Rules of

Department of Health

Division 10—Office of the Director

Chapter 5—Procedures for the Collection and Submission of Data to Monitor Health Maintenance Organizations

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Title 19—DEPARTMENT OF HEALTH
Division 10—Office of the Director
Chapter 5—Procedures for the Collection and Submission of Data to Monitor Health Maintenance Organizations

19 CSR 10-5.010 Monitoring Health Maintenance Organizations Definitions

PURPOSE: This rule establishes the procedures for health maintenance organizations to collect and submit data to the Department of Health pursuant to section 192.068, RSMo.

(1) The following definitions shall be used in the interpretation and enforcement of this rule:
(A) Department means Missouri Department of Health;
(B) Director means the director of the Missouri Department of Health;
(C) Health care plan means any separately licensed entity subject to the provisions of sections 354.400 to 354.636, RSMo which had enrollees in the plan for at least six (6) months of the year for which data are to be reported and for at least six (6) months of the following year;
(D) NCQA means the National Committee on Quality Assurance; and
(E) HEDIS© means the current Health Plan Employer Data and Information Set.

(2) Starting in 1998, commercial health care plans shall submit annually to the department, member satisfaction survey data—
(A) The member satisfaction survey shall be conducted according to HEDIS© technical specifications, including survey instrument, sample size, sampling method, and collection protocols;
(B) The data provided to the department shall be submitted through the survey vendor in electronic form and meet the specifications of Table A. Table A is incorporated herein by reference;
(C) In 1998 the data shall be submitted by September 1. In subsequent years a final data file shall be submitted by June 15 or the date required by NCQA if other than June 15; and
(D) Medicaid and Medicare health care plans shall participate in a member satisfaction survey directed by the Division of Medical Services and the Health Care Financing Administration, respectively. The department will obtain the data from the agencies conducting the surveys.

(3) Starting in 1998, health care plans shall provide annually to the department, audited quality indicator data—
(A) Quality indicator data shall be in accordance to all HEDIS© specifications;
(B) All health care plans shall submit to the department documentation from a NCQA licensed organization that the quality indicator data submitted to the department have been audited through a partial or complete audit according to HEDIS© specifications;
(C) Each licensed health care plan shall submit separate quality indicator data files for their commercial, Medicaid and Medicare enrollees. Health care plans that contract with the Division of Medical Services to provide coverage in more than one Medicaid region, shall submit separate quality indicator data for the enrollees in each region. The quality indicator data shall be submitted to the department in electronic form and conform to the specifications listed in Table B. Table B is incorporated herein by reference; and
(D) In 1998 the data shall be submitted by September 1. In subsequent years a final data file shall be submitted by June 15 or the date file required by NCQA if other than June 15.

(4) Starting in 1998, all commercial health care plans shall submit annually to the department enrollee data for linkage with department data to produce quality indicators—
(A) A final enrollee data file shall be submitted to the department by September 1, 1998, and by April 1 of each year thereafter, on persons enrolled in a health care plan as of December 31 of the previous year;
(B) The enrollee data shall be submitted in electronic form and shall conform to the file record contents and specifications listed in Table C of this rule. Table C is incorporated herein by reference.

(5) In 1998 access to care data shall be submitted by September 1. In subsequent years the data shall be submitted by June 15. Access to care data shall include the data elements and conform to the specifications listed in Table D. Table D is incorporated herein by reference.

(6) A health care plan demonstrates continual or substantial failure to comply with the provisions of this rule when the health care plan has been notified by the department that it fails to comply with the provisions of section 192.068, RSMo and this rule and the health care plan—
(A) Fails to provide required data;
(B) Fails to submit data that meet the data standards detailed in this rule; or
(C) Fails to submit data within the time frames established in this rule.

AUTHORITY: section 192.068, RSMo Supp. 1999. Emergency rule filed Jan. 16, 1998, effective Jan. 26, 1998, terminated April 15, 1998. Original rule filed Jan. 16, 1998, effective Aug. 30, 1998. Amended: Filed Oct. 30, 1998, effective May 30, 1999. Amended: Filed Dec. 20, 1999, effective May 30, 2000.*

**Original authority: 192.068, RSMo 1997.*

Table A

Member Satisfaction Survey Data File Specifications

File Content

Member satisfaction survey data shall be based on the version of the NCQA-required Consumer Assessment of Health Plans Study (CAHPS) Questionnaire, applicable for the reporting year. The data reported to the Department shall include the adult core set of questions, plus any NCQA-mandated or –recommended items for the adult segment of the questionnaire.

