

**Frequently Asked Questions (FAQs)
IHA Performance Measurement Programs
March 2018**

VBP4P MA	Risk Adjusted Utilization Measures: Shared Risk Adjustment table	Posted	3/28/18
	<p>Question: On March 28, 2018, HEDIS released a letter addressing an issue identified in the Shared Risk Adjustment table posted to the NCQA website. Does this affect health plans and providers participating in IHA performance measurement programs?</p> <p>Answer: Yes. The issue affects health plan reporting of the All-Cause Readmissions (PCR) measure for the commercial and Medicare Advantage products. The Acute Hospital Utilization (AHU) and Emergency Department Utilization (EDU) measures are used for commercial reporting and are run by IHA's data aggregator, Onpoint.</p> <p>To resolve the issue, NCQA has reposted the Shared Risk Adjustment table. NCQA-certified vendors will retest logic for all four measures to ensure that correct tables are used. Vendors should finish testing by Friday, April 6. All customers that don't use an NCQA-certified vendor should replace the current file with the updated file NCQA posted on Wednesday, March 28.</p> <p><u>Next Steps</u> NCQA has notified their stakeholders of this issue and identified next steps:</p> <ul style="list-style-type: none"> • Health plans who program these measures are required to download the updated file NCQA posted. NCQA certified auditors have been notified and will review your corrected code during your VBP4P audit. <ul style="list-style-type: none"> ○ Health plans who write their own programming logic are also required to update the tables and their code, and auditors will need to validate this. • Because the risk adjustment logic is complex, NCQA is requiring NCQA certified vendors to recertify no later than Friday, April 6. <ul style="list-style-type: none"> ○ If your organization contracts with an NCQA certified vendor or a vendor seeking certification, they have been notified and asked to incorporate this update when programming your MY 2017 results. ○ If you contract with a non-certified vendor, you should notify your vendor immediately. 		
VBP4P	Clinical Measure Data File Layouts	Posted	3/21/18
	<p>Question: In the MY 2017 PO and HP clinical measure data file layouts, the Cervical Cancer Screening (CCS) measure ID on tab (4) <i>Clin Meas ID Table</i> includes the following edit check:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> <p>Denominator for CCS must be equal to or less than CCO denominator.</p> </div> <p>Because there are different exclusions for the CCS and CCO measures, however, the denominators across the two measures may not match and the edit check would fail. The CCO measure includes additional required exclusions, which means that the CCS denominator would either be equal to or greater than (not less than) the CCO denominator.</p> <p>Answer: We agree that the edit check in the data file layout may not be true. For MY 2017, the edit check should state:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> <p>Denominator for CCS must be equal to or greater than CCO denominator.</p> </div>		

