



Partner for  
Quality Care

*Information for a Healthy Oregon*

# Results Reconsideration Process and Policy

The purpose of this document is to provide a policy for and process by which medical groups, clinics, and practitioners may request to have their data reconsidered prior to publication of performance categories on a consumer website.

## **Background**

*Partner for Quality Care*, an initiative of the Oregon Health Care Quality Corp (Quality Corp), is committed to improving health care quality, and considers public reporting an important part of the information sharing that drives quality improvement. With each round of quality measurement reports released through *Partner for Quality Care*, at least some results will be posted at the medical group and clinic level on the *Partner for Quality Care* consumer website. In order to meet this goal, it is imperative that the measurement program and those being measured have a constructive engagement to assure data are as accurate and fair as possible.

In some situations medical groups or clinics may have reasonable grounds for reconsideration of publicly reported performance categories (Below/Average/Better) due to inaccurate patient or practitioner data. The *Partner for Quality Care* multi-stakeholder committees have developed specific criteria for reconsideration of publicly reported performance categories. The criteria and process outlined in this document follow the spirit of the *Patient Charter for Physician Performance Measurement*, achieved through national consensus. (See <http://healthcaredisclosure.org/docs/files/PatientCharter.pdf>).

For medical groups and clinics that are interested only in supplying feedback about their data accuracy, but are not requesting that their data be reconsidered for public reporting, please see "Instructions for Reviewing Your Data and Providing Feedback." The *Partner for Quality Care* initiative will work with all medical groups, clinics and practitioners that submit information about data inaccuracies through the secure website, regardless of whether or not a reconsideration request is made.

For medical groups and clinics that believe they should be excluded from public reporting entirely, please see "Policy for Exclusion from Public Reporting" available at: [www.PartnerForQualityCareForPractitioners.org](http://www.PartnerForQualityCareForPractitioners.org).

## **I. Reconsideration Request Policy**

The *Partner for Quality Care* initiative uses the most widely available source – claims (billing) records – to measure patient care quality. Using only administrative claims records to measure quality can result in inaccuracies. To assure fairness, the initiative has developed this policy and process that includes a provision for reconsideration and recalculation of the publicly reported quality categories when appropriate. This policy is intended to:

- Provide a fair and transparent process
- Establish consistent criteria
- Provide a timely process
- Focus on improvement of quality measurement
- Assure the privacy and security of patients

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To protect patient privacy, all communication about individual patients and their care must be submitted through the secure website. **Do not deliver patient information directly to Quality Corp staff.**

The reconsideration process will be administered by staff in consultation with the *Partner for Quality Care* Program Committee as necessary. If the initiative is unable to respond to requests in a timely manner, it will not publish a medical group or clinic's performance categories while reconsideration requests are pending. Quality results for the medical group or clinic will be noted on the website as "results under review."

As part of the review and reconsideration process, *Partner for Quality Care* will provide a clear timeframe for reconsideration of requests from medical groups and clinics. The review process begins when a medical group or clinic either receives reports in the mail or receives an email message stating reports are available online. The following information will be included with these communications:

- The deadlines for submission of specific online feedback and a reconsideration request.
- Who to contact for questions or to obtain support in the process for reconsideration.
- The process for obtaining a username and password to access patient-level data on the secure site.

Specific online feedback and reconsideration requests must be submitted to *Partner for Quality Care* by **February 5, 2010**.

*Partner for Quality Care* will apply the following criteria to requests for reconsideration of performance categories:

#### **Correction requests that will typically be accepted**

- This practitioner has never practiced in the medical group or clinic.
- This practitioner is a specialist (not a primary care practitioner) and is not providing primary care services.
- This practitioner no longer practices at the clinic or medical group. A date of departure must be provided.
- Patient is unknown to clinic or medical group.
- Patient was not seen in the measurement period.
- Patient does not meet the specific criteria for the measure. An explanation must be provided.
- Patient meets the specific criteria for the measure and DID have service. The date of service must be provided in date field.

#### **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.
- Practitioner is not responsible for managing the services being measured.
- Disagreement with a measurement specification, or with the data collection process and/or method.
- Measurement results do not match rates or results from a medical group or clinic's internal registry (where numerators and denominators are not comparable).

*Partner for Quality Care* will review all formal reconsideration requests and respond to the discrepancies documented by the medical group or clinic. Corrections do not require extensive documentation by the medical group or clinic beyond a date of service and comments. However, the initiative reserves the right to request additional documentation to verify corrections. *Partner for Quality Care's* response to a reconsideration request will be made within 30 days of receipt and include:

- Decisions regarding corrections and reasons why corrections were accepted or not.
- Whether the publicly reported category will be changed.

