

**The Primary Care Clinician (PCC) Plan  
A Primary Care Case Management Plan  
External Quality Review Technical Report  
Calendar Year 2017**



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# CONTRIBUTORS

## PROJECT MANAGEMENT

### **Cassandra Eckhof, M.S.**

Ms. Eckhof has over 25 years managed care and quality management experience and has worked in the private, non-profit, and government sectors. Her most recent experience was as director of Quality Management at a Chronic Condition Special Needs Plan for individuals with end-stage renal disease. Ms. Eckhof has a Master of Science degree in health care administration.

## PERFORMANCE MEASURE VALIDATION REVIEWER

### **Katharine Iskrant, CHCA, MPH**

Ms. Iskrant is a member of the NCQA Audit Methodology Panel and has been a Certified HEDIS<sup>®</sup> Compliance Auditor since 1998 directing more than 600 HEDIS<sup>®</sup> audits. She directed the consultant team that developed the original NCQA Software Certification Program<sup>SM</sup> on behalf of NCQA. She is a frequent speaker at HEDIS<sup>®</sup> vendor and health plan conferences, such as National Alliance of State Health CO-OPs (NASHCO) conferences. Ms. Iskrant received her BA from Columbia University and her MPH from UC Berkeley School of Public Health. She is a member of the National Association for Healthcare Quality and is published in the fields of healthcare and public health.

## **SECTION I: INTRODUCTION**

The Balanced Budget Act of 1997 was an omnibus legislative package enacted by the United States Congress with the intent of balancing the federal budget by 2002. Among its other provisions, this expansive bill authorized states to provide Medicaid benefits (except to special needs children) through managed care entities. Regulations were promulgated including those related to the quality of care and service provided by managed care entities to Medicaid beneficiaries. An associated regulation requires that an External Quality Review Organization (EQRO) conduct an analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that a managed care entity or its contractors furnish to Medicaid recipients. In Massachusetts, KEPRO has entered into an agreement with the Commonwealth to perform EQR services to its contracted managed care entities, i.e., managed care organizations, integrated care organizations (effective September 30, 2016), prepaid inpatient health plans, primary care case management plans, and senior care organizations.

The MassHealth Primary Care Clinician Plan is classified as a primary care case management plan. Because it is a state-operated plan, it is not subject to the external quality review requirements of the Balanced Budget Act. The state voluntarily participates in the performance measure validation process.

KEPRO's report on the Primary Care Clinician Plan follows.

### **SCOPE OF THE EXTERNAL QUALITY REVIEW PROCESS**

KEPRO validated two administrative performance measures and one hybrid measure for the PCC Plan in the CY 2017 review cycle. It also conducted an information systems capabilities analysis.

### **PRIMARY CARE CLINICIAN (PCC) PLAN DESCRIPTION**

The MassHealth Primary Care Clinician (PCC) Plan is a primary care case management managed care program administered by the Executive Office of Health and Human Services (EOHHS). As of December 26, 2016, 385,912 individuals statewide were enrolled in the PCC Plan. Members' behavioral health services are managed through the Massachusetts Behavioral Health Partnership (MBHP), a Beacon Health Options company.

## SECTION II: PERFORMANCE MEASURE VALIDATION

The Performance Measure validation process assesses the accuracy of performance measures reported by the managed care entity. It determines the extent to which the managed care entity follows state specifications and reporting requirements. In addition to validation processes and the reported results, KEPRO evaluates performance trends in comparison to national benchmarks as well as any interventions the plan has in place to improve upon reported rates and health outcomes. KEPRO validates two to three performance measures annually for the PCC Plan.

### METHODOLOGY

The two-step Performance Measure Validation process consists of a desk review of documentation submitted by the managed care organization as well as an onsite review. The desk review affords the reviewer an opportunity to become familiar with plan systems and data flows. At the onsite review, the reviewer confirms information contained in the Data Acquisition Questionnaire, inspects information systems, and by interviewing staff, obtains clarification about performance measurement and information transfer processes.

