

MMAI Reporting Appendix: Frequently Asked Questions – April 24, 2014

CMS and Illinois received numerous questions through the comment period on the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Illinois-Specific Reporting Requirements. To ensure consistency in information provided to plans, we have developed this FAQ document to address the most common and significant questions asked.

General Questions/Comments

1. Many plans requested confirmation that the specifications in this document required for the MMAI are consistent with the ICP specifications.

Response: For measures that are required for both the MMAI and the ICP, the MMAI measures are consistent with the ICP measures. Table 1 at the end of this document provides a crosswalk between the MMAI measures and the ICP measures in the Healthcare and Quality of Life Performance Measures Specifications document. We have also inserted the name of the corresponding ICP measure in parenthesis next to the MMAI measure in the appendix.

2. Several plans requested clarification on whether data needed to be reported simultaneously both monthly and quarterly in 2014.

Response: The Implementation period and Ongoing period do overlap, so reporting will be simultaneous through 2014. MMPs should follow the reporting periods for both the Implementation and Ongoing periods in the document. For example, measure IL4.1 requires monthly reporting during the Implementation period and quarterly reporting on an Ongoing basis. For this measure, the monthly measure would be reported on a monthly basis through December 31st, which is the last day of the Implementation period. All quarterly reporting will align with calendar quarters. Therefore, data for the monthly reporting period of April 1, 2014 to April 30, 2014 will be reported on June 2, 2014 (as May 31, 2014 is a Saturday). Data for the 2nd quarterly reporting period of April 1, 2014 to June 30, 2014 will be due on September 1, 2014 (as August 31, 2014 is a Sunday).

3. At a previous meeting with the State and NORC, the measure that relied on MDS nursing home facility assessment data was put "on-hold." Are there any updates about the status of this measure?

Response: These measures are currently still on hold. CMS is still exploring options on the MDS measures. However, Plans in Illinois will not be required to report on measures requiring MDS data at this time.

4. The document indicates that the submission date format is the century, month, date, and year of the submission in CCYYMMDD format. For example, March 31, 2014 would be formatted as 21140331. Shouldn't it be 20140311?

Response: Please see edits on page IL-5 to correct this. Date will be submitted in the format YYYYMMDD. For example, March 31, 2014 should be formatted as 20140331.

5. Members with care goals (IL3.2 p. IL-17) and ADA compliance (IL5.1 p. IL-33) have a small subscript “i” after the name of the measure, indicating they are Performance Measures with a withhold. These are Performance Measures with a withhold for Demonstration Year 1. However, the Performance Measures with a withhold for Demonstration Years 2 and 3, such as Readmissions within 30 days -(IL7.7, p. IL-77), LTC- Prevalence of Pressure Ulcers-(IL 7.6, p. IL-75) and Movement of Members between community, waiver and LTC services (IL3.6, p. IL-25) have no subscript “i” after the name of the measure.

Response: Please see the clarification on Page IL-4 regarding the Quality Withhold Measures. This section indicates that this iteration of the reporting requirements only includes quality withhold measures for DY1. The quality withhold measures for DY2 and DY3 will be updated closer to the start of DY2.

6. For 8 of the measures, the specifications indicated that members are counted in the denominator if they have "no more than one gap in enrollment of up to 45 days during each year of continuous enrollment." No member will have continuous enrollment by this definition in 2014. It is not clear if this measure is required in 2014 or just in 2015.

Response: Plans should report this measure when the criteria for the “Eligible Population” have been met. Therefore, this measure will be reported for 2015 (calendar year 2), but not 2014. This has been clarified in the document.

7. Will CMS and the State of IL share their criteria to identify outliers? Also, is this based on national benchmarks or based on IL-plan submitted datasets only?

Response: Outlier analysis will be performed on these measures. CMS, the State, and NORC are still working through the methodology. For those measures that are only reported by IL plans, plans will be compared to each other. We are still working through the options for those measures reported nationally.

8. In regards to the claims-based reports, should they be based on paid claims only or all claims?

Response: As with the ICP specifications, paid and rejected claims should be used, except for Pharmacy claims, which only use paid claims.

9. Please clarify whether it is appropriate to include drugs on the report which are listed under the same GPI (Generic Product Indicator) as the specified drug (inclusive of all generics), or are we to only include NDCs (National Drug Codes) for drugs that are known by the specific name provided (only branded drugs, or including generics if a generic name was provided). Additionally is it appropriate to include all forms of the drugs whose names were provided?

