DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR DRUG and HEALTH PLAN CHOICE

TO: All Medicare Advantage HMOs, PPOs, PFFS, §1876 Cost contractors, and Special Needs Plans

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: 2009 HEDIS, HOS and CAHPS Measures for Reporting by Medicare managed care contractors

DATE: December 9, 2008

This memo contains a list of HEDIS® measures required to be reported by Medicare managed care plan types (HMO, PPO, §1876 Cost, and Special Needs Plans) in 2009. It also includes information about which plans are required to participate in HOS and CAHPS®. Sections 422.152 and 422.516 of volume 42 of the Code of Federal Regulations (CFR) specify that Medicare Advantage plans must submit performance measures as specified by the Secretary and CMS. These performance measures include HEDIS, HOS, and CAHPS.

HEDIS 2009 Requirements

In 2009, NCQA will collect data for services covered in 2008. Detailed specifications for these measures are in *HEDIS 2009, Volume 2, Technical Specifications*, published by the National Committee for Quality Assurance (NCQA).

Managed Care Contractors meeting CMS's minimum enrollment requirements for 2008 must submit audited summary-level HEDIS data to NCQA. Contracts with 1,000 or more members enrolled as reported in the July 2008 Monthly Enrollment by Contract Report (which can be found at http://www.cms.hhs.gov/MCRAdvPartDEnrolData/MEC/list.asp#TopOfPage) must collect and submit HEDIS data to CMS. All cost contracts, including closed cost contracts, are required to report HEDIS. Patient-level data must be reported to HCD International. More information on the patient-level data submission will be forthcoming in a separate memo.

In 2009, CMS will also continue collecting audited data from all Special Needs Plans (SNPs) that had 30 or more members enrolled as reported in the February 2008 SNP Comprehensive Report (which can be found at http://www.cms.hhs.gov/MCRAdvPartDEnrolData/SNP/list.asp#TopOfPage).
In 2009, CMS will continue to require that Medicare Advantage PPOs (local and regional) and SNP PPOs report audited HEDIS measures using the administrative collection method. The measure list below includes an MA and a SNP column indicating which HEDIS measures are appropriate for

PPOs to report – the measures that do not rely on medical record review for denominator or numerator data.

PFFS and MSA plans can voluntarily collect and submit 2009 HEDIS data. For calendar year 2010, PFFS and MSA plans are required to collect and report to CMS all of the administrative HEDIS measures. PFFS and MSA plans will be required to collect data on the appropriate HEDIS measures following the HEDIS 2011 Technical Specifications and report the audited data to CMS in mid 2011.

In 2010 submission of HEDIS Use of Service measures is subject to change as CMS moves to submission of audited data for CMS Part C and D reporting requirements.

All HEDIS 2009 measures must be submitted to NCQA by 11:59pm EDT on June 30, 2009. Late submissions will not be accepted. If a plan submits their HEDIS data after June 30, 2009, they will automatically receive a rating of one star on all of their required HEDIS measures for the data that are updated in Fall 2009 on Medicare Options Compare.

MA contractors new to HEDIS must become familiar with the requirements for data submissions to NCQA, and make the necessary arrangements as soon as possible. Information about the HEDIS audit compliance program is available at: http://web.ncqa.org/tabid/204/Default.aspx

Please note that plans should refer to this Memo for CMS reporting requirements, and not to the NCQA website. For further information on HEDIS contact Lori Teichman, Ph.D at Lori.Teichman@cms.hhs.gov. For information specific to the SNPs, please contact John Hebb, Ph.D. at John.Hebb@cms.hhs.gov.