MassHealth requested the validation of three HEDIS® performance measures for the PCC Plan:

1. **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)** – The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
2. **Postpartum Care component of Prenatal and Postpartum Care (PPC)** - The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
3. **Annual Monitoring for Patients on Persistent Medications (MPM)** - The percentage of adults who had persistent use of a medication and had a least one monitoring event for that medication during the measurement year. Three individual rates (annual monitoring for members on 1. ACE or ARB medication<sup>1</sup>; 2. digoxin; and 3. diuretics) and a total rate are reported. It was the total rate that was validated in Calendar Year 2017.

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<sup>1</sup> Angiotensin II receptor blockers (ACE OR ARB medication) can be used to treat coronary artery disease, heart failure, high blood pressure, or kidney disease. ACE is an acronym for “angiotensin-converting enzyme (ACE) inhibitor.” ARB is an acronym for “angiotensin II receptor blocker (ARB).”



For the 2016 external quality review, the PCC Plan submitted the documentation that follows:

Document Submitted	Purpose of KEPRO Review
Data Acquisition Questionnaire	Reviewed to assess health plan systems and processes related to performance measure production.
2016 HEDIS Interactive Data Submission System (IDSS) and previous two years IDSS, as available	Used to compile final rates for comparison to prior years' performance and industry standard benchmarks.
List of numerator positives for hybrid measure, and medical records for randomly selected sample as requested by auditor	Used to generate a random sample of medical records for independent review to confirm accuracy of medical record review process.
Follow-up documentation as requested by the reviewer	To obtain missing or incomplete information, support and validate plan processes, and verify the completeness and accuracy of information provided in the Roadmap, onsite interviews, and systems demonstrations.

## INFORMATION SYSTEMS CAPABILITY ASSESSMENT

The focus of the Information Systems Capability Assessment is on the components of the PCC Plan's information systems that contribute to performance measure production. This is to ensure that the system can collect data on enrollee and provider characteristics and on services furnished to enrollees through an encounter data system or other methods. The system must be able to ensure that data received from providers are accurate and complete and verify the accuracy and timeliness of reported data; screen the data for completeness, logic, and consistency; and collect service information in standardized formats to the extent feasible and appropriate.

### Claims and Encounter Data

PCC Plan claims and encounters are processed in the Massachusetts Medicaid Management Information System (MMIS). MMIS captures all necessary fields for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. Most claims were submitted electronically and there were adequate monitoring processes in place to identify issues. MMIS had sufficient claims editing and coding review processes. For the small volume of paper claim submissions, MassHealth's Customer Service vendor, Maximus, was responsible for the direct data entry function of paper claims. There were no concerns with the processing of electronic or manual claims. The PCC Plan contracted with the Massachusetts Behavioral Health Partnership (MBHP) to process behavioral health claims. MBHP processed claims using all standard codes, standard claims forms, and the capture of all required fields. The PCC Plan had robust processes in place for tracking and reporting of MBHP data including flags for alert when the volume change was greater or less than 5 percent of monthly volume. The PCC Plan contracted with DXC, a Xerox company, to process pharmacy claims. DXC processed the pharmacy claims through the pharmacy online payment system (POPS) and the PCC Plan paid pharmacy claims. There were adequate processes in place to monitor pharmacy data including

processes to reconcile pharmacy reversals. There were no concerns identified with data completeness. There were no issues identified with claims or encounter data processing.

### **Enrollment Data**

The PCC Plan processed enrollment data using the MMIS system. All necessary enrollment fields are captured for HEDIS reporting. Member enrollment data was housed within MMIS. Enrollment data was fed into MMIS by the Health Insurance Exchange (HIX) managed by Optum, which processed incoming applications and determined eligibility. In addition, the MA-21 system was used to capture disability and long-term needs eligibility. MAXIMUS served as the customer service center and updated eligibility information directly into the live system. Eligibility information from these sources updated within 24 hours. The PCC Plan used eligibility information within MMIS and used the member Medicaid identification (ID) number. There were no issues identified with enrollment processes.

