

January 13, 2012

RE: Clarification #1 for 2011 Quality Assurance Reporting Requirements Technical Specifications

Dear Colleague:

This clarification contains several changes to the 2011 Quality Assurance Reporting Requirements Technical specifications manual (dated October 14, 2011). Three measures and the optional enhancement file for MMC have changes. The following modifications should be incorporated into the 2011 QARR technical specifications manual:

Measure 1 – Adolescent Preventive Care

- **Summary of Changes (Page 14)**
The notation of added administrative codes did not include Depression. The administrative codes for Depression can be used in the same fashion as with Tobacco use, Substance use and Sexual Activity.
- **Primary Care Providers with Administrative Data (page 14)**
The specifications indicate (Page 14, the first bullet under "Note") that all qualifying services may be included even if they occur over multiple visits as long as all services occur within the measurement year and were provided by a PCP or OB/GYN practitioner. The same criteria apply to administrative data. Qualifying services in administrative data need to be delivered during the measurement year by a primary care provider or OB/GYN practitioner.
- **Collection Method and Use of Administrative Data (page 15)**
The statement regarding the inclusion of medical record review in the collection of the measures has been clarified. The statement has been changed to, "**All plans must use the hybrid method for collection of these measures for all numerator non-compliant members.**" If members are numerator non-compliant for measures with the use of administrative data, medical record data **MUST** be used to complete the determination of numerator compliance. Plans may not calculate these four rates using administrative data **only** if members are numerator non-compliant for any of the measures. Administrative data which has qualified a member as numerator compliant for a measure does not need to be validated by information in the medical record for that member.
- **Codes for Counseling Related to Sexual Activity (Page 16)**
The column of the codes was wrongly labeled as ICD-9-CM *Procedure*. The codes are ICD-9-CM *Diagnosis*.

Description	ICD-9-CM Diagnosis
Counseling for HIV	V65.44
Counseling for Other STIs	V65.45
Counseling of Oral and Other Contraceptives	V25.0, V25.01, V25.02, V25.03, V25.04, V25.09

- **Codes for Tobacco Cessation Counseling or Services (Page 18)**
The HCPCS code for Smoking Cessation Classes contained an extra digit. The HCPCS code should be S9453.

Description	CPT	HCPCS
Tobacco Cessation Counseling	99406, 99407	
Smoking Cessation Classes		S9453

Measure 2 – Comprehensive Care for People Living with HIV/AIDS

- Optional Exclusions Use (Page 23)
If a plan chooses to remove members with the optional exclusion, the member must be removed from all three measures, regardless of numerator compliance status. This is similar to HEDIS guidance for Comprehensive Diabetes Care or measures with more than one component.
- Engaged in Care (Page 23)
The measure description is clarified to indicate numerator compliance requires at least one qualifying visit in the first six months and at least one qualifying visit in the second six months. The description should be changed as follows, “The percentage of members from the eligible population who had **2 at least one** outpatient visits for physician services of primary care or HIV related care occurring during each half of the measurement year.” Numerator compliance does NOT require two visits during each half of the measurement year.

Measure 3 – Appropriate Asthma Medication – 3 or More Controllers

- Eligible Population and Denominator (page 25)
The description of the age groups contained an error in the second sentence (ages 19 to 55 should be 19 to 50). Please replace the first two sentences of the paragraph with:
Follow HEDIS® 2012 specifications for Use of Appropriate Medications for People with Asthma (ASM) (Volume 2). The results will be reported as five rates, if applicable. Results for ages 5 to 11, 12 to 18, **19 to 50**, 51 to 64 and for ages 5 to 64 will be reported separately.

Optional Enhancement Files –

- Members and Events in the Optional Enhancement File (Page 52)
There has been a change regarding the data to include in the optional enhancement files. Plans should be including all qualifying members or events in the enhancement file regardless of numerator compliance status. While the files had previously included only members who were numerator non-compliant at the time of submission, the files should now include all members or events included in the denominators of the measures. **The count of records in each optional enhancement file should match the denominator in the DSS for that measure.**

These clarifications should be incorporated into the 2011 QARR Technical Specifications Manual and shared with auditors and vendors as applicable. If there are any questions about the changes or the specifications, please feel free to contact me at (518) 486-9012.

Sincerely,

Anne Schettine
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