

**Medicaid Managed Care Performance Measures
Responses to Questions Submitted for July 1, 2010 Submission**

General Questions

Are plans to report dual eligible's in their HEDIS reporting?

Yes

When identifying an eligible population or denominator by diagnosis via claims, how deep into the diagnosis list should the plan go? I feel fairly certain that just using the primary diagnosis is insufficient, but are all diagnoses included?

Unless the measure specification states specifically that it must be the primary diagnosis then any diagnosis can be used.

Do we report the Performance measures which include the specific HEDIS measures and the Agency Defined Measures to AHCA only?

Yes

Are we required to report HEDIS to NCQA?

No

Do we include or exclude Medikids from HEDIS measures?

Exclude

ACE

For the ACE and ARB Agency-defined measure, it refers to Table CDC-L. Where can I find this table?

Table CDC-L can be found on page 148 of the HEDIS 2010 manual. It is part of the Comprehensive Diabetes Care measure.

ADV

The requirement is ages 2-21 and is reported in six age stratifications and a total rate—2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years, 19-21 years and total. Since we have an adult benefit and may only have a few members who are 21 on December 31st who were continuously enrolled for the measurement year 2009 with no more than a 1 month gap I am just clarifying that we do not report on that measure.

You will still report the measure if it is a covered benefit for your plan. If your denominator is less than 30, report the numerator and denominator, but not the rate.

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DM

Can you please give clarification on whether or not we need to report "Percentage of Enrollees Participating in Disease Management Programs" for required reform DM programs, or also if we offer to non-reform members as well?

Please report for all.

Denominator for HIV: Can any diagnosis in range qualify the member for this measure? Should lab claim diagnoses be excluded?

Any of the diagnoses provided qualify.

Denominator: For the Diabetes, Hypertension and Asthma clinical events, will HEDIS 2010 Exclusions also be applied to the eligible population?

Yes

Is it sufficient to run the specific disease diagnosis code against the claims' primary diagnosis?

Please use all available diagnoses to identify your population.

FHM

Please confirm discharges can occur anytime January 1, 2009-December 31, 2009.

That is correct.

Do the mental health diagnoses to qualify have to be primary or can they be any diagnosis on the claim?

The diagnosis should be primary.

For the FUH indicator that changed to agency defined measure for MY 2009, do we base on HEDIS percentile in scoring?

Yes, please approximate your comparisons based on the HEDIS benchmarks. We will use the FUH benchmark.

CD4 and VL

Please confirm the enrollment definition: Enrolled in the health plan at least ten months of the measurement year. Does this mean the total sum of *any* 10 months of the measurement year, including two continuous or discontinuous gap months?

Yes, the sum of any.

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Denominator: Identify Date Range for HIV diagnosis (e.g. How early in the year must the diagnosis be made to allow the member to be able to have the tests?) or should diagnoses in Dec 2009 be included in denominator?

The diagnosis should be carried for all 10 months of enrollment.

Denominator: Confirm only a single diagnosis is required. Should lab diagnoses be excluded to avoid rule-out diagnoses?

A single diagnosis is sufficient. We are not aware that a lab procedure will generate a diagnosis if the disease is not confirmed.

Numerator: *Three separate numerators are calculated:*

- a. *Enrollees with ≥ 3 tests performed in a 12 month period with at least 3 months between tests.*
- b. *Enrollees with 2 tests performed in 12 month period with at least 3 months between tests.*
- c. *Enrollees with 1 test performed in 12 month period with at least 3 months between tests.*

Do the buckets a, b, c for 1, 2, or 3 tests overlap or have distinct members in each? That is would someone in the bucket for ≥ 3 also be counted in the other 2 buckets or just be recorded distinctly for the ≥ 3 tests.

Mutually exclusive.

HAART

Denominator: Identify Date Range for AIDS diagnosis or should diagnoses in Dec 2009 be included in denominator?

The diagnosis should be carried for all 10 months of enrollment.

Can any diagnosis of 042 qualify the member for this measure? Should lab claim diagnoses be excluded?

Yes, 042 is a qualifying diagnosis.