### **Medical Record Review**

The Prenatal and Postpartum Care Postpartum numerator is the only PCC Plan Performance Measure Validation indicator calculated using medical records. The medical record review that was conducted for the numerator was fully accurate. A sample of 30 numerator-positive hybrid cases and all hybrid exclusions were reviewed during the onsite visit and all were in full compliance with the HEDIS specifications.

### **Supplemental Data**

The PCC Plan did not use supplemental data sources. Therefore, this section was not applicable.

### **Data Integration**

The PCC Plan's performance measure rates were produced using Cognizant software. Data from the transaction system, MMIS, were loaded to the data warehouse. Vendor data feeds from MBHP and POPS were also loaded to the warehouse. Data were then formatted into Cognizant-compliant extracts and loaded into the measure production software. The PCC Plan had adequate processes to track completeness and accuracy of data at each transfer point. Preliminary rates were thoroughly reviewed by the plan. During the onsite audit, PCC Plan staff members provided a system demonstration of Cognos, the front-end view of the data warehouse. There were no issues identified with the HEDIS data integration processes.

### **Source Code**

The PCC Plan used NCQA-certified Cognizant HEDIS software to produce performance measures. Cognizant received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

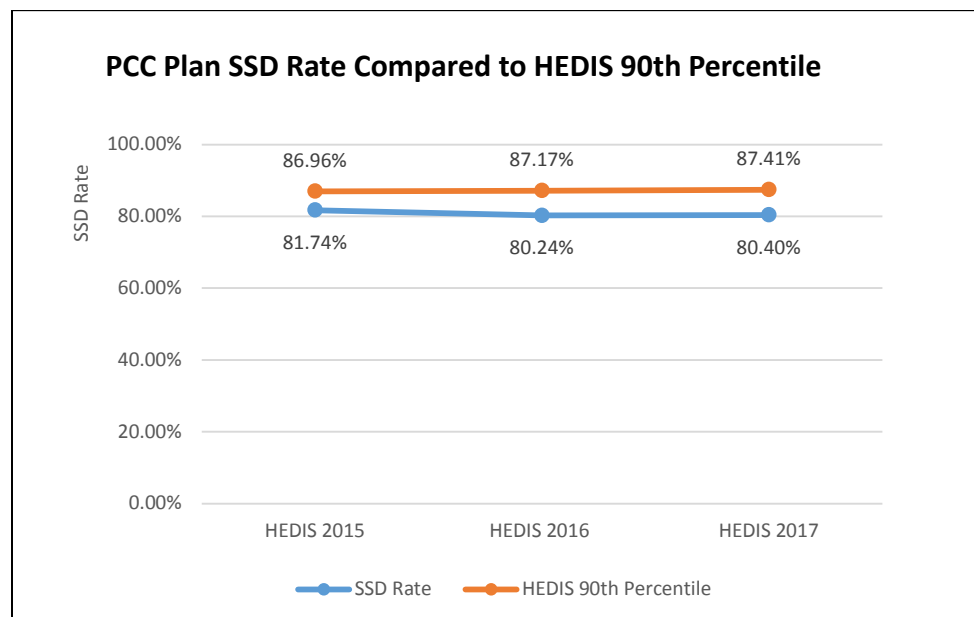


## PERFORMANCE MEASURE RESULTS

Graphs that depict the PCC Plan's performance in measures selected by MassHealth for validation follow. The NCQA National Medicaid Quality Compass 90th percentile is included for comparison purposes.

