Response to the Preliminary Report

FG provided a response to the preliminary Performance Measure Validation report on October 13, 2006. In their response, FG stated, they had "no corrections regarding the content of the draft report at this point." FG did provide feedback regarding KFMC's first six recommendations, found in the Recommendation section on the previous page of this report. In response to recommendations 1 and 2, FG provided examples of tables to document quality control activities related to performance measure reporting. These tables are viewed as data management enhancements. In addition to the information captured in the tables, KFMC suggests the following file information be documented: Name; Type; Description; Storage/Network location; Electronic medium used to transmit the file, i.e. CD, e-mail, diskette, secure site FTP; Frequency i.e. ad hoc, weekly, monthly; Recipient. It would be useful to include the volume of pharmacy claims rejected due to FG edits applied during processing. Recommendations 3 through 6 were based on Primaris data abstraction processes. FG provided a response from Primaris indicating recommendations 3 through 6 would be implemented. FG's response did not address recommendation 7.

CMS Protocol Tables

ATTACHMENT A

List of Performance Measures to be Calculated by the MCO as identified by Kansas Health Policy Authority

SAMPLE MEASURES AND PROGRAM	METHOD FOR CALCULATING PERFORMANCE MEASURE				
	Administrative Data	**Medical Record Review**	**Hybrid**	**Survey**	**Reporting Frequency/Format**
Childhood immunization rate HW19 and HW21	**X**				**Annual/Electronic**
Well Child Visits in 1st 15 mths HW19 and HW21	**X**				**Annual/Electronic**
Well Child Visits:Age 3, 4, 5, 6 HW19 and HW21	**X**				**Annual/Electronic**
Adolescent Well Care Visits HW 19 and HW21	**X**				**Annual/Electronic**
Child Access to Primary Care HW19 and HW21	**X**				**Annual/Electronic**
Prenatal and Postpartum Care HW19 and HW21			**X**		**Annual/Electronic**
Comprehensive Diabetes Care HW19			**X**		**Annual/Electronic**
Outpatient Drug Utilization HW19 and HW21	**X**				**Annual/Electronic**

ATTACHMENT B

List of Performance Measures Calculated by FirstGuard Health Plan
As identified by FirstGuard Health Plan

Instructions to MCO: *For each measure the State requires you to report (in column 1), indicate the method(s) your MCO used to produce it by checking columns 2 - 5, as appropriate. In column 6 note the reporting frequencies (e.g., quarterly, annually) and format (e.g., paper report, electronic medium) your MCO has used (or expects to use) to report to the State. In column 7 and 8 designate the program population each measure was derived from, i.e. HealthWave 19 and/or HealthWave 21. Return this table to the Kansas Foundation for Medical Care, so that this information may be reviewed prior to our site visit to validate your MCO's performance measures. The table should contain a row for each measure calculated and reported by the MCO.*

Completed by: Susan Richart, FirstGuard Health Plan 07/13/06

(1) Measure	(2) Admin.	(3) Medical Record Review	(4) Hybrid	(5) Survey	(6) Reporting Frequency and Format	(7) Report for HW19	(8) Report for HW21
Well Child Visits in the First 15 Months	X				Annual, Electronic	X	X
Well Child Visits (3,4,5 & 6 years)	X				Annual, Electronic	X	X
Adolescent Well Care Visits	X				Annual, Electronic	X	X
Children's Access to Primary Care	X				Annual, Electronic	X	X
Use of Appropriate Medications for People with Asthma	X				Annual, Electronic	X	X
Prenatal and Postpartum Care			X		Annual, Electronic	X	X
Cervical Cancer Screening	X				Annual, Electronic	X	
Comprehensive Diabetes Care			X		Annual, Electronic	X	
Inpatient Utilization-General Hospital/Acute Care	X				Annual, Electronic	X	X
Outpatient Drug Utilization	X				Annual, Electronic	X	X
CAHPS 3.0H Adult Survey				X	Annual, Electronic and Paper	X	
CAHPS 3.0H Child Survey to include Children with Chronic Conditions				X	Annual, Electronic and Paper	X	X

