Comagine Health

Oregon Data Collaborative Reconsideration Policy and Process

This document describes the policy and process by which provider organizations may request to have their data, made available through the Data Connect portal, reconsidered and measure results recalculated.

Background

Oregon Data Collaborative's Measurement and Reporting Initiative

Comagine Health is dedicated to improving the quality and affordability of health care in Oregon by producing unbiased information and leading community collaboration. The goal of Comagine Health's measurement and reporting initiative is to improve patient care by coordinating and consolidating quality and utilization information. Through its secure online portal, Data Connect, Comagine Health reports quality, expenditure and utilization measure results with rolling quarter reporting periods. The measure results in Data Connect are refreshed at least annually.

To ensure the Oregon Data Collaborative is delivering measures of value and support to Oregon partners, Comagine Health engages its Analytics Advisory Committee, composed of providers, employers, policymakers, health insurers and consumers, to inform the Oregon Data Collaborative measure set, alignment with state needs and initiatives, measure specifications and other technical decisions. Measures and reports continue to be refined, added or removed as the needs of the Oregon Data Collaborative's community partners evolve.

Medicare Qualified Entity Program

The Oregon Data Collaborative receives its Medicare fee-for-service (FFS) data through the Medicare Qualified Entity (QE) Program. As part of its programmatic requirements, the Oregon Data Collaborative must allow 65 calendar days per reconsideration period for review and reconsideration of measure results.

Why would a provider organization review its data and request reconsideration?

There are several reasons a provider organization may elect to review its data and submit requests for reconsideration. These include:

- **Public reporting —** Provider organizations may choose to review their data to ensure that any publicly reported results are accurate.
- **Quality improvement —** Provider organizations that use Comagine Health's reports for internal quality improvement efforts may wish to review their data for accuracy.
- **Other reporting —** Provider organizations may use Comagine Health measures for other reporting initiatives, including the Oregon Health Authority Patient-Centered Primary Care Home (PCPCH) certification program, health plan contracting, and others.

Reconsideration Request and Review Policy

The Oregon Data Collaborative's measurement initiative uses the most widely available data source — administrative claims (billing) records — to measure the quality of patient care. Using only administrative claims

records to measure quality can result in inaccuracies. To ensure increased data accuracy and fairness in measure results and reporting, the initiative has developed the following policy that includes a provision for reconsideration and recalculation of a provider organization's measure results. This policy is intended to provide a fair and transparent process by:

- Establishing consistent criteria by which data will be reconsidered/recalculated
- Providing a timely process for review
- Focusing on improvement of quality measurement
- Ensuring the privacy and security of patients

Comagine Health will notify all active Data Connect users when the data reconsideration period is open and the deadline for submitting reconsideration requests. Provider organizations that wish to have their data formally reconsidered and their measure results recalculated must submit all data reconsideration requests through Data Connect by the deadline indicated. Submissions do not require extensive documentation by the provider organization beyond a date of service and brief comments. However, Comagine Health reserves the right to request additional documentation to verify reconsideration submissions as needed.

The reconsideration process will be administered by Comagine Health staff. Comagine Health will review all reconsideration requests submitted through Data Connect and apply consistent criteria to assess which requests will be accepted. The following are the criteria used to assess requests for reconsideration of a provider organization's measure results.

Correction requests that will typically be accepted:

- Provider left the clinic (affiliated end date required).
- Provider is unknown to clinic.
- Provider is not a primary care provider (PCP) or women's health provider and therefore shouldn't be assigned patients.
- Patient is unknown to clinic.
- Patient was not seen during the two-year attribution period.
- Patient does not meet the specific criteria for the measure and should not be included (additional information required).
- Patient meets the specific criteria for the measure and should be included (additional information, e.g., date of service, required).

Correction requests that will typically NOT be accepted:

- Patient refused service.
- Prescription was written but not filled by patient.
- Order was given but patient did not get screening or test.
- Provider is not responsible for managing the services being measured.
- Disagreement with a measurement specification, or with the data collection process/method.
- Measurement results do not match rates or results from a clinic's internal registry (where numerators and denominators are not comparable).

IMPORTANT

To protect patient privacy, all communication about individual patients and their care must be submitted through Data Connect at https://dataconnect.comagine.org.

Do not send patient information directly to Comagine Health staff.

Per Medicare QE programmatic requirements, reconsideration requests for FFS members will be reviewed within 48 hours. For all other requests, Comagine Health will review in the order received and within 30 days of receipt. Comagine Health's response to a reconsideration request will include, where relevant:

- Decision regarding reconsideration request (Approved, Rejected, Pending, etc.)
- Reason(s) for any rejected requests
- Requests for additional information if necessary

Reconsideration Request and Review Process

The following steps summarize the data reconsideration process:

1. Comagine Health staff will notify all active Data Connect users when the data reconsideration period is open and the deadline for submitting reconsideration requests through Data Connect.
2. Provider organizations must submit all data reconsideration requests through Data Connect; no patient information shall be sent directly to Comagine Health staff.
3. Comagine Health staff will review reconsideration requests as they are submitted through Data Connect.
4. Decisions will be available to the provider organization in Data Connect. Results of measure recalculations will be available after each reconsideration round is closed, and refreshed data are added to Data Connect.