HEDIS® 2008
COMPLIANCE AUDIT™
FINAL REPORT OF FINDINGS
for
HEALTH PLAN OF NEVADA

July 2008

1600 East Northern Avenue, Suite 100 ◆ Phoenix, AZ 85020
Phone 602.264.6382 ◆ Fax 602.241.0757

HSAG HEALTH SERVICES ADVISORY GROUP

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for **Health Plan of Nevada**

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1. Overview

for **Health Plan of Nevada**

Summary Report

This section includes basic audit information, including the audit organization information, audit validation signatures, name of the managed care organization (MCO) undergoing the audit, audit team composition, and a summary of pre-on-site activities.

Information Systems Capabilities Assessment

This section includes a summary of the auditor's assessment findings of the MCO's information systems (IS) capabilities and any impact on Healthcare Effectiveness Data and Information Set (HEDIS®) reporting.[1-1] This includes facts on claims, membership and provider data, medical record review processes, data integration, data control, and measure calculation processes.

Summary of Key Audit Findings/Compliance With IS Standards

This section presents the MCO's compliance with each IS standard, along with the impact on HEDIS reporting of each issue related to the standard.

Medical Record Review Validation Findings

In this section, a description of the auditor's methodology for medical record review validation is presented and the results of the final medical record review validation are displayed.

Audit Results

This section discusses the four audit results that can be assigned to a measure and the rationale for their selection. The completed Interactive Data Submission System (IDSS) can be found in Appendix B.

Final Audit Statement

This section includes the fully executed Final Audit Statement.

[1-1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

About the NCQA-Licensed Audit Organization

Health Services Advisory Group, Inc. (HSAG) is an organization licensed by the National Committee for Quality Assurance (NCQA) to perform HEDIS audit reviews.[2-1] HSAG currently employs ten certified HEDIS compliance auditors.

NCQA-Licensed Organization
Health Services Advisory Group, Inc.
1600 East Northern Avenue, Suite 100
Phoenix, AZ 85020

Audit Director
Raj Shrestha, MPH, MBA, CHCA
Executive Director, Audits/State Services

Lead Auditor
Margaret Ketterer, RN, BSN, CHCA
Certified HEDIS Compliance Auditor

Audit Validation Signatures

HSAG conducted an independent audit of 2008 HEDIS data from **Health Plan of Nevada** (**HPN**) consistent with the 2008 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures*, Volume 5. The audit incorporated two main components:

- A detailed assessment of the MCO's IS capabilities for collecting, analyzing, and reporting HEDIS information.
- A review of the specific reporting methods used for HEDIS measures, including computer programming and query logic used to access and manipulate data and to calculate measures; databases and files used to store HEDIS information; medical record abstraction tools and abstraction procedures used; and any manual processes employed for 2008 HEDIS data production and reporting. The audit extends to include any data collection and reporting processes supplied by vendors, contractors, or third parties, as well as the MCO's oversight of these outsourced functions.

[2-1] NCQA HEDIS® Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

HSAG used a number of different methods and information sources to conduct the audit, including:

1. Teleconference calls with **HPN** personnel and vendor representatives, as necessary.

2. Detailed review of **HPN's** completed responses to the 2008 Baseline Assessment Tool (BAT) published by NCQA as *Appendix 2 to HEDIS Volume 5*, and updated information communicated by NCQA to the audit team directly.

3. On-site meetings in **HPN's** offices, including:
   a. Staff interviews.
   b. Live system and procedure demonstration.
   c. Documentation review and requests for additional information.
   d. Primary HEDIS data source verification.
   e. Programming logic review and inspection of dated job logs.
   f. Computer database and file structure review.
   g. Discussion and feedback sessions.

4. Detailed evaluation of computer programming used to access administrative data sets and calculate HEDIS measures.

5. If the hybrid method was used, reabstraction of a sample of medical records selected by the auditors, with a comparison of the results to **HPN's** review determinations for the same records.

6. Requests for corrective actions and modifications to the MCO's HEDIS data collection and reporting processes and data samples, as necessary, and verification that actions were taken.

7. Accuracy checks of the final HEDIS rates as presented within the NCQA-published 2008 Interactive Data Submission System (IDSS) completed by the MCO.