ATTACHMENT C

IS Data Integration and Control - Documentation Review

Documentation	Reviewed	Not Reviewed	Comments
Procedures and standards for all aspects of the data repository (ies), including building, maintaining, managing, testing, and production of performance measures.	X		
Manuals covering application system development methodology, database development and design, and decision support system utilization.	X		Receives email confirmation of files being received but otherwise no standard log of external file documentation maintained.
Control system documentation including flow charts and codes for backups, recovery, archiving, and other control functions.	X		
Procedures to consolidate information from disparate transaction files to support performance measurement.	X		
Record and file formats and descriptions, for entry, intermediate, and repository files.	X		
Electronic formats and protocols.	X		
Electronic transmission procedures documentation.	X		
Processes to extract information from the repository to produce intended result.	X		
Source code data entry, data transfer, and data manipulation programs and processes.	X		
Descriptive documentation for data entry, data transfer, data manipulation programs and processes.	X		
If applicable, procedures for coordinating activities of multiple subcontractors in a way that safeguards the integrity of the performance measure data.	X		
Samples of data from repository and transaction files to assess accuracy and completeness of the transfer process.		X	Review was not possible due to proprietary issues with McKesson's CRMS software
Comparison of actual results from file consolidation and data abstracts to those which should have resulted according to documented algorithms.		X	Review was not possible due to proprietary issues with McKesson's CRMS software
Documentation of data flow among vendors to assess the extent to which there has been			

ATTACHMENT C

Documentation	Reviewed	Not Reviewed	Comments
proper implementation of procedures for coordinating activities to safeguard the integrity of the performance measure data.	X		
Documentation of data cutoff dates.	X		
Documentation of proper run controls and of staff review of report runs.	X		
Copies of files and databases used for performance measure calculation and reporting.		X	Review not possible due to proprietary issues with McKesson's CRMS software. All data is stored in CRMS.
Procedures governing production process of plan-level performance measures, including standards and schedules.	X		Utilizes a well-documented HEDIS 2006 Analyst Project Plan.

ATTACHMENT D

Data Integration and Control-Findings

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure repository.				
• MCO processes accurately and completely transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the repository used to keep the data until the calculations of the performance measures have been completed and validated.	X			
• Samples of data from repository are complete and accurate.			X	Data in the repository undergoes McKesson software edits and processes and this is considered to be valid as McKesson software is NCQA certified; due to proprietary issues samples of data were not reviewed.
Accuracy of file consolidations, extracts, and derivations.				
• MCO's processes to consolidate diversified files, and to extract required information from the performance measure repository are appropriate.	X			
• Actual results of file consolidations or extracts were consistent with those, which should have resulted according to documented algorithms or specifications.			X	The CRMS module of the McKesson software is responsible for this and is NCQA certified; not able to review due to proprietary issues.
• Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	X			FG has well documented algorithms that map procedures directionally.
• Computer program reports or documentation reflect vendor coordination activities, and no data necessary to performance measure reporting are lost or inappropriately modified during transfer.	X			FG analyst looks at all files to make sure that size of data file is consistent with expectations.
If the MCO uses one, the structure and format of the performance measure data repository facilitates any required programming necessary to calculate and report required performance measures.				
• The repository's design, program flow charts, and source codes enable analyses and reports.			X	Repository not reviewed since the data is stored in CRMS, which is NCQA certified and proprietary.
• Proper linkage mechanisms have been employed to join data from all necessary sources (e.g., identifying a member with	X			

ATTACHMENT D

Data Integration and Control Element	Met	Not Met	N/A	Comments
a given disease/condition).				
Assurance of effective management of report production and of the reporting software.				
• Examine and assess the adequacy of the documentation governing the production process, including MCO production activity logs, and MCO staff review of report runs.	X			
• Prescribed data cutoff dates were followed.	X			
• The MCO has retained copies of files or databases used for performance measure reporting, in the event that results need to be reproduced.	X			
• Review documentation standards to determine the extent to which the reporting software program is properly documented with respect to every aspect of the performance measurement reporting repository, including building, maintaining, managing, testing, and report production.	X			
• Review the MCO's processes and documentation to determine the extent to which they comply with the MCO standards associated with reporting program specifications, code review, and testing.	X			

