DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR BENEFICIARY CHOICES

Date: December 19, 2007

To: All Medicare Advantage HMOs, PPOs, and §1876 Cost Contractors

From: Cynthia E. Moreno, Director, Plan Oversight & Accountability Group /s/
David Lewis, Director, Medicare Advantage Group /s/

Subject: 2008 HEDIS Measures for Reporting by Medicare managed care contractors

This memo contains a list of HEDIS measures to be reported by Medicare managed care plan types (HMO, PPO, and §1876 Cost) in 2008. 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. In *the Medicare Managed Care Manual -- Chapter 5*, CMS indicates that the performance reports include HEDIS, HOS, and CAHPS.

Managed Care Contractors meeting CMS's minimum reporting requirements for 2008 reporting must submit summary-level HEDIS 2008 data, and are also required to report HEDIS 2008 summary-level data for the 2007 measurement year must also provide the patient-level data used to calculate the summary-level data for each Medicare Advantage (MA) contract. The Table at the end of this document contains a listing of the required measures for various plan types. Detailed specifications for these measures are in *HEDIS 2008, Volume 2, Technical Specifications*, published by the National Committee for Quality Assurance (NCQA).

Summary and patient-level data are due concurrently, on June 30, 2008, the last business day in June. Summary-level HEDIS data must be reported to NCQA, while Patient-Level Data data must be submitted to CMS via Gentran or Connect:Direct, with validations performed by CMS' contractor HCD International. Patient-level file specifications and submission instructions will be made available for download in HPMS and on HCD International's new Patient-level submission technical assistance web-portal in January 2008.

In 2008, CMS will continue to require that MA PPOs (local and regional) report HEDIS measures using the administrative collection method. The measure list below includes a column indicating which HEDIS measures are appropriate for PPOs to report – the measures do not rely on medical record review for denominator or numerator data.

MA contractors new to HEDIS reporting must become familiar with the requirements for summary-level and patient-level data submission, and must make the necessary arrangements to contract with a certified HEDIS auditor 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 and the Medicare Managed Care Manual for CMS reporting requirements, and not to the NCQA website.

For general information, contact Shaheen Halim, Ph.D. at Shaheen.Halim@cms.hhs.gov.

For information regarding HEDIS Summary-level data submission, contact Mary Braman at braman@ncqa.org.

For information regarding Patient-level data submission, contact Dawn White, at dwhite@hcdi.com

HEDIS 2008 Measures for Reporting		HMO Contracts	PPO Contracts**	§1876 Cost Contracts
Effectiveness of Care				
Prevention and Screening				
BCS	Breast Cancer Screening	X	X	X
COL	Colorectal Cancer Screening	X		X
GSO	Glaucoma Screening in Older Adults	X	X	X
Respiratory Conditions				
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)	X	X	X
PCE*	Pharmacotherapy Management of COPD Exacerbation (New Measure)			
Cardiovascular				
CMC	Cholesterol Management for Patients with Cardiovascular Conditions	X	X LDL-C Screening rate is required. LDL-C Level is not required due to need for medical record review.	X
CBP	Controlling High Blood Pressure	X		X
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	X	X	X
Diabetes				
CDC	Comprehensive Diabetes Care	X	X	X

HEDIS 2008 Measures for Reporting		HMO Contracts	PPO Contracts**	§1876 Cost Contracts
			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.	
	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
	Behavioral Health			
AMM	Antidepressant Medication Management	X	X	X
FUH	Follow-up After Hospitalization for Mental Illness	X	X	X
MPM	Annual Monitoring for Patients on Persistent Medications	X	X	X
	Medication Management			
DDE	Potentially Harmful Drug-Disease Interactions in the Elderly	X	X	X
DAE	Use of High-Risk Medications in the Elderly	X	X	X
	Measures Collected Through Medicare Health Outcomes Survey			
HOS	Medicare Health Outcomes Survey	X	X	X
FRM	Falls Risk Management (collected in Medicare Health Outcomes Survey)	X	X	X
MUI	Management of Urinary incontinence in Older Adults (collected in Medicare Health Outcomes Survey)	X	X	X
OTO	Osteoporosis Testing in Older Women (collected in Medicare Health Outcomes Survey)	X	X	X
PAO	Physical Activity in Older Adults (collected in Medicare Health Outcomes Survey)	X	X	X
	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	X	X	X

HEDIS 2008 Measures for Reporting		HMO Contracts	PPO Contracts**	§1876 Cost Contracts
	Services			
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	
IPU	Inpatient Utilization --- General Hospital/Acute Care	X	X	
AMB	Ambulatory Care	X	X	X
NON	Inpatient Utilization-Non-Acute Care	X	X	
MPT	Mental Health Utilization	X	X	
IAD	Identification of Alcohol and Other Drug Services	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
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
	Cost of Care			
RDI	Relative Resource Use for People with Diabetes	X	X	X
RCA*	Relative Resource Use for People with Cardiovascular Conditions			
RHY*	Relative Resource Use for People with Uncomplicated Hypertension			
RCO*	Relative Resource Use for People with COPD			

* 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