8. Interviews of a variety of individuals whose department or responsibilities played a role in the production of HEDIS data. Typically, such individuals included the HEDIS manager, IS director, quality management director, enrollment and provider data manager, medical records staff, claims processing staff, programmers, analysts, and others involved in the HEDIS preparation process. Representatives of vendors that provided or processed HEDIS 2008 (and earlier historical) data may also have been interviewed and asked to provide documentation of their work.

The preparation and provision of the 2008 Final Audit Report is the responsibility of **HPN** management. Based on the auditor's examination, it is the auditor's responsibility to express an opinion on the 2008 Final Audit Report using procedures NCQA and HSAG considered necessary to obtain a reasonable basis for rendering an opinion. The auditor's examination, in accordance with the 2008 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures*, Volume 5, included procedures to obtain reasonable assurance that the accompanying 2008 Final Audit Report presents fairly, in all material respects, **HPN's** performance with respect to the *HEDIS 2008 Technical Specifications*.

The report that follows represents our findings as verified by the following signatures:

July 15, 2008

Margaret Ketterer, RN, BSN, CHCA Date

Lead Auditor

July 15, 2008

Raj Shrestha, MPH, MBA, CHCA Date

HSAG Audit Director

MCO and Audit Information

HSAG conducted the type of audit described below. Basic information about the MCO also appears in the table, including the office location(s) involved in the 2008 HEDIS Compliance Audit.

Audit Scope:	**Medicaid & SCHIP HEDIS Reporting**
MCO:	**Health Plan of Nevada**
MCO Location(s):	**2716 N. Tenaya Way Las Vegas, NV 89128-0424**
Contact:	**Ms. Deborah Wheeler**
Title:	**Director of QI & Research**
Telephone:	**(702) 242-7254**
E-Mail:	**deborah.wheeler@sierrahealth.com**
NCQA Org Id:	**187**
NCQA Submission ID(s):	**4335, 4424**
Certified Software Vendor Contact Information:	**TierMed Systems**
Certified Survey Vendor Contact Information:	**The Meyers Group**

Audit Team Composition

The HSAG audit team is composed of both NCQA-Certified and non-certified individuals. The team is assembled based on the full complement of skills required for the audit and requirements of the particular MCO. Some team members, including the lead auditor, participate in the on-site meetings at the MCO office; others conduct their work at HSAG offices.

HPN's audit team is composed of the following members in the designated positions. Each individual's particular expertise is described in Table 2-1.

Table 2-1—Audit Team

Audit Team Member	Certified Auditor (Yes/No)	On-site (Yes/No)	Dates of Involvement	Position	Skills/Expertise
Raj Shrestha	Yes	No	January 2008 - June 2008	Executive Director, Audits	Management of Audit Department, HEDIS knowledge, analysis, computer programming, and interviewing skills
Margaret Ketterer	Yes	Yes	January 2008 - June 2008	Lead Auditor	Certified HEDIS auditor, HEDIS knowledge, interviewing skills, medical record review advisor, and clinical consultant
Tim Laios	No	Yes	January 2008 - June 2008	Co-Auditor	Epidemiologist, expertise in performance measure development, analysis, computer programming, and clinical information systems
Marilea Rose	No	No	January 2008 - June 2008	Over-read Process Supervisor and Clinical Consultant	Clinical expertise, abstraction, tool development, and supervision of nurse reviewers
Judy Yip	No	No	January 2008 - June 2008	Healthcare Analyst	Source Code review manager
Dan Moore	No	No	January 2008 - June 2008	Source Code Reviewer	Computer programming
Ron Holcomb	No	No	January 2008 - June 2008	Source Code Reviewer	Computer programming
Tammy GianFrancisco	No	No	January 2008 - June 2008	Administrative Assistant	Administrative communications

Overview of Pre-On-Site Activity

HSAG conducted the following activities prior to meeting with MCO representatives on-site, including:

