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

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

SUBJECT: UPDATED Patient-level Data information available in HPMS HEDIS Module

DATE: February 11, 2009

Medicare managed care contracts that are required to report HEDIS 2009 summary level data for the 2008 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 30, 2009, the last business day in June. Submission of the patient-level HEDIS data is not required for the SNP-specific measures.

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

- 2009 Patient-level file specifications (dated January 13, 2009).
- 2009 Patient-level data submission instructions (dated January 16, 2009).

CMS is also posting the following document to assist you in the creation of your 2008 patient-level file.

- Crosswalk document showing changes from 2008 to 2009 patient-level file specifications.

Please use the 2009 documents for the creation of the 2009 patient-level files. Please access the HPMS HEDIS Module to obtain these updated versions to use for creating and submitting your patient-level submission. Be sure to deliver the updated versions of these documents to your NCQA-Certified HEDIS Compliance Auditor and any third-party vendor submitting data on your behalf.

Accessing the HPMS HEDIS module:

To access the HEDIS module you must log into HPMS (using your existing HPMS userid 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

You will be submitting your 2009 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 2009 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. In the event a data file does not pass validation, please inform your vendor that they will also need to submit any corrected data files as necessary.

CMS's contractor, Health Care Dynamics International (HCDI), will access your patient-level data through the same secure system, and will perform validations of your data. For those who have been designated as a "Point of Contact" (POC) a password will be issued to allow you to view the status of your data file(s) via the HEDIS Patient-Level Web Portal at URL http://mapld.hcdi.com. 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 protected health information.

For questions about the 2009 patient-level file specifications and submission process, please contact MA_Patient_Data@hcdi.com. For questions about HEDIS summary-level data submission, please contact your HEDIS account manager at NCQA.

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 2009 patient-level file specifications 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 and 2) whether the beneficiary is enrolled in a Special Needs Plan (SNP), and if so, the type of SNP in which the beneficiary is enrolled.

- The three-digit Plan-ID number field corresponds to the plan benefit package (PBP) number that the beneficiary is enrolled in/assigned to as of 12/31/2008.

- 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 12/31/2008. 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 2009 patient-level submission process and would welcome your participation. Beginning April 1, 2009 through April 30, 2009, plans or third-party vendors may submit test data files to CMS via Gentran or Connect:Direct. This testing period is being offered to plans that would like to verify their Gentran or Connect:Direct connection and to find programmer or logic errors prior to the official submission period. For more information about providing a test submission, please read the "Patient-Level Data Submission Overview" section of the Submission Instructions or contact MA_Patient_Data@hcdi.com.

For questions about this memo, please contact Barbara Crawley at 410-786-6590 or Barbara.Crawley@cms.hhs.gov.