

Specification Updates

This document contains corrections and policy changes or clarifications for the *IHA Value-Based Pay-for-Performance Program: Audit Review Guidelines Measurement Year 2015* and *HEDIS 2016 Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*.

IHA Value-Based Pay-for-Performance Program: Audit Review Guidelines Measurement Year 2015

Page	Section	Heading/Subtitle	Issue				
21	Information Systems Standards	IS 5.0 Data Integration-Accurate P4P Reporting, Control Procedures That Support P4P Reporting Integrity	<p>Deleted and renumbered:</p> <p>IS 5.7 Physical control procedures ensure P4P measure data integrity such as physical security, data access authorization, disaster recovery facilities and fire protection.</p> <ul style="list-style-type: none"> • P4P repository computer operations and system security schemes, documentation and procedures ensure that data are not compromised by physical security, data access authorization, disaster recovery procedures, power failures, fire or smoke. • Adequate copies of the repository and documentation are maintained. • Policy, procedures and log forms for monitoring control, security hardware functions, hardware activities, back-ups, recovery, archiving, capacity, physical states and access are available for review. 				
35	P4P Audit Review for POs: <i>The Offsite Process</i>	Contract Execution	<p>Replace the red, bolded dates:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <p>Supplemental Data Collection Deadline. Organization completes and stops all nonstandard and member-reported supplemental data collection and entry. <i>No exceptions! Failure to meet this deadline could result in inability to use supplemental data to report rates.</i></p> </td> <td style="text-align: center; vertical-align: middle; padding: 5px;">February 16, 2016</td> </tr> <tr> <td style="padding: 5px;"> <p>Supplemental Data Validation Deadline. Auditor finalizes approval of <i>all</i> supplemental data for POs. Primary Source Verification (PSV) for nonstandard and member-reported supplemental data must not occur prior to February 16 unless the PO finished all supplemental data processes, collection and entry. <i>No exceptions!</i></p> </td> <td style="text-align: center; vertical-align: middle; padding: 5px;">March 15, 2016</td> </tr> </table>	<p>Supplemental Data Collection Deadline. Organization completes and stops all nonstandard and member-reported supplemental data collection and entry. <i>No exceptions! Failure to meet this deadline could result in inability to use supplemental data to report rates.</i></p>	February 16, 2016	<p>Supplemental Data Validation Deadline. Auditor finalizes approval of <i>all</i> supplemental data for POs. Primary Source Verification (PSV) for nonstandard and member-reported supplemental data must not occur prior to February 16 unless the PO finished all supplemental data processes, collection and entry. <i>No exceptions!</i></p>	March 15, 2016
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HEDIS 2016 Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures

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43	HEDIS Compliance Audit Standards: <i>HD Standards</i>	HD 4.0 Algorithmic Compliance	<p>Deleted HD 4.3 (The organization correctly reported last year's audited), re-numbered and added:</p> <p>HD 4.4 Member-level and summary-level data should match.</p> <ul style="list-style-type: none"> CMS requires that Medicare summary-level data in IDSS and the member-level data in the Patient-Level Detail (PLD) file must match for the measures in the Effectiveness of Care (EOC) domain, all EOC-like measures, and for the <i>Plan All-Cause Readmissions</i> measure. Slight deviations for Utilization measures are acceptable, but must be documented and approved by the auditor. For HEDIS 2016, for any commercial, Marketplace or Medicaid measure, NCQA allows a variance between the member-level data in the PLD file and the summary level data of no more than one percent. Variances greater than one percent must be corrected. 								
85	Audit Process: <i>Post-Onsite and Reporting</i>	For WHP Measures	<p>Replace the table text:</p> <p>For WHP Measures</p> <table border="1"> <thead> <tr> <th>Rate/Result</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>0-XXX</td> <td>A rate or numeric result. The organization followed the specifications and produced a reportable rate or result for the measure.</td> </tr> <tr> <td>NA</td> <td>Small Denominator. The organization followed the specifications but the denominator was too small (<100) to report a valid rate.</td> </tr> <tr> <td>NR</td> <td> <p><i>Not Reportable:</i></p> <ul style="list-style-type: none"> The calculated rate was materially biased, or The organization chose not to report, or The organization is not required to report. </td> </tr> </tbody> </table>	Rate/Result	Comment	0-XXX	A rate or numeric result. The organization followed the specifications and produced a reportable rate or result for the measure.	NA	Small Denominator. The organization followed the specifications but the denominator was too small (<100) to report a valid rate.	NR	<p><i>Not Reportable:</i></p> <ul style="list-style-type: none"> The calculated rate was materially biased, or The organization chose not to report, or The organization is not required to report.
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94	Audit Process: <i>Post-Onsite and Reporting</i>	Audit Result Files	<p>Add the note:</p> <p>– The tools, files and findings, showing that the PLDs compared correctly to the HEDIS summary data. Note: NCQA requires final PLDs to be available through the monitoring visit and audit appeal deadlines.</p>								
4-4	Appendix 4-Logical Measure Groups	Logical Group: DRGs	<p>Removed check marks from:</p> <ul style="list-style-type: none"> ADD FSP IAD MPT 								