ATTACHMENT E

Data and Processes Used to Calculate and Report Performance Measures - Documentation Review

Documentation	Reviewed	Not Reviewed	Comments
Policies which stipulate and enforce documentation of data requirements, issues, validation efforts and results.	X		
Procedures for displaying denominator counts, numerator counts, precision levels, sums, and cross-totals.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Procedures for reporting small sample sizes (to be consistent with required methodology established by State).		X	This is a function of the McKesson software, which is NCQA certified and proprietary. FG Analyst was knowledgeable of small sample size reporting protocol.
Review of reported measures to assess consistency of common elements (e.g., membership counts, number of pregnancies and births, etc.).	X		
For each measure:			
Programming logic and/or source code for arithmetic calculation.		X	Review was not possible due to proprietary issues with McKesson's software.
A project or measurement plan, including work flow.	X		Well-constructed work flow diagrams are utilized.
Documentation of programming specifications and data sources.	X		
Documentation of the original universe of data including record-level patient identifiers that can be used to validate entire programming logic for creating denominators, numerators, and samples.	X		
Documentation of computer queries, programming logic, or source code used to create denominators, numerators, and interim data files.		X	Review was not possible due to proprietary issues with McKesson's software.
Documentation that includes dated job log or computer run for denominators and numerators, with record counts for each programming step and iteration.		X	This is done by the McKesson software, which is NCQA certified and proprietary.
Documentation of medical record review for each measure, as appropriate, including: qualifications of medical record review supervisor and staff; reviewer training materials; audit tools used, including completed copies of each record-level reviewer determination; all case-level critical performance measure data elements used to determine a positive or negative event or exclude a case from same; and inter-rater	X		

ATTACHMENT E

Documentation	Reviewed	Not Reviewed	Comments
reliability testing procedures and results.			
Documentation of results of statistical tests and any corrections or adjustments to data along with justification for such changes for each measure, as appropriate.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Documentation showing calculation of levels of significance of changes for each measure.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Documentation (for each performance measure, as appropriate) showing confidence intervals of calculations when sampling methodology used.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Documentation of sources of any supporting external data or prior years' data used in reporting (for each performance measure, as appropriate).		X	There are no rotated measures, however, FG does look for statistically significant differences between prior and current years' data.

ATTACHMENT F

Data and Processes Used to Calculate and Report Performance Measures-Findings

Audit Element	Met	Not Met	N/A	Comments
Measurement plans and policies which stipulate and enforce documentation of data requirements, issues, validation efforts and results. These include:				
• Data file and field definitions used for each measure.	X			
• Maps to standard coding if not used in original data collection.	X			Centene creates the list of nonstandard codes annually based on codes used at least 50 times during the year. These codes are then sent to the auditor to be verified and then loaded into the McKesson system.
• Statistical testing of results and any corrections or adjustments made after processing.	X			
Documentation of programming specifications (which may be either a schematic diagram or in narrative form) for each measure includes at least the following:				
• All data sources, including external data (whether from a vendor, public registry, or other outside source), and any prior years' data (if applicable).	X			
• Detailed medical record review methods and practices, including the qualifications of medical record review supervisor and staff; reviewer training materials; audit tools used, including completed copies of each record-level reviewer determination; all case-level critical performance measure data elements used to determine a positive or negative event or exclude a case from same; and inter-rater reliability testing procedures and results.		X Partially Met		Data tool instructions for the Prenatal and Postpartum Care indicator were incomplete. Missing were instructions to capture the detailed findings of the measured event for the "Timeliness of Prenatal Care" indicator. These findings would include the specific tests meeting the HEDIS requirements and qualifying as a positive numerator event. While this level of documentation may not directly affect the results, capturing this level of detail would enhance data quality by insuring abstractors are correctly identifying positive numerator events by capturing the appropriate tests. The data collection is currently not structured to capture the specific tests, but these findings could be added to the Comment section of the tool. A second area noted to be incomplete regarding the "Timeliness of Prenatal Care" indicator involved the criteria used to verify a positive numerator event. The HEDIS specifications list four criteria indicating timeliness of