HEDIS 2009 Measures for Reporting		MA HMO Contracts	MA PPO** & PFFS*** Contracts	MA §1876 Cost Contracts	SNPs	SNP PPOs
Effectiveness of Care						
Prevention and Screening						
ABA*	Adult BMI Assessment	X		X		
BCS	Breast Cancer Screening	X	X	X		
COL	Colorectal Cancer Screening	X		X	X	
GSO	Glaucoma Screening in Older Adults	X	X	X	X	X
COA	Care for Older Adults (SNP-only measure)				X	
Respiratory Conditions						
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)	X	X	X	X	X
PCE	Pharmacotherapy Management of COPD Exacerbation	X	X	X	X	X
Cardiovascular						

HEDIS 2009 Measures for Reporting		MA HMO Contracts	MA PPO** & PFFS*** Contracts	MA §1876 Cost Contracts	SNPs	SNP PPOs
CMC	Cholesterol Management for Patients with Cardiovascular Conditions	X	X[1]	X		
CBP	Controlling High Blood Pressure	X		X	X	
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	X	X	X	X	X
Diabetes						
CDC	Comprehensive Diabetes Care[2]	X	X[3]	X		
Musculoskeletal						
ART	Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	X	X	X		
OMW	Osteoporosis Management in Women Who Had a Fracture	X	X	X	X	X
Behavioral Health						
AMM	Antidepressant Medication Management	X	X	X	X	X
FUH	Follow-up After Hospitalization for Mental Illness	X	X	X	X	X
Medication Management						
MPM	Annual Monitoring for Patients on Persistent Medications	X	X	X	X	X
DDE	Potentially Harmful Drug-Disease Interactions in the Elderly	X	X	X	X	X
DAE	Use of High-Risk Medications in the Elderly	X	X	X	X	X
MRP	Medication Reconciliation Post-Discharge (SNP-only measure)				X	
Measures Collected Through Medicare Health Outcomes Survey						
HOS	Medicare Health Outcomes Survey	X	X	X	X[4]	X[3]
FRM	Falls Risk Management (collected in Medicare Health Outcomes Survey)	X	X	X	X[3]	X[3]
MUI	Management of Urinary incontinence in Older Adults (collected in Medicare Health Outcomes Survey)	X	X	X	X[3]	X[3]
OTO	Osteoporosis Testing in Older Women (collected in Medicare Health Outcomes Survey)	X	X	X	X[3]	X[3]

* New measures are not required in their first year of implementation, but are highly encouraged.

** PPOs must submit measures using only the administrative collection specifications.

***PFFS can voluntarily collect the HEDIS data for CY 2008.

[1] LDL-C Screening rate is required. LDL-C Level is not required due to need for medical record review.

[2] HbA1c good control (<7%) is not required for Medicare contracts.

[3] Rates are required for HbA1c Testing, Eye Exams and LCL-C Screening but not for HbA1c control, LDL-C control or Monitoring for Diabetic Nephropathy which requires medical record review.

[4] Contracts with exclusively SNP plan benefit packages only – see specific HOS requirements below.

HEDIS 2009 Measures for Reporting		MA HMO Contracts	MA PPO** & PFFS*** Contracts	MA §1876 Cost Contracts	SNPs	SNP PPOs
PAO	Physical Activity in Older Adults (collected in Medicare Health Outcomes Survey)	X	X	X	X[3]	X[3]
Measures Collected Through CAHPS Health Plan Survey						
FSO	Flu Shots for Older Adults (collected in CAHPS)	X	X	X		
MSC	Medical Assistance With Smoking Cessation (collected in CAHPS)	X	X	X		
PNU	Pneumonia Vaccination Status for Older Adults (collected in CAHPS)	X	X	X		
	Access /Availability of Care					
AAP	Adults' Access to Preventive/Ambulatory Health Services	X	X	X		
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	X	X	X		
CAB	Call Abandonment	X	X	X		
CAT	Call Answer Timeliness	X	X	X		
	Health Plan Stability					
YIB	Years in Business/Total Membership	X	X	X		
	Use of Services					
FSP	Frequency of Selected Procedures	X	X	X		
IPU	Inpatient Utilization --- General Hospital/Acute Care	X	X	X		
AMB	Ambulatory Care	X	X	X		
NON	Inpatient Utilization-Non-Acute Care	X	X	X		
MPT	Mental Health Utilization	X	X	X		
IAD	Identification of Alcohol and Other Drug Services	X	X	X		
ORX	Outpatient Drug Utilization	X	X	X		
ABX	Antibiotic Utilization	X	X	X		
	Health Plan Descriptive Information					
BCR	Board Certification	X	X	X	X	X
ENP	Enrollment by Product Line (Member Years/Member Months)	X	X	X		
EBS	Enrollment by State	X	X	X		
RDM	Race/Ethnicity Diversity of Membership	X	X	X		
LDM	Language Diversity of Membership	X	X	X		

