

NYS PCMH Measure Reporting - 2023 Primary Care Data Request

USER NOTES - INSTRUCTIONS FOR COMPLETING THE FILE LAYOUT REQUEST

Summary of Changes for 2023 Reporting

The following measures have been added for PCMH reporting:

- Breast Cancer Screening – Electronic (BCS-E)
- Cervical Cancer Screening – Electronic (CCS-E)
- Childhood Immunization Status – Electronic (CIS-E)
- Colorectal Cancer Screening – Electronic (COL-E)
- Depression Remission or Response for Adolescents and Adults – Electronic (DRR-E¹)
- Prenatal and Postpartum Care (PPC¹)

The following measures have been modified:

- Colorectal Cancer Screening – Electronic (COL)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)

The following measures have been removed:

- Annual Dental Visit (ADV) – Zero filled column removed.
- Acute Hospital Utilization: Observed Discharges - Surgery and Medicine (AHU) – Retired by NCQA in MY2022, removed from PCMH.
- Asthma Medication Ratio (AMR) 75% – Zero filled column removed.
- Adolescent Well-Care Visits (AWC) – Zero filled column removed.
- Breast Cancer Screening (BCS) – Replaced with BCS-E
- Comprehensive Diabetes Care (CDC) – Zero filled column removed.
- Well-Child Visits in the First 15 Months of Life (W15) – Zero filled column removed.
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) – Zero filled column removed.

The PCMH 2023 User Notes and Specifications covers Measurement Year 2023. Please use your 2023 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 2023, we request that you include the provider/practice 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.

¹ Measure specific to the Medicaid Value Based Payment (VBP) Initiative and are not required for PCMH. 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.

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Please note that the file layout contains 9 measures specific to the Medicaid Value Based Payment (VBP) Initiative:

1. Statin Therapy for Patients with Cardiovascular Disease (SPC),
2. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR),
3. Diabetes Screening for Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD),
4. Initiation of Pharmacotherapy upon New Episode of Opioid Dependence (POD-N),
5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC; Administrative rate),
6. Follow-Up Care for Children Prescribed ADHD Medication (ADD),
7. Prenatal and Postpartum Care (PPC; Administrative rate),
8. Depression Remission or Response for Adolescents and Adults (DRR-E) and
9. Well-Child Visits in the First 30 Months of Life (W30).

These 9 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 2023 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. It may be helpful to use the PLD as a resource or starting point in completing the NYS PCMH file. We ask 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 MY 2023" folder where you upload your MY2023 QARR files entitled "NYS PCMH 2023" will be created for your submission. If someone other than your QARR liaison will be responsible for NYS PCMH reporting, please contact Aswani Bolagani at the email address below for access to the FTP site. Please note that the deadline for submission is **Friday, July 26, 2024**.

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, HARP, and HIV/SNP, we are asking that you populate the member's CIN in the ID field and not an internal ID number; for EP members, populate the member's NYHX ID. 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.

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Specific Instructions:

1. Please be aware that although the member ID for all products except Medicaid, HARP, HIV/SNP, and EP 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 a member is NOT attributed to a VBP Contractor set to '999999999'.
12. Retired measures that have previously been zero-filled in the PCMH 2022 File have been removed. The measures are now arranged **alphabetically**, according to the Measure Short Name.
13. The age stratifications 46-50 years and 51-75 years have been added to Colorectal Cancer Screening (COL; COL-E).
14. Initiation and Engagement of Substance Use Disorder Treatment (IET) has been updated to reflect the episodic language of the measure, as a member can have more than one episode that contributes to the denominator and numerator. The language of the measure was revised, where "alcohol and other drug (AOD)" was replaced with "substance use disorder (SUD)." Additional age stratifications have been added, totaling in three age stratifications: 13-17 years, 18-64 years, and 65+ years. Engagement numerator (Field # 89, 92, and 95) value must be less than or equal to the Initiation numerator (Field #88, 91, and 94) value.
15. Members may have more than one visit that contributes to the denominator and numerator during the prenatal and postpartum period. Prenatal and Postpartum Care (PPC) numerators (Field # 111 and 113) must be less than or equal to the denominators (Field # 110 and 112). PPC is reported in the PLD as a hybrid measure; **please provide the administrative denominators and numerators** for this file.

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16. The Depression Remission or Response for Adolescents and Adults (DRR-E) is divided into three numerators: Follow-up PHQ-9 (Field # 67, 71, 75, 79), Depression Remission (Field # 68, 72, 76, 80), and Depression Response (Field # 69, 73, 77, 81). The numerators must be less than equal to the denominator of the corresponding age categories (Field # 66, 70, 74, 78).
17. The ADD Continuation and Maintenance (C&M) Phase denominator (Field #27) and numerator (Field #28) must be less than or equal to the Initiation Phase denominator (Field #25) and numerator (Field #26).
18. For the AAB (Field #24) and LBP (Field #105) measures, provide the actual numerator (non-inverted), e.g., for AAB, the numerator would be members receiving the antibiotic.
19. For the AMB measure (Field #30), please populate the fields with the number of events for each LOB you are reporting. Member Months **are not** required for 2023.
10. For the IPU/AHU/EDU measures, please populate the fields with the number of events for each LOB you are reporting. Member Months **are not** required for 2023.
11. Only MCOs reporting their Medicaid line of Business need to report the following 9 VBP-specific measures:
 1. Statin Therapy for Patients with Cardiovascular Disease (SPC),
 2. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR),
 3. Diabetes Screening for Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD),
 4. Initiation of Pharmacotherapy upon New Episode of Opioid Dependence (POD-N),
 5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC; Administrative rate),
 6. Follow-Up Care for Children Prescribed ADHD Medication (ADD),
 7. Prenatal and Postpartum Care (PPC; Administrative rate),
 8. Depression Remission or Response for Adolescents and Adults (DRR-E) and
 9. Well-Child Visits in the First 30 Months of Life (W30).

Contact Information

For questions regarding this request, please contact the **VBP Team** of the **Office of Health Services Quality and Analytics** (formerly *Office of Quality and Patient Safety*) at: OHSQAVBP@health.ny.gov.