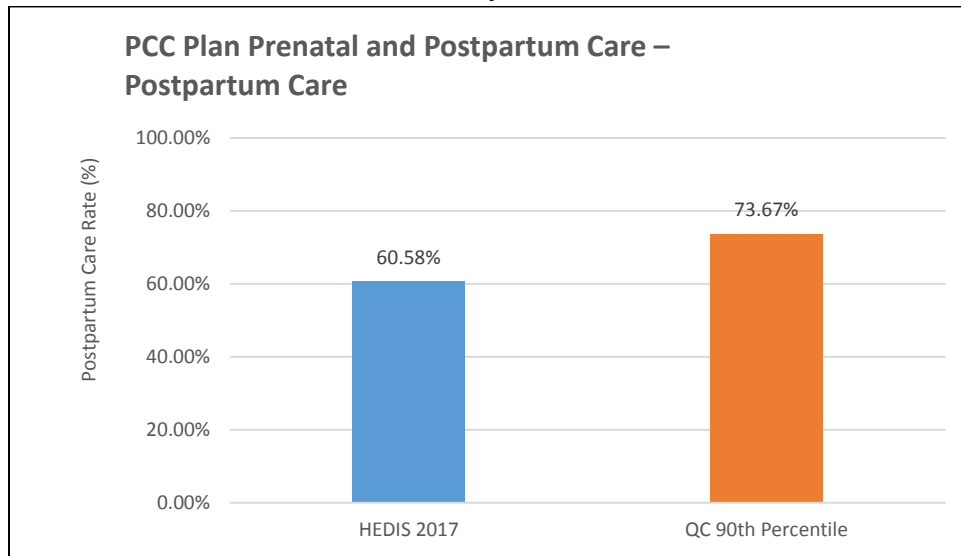
**Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)** - The PCC Plan's SSD performance rate increased 0.16 percentage points between HEDIS® 2016 and 2017. This change was not statistically significant. The plan's performance rate is between the 33rd and 50th Medicaid National Quality Compass percentiles, which is unchanged from last year.

**Exhibit 1: HEDIS 2017 PPC Plan SSD Performance**



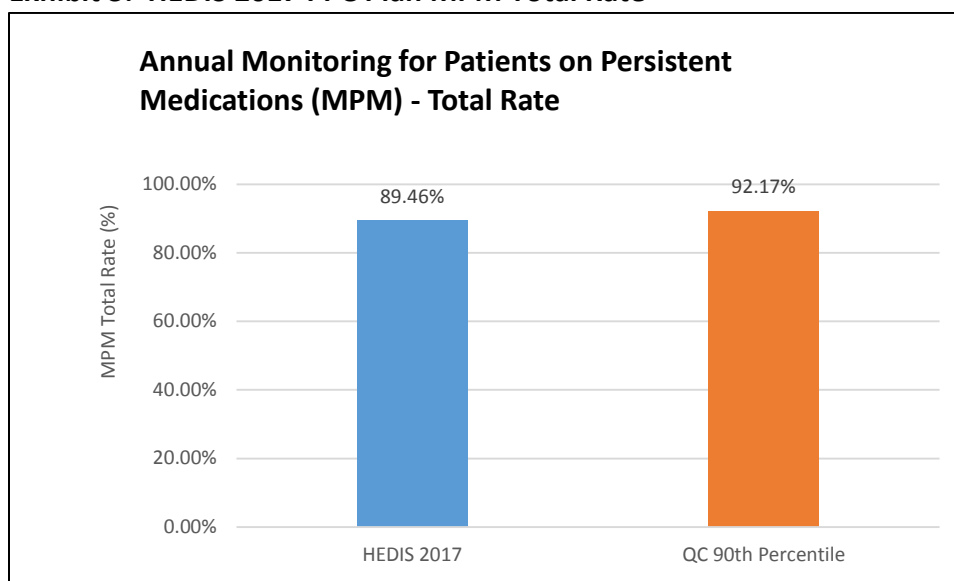
**Postpartum Care (PPV)** – Calendar Year 2017 represents the first year in which the PPV measure was validated for the PCC Plan. The PCC Plan’s 60.58% performance rate falls between the 25th and 33rd percentiles of the NCQA Medicaid National Quality Compass.

**Exhibit 2: HEDIS 2017 PPC Plan Postpartum Care Performance**



**Annual Monitoring for Patients on Persistent Medications (MPM)** – Calendar Year 2017 also represents the first year in which the MPM measure was validated for the PCC Plan. Its 89.46% performance rate falls between the 66th and 75th percentiles of the NCQA Medicaid National Quality Compass.

**Exhibit 3: HEDIS 2017 PPC Plan MPM Total Rate**



## MEASURE-SPECIFIC VALIDATION DESIGNATION

The table below depicts the validation designation for each of the measure validated by KEPRO in Calendar Year 2017.

