DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
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PLAN OVERSIGHT & ACCOUNTABILITY GROUP

Date: June 19, 2007

To: All Medicare Advantage HMOs, Preferred Provider Organizations, §1876
                 Cost contractors, and Demonstrations

From: Cynthia Moreno, Director

Subject: **UPDATED Patient-Level Data information available in HPMS
                 HEDIS Module**

The Centers for Medicare & Medicaid Services (CMS) recently placed updated versions
of the following documents in the HPMS HEDIS module:

- 2007 Patient-level file specifications (dated May 25, 2007)
- 2007 Patient-level data submission instructions (dated May 25, 2007)

CMS is also posting the following new document to assist you in the creation of your
2007 patient-level file:

- Crosswalk document showing changes from 2006 to 2007 patient-level file
  specifications

The updated file specifications and submission instructions dated May 25, 2007 replace
the older version of these files posted in April 2007 and should be used instead of the
older version. Please access the HPMS HEDIS Module to obtain these updated versions
to use for creating and submitting your patient-level submission. If you are utilizing the
services of a third party vendor to audit your patient-level data or to submit your patient-
level data on your organization's behalf, please deliver the updated versions of these
documents to them.

Accessing the HPMS HEDIS module:

To access the HEDIS module you must log into HPMS (using your existing HPMS user-
id and password) at either https://32.90.191.19 via the Medicare Data Communications
Network (MDCN) or https://gateway.cms.hhs.gov via the Internet.

After logging into HPMS, you may access the HEDIS module by going to the "Quality and Performance" menu on the left navigation bar, and selecting the "HEDIS" start page.

You will then be able to access the "Detail Level File Specification" page and download the documents available there.

For HPMS Access questions, please contact hpms_access@cms.hhs.gov

Patient-Level HEDIS submission information

Medicare managed care contracts that are required to report HEDIS$^{®}$ 2007 summary-level data for the 2006 measurement year must also provide the patient-level data used to calculate the summary-level data for each Medicare Advantage contract. Summary and patient-level data are due concurrently, on **June 29, 2007,** the last business day in June. For questions about HEDIS summary-level data submission, please contact your HEDIS account manager at NCQA.

You will be submitting your 2007 Patient-level HEDIS data using the secure CMS Enterprise FTP client system that you currently use to submit other beneficiary specific information to CMS. You will use your existing Gentran or Connect:Direct account to upload your patient-level data files using the file naming conventions that are specified in the 2007 patient-level submission instructions. If you utilize the services of a 3rd party vendor to submit information to Gentran or Connect:Direct, please notify them that you are required to submit HEDIS patient-level data so that, if you desire, they can submit the file you create.

CMS' contractor Health Care Dynamics, International (HCDI) will access your patient-level data through the same secure system, will perform validations on your data, and will contact you if any corrections are needed. HCDI is performing this activity under contract to CMS, and is accountable for adhering to Federal laws and regulations regarding security and confidentiality of personally identifiable information and PHI. If you are using a 3rd party vendor to submit HEDIS patient-level data to Gentran or Connect:Direct, please have them submit your corrected data file.

For questions about the 2007 patient-level file specifications and submission process, please contact MA_Patient_Data@hcdi.com.

Please note the following:

- As has always been the case, it is important that your patient-level data match your summary-level data when aggregated at the contract level.

- The 2007 patient-level file specs require you to provide some additional information for each beneficiary you are including in your file: 1) the Plan-ID in

which the beneficiary is enrolled 2) whether the beneficiary is enrolled in a Special Needs Plan(SNP), and if so, the type of SNP the beneficiary is enrolled in.

- The three-digit Plan-ID number field corresponds to the plan benefit package (PBP) number that the beneficiary is enrolled in/assigned as of 12/31/2006.

- The one-digit SNP Enrollee type field for the beneficiary corresponds to the SNP type of the PBP that the beneficiary is enrolled in on 12/31/2006. If the enrollee is not in a SNP PBP, the appropriate code for this field is "0". For more information about the three SNP types, you may consult the following website:

http://www.cms.hhs.gov/SpecialNeedsPlans/

CMS is currently seeking MCO volunteers for testing the 2007 patient-level submission process and would welcome your participation. For more information about providing a test submission, please contact MA_Patient_Data@hcdi.com. The body of your e-mail should include your contact information, your MA enrollment size, and whether you are employing the services of a certified HEDIS software vendor.

For questions about this memo, please contact Shaheen Halim, Ph.D. at 410-786-0641 or shaheen.halim@cms.hhs.gov