File format and media

The member satisfaction survey data shall be submitted to the Department electronically as PC ASCII or ANSI files. Other file specifications shall conform to those required by NCQA for submission of the CAHPS Questionnaire results by the certified vendors.

File consistency

Plans that elect to submit separate files for sub-groups of their enrollment population must consistently do so for all data submission categories required by this rule.

Table B

Quality Indicator Data Specifications
Reporting Period: CY1999

Data reported for each of the indicators listed below shall conform to the NCQA HEDIS Data Submission Tool and all other HEDIS technical specifications for indicator descriptions and calculations. An "X" in the table below indicates data are to be reported for this quality indicator if the health care plan offers this product line to Missouri residents.

	Applicable to:		
Indicator	Commercial	Medicaid	Medicare
Childhood Immunization Status	X	X	
Adolescent Immunization Status	X	X	
Breast Cancer Screening*	X		X
Cervical Cancer Screening*		X	
Beta Blocker Treatment After Heart Attack	X		X
Comprehensive Diabetes Care	X		X
Antidepressant Medication Management	X		X
Annual Dental Visit		X	

*The plan may elect to use the prior year's data when the indicator is subject to rotation and is off-cycle for NCQA reporting.

File Content

For each of the quality indicators listed above, the plans shall report the following elements from the NCQA HEDIS Data Submission Tool:

1. Data collection methodology (Administrative or Hybrid.)
2. Eligible member population (i.e., members who meet all denominator criteria.)
3. Minimum required sample size (MRSS) or other sample size
4. Number of original sample records excluded because of valid data errors.
5. Number of records excluded because of contraindications identified through administrative data.
6. Number of records excluded because of contraindications identified through medical record review.
7. Additional records added from the auxiliary list.
8. Denominator
9. Numerator events by administrative data
10. Numerator events by medical record
11. Reported rate
12. Lower 95% confidence interval
13. Upper 95% confidence interval

All data elements above shall conform to the HEDIS technical specifications, as outlined in the NCQA-published technical manuals.

Table B

Quality Indicator Data Specifications
Reporting Period: CY1999

(continued)

File format and media

The quality indicator data shall be submitted hardcopy as well as electronically, in a data file format to be specified by the Department. The file format will be provided to the plans for the option of data entry on diskette using Microsoft Excel or Access software, or on-line data entry to the Department via the Internet. All other data specifications shall conform to those required by NCQA for submission of the audited quality indicator data.

File Consistency

Plans that elect to submit separate files for sub-groups of their enrollment population must consistently do so for all data submission categories required by this rule. Health care plans that contract with the Division of Medical Services to provide coverage in more than one Medicaid region, shall submit separate quality indicator data for the enrollees in each region.

Table C

Health Care Plan Data for Birth-Related Indicators
File Specifications

Record Filtering

This file contains records for female enrollees of the health care plan who delivered a live birth during the reporting year, including those who resided or gave birth outside Missouri. Separate enrollee records shall be submitted for each delivery. (E.g., An enrollee who has two deliveries in the same reporting year would require two separate records.)

File Media

Enrollee data shall be submitted to the Department electronically as PC ANSI or ASCII files.

File Consistency

Plans that elect to submit separate files for sub-groups of their enrollment population must consistently do so for all data submission categories required by this rule.

Table C

Health Care Plan Data for Birth-Related Indicators
Record Layout

LAYOUT FOR HEADER RECORD

Field Name	Columns Begin	Columns End	Field Length	Data Type	Justify	Fill w/ leading zeroes
Plan Name	1	46	46	C	L	--

LAYOUT FOR ENROLLEE LEVEL RECORDS

Field Name	Columns Begin	Columns End	Field Length	Data Type	Justify	Fill w/ leading zeroes
Health Care Plan ID	1	5	5	C	L	Y
Plan Type	6	6	1	N	--	
Financial Class Type	7	7	1	N	--	
Type of Coverage	8	8	1	N	--	
Relationship Code	9	10	2	C	--	Y
Subscriber ID	11	21	11	C	L	
Enrollee ID	22	32	11	C	L	
First Name	33	46	14	C	L	
Middle Initial	47	47	1	C	--	
Last Name	48	62	15	C	L	
Enrollee Maiden Name	63	77	15	C	L	
Address1	78	107	30	C	L	
Address2	108	121	14	C	L	
Geocode	122	125	4	C	--	Y
City	126	145	20	C	L	
State	146	147	2	C	L	
Zip Code	148	152	5	C	L	
Enrollee Birth Date	153	160	8	C	--	Y*
Continuous Enrollment	161	161	1	N	--	
Birth Hospital Name	162	181	20	C	L	
Hospital Federal Tax I.D.	182	190	9	N	R	
Hospital Admit Date	191	198	8	C	--	Y*

* Both month and year. See "Description of File Contents" on the page following for example.