**Exhibit 4. Measure-Specification Validation Designation**

Measure-Specific Validation Designation		
Performance Measure	Validation Designation	Definition
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Valid measure (no bias)	Measure data were compliant with NCQA specifications and the data, as reported, were valid.
Postpartum Care component of Prenatal and Postpartum Care	Valid measure (no bias)	Measure data were compliant with NCQA specifications and the data, as reported, were valid.
Annual Monitoring for Patients on Persistent Medications (MPM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications and the data, as reported, were valid.

## PLAN & PROJECT STRENGTHS

The PCC Plan:

- Uses an NCQA-certified vendor for the HEDIS code.
- Collects, reports, and undergoes an audit of performance measures on a voluntary basis which provides transparency and accountability of performance.
- Staff are knowledgeable and proficient in performance measure data collection and reporting processes.
- Has a well-documented process and measure-specific forms that were used to conduct internal primary source verification for members in the Cognizant measure-specific data and trace back into the source systems' data to confirm that the software logic was being applied correctly.

## OPPORTUNITIES

- The PCC Plan performance rate for SSD represents an opportunity for improvement as the HEDIS 2017 rate is below the Quality Compass 50th national Medicaid percentile.
- The PCC Plan performance rate for Postpartum Care represents an opportunity for improvement as the HEDIS 2017 rate is below the Quality Compass 50th national Medicaid percentile.

## RECOMMENDATIONS

- KEPRO recommends that the PCC Plan consider using supplemental data for PMV measure reporting.

## FOLLOW UP TO CALENDAR YEAR 2016 RECOMMENDATIONS

CMS requires that EQROs follow up on the status of recommendations made in the prior reporting year. An update on calendar year 2016 PMV recommendation follows:

### Exhibit 5: Update on PCC Plan 2016 Recommendations

Recommendations Made in 2016	2017 Follow Up
Consider conducting root-cause analyses with MBHP and explore the feasibility of developing targeted interventions aimed at improving performance measure rates.	PCCP partners well with MBHP to improve performance measures.

## CONCLUSION

*In summary, KEPRO's validation review of the selected performance measures indicates that the Primary Care Clinician Plan's measurement and reporting processes were fully compliant with specifications and were methodologically sound.*

# APPENDIX. PERFORMANCE VALIDATION WORKSHEETS

KEPRO uses the following ratings for PM review elements:

- **Met:** The PCC Plan correctly and consistently evidenced review element,
- **Partially met:** The PCC Plan partially or inconsistently evidenced review element; and
- **Not met:** The PCC Plan did not evidence review element or incorrectly evidenced review element.

# PERFORMANCE MEASURE VALIDATION: DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid
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Review Element	Rating	Comments
<b>DENOMINATOR</b>	[Met / Partially met / Not met]	[Comments apply only if review element is rated partially met or not met.]
<u>Population</u>		
Medicaid population was appropriately segregated from other product lines.	Met	
Members were aged 18-64 years of age.	Met	
Population was defined as being continuously enrolled during the measurement year, with no more than a one-month gap.	Met	
Members with schizophrenia or bipolar disorder were appropriately identified.	Met	
<u>Geographic Area</u>		
Includes only those Medicaid enrollees served in the PCC Plan's reporting area.	Met	
<b>NUMERATORS</b>		
<u>Administrative Data: Counting Clinical Events</u>		
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used	Met	
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.	Met	
Members were counted only once.	Met	
Data sources used to calculate the numerator (e.g., claims files, provider files, and pharmacy records, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.	Met	
<u>Data Quality</u>		
Based on the IS assessment findings, the data sources used were accurate.	Met	
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	
<u>Proper Exclusion Methodology in Administrative Data (if no exclusions were taken, mark as N/A)</u>		
Members with diabetes were excluded (required exclusion).	Met	
Members with no antipsychotic medications dispensed during the measurement year were excluded (required exclusion).	Met	
Members who were dispensed insulin or oral hypoglycemics/ antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis (required exclusion).	Met	

