

Pay for Performance Measurement Year 2006 Notice of Changes to Clinical Specifications

To P4P Health Plans and Physician Organizations (POs):

NCQA provides specifications for collecting all of the Clinical measures in P4P. There will be some changes to the clinical measures and specifications for measurement year 2006. The attached table shows a summary of the major changes, including measures being added and modified. The final specifications for reporting measures will be released in August, 2006.

For any questions or recommendations about the specifications, please use the Policy Clarification Support (PCS) system per the instructions below. Thank you.

NCQA P4P Team

To access the PCS:

1. Go to the NCQA home page at www.ncqa.org
2. On the left side of the home page, select/click “*Support*”
3. Select/click *Policy Clarification Support*
4. Select/click *Submit a Question to Policy Clarification Support Staff*
5. Complete the “*Information About You*” section
6. Complete the “*Information about Your Question*” section by:
 - a. For Product Type, select/click from drop down box “*HEDIS*”
 - b. For Publication Year, select/click from drop down box “*2006*”
 - c. For Standard Category/HEDIS Domain: scroll down to and select/click “*HEDIS: IHA Pay for Performance (P4P)*”
 - d. For Standards/Measures scroll down to and select/click the appropriate measure your question is about, or select/click “*Not Applicable*” should your question type not be listed
 - e. For Question enter/type your specific question (in 3000 characters or less)
7. Select/Click “Submit Question”

**Summary of Specifications Changes for P4P Clinical Measures
Measurement Year (MY) 2006 / Reporting Year (RY) 2007**

	GENERAL CHANGES FOR MY 2006	Section of Specifications
1	<p>Reporting Year schedule, operations, and roles The specifications document will include:</p> <ul style="list-style-type: none"> The schedule for data collection throughout the year, including the target dates for POs to submit encounter data to health plans. A clear delineation regarding specifications for health plans and for POs. The data aggregation process NCQA uses, including the comparison of plan-generated and self-reported measures in the clinical domain, and the source and use of measures for the other domains. 	General Guidelines
2	<p>Testing measure schedule: Testing measures collected in 2006 using 2005 data will not appear in specifications for MY 2006. If adopted by P4P after analysis of the test and public comment, those measures will be announced by the end of calendar year 2006, and they will appear in the 2007 MY/2008 RY set. This includes Colorectal Cancer Screening and Misuse of Rescue Inhalers (Asthma). There will be new testing measures added for the 2007 using 2006 data, including several more HEDIS measures and a measure of preventable hospitalizations. The specifications for these testing measures will be released in September, 2006; there may be changes after IHA conducts public comment in September and early October.</p>	General Guidelines
3	<p>Consistency with HEDIS specifications Detailed specifications for clinical measures, including lists of codes to use in numerators and denominators, will be consistent with HEDIS specifications, except where P4P has chosen to deviate from HEDIS. Deviations from HEDIS are very few—to date the only changes from HEDIS have been the childhood immunization measures, where P4P has chosen a 24-month continuous enrollment requirement (vs. 12 months for HEDIS), and the requirements for continuous enrollment in #7 below.</p>	Clinical Measures
4	<p>Rates in addition to HEDIS Some measures that HEDIS will eliminate, P4P will keep and report for trending. The result will be reporting two rates for some measures where HEDIS requires only one rate. Therefore, Plans and POs should maintain the programming from MY 2005 to be used in MY 2006. This affects:</p> <ul style="list-style-type: none"> Cervical Cancer Screening Cholesterol Management—LDL Control Diabetes Care—LDL Control <p>Information on each of these measures is shown in the next table.</p>	General Guidelines

