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 2010. 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. OPM is again requiring FFS plans to have their results subject to a HEDIS® Compliance Audit in 2010. 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 2010 Volume 2 – Technical Specifications, you can order it through NCQA’s website.

The measures will remain the same as last year. Once again we are requiring carriers to submit data for each health plan, but not for each option offered by the health plan. Also 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 2010 Technical Specifications book. In addition, you must visit NCQA’s website (http://www.ncqa.org) to obtain updated information on the 2010 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 (Effective Acute Phase Treatment and Effective Continuation Phase Treatment)
- Follow-up Care After Hospitalization for Mental Illness (follow-up within 7 days of discharge and 30 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 2010 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, 2010: Healthcare Organization Questionnaire is open to plans via the NCQA website.
- February 26, 2010: Deadline for plans to complete NCQA’s on-line HOQ.
- End of April, 2010: NCQA will provide health plans with access to the Interactive Data Submission System (IDSS).
- June 15, 2010: 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,

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Acting Deputy Associate Director
for Retirement and Benefits