

NYS PCMH Measure Reporting -2019 Primary Care **Data Request**

User Notes

Instructions for Completing the File Layout Request

Summary of Changes for 2019 Reporting

One Measure has been added for reporting:

- Colorectal Cancer Screening

Seven new measures have been added for Medicaid Value Based Payment reporting:

- Immunizations for Adolescents (IMA)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Annual Dental Visit (ADV)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life (W34)
- Adolescent Well-Care Visits (AWC)
- Controlling High Blood Pressure

Two measures have been removed from Medicaid Value Based Payment reporting:

- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
- Statin Therapy for Patients with Diabetes

Please use your 2019 QARR/HEDIS data warehouse as the source for this information. Do not recalculate or update measure results. However, in addition to the measure elements that you reported for QARR/HEDIS in 2019, we are requesting that you include the provider/practice that was attributed to the member using your own plan's attribution methodology. Several fields regarding the provider and practice site of the service have been added to the layout request for this purpose (Fields #6-22). This information has been added to allow us to aggregate the results by Practice across all New York State MCOs and Lines of Business.

Please note that the file layout contains 12 measures for the Medicaid Value Based Payment initiative : Statin therapy for patients with cardiovascular disease, Use of Spirometry Testing in the Assessment and Diagnosis of COPD, Diabetes Screening for Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Administrative rate), Initiation of Pharmacotherapy upon New Episode of Opioid Dependence, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Administrative rate), Immunization for Adolescents, Follow-Up Care for Children Prescribed ADHD Medication, Annual Dental Visit, Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life, and Adolescent Well-Care visits.

These 12 measures are not being reported for NYS PCMH. Only MCOs with a Medicaid LOB will need to report these measures, which have been added to the NYS PCMH file layout to alleviate the burden of responding to two data requests.

The NYS PCMH data file is modeled after the NYS 2019 Patient Level Detail file (PLD) that you prepared as part of your HEDIS/QARR submission and many of the data elements in the NYS PCMH file follow the same definitions and format as used to define the data elements in the NYS PLD. You may find it helpful to use the PLD as a resource or starting point in completing the NYS PCMH file. We are asking that you populate the PLD with all Lines of Business that you serve, e.g., Medicaid, Medicare, Commercial. Once completed, please upload the file to IPRO's ftp site. A subfolder in the "QARR 2019" folder where you upload your 2019 QARR files entitled "NYS PCMH 2019" will be created for your submission. If someone other than your QARR liaison will be responsible for NYS PCMH reporting, please contact Margaret Morris at the email address below for access to the FTP site. Please note that the deadline for submission is **Thursday, August 1, 2019.**

Exceptions to the NYS QARR PLD file are noted below:

1. The NYS PCMH file requests Medicare HEDIS data, which is not required for QARR reporting.
2. The Plan ID field should be populated with the Organization ID that you used to submit the IDSS to NCQA. Note that the Organization ID is different from the Submission ID, which is specific to a particular Line of Business. The Organization ID provides for six digits. If your plan's ID is smaller, please right justify.
3. For Medicaid, we are asking that you populate the member's CIN in the ID field and not an internal ID number, for other products, please use an internally-defined ID number. **In order to receive credit for VBP reporting the Medicaid CIN must be populated for Medicaid members.**

4. Provider/Practice attribution information is required for NYS PCMH. Such information is not required for QARR.

Specific Instructions:

1. Please be aware that although the member ID for all products except Medicaid is an internal number assigned by your plan, you will need to link the member to the provider of service. You should use a naming convention that will facilitate this process.
2. If a member is reported for a specific measure in more than one product line (e.g., duals), please report the member for only one product, using the following priority: Commercial, then Medicare, then Medicaid. This instruction affects only members who may be reported twice in the same measure.
3. A Member ID (Field #3), may be included on the file more than once if the member is in more than one product line during the reporting period.
4. For hybrid measures that you reported to NCQA/NYS using the hybrid methodology, which requires calculating the measure based on a sample rather than the entire eligible population, for NYS PCMH only, we are requesting that you report the administrative denominator and administrative numerator (and not the hybrid data), which is populated on the IDSS.
5. Members in the file must be in at least one measure.
6. Measures that are not applicable to the member should be zero-filled.
7. A valid Tax ID (TIN) is nine characters. If the TIN is not available, set the field value to "999999999".
8. Practice Name must be populated in the Practice Name (Field #9) only.
9. Practice Address Line 1 (Field #10) must contain the street address of the Practice, not the Practice Name.
10. For Fields #7-22, leave these fields blank if the member cannot be attributed to any provider and you are not able to identify the provider.
11. For Field # 21, Populate with valid TINs only. If member is NOT attributed to a VBP Contractor set to '999999999'.
12. The IET Engagement numerator (Field #88 and 91) value must be less than or equal to the Initiation numerator (Field #87 and 90) value.

13. The ADD Continuation and Maintenance (C&M) Phase denominator (Field #104) and numerator (Field #105) must be less than or equal to the Initiation Phase denominator (Field #102) and numerator (Field #103).
14. For the AAB (Field #83) and LBP (Field #85) measures, provide the actual numerator (non-inverted), e.g., for AAB, the numerator would be members receiving the antibiotic.
15. For the AMB measure, please populate the fields with the number of events for each LOB you are reporting. Member Months **is not** required for 2019.
16. For the IPU measure, please populate the fields with number of events for each LOB you are reporting. Member Months **is not** required for 2019.
17. IMA has been added in fields 100-101. IMA has one numerator: Combo 2. Report the administrative denominator and numerator.
18. ADD has been added in fields 102-105. ADD has two numerators: Initiation Phase and Continuation and Maintenance (C&M) Phase.
19. ADV has been added in fields 106-117. ADV has six numerators: 2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years, and 19-20 years.
20. W15 has been added in fields 118-120. W15 has two numerators: Five Well-Child Visits and Six or more Well-Child Visits.
21. W34 has been added in fields 121-122.
22. AWC has been added in fields 123-124.
23. COL has been added in fields 125-126. Report the administrative denominator and numerator.
24. **CBP has been added in fields 127-128. Report the administrative denominator and numerator.**
25. Only MCOs reporting their Medicaid line of Business need report the following 12 VBP specific measures: **Controlling High Blood Pressure**, Statin therapy for patients with cardiovascular disease, Use of Spirometry Testing in the Assessment and Diagnosis of COPD, Diabetes Screening for Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, Initiation of Pharmacotherapy upon New Episode of Opioid Dependence, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Administrative rate), Immunization for Adolescents, Follow-Up Care for Children Prescribed ADHD Medication, Annual Dental Visit, Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life, and Adolescent Well-Care visits. Medicaid plans submitting NYS PCMH data should add these additional variables to the NYS PCMH file layout and it will count towards the VBP reporting requirements.

Contact Information

For questions regarding this request, please contact Margaret Morris of IPRO at mmorris@ipro.org or 516-589-3988.