- Request for additional information, or request to conduct an audit to verify data in the medical record.

## II. Reconsideration Request Process

Prior to public posting of results on the *Partner for Quality Care* website, medical groups will be given a defined period in which to review their quality scores, including patient-level results through a secure website. If a medical group or one of its clinics has checked patient-level information for accuracy and believes that correcting the information will cause a change in their performance category for public reporting, they must communicate their request to *Partner for Quality Care* staff within the timeframe specified. The following steps describe the reconsideration process:

- A. A medical group must submit a completed Reconsideration Request Form to *Partner for Quality Care* in which they indicate discrepancies have been identified in the data that they believe will change their publicly reported category (Below/Average/Better). The request form must be signed by an appropriate authority for the medical group or clinic.
  1. Medical groups or clinics must submit patient-level data corrections through the secure website before review of the reconsideration request will begin. **Patient information shall not be sent directly to Quality Corp staff.** Note: Milliman, the *Partner for Quality Care* data vendor, may receive patient information through the secure website as a Business Associate of the medical group.
  2. A medical group may request reconsideration of one or more measures.
  3. *Once a formal reconsideration request has been received and patient-level corrections have been submitted through the secure site, Partner for Quality Care will attempt to resolve the request before public data are posted and will respond within 30 days. If the 30-day time period extends after data are publicly reported, quality results for the medical group or clinic will be noted on the website as "results under review."*
- B. *Partner for Quality Care* staff will review all requests for completeness and confirm receipt within 5 working days. Staff will call the medical group contact to conduct a brief interview, confirm data corrections have been made through the secure website, and answer questions.
- C. *Partner for Quality Care's* data vendor will summarize proposed inaccuracies and may provide supporting information derived from the claims database.
- D. The Quality Corp Executive Director and Medical Director will review all requests and make decisions based on the medical group request, corrections submitted, brief interview, and summary of corrections from the data vendor.
- E. Decisions will be communicated to the medical group contact in a written letter from the Executive Director within 30 days of receipt of the request.
  1. In rare cases where detailed verification of claims records and patient information requires longer than 30 days, the Executive Director will notify the medical group with an explanation.
- F. If the decision reached by the Executive Director and Medical Director is not in the medical group's favor, the medical group may submit a written appeal to the *Partner for Quality Care* Program Committee, a subcommittee of the Quality Corp. Board, for determination.
  1. The Program Committee will determine if additional information is needed. During this process, any appellant who wishes to make a presentation to the Program Committee will be granted the opportunity to do so.

2. The Program Committee will make decisions about the dispensation of the appeal by majority vote and their decision will be communicated to the medical group contact in a written letter from the Executive Director within 45 days of the appeal.
3. During the appeal process, quality results will be noted on the website as "*results under review.*"

# RECONSIDERATION REQUEST FORM



*Information for a Healthy Oregon*

## CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Medical Group Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## RECONSIDERATION INFORMATION

Requesting reconsideration of performance measures for public reporting for:

- Clinic    Medical Group    Both

Name of clinic/medical group requesting reconsideration: \_\_\_\_\_

Requesting reconsideration of which measures:

- |  |   |
|--|---|
| <input type="checkbox"/> Use of Appropriate Medications for People with Asthma | <input type="checkbox"/> Cervical Cancer Screening                            |
| <input type="checkbox"/> Breast Cancer Screening                               | <input type="checkbox"/> Chlamydia Screening                                  |
| <input type="checkbox"/> Diabetes Care, HbA1c                                  | <input type="checkbox"/> Cholesterol Management for People with Heart Disease |
| <input type="checkbox"/> Diabetes Care, Eye Exam                               | <input type="checkbox"/> Diabetes Care, LDL-C                                 |
| <input type="checkbox"/> Diabetes Care, Nephropathy                            |   |

Data inaccuracies have been submitted on the secure website:  Yes    No   If No, please give date this will be completed: \_\_\_\_\_

**Additional Information:** Please describe any special circumstances surrounding your clinic or medical group that you feel are important for reviewing this request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing this form, the applicant agrees that all of the above information is a correct reflection of the medical group's, clinic's or practitioner's characteristics, and that the applicant is authorized to make this request on behalf of the medical group or clinic.

\_\_\_\_\_  
Applicant Signature, Title

\_\_\_\_\_  
Date

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