Response: A comprehensive list of medications and NDC codes is available at <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2014/HEDIS2014NDCList.cense.aspx>.

10. There are a number of measures that are in Illinois' MOU that are not included in the appendix. When will the State and CMS have additional information about these measures?

Response: Please review the revised appendix. We included several of the measures that were inadvertently removed previously. The majority of the measures that were in the MOU that are not in the reporting appendix, however, are Medicare required HEDIS, HOS, or CAHPS measures. As required by Section 2.13.11.11 of the 3-way contract, HEDIS, HOS and CAHPS measures must be reported consistent with Medicare requirements and should be reported consistent with Medicare performance measurement requirements.

Questions on Section 1. Access Section

11. For measure IL1.1, please clarify if this is only for 2014 since the document indicates it is only during Implementation.

Response: Please see edits to the document. The reporting period has been changed to "CONTINUOUS REPORTING."

Questions on Section II. Assessment Section

12. The 60 day completion timeframe for Measure IL2.1 Behavioral health risk assessment and follow-up is not consistent with the regular Medicare requirement to have a regular assessment completed within 90 days of enrollment. Recommend this be within 90 days of enrollment to complete the BHRA.

Response: Please refer to Section 2.6.1.1 of the 3-Way Contract. The BHRA is required within 60 days of enrollment, when needed. This is separate from the Health Risk Assessment.

13. For measure IL2.1, the definition of a "positive behavioral health risk assessment" is not clear. For example, is it only the member with a primary behavioral health diagnosis or is it also the member with a primary diagnosis of cancer who also has anxiety?

Response: This measure is not limited to members with a behavioral health primary diagnosis. All new members are required to be assessed, and if indicated, also complete a BHRA. Additionally, the specifications for this measure align with the ICP measure specifications.

Questions on Section III. Care Coordination Section

14. We believe measure IL3.1 will always be under-reported for all members enrolled in the last month of the quarter. For example, for members enrolled on March 1 we will probably only have until May 15 to determine if they have had a care plan (around 75 days, not 90 days) in order for the reporting to be run, QAed, approved and transmitted to meet the report deadline.

Response: Only members whose 90th day of enrolled occurred during the reporting period will be included in the measure. Therefore, using the example provided, members enrolled on March 1 will be enrolled for 90 days on May 31, so they will be included in the June 30, 2014 report. Anyone enrolled April 1 will be included in the July 31, 2014 report, etc.

15. It appears that measure IL3.2 (Members with documented discussions of care goals) builds from the preceding measure IL3.1 (members with care plans within 90 days of enrollment). Should measure IL3.2 include a statement such as "WITHIN 90 DAYS of ENROLLMENT" similar to the other assessment measures in the IL State specific MMP measures and the CMS MMP Core Measures just recently released this February?

Response: No, this measure should not include the statement "Within 90 days of enrollment" because there is no requirement for having care goals documented within this time frame. Care plans must be completed within 90 days of a member's enrollment.

16. Is data obtained as part of a medical record review permitted to generate these rates for measures such as measure IL3.2 documentation of care goals?

Response: Plans should submit data on 100% of the plan's enrollment. Therefore, sampling will not be allowed; however, it is fine to include information based on medical record review.

17. For measure IL3.5 (Follow-up with a provider within 30 days after an initial behavioral health diagnosis), both the HQOL Performance Specifications and the IL MMP Reporting Requirement documents indicate this measure is on hold; does the State have an approximate when the specifications will be finalized? Also, please confirm the State will apply the same measure specifications for both the IL MMP for ICP.

Response: The specifications between IL3.5 and IFUP in the HQL document are consistent. Both measures are on hold. CMS and the State will provide additional information as soon as it is available.

18. For measure IL3.5, the third to last bullet (just above "F") refers to Table IL-2, RevCodes. Please confirm if this document used the 2014 HEDIS Technical Specs as the source of all grids and tables.

Response: The specifications for this measure align with the ICP measure specifications, which use HEDIS 2014 code tables.

19. According to the specifications for measure IL3.5, "To be considered the initial diagnosis, the member should have negative claims/encounter history with a mental health diagnosis (Table IL-12) for the 6 month period prior to the current episode." Should the MMP's be utilizing **both historical claims** in addition to their own claims to identify initial BH diagnoses?