	GENERAL CHANGES FOR MY 2006	Section of Specifications
5	<p>Administrative (i.e., electronic) data for all clinical measures P4P uses only administrative data for clinical measures. The administrative data collection methodology specifies that:</p> <ul style="list-style-type: none"> The entire eligible population is included in each measure. There is no sampling or hybrid method. EMRs, registries or equivalent databases are legitimate sources of administrative data, in addition to claims and encounter data. Documentation in electronically stored medical records or clinical databases must include the data needed for each measure, including the date of service. 	Overview and General Guidelines
6	<p>Encounters and claims In past years of P4P, some plans have included claims data in calculating rates, where they receive fee-for-service claims for either in-network or out-of-network services for members. Other plans have not used claims. The specifications will clarify that plans should use fee-for-service claims as well as encounters for calculating numerators and denominators for clinical measures. The specifications will also clarify how the plans should use fee-for service claims in calculating encounter rates.</p>	General Guidelines
7	<p>Continuous enrollment Specifications will make the process of calculating continuous enrollment more consistent across plans and POs</p> <ul style="list-style-type: none"> Plans must calculate continuous enrollment both in the plan and in each PO (at the DMHC ID level). Self-reporting POs must calculate continuous enrollment in their PO and confirm that each member was in a P4P plan as of the anchor date. 	General Guidelines/Clinical Measures
8	<p>Pharmacy data and pharmacy benefits Specifications will clarify which, if any, measures count only members who have a pharmacy benefit or for whom the plan or PO has pharmacy data. These specifications will follow HEDIS.</p>	General Guidelines/Clinical Measures

	CHANGES TO SPECIFIC MEASURES FOR MY 2006	Measure(s) Affected
9	<p>Breast Cancer Screening (BCS) P4P will follow HEDIS, adding an expanded age range, with reporting by the following strata to allow for trending:</p> <ul style="list-style-type: none"> 42–51 years (new HEDIS specification for a screening test in the past 2 years between age 40 and 49) 52–69 years (2005 MY HEDIS and P4P specification for a screening test in the past 2 years between age 50 and 69) <p>Total = the sum of the two numerators divided by the sum of the two denominators (new HEDIS specification that will also be collected for P4P)</p>	Breast Cancer Screening

	CHANGES TO SPECIFIC MEASURES FOR MY 2006	Measure(s) Affected
10	<p>Cervical Cancer Screening (CCS) For CCS, P4P will require two rates for MY 2006, as follows, to allow for analysis and trending: 21-64 (current specification for a screening test in the past 3 years between age 18 and 64) and 24-64 (new HEDIS specification for a screening test in the past 3 years between age 21 and 64)</p>	Cervical Cancer Screening
11	<p>Cholesterol Management For both the screening and control measures, there will be a revised denominator specification to correct for false positives experienced with the 2005 MY specification.</p> <p>LDL Control will require two rates, as follows, to allow for trending: Percent with the most recent LDL in the measurement year below 130 (current P4P measure, with specification change to the most recent LDL; HEDIS dropped this measure for MY 2006 but P4P is keeping it) Percent with most recent LDL in the measurement year below 100 (new P4P measure with HEDIS specification change to most recent LDL)</p>	Cholesterol Management— LDL Screening and Control (P4P combines the LDL Screening and Control measures with the Diabetic LDL Screening and Control measures)
12	<p>Diabetes Rate of screening for diabetic nephropathy, which was tested in 2005, is an active measure for 2006 MY. The specifications will include a change made in HEDIS, allowing prescriptions for ACE or ARB medications to count as numerator positive.</p> <p>Diabetic LDL Screening specifications will change to require that the screening occur within the measurement year.</p> <p>Diabetic LDL Control, which is combined with the Cholesterol Management LDL Control to produce one clinical measure in P4P, will require two rates, as follows, to allow for trending: Percent with an LDL in the measurement year below 130 (current rate, which HEDIS dropped for 2006 MY but which P4P will keep) Percent with most recent LDL below 100 (new HEDIS rate and specification for most recent LDL)</p>	Diabetic Nephropathy Screening; Diabetic LDL Screening; Diabetic LDL Control
13	<p>Upper Respiratory Infection (URI) Plans and POs should report the data as they collect it, showing the rate of children who receive antibiotics for a URI. NCQA will invert the rate, as the HEDIS data submission tool does, to show the rate of children who do <u>not</u> receive an antibiotic.</p>	URI