	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Submissions that do not follow the corrected edit check will result in file rejection. VBP4P staff will make this correction and release a new version of the affected files on iha.org.</p>					
VBP4P ACO	Clinical Measure Data File Layouts	Posted	3/14/18			
	<p>Question: With regard to the the AMROV65 measure: The MY 2017 VBP4P manual states that the age span is 5–64, but the PO, HP and ACO layouts all indicate 5–65. Is this correct, or should the ID be “AMROV64” and the age span 5–64?</p> <p>Answer: You are correct: The measure name should be AMROV64.</p> <p>This is an error in the Clinical Measure Data File Layouts. The AMR total rate should only include members 5–64 years of age, in alignment with the AMR measure specifications. The correction is below. VBP4P staff will make this correction and release a new version of the affected files on iha.org.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; color: blue;">Commercial</td> <td style="width: 33%; text-align: center; color: blue;">AMROV64</td> <td style="width: 33%; text-align: center; color: blue;">Asthma Medication Ratio: Ages 5-64</td> </tr> </table>			Commercial	AMROV64	Asthma Medication Ratio: Ages 5-64
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VBP4P MA	Medicare Advantage and Commercial Dual Eligibles	Posted	3/14/18			
	<p>Question: If a member is enrolled in both commercial and Medicare Advantage lines of business, assuming both plans participate in VBP4P, in which lines should the member be reported?</p> <p>Answer: HEDIS <i>General Guideline 15: The “Working Aged” and Retirees</i> says, “Include employees 65 years of age and older and retirees only in the product line that provides their primary coverage (Medicare or commercial).” Following this guidance, members with dual coverage in commercial and Medicare Advantage products should be reported in the plan that provides primary coverage (whether the same or a different plan). NCQA will provide further guidance on this issue in HEDIS 2019 and VBP4P will evaluate for inclusion for MY 2018.</p> <p>Self-reporting POs that are unable to identify the primary insurer should use their best judgment; the overall impact is expected to be minimal and equal across plans and POs.</p>					
VBP4P ACO	HEDIS UPDATE: 2018 NDC List Correction	Posted	2/12/18			
	<p>Question: On February 8, 2018, HEDIS released a letter addressing an issue identified in the Asthma Controller Medications List in the HEDIS® 2018 Medication List Directory (MLD) of NDC codes posted to the NCQA website on November 1, 2017. Does this affect health plans and providers participating in IHA performance measurement programs?</p> <p>Answer: Yes. The issue affects the <i>Asthma Medication Ratio (AMR)</i> measure used in commercial HMO and commercial ACO reporting.</p> <p>The Asthma Controller Medications List incorrectly included codes for nebulizer medications. NCQA issued a correction and has removed the codes from the NDC list. An updated version of the MLD was released on February 8, and IHA released a communication to stakeholders on February 9.</p> <p><u>Next Steps for VBP4P</u></p> <p>NCQA has identified next steps:</p> <ul style="list-style-type: none"> • Self-reporting physician organizations and health plans that program AMR are required to download the updated HEDIS® 2018 Medication List Directory (MLD) of NDC codes. NCQA certified auditors have been notified and will review your corrected code during your VBP4P audit. • NCQA certified vendors are required to submit an attestation that the certified vendors have removed the codes from their software. 					

	<p>– If your organization contracts with an NCQA certified vendor or a vendor seeking certification, they have been notified and asked to incorporate this update when programming your MY 2017 results.</p> <p>– If you contract with a noncertified vendor, notify your vendor about this change immediately.</p>		
ACO	Diabetes Care: HbA1c Testing	Posted	1/12/18
	<p>Question: The ACO clinical data file layout released on 1/12/17 includes the CDC: HbA1c Testing measure (one test). This is different from what is collected for Value Based P4P, is this correct?</p> <p>Answer: Yes. Although the other ACO measures and specifications align with the VBP4P measures, VBP4P committees approved the addition of the CDC: HbA1c testing measure in the ACO measure set as a single test instead of two tests in alignment with IHA’s Cost Atlas, and because VBP4P will retire the Two HbA1c tests measure in MY 2018.</p>		
MA	Medicare Advantage Plans	Posted	1/12/18
	<p>Question: Sharp Health Plan is included in the MY 2017 VBP4P clinical data file layouts posted on iha.org, but was not included in the final MY 2017 VBP4P Manual as a Medicare Advantage participating plan. Is Sharp Health Plan reporting for MA in MY 2017?</p> <p>Answer: Yes. Sharp Health Plan confirmed its participation in Medicare Advantage reporting after the final MY 2017 VBP4P was published on December 1, 2017. The final PO Master will reflect its Medicare Advantage contracts for reporting.</p>		
VBP4P	VBP4P Exclusions: Members Impacted by CA Wildfires	Posted	1/12/18
	<p>Question: Is IHA making exceptions for VBP4P reporting for areas affected by the wildfires in California? Will IHA allow an exclusion for members affected by these wildfires?</p> <p>Answer: The VBP4P Governance Committee has approved a program wide optional exclusion for members living in the following zip codes only: 95403, 95404, 95405, 95409.</p> <p>POs have the option to exclude these members from MY 2017 VBP4P reporting. This exclusion is “all or none”: All members living in these zip codes must be excluded for all measures, regardless of numerator status, if the exclusion is exercised.</p>		