ATTACHMENT F

Audit Element	Met	Not Met	N/A	Comments
				prenatal care. The fourth criteria involves any visit to a specified provider with a diagnosis of pregnancy and applies to members whose last enrollment segment was after 219 days prior to delivery. The Primaris data field instructions do not contain the enrollment qualifier. Data tool instructions are misleading for the Comprehensive Diabetes measure regarding the "Monitoring for Diabetic Nephropathy" indicator. The instructions include additional key words, not contained in the HEDIS specifications, that indicate "medical attention for nephropathy." Two of the additional terms, "azotemia" and "increased creatinine", are not necessarily indicative of nephropathy. The Primaris representative agreed these two terms should be removed from the instructions as indicating "medical attention for nephropathy." Inter-rater reliability (IRR) was conducted for all medical record abstractors. The IRR standard was 95%.Abstractors not meeting the standard were provided education regarding their abstraction errors, but the IRR was not re-tested to confirm the educational intervention was successful. Over-reads were conducted by the abstraction supervisor on an ongoing basis for all abstractors.
• Detailed computer queries, programming logic, or source code used to identify the population or sample for the denominator and/or numerator			X	Not reviewed since this is a function of the McKesson software, which is NCQA certified and proprietary.
• If sampling used, description of sampling techniques, and documentation that assures the reviewer that samples used for baseline and repeat measurements of the performance measures were chosen using the same sampling frame and methodology.			X	
• Documentation of calculation for				Documentation was provided which

ATTACHMENT F

Audit Element	Met	Not Met	N/A	Comments
changes in performance from previous periods (if applicable), including statistical tests of significance.	X			contained comparison rates from 2005 to 2006. Tests of significance were included.
• Data that are related from measure to measure are consistent (e.g., membership counts, provider totals, number of pregnancies and births).	X			The McKesson software uses the same database for all measures.
• Appropriate statistical functions are used to determine confidence intervals when sampling is used in the measure.			X	Not reviewed since this is a function of the McKesson software, which is NCQA certified and proprietary.
• When determining improvement in performance between measurement periods, appropriate statistical methodology is applied to determine levels of significance of changes.	X			

ATTACHMENT G

Policies, Procedures, Data and Information Used to Produce Denominators - Documentation Review

Policies, Procedures, Data, Information to be reviewed	Reviewed	Not Reviewed	Comments
Policies to assign unique membership ID that allows all services to be properly related to the specific appropriate enrollee, despite changes in status, periods of enrollment or disenrollment, or changes across product lines (e.g., Medicare and Medicaid).	X		This is a function of the McKesson software, which is NCQA certified and proprietary.
Procedures to identify, track, and link member enrollment by product line, product, geographic area, age, gender, member months, member years.	X		This is a function of the McKesson software, which is certified and proprietary. Analyst does have access to back-end tables for some calculations.
Procedures to track individual members through enrollment, disenrollment, and possible re-enrollment.	X		This is a function of the McKesson software, which is NCQA certified and proprietary.
Procedures to track members through changes in family status, changes in employment or benefits or managed care type (if they switch between Medicaid coverage and another product within the same MCO).	X		This is a function of the McKesson software, which is NCQA certified and proprietary.
Methods to define start and cessation of coverage.	X		This is a function of the McKesson software, which is NCQA certified and proprietary.
Procedures to link member months to member age.	X		This is a function of the McKesson software, which is NCQA certified and proprietary.
Description of software or programming languages used to query each database.	X		Analyst uses ACCESS to query database.
Programming logic and/or source code for arithmetic calculation of each measure.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Programming logic and/or source code for measures with complex algorithms, to ensure adequate matching and linkage among different types of data.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Member database.	X		
Provider data (including facilities, labs, pharmacies, physicians, etc.).	X		
Database record layout and data dictionary.	X		
Survey data.		X	Survey data was not part of this review.