1. E-mail and telephone correspondence with **HPN** explaining the scope and methods of the audit and time frames for major audit activities.
2. Detailed review of **HPN's** completed responses to the BAT published by NCQA as Appendix 2 to HEDIS Volume 5. The review included a methodical inventory of **HPN's** submission, including verification that all questions were addressed and all necessary documents were supplied. If any requested information was missing or otherwise not clear, HSAG notified **HPN** and obtained supplemental responses.
3. Compilation of a standardized set of comprehensive working papers for the audit, including all auditor and plan correspondence, required documentation, work product, special analyses and findings, results of medical record reabstraction and source code review, corrective actions (if applicable), and audit reports. The working papers follow a consistent format used by HSAG, as required by NCQA.
4. Determination of the number and locations of the on-site meetings, demonstrations, and interviews with personnel critical to HEDIS data production and reporting. Based on a review of the BAT responses and discussions with **HPN**, the audit team decided to hold on-site meetings where the main production system is located and HEDIS reports are produced.
5. Preparation of an on-site agenda, which was sent to **HPN** to initiate meeting scheduling and cover the scope and contents of on-site activities. The duration of the site visit was two days and the agenda included MCO presentations, auditor-to-staff interviews, system demonstrations and data processing observations, computer programming review (if not already completed), primary source verification of data samples, and feedback sessions.
6. Forwarding of the on-site agenda to the MCO approximately one week prior to the site visit. The agenda outlined the goals, processes, timing, and attendee list for the on-site meetings.
7. Review of source code or the certified software report, computer programming, and query language used by **HPN** to calculate HEDIS measures. The review included a detailed, line-by-line evaluation of the computerized logic used:
   a. To identify the population eligible for HEDIS denominators (e.g., based on member age, gender, and clinical conditions).
   b. To determine if members were continuously enrolled for the required period.
   c. To determine event-based HEDIS numerators (e.g., identifying procedure codes and comparing the codes to dates of services).
   d. To calculate HEDIS statistics (e.g., ratios or rates per 1,000 observations).
8. Detailed review of a select set of 14 measures required for reporting by the Nevada Department of Health Care Finance and Policy (DHCFP), including those listed in Table 2-2.

Table 2-2—Audited HEDIS Measures	
Measure	**Product Lines**
Childhood Immunization Status	Medicaid/SCHIP
Children and Adolescents' Access to Primary Care Practitioners	Medicaid/SCHIP
Well-Child Visits in the First 15 Months of Life	Medicaid/SCHIP
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Medicaid/SCHIP
Adolescent Well-Care Visits	Medicaid/SCHIP
Timeliness of Prenatal Care	Medicaid/HIFA Waiver
Postpartum Care	Medicaid/HIFA Waiver
Frequency of Ongoing Prenatal Care	Medicaid/HIFA Waiver
Annual Dental Visit	Medicaid/SCHIP
Follow-up After Hospitalization for Mental Illness	Medicaid/SCHIP
Weeks of Pregnancy at the Time of Enrollment	Medicaid
Mental Health Utilization - Percentage of Members Receiving Inpatient, Day/Night Care and Ambulatory	Medicaid/SCHIP
Use of Appropriate Medications for People with Asthma	Medicaid/SCHIP
Comprehensive Diabetes Care	Medicaid
Total Measures: 14	

3. Information Systems Capabilities Assessment

for Health Plan of Nevada

Introduction

The audit team reviewed **HPN's** IS capabilities for accurate HEDIS reporting. The audit team focused specifically on aspects of **HPN's** systems that could impact the HEDIS reporting set.

For the purpose of HEDIS Compliance Auditing, the term "information systems" was used broadly to include **HPN's** computer and software environment, data collection procedures, applicable supplemental databases, and abstraction of medical records for hybrid measures. In addition, the IS evaluation included a review of any manual processes that may have been used for HEDIS reporting. In summary, the audit team determined if **HPN** had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with the 2008 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures,* Volume 5, the audit team evaluated **HPN's** IS compliance with NCQA's IS standards, which detail the minimum requirements that should be met, as well as criteria that any manual processes used to report HEDIS information must meet. For circumstances in which a particular IS standard was not met, the audit team evaluated the impact on HEDIS reporting capabilities. An MCO may not be fully compliant with many of the IS standards, but may be fully able to report all measures.

Please note that there are certain IS standards that address data (for example, mental health services) that are required for the full HEDIS reporting set, but are not specifically required for the selected core set measures (if applicable). The auditors' evaluation of **HPN's** IS capabilities is, therefore, more comprehensive than the processes required to produce the selected measures.

The section that follows is a summary of **HPN's** compliance with NCQA's IS standards. A listing of each IS standard, followed by its rationale regarding accurate HEDIS reporting, is located in Appendix A of this report.

Summary of Key Audit Findings/Compliance With IS Standards

IS 1.0—Sound Coding Methods for Medical Data

HPN was determined to be fully compliant with IS standards 1.1 and 1.2. Industry standard codes were consistently used and fully captured. Principal and secondary codes were identified and captured within the system.