## PERFORMANCE MEASURE VALIDATION: POSTPARTUM CARE - POSTPARTUM

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid
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Review Element	Rating	Comments
<b>DENOMINATOR</b>	[Met / Partially met / Not met]	[Comments apply only if review element is rated partially met or not met.]
<u>Population</u>		
Medicaid population was appropriately segregated from other product lines.	Met	
Members were continuously enrolled 43 days prior to delivery through 56 days after delivery.	Met	
Women with live births were appropriately identified using both specified methods.	Met	
<u>Geographic Area</u>		
Includes only those Medicaid enrollees served in the MCO's reporting area.	Met	
<b>NUMERATOR – POSTPARTUM CARE</b>		
<u>Counting Clinical Events</u>		
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	
Data sources and decision logic used to calculate the numerators (e.g., claims files, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.	Met	
Members with postpartum visits within the postpartum timeframe were counted.	Met	
<u>Data Quality</u>		
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	
<u>Proper Exclusion Methodology in Administrative Data (if no exclusions were taken, mark as N/A)</u>		
There were no exclusions for this measure.	N/A	
<u>Medical Record Review Documentation Standards</u>		
Record abstraction tool required notation of the date of enrollment, date of delivery, and the date/number of prenatal visits and date/content of postpartum visits.	Met	
<u>Data Quality</u>		
The eligible population was properly identified.	Met	
Based on the IS assessment findings, data sources used for this numerator were accurate.	Met	
<u>Hybrid Measure</u>		
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	
If hybrid method or solely MRR was used, the results of the MRR validation substantiated the reported numerator.	N/A	



<b>SAMPLING</b>		
<u>Unbiased Sample</u>		
As specified in the NCQA specifications, systematic sampling method was utilized.	Met	
<u>Sample Size</u>		
After exclusions, the sample size was equal to 1) 411, 2) the appropriately reduced sample size, which used the current year's administrative rate or preceding year's reported rate, or 3) the total population.	Met	
<u>Proper Substitution Methodology in Medical Record Review (if no exclusions were taken, mark as N/A)</u>		
Excluded only members for whom MRR revealed 1) contraindications that correspond to the codes listed in appropriate specifications as defined by NCQA, or 2) data errors.	Met	
Substitutions were made for properly excluded records and the percentage of substituted records was documented.	Met	

## PERFORMANCE MEASURE VALIDATION: ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS (MPM)

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid
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Review Element	Rating	Comments
<b>DENOMINATOR</b>	[Met / Needs improvement / Not met]	[Comments apply only if review element is rated needs improvement or not met.]
<u>Population</u>		
Medicaid population was appropriately segregated from other product lines.	Met	
Members received at least 180 treatment days of ACE/ARB, digoxin, or diuretic medications.	Met	
<u>Geographic Area</u>		
Includes only those Medicaid enrollees served in the MCO's reporting area.	Met	
<u>Age &amp; Sex:</u> <u>Enrollment Calculation</u>		
Members are aged 18+ as of December 31 of the measurement year.	Met	
Population was defined as being continuously enrolled during the measurement year, with no more than a one-month gap.	Met	
<u>Data Quality</u>		
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	
<u>Proper Exclusion Methodology in Administrative Data (if no exclusions were taken, mark as N/A)</u>		
Members who had an inpatient (acute or non-acute) claim during the measurement year were excluded (optional exclusion).	Met	
<b>NUMERATOR</b>		
<u>Administrative Data: Counting Clinical Events</u>		
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.	Met	
Members were counted only once.	Met	
Members taking ACE/ARB or diuretics had at least one serum potassium test and at least one serum creatinine in the measurement year. Members taking digoxin had at least one serum potassium test, at least one serum creatinine, and at least one serum digoxin therapeutic monitoring test in the measurement year.	Met	

Review Element	Rating	Comments
Data sources used to calculate the numerator (e.g., claims files, provider files, and pharmacy records, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.	Met	

