SUBJECT: Guidelines on HEDIS® Measures for Fee-for-Service Carriers

This letter provides information and guidance on the collection process for Fee-for-service (FFS) plans to report Healthcare Effectiveness Data and Information Set (HEDIS®) measures for 2008. The results from last year’s pilot demonstrated FFS plans have the capability of reporting certain clinical quality datasets. We are pleased these preliminary results provided evidence FFS plans are working closely with their customers and network providers to address the needs of patients through aggressive chronic care management.

We will again contract with the National Committee for Quality Assurance (NCQA) to collect HEDIS® data. All FFS plans are required to complete NCQA’s Healthcare Organization Questionnaire (HOQ) in order to receive access to the appropriate HEDIS® data submission tools. We are not requiring FFS plans to have their results subject to a HEDIS® Compliance Audit in 2008; therefore, when completing the HOQ, you will be able to select “NO” from the audit field for the data collection tool without the audit feature.

Three new measures (highlighted below) will be added to this year’s HEDIS® dataset. Also, after careful consideration, we have decided to remove one of the requirements under the Comprehensive Diabetes Care measure. The eye examination rate will no longer be a requirement under this measure. Finally, we are requiring carriers to submit data for the entire health plan, not for each option offered by the health plan.

All measures are found in the 2008 Technical Specifications book. You must visit NCQA’s website (http://www.ncqa.org) to obtain updated information on the 2008 Technical Specifications. The following measures will be required under the Administrative Method for this year’s collection:

- Breast Cancer Screening
- Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)
- Comprehensive Diabetes (LDL-C Screening and Hemoglobin A1c (HbA1c) testing)
- Antidepressant Medication Management (Optimal practitioner contacts for medication management)
- Follow-up Care After Hospitalization for Mental Illness (follow-up within 30 days of discharge and seven days of discharge)
- Persistence of Beta-Blocker Treatment After a Heart Attack.
The NCQA’s annual HOQ on-line system requires a password. The designated Primary HEDIS® contact at your plan will receive an email notification from HOQ@ncqa.org with information on how to access the 2008 HOQ online. If you have not designated a Primary HEDIS contact, please contact NCQA’s Data Collection Operations team at HOQ@ncqa.org.

If you have general questions regarding HEDIS® please refer to the NCQA website, www.ncqa.org or contact NCQA Customer Support at: CustomerSupport@ncqa.org or 1-888-275-7585. If you have technical questions regarding a HEDIS® measure or the HEDIS® technical specifications, please use the Policy Clarification Support area of NCQA’s website (www.ncqa.org/programs/faq/PCS.asp). Questions about the data submission process should be addressed to your health plan’s assigned NCQA HEDIS® Data Submission Account Manager.

The timeline for HEDIS® submissions is as follows:

- February 1, 2008: Healthcare Organization Questionnaire is open to plans via the NCQA website.
- February 29, 2008: Deadline for plans to complete NCQA’s on-line HOQ.
- End of April, 2008: NCQA will provide health plans with access to the Interactive Data Submission Systems (IDSS).
- June 16, 2008: Deadline for plans to submit HEDIS® data and attestations to NCQA.

If you have any questions, please contact Tanya Woodyard at Tanya.Woodyard@opm.gov or by telephone at 202-606-2397.

Sincerely,

Kay Ely
Associate Director
for Human Resources Products and Services