

December 31, 2012

RE: Clarification #1 for 2013 MA/MAP Quality Assurance Reporting Requirements Technical Specifications

Dear Colleague:

This clarification contains additional guidance for data collection for the 2013 MA/MAP Quality Assurance Reporting Requirements Technical specifications manual (dated November 5, 2012). The information contained in this clarification should be incorporated into the 2013 MA/MAP QARR manual and in plans processing for MA/MAP QARR production.

A. Inclusion of Pharmacy Claim Reversals in Effectiveness of Care measures

For 2013 MA/MAP QARR reporting by Medicaid plans, inclusion of reversed pharmacy claims in Effectiveness of Care measures will NOT be allowed. NCQA issued a memo (dated November 9, 2012) allowing plans to choose between two options in calculation of results for Effectiveness of Care measures. The options differ by the inclusion or exclusion of reversed pharmacy claims and NCQA specified that organizations must implement their choice consistently across all measures and product lines. Per the NCQA memo, the two options are:

1. Implement the current requirement:

"Report all services for the Effectiveness of Care measures, whether or not the organization paid for them. For example, report services paid for by a third party, such as a community center; or services for which payment was denied because they were not properly authorized; or prescriptions even if the claim was reversed (e.g., because the member did not pick up the prescription or the organization denied the pharmacy claim).

The organization must include all paid, suspended, pending, reversed and denied claims, and is ultimately responsible for the quality of care it provides to members."

2. Revert to the HEDIS 2012 requirement:

"Report all services for the Effectiveness of Care measures, whether or not the organization paid for them. For example, report services paid for by a third party, such as a community center, or services for which payment was denied because they were not properly authorized.

The organization must include all paid, suspended, pending and denied claims, and is ultimately responsible for the quality of care it provides to members."

We try to align MA/MAP QARR requirements with NCQA guidelines wherever possible. However, we are requiring Medicaid plans to report 2013 MA/MAP QARR results using **Option 2** (excluding reversed pharmacy claims). We are requiring Option 2 to promote consistency in data collection and comparability between plans.

B. Loss of Medical Records or Operations due to Superstorm Sandy

NCQA issued information about modifications to NCQA requirements in response to Superstorm Sandy (dated November 27, 2012). Plans who are reporting to CMS and NCQA for HEDIS will follow the guidance by NCQA and work with NCQA to determine the appropriate level of modification for HEDIS reporting. Plans need to provide NCQA with an assessment, including impact to HEDIS and CAHPS. In addition, Medicare Advantage and Part D organizations should seek guidance from CMS about CAHPS. There is no New York State-specific guidance for loss of medical records or operations for 2013 MA/MAP QARR reporting.

These clarifications should be incorporated into the 2013 MA/MAP 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,

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