Public Reporting Provider Exclusion Policy and Request Form

This document describes the policy and process by which provider organizations (i.e., medical groups and clinics) may request exclusion from the public reporting of clinic quality and utilization results on Comagine Health's consumer website, www.q-corp.org/compare-your-care.

For questions or concerns about patient-level data or the accuracy of clinic rates and performance categories, refer to the "Data Reconsideration Process and Policy" available at http://q-corp.org/portal.

Background

Comagine Health's Compare Your Care initiative aims to improve health care quality in Oregon by providing information to help consumers make informed decisions. Public reporting through this program is an important part of quality improvement and it is imperative that those being measured have constructive engagement to ensure data is as accurate and fair as possible.

The data publicly shared on Comagine Health's reporting portal is submitted by health plans voluntarily agreeing to share their data to support Comagine Health's mission of transparency and quality improvement. Provider organizations may not opt out and may only be excluded from public reporting if they meet certain criteria. This document outlines the criteria Comagine Health has developed for excluding provider organizations from public reporting.

IMPORTANT: Comagine Health creates and distributes private quality and resource use reports for medical groups, clinics and providers quarterly. Scores are updated on Comagine Health's public consumer website once per year. Provider organizations submitting documentation showing that they qualify for an exclusion from public reporting will be notified by Comagine Health of the status of their exclusion request and if applicable, the timeline for that exclusion to begin.

I. CRITERIA FOR PUBLIC REPORTING

- Clinics or medical groups with three or more primary care providers, at least 30 patients in a measure denominator, and who have been included in at least one round of Comagine Health private reports will be publicly reported.

- Clinics with fewer than three primary care providers may opt into public reporting by contacting Comagine Health staff.

II. ALLOWABLE EXCLUSIONS

Comagine Health has identified a limited number of circumstances under which a provider organization's results may be excluded from public reporting. Allowable circumstances for requesting exclusion are:

A. Clinic has fewer than three primary care providers

A medical group or clinic may have three or more providers, but fewer than three of those providers are practicing primary care. Alternately, a medical group or clinic may have experienced a loss of primary care providers that results in its having fewer than three primary care providers. Provider organization that meet either of these criteria and wish to be excluded from public reporting should submit a request to be excluded. See Section III, "Exclusion Request Process," below.

B. Providers within a common building do not function as a clinic or medical group

Providers who practice independently from each other in a shared physical space may request exclusion from public reporting. To be considered independent providers within a common clinic or building, all of the following must apply:

1. Patient care is not shared.
2. Administrative staff is not shared.
3. Health plan contracting is conducted independently.
4. Medical records and scheduling systems are maintained separately.
5. Corporate structures are independent.

Providers that meet these criteria and wish to be excluded from public reporting must submit an exclusion request. See Section III, "Exclusion Request Process," below.

Note: If the criteria above partially apply, providers may request a one-time exclusion from public reporting. Providers or clinics that participate in an affiliated medical group and enjoy the benefits of a medical group should expect to be publicly accountable for quality measurement as a medical group in the future.

C. Provider organization is not practicing primary care

Medical groups or clinics that meet one or more of the below criteria and wish to be excluded from public reporting must submit an exclusion request. See Section III, "Exclusion Request Process," below.

1. Provider organizations that provide care primarily to homebound or hospice patients may request to be excluded from public reporting.
2. Provider organizations practicing only complementary or alternative medicine (e.g., naturopathy) may request to be excluded from public reporting.
3. Provider organizations that provide only urgent care may request to be excluded from public reporting.

4. Provider organizations that practice other care that is not primary care, but is not listed above may request to be excluded from public reporting. As part of its formal request, the provider organization should provide information about how the exclusion criterion is met.

D. Provider organization has other special circumstances

Medical groups or clinics may submit a formal request to be excluded from one round of public reporting if there are special circumstances that would make public reporting of results inaccurate or inappropriate. As part of its formal request, the provider organization should provide an explanation of any special circumstances. See Section III, "Exclusion Request Process."