ATTACHMENT H

Denominator Validation-Findings

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.				
All members who were eligible to receive the specified services were included in the initial population from which the final denominator was produced. This "at risk" population included both members who received the services, as well as those who did not. This same standard applies to provider groups or other relevant populations identified in the specifications of each performance measure.	X			
Adequate programming logic or source code exists to appropriately identify all "relevant" members of the specified denominator population for each of the performance measures.				
For each measure, programming logic or source code which identifies, tracks, and links member enrollment within and across product lines (e.g., Medicare and Medicaid), by age and sex, as well as through possible periods of enrollment and disenrollment, has been appropriately applied according to the specifications of each performance measure.	X			
Calculations of continuous enrollment criteria were correctly carried out and applied to each measure (if applicable).	X			
Proper mathematical operations were used to determine patient age or range.	X			
The MCO can identify the variable(s) that define the member's sex in every file or algorithm needed to calculate the performance measure denominator, and the MCO can explain what classification is carried out if neither of the required codes is present.	X			

ATTACHMENT H

Audit Element	Met	Not Met	N/A	Comments
Correct calculation of member months and member years.				
The MCO has correctly calculated member months and member years, if applicable to the performance measure.	X			
Completeness and accuracy of the codes used to identify medical events has been identified and the codes have been appropriately applied.				
The MCO has properly evaluated the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes have been appropriately identified and applied as specified in each performance measure.	X			
Specified time parameters are followed.				
Any time parameters required by the specifications of the performance measure are followed (e.g., cut off dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	X			
Exclusion criteria included in the performance measure specifications have been followed.				
Performance measure specifications or definitions that exclude members from a denominator were followed. For example, if a measure relates to receipt of a specific service, the denominator may need to be adjusted to reflect instances in which the patient refuses the service or the service is contraindicated.	X			
Systems to estimate populations which cannot be accurately counted exist and are utilized when appropriate.				
Systems or methods used by the MCO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	X			

ATTACHMENT I

Policies, Procedures, Data, and Information Used to Produce Numerators - Documentation Review

Documentation	Reviewed	Not Reviewed	Comments
For performance measures which are easily under-reported, procedures to capture data that may reside outside the MCO data sets.	X		
Procedures for mapping non-standard codes to standard coding to ensure consistency, completeness, and reproducibility.	X		
Policies, procedures, and materials that evidence proper training, supervision, and adequate tools for medical record abstraction tasks. (May include medical record abstraction tools, training material, checks of inter-rater reliability, etc.)	X		
Procedures for assuring that combinations of record-review data with administratively determined data are consistent and verifiable.	X		
MCO's use of codes to identify medical events were correctly evaluated when classifying members for inclusion or exclusion in the numerator.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Evidence that MCO has counted each member and/or event only once.	X		
Programming logic or demonstration that confirms that any non-standard codes used in determining the numerator have been mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible.	X		
Programming logic or source code that identifies process for integrating administrative and medical record data for numerator.		X	Unable to verify due to proprietary issues involving the McKesson software.
Programming logic and/or source code for arithmetic calculation of each measure.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Programming logic and/or source code for measures with complex algorithms, to ensure adequate matching and linkage among different types of data.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.

ATTACHMENT J

Numerator Validation-Findings

Audit Element	Met	Not Met	N/A	Comments
All appropriate data are used to identify the entire at-risk population.				
The MCO has used the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	X			
The MCO has in place and utilizes procedures to capture data for those performance indicators that could be easily under-reported due to the availability of services outside the MCO.			X	**I**mmunization data is often under-reported. Per KHPA, FG is only required to complete the administrative measure since KFMC completes the full hybrid measure for all three (HW19, HW21 & HCK) programs. However, this year FG added a Medical record component and FG's hybrid rates were inconsistent (generally lower) with KFMC's rates. FG is researching the issue. For purposes of validation, KFMC only validated FG's Immunization Administrative measure.
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services				
The MCO's use of codes used to identify medical events are complete, accurate, and specific in correctly describing what has transpired and when.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
The MCO correctly evaluated medical event codes when classifying members for inclusion or exclusion in the numerator.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
The MCO has avoided or eliminated all double-counted members or numerator events.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
Any non-standard codes used in determining the numerator have been mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible as evidenced by a review of the programming logic or a demonstration of the program.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
Any time parameters required by the specifications of the performance measure are adhered to (i.e., that the measured event occurred during the time period specified or defined in the performance measure).	X			This is a function of the McKesson software, which is NCQA certified and proprietary.