IS 2.0—Data Capture, Transfer, and Entry—Medical and Service Data

HPN was determined to be fully compliant with IS standards 2.0 through 2.5. Data processing practices for both paper and electronic claims and encounters fully met standards. The high level of automation further supports accurate and efficient data collection. Checks and balances and sufficient monitoring processes were observed to ensure completeness of encounter data submission. Medical record review processes (IS 2.4) fully met standards and **HPN** passed the medical record review validation for both selected measures. **HPN** monitors provider submission patterns (IS 2.5) to ensure data completeness. The MCO used an internally-built administrative database to supplement their HEDIS data. The audit team performed primary source verification on a selected sample of cases to ensure all data elements were captured appropriately. The process for data collection was not clearly documented and **HPN** could not produce back-up documentation for a few numerator events. These cases were removed from the numerator lists. **HPN** should formally document each step used to collect and validate data within an internally-built administrative database to ensure data accuracy and validity.

IS 3.0—Data Capture, Transfer, and Entry—Membership Data

HPN was determined to be fully compliant with all membership-related IS standards for the Medicaid SCHIP, and HIFA product lines. The MCO is able to identify and track enrollment across each product line.

IS 4.0—Data Capture, Transfer, and Entry—Practitioner Data

HPN was determined to be fully compliant with all provider-related IS standards. The FACETs system captured all necessary provider-related data.

IS 5.0—Data Integration Required to Meet the Demands of Accurate HEDIS Reporting

HPN used TierMed certified software for HEDIS reporting. **HPN** was determined to be fully compliant with IS standards 5.1, 5.2, and 5.3. File consolidations, extracts, and derivations were completed appropriately. The HEDIS repository met standards and contained all necessary data elements.

IS 6.0—Control Procedures That Support HEDIS Reporting Integrity

HPN was determined to be fully compliant with IS standards 6.0 through 6.3. Report production was managed effectively, and reporting software was appropriately tested and controlled. The physical control procedures and physical security protocols met standards.

4. Medical Record Review Validation Findings

for Health Plan of Nevada

Introduction

To validate the medical record review (MRR) portion of the audit, NCQA policies and procedures require auditors to perform two steps: (1) review the MRR processes employed by the MCO, including staff qualifications, training, data collection instruments/tools, interrater reliability (IRR) testing, and the method used for combining MRR data with administrative data; and (2) reabstract and compare the audit team's results to the MCO's abstraction results for a selection of hybrid measures.

HSAG's audit team reviewed the processes in place at **HPN** for performance of MRR for all measures reported using the hybrid method. Data collection tools and training materials were reviewed by the audit team to verify that all key HEDIS data elements were captured. Feedback was provided to **HPN's** staff if the data collection tools appeared to be missing necessary data elements. The audit team determined that **HPN's** processes for IRR testing met standards. Additional audit findings related to MRR processes are located under IS Standard 2.0 of the Summary of Key Audit Findings/Compliance With IS Standards.

HSAG's audit team also performed a reabstraction of records selected for MRRs and compared the results to **HPN's** findings for the same medical records. This process completed the medical record validation process and provided an assessment of actual reviewer accuracy. HSAG reviewed up to 30 records identified by **HPN** as meeting numerator event requirements (determined through MRR) for measures selected for audit and MRR validation. Records were randomly selected from the entire population of MRR numerator positives identified by the MCO, as indicated on the MRR numerator listings submitted to the audit team. If fewer than 30 medical records were found to meet numerator requirements, all records were reviewed. Reported discrepancies only included "critical errors," defined as an abstraction error that affected the final outcome of the numerator event (i.e., changed a positive event to a negative one or vice versa).

For each of the selected measures where the hybrid methodology was used, auditors determined the impact of the findings from the validation process on the MCO's audit designation. The goal of the MRR validation was to determine whether the MCO made abstraction errors that significantly biased its final reported rate. HSAG used the standardized protocol developed by NCQA to validate the integrity of the MRR processes of audited MCOs. The NCQA-endorsed t-test was employed to test the difference between the MCO's estimate of the positive rate and the audited estimate of the positive rate. If the test revealed that the difference was greater than 5 percent, the MCO's estimate of the positive rate was rejected and the measure could not be reported using the hybrid methodology.

