EQR PROTOCOL 6 – Calculation of Performance Measures

Attachment A: Performance Measure Calculation Tables

Table 1: Example List of Measures for Calculation

Measure	Measure Source	Reporting Frequency	Date Report Due
Childhood Immunization Status	HEDIS® 2011/ CHIPRA Core Measure	Annual	June 15
Otitis Media with Effusion	AMA PCPI	Annual	September 30
Screening using standardized screening tools for potential delays in social and emotional development	State	Quarterly	April 20, August 20, November 20, January 20
Well child visits in the first 15 months of life	HEDIS® 2011/ CHIPRA Core Measure	Annual	June 15
Well child visits in the 3rd, 4th, 5th and 6th years of life	HEDIS® 2011/ CHIPRA Core Measure	Annual	June 15

Table 2: Example Companion Performance Measurement Worksheet

Complete the worksheet for each measure listed in Table 1.

Measure name/title/identifier	State Requirements for Measure
Measure Purpose	QI or PIP Demonstration Pay for Performance/Value-based purchasing Public Reporting Other (specify)
Data collection method	Electronic Only Manual Only Survey Electronic supplemented by medical record review (hybrid)
Sampling method (if applicable)	Specifications for sample size, sampling method and replacement methods
Age	Lower age limit Upper age limit
Gender	Males Only Females Only Males and Females
Continuous Enrollment	No Yes: specify
Index event	e.g., Birthday; discharge; Rx fill; Diagnosis; Procedure
Denominator elements and data sources	A list of each data element, e.g., member ID, age, gender, enrollment and disenrollment dates, diagnoses, procedures, and all other elements needed to establish eligibility for the denominator For each denominator element, the allowable data source(s)
Numerator Elements and data sources	A list of each data elements, e.g., procedure codes, diagnosis codes, pharmacy codes, lab results, dates of service, and all other elements needed to establish eligibility for the numerator For each numerator element, the allowable data source(s)
Denominator	Denominator Statement Inclusions/Exclusions Denominator Time Window
Numerator	Numerator Statement Inclusions/Exclusions Numerator Time Window
Rate Calculation	Formula for calculation of rate
Benchmark(s)	State, region, nation, other, source
Other analysis requirement	A list of analyses required, such as change from prior year or comparison to state average or best in state, including any statistical tests required

Table 3: Data Element Master Worksheet

Place a checkmark in the cell to indicate the data element is required for the measure.

Denominator Data Elements	Performance Measure 1	Performance Measure 2	Performance Measure 3	Performance Measure 4	Performance Measure 5
Date of birth					
Sex					
Enrollment date					
Disenrollment date					
Diagnosis code					
Procedure code					
Service date					
Provider ID					
Numerator Data Elements					
Diagnosis code					
Procedure code					
Pharmacy code					
Lab order					
Lab result					

Table 4: Data Source, Completion and Integration Issues

Denominator Data Elements	Available Source(s)	In MCO Repository?	Completeness/Integration issues
Date of birth		Yes/No	
Sex		Yes/No	
Enrollment date		Yes/No	
Disenrollment date		Yes/No	
Diagnosis code		Yes/No	
Procedure code		Yes/No	
Service date		Yes/No	
Provider ID		Yes/No	
Numerator Data Elements	Available Source(s)	In MCO Repository?	Completeness/Integration issues
Diagnosis code		Yes/No	
Procedure code		Yes/No	
Pharmacy code		Yes/No	
Lab order		Yes/No	
Lab result		Yes/No	

Table 5: Example File Format for Transmission of Claims Data

Field #	Data Field	Applies to			Type/Format	Req/Opt	Comments
		UB	Phys	Rx			
1	Row Type	X	X	X	Char(1)	Required	1=UB, 2=Phys, 3=Rx
2	Claim Status	X	X	X	Char(1)	Required	P=Paid, D=Denied Denied claims are highly desirable for accurate performance measurement
3	Recipient ID	X	X	X	Varchar(50)	Required	Medicaid or CHIP identifier supplied by the State for the member. Native or encrypted. If encrypted, separate encryption key must be provided.
4	Claim Number	X	X	X	Varchar(80)	Required	Required if source is not sending final-only versions of claims
5	Prior Version Claim Number	X	X	X	Varchar(80)	Required	Required if source is not sending final-only versions of claims
6	Claim Received Date	X	X	X	yyyymmdd	Required	Required if source is not sending final-only versions of claims
7	Claim Paid Date	X	X	X	yyyymmdd	Required	Required if source is not sending final-only versions of claims
8	Billing Provider ID	X	X	X	Varchar(30)	Required	Any internal identifier for the billing provider. Must be unique to one clinician or entity. Must exist on the provider file. If supplying for Rx, use pharmacy provider ID.

Field #	Data Field	Applies to UB	Phys	Rx	Type/Format	Req/Opt	Comments
9	Principal Diagnosis	X	X		Varchar(5)	Required	No periods, left justified
10	Diagnosis 2	X	X		Varchar(5)	Required	No periods, left justified
11	Diagnosis 3	X	X		Varchar(5)	Required	No periods, left justified

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