

 **STATE OF NEW YORK**
DEPARTMENT OF HEALTH

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<p style="text-align: center;">CLARIFICATION # 3 2007 Quality Assurance Reporting Requirements Specifications (QARR)</p>

Dear Quality Management Director:

This is to clarify direction for reporting numerator events from supplemental databases. The 2007 QARR Technical Specifications, Clarification # 1, described how plans should separate and report administrative data for events identified through transaction systems and for events identified from a supplemental database. We have received questions about which system to prioritize or select first as well as descriptions of processes which would affect some plans ability to follow the specifications for reporting. In this third clarification, we will share the revised direction which incorporates the issues that have been brought to our attention. Please review the attached information.

If there are any questions or comments, please contact me at (518) 486-9012 or via email at ams13@health.state.ny.us.

Sincerely,

Anne Schettine
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Enclosure

cc: Plan Medical Director
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Supplemental databases and their use in QARR (Revised January 2008)

What are they?

Supplemental databases are sources of information designated by HEDIS® 2008 (General Guidelines 40 and 41, Volume 2, HEDIS® 2008). Information from supplemental databases is used to qualify members for numerator criteria for measures. NYS plans should follow the HEDIS guidelines that instruct plans about the data sources, formats and procedures to follow in constructing a supplemental database for use in HEDIS/QARR reporting.

NYS DOH defines supplemental databases as systems for collecting data not originating in the transaction system. Transaction system refers to the claims, encounters, or billing or financial system for an organization. If lab data is submitted to a plan through the transaction system, it would be referred to as administrative data for QARR. If lab data is submitted to a plan outside the transaction system, the data would be referred to supplemental data for QARR. Please remember, as stated in Volume 2, all supplemental data are subject to audit review and differ only in the type of review required.

How are supplemental databases used by health plans?

Health plans use supplemental databases to capture information from sources on services and events that are used for numerators for various HEDIS/QARR measures. The information captured from the systems should comply with HEDIS®2008 guidelines for both data elements and the procedures for maintaining systems and data integrity.

How should the numerators from supplemental databases be reported to NYS DOH?

NYS DOH uses a Data Submission System (DSS) for plans to report their QARR data. For QARR 2007, plans will be asked to separate the administrative numerators for three measures:

1. Ambulatory Follow Up After Hospitalization for Mental Illness
2. Appropriate Testing for Children with Pharyngitis
3. Chlamydia Screening for Women

For these measures, the DSS has been revised to separate the two pieces of the administrative data. Administrative data (transaction data) and supplemental data are both part of the ADMINISTRATIVE component of the measure. The DSS will auto-calculate the plan's rate after combining the two components.

NYS DOH is not asking plans to change how they are calculating measures or requiring separate administrative rates to be calculated. The DSS has been modified to capture the two pieces separately. For example, Ambulatory Follow Up After Hospitalization would be as follows in the DSS:

The screenshot shows the DSS interface for 'Follow-up After Hospitalization for Mental Illness - Commercial'. It includes a title bar, a plan name 'Happy Health Plan', and a 'Close' button. The main area contains input fields for 'Type of Review' (set to 'Administrative Data'), 'Valid Denominator Exclusions' (7), 'Eligible Population' (507), and 'Denominator' (500). A 'New This Year' indicator is present. A dropdown menu for 'Supplemental Database Used' is open, showing options: 'Used and Reported Separately' (highlighted), 'Used and Not Reported Separately', and 'Not Used'. Below this is a table with columns for 'Administrative Numerator', 'Supplemental Numerator', and 'Reported Rate'.

	Administrative Numerator	Supplemental Numerator	Reported Rate
Within 7 Days:	274	12	57.20%
Within 30 Days:	366	14	76.00%

Is there a specified method for determining which numerator bucket to put a member in when the member is numerator compliant in both the transaction data and the supplemental data?

If a member is found to have a transaction indicating numerator compliance, the member should be counted in the administrative numerator box of the DSS, even if there is also data in the supplemental database indicating numerator compliance. If there is no information in the transaction system indicating numerator compliance, but there is information of compliance in the supplemental database, the member would be counted in the supplemental numerator box on the DSS. Members should be counted only once per numerator qualifying event in each measure. For example, members may be in the denominator more than once for Ambulatory follow Up After hospitalization for Mental Illness. If a member is in the denominator twice and is numerator compliant twice, the numerators should both be counted in the corresponding box on the DSS.

What if a health plan cannot determine which source attributed the numerator compliance for a member?

If a health plan cannot identify the source of data that is in a repository or an identifying field was not given to a source code vendor, the plan will indicate this in the drop down box above the numerators on the DSS by selecting 'Used and Not Reported separately' from the drop down menu. The plan will report all numerators in the Administrative Numerator box and the Supplemental Numerator field will remain grayed out. The plan's auditor will state the estimated amount of the numerator attained through the supplemental database. The auditor's statement should be included in their final audit report along with an explanation of why the numerators could not be separated.

What if a health plan does not have a supplemental database for one or more of the indicated measures?

If a health plan does not have supplemental databases for one or more of the measures, the plan will indicate this in the drop down box above the numerators on the DSS by selecting 'Not Used'.

Future Reporting of Information Collected in Supplemental Databases

NYS DOH will continue to gather information on the use of supplemental databases in measurement and plans should be developing mechanisms in their processing to identify information collected in these systems and reporting the numerator events separately in future submissions.