Table 4-1 identifies the measure name, the MCO product line, the number of records overread, and the t-test results with the corresponding pass/fail determination.

Table 4-1—Selected HEDIS Measures for Medical Record Validation				
Measure	**Product Line**	**Number of Records Overread**	**T-test Results**	**Pass/Fail**
Comprehensive Diabetes Care-Blood Pressure Control (<130/80 mm Hg)	Medicaid	30	N/A	Pass
Childhood Immunization Status-Combination #3	Medicaid & SCHIP	30	N/A	Pass

Introduction

Each of the audited measures reviewed by the audit team received a final audit result consistent with the NCQA categories listed below. HSAG used a variety of audit methods, including analysis of computer programs, medical record abstraction results, data files, samples of data, and staff interviews to make each measure-specific result. Table 5-1 provides the audit finding results that are applicable to the HEDIS measures.

Table 5-1—Audit Results

Rate/Result	Comment
0-XXX	Reportable rate or numeric result for HEDIS measures.
NA	The organization followed the specifications but the denominator was too small to report a valid rate.
NB	The organization did not offer the health benefits required by the measure (e.g., Mental Health/Chemical Dependency).
NR	♦ The organization calculated the measure but the rate was materially biased, *or* ♦ The organization chose not to report the measure.

For measures reported as percentages, NCQA has defined significant bias as a deviation of more than 5 percentage points from the true percentage. (For certain measures, a deviation of more than 10 percentage points in the number of reported events determines a significant bias.)

For some measures, more than one rate is required for HEDIS reporting (for example, *Childhood Immunization Status* and *Well-Child Visits in the First 15 Months of Life*). It is possible that **HPN** prepared some of the rates required by the measure appropriately but had significant bias in others. According to NCQA guidelines, **HPN** would receive a reportable result for the measure as a whole, but significantly biased rates within the measure would receive an "NR" result in the IDSS, where appropriate.

Appendix B of this report contains the final IDSS and the completed copies of the Audit Review Tables, which display the audit result for each reported measure, the rationale for the assigned result, and any additional comments. The audit result signifies which rates are appropriate for inclusion in external reports.

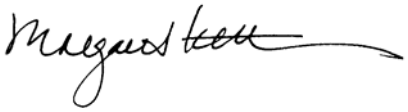
Final Audit Statement

We have examined the submitted 2008 Performance Report of **HPN** for conformity with the *HEDIS® 2008 Technical Specifications*. This audit followed the NCQA 2008 *HEDIS Compliance Audit™: Standards, Policies, and Procedures*, Volume 5. Our audit planning and testing was constructed to measure conformance to the *HEDIS 2008 Technical Specifications* for all measures presented at the time of our audit.

This report is the managed care organization (MCO) management's responsibility. Our responsibility is to express an opinion on the report based on our examination. Our examination included procedures to obtain reasonable assurance that the submitted 2008 Performance Report presents fairly, in all material respects, the MCO's performance with respect to the *HEDIS 2008 Technical Specifications*. Our examination was made according to the NCQA 2008 *HEDIS Compliance Audit™: Standards, Policies, and Procedures*, Volume 5, and accordingly included procedures we considered necessary to obtain a reasonable basis for rendering our opinion. Our opinion does not constitute a warranty or any other form of assurance as to the nature or quality of the health services provided by or arranged by the MCO.

In our opinion, the submitted 2008 Performance Report of **HPN** was prepared according to the *HEDIS 2008 Technical Specifications* and presents fairly, in all material respects, the MCO's performance with respect to these specifications.

We understand that if the signatures we submit below are electronic, they have the same legal effect, validity, and enforceability as original signatures submitted on paper.



Margaret Ketterer, RN, BSN, CHCA
(NCQA-Certified HEDIS Compliance Auditor)

July 15, 2008
(Date)

Raj Shrestha, MPH, MBA, CHCA
(Responsible Officer)

July 15, 2008
(Date)

Organization ID: 187

Submission ID(s): 4335, 4424

APPENDIX A. INFORMATION SYSTEMS STANDARDS

for Health Plan of Nevada

Source: NCQA 2008 *HEDIS® Compliance Audit™: Standards, Policies, and Procedures,* Volume 5.

IS 1.0—Sound Coding Methods for Medical Data

IS 1.1—Industry standard codes (ICD-9, CPT, DRG, etc.) are used consistently and all characters are collected and captured.