HAART Regimen is defined by the following (see HIV/AIDS Attachment):

- c) *A regimen containing ritonavir and saquinavir in combination with one NRTI and no NNRTIs*

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Is "no NNRTIs" clarifying information or is the specification asking for a deliberate search and exclusion of NNRTIs.

Deliberate exclusion of NNRTIs.

HIVV:

HIV-related outpatient visits numerators:

Numerator: Three separate numerators are calculated:

- a. *Enrollees with ≥ 3 tests performed in a 12 month period with at least 3 months between tests.*
- b. *Enrollees with 2 tests performed in 12 month period with at least 3 months between tests.*
- c. *Enrollees with 1 test performed in 12 month period with at least 3 months between tests.*

Do the buckets for a, b, c overlap or have distinct members in each?

Mutually exclusive.

Denominator: Identify Date Range for HIV diagnosis (e.g. How early in the year must the diagnosis be made to allow the member to be able to have the tests?) or should diagnoses in Dec 2009 be included in denominator?

The diagnosis should be carried for all 10 months of enrollment.

Can any diagnosis in range qualify the member for this measure? Should lab claim diagnoses be excluded?

Any of the diagnoses provided qualify.

Exclusions: What codes are used to exclude Medical visits provided in an emergency department or inpatient setting? Can plan use any methodology?

We did not define a methodology or coding to exclude ED and inpatient. The plan may use a methodology that is deemed appropriate by the auditor.

IMA

I see that IMA is included on the reporting template for this year, however I was not expecting to report that measure this year. The final list of PM's that you distributed in December lists the benchmark year for IMA as HEDIS 2011. We are reporting BMI Assessment (ABA) for the first time this year and it lists the benchmark year as HEDIS 2009. Can you please clarify?

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Because IMA is a first year measure for HEDIS as well as Florida, there will not be an available benchmark since they do not publicly report first year measures. BMA, on the other hand, is a first year measure for Florida but not for HEDIS, so there will be a benchmark available.

Just want to confirm that the health plan is reporting Immunization for Adolescents (IMA) for CY2009 (HEDIS 2010), right?

Yes, that is correct.

LPA:

As LPA's administrative denominator *is* (identical to) NCQA's Controlling High Blood Pressure (CBP), may plans reporting CBP and LPA use the same hybrid sample for both measures, in lieu of abstracting / reporting results on two distinct samples?

Using the same sample for both measures is acceptable.

Denominator says to use the inclusion criteria for HEDIS Measure CBP. Do we also apply HEDIS CBP Exclusions to Denominator?

Yes

The specs list three components of the profile: (i) total cholesterol, (ii) high-density lipoprotein (HDL)-cholesterol, and (iii) triglycerides. However, it does not include low density lipoprotein cholesterol (LDL-C). This being the case:

1. Is AHCA using the term lipid profile synonymously with an LDL test? The rationale being that the three components listed above are an LDL-C's components; or
2. Is AHCA expecting the lipid profile to also include an LDL-C component? In which case LDL-C was left out of the specs.

A combination test that includes the three components listed in the specifications or individual tests of total, HDL, and triglycerides will do. LDL-C is often included in a lipid panel, but it is not required. It is acceptable for LDL-C to be omitted.

PCF

For the PCF indicator that changed to agency defined measure for MY 2009, do we base on HEDIS percentile in scoring?

Yes, please use the HEDIS FPC benchmark for comparison.

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TRA & TRT

I don't believe we track transportation.

If your plan does not cover transportation, you would report those measures as "NB" for not a benefit.

I just need some clarification on the TRT measure:

- 1) Denominator – We don't include the transports of taking the member back home after the appointment.
- 2) Numerator – If the drop off time is the same time as the scheduled appointment time, do we consider as a numerator hit or not?

Correct, you do not include trips back home from the appointment in the denominator. If the drop off time is the same as the appointment time, you may consider that a hit.

Please confirm date range for denominator/numerators.

These measures do not need to be reported for 2009 data. The data range will be January 1 – December 31, 2010.

Your previous communication (11/4/09) mentioned that the transportation measures (TRT and TRA) would not require measurement in 2009. Is this still the case?

That is correct. You will not begin measuring them until 2010, to be submitted to the Agency on July 1, 2011.