2009 HOS and HOS-M REPORTING REQUIREMENTS

Plans that Must Report HOS

The following types of Medicare Advantage Organizations are **required** to report the Baseline HOS in 2009, provided that they have a minimum enrollment of 500 members at the time of sampling:

- All Coordinated Care Plans, including local and regional preferred provider organizations (PPOs) and contracts with exclusively SNP plan benefit packages, with Medicare contracts in effect on or before January 1, 2008;
- Continuing cost contracts that held §1876 risk and cost contracts, with Medicare contracts in effect on or before January 1, 2008; and,
- Social HMOs (SHMOs), regardless of contract effective date.

In addition, all Medicare Advantage Organizations that reported a Cohort 10 Baseline survey in 2007 are required to administer a Cohort 10 Follow-up survey in 2009.

To report HOS, all plans must contract with a certified HOS survey vendor and notify NCQA of their survey vendor choice no later than **February 2, 2009**. You will receive further correspondence from NCQA regarding your HOS participation in November 2008.

Private Fee-for-Service (PFFS) Plans May Voluntarily Report HOS

PFFS plans, with a minimum enrollment of 500 members, with Medicare contracts in effect on or before January 1, 2008, may voluntarily report HOS in 2009. To report HOS, PFFS plans must contract with a certified HOS survey vendor and notify NCQA of their survey vendor choice no later than **February 2, 2009**.

Plans that Must Report HOS-M

The HOS-M is an abbreviated version of the Medicare Health Outcomes Survey (HOS). The HOS-M assesses the physical and mental health functioning of the beneficiaries enrolled in PACE Programs and certain MAOs to generate information for payment adjustment.

All Programs of All Inclusive Care for the Elderly (PACE), Minnesota Senior Health Options/Minnesota Disability Health Options (MSHO/MnDHO) plans, Wisconsin Partnership Programs (WPP), and Massachusetts MassHealth Senior Care Options (SCO) plans with Medicare contracts in effect on or before January 1, 2008, are required by CMS to administer the HOS–M survey in 2009.

To report HOS-M, eligible plans must contract with Datastat, Inc., the certified HOS-M survey vendor, no later than **February 2, 2009**. You will receive further correspondence from NCQA regarding your HOS participation in October 2008.

For additional information on 2009 HOS or HOS-M reporting requirements, please contact Chris Haffer, Ph.D. at 410-786-8764 or hos@cms.hhs.gov.

CAHPS Survey Requirements

CMS has contracted with Wilkerson & Associates (W&A) and the Center for the Study of Services to conduct the 2009 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

The following types of Medicare Advantage Organizations are included in the CAHPS survey administration provided that they have a minimum enrollment of 600 eligible members as of July 1, 2008:

- All Coordinated Care contracts, including local and regional preferred provider organizations (PPOs) and contracts with exclusively SNP plan benefit packages, with Medicare contracts in effect on or before January 1, 2008;
- Continuing cost contracts that held §1876 risk and cost contracts, with Medicare contracts in effect on or before January 1, 2008; and,
- Private-Fee-For-Service Contracts in effect on or before January 1, 2008.

The Programs of All Inclusive Care for the Elderly (PACE), HCPP – 1833 cost and employer/union only contracts are excluded from the CAHPS administration.

CMS will be issuing a separate HPMS memo with additional details about the CAHPS surveys.

For additional information on the CAHPS survey, please contact Ted Sekscenski, Ph.D. at 410-786-7167 or Edward.sekscenski@cms.hhs.gov.