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 2009. Once again, we were pleased last year’s results provided evidence that plans are working closely with their customers and network providers to address the needs of patients through aggressive chronic care management.

OPM will again contract with the National Committee for Quality Assurance (NCQA) to collect the HEDIS® data from the FFS plans. All plans are required to complete NCQA’s Healthcare Organization Questionnaire (HOQ) in order to receive access to the appropriate HEDIS® data submission tools. This year, OPM is requiring FFS plans to have their results subject to a HEDIS® Compliance Audit in 2009. All plans must follow NCQA’s procedures for HEDIS® reporting, including the HEDIS® Compliance Audit which can be found at: www.ncqa.org. In order for you to fully understand the HEDIS measures and the posted public comment document, you will need the current HEDIS technical specifications. If you do not have the HEDIS 2009 Volume 2 – Technical Specifications, you can order it through NCQA’s website.

The measures remain the same as last year, with a few minor changes (highlighted below). Once again, we are requiring carriers to submit data for each health plan, but not for each option offered by the health plan. Please keep in mind these measures are not to be collected in lieu of any other healthcare quality measurements and reports.

All measures are found in the 2009 Technical Specifications book. In addition, you must visit NCQA’s website (www.ncqa.org) to obtain updated information on the 2009 Technical Specifications. The following measures will be required under the Administrative Method for this year’s collection:

- Breast Cancer Screening (removed age stratifications for 2009)
- Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)
- Comprehensive Diabetes (LDL-C Screening and Hemoglobin A1c (HbA1c) testing)
- Antidepressant Medication Management (Effective Acute Phase Treatment and Effective Continuation Phase Treatment); Retired 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.

In order to report on HEDIS®, you need to complete NCQA’s annual HOQ on-line through NCQA’s website using 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 2009 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 at 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 (http://www.ncqa.org/tabid/585/Default.aspx). 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 6, 2009: Healthcare Organization Questionnaire is open to plans via the NCQA website.
- February 27, 2009: Deadline for plans to complete NCQA’s on-line HOQ.
- End of April 2009: NCQA will provide health plans with access to the Interactive Data Submission Systems (IDSS).
- June 15, 2009: Deadline for plans to submit HEDIS® data and attestations to NCQA.

If you have 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