Table C

Health Care Plan Data for Birth-Related Indicators
Description of File Contents

Field Name	Field Values
Health Care Plan ID	Five digit code issued by Dept. of Insurance (NAICID) If none issued, use any unique 7 char string
Plan Type	1=HMO 2=POS 3=Other
Financial Class Type	1=Commercial 2=Medicare 3=Medicaid
Type of Coverage	1=Single 2=Family
Relationship Code	Relationship of Birth Mother to Subscriber 01= Subscriber (self) 02= Spouse of Subscriber 03= Child of Subscriber 04= Disabled Dependent
Subscriber ID	Subscriber's SSN in the format XXXXXXXXX (no dashes). Field should be left justified with leading zeroes retained. If SSN unknown, insert unique Plan ID.
Enrollee ID	Mother's SSN in the format XXXXXXXXX (no dashes). Field should be left justified with leading zeroes retained. If SSN unknown, insert unique Plan ID.
First Name	First Name of Birth Mother, preferably as given on birth record
Middle Initial	Middle initial of birth mother
Last Name	Last name of birth mother, preferably as given on birth record
Enrollee Maiden Name	Birth Mother's Maiden Name
Address1	House number and Street Name
Address2	Apartment, lot number, etc.
Geocode*	Enrollee city of residence, represented as a four digit Missouri city code, including leading zero(s) Example: Blue Springs = 0425
City	Name of enrollee city of residence
State	Enrollee state of residence, either as two digit FIPS or two character postal abbreviation. Example: Missouri=29 or MO
Zip Code	Five digit postal code. Should crosscheck with city and state. Example: if zip is 63011, city should be 'Ballwin', not 'St. Louis'
Enrollee Birth Date	Birth mother's date of birth in format MMDDYYYY with leading zero(s) retained for month and/or day. Example 010176
Continuous Enrollment**	1=meets criteria 2=does not meet criteria
Birth Hospital Name	Full name of birth hospital
Hospital Federal Tax I.D.	Nine digit tax identification number of the birth hospital. Do not enter a dash.
Hospital Admit Date	Date birth mother was admitted to hospital, in format MMDDYYYY with leading zero(s) retained for month and/or day. Example 010199

* Data file of geocodes is available for download from the Department, via the Internet at http://www.health.state.mo.us/ResourceMaterial

** Continuous enrollment shall be figured in accordance with the current HEDIS specifications for PreNatal Care in the First Trimester.

Table D

Managed Health Care Services

File Specifications

Responses to the following questions must be submitted electronically, in a data file format specified by the Department. The file format will be provided to the plans for the option of data entry on diskette using Microsoft Access software, or on-line data entry to the Department via the Internet.

Table D must be completed for each managed care product line (Commercial, Medicaid, or Medicare) offered by each licensed health care plan. Responses should be based on activity or status during the reporting period, within each product line (payor). Survey questions in Table D shall apply except where otherwise noted, only to fully insured (ERISA exempt) enrollments.

Table D
Managed Health Care Services
Reporting Period: CY 1999

I. HEALTH PLAN INFORMATION

Instructions: Submit one set of Table D information, Parts I and II, for each product line (i.e. type of payor) offered by your organization.

1.) Product Line (CHECK ONE): ( ) Commercial ( ) Medicare ( ) Medicaid

2.) Missouri Department of Insurance Licensed Plan Name:

_________________________________ Dba (if applicable): _____________________

3.) NAIC Identification Number (5-digit): __ __ __ __ __

4.) Name as marketed to your members (for Buyer's Guide display purposes):

____

5.) List the following for each of your products within this product line:

a.) Marketed Product Name	b.) HMO/POS	————Phone Numbers————— c.) Customer Service	d.) RN Hotline
__________________	________	_____________	__________
__________________	________	_____________	__________

6.) Through what organization was your managed care organization accredited as of:
a.) *January 1, 1999*?
Accrediting organization: ( ) NCQA ( ) URAC ( ) JCAHO ( ) None
Level of Accreditation: _________ _________ _________

b.) *December 31, 1999*?
Accrediting organization: ( ) NCQA ( ) URAC ( ) JCAHO ( ) None
Level of Accreditation: _________ _________ _________

7.) What is the Disenrollment Rate* of this product line? Numerator:____________ = Rate_____
Denominator:___________

8.) Managed Care Organization Contact Person for Table D Information:

a.) Name: ______________________________ b.) Title: _________________________

c.) Phone: ______________ d.) Fax: _______________ e.) E-mail: _________________

* Disenrollment Rate: The percent of members enrolled on Dec. 31, 1998, who were not enrolled as of December 31, 1999. Changes in product type or payee type, or any gaps in enrollment during 1999 should not be counted as disenrolled.

