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HEDIS Overview and Update

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HEDIS Overview

- Healthcare Effectiveness Data and Information Set. The HEDIS measurement set is the most widely used set of performance measures in managed care
- NCQA began developing HEDIS in the early 1990s and has been collecting HEDIS on a nationwide basis for commercial, Medicaid and Medicare managed care plans since 1997
- The HEDIS measurement set consists of largely process measures that are collected via administrative and claims data or through Medical Record review.
- Currently, the HEDIS measurement set contains 70 measures across 8 measurement domains. Most of the measures in each domain have more than 1 rate associated with it (for example: there is a measure of comprehensive diabetes care that is comprised of 9 specific rates).

Measurement Domains

HEDIS Measurement Domain/Sub-domains	Number of Measures
Effectiveness of Care	
Prevention & Screening	7
Respiratory Conditions	6
Cardiovascular Conditions	3
Diabetes	1
Musculoskeletal	3
Behavioral Health	3
Medication Management	3
Health Outcomes Survey HEDIS Measures	5
CAHPS Survey HEDIS Measures	4
Access & Availability of Care	7
Satisfaction with the Experience of Care	3
Use of Services	12
Cost of Care	6
Health Plan Descriptive Information	6
Health Plan Stability	1
Informed Health Care Choice	0
<i>TOTAL number of measures</i>	70

What Plan Types Report HEDIS?

- 1) Local or Regional MA
- 2) 1876 Cost
- 3) Certain Demos (Non-FFS)
- 4) PFFS that meet the next 2 criteria will be included initially, and flagged for voluntary
 - Contract Effective Date on or before 1/1/ 2007 and still active on 1/1/2008
 - 1000 Enrollees as of 7/1/2007
- In 2008, CMS will continue to require that MA PPOs (local and regional) report HEDIS measures using the administrative collection method

Excluded from Reporting

- PACE Providers
- MSA
- FFS Demos (i.e., Chronic Care)

Why Collect HEDIS?

- Contractual requirement for all Medicare Advantage HMOs, PPOs (local and Regional), and Cost plans to submit audited HEDIS data if they meet certain thresholds:
 - contract in effect at least one year,
 - at least 1000 enrollees on July 1 of the measurement year)
- Sections 422.152 and 422.516 of volume 42 of the Code of Federal Regulations (CFR) the regulations specify that Medicare Advantage plans must submit performance measures as specified by the Secretary and CMS

HEDIS and Plan Oversight

- CMS uses HEDIS to oversee the performance of Medicare managed care organizations:
 - MA Performance Assessment System
 - Audit Risk Assessment Tool
 - MA / PD Performance Ratings
- HEDIS data are displayed on Medicare.gov:
 - Medicare Options Compare Tool
 - November 2007, HEDIS and CAHPS information was displayed in the Medicare Options Compare tool more powerfully than before.
 - Measured combined into 4 broad composites:
 - 1) Access to Healthcare
 - 2) Effective Treatment for Chronic Conditions,
 - 3) Preventing Illness and Complications, and
 - 4) Customer Service.

HEDIS – New for 2008

- CMS is conducting analyses to determine whether changes can be made to the minimum enrollment criteria for MAOs to submit HEDIS data. This new criteria will be used to determine which contracts must submit HEDIS in 2009.
- The current enrollment criteria for HEDIS is for an MA contract to have at least 1,000 enrollees on July 1 of the measurement year.
- MAOs will be notified of any changes to the minimum enrollment criteria by HPMS memo.

2008 continued. . .

- CMS strongly encourages PFFS plans to participate in HEDIS and Medicare Health Outcomes Survey (HOS) if they meet the minimum reporting requirements for these measurement sets.
- PFFS contractors who have been determined to meet these minimum reporting requirements will receive additional information regarding how to report these measurement sets.

2008. . .

- Managed Care Contractors meeting CMS's minimum reporting requirements for 2008 reporting must submit
 - summary-level HEDIS 2008 data,
 - patient-level data used to calculate the summary-level data for each Medicare Advantage (MA) contract.
- Summary and patient-level data are due concurrently, on June 30, 2008:
 - Summary-level HEDIS data must be reported to NCQA,
 - Patient-Level data must be submitted to CMS via Gentran or Connect:Direct