SNP HEDIS Reporting Requirements
Frequently Asked Questions (FAQs)

SNP 1 **Questions about HEDIS Reporting** **Last Reviewed:** 1/22/08

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 frequency 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 www.ncqa.org/pcs.

SNP 2 **SNP HEDIS Measures** **Last Reviewed:** 1/22/08

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 2008.

- Colorectal Cancer Screening (SNPs under PPO Contracts do not report*)
- Glaucoma Screening in Older Adults
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Pharmacotherapy of COPD Exacerbation
- Controlling High Blood Pressure (SNPs under PPO Contracts do not report*)
- Persistence of Beta Blocker Treatment After a Heart Attack
- Osteoporosis Management in Older Women
- Antidepressant Medication Management
- Follow-Up After Hospitalization for Mental Illness
- Annual Monitoring for Patients on Persistent Medications
- Potentially Harmful Drug-Disease Interactions
- Use of High Risk Medication in the Elderly
- 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 **Level of Reporting** **Last Reviewed:** 1/22/08

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

Response: Every SNP benefit package (identified by the CMS Plan ID) with an effective date of January 1, 2007 must submit results for the 13 measures. For each SNP benefit package, the MA plan must report the HEDIS and the structure and process measures.

If a SNP benefit package had an effective date of January 1, 2007 but had no enrolled members on January 1, 2007, a HEDIS report on this SNP benefit package is not required. The rationale for this decision is that most of the HEDIS measures require members to be continuously enrolled for a year to be eligible for the measure. However, CMS requires that the organization still must report the structure and process measures.

SNP 4 **Membership Size** **Last Reviewed:** 1/22/08

Question: How large a membership is needed for a SNP to report HEDIS?

Response: All SNP benefit packages with 11 or more Medicare members must report HEDIS. SNP benefit packages with 10 or fewer members are not required to report in order to safeguard member privacy.

SNP 5 **Reporting Structure** **Last Reviewed:** 1/22/08

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

Response: See the chart below for details about the reporting requirements.

	MA HEDIS Reporting Requirements		**SNP HEDIS Reporting Requirements**	
MA Contract	**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 package(s)	Yes	Yes	Yes*	Not applicable
<1,000 members) including SNP benefit package(s)	No	No	Yes*	Not applicable
Only SNP benefit package(s) with ≥ 1,000 SNP members	Yes	Yes	Yes*	Not applicable
Only SNP benefit package(s) with < 1,000 SNP members	No	No	Yes*	Not applicable
≥ 1,000 Medicaid member with <1,000 in an SNP Dual-Eligible benefit package	No	No	Yes*	Not applicable

* See question 4 above. Organizations do not have to provide HEDIS reports for SNP benefit packages that have an enrollment of 10 or fewer members as of January 1, 2007.

SNP 6 **Audit Requirement** **Last Reviewed:** 1/22/08

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:** 1/22/08

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

Response: Yes, for the 13 required measures, use the specifications in Volume 2, HEDIS Specifications.

SNP 8 **Patient-Level Detail File** **Last Reviewed:** 1/22/08

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

Response: No, the plan does not need to 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.)

SNP 9 **Medicare Advantage** **Last Reviewed:** 1/22/08

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:** 1/22/08

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 still apply, and these members are also included in the SNP-specific submission.

SNP 11 **SNP-only Plan** **Last Reviewed:** 1/22/08

Question: If a Medicare Advantage organization, which only offers SNP benefit packages, meets the threshold for reporting HEDIS at the Contract level (1,000 members as of July 1, 2007), do they need to report all HEDIS measures required for Contract-level reporting or only the 13 SNP measures?

Response: If a Medicare Advantage organization only offers SNP benefit packages, the regular Medicare Advantage HEDIS reporting requirements (which include additional measures) apply to the Contract if it had 1,000 members as of July 1, 2007. Please see the memorandum from Cynthia E. Moreno and David Lewis dated December 19, 2007 for the complete list of HEDIS measures required for Contract-level reporting

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SNP 12 Medicare Advantage and Hybrid Method

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.

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SNP 13 Medicare Advantage and Hybrid Method

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 the results of the 5 SNP members in the main sample. The 5 SNP members are evaluated in both samples. All SNP members in the main sample must be used for the SNP sample, and the auditor must approve the process.

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SNP 14 Continuous Enrollment

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.