## PERFORMANCE MEASURE SAMPLING VALIDATION

Review Element	Rating	Comments
<i>The PCC Plan followed the specified sampling method to produce an unbiased sample representative of the entire at-risk population.</i>		
Each relevant member or provider had an equal chance of being selected; there were no systematic exclusions from the sample.	NA	
<i>The PCC Plan</i> followed the specifications set forth in the PM regarding the treatment of sample exclusions and replacements, and if any activity took place involving replacements or exclusions, the PCC Plan has adequate documentation of that activity.	NA	
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.	NA	
The PCC Plan mined its samples files for bias, and if any bias was detected, the PCC Plan has documentation describing efforts taken to correct for that bias.	NA	
The sampling methodology treated all measures independently, and there is no correlation between drawn samples.	NA	
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 those included in the baseline.	NA	
<i>The PCC Plan maintains its performance measurement population files / datasets in a manner allowing a sample to be re-drawn, or used as a source for replacement.</i>		
The PCC Plan has policies and procedures to maintain files from which 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.	NA	
Samples sizes met the requirements of performance measure specifications.	NA	
The PCC Plan appropriately handles the documentation and reporting of the measure if the requested sample size exceeds the population size.	NA	
The PCC Plan properly over-sampled in order to accommodate potential exclusions.	NA	
Substitution applied only to those members who met the exclusion criteria specified in performance measure definitions or requirements.	NA	
The PCC Plan made substitutions for properly excluded records and documented the percentage of substituted records.	NA	

## PERFORMANCE MEASURE DENOMINATOR VALIDATION

Review Element	Rating	Comments
<i>The PCC Plan included all members of the relevant populations identified in performance measure specifications in the population from which each denominator was produced.</i>		
The PCC Plan included in the initial populations from which the final denominators were produced all members eligible to receive the specified services. This at-risk population included both members who received the services, as well as those who did not receive the services. The same standard applied to provider groups or other relevant populations identified in the specifications of each performance measure.	Met	
For each performance measure, the PCC Plan appropriately applied according to specifications programming logic or source code identifying, tracking, and linking member enrollment within and across product lines, by age and sex, as well as through any periods of enrollment and disenrollment.	Met	
The PCC Plan correctly carried out and applied to each applicable performance measure calculations continuous enrollment criteria.	Met	
The PCC Plan used proper mathematic operations to determine patient age or range.	Met	
The PCC Plan can identify the variable(s) that define the member's sex in every file or algorithm needed to calculate performance measure denominators, and the PCC Plan can explain what classification it carried out if neither of the required codes were present.	Met	
For each applicable performance measure, the PCC Plan correctly calculated member months and member years.	Met	
The PCC Plan properly evaluated the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and appropriately identified and applied these codes as specified by each performance measure.	Met	
The PCC Plan followed any time parameters required by PM specifications; examples include cutoff dates for data collection, or counting 30 calendar days after discharge from a hospital.	Met	
The PCC Plan followed performance measure specifications or definitions that excluded members from a denominator. For example, if a performance measure relates to a specific service, the denominator may have required adjustment to reflect any instances in which the patient refuses the service or the service is contraindicated.	Met	

## PERFORMANCE MEASURE NUMERATOR VALIDATION

Review Element	Rating	Comments
<i>The PCC Plan used all appropriate data to identify the entire at-risk population.</i>		
The PCC Plan used appropriate data, including linked data from separate datasets, to identify the entire at-risk population.	Met	
The PCC Plan utilized procedures to capture data for those performance indicators that could easily be underreported due to the availability of services outside of the PCC Plan.	Met	
<i>The PCC Plan properly identified qualifying medical events, such as diagnoses, procedures, and prescriptions, and confirmed those events for inclusion in terms of time and services.</i>		
The PCC Plan's use of codes to identify medical events was complete, accurate, and specific in correctly describing what had transpired and when.	Met	
The PCC Plan correctly evaluated medical event codes when classifying members for inclusion in or exclusion from the numerator.	Met	
The PCC Plan avoided or eliminated all double-counted members or numerator events.	Met	
The PCC Plan adhered to any parameters required by performance measure specifications (e.g., the measure event occurred during the time period that the performance measure specified or defined).	Met	
The PCC Plan made substitutions for properly excluded records and documented the percentage of substituted records.	Met	
The PCC Plan carried out medical record reviews and abstractions in a manner that facilitated the collection of complete, accurate, and valid data.	Met	
Record review staff were properly trained and supervised for the task.	Met	
Record abstraction tools required the appropriate notation that the measure event occurred.	Met	
Record abstraction tools required notation of the results or findings of the measured event, as applicable.	Met	
Data in the record extract files were consistent with data in the medical records as evidenced by a review of a sample of medical records for applicable performance measures.	Met	
The process of integrating administrative and medical record data for the purpose of determining the numerator was consistent and valid.	Met	

