

Data Reconsideration Process and Policy

This document describes the policy and process by which clinics may request to have their data reconsidered and recalculated.

Background: Comagine Health Reporting

Comagine Health is dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information. The goal of Comagine Health's measurement and reporting initiative is to improve patient care by coordinating and consolidating quality and utilization information. Comagine Health creates and distributes quality and resource use reports for medical groups, clinics and providers on a quarterly basis.

Measuring the quality of health care requires a number of complicated technical decisions. Comagine Health's Analytics Advisory Committee, composed of providers, employers, policymakers and health insurers, studies measurement issues and helps to guide key decisions in this initiative.

Why would a clinic review its data and apply for reconsideration?

There are several reasons a clinic may elect to review its data and apply for reconsideration. These include:

- **Public reporting** – Results for a subset of measures are posted on Comagine Health's consumer website for clinics that meet Comagine Health's public reporting criteria. Clinics may choose to review their data to ensure that the publicly reported results are accurate.
- **Other reporting** – Clinics may use Comagine Health measures for other reporting initiatives, including the OHA Patient-Centered Primary Care Home certification program, health plan contracting, and others.
- **Quality improvement** – Clinics that use Comagine Health's reports for internal quality improvement efforts may wish to review their data for accuracy.

I. DATA RECONSIDERATION REQUEST POLICY

Comagine Health's measurement initiative uses the most widely available data source – administrative claims (billing) records – to measure patient care quality. Using only administrative claims records to measure quality can result in inaccuracies. To ensure fairness, the initiative has developed the following policy that includes a provision for reconsideration and recalculation of a clinic's 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 portal users when reconsideration period is open and the deadline when it will close. Clinics that wish to have their data formally reconsidered and their results recalculated must enter all data corrections through Comagine Health's online secure portal by the deadline indicated.

The reconsideration process will be administered by Comagine Health staff in consultation with Comagine Health's Analytics Advisory Committee and data vendor as necessary. If Comagine Health is unable to resolve reconsideration requests prior to updating the public reporting website, results for the clinic for the measure(s) being reconsidered will be noted on the public reporting website as "Results Under Review."

Comagine Health will apply consistent criteria to assess which patient-level feedback or corrections received through the secure portal will be accepted. The following are the criteria used to assess requests for reconsideration of a clinic's results:

Correction requests that will typically be accepted

- This provider left the clinic. *Termination date requested.*
- This provider has never belonged to the clinic.
- This provider is a specialist (not a primary care provider), and therefore, shouldn't be assigned patients.
- Patient is unknown to clinic.
- Patient was not seen during the two-year attribution period (measurement year and year prior).
- Patient does not meet the specific criteria for the measure. *Additional information required.*
- Patient meets the specific criteria for the measure and DID have service. *Additional information, e.g., date of service, required.*

Correction requests that typically will 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 Comagine Health's secure reporting portal, accessible from the provider landing page at <http://q-corp.org/portal>. ***Please do not deliver patient information directly to Comagine Health staff.***

Comagine Health will review all reconsideration requests and respond to the discrepancies submitted through the secure reporting portal. Corrections do not require extensive documentation by the clinic beyond a date of service and comments. However, the initiative reserves the right to request additional documentation to verify corrections. Comagine Health's response to a reconsideration request will be made within 30 days of receipt and will include:

- Decisions regarding corrections and reasons why corrections were accepted or not;
- Whether the publicly reported category will be changed;
- Request for additional information if necessary, or request to conduct an audit to verify data in the medical record.

II. DATA RECONSIDERATION REQUEST PROCESS

Submission and review of reconsideration request

The following steps describe the reconsideration process:

1. Clinics must submit patient-level data corrections through the secure reporting portal before review will begin. Patient information shall not be sent directly to Comagine Health staff.
2. Comagine Health staff will review feedback submitted through the secure reporting portal. Staff may call on Comagine Health's data vendor to provide supporting information derived from the claims database.
3. Formal notification of decisions and results of data recalculations will be communicated to the clinic through the portal within 30 days of the deadline for submitting reconsideration requests.
 - i. If Comagine Health is unable to resolve reconsideration requests prior to updating the public reporting website, results for the clinic for the measure(s) being reconsidered will be noted on the public reporting website as "Results Under Review."