ATTACHMENT J

Audit Element	Met	Not Met	N/A	Comments
Medical record data extracted for inclusion in the numerator are properly collected.				
Medical record reviews and abstractions have been carried out in a manner that facilitates the collection of complete, accurate, and valid data.	X			
• Record review staff have been properly trained and supervised for the task.	X			
• Record abstraction tools require the appropriate notation that the measured event occurred.		X Partially Met		The data collection instructions and tool were noted to be incomplete regarding the "Timeliness of Prenatal Care" indicator involving the criteria used to verify a positive numerator event. The HEDIS specifications list four criteria indicating timeliness of prenatal care. The fourth criteria involves any visit to a specified provider with a diagnosis of pregnancy and applies to members whose last enrollment segment was after 219 days prior to delivery. The Primaris data field instructions do not contain the enrollment qualifier.
• Record abstraction tools require notation of the results or findings of the measured event (if applicable).		X Partially Met		Data tool instructions for the Prenatal and Postpartum Care indicator were incomplete. Missing were instructions to capture the detailed findings of the measured event for the "Timeliness of Prenatal Care" indicator. These findings would include the specific tests meeting the HEDIS requirements and qualifying as a positive numerator event. While this level of documentation may not directly affect the results, capturing this level of detail would enhance data quality by insuring abstractors are correctly identifying positive numerator events by capturing the appropriate tests. The data collection is currently not structured to capture the specific tests, but these findings could be added to the Comment section of the tool.

ATTACHMENT J

Audit Element	Met	Not Met	N/A	Comments
• Data included in the record extract files are consistent with data found in the medical records as evidenced by a review of a sample of medical record for applicable performance measures.	X			
The process of integrating administrative data and medical record data for the purpose of determining the numerator is consistent and valid.	X			

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Comprehensive Diabetes – LDL-C Controlled: LDL-C < 130 (HW19)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.	X		
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.	X		
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Comprehensive Diabetes – Retinal Eye Exam (HW19)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.	X		
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.		*X	
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

* - See page 9 of report for detail.

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Comprehensive Diabetes – HbA1c Testing (HW19)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.	X		
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.	X		
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Comprehensive Diabetes – Poorly Controlled HbA1C (HW19)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.	X		
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.	X		
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Comprehensive Diabetes – LDL-C Screening Performed (HW19)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.	X		
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.	X		
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Comprehensive Diabetes – LDL-C Controlled: LDL-C < 100 (HW19)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.	X		
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.	X		
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Comprehensive Diabetes – Nephropathy Monitored (HW19)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.		*X PM	
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.	X		
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

* See page 8 of report for detail.

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Prenatal and Postpartum Care – Timeliness of Prenatal Care (HW19/HW21)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	**X**		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCO network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.		*X PM	
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.	X		
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

***** See page 8 of report for detail.

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Prenatal and Postpartum Care – Postpartum Care (HW19/HW21)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	**X**		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCO network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.	X		
	If hybrid method was used, the integration of administrative and medical record data was adequate.	X		
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.	X		
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Childhood Immunizations (HW 19/HW 21)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.			X
	If hybrid method was used, the integration of administrative and medical record data was adequate.			X
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.			X
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Well Child Visits 1st 15 Months (HW 19/HW 21)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.			X
	If hybrid method was used, the integration of administrative and medical record data was adequate.			X
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.			X
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Well Child Visit Age 3,4,5 and 6 (HW 19/HW 21)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	**X**		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.			X
	If hybrid method was used, the integration of administrative and medical record data was adequate.			X
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.			X
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Adolescent Care Visits (HW 19/HW 21)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.			X
	If hybrid method was used, the integration of administrative and medical record data was adequate.			X
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.			X
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Child Access to Primary Care (HW 19/HW 21)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.			X
	If hybrid method was used, the integration of administrative and medical record data was adequate.			X
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.			X
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT K