Comagine Health will not exclude a provider organization from public reporting of measurement results based solely on:

1. A clinic or medical group's desire not to have the data publicly reported;
2. Disagreement with publicly reported quality scores;
3. Disagreement with a measurement specification, or with the data collection process and/or method;
4. Differences between Comagine Health measurement results and results from a medical group's or clinic's internal registry.

III. EXCLUSION REQUEST PROCESS

Prior to the public reporting of results on the Compare Your Care website, clinics will be given a defined period ("reconsideration period") to review their quality results. The reconsideration period begins when refreshed data becomes available to provider organizations on Comagine Health's secure online portal. Comagine Health will send an email message to all active portal users announcing when refreshed data are available.

If a medical group or one of its clinics meets one or more of the criteria for exclusion from public reporting, it must communicate its concern(s) to Comagine Health staff within the timeline specified. The steps for requesting an exclusion from public reporting are as follows:

A. A provider organization must submit a Public Reporting Exclusion Request Form (see below) before the stated deadline, in which it indicates how it meets the exclusion criteria. The request form must be signed by an appropriate authority for the medical group or clinic.

B. Comagine Health staff will review all requests for completeness and confirm receipt within five business days of receipt. Staff may call the medical group or clinic contact to obtain additional information.

C. Once a formal exclusion request has been received, Comagine Health will respond with a decision in writing within 30 days and will attempt to resolve the request before public data are posted. If a request is not resolved before public data are posted, quality results for the clinic(s) will be noted on the website as "Results Under Review."

D. If the decision is not in the provider organization's favor, the provider organization may submit a written appeal to the Comagine Health Analytics Advisory Committee for determination.

E. The Comagine Health Analytics Advisory Committee will determine if additional information is needed. During this process, any appellant who wishes to make a presentation to the Comagine Health Analytics Advisory Committee will be granted the opportunity to do so.

F. The Comagine Health Analytics Advisory Committee will make a decision about the dispensation of the appeal by majority vote and their decision will be communicated to the appellant in a written letter from the Oregon Data Collaborative manager within 45 days of receipt of the written appeal.

G. When a request for exclusion from public reporting has been granted, the notification letter will indicate whether the medical group or clinic needs to reapply for exclusions from subsequent rounds of public reporting.

IV. ADMINISTRATIVE PROCESS

A. Comagine Health staff will record all exclusion requests upon receipt, will track all stages of the process, and will maintain complete records.

B. For the duration of an exclusion request, the provider organization's status in Comagine Health's Provider Directory will be changed to reflect "no public reporting."

C. When necessary, once an appeal has been settled, the Comagine Health Provider Directory will be changed to reflect the decision.

Public Reporting Exclusion Request Form

To request exclusion from public reporting for Comagine Health's Compare Your Care initiative, complete this form and submit to OregonData@comagine.org.

CONTACT INFORMATION

Contact Name:_____

Title:_____

Email:_____

Phone: _____

Medical Group / Clinic Name: _____

Address:_____

EXCLUSION INFORMATION

Name of clinic(s) for which exclusion from public reporting is requested: _____

_____

Reason(s) for exclusion request:

☐ Providers within a common building who do not function as a clinic or medical group.

Please check all that apply:

___ Patients are not shared
___ Administrative staff not shared
___ Independent contracting with health plans
___ Independent medical records and scheduling systems
___ Independent corporate structures
___ Other: _____

☐ Clinic/medical group/provider not practicing primary care. Please state the number of providers in your clinic or medical group as well as the type(s) of care provided by them:

_____
_____
_____
_____

☐ Other. Please describe any special circumstances surrounding your clinic or medical group that you feel should exclude it from public reporting. Please include the number of providers as well as the type of care provided:

_____
_____
_____
_____
_____
_____

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

_____ _____

Applicant Signature, Title Date