

HEDIS Reporting Requirements

SNP 1 **Questions about HEDIS Reporting** **Last Reviewed:** 1/22/09

Question: How do I contact NCQA with a question about the SNP HEDIS reporting requirements or a specific HEDIS measure?

Response: If, after reading the frequently asked questions (FAQs) below, you have unanswered questions, please use the Policy Clarification Support (PCS) system to submit your question to NCQA. It is accessible via the NCQA Web site at http://app04.ncqa.org/pcs/web/asp/TIL_ClientLogin.asp

SNP 2 **SNP HEDIS Measures** **Last Reviewed:** 1/22/09

Question: What HEDIS measures are Medicare Advantage plans required to report for their SNP benefit packages?

Response: Below is the list of HEDIS measures selected for SNP benefit packages in 2009.

- **(COL)** Colorectal Cancer Screening *
- **(GSO)** Glaucoma Screening in Older Adults
- **(COA)** Care for Older Adults *
- **(SPR)** Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- **(PCE)** Pharmacotherapy of COPD Exacerbation
- **(CBP)** Controlling High Blood Pressure *
- **(PBH)** Persistence of Beta Blocker Treatment After a Heart Attack
- **(OMW)** Osteoporosis Management in Older Women
- **(AMM)** Antidepressant Medication Management
- **(FUH)** Follow-Up After Hospitalization for Mental Illness
- **(MPM)** Annual Monitoring for Patients on Persistent Medications
- **(DDE)** Potentially Harmful Drug-Disease Interactions
- **(DAE)** Use of High Risk Medication in the Elderly
- **(MRP)** Medication Reconciliation Post-Discharge *
- **(BCR)** Board Certification

* SNP benefit packages under PPO Contracts do not have to report these measures because these measures rely on medical record review.

SNP 3 **SNP-only Measures**

Question: Are the two new SNP-only measures (*Care for Older Adults* and *Medication Reconciliation Post-Discharge*) optional because they are 1st year measures?

Response: These measures are not optional for reporting in HEDIS 2009. They are required.

HEDIS Reporting Requirements

SNP 4 **Level of Reporting** **Last Reviewed:** 1/22/09

Question: Who must report and what is the level of reporting?

Response: Every SNP benefit package (identified by the CMS Plan ID) that had 30 or more members enrolled, as reported in the **February 2008 SNP Comprehensive Report**, must submit results for the SNP subset of 15 HEDIS measures. The **February 2008 SNP Comprehensive Report** is available on the CMS Website at:
<http://www.cms.hhs.gov/MCRAAdvPartDENrolData/SNP/list.asp#TopOfPage>

If a SNP benefit package is listed in the **February 2008 SNP Comprehensive Report**, but had 29 or fewer members, a HEDIS report is not required; however, CMS requires that the organization report the Structure & Process measures regardless of enrollment size.

SNP 5 **Reporting Structure** **Last Reviewed:** 1/22/09

Question: What are the HEDIS reporting requirements for MA contracts and SNP benefit packages?

Response: As described in the answer to Question 4, SNPs with 30 or more members as of the **February 2008 SNP Comprehensive Report** must report HEDIS. For MA contract level reporting, contracts with 1,000 or more members enrolled as reported in the **July 2008 Monthly Enrollment by Contract Report** must submit HEDIS results.

See the memorandum from CMS dated December 9, 2008 for the complete list of HEDIS measures required for Contract-level reporting.

See the chart below for details about the reporting requirements.

	MA HEDIS Reporting Requirements		SNP HEDIS Reporting Requirements	
	Summary Level Reporting	Patient Level Reporting	Summary Level Reporting	Patient Level Reporting
≥ 1,000 members including no SNP benefit packages	Yes	Yes	No	Not applicable
< 1,000 members including no SNP benefit packages	No	No	No	Not applicable
≥ 1,000 members including SNP benefit packages	Yes	Yes	Yes*	Not applicable
<1,000 members including SNP benefit packages	No	No	Yes*	Not applicable
SNP-only benefit packages with ≥ 1,000 SNP members	Yes	Yes	Yes*	Not applicable
SNP-only benefit packages with < 1,000 SNP members	No	No	Yes*	Not applicable
≥ 1,000 Medicaid members with <1,000 in a SNP Dual-Eligible benefit package	No	No	Yes*	Not applicable

* SNP benefit packages that have an enrollment of 30 or more members as reported in the February 2008 SNP Comprehensive Report.

HEDIS Reporting Requirements

SNP 6 **Audit Requirement** **Last Reviewed:** 1/22/09

Question: Does every submission require an audit?

Response: Yes, every SNP benefit package level submission must undergo a HEDIS Compliance Audit™.

SNP 7 **Medicare Specifications** **Last Reviewed:** 1/22/09

Question: Does the SNP submission use Medicare specifications for the measures?

Response: Yes, for the required HEDIS measures use the specifications in Volume 2, HEDIS Specifications.

SNP 8 **Patient-Level Detail File** **Last Reviewed:** 1/22/09

Question: Does CMS require a Patient Level Detail File for each SNP benefit package submission?