## DATA AND PROCESSES TO CALCULATE AND REPORT PERFORMANCE MEASURES

Review Element	Rating	Comments
<i>The PCC Plan has measurement plans and policies stipulating and enforcing documentation of data requirements, issues, validation efforts, and results.</i>		
The PCC Plan documented data file and field definitions for each performance measure.	Met	
The PCC Plan documented maps to standard coding if not used in the original data collection.	Met	
The PCC Plan conducted statistical testing of results and made any correction or adjustments after processing.	Met	
The PCC Plan documented all data sources, including external data (whether from a vendor, public registry, or other outside source), and any prior years' data, if applicable.	Met	
The PCC Plan documented detailed medical record review methods and practices, including the qualifications of record review supervisors and staff persons; training materials; tools, including completed copies of each record-level reviewer determination; all case-level critical performance measure data elements to determine either a positive or negative event, or exclusion; and inter-rater reliability testing procedures and results.	NA	
The PCC Plan documented detailed computer queries, programming logic, or source code to identify the population or sample for the denominator and/or numerator.	Met	
If the PCC Plan employed sampling, the PCC Plan documented sampling techniques, and documentation that assures the reviewer that the PCC Plan chose samples for performance measure baseline and repeat measurements that used the same sampling frame and methodology.	NA	
The PCC Plan documented calculations for changes in performance from previous periods, as applicable, including tests of statistical significance.	Met	
Data that are related from measure to measure, such as membership counts, provider totals, or number of pregnancies and births, are consistent.	Met	
The PCC Plan uses appropriate statistical functions to determine confidence intervals when it uses sampling.	Met	
When determining improvement in performance between measurement periods, the PCC Plan applies appropriate statistical methodology to determine levels of significance of changes.	Met	



## DATA INTEGRATION AND CONTROL

Review Element	Rating	Comments
<i>The PCC Plan has in place processes to ensure the accuracy of data transfers to assigned performance measure repository.</i>		
The PCC Plan accurately and completely processes transfer data from transaction files, such as members, provider, and encounter/claims, into the repository used to keep the data until the calculations of the performance measures have been completed and validated.	Met	
The PCC Plan's processes to consolidate diversified files, and to extract required information from the performance measure repository, are appropriate.	Met	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	Met	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary to PM reporting are lost or inappropriately modified during transfer.	Met	
The repository's design, program flow charts, and source codes enable analyses and reporting.	Met	
The PCC Plan employs proper linkage mechanisms to join data from all necessary sources; for example, identifying a member with a given disease/condition.	Met	
The PCC Plan follows prescribed cutoff dates.	Met	
The PCC Plan retains copies of files or databases for performance measure reporting in the case that it must reproduce results.	Met	
The PCC Plan properly documented reporting software program with respect to every aspect of the performance measure reporting repository, including building, maintaining, managing, testing, and report production.	Met	
The PCC Plan's processes and documentation comply with its standards associated with reporting program specifications, code review, and testing.	Met	
The PCC Plan followed any time parameters required by performance measure specifications, such as cutoff dates for data collection or counting 30 calendar days after discharge from a hospital.	Met	
The PCC Plan follows performance measure specifications of definitions that exclude eligible members from a denominator. For example, if a measure relates to a select age group, the denominator may need to be adjusted to reflect only those members within that age group.	Met	