PERFORMANCE MEASURE VALIDATION WORKSHEET				
PERFORMANCE MEASURE: Outpatient Drug Utilization (HW 19/HW 21)				
Validation Component	**Audit Element**	**Meets Validation Requirements**		
		Yes	**No**	**N/A**
Documentation	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, computer source code.	X		
Denominator	Data sources used to calculate the denominator (e.g., claims files, medical records, provider files, pharmacy records) were complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the denominator of the performance measure (e.g., member ID, age, sex, continuous enrollment calculation, clinical codes such as ICD-9, CPT-4, DSM-IV, member months calculation, member years calculation, adherence to specified time parameters).	X		
Numerator	Data sources used to calculate the numerator (e.g., member ID, claims files, medical records, provider files, pharmacy records, including those for members who received the services outside the MCOs network) are complete and accurate.	X		
	Calculation of the performance measure adhered to the specifications for all components of the numerator of the performance measure (e.g., clinical codes such as ICD-9, CPT-4, DSM-IV, pharmacy data, relevant time parameters such as admission/discharge dates or treatment start and stop dates, adherence to specified time parameters, number or type of provider).	X		
	If medical record abstraction was used, documentation/tools were adequate.			X
	If hybrid method was used, the integration of administrative and medical record data was adequate.			X
	If hybrid method or solely medical record review was used, the results of the medical record review validation substantiate the reported numerator.			X
Sampling	Sample was unbiased.	X		
	Sample treated all measures independently.	X		
	Sample size and replacement methodologies met specifications.	X		
Reporting	State specifications for reporting performance measures were followed.	X		

ATTACHMENT L
MRR Findings

HW19 Comprehensive Diabetes – LDL-C Controlled (LDL-C< 130)

Performance measure	Number of MRR Positives Selected for Audit	Number of Medical Records Received	Number of Medical Records Found to be Compliant	Accuracy Rate (%) (D/B)	Error Rate (%) (100% - E)
LDL-C controlled; LDL-C <130	31	31	30	96.8%	3.2%

HW19 Comprehensive Diabetes – Retinal eye exam

Performance measure	Number of MRR Positives Selected for Audit	Number of Medical Records Received	Number of Medical Records Found to be Compliant	Accuracy Rate (%) (D/B)	Error Rate (%) (100% - E)
Retinal eye exam	7 *	7	4	57.1%	42.9%

HW19 Prenatal and Postpartum Care – Timeliness of Prenatal Care

Performance measure	Number of MRR Positives Selected for Audit	Number of Medical Records Received	Number of Medical Records Found to be Compliant	Accuracy Rate (%) (D/B)	Error Rate (%) (100% - E)
Timeliness of Prenatal Care	33	33	30	90.9%	9.1%

HW21 Prenatal and Postpartum Care – Timeliness of Prenatal Care

Performance measure	Number of MRR Positives Selected for Audit	Number of Medical Records Received	Number of Medical Records Found to be Compliant	Accuracy Rate (%) (D/B)	Error Rate (%) (100% - E)
Timeliness of Prenatal Care	4 *	4	4	100%	0%

* - Total number of positive numerator events.