Table D

Managed Health Care Services
Reporting Period: CY 1999

II. HEALTH PLAN SERVICES

1.) Please indicate for each of the following high risk conditions/diseases, if your managed care plan (A) has screening mechanisms, (B) provides case management, and (C) provides specific educational materials to persons-at-risk: (CHECK ALL THAT APPLY)

High Risk Conditions/Diseases	(A) Screening Mechanisms	(B) Case Management	(C) Education for Persons-at-risk
Asthma	( )	( )	( )
Stroke/Cardiovascular Disease	( )	( )	( )
Breast Cancer	( )	( )	( )
Cervical Cancer	( )	( )	( )
Ovarian Cancer	( )	( )	( )
Congestive Heart Failure (CHF)	( )	( )	( )
Chronic Obstructive Pulmonary Disease	( )	( )	( )
Diabetes	( )	( )	( )
Depression	( )	( )	( )
HIV	( )	( )	( )
Sickle Cell Anemia	( )	( )	( )
High Risk Pregnancy	( )	( )	( )
Obesity	( )	( )	( )
Tobacco Use	( )	( )	( )
Multiple Illnesses	( )	( )	( )
Chronic Diseases	( )	( )	( )
Other ____________________ (PLEASE SPECIFY)	( )	( )	( )

2.) Please indicate if your managed care plan provides any of the following:

a.) Routine distribution of educational materials on general health promotion, disease prevention and wellness ( ) YES ( ) NO

b.) Information sent to all plan enrollees which addresses some or all of the high-risk conditions/ diseases listed in Question 1. ( ) YES ( ) NO

c.) Distribution of pre- and post-surgical information to enrollees ( ) YES ( ) NO

Note: The term *reminder/recall* in Questions 3a – 4b refers to notices intended to insure timely scheduling of the specific preventive screening/test or service indicated. General education materials or notices tied to anniversary dates, such as birthdays or enrollment dates, do not meet this definition.

3a.) Commercial or Medicaid only (If completing for a Medicare plan, skip to Question 3b)

Do you send reminder/recall letters and/or make telephone calls from your managed care plan office to your members to ensure usage of the following preventive services?

Mammograms ( ) YES ( ) NO

Immunizations ( ) YES ( ) NO

Pap smears ( ) YES ( ) NO

Diabetic Screens/Tests ( ) YES ( ) NO

3b.) Medicare only

Do you send reminder/recall letters and/or make telephone calls from your managed care plan office to your members to ensure usage of the following preventive services?

Mammograms ( ) YES ( ) NO

Immunizations ( ) YES ( ) NO

Well-woman checks ( ) YES ( ) NO

Diabetic Screens/Tests ( ) YES ( ) NO

4a.) Commercial or Medicaid only (If completing for a Medicare plan, skip to Question 4b)

Do you provide reminder/recall letters for your providers to use to notify your enrollees of the following preventive services?

Mammograms ( ) YES ( ) NO

Immunizations ( ) YES ( ) NO

Pap smears ( ) YES ( ) NO

Diabetic Screens/Tests ( ) YES ( ) NO

4b.) Medicare only

Do you provide reminder/recall letters for your providers to use to notify your enrollees of the following preventive services?

Mammograms ( ) YES ( ) NO

Immunizations ( ) YES ( ) NO

Well-woman checks ( ) YES ( ) NO

Diabetic Screens/Tests ( ) YES ( ) NO

5.) Does your plan routinely conduct continuing education sessions with your providers to improve their knowledge on current clinical practice recommendations?

( ) YES ( ) NO

6.) Does your managed care plan provide a RN hotline for your members?

( ) YES, for all products ( ) YES, for some products ( ) NO

7.) During the reporting period, did your plan provide coverage to your non-ASO members for the following health benefits? Please indicate if the benefit item was offered as standard coverage for all non-ASO products within the product line (commercial, Medicaid or Medicare), as standard coverage only for some non-ASO products in the product line, offered only by rider clause, or not covered at all. (CHECK ONLY ONE FOR EACH BENEFIT LISTED)

