



# Department of Health

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Governor

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Acting Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

June 5, 2023

RE: Clarification #1 for Measurement Year (MY) 2023 Updates

Dear Colleague,

This letter contains information about edits incorporated into the 2023 Quality Assurance Reporting Requirements (QARR) Technical Specifications, Patient Level Detail (PLD) for Measurement Year (MY) 2023 reporting. The information contained in this clarification has been incorporated into a revised version of the QARR Technical Specifications for MY2023. The updated files are posted on our [Managed Care Information for Health Plans](#) page. The revised specifications should be used in the plans' processing for MY2023 QARR.

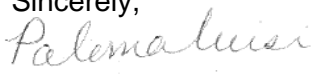
This clarification includes the following changes made to the 2023 QARR Technical Specifications Manual.

Change Version	Version Date	Section(s) Changed	Change Summary
1	6.5.2023	<b>QARR Technical Specifications</b>	<b>Table 1: QARR List of Required Measures</b> , is no longer contained within the QARR Technical Specification Manual. It is now a stand-alone document that has been posted to the <a href="#">NYSDOH Managed Care</a> website under the Quality Assurance Reporting Requirements (QARR), 2023 tabs.
			<b>Breast Cancer Screening (BCS)</b> , clarification has been added to note only the <b>non-ECDS</b> version has been retired by HEDIS/NCQA for MY2023.
			<b>Inpatient Utilization–General Hospital/Acute Care (IPU)</b> is <b>not</b> required to be reported for Essential Plans. Table 1 in the QARR Technical Specifications inadvertently had this notated as required reporting (✓). This has been corrected to an NR.
			<b>Depression Remission or Response for Adolescents and Adults (DRR-E)</b> inadvertently had the wrong short name associated with it in Table 1. This has been corrected.
			<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</b> is required for reporting on the PLD, the ● was inadvertently omitted from Table 1. This has been corrected in the QARR Technical Specifications Table 1.
			<b>Use of Pharmacotherapy for Alcohol Use or Dependence (POA)</b> – The name has been updated to align with HEDIS/NCQA's Behavioral Health measures. Abuse has been updated to Use.

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			<p><b>NYS QARR Medication List and NDC codes</b> for MY2023 have been posted to the <a href="#">NYSDOH Managed Care</a> website under the Quality Assurance Reporting Requirements (QARR), 2023 tabs.</p>
			<p><b>Developmental Screening in the First Three Years of Life (DEV-N)</b> numerator criteria has been updated to require both a CPT code 96110 <b>and</b> ICD-10-CM Code Z13.42.</p>
			<p><b>COVID-19 Immunization Status (CVS)</b> specifications for this measure have not changed, but the language for the denominator criteria for rate 2 (Fully Vaccinated with Booster) has been clarified to make this clearer. Only members who are fully vaccinated are eligible to receive a booster. The denominator for rate 2 should only include members aged 5 years and older <b>and</b> those that were compliant with numerator 1 (fully vaccinated).</p>
		<p><b>Patient-Level Detail File (PLD)</b></p>	<p><b><u>Commercial PLD:</u></b></p> <p><b>Field Member ID:</b></p> <ul style="list-style-type: none"> <li>The following note was added as a note for Essential Plans reporting member ID in the PLD, "For Essential Plans, please report the member's NYHX Member ID."</li> </ul> <p><b>Data Source:</b></p> <ul style="list-style-type: none"> <li>Field: <b>Source of Race Data:</b> 22 = State Databases (Direct) has been added as a response option.</li> <li>Field: <b>Source of Ethnicity Data:</b> 22 = State Databases (Direct) has been added as a response option.</li> </ul> <p><b>Measure COL (non-electronic version):</b></p> <ul style="list-style-type: none"> <li>Age bands were incorrect in the original release and have been corrected.</li> </ul> <p><b>General Information:</b></p> <ul style="list-style-type: none"> <li>Column Start and Column End numbering has been corrected.</li> </ul>
		<p><b>Patient-Level Detail File (PLD)</b></p>	<p><b><u>Medicaid PLD:</u></b></p> <p><b>Data Source:</b></p> <ul style="list-style-type: none"> <li>Field: <b>Source of Race Data:</b> 22 = State Databases (Direct) has been added as a response option.</li> <li>Field: <b>Source of Ethnicity Data:</b> 22 = State Databases (Direct) has been added as a response option.</li> </ul> <p><b>General Information:</b></p> <ul style="list-style-type: none"> <li>Column Start and Column End numbering has been corrected.</li> </ul>

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		<p><b>Patient-Level Detail File (PLD)</b></p>	<p><b><u>Exchange PLD:</u></b></p> <p><b>Data Source:</b></p> <ul style="list-style-type: none"> <li>Field: <b>Source of Race Data:</b> 22 = State Databases (Direct) has been added as a response option.</li> <li>Field: <b>Source of Ethnicity Data:</b> 22 = State Databases (Direct) has been added as a response option.</li> </ul> <p><b>Measure FUH:</b></p> <ul style="list-style-type: none"> <li>The denominator for <b>Follow-Up After Hospitalization for Mental Illness</b> (FUH): 6-17 years was missing and has been added.</li> <li>The numerator for <b>Follow-Up After Hospitalization for Mental Illness</b> (FUH): 65+ years, 7-day follow-up was missing and has been added.</li> </ul> <p><b>Measure KED:</b></p> <ul style="list-style-type: none"> <li>The numerator for <b>Kidney Health Evaluation for Patients With Diabetes</b> (KED): 75-85 years was missing and has been added.</li> </ul> <p><b>ECDS Measures:</b> The following ECDS measures were listed as required reporting in the QARR Technical Specifications Table 1, but omitted from the Exchange PLD, the PLD has been updated to match Table 1:</p> <ul style="list-style-type: none"> <li><b>Adult Immunization Status</b> (AIS-E)</li> <li><b>Childhood Immunization Status</b> (CIS-E)</li> </ul>
		<p><b>QARR Technical Specifications &amp; Exchange Patient-Level Detail File (PLD)</b></p>	<p><b>ECDS Measures:</b> To align with CMS' QRS Measure Set, the following ECDS measures have been added as required reporting on the Exchange PLD and Table 1: QARR List of Required Measures:</p> <ul style="list-style-type: none"> <li><b>Cervical Cancer Screening</b> (CCS-E)</li> <li><b>Depression Screening and Follow-Up for Adolescents and Adults</b> (DSF-E)</li> <li><b>Social Need Screening and Intervention</b> (SNS-E)</li> </ul>

If there are any questions about the above edits, or if you find issues or have concerns with the MY2023 Technical Specifications manual or other documents, please email [nysqarr@health.ny.gov](mailto:nysqarr@health.ny.gov).

Sincerely,  
  
 Paloma Luisi, MPH  
 Director, Bureau of Quality Measurement & Evaluation  
 Center for Applied Research and Evaluation  
 Office of Quality and Patient Safety

CC: R. Josberger  
 B. Bandle