IS 1.2—Principal codes are identified and secondary codes are captured. Nonstandard coding schemes are fully documented and mapped back to industry standard codes.

Rationale

The MCO must capture all clinical information pertinent to the delivery of services to provide a basis for calculating HEDIS measures. The audit process ensures that an MCO consistently captures sufficient clinical information. Principal among these practices and critical for computing HEDIS clinical measures is consistent use of standardized codes to describe medical events, including nationally recognized schemes to capture diagnosis codes, procedures codes, DRGs, and DSM codes.

Standardized coding improves the comparability of HEDIS measures through common definition of identical clinical events. The MCO must cross-reference nonstandard coding schemes at the specific diagnosis and service level to attain equivalent meaning.

IS 2.0—Data Capture, Transfer, and Entry—Medical and Service Data

IS 2.1—Standard submission forms are used routinely and capture all fields relevant to HEDIS reporting. All proprietary forms capture equivalent data.

IS 2.2—Data receipt and entry processes are effective and efficient and ensure timely, accurate, and complete input to HEDIS reporting.

IS 2.3—Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off).

IS 2.4—Abstracting data from medical records is reliably and accurately performed.

IS 2.5—The MCO assesses data completeness continually and takes steps to improve its performance.

Rationale

The integrity of HEDIS measures requires using standard forms, controlling receipt processes, editing and verifying data entry, and implementing other control procedures that promote completeness and accuracy in receiving and recording medical information. The transfer of information from medical records into the MCO's databases should be subject to the same standards for accuracy and completeness.

IS 3.0—Data Capture, Transfer, and Entry—Membership Data

IS 3.1—The MCO has procedures for submitting HEDIS-relevant information for data entry and for ensuring accurate, complete, and timely entry of membership event data.

IS 3.2—Data entry processes are effective, efficient, and timely and include sufficient edit checks to ensure accurate reflection of submitted data in transaction files.

IS 3.3—Electronic transmissions of membership data have necessary procedures to ensure accuracy.

Rationale

Controlling receipt processes, editing and verifying data entry, and implementing other control procedures to promote completeness and accuracy in receiving and recording member information are critical in databases that calculate HEDIS measures. Specific member information includes age, gender, benefits, product line (Medicaid, commercial, or Medicare), and the dates that define periods of membership so gaps in enrollment can be determined.

IS 4.0—Data Capture, Transfer, and Entry—Practitioner Data

IS 4.1—The MCO has effective procedures for submitting HEDIS-relevant information and for ensuring accurate, complete, and timely entry of practitioner data.

IS 4.2—Data entry processes are effective, efficient, and timely and include edit checks to ensure accurate reflection of submitted data in transaction files.

IS 4.3—Electronic transmissions of practitioner data have checking procedures to ensure accuracy.

Rationale

Controlling receipt processes, editing and verifying data entry, and implementing other control procedures promote completeness and accuracy in receiving and recording practitioner information and are critical in developing databases that will support accurate calculation of HEDIS measures. Specific practitioner information includes the specialty, contracts, credentials, populations served, dates of the practitioner's inclusion in the network, the date of credentialing, and information needed to develop medical record abstraction tools.

IS 5.0—Data Integration Required to Meet the Demands of Accurate HEDIS Reporting

IS 5.1—Data transfers to the HEDIS repository from transaction files are accurate.

IS 5.2—File consolidations, extracts, and derivations are accurate.

IS 5.3—Repository structure and formatting are suitable for HEDIS measures and enable required programming efforts.

Rationale

Calculating HEDIS measures requires data from a number of different sources. The systems used to assemble the data and make the required calculations should be carefully constructed and tested.

IS 6.0—Control Procedures That Support HEDIS Reporting Integrity

IS 6.1—Report production is managed effectively and operators perform appropriately.

IS 6.2—HEDIS reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.

IS 6.3—Physical control procedures ensure HEDIS data integrity such as physical security, data access authorization, disaster recovery facilities, and fire protection.

Rationale

The MCO's quality assurance practices and back-up procedures serve as an organizational infrastructure supporting all MCO information systems. Practices and procedures promote accurate and timely information processing and data protection in the event of a disaster. Data needed to calculate HEDIS measures are produced by the MCO's information systems and may be directly or indirectly affected by information system practices and procedures.

IDSS for HPN

Appendix B contains the final locked and audited IDSS for **HPN**.