ATTACHMENT M

Impact of MRR Findings

Line #	Description	Comprehensive Diabetes LDL-C Control (HW19)	Comprehensive Diabetes Retinal Eye Exam (HW19)	Prenatal Care (HW19)	Prenatal Care (HW21)
1	Final Data Collection Method Used (e.g., MRR, hybrid,)	Hybrid	Hybrid	Hybrid	Hybrid
2	Error Rate (Percentage of records selected for audit that were identified as not meeting numerator requirements, as shown in TABLE 4, column F)	3.2%	42.9%	9.1%	0%
3	Is error rate < 10%? (Yes or No) --If yes, MCO passes MRR validation; no further MRR calculations are necessary. --If no, the rest of the spreadsheet will be completed to determine the impact on the final rate.	YES	NO	YES	YES
4	Denominator (The total number of members identified for the denominator of this measure, as identified by the MCO)	NA	230	NA	NA
5	Weight of Each Medical Record (Impact of each medical record on the final overall rate; determined by dividing 100% by the denominator in line 4.)	NA	0.4%	NA	NA
6	Total Number of MRR Numerator Positives identified by the MCO using MRR.	NA	7	NA	NA
7	Expected Number of False Positives (Estimated number of medical records inappropriately counted as numerator positives; determined by multiplying the Error Rate in line 2 by line 6, the total number of MRR numerator positives reported.)	NA	3	NA	NA
8	Estimated Bias in Final Rate (The amount of bias caused by medical record review, measured in percentage points; determined by multiplying the Expected Number of False Positives in line 7 by line 5, the Weight of Each Medical Record.)	NA	1.3%	NA	NA

ATTACHMENT N

Policies, Procedures, Data, and Information Used to Implement Sampling - Documentation Review

Documents	Reviewed	Not Reviewed	Comments
Description of software used to execute sampling sort of population files when sampling (systematic) is used.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Policies to maintain files from which the samples are drawn in order to keep population intact in the event that a sample must be re-drawn, or replacements made.	X		
Computer source code or logic identifying specified sampling techniques, and documentation that the logic matches the specifications set forth for each performance measure, including sample size and exclusion methodology.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Methods used for sampling for measures calling for hybrid data or medical record review.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Documentation assuring that sampling methodology treats all measures independently, and that there is no correlation between drawn samples.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Observation of or documentation of procedures in which a biased sample was identified and corrected.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.
Documentation of “frozen” or archived files from which the samples were drawn, and if applicable, documentation of the MCO’s process to re-draw a sample or obtain necessary replacements.		X	This is a function of the McKesson software, which is NCQA certified and proprietary.

ATTACHMENT O

Sampling Validation-Findings

Audit Element	Met	Not Met	N/A	Comments
The MCO has followed the specified sampling method to produce an unbiased sample which is representative of the entire at-risk population.				
• Each relevant member or provider had an equal chance of being selected; no one was systematically excluded from the sampling.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
• The MCO followed the specifications set forth in the performance measure regarding the treatment of sample exclusions and replacements, and if any activity took place involving replacements of or exclusions from the sample, the MCO kept adequate documentation of that activity.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
• Each provider serving a given number of enrollees had the same probability of being selected as any other provider serving the same number of enrollees.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
• The MCO examined its sampled files for bias, and if any bias was detected, the MCO is able to provide documentation that describes any efforts taken to correct it.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
• The sampling methodology employed treated all measures independently, and there is no correlation between drawn samples.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
• Relevant members or providers who were not included in the sample for the baseline measurement had the same chance of being selected for the follow-up measurement as providers who were included in the baseline.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.

ATTACHMENT O

Audit Element	Met	Not Met	N/A	Comments
The MCO maintains its performance measurement population files/ data sets in a manner which allows a sample to be re-drawn, or used as a source for replacement.				
• The MCO has policies and procedures to maintain files from which the samples are drawn in order to keep the population intact in the event that a sample must be re-drawn, or replacements made, and documentation that the original population is intact.	X			
Sample sizes collected conform to the methodology set forth in the performance measure specifications, and the sample is representative of the entire population.				
• Sample sizes meet the requirements of the performance measure specifications.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
• The MCO has appropriately handled the documentation and reporting of the measure if the requested sample size exceeds the population size.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
• The MCO properly oversampled in order to accommodate potential exclusions.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
For performance measures which include medical record reviews (e.g., hybrid data collections methodology), proper substitution methodology was followed.				
• Substitution applied only to those members who met the exclusion criteria specified in the performance measure definitions or requirements.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.
• Substitutions were made for properly excluded records and the percentage of substituted records was documented.	X			This is a function of the McKesson software, which is NCQA certified and proprietary.