



December 3, 2015

RE: Clarification #1 for 2016 Quality Assurance Reporting Requirements Technical Specifications

Dear Colleague:

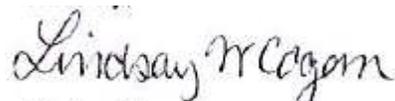
This clarification contains information about changes made to the 2016 Quality Assurance Reporting Requirements (QARR) Technical specifications manual (dated October 20, 2015). The information contained in this clarification has been incorporated into a new version of the 2016 QARR manual. This revised 2016 QARR Technical Specification Manual (dated December 3, 2015) is enclosed with this letter and is available on our public web site http://www.health.ny.gov/health_care/managed_care/plans/index.htm. The revised manual should be used in plans' processing for 2016 QARR. Listed below are the changes made in the revised version:

- Separate EPO and PPO reporting: Plans that are submitting combined PPO and EPO data do not need NCQA approval. There is no need to submit an agreement to NYS DOH. However, we ask that plans that are planning to report their EPO results separate from their PPO results to notify NYS DOH via e-mail (NYSQARR@health.ny.gov) by January 15, 2016 so we can accommodate the change in the DSS.
- QHP Reporting: The QRS Technical Specifications do not require the collection of all numerators included in HEDIS® 2016. NYS QARR requires the reporting of all numerators for the required measures listed in Table 1 (i.e. CIS and CDC). If a required measure or measure numerator does not have QRS Technical Specifications, insurers offering QHP should use the commercial specifications as outlined in HEDIS® 2016 instructions.
- Member Level File CHP ID: For Marketplace enrolled Child Health Plus (CHP) members, instead of the plan generated id we have advised Health Plans to use the Member Policy number assigned by the Marketplace to send to KIDS as the CHP CIN in the Member level file (8 digits beginning with 5). Health Plans are to use the 8 digit Member Policy number, beginning with a 5, for encounter reporting of Marketplace enrolled members and in the Member level file for QARR reporting. Health plans are to use the KIDS assigned 8 digit number for non-marketplace enrolled members for encounter reporting and in the Member level file for QARR.
- Table 1: The original manual incorrectly indicated that Medical Assistance with Smoking Cessation (page 11) required a member level file. No member level file is required for this measure. The flag column for PCI, Cardiac Cath, CABG and Prostatectomy was set to 6- Medicaid plans should follow commercial specifications for these measures. Table 1 has been updated.
- HIV/AIDS Comprehensive Care: An additional optional exclusion has been added to the eligible population for this measure. Exclude from the eligible population all members who had a nonacute inpatient stay during the measurement year.

- HIV/AIDS Comprehensive Care: There were several errors identified in the ICD-10 coding on pages 24-26. All errors have been addressed and these codes now should align with the value set data produced by NCQA for the HIV Value set and Ambulatory care value set. Please refer to the ICD-10 diagnosis codes listed in the specifications.
- HIV/AIDS Comprehensive Care: The viral load testing numerator description (page 27) has been revised to reflect two tests in the measurement year. The numerator is *at least one viral load test (Table HIV-F) conducted on or between January 1 and June 30 and at least one viral load test conducted on or between July 1 and December 31 of the measurement year.*
- Member Level File Specifications: Column placement numbers have been revised on the member level file layout correcting three errors: 1) The Client Identification Number has been shortened from 9 positions to 8 positions; 2) the denominator and numerator for Persistence of Beta-Blocker Treatment after a Heart Attack has been added, and 3) the column lengths for indirect race estimates was lengthened from 2 positions to 3 positions to accommodate the allowed values. These corrections have adjusted column numbering. Please incorporate the changes in the member level file layout.
- Prenatal Care Measures/Birth File: Client identification numbers The Client Identification Number has been shortened from 9 positions to 8 positions. This correction has adjusted the other column numbering. Please refer to the updated technical specification manual.

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.

Sincerely,



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Enclosure

cc: Mr. Roohan
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