	Non-ASO Product Only			
	All Products	Some Products	Offered only by rider clause	Not Offered
Rx coverage of prenatal vitamins, including folic acid................................	( )	( )	( )	( )
Contraceptives:				
Birth control pills.............	( )	( )	( )	( )
IUDs............................	( )	( )	( )	( )
Norplant........................	( )	( )	( )	( )
Depo Provera..................	( )	( )	( )	( )
Annual eye exam for refractive errors.................	( )	( )	( )	( )
Autologous bone marrow transplants.......................	( )	( )	( )	( )
Stem cell rescue for breast cancer............................	( )	( )	( )	( )
Access to chiropractic services	( )	( )	( )	( )
Access to podiatric services....	( )	( )	( )	( )
Unrestricted approval for annual flu shots.................	( )	( )	( )	( )
Smoking cessation classes or cessation medications.......	( )	( )	( )	( )
Routine physical exams.........	( )	( )	( )	( )
Pap smears.......................	( )	( )	( )	( )
Conduct wellness surveys......	( )	( )	( )	( )

8.) During the reporting period, did your plan manage the following health services for your ASO group contracts? For each of the health services listed below, please indicate if it was elected as a covered benefit in all the ASO contracts with your plan, in some of the ASO contracts, or in none of the ASO contracts. (CHECK ONE COLUMN ONLY) Also indicate the proportion of your total ASO member enrollment who have coverage for the health service.

	Selected Covered Benefits: ASO Contracts			
	All Contracts	Some Contracts	None of the Contracts	Percent of ASO Enrollment Covered
Immunizations…………………	( )	( )	( )	_______
Mammograms…………………	( )	( )	( )	_______
Pap Smear………………………	( )	( )	( )	_______

9.) For each preventive service listed below, please indicate if, during the reporting year, your plan (A) requires physicians to provide you their practice profile or (B) provides the individual practice profiles to the physicians. In column (C) indicate if you sent comparative profile information to the physicians.

	(CHECK "A" OR "B")		(CIRCLE Y or N)
	(A) Physicians Provide Profiles	(B) Plan Provides Profiles	(C) Plan Sends Comparative Profile Data
Childhood Immunizations………………	( )	( )	Y/N
Adolescent Immunizations………………	( )	( )	Y/N
Breast Cancer Screenings………………	( )	( )	Y/N
Pap Smears………………………………	( )	( )	Y/N
Beta Blocker Treatment After Heart Attack……………………	( )	( )	Y/N
Comprehensive Diabetic Care:			
Hemoglobin Testing……………………	( )	( )	Y/N
Retinal Disease Eye Exam………………	( )	( )	Y/N
LDL-C (Lipids) Testing………………	( )	( )	Y/N
Nephropathy Screenings………………	( )	( )	Y/N
Annual Flu Shots for Older Adults……..	( )	( )	Y/N
Tobacco Cessation Counseling…………	( )	( )	Y/N
Other (Please specify)______________	( )	( )	Y/N

10.) Please indicate the administrative policies for your plan, as they applied to your non-ASO members during the reporting year. (CHECK A RESPONSE FOR EACH POLICY LISTED)

	YES All Products	YES Some Products	NO No Plan Products
a.) Allow access to OB/GYNs other than the once per year visit without referral	( )	( )	( )
b.) Patient must see PCP for referral to any specialist	( )	( )	( )
c.) PCP must contact HMO or its agency for referral to any specialist	( )	( )	( )
d.) Members can access non-OB/GYN in-network specialist without referral or prior authorization	( )	( )	( )
e.) Allow specialists other than OB/GYN to be designated as PCP for patients with chronic disease	( )	( )	( )

11.) For each procedure category listed below, please provide the hospital identifier information and the number of procedures performed on your plan members during the reporting period for the facilities in your plan network. Use additional data entry lines, as necessary.

Procedure/ICD9-CM Code	Hospital Name	Federal ID #	Px #
a.) Cardiac Catheterization			
(37.21-37.23)	1.______________________________	__________	___
	2.______________________________	__________	___
	3.______________________________	__________	___
	4.______________________________	__________	___
	5.______________________________	__________	___
	6.______________________________	__________	___
	7.______________________________	__________	___
	8.______________________________	__________	___
	9.______________________________	__________	___
	10. _____________________________	__________	___

Procedure/ICD9-CM Code	Hospital Name	Federal ID #	Px #
b.) Cardiac Angiography			
(88.55-88.57)	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
c.) Coronary Artery Bypass Graft			
(36.1, 36.2)	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
d.) Total Hip Replacement			
(81.51, 81.53)	1.		
	2.		
	3.		
	4.		
	5.		

Procedure/ICD9-CM Code	Hospital Name	Federal ID #	Px #
d.) Total Hip Replacement (continued)	6.		
	7.		
	8.		
	9.		
	10.		
e.) Prostatectomy			
(60.21, 60.29, 60.3-60.5	1.		
60.61, 60.62, 60.69)	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		