# 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

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Heading/Subtitle</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Information Systems Standards</td>
<td>IS 5.0 Data Integration-Accurate P4P Reporting, Control Procedures That Support P4P Reporting Integrity</td>
<td>Deleted and renumbered: IS 5.7 Physical control procedures ensure P4P measure data integrity such as physical security, data access authorization, disaster recovery facilities and fire protection.</td>
</tr>
<tr>
<td>35</td>
<td>P4P Audit Review for POs: The Offsite Process</td>
<td>Contract Execution</td>
<td>Replace the red, bolded dates:</td>
</tr>
</tbody>
</table>

**Supplemental Data Collection Deadline.** Organization completes and stops all nonstandard and member-reported supplemental data collection and entry. *No exceptions! Failure to meet this deadline could result in inability to use supplemental data to report rates.*

**February 16, 2016**

**Supplemental Data Validation Deadline.** Auditor finalizes approval of all 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. *No exceptions!*

**March 15, 2016**
HEDIS Compliance Audit Standards: HD Standards

Deleted HD 4.3 (The organization correctly reported last year’s audited), re-numbered and added:

**HD 4.4 Member-level and summary-level data should match.**

- 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 Plan All-Cause Readmissions 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.

**Audit Process: Post-Onsite and Reporting**

For WHP Measures

<table>
<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 (&lt;100) to report a valid rate.</td>
</tr>
</tbody>
</table>
| NR          | Not Reportable:  
  - The calculated rate was materially biased, or  
  - The organization chose not to report, or  
  - The organization is not required to report. |

Add the note:

- 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.

**Audit Process: Post-Onsite and Reporting**

Audit Result Files

**Appendix 4-Logical Measure Groups**

Logical Group: DRGs

Removed check marks from:

- ADD
- FSP
- IAD
- MPT