Response: Yes; however, this measure is currently being reviewed/revised and will not be reported at this time.

20. Measure IL3.6 references member classification as in the Community, HCBS waiver or Nursing Facility in accordance with the rate cell definitions provided on page 43 of the IL three way contract; however, we cannot find this classification in the contract.

Response: Please see edits. The document now references the correct page of the three-way contract. Page 43 refers to the page the rate cell definitions are located in the IL MOU.

Questions on Section V. Organizational Structure and Staffing Section

21. For measure IL5.1 Americans with Disabilities Act (ADA) compliance, when does the State expect to have a reporting template available? Otherwise, will Plans need to submit their completed audit tool for each provider or just a summary overall? Will there be a standard format as implied in Element Letters A, B, C, and D under Allowable Values?

Response: A template and additional information on this measure will be forthcoming.

Questions on Section VI. Performance and Quality Improvement Section

22. The reporting period for measure IL6.1 is unclear due to differing date references. Page IL-37 states this is an Annual report due the end of the sixth month following the reporting period. Page IL-38 (under the Notes section, second bullet) indicates to report on prescriptions received between January 1 and September 30 of the reporting period.

Response: The reporting period for CY2 will be inclusive of data from 1/1/2015 to 12/31/15, due on 6/30/2016. The time period January 1 through September 30 is only to identify the index prescription state date, or the date the member was prescribed a drug; however, September 30 is not the last day of the reporting period. The reporting period for DY2 and DY3 will be 1/01 – 12/31, due the following year on 6/30.

23. Please clarify the method of calculating PDC for measure IL6.1.

Response: To calculate the number of days covered (data element B) for long-acting injections use the days-supply specified for the medication in Table IL-20. For multiple J codes or NDCs for the same or different medications dispensed on the same day, use the medication with the longest days supply. For multiple J codes or NDCs for the same or different medications dispensed on different days with overlapping days supply, count each day within the treatment period only once toward the numerator. These instructions can be found in the Notes section on pages IL-38 and IL-39.

24. For measure IL6.1, please verify that this means that if more than one antipsychotic oral medication is in use and dispensed on the same day, the one that has the longest submitted Days Supply is to be used to calculate the measure. For Example: Drug A and Drug B are both supplied on 3/15/2014. Drug A has a 30 DS, and Drug B has a 15 DS. Use Drug A to calculate the measure.

Response: This is correct. If more than one antipsychotic medication is dispensed on the same day, then the one with the longest days supply should be used to calculate the numerator. In the example provided, Drug A should be used because the days supply is longer than Drug B.

25. For measure IL6.1, Please verify that the long-acting Injection drugs indicated in Table IL-21 are the same ones that are named as Long Acting Injections at the bottom of Table IL-20, and that the list of drug names indicated in this section of Table IL-20 are to be used for the measures for Long Acting Injections.

Response: Table IL-20 should be used to identify long-acting injection drugs covered days in conjunction with Table IL-21. The codes in Table IL-21 identify the five drugs listed at the bottom of Table IL-20. In the Notes section, under the bullet point "follow the steps outlined below to identify numerator compliance," Step 1 and Step 3 outline how these two tables should be used to identify numerator compliance.

26. For measure IL6.3, please verify the following statement: "Members who were dispensed insulin or oral hypoglycemic/antihyperglycemics (Table IL-19) during the reporting period or the prior reporting period on an ambulatory basis," is meant to cause exclusion of claims from hospitals, psych wards, or other inpatient facilities, and to only include in the report those claims from retail pharmacies. Also, please clarify whether prescription claims submitted by a Long Term Care Facility where the claim indicates the member is in residence at the LTC is to be included in the measures that indicate "on an ambulatory basis", or whether they should also be excluded.

Response: The prescriptions provided in Table IL-19 and Table IL-20 identifies prescriptions dispensed on an ambulatory basis. Only those prescriptions identified in the tables should be used as exclusions when identifying exclusions using pharmacy data.

27. Measure IL6.5 is recommended by NCQA for retirement in the July 2014 update. Please confirm if CMS and the State will follow NCQA guidance and retire this measure as well.

Response: At this time it remains in ICP as part of a P4P measure and will be collected for MMAI as well.