Response: No, the plan does not create a separate patient-level file for each SNP submission; however, the patient-level data submitted for the larger Contract-level must include **all** MA members, including members enrolled in its SNP benefit packages. (See the Reporting Structure Chart above in Question 5.)

SNP 9 **Medicare Advantage** **Last Reviewed:** 1/22/09

Question: If an MA plan has a SNP benefit package, does it report the members in the Medicare Contract submission AND the SNP submission?

Response: Yes, SNP members will be reported in two submissions – the full Medicare submission at the Contract-level and the SNP benefit package in which they receive benefits.

SNP 10 **Dual-Eligible SNP** **Last Reviewed:** 1/22/09

Question: For Dual-Eligible SNP benefit packages, is a member reported to NCQA in the Medicare, Medicaid, and SNP submission?

Response: Yes, in all three. All HEDIS guidelines about dual eligible members apply, and these members are also included in the SNP-specific submission.

SNP 11 **SNP-only Plan** **Last Reviewed:** 1/22/09

Question: If a Medicare Advantage organization, which offers only SNP benefit packages, meets the threshold for reporting HEDIS at the Contract level (1,000 members as reported in **July 2008 Monthly Enrollment by Contract Report**), do they report all HEDIS measures required for Contract-level reporting or only the SNP subset measures?

Response: If a Medicare Advantage organization with only SNP benefit packages had 1,000 members on 7/1/2008, the plan must report the SNP subset of measures and the other Medicare measures as well. See the memorandum from CMS dated December 9, 2008 for the complete list of HEDIS measures required for Contract-level reporting.

HEDIS Reporting Requirements

SNP 12 Medicare Advantage and Hybrid Method **Last Reviewed:** 1/22/09

Question: If an MA plan uses the hybrid method to report any measure, must they draw a separate sample for the SNP benefit packages?

Response: Yes, every submission is treated separately; for example, if a plan reports Colorectal Cancer Screening for the full MA plan population and a SNP benefit package, two distinct samples must be drawn.

SNP 13 Hybrid Methodology – Substituting Records **Last Reviewed:** 1/22/09

Question: If an MA plan draws a sample for the Controlling High Blood Pressure measure for the MA population and a separate sample for the same measure for the SNP benefit package, what does the plan do with the overlapping members?

Response: If there are SNP members in the sample for the full MA plan (main sample), the plan may use them for the SNP sample. For example, the main sample of 411 has 5 SNP members. The SNP sample has 250. Randomly select 5 members from the SNP sample and replace them with 5 SNP members in the main sample. The 5 SNP members are evaluated in both samples. If the plan chooses to use the option to substitute records, all SNP members in the main sample must be used for the SNP sample, the members pulled from the SNP sample must be chosen at random, and the auditor must approve the process.

SNP 14 Continuous Enrollment **Last Reviewed:** 1/22/09

Question: How is continuous enrollment calculated for the SNP benefit packages?

Response: Calculate continuous enrollment for SNP members according to the standard HEDIS requirement for Medicare products. Members should be reported in the SNP they are enrolled in at the end of the continuous enrollment period. For measures with no continuous enrollment requirement, report members in the SNP they were in at the time of service.

SNP 15 Small Denominators **Last Reviewed:** 1/22/09

Question: How are small denominators handled?

Response: To understand the performance of the entire SNP program, it is important that SNPs report a measure even when there are fewer than 30 members in the measure's denominator. Each SNP benefit package must collect data and report the required measures according to the specifications regardless of the denominator size.

It is important to note, NCQA's Interactive Data Submission System (IDSS) will not calculate a rate for measures where the denominator is fewer than 30, but NCQA will use the reported measure numerators and denominators for aggregated reporting purposes.

HEDIS Reporting Requirements

SNP 16 Institutional SNPs and Contract Level Reporting

Last Reviewed: 1/22/09

Question: If a Medicare Advantage organization, which offers only **Institutional** SNP benefit packages, meets the threshold for reporting HEDIS at the Contract level (>1,000 members), are they required to report all MA measures?

Response: Yes, reporting at the Contract Level is required. In some cases, Institutional SNPs may have no members that meet the denominator criteria for some measures because of the required exclusions; however, the plan's auditor must determine for each measure that the plan calculated the denominator, the exclusions and the measure result. Additionally, the plan must report all counts for the denominators, numerators and exclusions even when they are zeros.

SNP 17 Medicare Health Outcomes Survey

Last Reviewed: 1/22/09

Question: Is a Medicare Advantage organization, which offers only SNP benefit packages, required to report HOS and what are the requirements?

Response: Yes, reporting HOS at the Contract Level is required for Medicare contracts with **exclusively SNP packages** in effect on or before January 1, 2008. See the chart below for details about the reporting requirements. To report HOS data, SNPs must contract with a certified HOS survey vendor and notify NCQA of their survey vendor choice no later than **February 2, 2009**.

Plan Type	Survey Type	Contract Date	Enrollment Criteria	2009 Reporting
SNP	Medicare HOS	Contracts in effect on or before January 1, 2008	Minimum of 500 members*	Required

*Generally, enrollment size is verified in the fall to determine eligibility and analyzed again prior to sampling to ensure the plan did not drop below the required membership.
