CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

MEMORANDUM

Date: **July 22, 2016**
To: **PRIME Managers**
From: **SNI**
RE: **PRIME Metric Specification Reporting Options**

MTAC, CAC, and SNI and DHCS have had many discussions on the issue of flexibility around the use of codes for PRIME metric specs. Until just recently, with the intent of maintaining consistency and comparability of reporting across PRIME entities, DHCS has held firm to the decision to require PRIME entities to strictly follow the codes referenced in PRIME metric specs without allowances for local approaches.

However, following discussions with NCQA, NQF and IHA on this issue, SNI and DHCS have become aware of two existing precedents. The first is that under CMS' PQRS program, eligible providers and groups have multiple reporting modality options, each of which has associated specifications (see pages 20 and 22 of this PQRS Implementation Guide). Any single approach is acceptable for PQRS reporting. Second, HEDIS allows for local mapping of codes/values to the HEDIS coding system.

Given the above acceptable state and national reporting approaches, DHCS has agreed to the following allowances for PRIME:

1. Use of eCQM specs vs PQRS Registry/Claim based specs
   eCQM specifications may be used in lieu of any of the currently listed PQRS Registry/Claim based specifications. This applies to the following PRIME Metrics (10 unique PQRS metrics in PRIME, representing 18 total metrics, several are duplicated across projects):
   a. NQF 0326 Advance Care Plan
   b. NQF 0058 Avoidance of antibiotic treatment in adults with acute bronchitis
   c. NQF 0034 Colorectal Cancer Screening
   d. NQF 0710 Depression Remission at 12 Months CMS159v4
   e. NQF 0419 Documentation of Current Medications in the Medical Record
   f. NQF 0041 Influenza Immunization
   g. NQF 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
   h. NQF 0097 Medication Reconciliation – 30 days
   i. PQRS #317 Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
   j. NQF 0028 Tobacco Assessment and Counseling

   IMPORTANT CLARIFICATIONS:
   - The option to use eCQM specs only applies to metrics that currently use PQRS specs in the Metric Manual or for PRIME metrics that already use eCQM as the specification. eCQMs may not be used for measures for which there is a CMS Core Measure Specification.
   - PRIME entities using the eCQM specs will still be required adhere to the PRIME specific modifications that were made in the PQRS specification e.g. "…in the Project x.x Target Population". eCQMs with these modifications will be added to future versions of the PRIME Metric Manual.

2. Local Mapping

   PRIME Entities may opt to use "local"/proprietary codes or values to the standard codes specified in PRIME Metric Spec Manual. PRIME Entities that do not use the specified coding system must "map" the codes they used to the codes specified in the manual.

   HEDIS specifications (and IHA Value Based P4P specifications) allow for mapping of "local"/proprietary codes or values to the standard codes, and that mapping is reviewed as part of the HEDIS/IHA audit process by the NCQA certified auditor. PRIME will follow this same approach, which means that local workflows or local tracking may not **substitute** for codes and but the metric spec codes may be **mapped** on the backend – but only if the PRIME entity has some form of auditable process in place. To support this auditable process, it is recommended (although not required to be reported for PRIME) that PRIME entities have, at a minimum, documentation that includes a crosswalk containing the relevant codes, descriptions and clinical information. It is also recommended that PRIME entities document the policies and procedures they use to implement codes or values other than the specified coding systems.

   Below is the excerpt from the page 30 of the IHA Value Based P4P manual related to this (which is consistent with the HEDIS manual):

   > 41. Mapping Proprietary or Other Codes
   >
   > For all measures, health plans and POs that do not use the specified coding system must "map" the codes they used to the codes specified in the manual. The organization may map proprietary codes, Level III and state-specific Level II HCPCS codes and NDC codes; it may not map standard codes or deleted codes to the codes used in the measures. It is important that health plans and POs match the clinical specificity required when mapping codes. NDC code mapping should be linked to the generic name, strength/dose and route indicated in the NDC lists posted on the NCQA Web site (www.ncqa.org).
   >
   > For audit purposes, health plans and POs should document methods used to map codes. At a minimum, documentation should include a crosswalk containing the relevant codes, descriptions and clinical information.
   >
   > Health plans and POs must document the policies and procedures they use to implement codes other than the specified coding systems. For Level III and state-specific Level II HCPCS mapping, organizations must provide state instructions for using state-specific codes. Auditors may request additional information.

SNI will also collate the aforementioned eCQMs and make those available to all PRIME entities as well as incorporating all the above information into the next PRIME Metric Spec Manual v2.4.

Respectfully submitted,

David Lown, MD
SNI CMO

Dana Pong
SNI Data Analyst