



April 15, 2015

RE: Clarification #4 for 2015 Quality Assurance Reporting Requirements Technical Specifications

Dear Colleague:

This clarification contains information about a change made to the 2015 Quality Assurance Reporting Requirements (QARR) Technical specifications manual (dated October 20, 2014). The information contained in this clarification should be incorporated into the 2015 QARR manual and in plans' processing for QARR production. The issue addressed in this clarification relates to the use of supplemental data for required exclusion steps in the denominator of the *Follow-up after Hospitalization for Mental Illness* (FUH) measure.

In previous years, the New York State Department of Health (NYS DOH) has allowed plans to use supplemental databases for identifying events meeting required exclusion criteria from sources other than administrative data, as documented in a clarification for a previous QARR reporting cycle (dated May 28, 2010). Specifically, the use of supplemental data for this measure allowed plans to remove discharges from the denominator when the discharge was followed by an admission within 30 days to a facility that would not be captured in claims (such as admission for an adult in a state-operated psychiatric center). In recent years, NCQA's guidance on supplemental database use has evolved and clarified how plans may use supplemental data in HEDIS measure calculations. HEDIS 2015, Volume 2, General Guideline 39 specifies that supplemental data cannot be used in required exclusions that relate to the timing of the denominator event. NYS DOH recently posed this specific use of supplemental data to identify instances of when a person is admitted to a health facility within 30 days of discharge when the subsequent admission would not be reflected in administrative data. The inquiry and response from NCQA's Policy Clarification System is as follows:

**NYS DOH's Policy Clarification System inquiry:**

*For FUH, readmissions or transfers to non-acute mental health facilities within 30 days of the initial discharge are a required exclusion. The funding stream for state-operated psychiatric facilities, which involve long-term non-acute mental health admissions, are through a state fund and not billed to health insurers. As there are no claims, plans would use other data to determine an admission to a facility. The exclusion reflects the rationale that the member was not in the community to have the opportunity to have outpatient follow up care in the 30 day period following discharge. Is it acceptable to allow the use of supplemental data to identify these admissions to remove the discharge from the denominator as it is not associated with the timing of the denominator event, but rather the ability to participate in outpatient events qualifying for the numerator?*

**NCQA's response:**

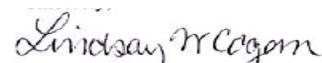
*General Guideline 39 describes the three uses of supplemental data; it can be used to determine the measure's numerator, optional exclusion and required exclusions not related to the timing of the denominator. There are "exclusions" included in a measure's steps which we consider to be part of the measure logic. All required exclusions are labeled as such in the applicable measure specifications. For example, what we consider to be "required exclusions" are listed in Step 4 of the eligible population of the LBP measure. The example in your question, such as the readmission and transfer logic in FUH, are not considered "required exclusions" and supplemental data are not allowed. If the members are being transferred to a state facility and are disenrolled from the plan, these members would likely not meet the continuous enrollment and allowable gap (no gaps are allowed) criteria and thus would not be included in the measure's eligible population.*

While NYS DOH recognizes the gap in information created for behavioral health services that are not covered by health plans when they are delivered by specific providers, our first priority is the consistent application and use of supplemental databases in the calculation of the Follow-up after Hospitalization for Mental Illness for all health plans. To ensure consistency in collection, all plans must discontinue the use of supplemental data in determining the denominator events for the FUH measure for 2015 QARR.

If possible, we ask that plans able to quantify the impact to the denominator associated with not removing such discharges followed by admissions to other psychiatric facilities not captured in billing data and share the volume with us. If we find that there is the potential to introduce bias if these readmissions are not allowed to be incorporated into the required exclusion step and ultimately the measure result, we will take additional action.

If there are any questions about the information contained in this clarification, please feel free to contact me at (518) 486-9012 or via email at [nysqarr@health.ny.gov](mailto:nysqarr@health.ny.gov).

Sincerely,



Lindsay Cogan  
Director  
Bureau Quality Measurement and Evaluation  
Office of Quality and Patient Safety

cc: Mr. Roohan  
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