Appendix B: Data Specifications for OHIC Affordability Standards Evaluation

Standard 1: Primary Care Spending

Instructions: Please return the data in MS Excel or other electronic format as well as the completed specification sheet to

Measure	Methodologies	Dates	Population
1.Incidence of Hospitalizations for Ambulatory Care–Sensitive Conditions[1]	Using the Billings methodology, calculate the incidence of hospitalizations for ambulatory care-sensitive conditions listed below. http://wagner.nyu.edu/faculty/billings/acs-algorithm.php • Angina • Asthma • Bacterial pneumonia • Cellulitis • Chronic obstructive pulmonary disease • Congenital syphilis • Congestive heart failure • Convulsions • Dehydration • Diabetes • Failure to thrive • Gastroenteritis • Grand mal status and other epileptic	Annual data for ____ 2008 ____ 2009 ____ 2010 ____ 2011 ____ 2012 (Claims run out through March 31, 2013)	Commercial, fully insured and self-insured HMO and PPO members who live in RI and bordering counties in MA and CT and have been attributed[2] to PCPs in Rhode Island.

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[1] Initial data cited in Affordability Standards report was based on research done in 2005 by the RI Department of Health, which used the NYU (Billings) methodology and data reported by RI hospitals. See an example of this analysis at:: www.health.ri.gov/publications/periodicals/healthbynumbers/0503.pdf.

[2] Use CSI Attribution Methodology

Measure	Methodologies	Dates	Population
	convulsions • Hypertension • Hypoglycemia • Immunization related and preventable conditions • Invasive cervical cancer • Iron deficiency anemia • Kidney/urinary infection • Nutritional deficiencies • Other tuberculosis • Pelvic inflammatory disease • Pulmonary tuberculosis • Severe ear, nose and throat infections		
2.Incidence of Emergency Room Visits for Ambulatory Care–Sensitive Conditions	Using the NYU algorithm found at: http://wagner.nyu.edu/faculty/billings/nyued-background.php provide the incidence of Emergency Room Visits for Ambulatory Care-Sensitive Conditions	Annual data for ____ 2008 ____ 2009 ____ 2010 ____ 2011 ____ 2012 (Claims run out through March 31, 013)	Commercial, fully insured and self-insured HMO and PPO members who live in RI and bordering counties in MA and CT and have been attributed[3] to PCPs in Rhode Island.

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[3] Use CSI Attribution Methodology

Measure	Methodologies	Dates	Population
3.Selected HEDIS Measures	Using HEDIS specifications for the defined population, report • Adults' Access to Preventive/Ambulatory Health Services • Children and Adolescents' Access to PCP • Well-Child Visits in the first 15 Months of Life (6 or more visits) • Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life • Adolescent Well-Care Visits	Annual data for ____ 2008 ____ 2009 ____ 2010 ____ 2011 ____ 2012 (Claims run out through March 31, 2013) (For HEDIS data, these data ranges are the data reported for the calendar year listed. For example, the HEDIS data for calendar year 2011 is reported to NCQA in 2012.)	Commercial, fully insured and self-insured HMO and PPO members who live in RI and bordering counties in MA and CT and have been attributed[4] to PCPs in Rhode Island

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[4] Use CSI Attribution Methodology

Measure	Methodologies	Dates	Population
4. Selected CAHPS Measures	Provide response data for the following two questions: • When you needed care right away, how often did you get care as soon as you thought you needed? • Not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?	Annual data for ____ 2009 ____ 2010 ____ 2011 ____ 2012 (For CAHPS data, these data ranges are the data reported during the HEDIS filing e.g., a survey conducted in the spring of 2012 and reported to NCQA in 2012 is considered 2012 even though the HEDIS data reported at the same time would be 2011.)	Commercial, fully insured and self-insured HMO and PPO members who live in RI and bordering counties in MA and CT and have been attributed[5] to PCPs in Rhode Island. If plans are not able to identify individuals surveyed based on those who have seen RI PCPs, please report CAHPS survey results that include Rhode Island members and identify what other members could be included in the survey results. Plans should specify for which products they conducted CAHPS surveys and what percentage of their commercial RI membership this covers.

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[5] Use CSI Attribution Methodology

Measure	Methodologies	Dates	Population
5.PCP visits/1000	Calculate PCP Visits/1000 using the following definition: Definition: A primary care physician is a generalist physician who provides care to patients at the point of first contact and takes continuing responsibility for providing the patient's care. Such a physician must have a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine. For the purposes of this data collection, PCPs are not specialists. Do not include nurse practitioners or physician assistants.	Annual data for ____ 2008 ____ 2009 ____ 2010 ____ 2011 ____ 2012 (Claims run out through March 31, 2013)	Commercial, fully insured and self-insured HMO and PPO members who live in RI and bordering counties in MA and CT and have been attributed[6] to PCPs in Rhode Island
6. Specialist Visits/1000	Calculate Specialist Visits/1000 using the following definition: Outpatient physician visits that are neither with a physician with a plan PCP indicator nor with MDs who are primary care providers but do not have assigned panels of patients. A specialist can be an MD or a DO. Non-MDs, including: chiropractors, physical, occupational and speech therapists, podiatrists and other allied health professionals, are not considered specialists.	Annual data for ____ 2008 ____ 2009 ____ 2010 ____ 2011 ____ 2012 (Claims run out through March 31, 2013).	Commercial, fully insured and self-insured HMO and PPO members who live in RI and bordering counties in MA and CT and have been attributed[7] to PCPs in Rhode Island

[6] Use CSI Attribution Methodology
[7] Use CSI Attribution Methodology

Measure	Methodologies	Dates	Population
7. Inpatient Discharges/1000	Using the specification for the HEDIS Inpatient Utilization – General Hospital/Acute Care (IPU) to calculate discharges/1000, report data using the following categories: Total inpatient Maternity Surgery Medicine Provide breakdown by ages as detailed in the reporting tool, if available.	Annual data for ____ 2008 ____ 2009 ____ 2010 ____ 2011 ____ 2012 (Claims run out through March 31, 2013).	Commercial, fully insured and self-insured HMO and PPO members who live in RI and bordering counties in MA and CT and have been attributed[8] to PCPs in Rhode Island.
8. ED Visits/1000	Using the specification for HEDIS Ambulatory Care (AMB) measure to calculate the ED visits/1000, Provide breakdown by ages as detailed in the reporting tool, if available. Please note that this measure excludes mental health and chemical dependency services	Annual data for ____ 2008 ____ 2009 ____ 2010 ____ 2011 ____ 2012 (Claims run out through March 31, 2013).	Commercial, fully insured and self-insured HMO and PPO members who live in RI and bordering counties in MA and CT and have been attributed[9] to PCPs in Rhode Island.

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[8] Use CSI Attribution Methodology
[9] Use CSI Attribution Methodology

Standard 4: Hospital Contracting

Measure	Methodologies	Dates	Population
Hospital Inpatient Payments and Outpatient Payments	Provide responses to selected payment methodology questions included in the payment reform module of the 2013 version of *eValue8*. For 2010 and 2012 data plans should submit data using the accompanying spreadsheet.	Annual data for ____ 2010 ____ 2012	All members receiving services from Rhode Island providers