Questions on Section VII. Utilization Section

28. For measure IL7.3, the definitions for "Total Number of members receiving HCBS" and Total Number of members receiving nursing facility services" indicate the total of members receiving the respective service during the period. Please clarify – if a member is residing in a NF at the beginning of the reporting period, and then transitions to the community and receives HCBS, is this member to be counted in both A and B?

Response: Please see updated specifications.

Table 1. Crosswalk of MMAI and ICP Specifications

MMAI IL-Specific Reporting Appendix	ICP-HFS HQOL Performance Specs
IL1.1 Access to a member's assigned primary care provider (PCP).	SAAP – Access to Member's Assigned PCP (State Modified HEDIS®)
IL2.1 Behavioral health risk assessment and follow-up	IBHR – Behavioral Health Risk Assessment and Follow-up (Illinois)
IL2.2 Moderate and high-risk members with a comprehensive assessment completed within 90 days of enrollment.	N/A
IL3.1 Members with care plans within 90 days of enrollment	N/A
IL3.2 Members with documented discussions of care goals	N/A
IL3.3 Ambulatory care follow-up with a provider within 14 days of emergency department (ED) visit.	IAPE – Ambulatory Care Follow-up with a Provider within 14 Days of Emergency Department (ED) Visit (Illinois)
IL3.4 Ambulatory care follow-up with a provider within 14 days of inpatient discharge.	IAPD – Ambulatory Care Follow-up with a Provider within 14 Days of Inpatient Discharge (Illinois)
IL3.5 Follow-up with a provider within 30 days after an initial behavioral health diagnosis.– ON HOLD	IFUP – Follow-up with a Provider within 30 Days After an Initial Behavioral Health Diagnosis (Illinois) (On Hold)
IL3.6 Movement of members between community, waiver, and long-term care services.	IMWS – Movement of Members Between Community, Waiver and LTC Services (Illinois)
IL4.1 The number of critical incident and abuse reports for members receiving LTSS.	N/A
IL5.1 Americans with Disabilities Act (ADA) compliance.	N/A
IL5.2 Care coordinator training for supporting self-direction under the demonstration.	N/A
IL6.1 Adherence to antipsychotic medications for individuals with schizophrenia.	SAA – Adherence to Antipsychotic Medications for Individuals With Schizophrenia (HEDIS)
IL6.2 Cervical cancer screening.	CCS – Cervical Cancer Screening (HEDIS)
IL6.3 Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications.	Medicaid HEDIS specifications
IL6.4 Comprehensive diabetes care (administrative method).	SCDC – Comprehensive Diabetes Care Administrative Method (State Modified HEDIS)
IL6.5 Medication Monitoring for Patients with Psychotic Disorders	IMMP - Medication Monitoring for Patients with Psychotic Disorders (Illinois)

MMAI IL-Specific Reporting Appendix	ICP-HFS HQOL Performance Specs
IL6.6 Annual Monitoring for Patients on Persistent Medications	MPM – Annual Monitoring for Patients on Persistent Medication (HEDIS)
IL6.7 Use of High-Risk Medications in the Elderly	SDAE – Use of High-Risk Medications in the Elderly (State Modified HEDIS)
IL7.1 Coronary artery disease (CAD).	ICAD – Coronary Artery Disease (Illinois) (page 50)
IL7.2 Congestive Heart Failure Admission Rate (PQI08).	PQI08 – Congestive Heart Failure Admission Rate (AHRQ)
IL7.3 Unduplicated members receiving HCBS and unduplicated members receiving nursing facility services	N/A
IL7.4 Average length of receipt in HCBS.	N/A
IL7.5 Long Term Care (LTC) urinary tract infection admission rate and bacterial pneumonia admission rate.	IUTI – Long Term Care Urinary Tract Infection Admission Rate (Illinois) And IBPR – Long Term Care Bacterial Pneumonia Admission Rate (Illinois)
IL7.6 Long Term Care (LTC) prevalence of hospital acquired pressure ulcers.	IPPU – Long Term Care Prevalence of Hospital Acquired Pressure Ulcers (Illinois)
IL7.7 Inpatient hospital and mental hospital 30-day readmission rate.	IIHR – Inpatient Hospital 30-Day Readmission Rate (Illinois) And IIMR – Inpatient Mental Hospital 30-Day Readmission Rate (Illinois)