

CenCal Health Quality Measurement

As the gold standard in Managed Care Organization performance measurement, the Health Plan Employer Data and Information Set (HEDIS) is one of the primary tools CenCal Health uses to measure the quality of health care provided to our members. HEDIS provides a standardized methodology that is used nationally by managed care plans and regulators to evaluate various aspects of managed care quality.

HEDIS reporting must be accomplished by June 15 each year. HEDIS review begins for CenCal Health in October, when a process is initiated to analyze claims data in strict accordance with HEDIS specifications. There are several steps to this process:

- ◆ Identify members who qualify for inclusion in the HEDIS measures. Members may be included in a measure on the basis of enrollment period, age, or diagnosis.
- ◆ Select a statistically significant sample of qualifying members for each measure denominator. The standard sample size is 432 members for each HEDIS measure. Based on prior performance, however, reductions are sometimes allowed.
- ◆ Identify through claims data those members in the denominator who have proof of the HEDIS service. These “administrative positives” are counted in the HEDIS measure rate without need for further data review. Administrative rates vary greatly depending on the measure. Any member not counted administratively will require medical record review at one or more provider offices.
- ◆ Ascertain from eligibility and claims data the most likely provider(s) for each remaining member for whom medical record review is required.
- ◆ Review medical records for the remaining members. HEDIS medical record review takes place at provider offices from January through June each year. CenCal Health makes every effort to accomplish this task in the least intrusive manner possible.
- ◆ Report findings to the National Committee for Quality Assurance (NCQA) and other regulatory agencies.

In addition to administrative and chart identification of HEDIS services, another source of data allowed by HEDIS is externally-created administrative databases. These would include any electronic claims or encounter data compiled in a medical office or by an ancillary provider. The data must include, at a minimum, procedures rendered, date(s) of service, member identifiers, and test results if applicable. The usability of this data is subject to a rigorous set of reliability and validity checks that must meet specific audit criteria. Availability of such data has the potential to greatly reduce the burden of on-site medical record reviews conducted at provider offices. If you have questions about the use of externally-created administrative databases, and whether your organization may submit such data, please contact Terrie Krinsky, CCS, at 1-800-421-2560, extension 1624.

Because of the excellent health care afforded our members by all of our providers, and the exceptional HEDIS results, CenCal Health has been recognized as a leading managed care organization in California.

6/2001, reviewed 9/2003, 11/29/2004, 5/8/2006, 12/2007